



HILLINGDON
LONDON



External Services Select Committee

Date: TUESDAY, 22 MARCH 2022

Time: 6.30 PM

Venue: COMMITTEE ROOM 5 -
CIVIC CENTRE, HIGH
STREET, UXBRIDGE

**Meeting
Details:** Members of the Public and
Media are welcome to attend.
This meeting will also be
broadcast live.

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Councillors on the Committee

Councillor Nick Denys (Chairman)
Councillor Devi Radia (Vice-Chairman)
Councillor Simon Arnold
Councillor Darran Davies
Councillor Heena Makwana
Councillor Peter Money (Opposition Lead)
Councillor June Nelson

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Putting our residents first

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External Services Select Committee

This Committee has an external mandate and reviews the performance and accountability of local service providers other than the Council. It also has statutory responsibilities to scrutinise the local health sector and community safety partnership.

Membership

7 Councillors appointed on a proportional basis.

Terms of Reference

1. To undertake the powers of health scrutiny conferred by the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.
2. To work closely with the Health & Wellbeing Board & Local HealthWatch in respect of reviewing and scrutinising local health priorities and inequalities.
3. To respond to any relevant NHS consultations.
4. To scrutinise and review the work of local public bodies and utility companies whose actions affect residents of the Borough.
5. To identify areas of concern to the community within their remit and instigate an appropriate review process.
6. To act as a Crime and Disorder Committee as defined in the Crime and Disorder (Overview and Scrutiny) Regulations 2009 and carry out the bi-annual scrutiny of decisions made, or other action taken, in connection with the discharge by the responsible authorities of their crime and disorder functions.

The External Services Select Committee may establish, appoint members and agree the Chairman of a Task and Finish Select Panel to carry out matters within its terms of reference, but only one Select Panel may be in operation at any one time. The Committee will also agree the timescale for undertaking the review. The Panel will report any findings to the External Services Select Committee, who will refer to Cabinet as appropriate.

Agenda

Chairman's Announcements

PART I - MEMBERS, PUBLIC AND PRESS

1 Apologies for absence and to report the presence of any substitute Members

2 Declarations of Interest in matters coming before this meeting

3 Exclusion of Press and Public

To confirm that all items marked Part I will be considered in public and that any items marked Part II will be considered in private

4 Minutes of the previous meeting - 22 February 2022 1 - 8

5 Safer Hillingdon Partnership Performance Monitoring 9 - 16

6 Work Programme 17 - 22

PART II - PRIVATE, MEMBERS ONLY

That the reports in Part 2 of this agenda be declared not for publication because they involve the disclosure of information in accordance with Section 100(A) and Part 1 of Schedule 12 (A) to the Local Government Act 1972 (as amended), in that they contain exempt information and that the public interest in withholding the information outweighs the public interest in disclosing it.

7 Any Business transferred from Part I

Minutes

EXTERNAL SERVICES SELECT COMMITTEE

22 February 2022



HILLINGDON
LONDON

Meeting held at Committee Room 5 - Civic Centre,
High Street, Uxbridge

	<p>Committee Members Present: Councillors Nick Denys (Chairman), Devi Radia (Vice-Chairman), Simon Arnold, Darran Davies, Heena Makwana, Peter Money (Opposition Lead) and June Nelson</p> <p>Also Present: Kevin Byrne, Head of Health and Strategic Partnerships Steve Curry, Chief Executive, Harlington Hospice & Michael Sobell Hospice / H4All Richard Ellis, Joint Lead Borough Director, NWL Clinical Commissioning Group (NWL CCG) Caroline Morison, Managing Director, Hillingdon Health and Care Partners (HHCP) Kirstie Neale, Primary Care Delivery Manager (Uxbridge & West Drayton), North West London CCGs Vanessa Odlin, Director for Hillingdon and Mental Health Services, Goodall Division, Central and North West London NHS Foundation Trust (CNWL) Dr Ritu Prasad, Chair, Hillingdon GP Confederation Jason Seez, Deputy Chief Executive, Director of Strategy and Senior Responsible Officer, Hospital Redevelopment Programme, The Hillingdon Hospitals NHS Foundation Trust (THH)</p> <p>LBH Officers Present: Nikki O'Halloran (Democratic Services Manager)</p>
45.	<p>APOLOGIES FOR ABSENCE AND TO REPORT THE PRESENCE OF ANY SUBSTITUTE MEMBERS (<i>Agenda Item 1</i>)</p> <p>There were no apologies for absence.</p>
46.	<p>DECLARATIONS OF INTEREST IN MATTERS COMING BEFORE THIS MEETING (<i>Agenda Item 2</i>)</p> <p>There were no declarations of interest in matters coming before this meeting.</p>
47.	<p>EXCLUSION OF PRESS AND PUBLIC (<i>Agenda Item 3</i>)</p> <p>RESOLVED: That all items of business be considered in public.</p>
48.	<p>MINUTES OF THE PREVIOUS MEETING - 27 JANUARY 2022 (<i>Agenda Item 4</i>)</p> <p>RESOLVED: That the minutes of the meeting held on 27 January 2022 be agreed as a correct record.</p>
49.	<p>HILLINGDON HEALTH AND CARE PARTNERS (HHCP) UPDATE (<i>Agenda Item 5</i>)</p> <p>The Chairman welcomed those present to the meeting and noted that Ms Caroline</p>

Morison, Managing Director at Hillingdon Health and Care Partners (HHCP), and Dr Ritu Prasad, Chair of the Hillingdon GP Confederation, had joined the meeting virtually.

