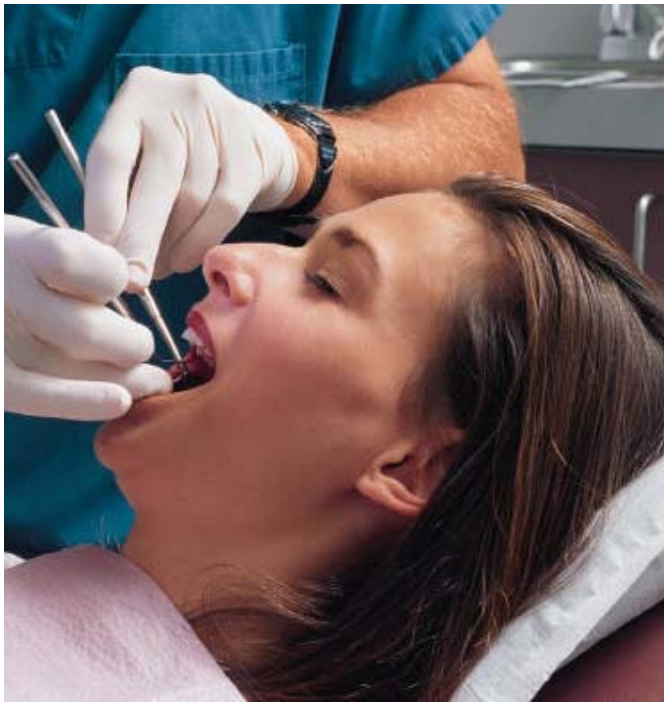
Doctors, dentists, students, and anti-social behaviour on buses

External Services Scrutiny Committee

Sixth Report



Members of the committee:

Cllr Mary O'Connor (Chairman)
Cllr Shirley Harper-O'Neill
Cllr Allan Kauffman
Cllr Phoday Jarjussey
Cllr Peter Kemp

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External Services Scrutiny Committee: Sixth Report to Cabinet

Contents

Chairman's Foreword

Councils are now far more than providers of public services: as democratically elected local organisations we are able to play a key role in 'shaping' our local area. I am delighted to present the latest report on our work – I believe we are helping the Council with this community leadership role. Indeed, I hope the title is taken as intended – an indication of our diverse range of work – and not as a report into health professionals and students misbehaving on local public transport!

It was excellent to hear a positive story in relation to NHS dentistry in Hillingdon. Many of us will have seen frequent media reports on the decline of NHS dentistry. I was therefore delighted to hear that all Hillingdon residents are able to receive NHS dental treatment if they require it.

Our meeting on Brunel University was also particularly interesting and highlighted some issues around hosting a large university in the Borough. Our discussions outlined the importance of us all continuing to develop a dialogue between the University and the wider community, and us all working to ensure Hillingdon benefits from hosting Brunel.

Looking ahead, a major element of our work will be the planning for future provision of healthcare in Hillingdon and across London. In particular, I am pleased to be Hillingdon's representative on the Joint Overview & Scrutiny Committee on 'Healthcare for London' and will ensure the views of Hillingdon are fed into this pan-London scrutiny. It is a tremendous honour that my colleagues from across London elected me to be the Chairman of what is probably the largest ever joint authority scrutiny committee.

Finally, as ever I would like to thank the witnesses who attended our meetings and the officers who support our work. I would also like to 'plug' our conference on external scrutiny that is being held in April 2008 – further information is attached at the end of the report.

Cllr Mary O'Connor

Introduction

This is the sixth report from the External Services Scrutiny Committee and presents the main findings from the Committee's five meetings between September and December 2007. We make recommendations to the Council and partners where we feel these are appropriate.

The report presents evidence taken from the following witnesses:

13th September NHS Dental services	Dr Hilary Pickles	Director of Public Health, Hillingdon PCT
	Helen Delaitre	Acting Head of Primary Care, Hillingdon PCT
	Guy Hollis	Local Dentistry Committee
	Jerry Asquith	Local Dentistry Committee
	Victor Crow	Consultant Othodontist, Hillingdon Hospital
25th September Hillingdon Hospital Foundation Trust application	David McVittie	Chief Executive, Hillingdon Hospital
	David Searle	Director of Corporate Development, Hillingdon Hospital
9th October Brunel University	Prof. Linda Thomas	Pro-Vice Chancellor, Brunel University
	Jay Patel	President of Union of Students, Brunel University
	Lyn Padden & Pat Page	Local residents
13th November GP Services	Kevin Mullins	Executive Director of Strategic Commissioning, Hillingdon PCT
	Dr Mitch Garsin	Local GP and Chair of Hillingdon Commissioning Confederation Board
	Dr Steven Shapiro	Local GP and Director of Hillingdon Health Limited

	Adam Crosby	Ambulance Operations Manager, London Ambulance Service
	Pat Lawrence	Emergency Care Practitioner, London Ambulance Service
	Jacqueline Totterdell	Director of Operations, Hillingdon Hospital
11th December Anti-social behaviour on buses	Chief Supt. Carl Bussey	Borough Commander, Metropolitan Police Service
	Chief Insp. Maurice Hartnett	Metropolitan Police Service (MPS)
	Sgt. Helen Mott, Sgt. Sgt Kelly Donoghue PCSO Steve Johnson	Hillingdon Safer Transport Team, MPS
	Andy Norris	Roadside Support Manager, First Bus Group
	Kevin Dulling	Transport Community Safety Manager, TfL
	Paul O'Connor	Network Support Manager, TfL

Summary of Recommendations

1. That the PCT undertake an audit of the physical accessibility of NHS dental surgeries in Hillingdon and prepare an action plan to address the findings in order to ensure Hillingdon residents with mobility difficulties are able to access an NHS dentist. **Lead organisation: Hillingdon PCT**

2. That the PCT improves publicity on the availability of financial assistance with NHS dental charges, including for example, further information on how to claim this assistance on the 'dental health' section of Hillingdon PCT's website. **Lead organisation: Hillingdon PCT**

3. That the PCT ensures NHS healthcare in Hillingdon includes the promotion of oral good health, and we suggest this may include the expertise of Healthy Hillingdon. We welcome the PCT's Chief Executive's goal to spend increased resources on prevention and ask that this expenditure includes oral health. **Lead organisation: Hillingdon PCT**

4. That the PCT continues to ensure that the Local Dentistry Committee is involved in discussions around the future of dental services and any changes to care pathways. We note that dental services have received less of an increase in funding compared to other NHS services, and ask the PCT to ensure that local dentists and the External Services Scrutiny Committee are consulted about the allocation of funds for dentistry when the ring-fence ends in March 2009. **Lead organisation: Hillingdon PCT**

5. That the PCT continue to monitor patient satisfaction with GP opening hours: should a demand for evening and/or weekend surgeries become clear, we recommend that the PCT consider a model of provision for this demand that balances the requirements of Hillingdon residents and ensures resources are utilised to best value. **Lead organisation: Hillingdon PCT**

6. That the PCT takes all appropriate steps to ensure GP services are provided in suitable and accessible accommodation, and we recommend that early advice is sought from the Council's Planning and Community Services Group on the appropriate location of practice accommodation. We ask Cabinet to reassure local GPs that planning applications will be dealt with as quickly as possible once submitted. **Lead organisation: Hillingdon PCT and Hillingdon Council (Cabinet)**

7. a) That the PCT monitors the number of patients treated by the Urgent Care Centre (UCC) and A&E, and takes steps to address any significant increases in UCC and A&E attendances that may occur as waiting times decrease. Furthermore, we recommend that the PCT ensures the UCC advises patients to visit their local GP where this is a more appropriate form of treatment than attendance at hospital.
   b) That protocols are developed to enable the London Ambulance Service (LAS) to deliver patients to the UCC when LAS clinicians feel this is a more appropriate place of

treatment than A&E.
Lead organisation: Hillingdon PCT and London Ambulance Service

