



HILLINGDON
LONDON



Health and Social Care Select Committee

Councillors on the Committee

Councillor Nick Denys (Chair)
Councillor Reeta Chamdal (Vice-Chair)
Councillor Tony Burles
Councillor Philip Corthorne
Councillor Kelly Martin
Councillor June Nelson
Councillor Sital Punja (Opposition Lead)

Date: TUESDAY, 29 APRIL 2025

Time: 6.30 PM

Venue: COMMITTEE ROOM 5 -
CIVIC CENTRE

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Terms of Reference

Health & Social Care Select Committee

Portfolio(s)	Directorate	Service Areas
Cabinet Member for Health & Social Care	Adult Services & Health	Adult Social Work (incl. Direct Care and Business Delivery, Provider & Commissioned Care)
		Adult Safeguarding
		Hospital & Localities
		Adult Learning Disabilities & Mental Health
		Adult Social Services transport and travel
		Health & Public Health (incl. health partnerships, health inequalities & Health Control Unit at Heathrow)
		Health integration / Voluntary Sector
	Homes & Communities	The Council's Domestic Abuse services and support (cross-cutting)
		Services to asylum seekers

STATUTORY COMMITTEE	<u>Statutory Healthy Scrutiny</u>
	<p>This Committee will also undertake the powers of health scrutiny conferred by the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013. It will:</p> <ul style="list-style-type: none"> • Work closely with the Health & Wellbeing Board & Local Healthwatch in respect of reviewing and scrutinising local health priorities and inequalities. • Respond to any relevant NHS consultations. <p><u>Duty of partners to attend and provide information</u></p> <p>The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013, imposes duties on 'responsible persons' to provide a local authority with such information about the planning, provision and operation of health services in the area of the authority as it may reasonably require to discharge its health scrutiny functions through the Health & Social Care Select Committee. All relevant NHS bodies and health service providers (including GP practices and other primary care providers and any private, independent or third sector providers delivering services under arrangements made by clinical commissioning groups, NHS England or the local authority) have a duty to provide such information.</p>

	<p>Additionally, Members and employees of a relevant NHS body or relevant health service provider have a duty to attend before a local authority when required by it (provided reasonable notice has been given) to answer questions the local authority believes are necessary to carry out its health scrutiny functions. Further guidance is available from the Department of Health on information requests and attendance of individuals at meetings considering health scrutiny.</p>
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Agenda

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Minutes

HEALTH AND SOCIAL CARE SELECT COMMITTEE

25 February 2025



Meeting held at Committee Room 5 - Civic Centre

	<p>Committee Members Present: Councillors Nick Denys (Chair), Adam Bennett (In place of Reeta Chamdal), Tony Burles, Philip Corthorne, Kelly Martin, June Nelson and Sital Punja (Opposition Lead)</p> <p>LBH Officers Present: Gary Collier (Health and Social Care Integration Manager), Gavin Fernandez (Head of Service - Hospital, Localities, Sensory & Review), Kelly O'Neill (Director of Public Health) and Nikki O'Halloran (Democratic, Civic and Ceremonial Manager)</p>
55.	<p>APOLOGIES FOR ABSENCE (<i>Agenda Item 1</i>)</p> <p>Apologies for absence had been received from Councillor Reeta Chamdal (Councillor Adam Bennett was present as her substitute).</p>
56.	<p>DECLARATIONS OF INTEREST IN MATTERS COMING BEFORE THIS MEETING (<i>Agenda Item 2</i>)</p> <p>Councillor Tony Burles declared a non-pecuniary interest in Agenda Item 5 – Adult Social Care EIP – First Witness Session, as he was on the management board at Citizens Advice Bureau, and stayed in the room during the consideration thereof.</p>
57.	<p>MINUTES OF THE MEETING HELD ON 23 JANUARY 2025 (<i>Agenda Item 3</i>)</p> <p>It was noted that the resolution in relation to the Adult Social Care digitisation agenda item had not included specific timescales in relation to the provision of additional information. It was agreed that any information available now should be circulated to Members outside of the meetings. Mr Collier, the Council's Health and Social Care Integration Manager, advised that a report was likely to be coming to the Committee in July 2025, after it had been considered by the Cabinet Member and Leader.</p> <p>RESOLVED: That:</p> <ol style="list-style-type: none"> 1. Mr Gary Collier forward information on the digitisation of Adult Social Care to the Democratic, Civic and Ceremonial Manager for circulation to the Committee Members; 2. Mr Gary Collier provide a report on the digitisation of Adult Social Care for inclusion on the agenda for the meeting on 22 July 2025; and 3. the minutes of the meeting held on 23 January 2025 be agreed as a correct record.
58.	<p>EXCLUSION OF PRESS AND PUBLIC (<i>Agenda Item 4</i>)</p> <p>RESOLVED: That all items of business be considered in public.</p>

59. **ADULT SOCIAL CARE EARLY INTERVENTION AND PREVENTION - FIRST WITNESS SESSION** (*Agenda Item 5*)

The Chair welcomed those present to the meeting. Ms Kelly O'Neill, the Council's Director of Public Health, advised that there was an interface between Adult Social Care and Public Health and health services. Prevention had been one of the three key priorities included in the NHS 10 Year Plan which would be published later this year.

Prevention was not just about social care but also included the social determinants of health such as housing and green spaces. As such the services and interventions provided by various Council teams had an impact on prevention which meant that prevention sat with the decision makers / Councillors.

It was important that effort was made to ensure that the healthiest option was the easiest option. This would mean that people would stay healthier for longer: health was wealth and wealth was health. As such, action was being taken to prevent a range of things including homelessness, violence against others and frailty. Projections had shown that Hillingdon would have a significant increase in the number of people aged over 65 but that their healthy life expectancy would not be extended and they would be living with one or more long term health conditions.

Hypertension (or high blood pressure (BP)) often went undetected and could lead to stroke and cardiovascular disease which were the biggest causes of death. Around 50% of emergency activity in the Emergency Department and 30% of GP time and unplanned care was in relation to high BP. Approximately 4,400 residents accounted for about 50% of hospital admissions. In addition, there were 22,465 unpaid carers in Hillingdon (29% of whom provided more than 50 hours of care each week), so it was important to keep them well. The challenge would be to drive the economy whilst tackling hypertension.

Concern was expressed that if there were 22,465 unpaid carers in Hillingdon and the Carers Trust provided one-to-one support for 2,867 carers, what support was available to the rest of the carers. Mr Collier advised that the Carers Trust provided a range of initiatives to reach out to carers as well as working in communities and working with partners. The Council had a statutory responsibility to identify carers so had been proactive in doing this. However, not all carers wanted support. Therefore, it was important to raise awareness of where carers could go if / when they wanted support.

Mr Gavin Fernandes, the Council's Assistant Director Immediate Response, advised that there had been a 4.5% increase in people aged 18-64 requiring long-term care between 2022/23 and 2023/24 and a 3% increase for residents aged 65 years and over. Overall, there had been a 2.2% increase in the number of people aged 65 years plus requiring long-term care from 2019/20 to 2023/24 and a 13% increase for people aged 18 to 64. Of the 3,967 people that had received Adult Social Care services between 1 April and 31 December 2024, 57% (2,256) had been aged 65 and above.

There had been a 450% increase in the number of referrals of those aged 18-64 with mental health needs between 2019 (285 referrals) and 2024 (1,286 referrals). A significant proportion of this could be attributed to the impact of the pandemic.

The Council provided care support for approximately 40 people a year with learning disabilities / autism who had transferred from children to adult social care services. There had been approximately a 20-fold increase in the number of people with an

autism only diagnosis that were supported by the Council (18 people in 2019 to 350 in 2024).

Empowering residents to look after their own health would reduce the need for Adult Social Care interventions. Issues such as hypertension and stroke were being looked at in the Plan which was being coproduced with drivers for change.

Mr Gary Collier, the Council's Health and Social Integration Manager, advised that the report had set out the preventative services that had been put in place but had not covered the interface with health services – this could be covered at a future witness session. Approximately £6.3m had been spent on preventative services and contracts were being introduced to replace the grants that had previously been issued to ensure some long-term stability to the organisations providing services in the Borough.