Ms Morison advised that HHCP was a partnership of organisations that worked across the health and care system in Hillingdon. It comprised a range of organisations (including The Hillingdon Hospitals NHS Foundation Trust (THH), Hillingdon GP Confederation, Central and North West London NHS Foundation Trust (CNWL) and H4 All) who had been working together for approximately two years under an alliance agreement. In addition to these partners, HHCP worked very closely with London Borough of Hillingdon (with regard to work such as Joint Health and Wellbeing, older adults and children and young people) and North West London Clinical Commissioning Group (NWL CCG).

HHCP had developed three strategic aims which had stemmed from the Joint Health and Wellbeing Strategy: improving outcomes for Hillingdon residents; delivery of sustainable, person-centred, joined up models of care aligned to the new hospital plans; and delivery of the NWL Integrated Care System (ICS) priorities through local models.

Dr Prasad noted that work had been undertaken over the last five years or so to develop more person-centred care. Six Neighbourhood Teams had been set up which each comprised a group of GP practices that covered approximately 35k-80k patients. In addition, the Care Connection Teams worked with GPs to provide community based care to those who had been identified by their GP as needing case management as part of their care (based on their physical, mental or social needs). This work had been joined up with the mental health liaison teams and was helping to provide a model of care without organisational boundaries.

Increasingly, services were being developed with their delivery being joined up across the Borough. This had resulted in integrated discharge which had helped to prevent A&E admissions and streamlined the discharge process with improved capacity in the community. H4All had provided dedicated support to prevent A&E admissions and work had been undertaken with Michael Sobell Hospice and Harlington Hospice in relation to end of life care.

Ms Morison advised that the national health and social care policy was now focussing on integration at 'place' level (e.g., Hillingdon borough). This meant stronger partnerships in local places between the NHS, local government and primary care and the development of strategic commissioning with a focus on outcomes.

The direction of travel for integrated care had been set out at a system (NWL) and place level. This would include establishing shared outcomes and priorities at a local level alongside national commitments and effective local leadership with governance in place by spring 2023 with a single individual accountable for shared outcomes working with partners. HHCP had been working with NWL ICS to shape and align to the governance that would be required for spring 2023.

During the pandemic, the work that had already been undertaken to achieve these outcomes had had a positive impact. Ms Vanessa Odlin, Director for Hillingdon and Mental Health Services – Goodall Division at CNWL, advised that this had been illustrated through the delivery of one of the highest vaccination rates in London with teams working together across primary, community and secondary care, alongside the Council and the third sector. There had been a joined up coordination of response to pressures across the system (including in care homes) and a flexible use of teams and

services to effectively support Covid and non-Covid pathways. 'Advice and Guidance' for planned care had also been implemented to free up secondary care capacity to focus on addressing waiting lists and those at greatest need.

Ms Odlin noted that population data and engagement work undertaken across health and social care had started to build on partners' joint understanding of communities to develop the offer to residents. Supportive and effective relationships were being strengthened across all partners with shared outcomes and joint ownership but each of the partners retained its sovereign identity.

Mr Kevin Byrne, the Council's Head of Health and Strategic Partnerships, advised that the local authority was seen as integral in taking health and social care forward in Hillingdon. Just before Christmas 2021, the new Joint Health and Wellbeing Strategy (JHWS) had been published, providing a strategy for Hillingdon. The JHWS reported to the Hillingdon Health and Wellbeing Board (HWB) which had been developed into a partnership board rather than a Council committee and had been working well. Ms Morison co-chaired the HWB along with Councillor Jane Palmer. The Board received a single performance report based on the plan which brought everything together.

Mr Steve Curry, Chief Executive of Harlington Hospice and Michael Sobell Hospice, advised that the partners had been developing a roadmap for HHCP that aligned with national policy and delivered new, integrated models of care for Hillingdon residents. This work had looked at pathways that split across providers which had led to gaps and/or duplication and where patients' needs had not been met. There had been a shift to a more integrated population focus. Instead of teams working around existing structures and processes to try to join care up, individuals were now being put at the centre of their health and wellbeing, with proactive plans in place and services structured around residents and their needs.

These transformation plans had been built into the new hospital business case assumptions. Mr Jason Seez, Deputy Chief Executive / Director of Strategy / Senior Responsible Officer for the Hospital Redevelopment Programme at THH, advised that all of the partners had been working together (rather than in isolation) to shape services around the patient, which would be key to transformation at place level. He noted that the grounding for all of the hospital development work had been at a place level and that the new hospital needed to be able to house the new system of care that was being developed.

Emergency care activity at Hillingdon Hospital had continued to increase. As this exponential increase was not sustainable, partners had come together to provide a more joined up approach with regard to things like end of life care, children and young people's services and mental health services.

Ms Morison advised that the next steps would focus on population health and engagement, establishing priority areas from the refreshed joint strategic needs analysis. The models of care and integrated neighbourhood operating model would be developed and the mapping and delivery of transformation schemes against the JHWS and new hospital activity would continue. Further work would also be needed to build on the joint approach to enabling workstreams such as workforce, digital and estates.

It was noted that alignment was a positive step that would help to reduce the complexity faced by residents when dealing with the NHS. Members queried the significance to residents of putting place at the centre of health and social care. Consideration needed to be given to why services were used rather than which

services were used and then look at coordinating the care provided to wrap around the patient. This would be helped by Community Champions and the Community Connector model in Hillingdon.

It was important to understand the needs of patients (population health). Feedback was needed to ensure that providers were aware of any gaps in the care being provided and clear signposting would be important. It was recognised there were not one thing that put people at the centre of care which meant that this needed to be continuously reviewed to proactively plan for the needs of residents.

Mr Curry noted that historic data currently being used was from a system level (NWL) so consideration needed to be given to the shift to place. Although the health and wellbeing alliance was in place with voluntary and community membership, barriers to technology still needed to be broken down. Patients needed to be seen as a whole person rather than one of numerous disconnected conditions dealt with in isolation and consideration was needed as to how the system was preventing residents from getting well so that this could be addressed.