8. a) That the PCT works with GPs to ensure that GPs explain the new referral process to patients.
b) That the PCT monitors the implementation of the Referral Management Centre (RMC) & Clinical Assessment and Treatment Services (CATS) and takes action as appropriate, in particular we ask the PCT to ensure:
   - Hillingdon residents receive equal or higher level of treatment than residents of other PCTs;
   - That the new process is not leading to an increase in patient complaints;
   - The new process does not lead to delays in patients receiving care.

   c) Finally, we ask the PCT to ensure there is a fair and transparent process for awarding contracts under CATS, and the PCT broadly monitors the proportion of Hillingdon Health's profits that are reinvested in the local health economy. **Lead organisation: Hillingdon PCT**

9. That the Cabinet and PCT note our initial findings in relation to 'Healthcare for London' and that the proposals will be scrutinised in much more detail both locally and through the Joint Overview & Scrutiny Committee (JOSC) chaired by Cllr Mary O'Connor. **Lead organisation: Hillingdon Council (Cabinet)**

10. That the Council continues to adopt its proactive approach on the issue of students living in privately rented accommodation, in particular:
a) Continues to use the private sector landlords forum to reinforce to landlords the importance of maintaining the external appearance of rented properties, and use this forum to strongly encourage landlords to include the services of a gardener in rental charges rather than relying on students to cut the grass themselves.
b) Continues to send enforcement notices when problems emerge with specific properties. **Lead Organisation: Hillingdon Council (Housing)**

11. That Cabinet consider whether the Council should join the campaign for a change in planning law to introduce a new use class relating to properties rented by less than six people. **Lead organisation: Hillingdon Council (Cabinet)**

12. That the University seeks to increase the number of properties available through the Head Lease scheme. We suggest that given this involves the accommodation of Brunel students – a function of the University accommodation office – this expansion should primarily be a responsibility for the University and not the Council. **Lead organisation: Brunel University**

13. That Cabinet welcome Brunel's offer to fund half a post to act as a link between off-campus students and local residents. Given the smaller number of students living off-campus compared to some other university towns and cities, we suggest Brunel use this funding to employ a part-time post. We then suggest that Cabinet and the University

jointly review the operation of this post after six months and re-examine the need for additional funding. **Lead organisation: Brunel University**

14. That the University consider whether its security staff can be deployed to address problems such as late-night parties in accommodation rented by its students from private landlords. **Lead organisation: Brunel University**

15. That Cabinet join the Committee in noting the positive contribution made by Brunel University to Hillingdon, and supports initiatives to make students feel part of the local community. In particular, we suggest that:
a) The potential for a reception or event attended by the Mayor to welcome students to Hillingdon in Freshers Week is explored.
b) Brunel continues to ensure local residents are aware of the university facilities that are available for public use, and also the wider Hillingdon population is aware of the positive impact on the Borough of hosting a leading university. **Lead organisation: Brunel University and Hillingdon Council**

16. That the Cabinet welcomes the offer of TfL to use its powers to apply for Anti-Social Behaviour Orders and Acceptable Behaviour Contracts, and the Council works with the Police and TfL to encourage these powers to be deployed where appropriate – particularly to address any new problems arising out of the free travel initiative. **Lead organisation: TfL, Hillingdon Council and MPS**

17. a) That the Cabinet encourages schools to do as much as possible to ensure pupils are well behaved on the journey to and from school. In particular, we suggest that schools may wish to consider deploying staff to ensure orderly boarding of buses outside school gates and distribute oyster photocard application forms with end-of-year reports.
b) That Cabinet ensures that the pack sent to parents regarding the transition to secondary school continues to contain an appropriate level of information about the circumstances in which an oyster photocard is required. **Lead organisation: Hillingdon Council (Education)**

18. That the Police and Council closely monitor any changes in the occurrences of ASB, particularly whether the free travel initiative has led to a displacement of ASB to new areas and whether the deployment of the Safer Transport Team onto a route leads to increased problems on other routes. **Lead organisation: MPS and Hillingdon Council (Community Safety)**

19. That the Police continues to seek the input of young people about future priorities for the Safer Transport Team, especially with advice over which routes are experiencing problems with anti-social and criminal behaviour. We ask the Police to ensure that this includes a range of young people, including those that may be 'hard to reach'. **Lead organisation: MPS**

The remainder of the report presents the findings of the Committee and the rationale for these recommendations

NHS dental services in Hillingdon

1. Many readers of this report will have seen media coverage from across the country of people queuing to register with new NHS dental practices. In April 2006 the Government implemented fundamental changes to the delivery of NHS dentistry that sought to improve access to an NHS dentist. These reforms transferred responsibility for commissioning dental services to local Primary Care Trusts (PCTs), which now have a statutory duty to provide dental services to meet 'all reasonable requirements'.

2. A key driver behind our scrutiny was the concerns of local dentists about this reform. In particular, many leading members of the Local Dentistry Committee were concerned that Hillingdon PCT – an organisation then in the midst of serious financial problems – was gaining responsibility for dental services and that government funding identified for dentistry may become transferred to other parts of the PCT's budget.

Accessing an NHS dentist

3. We were mindful of a recent report published by the Citizens Advice Bureau (CAB) on the results of a survey into the impact of the first year of the new dental contract. The survey, entitled 'Gaps to Fill', echoed many of the concerns of the dentistry profession outlined above. The CAB survey found that although the first six months of the reforms were successful in halting the decline in NHS dentistry, there was little evidence of any real growth in NHS dental services. It highlighted Government statistics which indicate that 56% of the English population received NHS treatment in the 24 month period prior to September 2006; the same percentage as in the 24 month period to March 2006.[1]

4. Our starting point was to therefore establish whether Hillingdon is facing problems of under-supply of NHS dentistry similar to those outlined above. We were pleased to hear the reassurances of the PCT that all Hillingdon patients who wish to see a NHS dentist are able to do so. This is excellent news and means that Hillingdon should not witness scenes of people queuing round the block to register with an NHS dentist. Reassuringly, the local dentists attending our meeting did not disagree with this view.

5. We also sought to examine the physical accessibility of dental practices in Hillingdon, particularly for patients with restricted mobility. This is a significant issue given that many dental surgeries in Hillingdon are located above shops or offices. We note that the PCT undertook an access survey of dental surgeries in August 2003 and have plans to revisit this issue. We feel this is essential given the requirements of the Disability Discrimination Act (DDA).

[1] 'Gaps to Fill: CAB evidence in the first years of the NHS dentistry reforms', p. 2, http://www.citizensadvice.org.uk/pdf_gaps_to_fill.pdf

Recommendation 1: access to dental practices

That the PCT undertake an audit of the physical accessibility of NHS dental surgeries in Hillingdon and prepare an action plan to address the findings in order to ensure Hillingdon residents with mobility difficulties are able to access an NHS dentist.

The new charging system

6. A central element of the new reforms is the introduction of a new charging scheme that the Government believes should simplify the range of fees paid for NHS dental care. There are now three standard charges for all NHS treatments. The maximum charge for a complex course of treatment has been reduced from £384 to £194. Most courses of treatment will cost £15.90 or £43.60.

- **Band 1 course of treatment - £15.90**
  This covers an examination, diagnosis (e.g. x-rays), advice on how to prevent future problems, and a scale and polish if needed. It also covers an emergency appointment

- **Band 2 course of treatment - £43.60**
  This covers everything listed in Band 1, above, plus any further treatment such as fillings, root canal work or extraction of teeth.

