Minutes

HEALTH AND SOCIAL CARE SELECT COMMITTEE

20 June 2023

Meeting held at Committee Room 5 - Civic Centre

	Committee Members Present: Councillors Nick Denys (Chairman), Philip Corthorne (Vice-Chairman), Tony Burles, Reeta Chamdal, Heena Makwana (In place of Adam Bennett), June Nelson and Sital Punja (Opposition Lead) **Also Present**: Richard Ellis, Joint Lead Borough Director, North West London Integrated Care System (NWL ICS) Jane Hainstock, Head of Joint Commissioning, North West London Integrated Care Board (NWL ICB) - Hillingdon Dr Paul Hopper, Divisional Medical Director, Central and North West London NHS Foundation Trust (CNWL) DCI Saj Hussain, Public Protection, Metropolitan Police Service - West Area Basic Command Unit (BCU) Dr Azer Mohammed, Clinical Director, Central and North West London NHS Foundation Trust Vanessa Odlin, Managing Director for Hillingdon and Mental Health Services, Goodall Division, Central and North West London NHS Foundation Trust (CNWL) Alastair Penman, Hillingdon Mental Health, Central and North West London NHS Foundation Trust Dr Ritu Prasad, Co-Chair, Hillingdon GP Confederation Tina Swain, Service Director for CAMHS & Eating Disorders - Goodall Division, Central and North West London NHS Foundation Trust (CNWL) Lisa Taylor, Managing Director, Healthwatch Hillingdon **LBH Officers Present**: Kevin Byrne (Head of Health and Strategic Partnerships – Virtual), Claire Fry (Head of Service - Child and Family Development), Sandra Taylor (Executive Director of Adult Services and Health) and Nikki O'Halloran (Democratic, Civic and Ceremonial Manager)
3.	**APOLOGIES FOR ABSENCE** *(Agenda Item 1)* Apologies for absence had been received from Councillor Adam Bennett (Councillor Heena Makwana was present as his substitute). The Chairman welcomed the new Members to the Committee. He asked that the Committee's thanks be recorded for the work that Councillors Alan Chapman and Barry Nelson-West had undertaken on the Health and Social Care Select Committee during the previous municipal year.
4.	**DECLARATIONS OF INTEREST IN MATTERS COMING BEFORE THIS MEETING** *(Agenda Item 2)* There were no declarations of interest in matters coming before this meeting.

5.	**MINUTES OF THE MEETING HELD ON 26 APRIL 2023** *(Agenda Item 3)* **RESOLVED: That the minutes of the meeting held on 25 April 2023 be agreed as a correct record.**
6.	**MINUTES OF THE MEETING HELD ON 11 MAY 2023 (AGM)** *(Agenda Item 4)* **RESOLVED: That the minutes of the meeting held on 11 May 2023 be agreed as a correct record.**
7.	**EXCLUSION OF PRESS AND PUBLIC** *(Agenda Item 5)* **RESOLVED: That all items of business be considered in public.**
8.	**CAMHS REFERRAL PATHWAY REVIEW - THIRD WITNESS SESSION** *(Agenda Item 6)* The Chairman welcomed those present to the meeting. He noted that the Committee had started this review about six months ago and, during its investigations, had found the subject to be both interesting and intimidating. As well as including the positive feedback that Members had received in its final review report, the Committee would also be looking to make a number of recommendations which would cover a number of themes, including the following three areas of improvement: • Signposting – there seemed to be a huge range of services available, but signposting to them did not seem to be as effective as it needed to be; • Reducing the waiting time – there appeared to be a lot of waiting, during which time the young person's mental health could be deteriorating; and • Communications – some of the communications from service providers seemed overly clinical which could come across as insensitive to some children and young people and their families. Ms Lisa Taylor, Managing Director of Healthwatch Hillingdon advised that the three themes were largely in line with the feedback that Healthwatch had received from families. She was aware that work had been undertaken by partners and that a concerted effort had been made to improve access to the front door. Ms Taylor had circulated an updated version of the Thrive service map to Members. It seemed that there was a lot of support available for children and young people's mental health but that they were finding it difficult to know how to access these services and which ones would be most appropriate to meet their needs. Although Ms Taylor advised that Healthwatch Hillingdon was receiving fewer reports of issues in relation to access to mental health services for children and young people, this did not necessarily mean that the issues had reduced. The feedback from one parent had identified that if had been difficult to understand the referral pathway and that there had been a long wait to be seen. Dr Ritu Prasad, Co-Chair of the Hillingdon GP Confederation, advised that GPs concurred that there appeared to be a lot of services but that they were difficult to find out about and access and that there didn't seem to be a way to escalate. Whilst the service signposting was important, there also needed to be improvements in the inter-referral pathways. Interventions such as art therapy and early support services were available but young people sometimes needed more and might need to be escalated to the Child and Adolescent Mental Health Service (CAMHS).