From a patient perspective, Dr Prasad noted that residents needed to be empowered and included as part of the team that made decisions about their care. Their needs were not always health related (they could be social care or mental health related) and patients should not have to retell their story over and over. It would be useful to know about the current patient experience and then find out how this had changed in twelve months and whether or not objectives had been met.

Insofar as data was concerned, Members asked how it could be used to create a better health and social care system in Hillingdon. Ms Morison advised that the Whole System Integrated Care (WSIC) database was used in Hillingdon to join up social care, primary care, community care, mental health and secondary care services. The data was anonymised but was able to help with issues such as disease management (clinicians were able to obtain more detailed information). In addition, HHCP had access to granular public health data which had been used during the pandemic but which did not quite align to the neighbourhood model areas. Effort was being made to try to align with the neighbourhoods to monitor performance at an operational level.

At a place level, HHCP was looking to target interventions towards inequalities and things such as falls, frailty and chest pain. It would be important to look at how emergencies could be prevented and plan this work rather than dealing with crises / emergencies.

Members queried what happened if partners on HHCP were unable to agree on particular issues. Ms Morison advised that decisions were generally driven by the data and that all of the partners had signed up to what good looked like and what outcomes they wanted to achieve rather than activities. The framework was in place to support the work as well as the outcomes based JHWS action plan. Difficult conversations had been undertaken but the partners had come together and built a stronger relationship as a result.

Mr Seez noted that the NHS had had patient choice for the last twenty years and payment by results. Now the legislation was all about collaboration which had been baked into the new regulations. The key issue was in relation to how the finances worked at a place level. He believed that there was a maturity in Hillingdon which would be needed to make the money work by joining up on things like workforce.

Ms Odlin advised that stronger partnerships were forged through being able to have difficult conversations in practice. This partnership working was already in place across the organisations in Hillingdon. There was a strong governance structure in place which also helped to determine specifics if needed.

Members welcomed the greater integration and partnership working but queried whether this had reduced the multi directional pull on patients with comorbidities being cared for by different teams / Trusts (appointment clashes, etc). Mr Seez advised that this would hopefully improve with the use of technology moving forward. NHS transformation needed all of a patient's information in one place so it would be important to join up all of the digital systems.

Members queried how the use of the neighbourhood model to deliver tailored health and social care to residents would tie in with areas such as Harlington which did not actually have a GP surgery. Many residents were elderly and access to West Drayton or Hayes via public transport was not an easy journey.

Ms Morison noted that there had been a national challenge with regard to the availability of GPs and a constrained workforce. Consideration needed to be given to what action could be undertaken by the neighbourhood teams and looking at how partners worked across primary care at scale. Funding would be coming into primary care for Advanced Nurse Practitioners, paramedics, etc, which would then free up GP time to see patients and provide support elsewhere in the Borough.

Primary Care Networks (PCNs) provided an opportunity to join up resources across practices. Primary Care Surge also supported additional demand on practices by providing additional resources. Work also needed to continue to help residents to register with GP practices.

Dr Prasad advised that primary care had changed. The development of PCNs provided additional resources to help meet the changing needs and demands of residents. This then freed up the GPs to deal with medical complexities. Once a patient had been stabilised, they could be passed to another team for ongoing support.

Members asked that the Committee receive an update in about a year to establish whether the HHCP was meeting its objectives.

RESOLVED: That:

- 1. the Committee receive a further update on HHCP in approximately 12 months; and**
- 2. the discussion be noted.**

50. PROGRESS WITH GP ONLINE CONSULTATIONS IN HILLINGDON (*Agenda Item 6*)

Mr Richard Ellis, Hillingdon Joint Borough Director at North West London Clinical Commissioning Group (NWL CCG), advised that digital consultations provided an opportunity to reach out to underserved communities. GPs in NWL and Hillingdon had been using online consultations for 3-4 years following investment from the NHS. However, during the pandemic, each practice needed to develop and transform its own procedures and online consultation facility.

Time and money had been invested in providing support to patients to help them engage with online consultations. As such, digital contact with healthcare was quite well advanced. Patients were now being asked to provide feedback on their

experience of online consultations, both good and bad.

It was noted that one of the benefits to online consultations was the ability to access their practice at any time of day or night (although there would not necessarily be an immediate response). GP surgeries had been open throughout the pandemic and Hillingdon had been one of the first areas in the country to get patients doing their own tests and transmitting them to the clinic.

Mr Ellis recognised that not everyone liked online consultations and that some patients did not like using the telephone to contact their surgery. NWL CCG had tried to engage with the various patient groups in Hillingdon to solicit feedback in relation to online consultations. Healthwatch Hillingdon had also been closely involved in this engagement work.

It was noted that the online consultation system was currently going through the re-procurement process so might change. Healthcare was being responsive to patient needs and would be able to provide opportunities such as mental health patients being able to have an online consultation quicker than they would if they wanted a face-to-face appointment. This digital offer would enable the workforce to work differently and would need to incorporate the estate.

Members queried whether residents would still be able to see a GP face-to-face if requested. Mr Ellis advised that they would. The move to digital had enabled additional appointments to be created since the pandemic started with 50% of the total now being online and the other 50% being face-to-face.

Mr Ellis noted that 34% of the eConsult contact had been in relation to admin assistance. This would have been in relation to requests for things like letters for passport applications, travel issues or housing.