The tender process had been undertaken and smaller services had been brought together for a single provider to deliver which would avoid multiple small contracts. Partnership arrangements had been encouraged to provide a one stop approach which would be beneficial for residents. As Cabinet would be looking to award the contracts next month, Members were keen to invite representatives from the successful contractors to attend the witness session on 19 June 2025. It was agreed that information on technology-enabled care would also be presented at the June meeting as it was a means by which residents could access services as well as receive support.

Concern was expressed that combining lots of small services into bigger services would result in tenders only being submitted by larger organisations, thereby losing local knowledge and expertise. It was also queried whether larger organisations would subcontract out parts of the service to the smaller organisations that were unable to tender for the whole contract but on a much lower rate. Mr Collier advised that the Council had been very clear about the level of service provision required. Members would be able to question the new providers directly at the meeting on 19 June 2025.

Funding streams for the reablement service from within the Better Care Fund had been highlighted within the report. An increase had been seen in the number of older people discharged into reablement which had been helping to keep people living in their community for as long as possible.

It was agreed that the GP Confederation be invited to attend the next witness session on 25 March 2025 to talk about neighbourhood working and the development of the neighbourhood model in terms of early intervention and prevention and reducing need. Members also requested that arrangements be made for them to meet with service users and visit existing services that were providing early intervention and prevention initiatives on behalf of the Council.

Members queried how the performance of service providers was monitored and measured – with demand for services increasing, it was important to ensure that the services being provided were actually making a difference. Mr Collier advised that there were output requirements for each service provided and that additional resources were being provided in the Supplier & Contracts Relationship Team to ensure that the Council gathered sufficient information to adequately monitor performance. The reduction in the number of contracts would mean that it would be easier to work with fewer providers. In addition, operational managers were monitoring contracts on a daily basis through trackers and dashboards – technology had been giving officers more insight into service delivery so they were in a better position than ever before.

Evidence would need to be provided of what success looked like. Members were keen to undertake a deeper dive into performance monitoring and it was suggested that this could perhaps be undertaken by a couple of the Committee Members who could then report back to the Committee.

It was recognised that there would be a challenge in that everything was related to Public Health (PH). Ms O'Neill advised that the PH grant was ring fenced and spend against it had to meet very specific criteria. There were mandated services such as Healthy Child (£4.5m), Sexual Health (£3m), Drugs and Alcohol (£3m) and Health Checks (£500k) but the remainder could be used on addressing local priorities. The primary use of the PH grant had to be directly in relation to health and could not be used for things that were a statutory responsibility of the Council. £5.5m had been invested in non-statutory Council services, which were overseen by Ms O'Neill to ensure that they were linked to the eligibility criteria, and £6m had been invested in Adult Social Care. Money had also been invested in Children's Services. The use of these funds had to focus on the health outcomes and a six-monthly report was produced which needed to demonstrate that the criteria was being met.

The Council made a lot of decisions in relation to things such as resurfacing roads and Members queried how involved PH was in these decisions. As health and wellbeing was a fundamental consideration for all decisions, it would be good for PH to be more involved in them.

Members noted that 48% (127,264) of the 18+ population registered with a Hillingdon GP were living with one or more long-term health condition. With the top five long-term health conditions in the Borough being synonymous with deprivation, Members queried how PH could be seen to help make a difference through preventative measures. Ms O'Neill advised that the more deprived an area was, the poorer the health of those living there but that the creation of jobs and employment opportunities helped to improve health. The majority of work undertaken by PH was targeted in deprived areas, for example, cancer screening and oral health, as people in deprived areas were less likely to access health services. PH work had been weighted to those areas with a higher need. Ms O'Neill would provide the Democratic, Civic and Ceremonial Manager with illustrative exemplar case studies to circulate to the Committee.

The Index of Multiple Deprivation (IMD) datasets were small area measures of relative deprivation across the UK where areas were ranked from the most deprived area to the least deprived area. The PH contracts were not related to IMD and instead provided a tiered offer which provided more help to those that were most vulnerable. For example, although the Drugs and Alcohol contract supported a small number of people, these were very vulnerable individuals who were also more likely to be homeless and need mental health support. In addition, targeted work was being undertaken in relation to: sexually transmitted infections, which were currently on the rise and more prevalent in deprived communities; cancer screening; and health checks – although this was a universal service, specific communities were being targeted where there was a lower uptake and the population was deemed to be more at risk.

Although some good work had been undertaken in relation to smoking cessation and its prevalence had been linked to deprivation, levels were fairly low in Hillingdon in comparison to the rest of North West London so it was not deemed to be a top priority. That said, PH funding had been given to Central and North West London NHS Foundation Trust to provide the Drugs and Alcohol service and the Smoking Cessation service. A significant grant had also been secured to commission Smoking Cessation

officers to target quitters to quit within 28 days.

It was noted that vaping was used as a harm reduction measure rather than a way to help people to stop smoking. However, work was being undertaken in schools to stop children and young people from starting to vape when they had never smoked before.

It was noted that there had been some lunch clubs in operation around the Borough where, as well as a cooked meal, older residents were able to socialise, thus helping to prevent loneliness and isolation. Members queried how the Council was engaging with service users and communities to ensure that services were being co-produced. Mr Collier advised that the Council was looking to improve its engagement by coproducing the Plan to shape commissioning in the future through outreach and going into the community. A refresh of the Older People's Plan (OPP) was also needed as it set out a range of interventions to support residents. This could help the Cabinet Member for Health and Social Care who was looking at how Hillingdon could be transformed into an age-friendly Borough.

Members asked what action was being taken to raise awareness of social contact groups for older people. Mr Collier confirmed that information and advice was available to residents which signposted them to a range of resources in the community.

Around 55% of residents in Hillingdon had not been born in the UK and the Borough also had a large cohort of transient individuals and people who were otherwise socially isolated. Members queried how the Council engaged with these residents and what barriers they faced with this communication. Ms O'Neill advised that some communities had a more active presence in bringing residents together but that there were gaps. Those aged 65+ needed to be connected to someone who cared and there were gaps in: understanding about the level of need; mapping connections in communities; and how to engage with the transient population. It was agreed that the Committee would need to revisit issues such as the Council's communication and signposting, and how the Council responded to gaps in service provision.

It was noted that the referral rates to the mental health floating support service had increased despite limited funding and a low staff to service user ratio. Mr Collier noted that this service had proved to be quite a success and had coped well with the demand but would need to be kept under review. It would be retendered within the next 18 months so consideration would need to be given to the model to ensure that it was continued.

During 2023/24, the Admiral Nurse Service had received 212 new referrals each month. As they had an average of 143 open cases each month leading to 1,924 activities to support families affected by dementia, concern was expressed about there being sufficient staff available to support this many people. Mr Collier advised that investigations were currently underway to engage a company to alleviate pressure by transcribing assessments as it was not going to be possible to have more social workers.

Mr Fernandes advised that an officer had created a Pride Hub in Hillingdon, working on it in their own time. He would be happy to share further details if Members were interested in visiting the Hub.

Members queried at what point someone could proactively seek support. Ms O'Neill advised that BP machines were widely accessible across the Borough (including in

	<p>libraries and some gyms) and everyone aged over 40 would be invited to have a health check (PH paid £500k for GPs to undertake this work). However, it was noted that some people would show no signs before having a heart attack. A member of the PH team had been mapping the location of BP machines around Hillingdon and would be uploading this to the Council's website.</p> <p>In terms of forward planning, Members asked what the assumptions were in relation to the next cohort of residents that were approaching 65 years old. Ms O'Neill advised that this group had been referred to as the Rising Risk Group, 20% of which would fall into the frailty category each year. As such, consideration needed to be given to how this number could be reduced - how could inactive people be encouraged to be a little bit active? Active travel (cycling and walking routes) would need to be considered as part of this work.</p> <p>A lot of work was also needed in relation to unhealthy food and addressing associated advertising – consideration could be given to using planning controls to restrict advertising space. Thought would also need to be given to how residents could access healthy food in areas where there was no easy access to a supermarket.</p> <p>The Rising Risk Group was a very big group so it would be important to create age-friendly communities. Members asked that they be provided with further information in relation to what the Rising Risk Group looked like and how they were being dealt with.</p> <p>RESOLVED: That:</p> <ol style="list-style-type: none"> 1. the interface between the Council's preventative services and health services be covered at a future witness session; 2. representatives from the successful contractors be invited to attend the witness session on 19 June 2025; 3. information on technology-enabled care be presented at the meeting on 19 June 2025; 4. the GP Confederation be invited to attend the next witness session on 25 March 2025 to talk about neighbourhood working and the development of the neighbourhood model in terms of early intervention and prevention and reducing need; 5. arrangements be made for Members of the Committee to meet with service users and visit existing services that were providing early intervention and prevention initiatives on behalf of the Council; 6. Ms O'Neill to provide illustrative exemplar case studies of PH work that had been weighted to those areas with a higher need, for circulation to the Committee; 7. Ms O'Neill provide Members with further information on what the Rising Risk Group looked like and how they were being dealt with; and 8. the discussion be noted.
60.	<p>CABINET FORWARD PLAN MONTHLY MONITORING (<i>Agenda Item 6</i>)</p> <p>Consideration was given to the Cabinet Forward Plan.</p> <p>RESOLVED: That the Cabinet Forward Plan be noted.</p>
61.	<p>WORK PROGRAMME (<i>Agenda Item 7</i>)</p> <p>Consideration was given to the Committee's Work Programme. It was noted that</p>