Members queried whether there were issues of GPs not being aware of the most appropriate place to refer a young person with mental health issues or whether it was that there was not enough capacity in the services that were available. Dr Prasad advised that it was a little of both: demand for services had increased but there was also a lack of awareness of what was available and what would be the most appropriate course of action. She noted that not all GPs would be aware of the range of services that had been identified during the Thrive mapping process and a single point of access for these would be useful.

Concern was expressed that this lack of awareness sometimes resulted in young people being passed from one service to another. Dr Prasad advised that this could be alleviated by improving communications between the different service providers. Each organisation should be responsible to making sure that a child was passed to the most appropriate service that would ensure that their needs were being addressed and not add to their issues.

Given the variable levels of knowledge amongst GPs about the interventions that were available to support children and young people with mental health issues, it was queried whether the default action was to make a CAMHS referral. With regards to GP referrals to CAMHS, Dr Prasad advised that every GP would be aware of what needed to be included on the referral form. However, sometimes the information provided by the child's school might not be sufficient and the parent would need to liaise with the school to obtain the information required. This could cause delays.

Ms Tina Swain, Service Director for CAMHS and Eating Disorders – Goodall Division at Central and North West London NHS Foundation Trust (CNWL), advised that the experience of children and young people post-Covid had been different. A single point of access for assessment (SPA service) had been set up by CNWL that young people could contact themselves for advice on where to go but this needed to be more widely publicised. A range of modes of communication were available for this publicity including newsletters, apps and posters.

Dr Azer Mohammed, Clinical Director for CAMHS at CNWL, stated that Hillingdon CAMHS received around 150 new referrals each month (this had doubled on the previous year) and that the team comprised 12 members of staff. Most young people were seen within 6-7 weeks (many were seen within 5 weeks), which was well below the national standard of 18 weeks. When they were seen, they were assessed and a care plan was put in place if the referral was accepted. Dr Mohammed advised that he would be very disappointed if clinicians had rejected a referral and not provided signposting to alternative sources of support.

Ms Swain assured Members that very few of the young people that were referred to the CAMHS service were rejected based on a paper exercise. Most attended an assessment where they were triaged and either signposted on to alternative more appropriate services or provided with a treatment plan. Ms Swain would provide the Democratic, Civic and Ceremonial Manager with information on the number that were rejected, signposted and accepted for treatment so that this could be circulated to Members of the Committee.

Any waits experienced were usually in relation to specialist assessments or treatment. Hillingdon had been using goal-based interventions whereby the young person and their family set goals to be achieved over a 6-7 week period. This work had resulted in

a reduction in the need for specialist treatment.

Members were pleased to hear that young people were being seen within 6-7 weeks but queried what support was available to them in the interim as 6-7 weeks could still feel like a very long time. Ms Swain advised that children and young people were able to contact CAMHS at any point to see if additional layers of support could be provided, and this was encouraged if their mental health had been deteriorating.

A range of outcome measures had been put in place to determine the effectiveness of any interventions undertaken. The baseline was completed at the start and then assessed at regular intervals and then again at discharge. Although during the previous month there had been a 100% completion rate on these measurements, there was currently no requirement to report on them (this requirement would be introduced in the near future). Approximately 60% had shown mild to modest improvements.

Dr Mohammed recognised that publicity of the services needed to be improved to advertise the services but also to manage expectations. Work had been undertaken with the North West London Integrated Care Board (NWL ICB) to develop clinical decision trees that would provide the options that were available for a range of conditions and highlight where an individual could be referred to. These clinical decision trees were available to GPs on the ICB website. It was suggested that this information should also be available to schools and CAMHS staff for those young people that did not meet the threshold for CAMHS services. Ms Swain advised that, if partners were truly Thrive informed, there would be no wrong front door.