It was queried whether, in the future, an online GP surgery would be set up that only did online consultations. Mr Ellis advised that there were no specific plans for this facility. In most practices, the day was organised with urgent call backs taking place first thing in the morning and then face-to-face appointments. The urgent call backs could be undertaken by any clinician so therefore could be made by another practice within the same primary care network (PCN). However, it would be important to understand the needs of the population in much more detail to be able to address them more effectively.

Although there seemed to be a larger number of GPs using online consultations, some patients still ended up having to have face-to-face appointments. Mr Ellis advised that NWL CCG received data on this and suggested that this would sometimes be because a patient wanted a repeat prescription but needed to come in for routine checks before this could be reinstated. Although this data could (in principle) be broken down by ward, the data was fairly uniform across the Borough. He advised that he could follow up on specific incidences offline.

Ms Kirstie Neale, Primary Care Delivery Manager (Uxbridge and West Drayton) at NWL CCG, advised that some practices would have a lot of elderly patients so might be more likely to focus on telephone and face-to-face appointments rather than virtual. Members noted that the virtual meeting facility worked really well in some GP practices but that it was still sometimes difficult to get a face-to-face appointment.

Mr Ellis advised that proactive outreach had been undertaken as part of the population

health management work in the Borough. Although some residents were happy to engage with things like the Covid vaccination programme, there were will some who were not and it was likely that these patients were also not having things like cervical smear tests or childhood immunisations, etc.

In terms of the virtual consultation system, Members queried whether there was a facility for the digital triage to be translated into other languages. Mr Ellis advised that this had been raised with software providers as more could be done to mitigate this barrier. He noted that, of the 107 language categories identified in the last Census, Hillingdon residents had representation from all 107. Consideration could be given to graphic translations and conversations were ongoing with Healthwatch but there did not appear to be an obvious solution.

The Committee agreed that it would like to receive a further update on this issue at a future meeting.

RESOLVED: That:

- 1. a further update in relation to online GP consultation be considered at a future meeting; and**
- 2. the report and discussion be noted.**

51. **DEVELOPMENTS IN ADULT PHLEBOTOMY PROVISION IN HILLINGDON** (*Agenda Item 7*)

Mr Richard Ellis, Hillingdon Joint Borough Director at North West London Clinical Commissioning Group (NWL CCG), noted that he had previously spoken to the Committee about the transfer of phlebotomy to general practice. This had been very well received by residents who were now able to access phlebotomy closer to home as every practice now had a practice-based phlebotomist.

It was noted that there had been shortage of vacutainers (the vials used to hold drawn blood) which had impacted on performance but that this was now getting back on track. As there had been a 60% reduction in demand for the service at Mount Vernon Hospital (MVH) Phlebotomy Clinic since the service became available in general practice, it was proposed that all routine blood tests be undertaken in general practice and that MVH concentrate its phlebotomy activity solely on its own outpatient clinics. It was also proposed that urgent weekday bloods be moved to the community (although the numbers were likely to be small) with back up provided by MVH and Hillingdon Hospital.

Members noted that Ms Kirstie Neale, Primary Care Delivery Manager (Uxbridge and West Drayton) at NWL CCG, was currently looking at undertaking consultation with the practices and a detailed engagement plan was being finalised. In July and August 2022, patient feedback would be sought in relation to the benefits and impacts of the service changes. Once analysed, this feedback could inform any necessary changes needed to improve the service.

RESOLVED: That:

- 1. the options for urgent blood tests to be taken at practices/PCN level rather than Mount Vernon Hospital be noted;**
- 2. the separate proposals by Mount Vernon Hospital for use of their phlebotomy outpatient estate be noted; and**
- 3. the report be noted.**

52.	<p>POLICE AND MENTAL HEALTH ATTENDANCE AT A&E (<i>Agenda Item 8</i>)</p> <p>The Chairman advised that he had been collecting information from informal meetings with various partners over the last few months about the police and mental health attendance at Hillingdon’s Emergency Department. Members agreed that a witness session be held at the meeting scheduled in June 2022.</p> <p>Ms Vanessa Odlin, Director for Hillingdon and Mental Health Services – Goodall Division at CNWL, advised that she had been setting up meetings with partners (including the police) to discuss this matter. She would be happy to attend the meeting in June to provide an update.</p> <p>RESOLVED: That a witness session in relation to the police and mental health attendance at A&E be held at the Committee’s meeting in June 2022.</p>
53.	<p>WORK PROGRAMME (<i>Agenda Item 9</i>)</p> <p>Consideration was given to the Committee’s Work Programme.</p> <p>RESOLVED: That the Work Programme be noted.</p>
	<p>The meeting, which commenced at 6.30 pm, closed at 8.18 pm.</p>

These are the minutes of the above meeting. For more information on any of the resolutions please contact Nikki O'Halloran on 01895 250472. Circulation of these minutes is to Councillors, Officers, the Press and Members of the Public.

EXTERNAL SERVICES SELECT COMMITTEE - SAFER HILLINGDON PARTNERSHIP PERFORMANCE REPORT

Committee name	External Services Select Committee
Officer reporting	Jacqueline Robertson, Community Safety
Papers with report	Appendix A – SHP Performance 2021/2022: Quarter 3 Appendix B – Metropolitan Police Crime Data
Ward	n/a

HEADLINES

To enable the Committee to comment on performance to date towards the objectives in the 2021/22 Safer Hillingdon Partnership Plan.

RECOMMENDATION

That the External Services Select Committee notes the contents of the report and asks questions in order to clarify matters of concern in the Borough.

SUPPORTING INFORMATION

Appendix A presents a summary of performance highlights for the Safer Hillingdon Partnership using data to the end of Quarter 3 2021/22. A direction of travel (comparing quarter on quarter performance) has been provided. Using a straight-line projection, a RAG rating has also been provided for anticipated annual performance.