- **Band 3 course of treatment - £194.00**
  This covers everything listed in Bands 1 and 2 above, plus crowns, dentures or bridges.[2]

7. Alongside these changes to the amount paid by patients to receive NHS services, the reforms also implemented a new contract for reimbursing dentists for NHS activity undertaken. Dentists are now contracted to deliver an agreed number of units of dental activity (UDAs) over the year. The value of these UDAs relates to the three patient charge bands so a band 1 course of treatment generates one UDA, a band 2 treatment three UDAs and a band 3 treatment 12 UDAs. We support the simplification of the pricing structure for not only is this far simpler for patients to understand, it may also lead to patients paying less for a course of treatment.

8. We heard that the new process could potentially enable the PCT to address the issue of a relative under-provision of NHS dentists in more deprived areas of the Borough. The new contract is designed to provide greater control over dental provision to the local NHS. We heard that under the new system, if a dentist moves, closes a practice or reduces the amount of NHS dentistry he or she provides, the money to provide this service will remain with the PCT for reinvestment in the PCT area. The PCT should then allocate this money for an area where there is a need for NHS dental services.

[2] http://www.dh.gov.uk/en/Aboutus/Chiefprofessionalofficers/Chiefdentalofficer/DH_4138821

9. However, we also heard some concerns from local dentists about the new contract. While the simplified banding system can benefit patients as outlined above, some dentists feel it may actually be detrimental to patient care in some instances. Dentists now receive the same payment for removing a tooth as filling it. Witnesses told us of anecdotal evidence that suggests this has led to an increase in the extraction of teeth that could potentially be filled. We heard that under the new contract dentists will receive the same payment for a simple extraction that could take five to ten minutes as for providing a complex filling that might take an hour (e.g. a deep filling to a molar). These two examples are not in some respects directly comparable – i.e. the two examples do not relate to the same tooth. Rather, we seek to highlight the concerns of dentists that the new contract can discourage dentists from undertaking complex work.

10. We also heard concerns about the way in which the value of the new dental contracts have been allocated. In particular, some practices across the country have received low contracts where a dentist left or joined during the 12 month reference period: e.g. a dentist was only allocated three months worth of activity as his predecessor only worked three months in the year on which the contracts were based. We note that this problem is due central Government policy and were pleased that our witnesses did not raise this as a particular problem in Hillingdon. We urge the PCT to continue to work with local dentists to monitor the situation and address any problems due to the way the contract was developed by the Government.

11. The new banding system has made NHS dentistry cheaper and more straightforward for many patients. However, we are concerned that these prices are still likely to be beyond the financial means of many vulnerable Hillingdon residents. People on low incomes may be eligible for financial assistance with the cost of NHS dental services, including patients (or whose partner is) receiving certain benefits such as Income Support, Income-based Jobseeker's Allowance, and Pension Credit Guarantee Credit. However, we heard that not all of the money allocated by the Department of Health for this purpose is used. We firmly believe that this could be because people are not aware of the appropriate process for claiming assistance and more could be done to raise awareness of this help.

Recommendation 2: financial assistance with dental charges

That the PCT improves publicity on the availability of financial assistance with NHS dental charges, including for example, further information on how to claim this assistance on the 'dental health' section of Hillingdon PCT's website.

Promoting oral good health

12. The new dental contract also seeks to increase the level of work undertaken to promote good oral health. We welcome this, for it fits with our view that the NHS should prevent and not just treat health problems. However, the evidence of whether this shift has taken place is unclear. The British Dental Association (BDA) is the professional association and trade union for dentists in the UK. The BDA surveyed its members on the first year of the new dental contract and released its findings in March 2007. The survey found

that 93% of dentists who responded believed that the new system does not encourage a more preventative approach to care. In addition, at the time of our meeting there was no dental public health lead at NHS London (the Strategic Health Authority) and Hillingdon PCT was not contributing towards the dental public health consultant that was working for PCTs in north west London.

13. Our Committee is represented on the overview & scrutiny working group that is examining obesity in Hillingdon. From this, we know that Healthy Hillingdon (the health promotion partnership between the Council and PCT) has undertaken a range of work to promote healthy eating amongst a range of young people. This has included work with schools, young people, parents, and child-minders. This training – and the work to implement the food standards in schools – should significantly help tackle tooth decay in young people. However, we note that much of this work is funded through the transitional school meal funding that is due to end shortly. We welcome that the PCT's financial position is improving and particularly welcome the PCT Chief Executive's comments that her aim is for the PCT to spend 1% of its income for prevention and self-care.

14. We also believe that healthy habits and attitudes develop early. We were shocked to hear that according to national statistics more than one third of under fives have decayed, filled or missing teeth, and in some parts of the country this rises to three-quarters. We welcome the comments of our dentists that they welcome the opportunity to treat young children and feel this enables young children to get used to visiting a dentist. We believe it is vital for such visits to a dentist to take place, as this should help tackle the statistics outlined above.

Recommendation 3: promotion of good oral health

That the PCT ensures NHS healthcare in Hillingdon includes the promotion of oral good health, and we suggest this may include the expertise of Healthy Hillingdon. We welcome the PCT's Chief Executive's goal to spend increased resources on prevention and ask that this expenditure includes oral health.

The future

15. The funding for dentistry given to PCTs is ring-fenced for until March 2009. Not only does this mean that dentists have guaranteed NHS incomes for this period, it also means that the PCT cannot divert this money to other areas of its budget. This should reassure local dentists in the medium-term given their concerns about the PCT's past financial situation.

16. However, we heard that local dentists are still concerned about the PCT's historical financial deficit and feel that the new national contract places dentists under ever-greater pressure to undertake more work for less money. They also highlighted that dentistry has not received the large levels of increased funding that have gone into other parts of the NHS. Our witnesses from the Local Dentistry Committee also expressed their fear this funding will be transferred away from dentistry once the ring-fence ends in

March 2009. On a positive note, it was excellent to hear the view of our witnesses that the transfer of funding to the PCT in 2006 went much smoother than they had feared and much of this is due to the level of communication between the PCT and local dentists.

17. Previous reports from the Committee have discussed the PCT's financial difficulties in depth. Witnesses from the PCT have presented their view that the level of activity undertaken at Hillingdon Hospital for Hillingdon residents is higher than for other similar PCTs, and this is a central factor in the PCT's budget overspends. We were therefore interested to hear that there has been a significant increase in the number of Hillingdon residents receiving dental treatment in hospitals: in 2003/4 Hillingdon PCT commissioned 1,296 new outpatient appointments and this rose to 3,610 in 2004/5.

18. To address this, the PCT is establishing a referral management pilot that will examine all referrals made to the Community Dental Service and hospitals. This will seek to validate referrals that the PCT should fund and aim to improve patient care pathways. Victor Crow – a consultant orthodontist working at Hillingdon Hospital – stressed the importance of ensuring clinicians are involved in this work. This issue is discussed further in the report in relation to the referral management centre.

Recommendation 4: future financial allocations for dentistry

That the PCT continues to ensure that the Local Dentistry Committee is involved in discussions around the future of dental services and any changes to care pathways. We note that dental services have received less of an increase in funding compared to other NHS services, and ask the PCT to ensure that local dentists and the External Services Scrutiny Committee are consulted about the allocation of funds for dentistry when the ring-fence ends in March 2009.

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GP services in Hillingdon

19. Both this Committee and its predecessor – the Health & Social Care Overview & Scrutiny Committee – have undertaken much work to scrutinise the provision of health services to Hillingdon residents. However, much of this work has centred on the PCT and local hospitals, and has not focused on the work of GPs in Hillingdon. We therefore decided to dedicate a meeting to this issue: this is particularly important given that GPs are the main point of NHS contact for many people, with primary care accounting for 90% of NHS activity.