Members had heard about how a negative experience of CAMHS could become fraught and confrontational quite quickly and asked about the availability of a parent support group. Was there somewhere for parents to provide feedback in a less confrontational way? Dr Mohammed advised that a Parents' Support Group was run by a family therapist and that clinicians attended meetings to present on specific topics and receive feedback. There were also strong participation groups for children and young people and an ethos of co-production with them and their families.

Service users needed to be involved in any new service developments. A recent quality improvement project about discharge had spoken to parents who had talked about their anxiety around their child being discharged.

Ms Swain advised that work was being undertaken to understand the capacity needs in outer London as part of the wider system. This would look at demand on services. Action needed to be taken to reduce the need for children and young people to use specialist CAMHS services rather than just looking at increasing capacity in CAMHS.

Dr Mohammed advised that schools referred the second largest number of children and young people to CAMHS (GPs referred the largest number). The NHS long term plan talked about mental health provision in schools and each already had an identified mental health lead (usually a teacher). Mental Health schools teams were also available to 15 schools in Hillingdon and were required to see young people within four weeks (generally for low level mood and anxiety issues). Clear packages of care were provided to prevent further referral. Some schools chose to provide additional support to their young people.

The population in Hillingdon was very diverse and it was recognised that there were communities for which mental health issues was a taboo subject. In addition, it was

	noted that an increasing number of women were being diagnosed with autism and eating disorders. Ms Jane Hainstock, Head of Joint Commissioning at NWL ICB, advised that the local voluntary sector had identified individuals that they were concerned about and had spoked to clinicians about them. This communication needed to be built on. NWL ICB had obtained funding to support diverse communities and had been working with Healthwatch Hillingdon to target these hard-to-reach groups. Ms Hainstock noted a number of actions that needed to be taken forward which included: how best to publicise the Thrive map; and how best to publicise the clinical decision trees. Work needed to continue to ensure that the Thrive methodology was supported. Mr Richard Ellis, Joint Borough Lead Director for NWL ICB, suggested that the Thrive map be presented in a simpler format, perhaps like a tube map that showed how each service interacted with others. The Chairman noted that, once some recommendations had been drafted, partners would be contacted for their thoughts. **RESOLVED: That:** **1. Ms Swain provide the Democratic, Civic and Ceremonial Manager with information on the number of CAMHS referrals that had been rejected, signposted or accepted for treatment so that this could be circulated to Members of the Committee; and** **2. the discussion be noted.**
9.	**FAMILY HUBS - NATIONAL AND LOCAL CONTEXT** *(Agenda Item 7)* Ms Claire Fry, The Council's Head of Service – Child and Family Development, advised that the report provided Members with an overview of the national and local context of family hubs. The Council had developed a draft strategy for delivering a network of Family Hubs across the Borough to bring services together in a coordinated way. The service delivery needed to be flexible. The draft strategy was currently in the middle of a 12-week consultation which would close on 30 July 2023. Family hubs provided families with children aged 0-19 with a single place where they could get information, advice or guidance for a range of issues. Support could be obtained in the early years of their child's life through the delivery of a specific Start for Life offer which incorporated access to maternity and health services, alongside support for parenting and reducing parent conflict. The Uxbridge Family Hub (located in the mezzanine at the Civic Centre) had opened in November 2021 and a second Family Hub was due to open in Hayes in July / August 2023 but neither had received funding support from the Department for Education (DfE). As it was not in receipt of Government funding, the Council was able to shape the service itself and did not have to abide by the associated timescales. A framework had been provided by DfE which had been developed to meet local needs whilst retaining the three themes that underpinned the work: access, connection and relationships. Although the Family Hub provided a universal offer to all parents, the Council had to respond to residents' needs, which varied across the Borough. The Uxbridge Family Hub provided a base for the delivery of five Council services including: Uxbridge Children's Centre; the Supervised Contact Service; Multi Agency Psychology Service (MAPS); and the Youth Justice Service. It also wrapped around