Theme 1 - Burglary

- There have been 320 **residential burglaries** in Q3 2021/22. This is below the quarterly target of 456 but more than the Q2 outturn of 212. Trend across the quarter indicates a negative direction of travel and an increase of 50.9%. A straight line projection across the year suggests that performance will hit target giving a RAG rating of green.
- There have been 58 **non-residential** burglaries in Q3 2021/22. Compared with Q2 (66), Q3 2021/22 has seen a 12.1% decrease. Based on current projection, the service should hit the full year target for this year.

Theme 2 - Reduce Violence

- **Violence with injury** has decreased between Q2 (603) and Q3 2021/22 (570) by 5.5%. Trend across this quarter indicates a positive direction of travel. The straight-line projection suggests that the performance over the year will hit target producing a green RAG rating.
- **Violence without injury** has increased by 1.7% between Q3 (786) and Q2 2021/22 (773). The straight-line projection suggests that performance over the year will hit full year target.
- **Personal property robbery** has increased by 23.3% between Q2 (73) and Q3 2021/22 (90), although Q3 is below the quarterly target of 156. Based on current projection, the service should hit the target for this year.

- **Knife crime with injury** stands at 23 for Q3 2021/22, which is below the quarterly target of 28 but greater than Q2 outturn of 15. The trend for this quarter indicates a negative direction of travel but a straight-line projection suggests that performance for the overall year will hit target, producing a green RAG rating.
- **Theft from motor vehicles** for Q3 2021/22 (694) has increased by 53.3% when compared with Q2 (440). Trend across the first quarter indicates a negative direction of travel, however, a straight-line projection suggests that overall performance for the year will hit target.
- **Theft of motor vehicles** has decreased by 10.7% between Q2 (253) and Q3 2021/22 (226) where trend across the quarter indicates a positive direction of travel. Based on current projection, performance over the year will hit the target.
- **Drug related stop and searches** - Drugs stop and searches have decreased by 5.5% between Q2 (1,110) and Q3 2021/22 (1,049). There has been an increase in weapon stop and searches (78.5%) and an increase in other stop and searches (30.1%) which includes stolen property, fireworks and psychoactive substances.

Theme 3 - Reduce ASB and Raise Confidence

- Q3 2021/22 has seen a decrease of 26.8% in **ASB reported to the police** with 1,783 reports compared with Q2 2021/22 where there were 2,435. A straight-line projection suggests that overall performance for the year will exceed target, giving a red RAG rating.
- **Flytipping** as of month two of the quarter was 233.
- There was a decrease in **arson** incidents in Q3 (29) when compared to Q2 2021/22 (43). The trend for this quarter indicates a positive direction of travel and, based on current projection, performance for the overall year will hit target, giving a green RAG rating.
- More **fire visits** took place in Q3 (287) compared with Q2 2021/22 (146). Therefore, trend across this quarter indicates a positive direction of travel. However, a straight-line projection suggests that performance for the overall year will not hit target, producing a red RAG rating.
- **Hate crimes:** Compared with Q2, for Q3 2021/22: disability, faith, trans gender and racist and religious hate crime have all increased.

Theme 4 - Tackle and prevent domestic abuse/ violence against women and girls

- **Reduce repeat victims of DV by 5%** - There has been a decrease in repeat victims of domestic violence reported in Q3 (39) when compared with Q2 2021/22 (45). Based on current projection, performance for the year will exceed target giving a red RAG rating.

Crime and Disorder Relating to Licensed Premises

Members of the Select Committee have also expressed an interest in hearing more about the role of the Metropolitan Police Licensing Team and how they work in collaboration with the Council's Licensing Team to deal with crime and disorder in relation to licensed premises. There will be short presentation looking at statistics, the issues and challenges faced by both teams and relevant case studies.

Witnesses

Representatives from the following organisations have been invited to attend the meeting:

- Metropolitan Police Service
- Community Safety Team, LBH

- London Fire Brigade
- Licensing Team, LBH

BACKGROUND PAPERS

None.

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Safer Hillingdon Partnership - Performance Scorecard Summary