Access to GP services

20. As highlighted earlier, GP services are the main, and often only, source of contact with the NHS for many people. It is therefore important that these services are accessible

both in terms of being able to make an appointment and the actual physical accessibility of premises.

21. In July 2007 the Government announced the results of what it describes as the biggest ever patient survey into access to GP services. The GP Patient Survey (GPPS) reports that overall GP practices in Hillingdon are offering patients access to a GP within 48 hours 80% of the time. This is just below the London average of 81% and the national average of 86%. However, we heard that survey data is available for each GP practice in Hillingdon and this highlights that access to a GP within 48 hours varies from 60% to 90% in Hillingdon. Likewise, there is variation in other measures of satisfaction (i.e. with phone access, ability to book more than two days ahead, ability to book specific GPs, and satisfaction with opening hours) with some practices recording less than half of respondents being satisfied with certain questions.

22. In September 2007 the PCT Board agreed an action plan to address these varying results. The action plan involves several strands of activity including working with individual practices to improve access to national levels. The PCT has appointed an 'access facilitator' to work with the ten practices with the lowest satisfaction results to disseminate good practice from Hillingdon and beyond.

23. GP opening hours is another issue that has generated significant media coverage in recent months. This follows concerns that people have to take time off work to visit the doctor, as many surgeries are only open during office hours. Indeed, the CBI have recently stated that four times as many working hours were spent in doctors' surgeries as were lost to industrial action in 2006.[3] Extending GP opening hours is also a current government initiative and is featured in the *Healthcare for London* review that is discussed in more detail later in the report.

24. We therefore sought to question the GP witnesses on their view in relation to GP opening hours. Drs Garsin and Shapiro echoed the response of the British Medical Association (BMA) to the *Healthcare for London* review on this issue and queried the prioritisation of NHS resources on extended GP opening hours. Dr Garsin repeated the BMA response that the results from the GPSS demonstrate that the vast majority of people are satisfied with the opening hours of their GP practice. We heard that additional opening hours would require additional resources. Any move to later opening hours without an increase in resources would mean that practices would have to close at times at which they are currently open.

25. The GPs advised us that the majority of their patients visiting a GP do not work (e.g. young mothers, young children, older people) and any shift to evening surgeries at the expense of daytime surgeries could benefit a small number of commuters at the expense of this majority. They advised us that a selected number of 'walk-in' clinics based in town/city centres and with extended hours could be a more cost effective method of ensuring commuters can access a GP. We have some sympathy with this view and note that NHS resources must be focused on achieving greatest value; we feel

[3] 'Report reveals big rise in GPs' pay and shorter working hours' – *The Guardian*, 1st August 2007

Recommendation 5: GP opening hours

That the PCT continue to monitor patient satisfaction with GP opening hours: should a demand for evening and/or weekend surgeries become clear, we recommend that the PCT consider a model of provision for this demand that balances the requirements of Hillingdon residents and ensures resources are utilised to best value.

26. GPs, like dentists, are independent contractors that provide services for the NHS in buildings across the Borough. As with dentists, we sought to examine the physical accessibility of GP surgeries in Hillingdon. We heard that 11 of the 51 GP practices in Hillingdon are located in buildings that are below the required standard, including three practices in West Drayton. The PCT's financial problems and the lack of capital funding from central government have meant that few GP practice redevelopments have proceeded in recent years. However, the GP witnesses asked that any future planning applications for GP practice redevelopment be considered as quickly as possible.

Recommendation 6: GP practice accommodation

That the PCT takes all appropriate steps to ensure GP services are provided in suitable and accessible accommodation, and we recommend that early advice is sought from the Council's Planning and Community Services Group on the appropriate location of practice accommodation. We ask Cabinet to reassure local GPs that planning applications will be dealt with as quickly as possible once submitted.

Practice Based Commissioning

27. In addition to the practicalities of accessing a GP, we also used the meeting to examine the changing role of GPs and strategic developments to GP services in Hillingdon. Under the government initiative known as practice based commissioning (PBC), GP practices are able to receive an indicative budget to commission hospital and community services for their patients. The rationale is that this devolution of responsibility for purchasing health services should harness the expertise of GPs – the clinicians who have direct knowledge of the health needs of Hillingdon residents – and therefore lead to better outcomes.

28. All GP practices in Hillingdon have signed up to PBC and have arranged themselves into a single confederation. Working with the PCT, the confederation has identified two

key initiatives to implement: a primary care led service to front-end the Hillingdon Hospital Accident & Emergency (A&E) Department and the setting up of a referral management centre that would handle all secondary care referrals from GPs. In addition, it was agreed that the referral centre would be part and parcel of a clinical and assessment treatment service (CATS) that would in time cover a wide range of specialities.

29. Given that these could represent a significant change to the way health services are delivered to Hillingdon residents, and that Hillingdon Health Ltd (the for profit company established by Hillingdon GPs) was the preferred provider of these services that were identified as a priority by GPs, we decided to subject this issue to scrutiny. We were pleased that Dr Mitch Garsin, Chair of Hillingdon Commissioning Confederation Board, and Dr Steven Shapiro, Director of Hillingdon Health Ltd, were able to answer our many questions on this issue.

Urgent Care Centre

30. The Urgent Care Centre (UCC) involves GPs working in Hillingdon Hospital's A&E Department to treat patients with minor illnesses. Patients attending A&E will be triaged by primary care clinicians who will either treat the patient themselves, pass the patient onto A&E, or redirect the patient to existing community services including GPs. The UCC operates between 9am and midnight seven days a week. We heard that the PCT and Hillingdon Health Ltd anticipated that the UCC would treat 50% of patients attending A&E. However, it has actually treated an average of less than half this amount in its first six months.

31. We understand the rationale behind the UCC and support the principle of ensuring that people receive treatment in the setting most appropriate to their care needs. It was reassuring to hear that the triage process seems to be working well from the patient perspective and that there have been few formal complaints. Significantly, treatment of minor ailments by Hillingdon Health Ltd cost the PCT less than if the Hospital's A&E treats the patient (this is due to the payment by results scheme under which hospital charges are set nationally).

32. Despite this potential to reduced costs to the PCT, we were concerned that several issues may undermine any financial savings. Firstly, we believe that a successful UCC may actually encourage people to attend A&E instead of making an appointment to visit their GP during the daytime. Similarly, we suggest that there could now be duplicating arrangements for treating patients out of usual GP hours: the UCC, A&E and the Harmoni out of hours service are all providing healthcare to Hillingdon residents from Hillingdon Hospital grounds during evenings and weekends. The PCT and GPs sought to reassure us on these issues. They said that the UCC does not treat all patients: it can make appointments for people with conditions that do not need to be treated urgently (e.g. sore throats) and that the UCC will encourage people to register with a GP if they attend the UCC and are not registered with a GP. We also heard that Harmoni fulfils a different role to the UCC and should treat different patients: Harmoni exists to provide GP appointments for people who are unable to wait until the next day to see a GP,

whereas the UCC exists to treat people who attend A&E but could more appropriately be treated by GPs.

33. The London Ambulance Service (LAS) plays an ever greater role in providing health care. Modernisation of working practices and increased training means that many LAS staff are able to treat patients themselves or make decisions about the appropriate level of care required. However, we heard that the LAS are not currently able to take patients to the UCC even when they judge that this is a more appropriate place of treatment than A&E.

Recommendation 7: urgent care centre

a) That the PCT monitors the number of patients treated by the Urgent Care Centre (UCC) and A&E, and takes steps to address any significant increases in UCC and A&E attendances that may occur as waiting times decrease. Furthermore, we recommend that the PCT ensures the UCC advises patients to visit their local GP where this is a more appropriate form of treatment than attendance at hospital.

b) That protocols are developed to enable the London Ambulance Service (LAS) to deliver patients to the UCC when LAS clinicians feel this is a more appropriate place of treatment than A&E.