	<p>residents had advised Councillors that Estates Team at The Hillingdon Hospitals NHS Foundation Trust (THH) were looking to develop some parts of the Mount Vernon Hospital site. The Chair had spoken to the THH team about this matter. It was agreed that an item be included on the agenda for the Committee's meeting on 16 September 2025 to talk to THH about its estate as well as to other partners about the NHS estate more broadly.</p> <p>RESOLVED: That:</p> <ol style="list-style-type: none"> 1. NHS estates be included as an agenda item for the meeting on 16 September 2025; and 2. the Work Programme be agreed.
	<p>The meeting, which commenced at 6.30 pm, closed at 7.47 pm.</p>

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

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HEALTH UPDATES

Committee name	Health and Social Care Select Committee
Officer reporting	Nikki O'Halloran, Democratic Services
Papers with report	Appendix A – North West London Integrated Care Board Place Update Appendix B – Royal Brompton and Harefield Hospitals Update Appendix C – Central and North West London NHS Foundation Trust Update Appendix D – The London Ambulance Service NHS Trust
Ward	n/a

HEADLINES

To enable the Committee to receive updates and review the work being undertaken with regard to the provision of health services within the Borough.

RECOMMENDATION: That the Health and Social Care Select Committee notes the presentations.

SUPPORTING INFORMATION

Hillingdon Health and Care Partners (HHCP)

Hillingdon Health and Care Partners (HHCP) is the 'Place Based' alliance of health and care organisations that seeks, through collaboration and co-design, to make significant improvements to the quality and cost of care in Hillingdon. HHCP is made up of Hillingdon Hospitals NHS Foundation Trust, Central and North West London NHS Foundation Trust (CNWL), H4All (a partnership of voluntary sector health care providers) and Hillingdon's Confederation (which brings together all of Hillingdon's GPs). HHCP works together closely with the London Borough of Hillingdon and North West London Integrated Care Board (NWL ICB) to deliver 3 key strategic aims:

- Improving the outcomes for our population - delivering Hillingdon's Joint Health and Wellbeing Strategy
- Delivery of sustainable, person-centred, joined up models of care aligned to the new hospital plans and activity assumptions
- Delivering the NWL Integrated Care System (ICS) priorities through local care models building from a population health management approach

Shared delivery models are through 6 integrated Neighbourhood Teams and a range of joined up Borough wide teams across health and care.

The Hillingdon Hospitals NHS Foundation Trust (THH)

The Hillingdon Hospitals supplies services from two sites; Hillingdon Hospital and Mount Vernon Hospital and has an annual turnover of around £320 million, employing approximately 3,700 staff. We are proud to deliver services for our local borough of Hillingdon, and to those living in the surrounding areas of Ealing, Harrow, Buckinghamshire and Hertfordshire, giving us a total catchment population of over 350,000. Hillingdon Hospital is the only acute hospital in the

London Borough of Hillingdon and offers a wide range of services, including accident and emergency (A&E), inpatient care, day surgery, outpatient clinics and maternity services. The Trust's services at Mount Vernon Hospital include routine day surgery, an Urgent Care Nurse Practitioner service and outpatient clinics. The Trust hosts several other organisations that supply health services at the Mount Vernon site including East & North Hertfordshire NHS Trust's Cancer Centre.

Royal Brompton and Harefield Hospitals (RBH)

The Royal Brompton & Harefield Hospitals merged with Guy's and St Thomas's NHS Foundation Trust (GSTT) in February 2021 and, from April 2022, joined with the cardiorespiratory services at GSTT to form a new Heart & Lung & Critical Care Group across the three sites. At the same time, the Evelina Children's Hospital took over the running of the paediatric services at Royal Brompton.

The merger of the two NHS foundation trusts was approved by the Boards and Councils of Governors of both organisations in December 2020 and came into effect on 1 February 2021. This merger saw the creation of a newly expanded Guy's and St Thomas' NHS Foundation Trust, with Royal Brompton and Harefield forming a new Clinical Group within the Trust.

Since 2017, Guy's and St Thomas' and Royal Brompton & Harefield NHS Foundation Trusts have been working together, and with colleagues across King's Health Partners, to develop plans to transform care for adults and children with heart and lung disease. This merger is a key step towards achieving these ambitions. To begin with, the merger will mean clinicians and teams working more closely together, building on the partnership work over the last three years, but generally providing services to the same patients and in the same places as they do now.

Subject to the necessary public consultation, children's services will move from the Royal Brompton Hospital site to an expanded Evelina London Children's Hospital at St Thomas' in around four to five years' time. Subsequently, and again subject to consultation, the Trust hopes to build a new centre for heart and lung services at St Thomas', which will be the home to adult heart and lung services from across the new Trust and potentially other partners as well. There are no plans to move services from Harefield Hospital, but these services will be an integral part of the integration across the new Trust.

Central and North West London NHS Foundation Trust (CNWL)

CNWL is a large and diverse organisation, providing health care services for people with a wide range of physical and mental health needs. The Trust employs approximately 7,000 staff who provide integrated healthcare (more than 300 different health services) across 150 sites and in many other community settings. Types of services include:

- **Physical health:** Community treatment for physical conditions that do not require general hospital treatment or conditions that require long-term care. This includes district nursing, health visitors, stroke care and support for people in recovery.
- **Mental health:** Community and hospital treatment for children, adults and older people with mental health problems. Services range from counselling support for mild conditions to rehabilitation treatment for long and enduring mental health problems.
- **Learning disabilities:** Assessment and treatment for people with learning disabilities who also have complex mental health needs and/or challenging behaviour. Services are provided in the community or hospital.

- **Eating disorders:** Admission to hospital or appointment sessions are provided to support men and women with an eating disorder.
- **Addictions:** Community drug and alcohol treatment services are provided, as well as hospital admission when it is needed. Specialist services to address problem gambling, compulsive behaviour and club drug problems are also available.
- **Sexual health:** Appointment and walk-in services are available for anyone who needs them. This includes contraceptive choices, treatment of sexually transmitted infections and HIV testing and treatment.
- **Prison and offender care:** Full healthcare services, including primary healthcare, addictions and mental health support, are provided in a number of prisons. Mental health support is also provided in the community for people who have offended in the past or people at risk of offending.

North West London Integrated Care System (NWL ICS)

In response to the NHS long term plan, which suggested that the number of CCGs will be significantly reduced to align with the number of emerging Integrated Care Systems (ICSs), North West London (NWL) CCGs launched a case for change for commissioning reform on 29 May 2019. The case for change recognised that there were questions on how the CCGs respond to the configuration issues raised by the long term plan which required exploration and resolution. Following the engagement period, the recommendation to governing bodies was to proceed to a formal merger of CCGs from 1 April 2021, using 2020/21 as a transition year to focus on the following:

- System financial recovery
- Development of integrated care at PCN, borough and ICS level
- Building closer working relationships with the local authorities
- The development of a single operating structure across the commissioning system, and meet the expectations of NHSE that the CCG would operate in 2020/21 under a single operating framework, with the associated reduction in management costs and streamlined governance
- To work with providers to develop alternative reimbursement structures from 2020/21 to support delivery of ICP/ICS

On 1 April 2021, the eight Clinical Commissioning Groups in North West London (NWL) became one organisation, and the ICS then came into being in 2022.