Theme	Target	Q2 outturn	2021/22 Q3 target	Q3 outturn	2021/22 full year target	2021/22 Full Year Projection	RAG against full year target	Direction of travel (Q3 vs Q2)	Commentary against performance
Theme 1	Reduce residential burglary by 1% per annum for the next three years (2020/21 to 2022/23)	212	456	320	1824	1036		☹️	Residential burglary has increased by 50.9% between Q2 (212) & Q3 (320) 2021/22.
	Reduce non-residential burglary by 1% per annum for the next three years (2020/21 to 2022/23)	66	115	58	460	275		☺️	Non-residential burglary has decreased by 12.1% between Q2 (66) & Q3 (58) 2021/22.
Theme 2	Reduce violence with injury by 5% per annum for the next three years (2020/21 to 2022/23)	603	633	570	2530	2349		☺️	Violence with injury has decreased by 5.5% between Q2 (603) & Q3 (570) 2021/22.
	Reduce violence without injury by 5% per annum for the next three years (2020/21 to 2022/23)	773	1100	786	4401	3136		☹️	Violence without injury has increased by 1.7% between Q2 (773) & Q3 (786) 2021/22.
	Reduce personal property robbery by 5% per annum for the next three years (2020/21 to 2022/23)	73	156	90	622	325		☹️	Personal property robbery has increased by 23.3% between Q2 (73) & Q3 (90) 2021/22.
	Reduce Business property robbery by 5% per annum for the next three years (2020/21 to 2022/23)	10	18	17	72	51		☹️	There were 17 records of business property robbery for Q3 2021/22.
	Reduce knife crime with injury by 5% per annum for the next three years (2020/21 to 2022/23)	15	28	23	112	75		☹️	Knife crime with injury has increased by 53.3% between Q2 (15) & Q3 (23) 2021/22.
	Theft from motor vehicle	440	No target	694	No target	2283		☹️	Theft from motor vehicles have increased by 57.7% between Q2 (440) & Q3 (694) 2021/22.
	Theft of motor vehicle	253	No target	226	No target	871		☺️	Theft of motor vehicles have decreased by 10.7% between Q2 (253) & Q3 (226) 2021/22.
	Increase drugs stop searches	1110	No target	1049	No target	5392		☹️	Drugs stop and searches have decreased by 5.5% between Q2 (1110) & Q3 (1049) 2021/22.
	Increase weapons stop and searches	121	No target	216	No target	779		☺️	Weapons stop and searches have increased by 78.5% between Q2 & Q3 2021/22.
	Increase stop and searches for Other category	176	No target	229	No target	915		☺️	There has been an increase in stop and searches for 'Other' category by 30.1% in Q3 (229) 2021/22.
Theme 3	To maintain current level of recorded Violence against the Person recorded against young people receiving a criminal justice disposal	7	18	8	74	32		☺️	In Q3, there has been an increase of 14.3% compared to Q2.
	To maintain current level of recorded Possession with Intent offences recorded against young people receiving a criminal justice disposal	3	3	1	10	9		☺️	There was 1 recorded possession with intent for Q3 2021/22.
	Reduce ASB reported to the police by 5% per annum for the next three years (2020/21 to 2022/23)	2435	1947	1783	7788	9391		☺️	There were 1783 ASB reported to the police in Q3 2021/22.
	Reduce community and neighbourhood nuisance reports by 5% against the 2018/19 figure	197	269	113*	1075			☺️	Performance as of month two of the quarter was 113.
	Reduce incidents of fly tipping reported to Council ASBIT by 5% against the 2018/19 figure.	668	221	233*	883			☹️	Performance as of month two of the quarter was 233.
	Conduct 2640 fire home visits	146	330	287	2640	793		☺️	There was an increase in the number of fire visits that took place in Q3 (287) compared with Q2 (146) 2021/22.
	Record maximum of 181 arson incidents	43	45	29	181	159		☺️	There has been a decrease in arson incidents (29).
	Increase in awareness and reporting of disability hate crime	7	No target	9	No target	27		☺️	In Q3 there was an increase for awareness and reporting of disability hate crime.
	Increase in awareness and reporting of domestic abuse hate crime	855	No target	837	No target	3301		☺️	There was a decrease for awareness and reporting of domestic abuse hate crime by 2.1% between Q2 (855) & Q3 (837) 2021/22.
	Increase in awareness and reporting of faith hate crime.	10	No target	12	No target	51		☺️	There was an increase for awareness and reporting of faith hate crime between Q2 (10) & Q3 (12) 2021/22.
Theme 4	Increase in awareness and reporting of trans gender crime.	1	No target	3	No target	8		☺️	There was an increase for awareness and reporting of trans gender crime in Q2 (1) and Q3 (3) 2021/22.
	Increase in awareness and reporting of racist and religious hate crime.	146	No target	179	No target	668		☺️	There was an increase for awareness and reporting of racist and religious hate crime by 22.6% between Q2 (146) and Q3 (179) 2021/22.
	Agree the police treat everyone fairly regardless of who they are -increase by 2% by 31/03/2021	79%	79%	76%	79%	80%		☹️	In Q3, 76% agreed that the police treat everyone fairly regardless of who they are.
	Agree the police can be relied upon to be there when needed-increase by 2% by 31/03/2021	64%	71%	62%	71%	67%		☹️	The number of individuals who agreed that the police can be relied upon to be there when needed decreased by 3.1% between Q2 (64%) & Q3 (62%) 2021/22.
	Agree the police are dealing with the things that matter to this community-increase by 2% by 31/03/2021	68%	63%	65%	63%	67%		☹️	The number of individuals who agreed that the police are dealing with the things that matter to this community decreased by 4.4% between Q2 (68%) & Q3 (65%) 2021/22.
	Agree the police listen to the concerns of local people-increase by 2% by 31/03/2021	69%	68%	66%	68%	69%		☹️	In Q3, 66% of individuals in Hillingdon agreed that the police listen to the concerns of local people.
	Feel well informed about local police activities over the last 12 months-increase by 2% by 31/03/2021	47%	43%	43%	43%	46%		☹️	In Q3, 43% felt well informed about local police activities.
	Know how to contact their local ward officer-increase by 2% by 31/03/2021	31%	15%	31%	15%	24%		☹️	In Q3, 31% knew how to contact their local ward officer.
	Police do a good job in the local area-increase by 2% by 31/03/2021	58%	61%	57%	61%	60%		☹️	The number of individuals who believe that the police do a good job in the local area decreased by 1.7% between Q2 (58%) & Q3 (57%) 2021/22.
	Reduce repeat victims of domestic abuse by 5%	45	39	39	156	167		☺️	In Q3, there has been a decrease for number of repeat victims recorded for domestic abuse between Q2 (45) & Q3 (39) 2021/22.
Theme 4	Increase number of cases per 10,000 population from 18 to Safe lives recommended rate of 40 over 3 years (by April 2021)*	49	10	49	40	50		☹️	In Q3, the number of cases stayed consistent to the number of cases in Q2 (49).
	Increase number of repeat cases heard from 14% to the safe lives recommendation of 28% over 3 years (by April 2021)	31%	28-100%	30%	28-100%	31%		☹️	There was a decrease in the number of cases by 3.3% between Q2 (31%) and Q3 (30%) 2021/22.
	Identify victims of domestic abuse and making referrals	21%	60% - 75%	22%	60% - 75%	22%		☺️	In Q3, police identified 22% of victims who were domestically abused who were then referred by the police.