Referral Management Centre and Clinical Assessment & Treatment Services

34. The second major initiative identified by the PCT and the commissioning confederation board also seeks to reduce the amount of activity undertaken in hospitals. During our detailed scrutiny of the PCT's financial deficit we have heard that the PCT believes that it is spending more on hospital treatments than PCTs with similar populations.

35. Under the referral management centre (RMC) independent consultants will peer review all referrals for further treatment made by GPs and hospital consultants. The review will seek to examine whether hospital treatment is the most appropriate option or whether community treatment or advice would be more suitable. The RMC may decide to refer a patient to the new clinical assessment & treatment services (CATS). The CATS programme is seeking to establish alternative care pathways to treatment in a hospital setting. Alternatively, the independent clinicians reviewing all referrals may refer a patient onto secondary care.

36. Again, while we support initiatives to improve patient care and maximise the value that can be gained from the PCT's resources, we had some concerns about the RMC & CATS. We sought reassurance that the process would not be bureaucratic and delay patient care, and also that referrals would not be rejected in order to save the PCT money. As with the UCC we sought to clarify any perceptions of a conflict of interest in that GPs have used practice based commissioning to extend their opportunity to earn income from the NHS. The level of resources for the local NHS is finite; any increase in payment to GPs may lead to a decline in activity (and income) for Hillingdon Hospital.

37. Our witnesses shared our view that GPs must explain to patients what will happen under the new system, in particular patients must understand that they are not being referred straight to hospital and may well receive an alternative form of treatment through CATS. We were also pleased to hear that the RMC process will operate electronically to ensure that processing time is kept to a minimum. This will however, require appropriate IT infrastructure. It was also good to hear that certain urgent cases are excluded from the RMC process and will go straight to secondary care specialists (e.g. cancer, maternity, chest pain). In relation to our concerns about the rejection on grounds of cost, Dr Garsin advised us that the RMC is a purely administrative operation that will log GP referrals and pass them onto an independent clinical assessment panel, composed of experienced consultants, who will make decisions as to the most appropriate pathway for that referral. We strongly feel that this process must be closely monitored to ensure cost concerns do not unduly influence decisions.

38. In relation to a conflict of interest, Dr Garsin advised us that this is more of a 'perceived' than 'actual' conflict. He told us that there are clear divisions of roles and responsibilities: GPs are unable to be on both the management board of Hillingdon Health and the PBC confederation board. For example, Dr Shapiro left the PBC confederation board once Hillingdon Health was set up and he was appointed as a director of the new venture. Significantly, the PCT has altered the original proposal and separated the RMC and CATS. The PCT will now provide the RMC and there may be several different providers of CATS (one of which is likely to be Hillingdon Health Ltd). Furthermore, we heard that GPs have always existed as independent contractors that are able to make money from the NHS and the government PBC guidance allows GPs to become providers of new services that PBC would commission. Again, however, we strongly feel the PCT must monitor this position closely.

39. It was also reassuring to hear Dr Garsin's comments that GPs do not wish to destabilise Hillingdon Hospital. We heard that consultants in the independent clinical assessment panels will simply decide whether the referral for hospital treatment is appropriate. It will then be the role of the RMC to enable the patient to choose a hospital to receive this treatment. The RMC will not be able to prevent patients choosing treatment at Hillingdon Hospital if the patient so wishes and the referral is agreed by the RMC.

Recommendation 8: referral management centre

a) That the PCT works with GPs to ensure that GPs explain the new referral process to patients.

b) That the PCT monitors the implementation of the Referral Management Centre (RMC) & Clinical Assessment and Treatment Services (CATS) and takes action as appropriate, in particular we ask the PCT to ensure:

- **Hillingdon residents receive equal or higher level of treatment than residents of other PCTs;**
- **That the new process is not leading to an increase in patient complaints;**
- **The new process does not lead to delays in patients receiving care.**

c) Finally, we ask the PCT to ensure there is a fair and transparent process for awarding contracts under CATS, and the PCT broadly monitors the proportion of Hillingdon Health's profits that are reinvested in the local health economy.

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'Healthcare for London': future developments to health services

40. Our last report outlined the significant report undertaken by the now Lord Darzi for NHS London entitled 'Healthcare for London: A Framework for Action'. The report identifies reasons why London's health services need to change, including: lower patient satisfaction for the London NHS compared to national figures, significant health inequalities across London, and the need to provide for London's expanding population with a slow-down in the increases to NHS funding.

41. The review proposes a series of potential changes to London's health services. These could include:

- Centralising specialist in-patient care in a small number of hospitals in London (this would mean local hospitals would no longer provide their existing service to patients suffering strokes, heart attacks or major trauma).
- Increasing the use of day-case surgery
- Moving routine diagnostics and outpatient services out of large hospitals and into the community
- Establishing 'polyclinics' that would serve populations of approximately 50,000 and could provide GP services and other health and social care services including physiotherapy, diagnostic services (such as x-rays), and out-patient appointments

42. These proposals are subject to consultation by London PCTs and Hillingdon is actively participating in the Joint Overview & Scrutiny Committee (JOSC) set up to scrutinise the proposals. Indeed, our Chairman – Cllr Mary O'Connor – has been elected as the Chairman of this JOSC. Although our Committee will therefore undertake much more work on this issue in the coming months, we asked our November witnesses for their views on the proposals. Implementation of the Darzi proposals could lead to a different role for GPs and the London Ambulance Service (LAS). We therefore sought to hear their views on this enhanced role.

43. The centralisation of specialist care would mean that staff working for the LAS would need to (a) make a decision about whether to send a patient to a specialist hospital instead of automatically transporting the patient to the nearest hospital, and (b) providing medical care to support the patient on this potentially longer journey to

hospital. We understand that the LAS has some highly trained officers and that there are local examples of this type of care already: e.g. patients in Hillingdon suffering certain types of chest pain are taken for primary angioplasty at Harefield Hospital rather than traditional drug treatment at Hillingdon Hospital. Patient recovery outcomes are often better as a result of this treatment. However, our concern is that this role will require additional resources – both in terms of training and equipment for supporting patients en-route. This must be considered as part of implementing the proposals.

44. We also have a slight concern that transporting patients to more distant hospitals may impact on patients' relatives and that a lack of visitors may extend recovery time. However, we were reassured to hear that patients may only need to be in a specialist hospital for a short time before being transferred to a local hospital once the initial treatment has started and the condition has stabilised.

45. 'Healthcare for London' also envisages a potentially greater level of healthcare to be delivered by GPs and primary care clinicians. The proposal of 'polyclinics' – large community facilities that provide a range of health and social care services to up to 50,000 residents – has received much public attention. However, Dr Garsin echoed the views of the BMA when he said that many GPs were concerned about polyclinics as new buildings that could be seen as 'mini-hospitals'. In particular, we heard that many patients value the close personal contact that the existing GP practice structure provides. Furthermore, there is an existing structure of GP practices and Dr Garsin advised that any move to polyclinics should focus on making sure existing facilities are used to their full potential.

46. We would suggest that polyclinics could be a balance between these two views. New 'super-surgeries' with over ten GPs may depersonalise patient care, however the polyclinic initiative could address some of the issues of poor practice environment (as outlined earlier) and also provide some care closer to people's homes rather than having to travel to hospital (e.g. for blood tests, physiotherapy and diagnostics).

Recommendation 9: the Darzi review

That the Cabinet and PCT note our initial findings in relation to 'Healthcare for London' and that the proposals will be scrutinised in much more detail both locally and through the Joint Overview & Scrutiny Committee (JOSC) chaired by Cllr Mary O'Connor.