The London Ambulance Service NHS Trust (LAS)

The London Ambulance Service (LAS) answers more 999 and NHS 111 calls than any other ambulance service in the UK. LAS crews go to more than 3,000 emergencies each day and handle over two million 999 calls a year.

Its 24-hour 111 integrated urgent care services in north east and south east London answer more than 1.2 million calls a year. The LAS has recently been awarded a three-year contract to provide the NHS 111 service to the two million people who live in North West London, beginning on Thursday 17 November 2022. The organisation will also take on responsibility for running the North West London Clinical Assessment Service (CAS) which helps to decide where patients who call-in would be best cared for.

The LAS is the only NHS provider trust to serve the whole of London and the nine million people who live in, work in or visit the city. The Trust covers an area of 620sq miles and its average response time to the most serious emergencies is less than seven minutes.

The LAS has 8,000 people who work or volunteer for it and together they are striving to ensure patients receive the right response, in the right place, at the right time. The Trust works closely with its NHS partners including: NHS England (which commissions the LAS); hospitals; specialist trusts; and the five Integrated Care Systems (ICS).

The LAS plays a leading role in integrating access to emergency and urgent care in the capital. Its collaboration with the Metropolitan Police Service, London Fire Brigade, London's Air Ambulance and London's Resilience Forums means that the Trust is ready and prepared to respond to major incidents and ensure that they keep Londoners safe.

By integrating the 999 and 111 services, the LAS is able to treat more patients over the phone; in their home; or refer them to appropriate care in their own community. This is key in achieving the LAS' strategic ambition of reducing the number of unnecessary trips to hospital and should mean 122,000 fewer patients a year being taken to emergency departments.

Healthwatch Hillingdon

Healthwatch Hillingdon is a health watchdog run by and for local people. It is independent of the NHS and the local Council. Healthwatch Hillingdon aims to help residents get the best out of their health and social care services such as doctors, dentists, hospitals and mental health services and gives them a voice so that they can influence and challenge how health and care services are provided throughout Hillingdon. Healthwatch Hillingdon can also provide residents with information about local health and care services, and support individuals if they need help to resolve a complaint about their NHS treatment or social care.

Healthwatch Hillingdon is one of 152 community focused local Healthwatch. Together, they form the Healthwatch network, working closely to ensure consumers' views are represented locally and nationally led by Healthwatch England.

Healthwatch Hillingdon is all about local voices being able to influence the delivery and design of local services. Not just people who use them, but anyone who might need to in the future. By making sure the views and experiences of all people who use services are gathered, analysed and acted upon, Healthwatch can help make services better now and in the future.

To make sure that the voices of children and young people are heard, Healthwatch Hillingdon created Young Healthwatch Hillingdon (YHwH). YHwH is made up of volunteers who represent the views of children and young people living, working or studying in Hillingdon. They do this by:

- Sharing and promoting information about health issues and services that affect children and young people through events, social media updates and reports.
- Speaking to children and young people and gathering their views about what health issues and services are important to them.
- Working with health and social care services representatives to try to shape and improve services for children and young people.

Witnesses

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

1. Hillingdon Health and Care Partners (HHCP)
2. The Hillingdon Hospitals NHS Foundation Trust (THH)
3. Royal Brompton & Harefield Hospitals, Guy's and St Thomas' NHS Foundation Trust (RBH)
4. Central and North West London NHS Foundation Trust (CNWL)
5. North West London Integrated Care Board (NWL ICB)
6. The London Ambulance Service NHS Trust (LAS)
7. Healthwatch Hillingdon (HH)
8. Hillingdon GP Confederation

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The ICB borough team working at Place is part of supporting implementation of NWL commissioning plans in Hillingdon, working with HHCP to implement priorities and support improving performance of Hillingdon Place partners for residents and patients. This report highlights some key deliverables. The ICB refreshed its Joint Forward Plan in 24/25 for this coming year and it was presented to the Hillingdon Health and Wellbeing Board in March 25. Hillingdon HHCP priorities are embedded in the Joint Forward Plan.


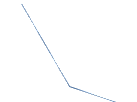
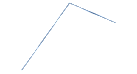

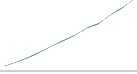

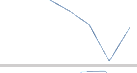



Performance slides 2 and 3. The performance targets as outlined on slides two and three are in the NWL ICB Operating Plan for 24/25 and are monitored by the Board on a monthly basis. The data largely relates to January 2025. It is pleasing to see that in Hillingdon the targets for people requiring health checks meet all the targets set.

Estates slide 4. The work starting on the Northwood and Pinner site is a significant achievement as the first development of a health site in Hillingdon for a number of years. NWL ICB has developed an estates strategy which it has submitted to NHS England and is published on the ICB website. The Hillingdon team has actively contributed to the strategy, the slides pertaining to Hillingdon reflecting neighbourhood estates plans.

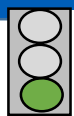
Slide 5 gives a brief update on progress on the improvement plan for our SEND CYP following the inspection in April 24.

Health Inequalities Transformation slides 6,7, and 8. This funding as in addition to ICB core commissioning funding supports meeting our obligations under improving health inequalities for people who are in the Core 20+5 cohorts. Really significant progress has been made in this area in Hillingdon in 24/25.

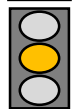
Access to general practice slides 9 & 10. This is a national and local priority. The NWL Primary Care Programme team asked the Primary Care Networks to carry out engagement with patients during the autumn. The total number of responses in Hillingdon was 13,988 and the total across NWL was over 100,000. The feedback from the Hillingdon engagement is outlined on slide 9. The ICB has included an access specification into the NWL enhanced service offer for 25/26. The new access service balances access and continuity of care.

Most Recent Month	NWL Metric Name	Measure	Goal (Increase or Decrease)	Target	Benchmark	NWL	Trend	Westminster	Kensington and Chelsea	Hammersmith and Fulham	Brent	Ealing	Hounslow	Harrow	Hillingdon
Dec-24	People with diabetes who have received nine care processes in the last 15 months	%	↑	70.0%		71.6%		66.5%	74.7%	66.2%	71.4%	73.8%	70.0%	71.3%	73.7%
Jan-25	Eligible female patients who have received a Cervical Cancer Screening within the last 3.5 years for ages 25-49.	%	↑	80.0%	London Average - 60.9%	55.9%		48.5%	53.5%	52.9%	49.8%	63.5%	61.1%	56.4%	62.5%
Jan-25	Children (17 or under) with asthma who have completed an asthma check	%	↑	60.0%		65.9%		65.0%	66.3%	58.4%	65.6%	70.4%	64.0%	64.6%	66.0%
Jan-25	People with severe mental illness (SMI) receiving a full physical health check	%	↑	60.0%		72.9%		70.1%	76.4%	65.2%	74.5%	72.6%	72.0%	75.5%	77.2%
Dec-24	People over age of 14 on a doctor's learning disability register who have had an annual health check(YTD)	%	↑	35.0%	London average - 7%	58.0%		65.0%	66.0%	51.0%	60.0%	58.0%	52.0%	56.0%	56.0%
Nov-24	Estimated diagnosis rate for people (aged 65 and over) with dementia	%	↑	66.7%	England Average - 62.2%	65.7%		59.9%	63.1%	63.3%	61.2%	67.6%	67.9%	69.7%	68.9%
Oct-24	Two hour Urgent community Response Rate	%	↑	90.0%	London average 82.7%	85.5%		77.6%	91.7%	87.5%	92.6%	85.7%	100.0%	71.1%	84.8%
Jan-25	Patients aged 79 years or under with hypertension who have a blood pressure reading of 140/90 mmHg or less	%	↑	44.7%	5% increase from previous year	59.8%		58.6%	62.8%	55.7%	58.4%	61.1%	61.3%	59.6%	59.8%
Jan-25	Patients aged 80 years and over with hypertension who have a blood pressure reading of 150/90 mmHg or less	%	↑	59.7%	5% increase from previous year	76.6%		73.4%	76.2%	72.7%	74.2%	78.0%	78.4%	76.8%	76.4%
Oct-24	Patients discharged to usual place or residence	%	↑	94.6%	Q2 NWL Target - Defined by BCF	92.7%		91.6%	92.0%	94.2%	94.7%	91.9%	92.8%	94.0%	90.7%

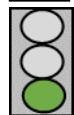
Hillingdon's performance overall is good with 8 metrics on green and 2 amber at year end.