** RAG rating at or better than target is Green, within 10% of target is Amber, greater than 10% from target = Red

** Please note data available at time of reportinf is not for a full quarter.

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Hillingdon Crime Performance 2021-2022

Hillingdon Borough	Current Period	Previous Period	Vol Change	Performance Change	SDs	SD Rate
	Mar 21 - Feb 22	Mar 19 - Feb 21				
Violence Against the Person	7871	7395	476	6%	934	12%
Sexual Offences	684	478	206	43%	35	5%
Robbery	423	780	-357	-46%	48	11%
Burglary	1307	2700	-1393	-52%	61	5%
Vehicle	3581	4687	-1106	-24%	99	3%
Theft	4290	5644	-1354	-24%	180	4%
Arson and Criminal Damage	1717	2254	-537	-24%	150	9%
Drug	1352	1373	-21	-2%	776	57%
Possession of Weapons	158	173	-15	-9%	142	90%
Public Order	1975	1676	299	18%	162	8%
Misc Crimes Against Society	386	347	39	11%	98	25%
Other Accepted Crimes	4018	3412	606	18%	51	1%
TNO	23744	27507	-3763	-14%	2685	11%

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EXTERNAL SERVICES SELECT COMMITTEE - WORK PROGRAMME

Committee name	External Services Select Committee
Officer reporting	Nikki O'Halloran, Democratic Services
Papers with report	Appendix A – Work Programme
Ward	n/a

HEADLINES

To enable the Committee to track the progress of its work and forward plan.

RECOMMENDATION: That the External Services Select Committee considers the Work Programme at Appendix A and agrees any additions or amendments.

SUPPORTING INFORMATION

1. Committee meetings will usually start at 6.30pm. Should the need arise, the Committee will be able to vary the start time on an ad hoc basis.
2. The meeting dates for the 2021/2022 municipal year were agreed by Council on 25 February 2021 and are as follows:

Meetings	Room
Wednesday 16 June 2021, 6.30pm	CR6
Tuesday 20 July 2021, 6.30pm	CR6
Wednesday 15 September 2021, 6.30pm	CR6
Thursday 7 October 2021, 6.30pm	CR6
Tuesday 23 November 2021, 6.30pm	CR6
Thursday 27 January 2022, 6.30pm	CR5
Tuesday 22 February 2022, 6.30pm	CR5
Tuesday 22 March 2022, 6.30pm	CR5
Wednesday 27 April 2022, 6.30pm	CR6

3. The meeting dates for the 2022/2023 municipal year were agreed by Council on 24 February 2022 and are as follows:

Meetings	Room
Wednesday 22 June 2022, 6.30pm	CR5
Tuesday 19 July 2022, 6.30pm	CR5
Wednesday 14 September 2022, 6.30pm	CR5
Wednesday 12 October 2022, 6.30pm	CR5
Tuesday 22 November 2022, 6.30pm	TBA
Thursday 26 January 2023, 6.30pm	TBA
Tuesday 21 February 2023, 6.30pm	TBA
Tuesday 21 March 2023, 6.30pm	TBA
Wednesday 26 April 2023, 6.30pm	TBA

Live Broadcasting of Meetings

4. It should be noted that Cabinet, at its meeting on 30 May 2019, agreed that all future select committee meetings would be broadcast live on YouTube. As such, all formal External Services Select Committee meetings will be broadcast live.

Topics to be Scheduled into the Work Programme

5. To fulfil its statutory health scrutiny role, it should be noted that the Committee is required to meet with the local health trusts at least twice each year. To fulfil its statutory role to scrutinise the local crime and disorder reduction partnership (CDRP), the Committee is also required to scrutinise the work of the Safer Hillingdon Partnership (SHP).
6. Members, at their meeting on 27 January 2022, agreed that the crime and disorder related meeting on 22 March 2022 be focussed on crime and disorder relating to licensed premises. It was also agreed that consideration be given to inviting a representative from Neighbourhood Watch to attend the meeting as well as a representative from the London Fire Brigade.

BACKGROUND PAPERS

None.

EXTERNAL SERVICES SELECT COMMITTEE
WORK PROGRAMME

NB – all meetings start at 6.30pm in the Civic Centre unless otherwise indicated.

Shading indicates completed meetings

Meeting Date	Agenda Item
16 June 2021 <i>Report Deadline: 3pm Friday 4 June 2021</i>	Children’s Dental Services Review of children’s dental health services in the Borough (meeting 1 of 2).
20 July 2021 <i>Report Deadline: 3pm Thursday 8 July 2021</i>	Children’s Dental Services Review of children’s dental health services in the Borough (meeting 2 of 2). Phlebotomy Services To receive an update on phlebotomy services in Hillingdon.
15 September 2021 <i>Report Deadline: 3pm Friday 3 September 2021</i>	Crime & Disorder To scrutinise the issue of crime and disorder in the Borough, specifically: the coverage and effectiveness of OWL and Neighbourhood Watch in helping to achieve the targets as set out in the Safer Hillingdon Partnership (SHP) Plan. Children’s Dental Services Consideration of the draft final report in relation to children’s oral health in Hillingdon.
7 October 2021 <i>Report Deadline: 3pm Monday 27 September 2021</i>	Mount Vernon Cancer Centre Review Update on the review of services provided by the Mount Vernon Cancer Centre. Health Updates Performance updates and updates on significant issues: <ol style="list-style-type: none"> 1. The Hillingdon Hospitals NHS Foundation Trust 2. Central & North West London NHS Foundation Trust 3. Royal Brompton and Harefield NHS Foundation Trust 4. North West London Clinical Commissioning Group 5. Hillingdon Health and Care Partners 6. Local Medical Committee 7. Healthwatch Hillingdon