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Brunel University

47. Our Committee is charged with examining issues of concern to local residents in relation to the actions of non-Council organisations. Brunel University has undergone significant expansion in recent years coupled with a centralisation of the University on the Uxbridge

site; these developments have led to concerns from local residents and Ward Councillors.[4] We therefore sought to examine these issues by inviting the key stakeholders to our meeting, including the University, student representatives, and residents. We believe this roundtable discussion was highly beneficial in allowing all views to be aired. In fact, we suggest that this type of activity demonstrates the value of a dedicated external scrutiny committee for it is not always clear where this type of discussion on the diverse issues around Brunel could have taken place under a service-based committee structure.

Relations between students living in off-campus and their neighbours

48. Of the 13,000 students who attend Brunel, approximately 50% live at home. At present 3,300 students live in Halls of Residence and there are plans to accommodate 1,500 more in this type of university accommodation. The remaining students live throughout Hillingdon and other areas of London. Residents' concerns often focus on these students living in accommodation rented from private landlords.

49. Students like to live near the university campus. As with other university towns and cities, landlords are buying increasing numbers of properties in roads near Brunel and due to rental income are able to pay higher prices than people seeking to purchase a family home. We heard that landlords can often generate £1500-2000 per calendar month by letting a property on a room-by-room basis to students, compared to approximately £800 if the house was let as a single property to a family. This has led to approximately 300 students living in two or three roads, with students occupying at least half the houses on these roads.

50. This increasing 'studentification' of certain roads is clearly a cause of concern for non-student residents. Put simply, students and non-student residents often lead very different lifestyles and this can lead to problems with late night parties during the week for example. Other concerns for residents include the litter caused by flyers distributed for social events, a lack of garden maintenance in student properties, and bulky waste such as mattresses and fridges often being left outside houses.

51. We sympathise with these concerns and were pleased to hear that Brunel and partners are working to address these. The University has for example undertaken litter collections in the roads around the campus; however, the meeting demonstrated that flyers are an ongoing problem.

52. We were also pleased to hear from the Council's Housing officers that the Council endeavours to maintain links with private sector landlords, and given the lack of statutory powers over smaller properties has to work through persuasion. The Council holds a quarterly forum for private sector landlords and regularly contacts letting agents to ask for the details of landlords for whom the agency has recently let a property to

[4] The University has seen significant growth in recent years: between 1986 and 2005/6 the number of undergraduates at the university increased from 2,333 to 9,781. It has also closed other campuses in Runneymede, Twickenham and Osterley.

students. These methods mean that the Council has the contact details of over 600 landlords in Hillingdon.

53. The Council does have some powers to intervene in certain cases: public health powers can be used to address rubbish that is a public health hazard and is attracting vermin, and planning enforcement powers can also be used in serious cases. Neither of these powers would cover a mattress, fridge or freezer dumped in a garden for example. However, we heard that the Council can send advisory letters to landlords asking them to address particular problems, and these are often successful in getting landlords to clear up problems.

Recommendation 10: privately rented accommodation

That the Council continues to adopt its proactive approach on the issue of students living in privately rented accommodation, in particular:

a) Continues to use the private sector landlords forum to reinforce to landlords the importance of maintaining the external appearance of rented properties, and use this forum to strongly encourage landlords to include the services of a gardener in rental charges rather than relying on students to cut the grass themselves.

b) Continues to send enforcement notices when problems emerge with specific properties

54. This work is undoubtedly positive, however the Council's statutory powers are fairly limited in relation to the private rental market. Houses in Multiple Occupation (HMO) licensing powers only come into effect with larger properties and households. We heard that the spread of houses occupied by less than six sharers cannot be regulated or prevented under existing planning law: less than six people sharing a house with communal facilities is still classed as residential use. Several other Councils have passed a motion asking the Government to introduce a new use class in planning law intended to provide greater control for planning authorities in regulating the growth of houses in multiple occupation. We did not examine these planning implications in depth but suggest that such a change could give the Council greater control over the spread of student properties in affected wards.

Recommendation 11: enforcement powers for houses in multiple occupation

That Cabinet consider whether the Council should join the campaign for a change in planning law to introduce a new use class relating to properties rented by less than six people.

55. It was also excellent to hear that the Council's officers have been working with the University in ensuring properties that are advertised or available through the accommodation office meet current standards, or are licensed if that is required. This involves examining fire safety compliance, general health and safety of the property

(e.g. overcrowding, appropriate communal facilities) and the external appearance of the property. The Head Lease scheme, 70 to 80 properties managed directly by the University, is offered to full time Brunel Students. This involves the University renting a property from a private landlord and then renting it back to a group of students. We suggest that the scheme can potentially lead to better outcomes for both students and local residents in that it helps promote greater responsibility in the rental market and protect against irresponsible landlords.

Recommendation 12: the Head Lease scheme

That the University seeks to increase the number of properties available through the Head Lease scheme. We suggest that given this involves the accommodation of Brunel students – a function of the University accommodation office – this expansion should primarily be a responsibility for the University and not the Council.

56. On the issue of student-community relations more widely we were pleased to hear that relations are generally good. Our witnesses from local residents' associations told us that they are in regular contact with the Pro Vice Chancellor about specific problems. However, we are slightly concerned that residents should need to contact the Pro Vice Chancellor with specific complaints about noise and litter. We suggest that many of these issues could be resolved by someone lower in the university management structure. Indeed, we note that many universities have appointed dedicated officers to relate to local communities and this is highly valued by resident groups.

57. Universities UK, the national umbrella organisation representing universities, has produced a guide for universities to manage many of these issues. We note that Loughborough University has created the post of Community Relations Officer to act as a point of contact. The post holds a budget to undertake community activities such as a good neighbour guide; a newsletter for residents about the university; a website for the community with information about university facilities they can use, and alerts local residents to key dates e.g. RAG activities, degree ceremonies, term dates and other major events (for parking and traffic purposes). The officer also takes a strategic overview of issues and monitors and acts upon trends in complaints. Similarly, the University of Nottingham, with the support of the Students' Union, has created the post of manager for off-campus students, with the aim of building more positive relationships between students and their neighbours.

58. We understand that many universities have dedicated help-lines for residents to report specific problems. This would prevent calls needing to be made to the Pro Vice Chancellor if adopted by Brunel. Again for example, Loughborough University uses its campus security service – which operates 24/7 – as an 'on-call' service for the community. In the event of a problem, residents can call the help-line and security will attend and intervene if necessary. Loughborough's Community Warden or Security Manager – with the power to issue fines – will follow up in the daytime if the problem was serious or if it is persistent.

59. We are extremely supportive of Brunel's decision to fund a Police Constable to supplement the work of the local Safer Neighbourhoods Teams and believe this should significantly benefit students and local residents. However, unlike Loughborough, we heard that Brunel University's security staff do not deal with problems in off-campus rented accommodation. We also feel that a dedicated community relations officer would help address many of the concerns and problems outlined in preceding paragraphs. We were also pleased to hear that Brunel appreciates the value of such a post and is offering to fund half of this cost with the Council funding the other half. We welcome this offer but suggest a slightly different way forward.

Recommendation 13: community relations post

That Cabinet welcome Brunel's offer to fund half a post to act as a link between off-campus students and local residents. Given the smaller number of students living off-campus compared to some other university towns and cities, we suggest Brunel use this funding to employ a part-time post. We then suggest that Cabinet and the University jointly review the operation of this post after six months and re-examine the need for additional funding.

Recommendation 14: deployment of the University's security staff

That the University consider whether its security staff can be deployed to address problems such as late-night parties in accommodation rented by its students from private landlords.