	services provided by health and community partners such as antenatal and postnatal community midwifery services, infant feeding support and health visiting services. In terms of how this worked in practice, Ms Fry advised that health visitors were able to refer directly to the midwifery service if they had any concerns about a parent's preparation for the birth of their child or to Children's Centre Support Services. Being physically co-located was thought to be really helpful (as informal connections could be made) - as was a good understanding of the needs of the population. There should be no wrong front door and, to this end, in 90% of cases, officers were able to make the initial referral contact for the parent. With regard to the number of people from priority groups using the services, the following user information had been recorded in the south west data (which included Cowley and Cherry Lane Children's Centres): • 3,889 were from low income families • 2,344 had a child with additional needs • 2,069 were lone parents • 1,500 were from workless households • 1,474 were new arrivals to the UK It was noted that families might associate with more than one of these categories so the numbers would not reflect unique individuals. Ms Fry agreed to provide more tailored data in relation to this to the Democratic, Civic and Ceremonial Manager for circulation to Members of the Committee. Insofar as the mental wellbeing of children and young people was concerned, Ms Fry stated that the Uxbridge Family Hub could be used as an opportunity to provide a venue for waiting well. **RESOLVED: That:** **1. Ms Fry provide more tailored data in relation to the priority groups using services at the Uxbridge Family Hub to the Democratic, Civic and Ceremonial Manager for circulation to Members of the Committee; and** **2. the report and discussion be noted.**
10.	**POLICE AND MENTAL HEALTH ATTENDANCE AT A&E** *(Agenda Item 8)* Detective Chief Inspector (DCI) Saj Hussein, Public Protection – Basic Command Unit (BCU) West Area at the Metropolitan Police Service (MPS), advised that he had been working with the North West London Integrated Care Board (NWL ICB) and involved in more meetings than he had previously. The number of mental health referrals had continued to increase which had, in part, been affected by the cost-of-living crisis. The National Police Chiefs' Council (NPCC) had undertaken a review and identified that around one million police hours had been lost in relation to mental health detentions (which was around 10k hours per month for the MPS). It was noted that, although approximately 20% of the calls to the MPS were mental health related, this figure was 30% in the West Area (which also had a higher level of Section 136 detentions). Although there were still a lot of people going into A&E that were suffering and in mental health crisis, only 20% of those that attended A&E actually needed to be there. In 2022, 60% of mental health calls had been transported to a Health Based Place of

	Safety (HBPOS) or A&E. This had reduced to 45% but was still too high so DCI Hussein had been working with Ms Vanessa Odlin, Managing Director – Goodall Division at Central and North West London NHS Foundation Trust (CNWL), to identify pinch points that could be addressed. He noted that the handover to HBPOS usually took no more than two hours which was much quicker than the handover to A&E. Whilst waiting in A&E, police officers were not doing policing work. Currently, when a mental health call was received, police officers were deployed. Officers would arrive at the scene and determine whether or not the person was in crisis and could contact the Single Point of Access / Assessment (SPA) which was provided by CNWL and staffed by mental health nurses who could provide advice on what action needed to be taken. However, police officers and the mental health nurses tended to be a little risk-averse and training was needed in relation to the alternatives that were available to s136s. Action was being taken to provide training for the decision-making process and to reassure them that they were making the right decisions. If the decision was not to detain an individual under s136, the police would not be required to take any further action. The number of s136s in Hillingdon were amongst the highest in NWL and London which could be partly because of the Heathrow airport but it was unclear what else might be causing that disparity. Mr Richard Ellis, the Joint Lead Borough Director at NWL ICB, suggested that this information be brought back to a future meeting of the Committee once more was known about the reasons for this high level of s136s in Hillingdon. Ms Odlin advised that CNWL's main responsibility was to look after patients within their remit. It was important that the SPA nurses (trained mental health professionals) were provided with training to ensure that they felt that they were making the right decisions and further work was needed to improve relations with the police to ensure that the best decisions were being made. These SPA nurses were located in the same building as the CAMHS SPA. Although A&E had been made an HBPOS some time ago, it needed an appropriate place therein for patients to go. Further work was needed to understand why patients were taken to A&E and include the local authority in this deeper dive to see what improvements could be made. Over the last year, progress had been made in setting up a Crisis Care Concordat (CCC) for the area as well as holding joint liaison meetings with partners that included the police. The CCC meetings would continue to take place, overlapping with the West London NHS Trust where necessary. Mr Ellis agreed to make arrangements for the Health and Social Care Select Committee's Chairman and Opposition Lead to attend a future CCC meeting. Although funding had not been received to introduce a mental health triage nurse, funding had been received for two additional HBPOS. One of these would be put with two existing HBPOSs in Hillingdon that would be relocated and reformed as a suite. The second would be opened in Kensington and Chelsea. Ms Odlin advised that there was a need for more HBPOS, not fewer, as any individual could be taken to any HBPOS – they were not ringfenced to those that lived in a particular place. She noted that, if funds were available, further work would be undertaken to identify the most appropriate number needed. Mr Ellis advised that there had been a focus on adult mental health pressures in Hillingdon, NWL and pan-London in recent months. He noted that the data had been scrutinised, some myth-busting had been undertaken and a common interpretation had been identified to now build a way forward. The Chief Executives from West London

NHS Trust and CNWL had been in touch in relation to this work.