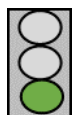
Diabetes – Hillingdon remains the top performing NWL Borough in people receiving the 9 care processes at 73.7%. PCN's are focusing on diabetes, making it a priority year-round. Pharmacists have been upskilled on managing diabetes patients, and have been reviewing diabetes patients on a regular basis as well as helping practices improve their recall process so patients are reviewed and followed up at the right time.



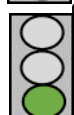
Cervical Cancer - Hillingdon's performance at 62.5% is the second highest within NW London. There is a NWL Cervical Screening Steering Group which the Borough Lead for Cancer attends. At this group, performance and best practice are shared. The RM Partners Cancer Primary Care Clinical Lead, Dr. Bushra Khawaja attended PCN meetings in Q3 sharing performance data and providing instruction on accessing data on screening dashboards, enabling practices to improve performance.



Children who have completed an Asthma Check - Various work is taking place across the HHCP system to improve the performance. For example, THH Paediatric Consultant and NWL CYP Asthma Network Lead working with PCN's on a 'Getting it right first time' campaign. There is also a new asthma template which practices to improve the quality of data captured. The NWL Paediatric Asthma Senior Delivery Project Manager is working on the asthma-friendly schools programme. 90% of Hillingdon's schools have signed up to the initiative with work ongoing to engage the final 10%.



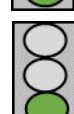
SMI Health Checks - The National target is 75% Hillingdon in February 2025 is above the target at 78.7%. The success of the Hillingdon SMI initiative is a collaborative effort involving the practices, Hillingdon Confederation and Hillingdon MIND. Both MIND and The Confederation have been actively assisting practices in reaching out to and supporting residents who may find it challenging to schedule and attend SMI checks.



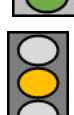
LD Health Checks - The cumulative NWL target for January 2025 is 71% the national cumulative target is 63% and Hillingdon actual performance is 66% this above the national target. The annual target is 75%. The CNWL LD team work with LD health champions, PCNs and the Local Authority to support with annual checks. Work continues with GP Practices who require more support.



Dementia - % people diagnosed within 6 weeks of referral – National target 66.7%. The performance from Hillingdon for January 2025 is above the national target 68.1%.



Patients Discharged to Usual Place of Residence - This is a national BCF metric and the target for 2024/25 was 91.7%. The national report hasn't been updated since October at which point we were off trajectory and showing as red rated on slide 2, however the SUS data pack published by the national Better Care Team shows the average to end of February 2025 to be 92.25% thereby indicating that Hillingdon is on track to exceed the target.



Two-Hour Community Response Rate – The system changed to DocAboe in September, which lead to some duplication for staff reporting on patients, the glitches are being worked through and checks that it is being used consistently with staff. In terms of resourcing of the team, demand and capacity is being investigated internally and through the reactive care transformation programme. During the last quarter there was a high level of staff winter sickness.

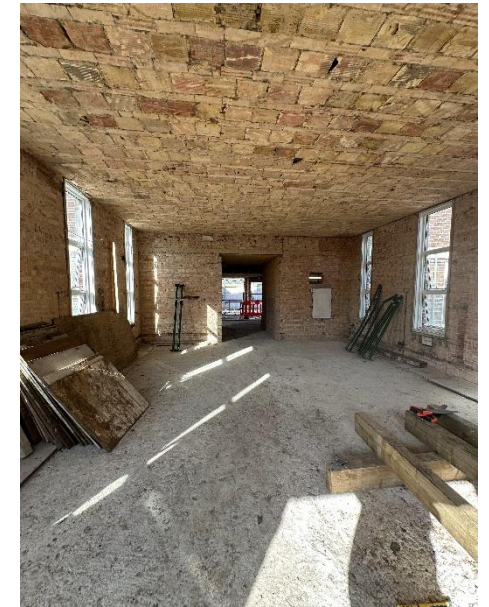


Hypertension – Performance remains high and rated green with several initiatives to support diagnosis and management of hypertension including community roadshows encompassing BP and AF checks. Tools and resources have been developed to increase knowledge and awareness about hypertension available in different languages. The Neighbourhood priorities across the borough include a focus on CVD with a number of projects underway to further support the detection and management of CVD in integrated teams. We are exploring opportunities to expand the Library BP Loan scheme to local spaces across the borough including local faith and community centres as well as supermarkets. This will support the prevention and management of hypertension, embedding and localising access to BP machines in local public spaces as the 'new norm'.

Estates – Northwood and Pinner

With the project given the go ahead by North West London ICB in December 2024, NHS property Services (NHS PS) commenced the works in January 2025 with the demolition of the old wings of the cottage hospital. The main rebuild and refurbishment of the cottage hospital will start in April 2025 with completion scheduled for May 2026.

Services will relocate into the new building in July 2026 from Northwood Health Centre and other locations. Services will include Carepoint Practice and Acre Surgery with PCN Services, community and mental health services provided by Central & North West London Trust (CNWL) and digital retinopathy services delivered by Health Intelligence.



SEND Improvement Plan Update

Following the SEND inspection of the Joint Area Partnership an improvement plan was put into place. Progress against the SEND Improvement Plan is developing well. Feedback from Department for Education is positive, with agreement that monitoring will now only be required on a half-yearly basis. There will be also be a review meeting in April with NHSE to report on progress against the plan.

The new Hillingdon Directory has gone live with education, social care and health partners supporting with promoting this widely. This contains information for families regarding all services available in Hillingdon for CYP with SEND and also has links to other websites and resources. Work has commenced on a co-produced guide for CYP and their families to be shared when a referral is made to CDC/CAMHS for an ASD or ADHD assessment to signpost to support if parents/carers suspect that their child may be neurodiverse.

The Designated Clinical Officer is working with the BI Leads for LBH, CNWL and ICB with regards to improving the scope of SEND data available and the ability to communicate this between our organisations. This is ongoing with further meetings scheduled.



NHS England has allocated recurrent Health Inequality Transformation (HIT) funding to every Integrated Care Board (ICB) to strengthen and accelerate strategic capabilities in identifying, understanding, and addressing health inequalities. In Hillingdon, the HIT funding allocation for FY 24/25 is £679,688. A business case for Hillingdon Place was approved in September 2024, with an assumption that funding will remain at this level for FYs 25/26 and 26/27. The Hillingdon HIT programme aims to reduce health disparities by enhancing service access, community engagement, and prevention initiatives, particularly for underserved populations. The funding has been allocated across two key areas:

- **Core20+5 Health Inequalities Schemes:**
- **Population Health Management (PHM) Infrastructure**

To ensure effective oversight, HHCP has established a HIT steering group within its governance structure. This group oversees that business case development meets the core HIT Core 20+5 requirements, monitors spending, and the impact of projects funded through HIT.

- In addition to our internal evaluation at a Hillingdon level, the NWL Health Equity team has commissioned PPL to conduct an evaluation of all HIT schemes across NWL. This evaluation will:
- Assess the **impact of each scheme** on reducing health inequalities.
 - Identify **cross-cutting themes** and shared learnings across interventions.
 - Highlight effective and **impactful practices** in health equity.
 - Provide evidence-based recommendations to inform future priorities and system-wide improvements.

Scheme progress update:

1. Children’s Oral Health – Healthy Smiles Hillingdon: A targeted oral health programme focusing on children aged 2-4 olds living in deprived (Core 20 areas). Healthy Smiles Hillingdon by design is focused specifically on families whose economic, social, environmental circumstances or lifestyle place children at high risk of poor oral health or make it difficult for them to practice healthy diet, healthy lifestyle, maintain good oral hygiene and access dental services.

Key Achievements:

- 23 early years settings enrolled (target: 20), reaching up to 1,200 children by June 2025. With a focus on areas (West Drayton and Hayes) with the highest child populations and deprivation levels.
- Supervised tooth brushing launched, with staff training completed in 9 settings and 10 more scheduled. 6 settings has officially started supervised tooth brushing
- High parental consent rates indicate strong community support. Involving parents enhances their awareness and ability to support children’s oral health at home.
- Culturally tailored resources are available to help reach diverse communities to improve parental consent rate.
- Integrated approach underway with early years settings, Family Hubs, and community initiatives.
- Provision of fluoride toothpaste, toothbrush packs, and dental check-up encouragement.