Meeting Date	Agenda Item
<p>23 November 2021</p> <p>Report Deadline: 3pm Thursday 11 November 2021</p>	<p>Journalism & Local Democracy To scrutinise the role of journalism and internet forums in local democracy in Hillingdon.</p>
<p>27 January 2022</p> <p>Report Deadline: 3pm Monday 17 January 2022</p>	<p>The Hillingdon Hospitals NHS Foundation Trust (THH) Update on the development of the new hospital.</p> <p>Update on the implementation of recommendations from previous scrutiny reviews:</p> <ul style="list-style-type: none"> • GP Pressures
<p>22 February 2022</p> <p>Report Deadline: 3pm Thursday 10 February 2022</p>	<p>Hillingdon Health & Care Partnership (HHCP) / Integrated Care System (ICS) To receive an update on the work and effectiveness of HHCP and the ICS.</p> <p>Phlebotomy Services To receive an update on phlebotomy services in Hillingdon.</p> <p>Virtual GP Consultations To receive an update on the provision of virtual GP consultations.</p> <p>Police and Mental Health Attendance at A&E To receive an update on the information gathered to date.</p>
<p>22 March 2022</p> <p>Report Deadline: 3pm Thursday 10 March 2022</p>	<p>Crime & Disorder To scrutinise the work of the Safer Hillingdon Partnership in the Borough, including in relation to licenced premises:</p> <ol style="list-style-type: none"> 1. Metropolitan Police Service 2. London Fire Brigade 3. Neighbourhood Watch 4. Licensing
<p>27 April 2022</p> <p>Report Deadline: 3pm Wednesday 13 April 2022</p>	<p>Health Updates Performance updates and updates on significant issues:</p> <ol style="list-style-type: none"> 1. The Hillingdon Hospitals NHS Foundation Trust 2. Central & North West London NHS Foundation Trust 3. Royal Brompton and Harefield NHS Foundation Trust 4. North West London Clinical Commissioning Group 5. Hillingdon Health and Care Partners 6. Local Medical Committee 7. Healthwatch Hillingdon

Meeting Date	Agenda Item
<p>22 June 2022</p> <p>Report Deadline: 3pm Friday 10 June 2022</p>	<p>Police and Mental Health Attendance at A&E</p> <p>To receive information from the following partners in relation to the challenges faced when dealing with patients detained under Section 136 of the Mental Health Act:</p> <ol style="list-style-type: none"> 1. Central & North West London NHS Foundation Trust (CNWL) 2. Hillingdon Health and Care Partners (HHCP) 3. London Ambulance Service (LAS) 4. London Borough of Hillingdon (LBH) 5. North West London Clinical Commissioning Group (NWL CCG) 6. The Hillingdon Hospitals NHS Foundation Trust (THH) 7. West Area Basic Command Unit (Metropolitan Police Service)
<p>19 July 2022</p> <p>Report Deadline: 3pm Thursday 7 July 2022</p>	<p>CAMHS Update</p> <p>To receive an update on a specific area of the service (to be determined).</p>
<p>14 September 2022</p> <p>Report Deadline: 3pm Friday 2 September 2022</p>	<p>Crime & Disorder</p> <p>To scrutinise the work of the Safer Hillingdon Partnership in the Borough.</p>
<p>12 October 2022</p> <p>Report Deadline: 3pm Friday 30 September 2022</p>	<p>Health Updates</p> <p>Performance updates and updates on significant issues:</p> <ol style="list-style-type: none"> 1. The Hillingdon Hospitals NHS Foundation Trust 2. Central & North West London NHS Foundation Trust 3. Royal Brompton and Harefield NHS Foundation Trust 4. North West London Clinical Commissioning Group 5. Hillingdon Health and Care Partners 6. Local Medical Committee 7. Healthwatch Hillingdon <p>Update on the implementation of recommendations from previous scrutiny reviews:</p> <ul style="list-style-type: none"> • Review of Children’s Dental Services
<p>22 November 2022</p> <p>Report Deadline: 3pm Thursday 10 November 2022</p>	
<p>26 January 2023</p> <p>Report Deadline: 3pm Monday 16 January 2023</p>	

Meeting Date	Agenda Item
21 February 2023 Report Deadline: 3pm Thursday 9 February 2023	Update on the implementation of recommendations from previous scrutiny reviews: <ul style="list-style-type: none"> • GP Pressures
21 March 2023 Report Deadline: 3pm Thursday 9 March 2023	Crime & Disorder To scrutinise the work of the Safer Hillingdon Partnership in the Borough
26 April 2023 Report Deadline: 3pm Friday 14 April 2023	Health Updates Performance updates and updates on significant issues: <ol style="list-style-type: none"> 1. The Hillingdon Hospitals NHS Foundation Trust 2. Central & North West London NHS Foundation Trust 3. Royal Brompton and Harefield NHS Foundation Trust 4. North West London Clinical Commissioning Group 5. Hillingdon Health and Care Partners 6. Local Medical Committee 7. Healthwatch Hillingdon

Possible future single meeting or major review topics and update reports

1. Preventative health – this could be in relation to obesity, childhood immunisations, cancer screening, etc;
2. Apprenticeships and adult learning;
3. Environment Agency – work undertaken in Hillingdon with regard to river maintenance and upkeep (not canals or water treatment) to possibly include input from organisations such as Colne Valley Landscape Partnerships;
4. Digital Connectivity – to scrutinise the issue of digital connectivity in the Borough with regard to the impact on the community and local economy, and assess community buy in to introducing a more advanced technology infrastructure;
5. Brunel University; and
6. Palliative care and hospice provision in the Borough.