The Committee was pleased to note that there had been improvements in collaborative working over the previous twelve months and that, although Hillingdon had the highest number of s136 detentions, it also had the lowest waiting times. DCI Hussein advised that the new Right Care, Right Person (RCRP) model being introduced in London after 31 August 2023 had been lifted from the model used in Humberside. Following its introduction in Humberside, there had been a significant reduction in the number of mental health calls (from 75% to 31%) with 508 fewer police officer deployments.

The legal advice had been that the duty of care to protect individuals from harm was not just the responsibility of the police so, after this date, call handlers would have three options:

1. A police response was required to deal with the call.
2. A police officer might be required to attend, possibly with partners.
3. The call was not a police matter and no police response was required.

There would be a meeting with the Chief Executives, Trusts and NHS England on 7 July 2023. Following this meeting, the MPS would be able to be more specific about the practical implications of the proposed changes – it was likely that the changes would be phased in. A Memorandum of Understanding (MOU) and clearer understanding of RCRP would be needed. Further information about the implications and way forward would be forwarded to the Democratic, Civic and Ceremonial Manager in due course.

It was noted that there had been a negative spin on RCRP directed through the media but the proposals were still in the early stages with things yet to be worked out. It was likely that there would be additional demands on the services of The London Ambulance Service NHS Trust (LAS) with the possibility of mental health cars needing to be used more widely (there was currently one being deployed in Wembley). A central vulnerability hub was also being trialled in the West Area whereby a group of subject matter experts were available for the police to call for guidance about whether or not an individual needed to be detained under s136.

From a health perspective, Ms Odlin advised that the RCRP model had been successful in Humberside because the partners had worked well together and implemented the new approach over a number of years. CNWL was committed to engaging and working well with partners but it was noted that preventative work might need to take a back seat as it would be important to free up the police.

Mr Ellis advised that consideration had been given to the introduction of street triage in Westminster and that models could be investigated for implementation in Hillingdon. There were issues around the potential risks in moving to this new model and action would need to be taken to make it work for individuals.

It was suggested that the transition to RCRP was like moving mountains but that this was a positive move as police attendance to these calls felt like mental health was being criminalised. A&E was not necessarily the right place for an individual in mental health crisis either so the provision on HBPOS was really important (as was the provision of mental health cars). These changes were gong to provide partners with the opportunity to do things differently.

Concern was expressed about RCRP working well when the SPA had not worked well.

	DCI Hussein advised that the main difference between the two was that RCRP would be at the point of service and decisions would be about whether or not to attend a call rather than whether or not the individual needed to be detailed under s136. Ms Jane Hainstock, Head of Joint Commissioning at NWL ICB, advised that the individuals for those calls that were not attended by the police could be directed elsewhere. A lot of work had been undertaken in Hillingdon in relation to the crisis pathway. The Crisis Café and Crisis House had been opened and consideration had been given to street triage but individuals needed to be helped to understand when these were the right options. **RESOLVED: That:** **1. Mr Richard Ellis report back to a future meeting (after 7 July 2023) once more was known about the reasons for Hillingdon having amongst the highest level of s136s in NWL and London;** **2. Mr Richard Ellis make arrangements for the Health and Social Care Select Committee's Chairman and Opposition Lead to attend a future CCC meeting;** **3. DCI Hussein forward further information about the implications of RCRP and the way forward to the Democratic, Civic and Ceremonial Manager for circulation to Members of the Committee; and** **4. the discussion be noted.**
11.	**OLDER PEOPLE'S PLAN** *(Agenda Item 9)* Consideration was given to the draft Older People's Plan report which was due for consideration by Cabinet on 14 September 2023 (it had previously been scheduled for the Cabinet agenda on 27 July 2023). Mr Kevin Byrne, the Council's Head of Health and Strategic Partnerships, advised that the report might be updated between now and the Cabinet meeting in September. The report set out developments regarding services for older people and the Council's Older People's plan over the last year. The report supported the Council Strategy 2022-2026 which set out the authority's seven commitments to residents and aligned with those activities taking place across the Council. Mr Byrne advised that some elements of the former Older People's Plan had now concluded. These included the free burglar alarm scheme and the programme of small grants for older people's groups to hold events during the summer and at Christmas. One of the Councils' commitments had been to keep residents safe from harm and, to this end, Trading Standards priorities included protecting vulnerable residents from rogue traders. Work had also been undertaken with the police and other local organisations to promote Stronger Communities and tackle community tensions and hate crime. A promotion had been undertaken to encourage older people to join the Neighbourhood Watch and OWL schemes to receive crime reduction advice and support and CCTV had been provided across the Borough to deter crime. Action had also been taken to support the commitment to enable vulnerable people and older people to live healthy, active and independent lives. This work had included support schemes in relation to dementia and the development of a falls prevention education tool and a strength balance programme. Members queried how the Council shaped and prioritised its offer to older residents