Next Steps:

- Expand programme borough-wide to all early years settings.
- Evaluation will be carried out by LB of Hillingdon Public Health Team.
- Strengthen links with NHS dental services for improved access.
- Integrate with wider child health initiatives (nutrition, early years development).

2. Community Champions: A volunteer-led initiative empowering local residents to support health improvement efforts.

Key Achievements:

- 9 Community Champions recruited, engaging 222 residents through workshops, events, and outreach.
- Health roadshows & screenings:
 - Hypertension awareness event: 42 attendees, 34 blood pressure checks, 3 engaged in healthy eating discussions.
 - Healthy Lungs project launched in Harefield, training champions to support COPD and asthma patients.
 - Asthma workshops scheduled for schools and children's centres, fully launching in March.
- Mental health & social wellbeing:
 - Partnered with The Proper Blokes Club to establish a men's walk-and-talk group, with a women's group launching soon.
 - Community mental health first aid training scheduled for March (25 residents signed up).
- Developed a local service directory for improved signposting to health and social services.

Next Steps:

- Brunel University have been commissioned to evaluate the project. The aim is to evaluate the viability/feasibility of a model which uses the active support of volunteers as the health promotion champions. Final report to be available in November 2025.
- Strengthen partnerships with voluntary organisations to embed the model into wider service provision.
- Secure long-term funding and develop sustainability plans.
- Expand outreach efforts and integrate with existing NHS health and wellbeing initiatives.

3. CYP Mental Health & Emotional Wellbeing Early Intervention: A targeted programme to improve the mental and emotional health and wellbeing for Hillingdon's children and young people through early intervention that is targeted and person-centred, thus providing them the best opportunity to thrive into adulthood.

Key Achievements:

- Over 300 surveys completed to gather insights on young people's mental health challenges and service experiences.
- Engaged 60 young people from diverse backgrounds, including 30 from LGBTQIA+ communities.
- Healthwatch-led engagement identified gaps in support and barriers to access.
- Commissioned PPL to evaluate the early intervention model, aligning with the THRIVE approach.

Next Steps:

- Develop a Voluntary Sector Consortium to enhance service coordination and accessibility.
- Scale up early intervention and prevention models based on evaluation findings.
- Strengthen partnerships between health, education, and community sectors to ensure a more integrated approach.

4. Neighbourhood Directors:

The funding was used to pump prime three Neighbourhood Director roles. These roles play a pivotal role within the Neighbourhood Leadership Team, working in partnership with Health and Social Care to drive the development and growth of the Neighbourhood and its services.

Hillingdon has 3 INT which have each adopted localised strategies to target their own Core 20+5 groups. North INT has focussed its efforts on frailty and service design that targets their own significant older population. South East INT has identified areas of practice that target younger people and mental health, hypertension and excessive weight; whilst South West INT is targeting hypertension, atrial fibrillation and CVD. Each of these approaches is supported by a data-led PHM approach that reflects the INT-level C20+5 groups that have been identified.

These clinical priorities have been established over the last 6 months (the last INT director was in post in Autumn 2024) and early findings have proved to be encouraging. We know that Hillingdon has a sizable ‘unseen’ population who are hard to reach and have historically not engaged with core service offers. We are now seeing increased testing, prevalence and diagnosis across the Borough (especially in hypertension) as we engage with these hard-to-reach client groups and help drive community engage and tackle health inequalities. All programmes have been designed to help tackle these identified priorities and early trend data supports some of these early wins.

Each Neighbourhood Director has been critical in leading local infrastructure development with steering groups established for each localised INT that reflect both the primary care and wider health and care partners for these areas. Each INT has a team of clinical directors, transformation managers, public health leaders and local clinical experts to help define policy and deliver interventions specifically targeted to address locally identified inequalities. These areas are now well established and resilient with INTs being successfully integrated as the ‘new normal’ for practice in both NHS and non-NHS services.

5. Building PHM Infrastructure

Population Health Management is recognised in both the NHS Forward Plan and the Hillingdon JSNA as the new means by which services should be co-designed, delivered and reviewed. PHM is a relatively new skillset for Hillingdon and as such, significant efforts have been made to on board this into the Borough and establish PHM as the core method of working.

The funding was for three roles: BI Analyst, Programme and Project Managers employed working across Hillingdon Place to support HHCP strategic transformation, leading on PHM Place programmes and responsibility for skills transfer and of PHM methodologies to staff.

The PHM infrastructure team has conducted a borough-wide, INT focussed review of available data sources to provide localised insights into the wider determinants of health. It is fair to say that these activities sit at the forefront of efforts to understand the health needs of our population, define changes that are required and aid in the development of novel or improved methods to tackle the wider determinants of health. Alongside this, the PHM team has also made significant inroads with population modelling, allowing for both the forecasting of future population needs (especially around aging with the recognition that Hillingdon is an aging Borough) and A&E utilisation (acting as a means of identifying these wider determinants of health).

The team is working with partners across HHCP to develop Population Health Management (PHM) capability and capacity and embed this approach to support addressing health inequalities in the Borough. This will enable improving population health by data-driven planning and delivery of proactive care to achieve maximum impact.

Finally, the PHM team is now established as a thought leader within the Borough that supports Neighbourhood directors and wider services with understanding health needs and developing the means to address them.

- The Hillingdon 6 PCNs undertook a survey & hosted 2 focus group sessions that used the survey results as the basis for conversations with attendees
- The main themes raised were access to appointments and digital solutions - positive successes and areas of good practice were shared

Name of PCN	Celandine and Metrocare PCN	Name of PCN	Colne Union PCN	Name of PCN	HH Collab PCN	Name of PCN	Long Lane PCN	Name of PCN	North Connect PCN	Name of PCN	Synergy PCN																								
<div>• Online systems like Blinx and NHS App are convenient for patients and allow ease of access to consultations and medical records</div> <div>• Patients appreciate the changes in telephone systems allowing the callback feature and also the ability to track their place in the queue which reduces uncertainty.</div> <div>• Appreciate services closer to home for example Phlebotomy now being delivered in GP practices rather than the hospital</div> <div>• The Community Roadshows were praised as beneficial for engaging patients and showcasing roles within PCNs</div> <div>• Benefits of having different roles within a primary care setting for example First Contact Physiotherapists</div> <div>• Being seen by different professionals other than the GP and Confederation services who have access to the patient notes</div> <div>• Accurx is useful for communicating with the practices including sending images and doesn't need log in details</div> <div>• Flexibility of appointment type i.e. telephone, face to face and online consultations</div> <div>• Triage processes work well especially to signpost to the right clinician and access for same day appointments</div> <div>• Digital workshops being provided to support knowledge and awareness of digital solutions</div>						<div>• Positive experience and support for same-day appointments</div> <div>• Online repeat prescribing is working really well</div> <div>• Different consultation types was useful but it depended on the situation as to which one is most appropriate</div> <div>• Experience of staff within the practices was generally really positive and patients welcome access to same day appointments</div> <div>• Positive to have availability of different professionals within primary care but signposting must ensure that they can deal with the patient's needs</div> <div>• An example was shared of good practice in Camden whereby they have more Voluntary Sector and Community grants through their local authority along with better day centre facilities</div>						<div>• Virtual appointments are great for convenience and accessibility</div> <div>• Multidisciplinary teams (MDTs) were highlighted for their benefits in specialized care, such as diabetes management and also for helping to reduce demands on GPs.</div> <div>• There was some examples where triage/signposting had worked well and patients had been directed to the appropriate professional</div> <div>• Telephone call-back system was praised by patients especially where you can select a convenient time for follow-up calls</div> <div>• Patients really valued the face to face appointments for certain conditions</div> <div>• Patients felt there was a good number of events, forums, and surveys to gather comprehensive insights from diverse patient groups</div> <div>• There has been more confidence in the telephone consultation process particularly for discussing test results and minor issues</div> <div>• There was praise for being able to access same day appointments</div>						<div>• A patient had a good experience of using PATCHS and then obtaining an appointment within 2 weeks to see a Physiotherapist</div> <div>• It is good to have a variety of appointment types but it has to be appropriate i.e. telephone and online solutions ok for minor issues</div> <div>• Noted the information that the number of appointments had increased year on year which patients appreciated</div> <div>• Additional accessible locations to treatment into community pharmacy and into the Confederation Hubs at the Civic Centre and Pembroke</div> <div>• Change to telephone systems has been a success with patients welcoming the callback functionality</div> <div>• Face to face appointments eases communication and overcome language barriers.</div> <div>• Patient education is an effective tool, both digital workshops and Social Prescribing prescribers offering 121 training has had a positive impact in patients adopting digital skills</div> <div>• Digital access has helped to cut telephone queues and streamline administration processes in practices</div> <div>• Signposting to different services and resources has enabled better self-management</div>						<div>• Patients reported being able to secure a same-day appointments for important issues and are seen with two-weeks for non urgent</div> <div>• Improved scheduling systems in some practices contribute to efficiency</div> <div>• Utilisation of different roles i.e. Pharmacists review medications and assist with blood/diabetic management, Physiotherapists help with MSK issues and Social Prescribing Link Workers addressing stressors like housing or social isolation</div> <div>• Better screening and continuity of care for chronic conditions like diabetes and CKD has improved outcomes</div> <div>• Longer follow-ups with chronic patients are beneficial</div> <div>• Patients favoured out of hours appointments especially for those balancing work</div> <div>• Sharing medical records with the hub facilities enhances the patient experience</div> <div>• Online booking allows for flexibility and patient choice</div> <div>• Text messages has improved efficiencies reducing DNAs</div>						<div>• New telephone system was praised</div> <div>• The NHS app is great for ordering medications</div> <div>• For pain control, test results or a general follow up, telephone consultations are good</div> <div>• One patient stated that they like it when the GP reaches out to them as they are unlikely to go to the GP unless they are really ill. This is due to work and commitments so they appreciate it when the practice reach out to suggest a check up or getting my BP done as otherwise they would not go.</div> <div>• Patients expressed that they could get same day appointments when required</div> <div>• Patient representatives like the idea of different professionals with special knowledge and are pleased to have local access to health care such as podiatrists</div>					