The contribution of Brunel University

60. Despite these issues, it is vital to reinforce that the majority of students are well-behaved and the University makes a significant contribution to the local economy and Hillingdon life more generally. It is estimated that all the universities in the UK contribute approximately £36.5 billion to the UK economy, and that Brunel alone contributes £0.25-£0.3 billion to the Hillingdon economy. Brunel University employs over 2,000 people directly, and there is a considerable 'multiplier' benefit to the local economy through the work generated for local construction companies, letting agents, and tradesmen involved in maintaining student accommodation.

61. We also heard that Brunel makes a wider contribution to Hillingdon life. Two key examples include the volunteering work undertaken by Brunel students in the local community and the availability of university facilities to local residents. These facilities include an arts centre, sports facilities, maths classes, concerts, and GPs in the health centre. Local residents told us about the popular 'over 50s' club run by Brunel that is open to residents for a nominal charge. We believe that such activities and opportunities can significantly help relations between the university and local residents. However, we heard that not all residents are aware of the availability of these facilities and perhaps more communication needs to take place.

62. We were particularly struck the comments of the President of the Brunel Union of Students around student identity to the local area. Specifically, he believes that Brunel students do not feel part of the Borough and that students sometimes feel some antagonism towards them. It was noted that in contrast to some other towns and cities Uxbridge does not seem like a 'university town'. We understand that Brunel is working closely with the Council and the Uxbridge initiative to encourage Brunel students to contribute to the town's night-time economy (e.g. cafes, bars and cinema) rather than remain on campus. Provided any fears surrounding anti-social behaviour are managed, we believe that increased student interaction with the town centre could potentially be beneficial.

63. Again, it was interesting to hear the President of the Union of Students' evidence from the perspective of students. We agree that terms such as 'studentification' can be abused and lead to negative connotations towards students. The preceding paragraph highlights that Hillingdon can gain from hosting a leading university: the challenge is ensuring that we all work together to manage any potential challenges.

64. Approximately 3,000 new students join the University each year. At least half of these will not live at home; many will be 18 years old and need some support to live away from home for the first time. We firmly agree with our witnesses in their view that it is vital to ensure these students receive this support and the meeting identified a way in which the Council could potentially help offer this support. We highlighted earlier that there is often a disjuncture between students and other residents. We suggest that part of this could be addressed by trying to make students feel part of the Borough. Specifically, we endorse the idea raised by the President of the Union of Students that the Mayor formally welcomes students to the Borough in Freshers Week. This would include highlighting the history of the Borough students have just moved to, and Council officers could hand out information on refuse collection and community safety. We believe that this would be an extension of the civic work already undertaken by the Council such as citizenship ceremonies. Encouraging students to feel part of the local community may foster a greater sense of responsibility and therefore help relations with their neighbours.

65. Voting in elections is a central part of being a member of a community. The President of the Union of Students said he would welcome the assistance of the Council with campaigns to encourage voting. We hope this work is a success and electoral registration will further help students feel they are part of Hillingdon.

Recommendation 15: making Brunel part of the Borough

That Cabinet join the Committee in noting the positive contribution made by Brunel University to Hillingdon, and supports initiatives to make students feel part of the local community. In particular, we suggest that:

a) The potential for a reception or event attended by the Mayor to welcome students to Hillingdon in Freshers Week is explored.

b) Brunel continues to ensure local residents are aware of the university facilities that are available for public use, and also the wider Hillingdon population is aware of the positive impact on the Borough of hosting a leading university.

Council Tax implications

66. We are also aware of concerns about the financial impact upon the Council of increasing numbers of students living locally, i.e. students are exempted from Council Tax and this could lead to decline in Council Tax revenues. We did not examine this issue in-depth at our meeting, however we sought information on this from officers in the Council's finance department. In summary, the grant settlement from central government takes into account the level of Council Tax that can be raised locally. If this Council Tax base falls (e.g. because of an increase in students) then the government should increase the grant to the Council. However, the situation is complex and there are several caveats around the method for calculating this grant. We are sure that officers and Cabinet will continue to keep a close watch on this issue and make representations to government as appropriate.

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Anti-social behaviour on local buses

67. The final section of our report presents the findings from our meeting to examine anti-social behaviour (ASB) on local buses, specifically the impact of the recently established Safer Transport Team (STT). We identified this as an issue following concerns raised in the *Gazette* and representations from residents and Councillors. We were delighted to welcome a range of stakeholders to our meeting as witnesses including representatives from senior management of the Borough's police, members of the Safer Transport Team, Transport for London (TfL) and First Bus Group.

68. The STT was launched on 1st July 2007 and comprises two Sergeants, three Police Constables (PCs) and 18 Police Community Support Officers (PCSOs). One Sergeant is based at Uxbridge and manages two PCs and 10 PCSOs; the other Sergeant manages the remainder of the STT and is based at Hayes. There is very little cost to the Metropolitan Police of implementing the Safer Transport Team: the core funding comes from TfL.

Enforcement action

69. The STT is already delivering results. We were pleased to hear that the STT is undertaking joint operations with TfL to tackle fare evasion – we feel this is particularly important, given that individuals travelling without a ticket are often those causing anti-social or criminal behaviour. We were impressed to hear that the STT have developed good links with bus drivers, including visiting bus garages to discuss problems.

70. It was interesting to hear from a representative of TfL's Transport Policing Enforcement Directorate about the work TfL can and does undertake to tackle ASB. We share the concerns of many that the Mayor of London's free travel initiative for young people has led to an increase in ASB. It was therefore pleasing to hear that TfL has confiscated almost 5,500 free travel oyster cards across London in 2007, 1,100 of which have been due to ASB. All new applicants for free oyster travel will now have to accept the behaviour code and sign to agree that personal details will be passed to other agencies if this code is broken.

71. TfL can now apply for Anti-Social Behaviour Orders (ASBOs) and Acceptable Behaviour Contracts (ABCs). Many problems on local buses are classified as anti-social rather than criminal behaviour and it was therefore interesting to hear the TfL representative's comments that TfL are very willing to work with the Police and Council to deploy ABCs and ASBOs in such cases. Although the majority of young people are well behaved, there is anecdotal evidence that the free travel initiative has created new challenges in tackling ASB in some instances. We hope that all partners can work together to address these.

Recommendation 16: enforcement action

That the Cabinet welcomes the offer of TfL to use its powers to apply for Anti-Social Behaviour Orders and Acceptable Behaviour Contracts, and the Council works with the Police and TfL to encourage these powers to be deployed where appropriate – particularly to address any new problems arising out of the free travel initiative.

Working with schools to promote good behaviour on public transport

72. We were pleased to hear of the tangible successes and outcomes from operations undertaken in the first six months of the team. In particular, the STT has worked to address concerns around behaviour on the 697 and 698 routes near Douay Martyrs School in Ickenham. Following concerns from parents and the local Safer Neighbourhoods Team (SNT) the STT deployed officers to ride the route leading to immediate improvements in the travelling environment.

73. However, while the deployment of PCSOs to ride affected routes and TfL enforcement action can be successful, it is important to tackle the root cause of problems. It was therefore excellent to hear that the STT are seeking to solve the problems in the longer term, appreciating that they will be unable to ride these routes permanently. In particular, we heard that the Hillingdon STT is actively encouraging schools to take up TfL's offer to present to school assemblies on the behaviour code. Following this encouragement, Hillingdon now has one of the highest rates of schools taking up this presentation of all London Boroughs.

74. The evidence at our meeting suggested that the attitude of schools varies towards their role in promoting good behaviour of their pupils on public transport. We firmly believe that schools (and their governing bodies) should be interested in promoting acceptable

behaviour by their pupils when travelling to and from school: pupils wearing school uniform project an image of the school to the community, and schools should want to ensure this image is favourable. In particular, we suggest that schools should all take up TfL's offer to present at school assemblies on the behaviour code and suggest that schools may even want to consider deploying their staff to marshal boarding of buses outside the school gates in order to address any ASB that may occur.