	and how feedback was obtained from health partners. Mr Byrne noted that the Joint Health and Wellbeing Strategy was overseen by the Health and Wellbeing Board and ran in parallel to the Older People's Plan but contained more depth on the issues reported. He advised that Members of the Committee were welcome to feed any comments on the Plan back to him. **RESOLVED: That the report be noted.**
12.	**CABINET FORWARD PLAN MONTHLY MONITORING** *(Agenda Item 10)* Consideration was given to the Cabinet Forward Plan. It was agreed that a request be made to have sight of the Carer Support Services report (079) before it was considered at Cabinet on 14 December 2023. It was also agreed that, if possible, the Committee have the opportunity to comment on the 2023/25 Better Care Fund Section 75 Agreement (111) before it was considered by Cabinet on 12 October 2023. Members were advised that the Annual Report of Adult and Child Safeguarding Arrangements (SI) had been included on the Work Programme for consideration by the Committee at its meeting on 13 September 2023. **RESOLVED: That:** **1. a request be made for the Health and Social Care Select Committee to consider the:** **a. Carer Support Services report (079) at its meeting on 21 November 2023; and** **b. 2023/25 Better Care Fund Section 75 Agreement report (111) at its meeting on 10 October 2023; and** **2. the Cabinet Forward Plan be noted.**
13.	**WORK PROGRAMME** *(Agenda Item 11)* Consideration was given to the Committee's Work Programme. Members noted that the byelection had been set for the day of the Select Committee's next meeting (20 July 2023). As such, it was agreed that the meeting be cancelled and that, where timings required, items be moved from that agenda to the next meeting on 13 September 2023. Other items would be included on subsequent agendas. The Democratic, Civic and Ceremonial Manager would liaise with Members of the Committee to pencil in an additional meeting date in December 2023 in case it was needed. Members agreed that a private informal in-person meeting be held at 7pm on 16 August 2023 to discuss possible recommendations for the Committee's review into the CAMHS referral pathway. The anonymised notes from the informal witness sessions would be circulated to all Members of the Select Committee. It was agreed that a site visit be organised to the Uxbridge Family Hub. The Chairman advised Members that the next North West London Joint Health Overview and Scrutiny Committee (NWL JHOSC) would be held at the Civic Centre in Uxbridge at 10am on Tuesday 18 July 2023. It would be broadcast on YouTube but Members (and members of the public) were welcome to attend in person. **RESOLVED: That:** **1. the meeting on 20 July 2023 be cancelled and the agenda items moved to subsequent meeting dates;**

	2. the Democratic, Civic and Ceremonial Manager pencil in an addition meeting date in the second week of December 2023; **3. the Democratic, Civic and Ceremonial Manager circulate the anonymised notes from the informal witness sessions to Members of the Select Committee;** **4. a site visit to the Uxbridge Family Hub be organised; and** **5. the Work Programme be noted.**
	The meeting, which commenced at 6.30 pm, closed at 8.58 pm.

These are the minutes of the above meeting. For more information on any of the resolutions please contact Nikki O'Halloran on nohalloran@hillingdon.gov.uk. Circulation of these minutes is to Councillors, officers, the press and members of the public.