- As NWL ICB had heard from our residents 2024/25 while they value their general practice services and the majority can get a GP appointment when they need to, the process of booking appointments is challenging. This was especially stressful when people were seeking care quickly. There is a risk that these people are deterred from seeking help from their GP and may turn to A&E or urgent treatment centres for help instead.
- In March 2025, the Government announced that they would also be looking to improve access and ensure patients can easily access general practice care through changes to the core contract.
- The NW London 25/26 access service specification objectives are to:
 - Improve access to general practice making use of learning derived from patient engagement and locally-led plans developed in 2024/25.
 - Support practices to make the changes needed to deliver improved access – taking the time to develop and refine processes and protocols, and to drive up staff and patient skills.
 - Move towards a more sophisticated way of demonstrating value in general practice services, moving away from a reliance on counting GP appointments as the only measure of success.
 - Empower patients to take greater responsibility for their own health and wellbeing, be actively involved in decision-making, and participate in shaping their local services.
- The model for this year aligns to a number of measures and quality markers to be tracked throughout the course of 2025/26, with a focus on:
 - 1. Improved patient satisfaction** through improving processes for booking appointments, measured through waiting times and response rates.
 - 2. Making best use of clinical time** through the development of local access plans, using a quality improvement approach, and better recording of clinical contacts.
 - 3. Improved continuity** with a focus on identification and care for high risk patients who should be benefiting from consistent access to a named clinical team.
 - 4. Patient empowerment** through increased opportunity to use the NHS app and PCN/practice led engagement events to help shape the local care offer.

Royal Brompton and Harefield Hospitals

**Briefing Report for the Health and Social Care Select Committee
April 2025**

Elective activity

Since the last report provided to the Health and Social Care Select Committee in September 2024, the number of patients waiting for cardiac surgery at the Royal Brompton and Harefield Hospitals has reduced to 540 and the number of patients waiting for cardiac surgery continues to slowly reduce. The Trust continues to use the Ortis platform to monitor patients waiting and manage any risk of harm associated with patients waiting for surgery.

In terms of the target for hospitals to clear patients waiting over 65 weeks by the end of March 2025, Harefield Hospital has one patient waiting over 65 weeks for cardiac surgery. This patient's pathway was particularly challenging due to short term illness and other health conditions delaying admission and cancelled surgery dates. The patient has been provided with a new surgery date in May 2025 (patient choice).

There are 457 cardiology patients at Harefield Hospital and 556 patients at the Royal Brompton hospital awaiting a Cath lab procedure. The breakdown of these procedures is outlined below:

Procedure Type	RBH	HH
Angio	163	102
Devices	96	87
Ablation	237	234
TAVI (transcatheter aortic valve insertion)	6	16
Other structural	54	18

Diagnostics

Hospitals are measured against a DM01 standard which covers 15 diagnostic tests and 95% of all patients should receive their diagnostic test within 6 weeks of referral.

Brompton and Harefield Hospitals are performing well against this standard for most modalities. Brompton Hospital is meeting this standard and Harefield has improved their echo position to 85% patients having their scan within 6 weeks, which is a much-improved position. The provision of additional clinic space has supported this improved performance and an additional staff member has been recruited and starts in April, so it is expected that this improvement trajectory will continue.

Over the last few months, Harefield have seen a significant increase in GP direct access echo referrals. This is being discussed with the ICB, as it may be that patients are being sent to Harefield for their echo rather than their local hospital. This may be resulting in GP patients waiting longer for their echo.

The DM01 performance for sleep studies remain the area of greatest concern for DMO1 compliance. Both Brompton and Harefield Hospitals are managing to see 60% of their patients within 6 weeks. Actions continue to be taken to improve this performance.

Cancer (Lung)

With regards to performance against the 62-day cancer target, Brompton and Harefield Hospitals often receive referrals for thoracic surgery after the 62-day target has already been breached in their local hospital. Due to this, and the Synnovis cyber-attack incident in 2024, we have been monitoring performance by reviewing the total number of patients on the waiting list for thoracic surgery and the number of patients that have breached.

In July 2024 the waiting list peaked at 150 patients with 86 patients breaching. Currently the waiting list is 131 with 66 patients breached. Use of independent sector capacity has helped improve performance and we are aiming to improve performance further and to ensure that referred patients have their thoracic surgery within 3 weeks of being referred to us.

As part of the Lung Cancer Screening programme (previously called the targeted lung health check programme), Harefield Hospital continues to lead the West London scan review meetings where all patient scans are triaged and signposted for onward investigation and treatment where appropriate. The scanning meetings continue to go well and the programme in West London has identified approximately 190 new cancer cases a month with a total of over 6000 cases diagnosed during the life of the programme. 76% of these patients were diagnosed with lung cancer at an early stage (Grades 1/2) that may not have been detected without this programme.

Harefield has now started to screen scans for GP surgeries in Kingston and have just commenced screening scans for GP surgeries in Harrow. In addition, Harefield will be providing additional CT scan capacity for this programme.

Transplant Activity

In 2024/25, Harefield performed 36 heart transplants and 26 lung transplants. This is the highest number of heart transplants carried out by a transplant centre in the UK.

This year Harefield Hospital marks 30 years of Mechanical Circulatory Support (MCS) and this special occasion will be celebrated in the summer. MCS is a device that supports heart function when the heart is not working properly. Depending on the device, MCS can be for short- or long-term support. The device improves organ perfusion and function which leads to a better quality of life and survival. Many of these patients will go on to heart transplantation.

Heart Attack Centre (HAC)

At a recent conference demonstrating benchmarking of all large comparable Heart Attack Centres across the UK, Harefield was best in class for both door to balloon (D2B) times and call to balloon (C2B) times.

The data demonstrated that Harefield Cath labs were best in the country for their percentage in achieving the recommended NICE guidelines for D2B (under 60 mins) and 3rd in the country for C2B achieved percentage (below 150 mins).

Harefield Clinical Strategy and Future Developments

Following Board endorsement, work on the development of a Clinical Strategy for Harefield Hospital is almost complete. This will be accompanied by plans to strengthen existing academic links and further develop specialist research. This clinical ambition will inform the vision for the future of the site.

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Central and North West London Update

April 2025

Work undertaken over the last six months

Neighbourhood Developments

A key area of focus for CNWL is working with our partner organisations in Hillingdon to ensure we have effective and high-quality Integrated Neighbourhood Teams (INT's). We have already aligned a number of our teams and in the process of adding District Nursing, MSK Therapy and our community mental health teams.