75. As highlighted, children aged 11-15 can travel free at any time across the entire London bus and tram network, as can 16 and 17 year olds in full-time education. All those aged 14 to 17 must have an oyster photocard to gain this concession, as must 11-13 year olds who look older. However, we know from our own personal experience and from the evidence at our meeting that many young people do not have – or use – their oyster photocard, and this can lead to 'surges' of young people boarding buses adding to the concerns about ASB. We heard that some schools undertake work to promote compliance with these requirements, in particular distributing information on, and applications for, oyster photocards with end-of-year reports. We suggest this is an excellent idea and can help ensure children (and parents) are unable to claim that they are not aware of the need to have an oyster photocard.

76. In addition, we note that the Council sends an information pack (including the application for a secondary school place) to all parents whose children are due to start secondary school the following year. We understand that this pack includes summary information on the requirements for an oyster photocard and suggest that this is an excellent method for promoting the requirements to ensure young people have the appropriate photocard.

Recommendation 17: role of schools in promoting good behaviour on buses

a) That the Cabinet encourages schools to do as much as possible to ensure pupils are well behaved on the journey to and from school. In particular, we suggest that schools may wish to consider deploying staff to ensure orderly boarding of buses outside school gates and distribute oyster photocard application forms with end-of-year reports.

b) That Cabinet ensures that the pack sent to parents regarding the transition to secondary school continues to contain an appropriate level of information about the circumstances in which an oyster photocard is required.

Coordination of activities between partners

77. It was also reassuring to hear that the STT is working with both the British Transport Police and Hillingdon Council to ensure all resources are coordinated to achieve maximum benefit. However, we did hear some concerns from the Council's Community Safety Officers that the Mayor of London's free travel initiative may be leading to new ASB challenges. In particular, we heard concerns that some young people may be using buses as 'drop-in centres' in winter, and travel the route with their friends for something to do. This may be leading to new areas experiencing ASB – in particular areas were

routes terminate (e.g. Northwood Hills where the 282 terminates). We note the view that these young people may be elsewhere causing ASB if not on the bus, but still have concerns. We were pleased to hear that the Council and Police work closely together and with other key stakeholders to address ASB (particularly through the Area Anti-Social Behaviour Reduction Forums) and Council resources can be deployed to tackle specific ASB hotspots (e.g. mobile CCTV and 'mosquitoes'). However, we feel that this is an issue that must continue to be monitored.

Recommendation 18: displacement of ASB/new ASB problems

That the Police and Council closely monitor any changes in the occurrences of ASB, particularly whether the free travel initiative has led to a displacement of ASB to new areas and whether the deployment of the STT onto a route leads to increased problems on other routes.

Engagement with young people

78. Concerns over ASB on public transport often focus on young people as the perpetrators of the problem. However, it is vital to acknowledge that young people are often the victims of anti-social and criminal behaviour. We were delighted to hear the positive reception given by young people to many of the PCSOs riding local buses and this demonstrates that it is the whole range of the travelling public that gain from a more pleasant travelling environment. We believe that young people can act as an excellent source of information and advice for STTs – particularly relating to decisions over where resources should be deployed to address particular incidences of ASB. We welcome that the Police are engaging with the Youth Parliament to discuss the operation of STTs and future priorities. However, we also feel it is important to ensure that the views of a range of young people are sought, including those who may not wish to be involved in the Youth Parliament. We suggest that STT could link into the good work of many of the Safer Neighbourhoods Teams (SNTs) in engaging with young people, e.g. the Friday night football organised by the South Ruislip SNT.

Recommendation 19: engagement with young people

That the Police continues to seek the input of young people about future priorities for the Safer Transport Team, especially with advice over which routes are experiencing problems with anti-social and criminal behaviour. We ask the Police to ensure that this includes a range of young people, including those that may be 'hard to reach'.

79. In short, we would like to congratulate the Metropolitan Police and partners for their excellent work in implementing Safer Transport Teams, which like Safer Neighbourhoods Teams, are greatly appreciated by the local community.

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Closing word

80. We hope that this – our sixth and perhaps most in-depth report – provides an interesting flavour of the work that we have undertaken. We commend our recommendations to Cabinet and the Council's partners including the NHS, Brunel University and Police. We hope that they are received as intended – a positive and not critical presentation of our findings. We look forward to hearing the response of these organisations.

81. It was excellent to hear a reference to our previous work during this current round of meetings. Specifically, we heard that TfL contribute to the Junior Citizen initiative and that this is a key medium for promoting good behaviour on public transport amongst the several thousand children passing through the programme each year. This reinforced the value of the £10,000 support granted by Cabinet following our last meeting. Again, we thank Cabinet for this positive response.

82. The remainder of the 2007/8 Council year will be equally busy and highlights include a special joint meeting with the Royal Borough of Kensington & Chelsea on the Royal Brompton & Harefield Trust and a return to the work of our partners to promote community cohesion. Our work programme is attached to this report.

83. Finally, we hope this report demonstrates the work Councils can undertake to lead their local areas – a notion increasingly referred to as 'placeshaping'. To this end we are delighted to be hosting a pan-London conference to discuss this community leadership role. This event in April 2008 follows our earlier conference in October 2006 and we are delighted to present a series of high-profile speakers including Lord Hanningfield, Leader of Essex County Council, Shadow Government Minister, and Member of the All Party Parliamentary Local Government Group.

Appendix: 2007/8 work programme

Meeting Date	Agenda Item
19th June 2007 **Theme:** **Hillingdon PCT**	• Northwood & Pinner • Future Management Options • Hillingdon Hospital Outline Business Case
18th July 2007 **Theme:** **Domestic Fire Safety (LAA target)**	London Fire Brigade: LAA target to reduce the number of accidental household fires and the number of deliberate primary fires
13th September 2007 **Theme: Dentistry**	NHS Dental provision in Hillingdon
25th September 2007	Hillingdon Hospital Foundation Trust application
9th October 2007 **Theme:** **Brunel University**	Impact of Brunel University on the local community
13th November 2007 **Theme:** **GPs**	• GPs in Hillingdon, in particular in relation to Practice Based Commissioning and the Urgent Care Centre at Hillingdon Hospital, • London Ambulance Service

11th December 2007 **Theme:** **Community Safety**	Anti-Social Behaviour on buses (including use of new PCSOs dedicated to patrolling local buses) (also to include review of SNT recommendations)
10th January 2008 **Theme:** **NHS**	Hillingdon Hospital and PCT update
15th January 2008	Special joint meeting with the Royal Borough of Kensington & Chelsea to scrutinise Royal Brompton & Harefield NHS Trust
19th February 2008 **Theme:**	*Meeting theme to be confirmed*
27th March 2008 **Theme:** **Healthcare Commission Annual Health Check**	Annual Health Check Declarations: • Hillingdon PCT • Hillingdon Hospital • Royal Brompton & Harefield • Central & North West London Mental Health Trust
22nd April 2008 **Theme:** **Community cohesion**	Community cohesion – to include a review of previous recommendations and also recommendations of Commission for Integration and Cohesion

Glossary

A&E	Accident & Emergency (Department)
ABC	Acceptable Behaviour Contract
ASB	Anti-Social Behaviour
ASBO	Anti-Social Behaviour Order
BMA	British Medical Association
CATS	Clinical Assessment and Treatment Services
GP	General Practitioner
HMO	House in Multiple Occupation
JOSC	Joint Overview & Scrutiny Committee
LAS	London Ambulance Service
MPS	Metropolitan Police Service
PBC	Practice Based Commissioning
PCSO	Police Community Support Officer
PCT	Primary Care Trust
RMC	Referral Management Centre
SNT	Safer Neighbourhoods Team
STT	Safer Transport Team
TfL	Transport for London
UCC	Urgent Care Centre