Our older adult services are working on a strategy to be able to align with the INTs in the borough using existing provision. Borough wide we are already collaborating on the development and delivery of a Core Frailty offer. We are also collaborating with one of the three INTs for whom dementia care is a population priority need. This work is focusing on how the local dementia care pathway for assessment, diagnosis, and some aspects of treatment can be delivered with better flow using the resources available across community and place. Our aim is to reduce the length of time people are currently having to wait for a dementia diagnosis. We are also exploring an opportunity for a collaboration across community, place, and academia to pilot a 'brain health' dementia prevention initiative.

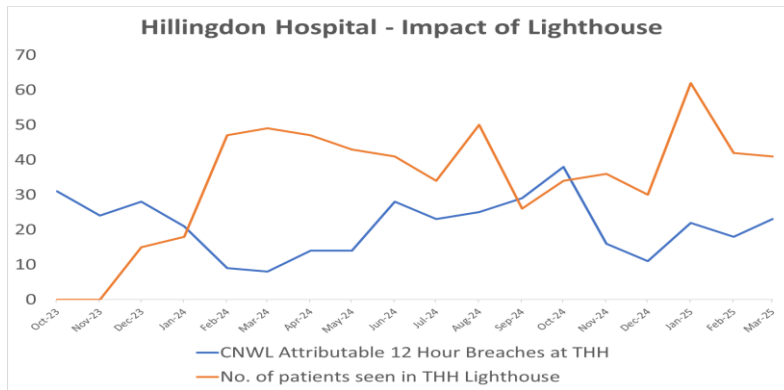
From a children's viewpoint our teams are already well integrated within the Family Hub offers and we are exploring how mental health can link with the emerging Child Health Hubs which will focus around how we better jointly manage children with physical or mental health concerns presenting to primary care.

Adult Mental Health

Throughout winter we have focused on maintaining good flow throughout the system and ensuring we maximise use of our crisis alternatives. One key achievement over the winter period has been that we have placed no patients out of area for an acute mental health inpatient bed, and managed all admissions within our bed base.

Hillingdon Lighthouse

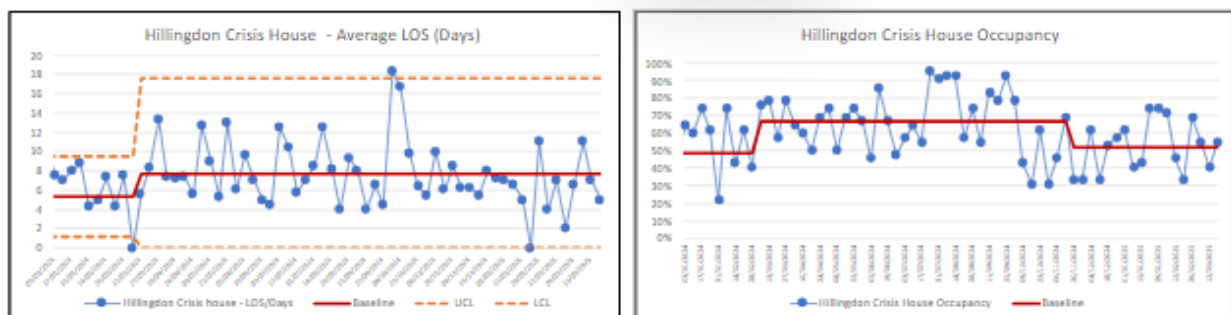
Our Lighthouse in Hillingdon is located near A&E in Hillingdon Hospital and support patients attending A&E with a mental health crisis who do not need to be in A&E in a purpose-built environment designed to meet their needs. In January we introduced a new process in A&E whereby patients are now jointly triaged by A&E staff with Psychiatric Liaison at the front door of A&E rather than waiting for a referral to be made to Psychiatric Liaison. This has meant patients have been triaged quicker, and enabled us to refer more patients into our Lighthouse, as seen by the numbers below.



Of the seven Acute A&E sites in North West London in February, Hillingdon Hospital had the second shortage mean waiting time for mental health patients in A&E. Despite these positives, we do want to maximise our usage of The Lighthouse and are working jointly with Hillingdon Hospital to identify more patients from A&E who are appropriate for referral through to The Lighthouse.

Crisis House

Our Crisis House in Hillingdon is called The Retreat and is delivered by Comfort Care. A recent evaluation by NWL ICB showed the integral role in supporting patients our crisis pathway. It highlighted low readmission rates from the service either back into The Retreat or to acute mental health ward, showing the impact it was having on patient outcomes. Further it's length of stay benchmarked really favourably with other providers in NWL and nationally.



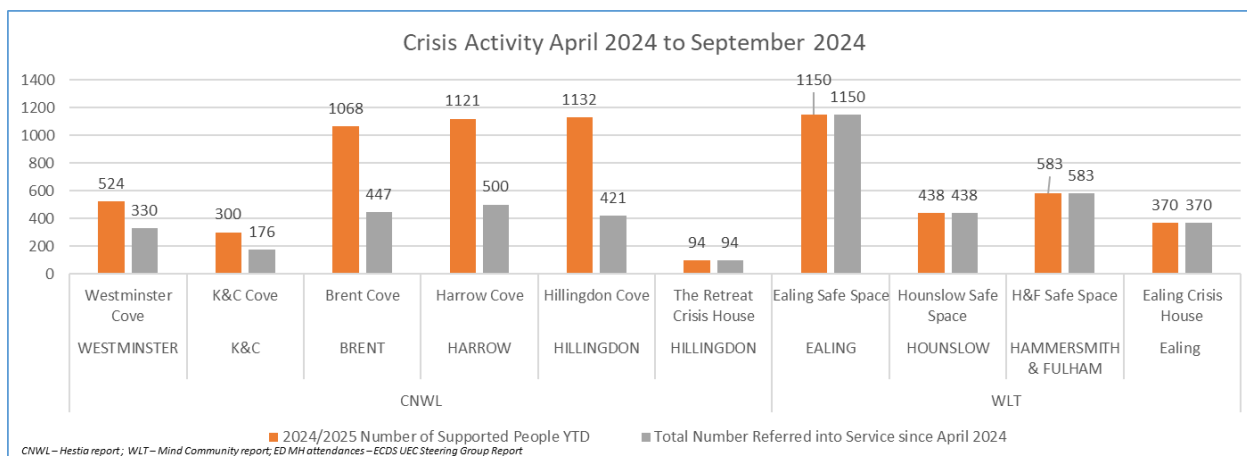
Feedback from patients include:

- “The Retreat has helped me a lot with the start of my recovery. The staff have really helped me with reassuring me and calming me and distracting me to help to cope”
- “Warm cosy atmosphere, staff visible and available”
- “Staff here are very helpful and patient. Staff encouraged me to communicate my thoughts and feelings in a safe and comfortable environment”

The Cove

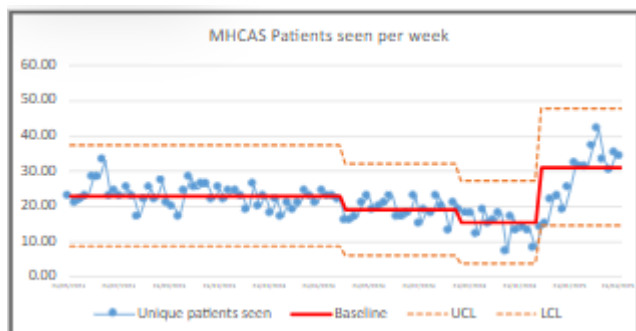
Opened in March 2023, the Cove Café is delivered by Hestia and provides a safe space for individuals to reduce their initial distress following referrals by clinical teams. It is collated with The Retreat in Ruislip. We regularly seek service user feedback and 94% of the Hillingdon Coves service users are reporting that The Cove helped support them feeling better about managing their anxiety.

Similarly to The Retreat, The Coves were included in the NWL ICB evaluation of crisis alternatives recently and this highlighted that the Hillingdon Cove was the second most well attended Cove in NWL.



Mental Health Crisis Assessment Centre (MHCAS)

Based at St Charles Hospital, CNWL's MHCAS is a calm and therapeutic mental health setting to treat the majority of emergency mental health presentations. They see and assess anyone over 18 years old that would otherwise go to an emergency department for mental health reasons and does not have an urgent medical need (for example, an overdose of medication). Whilst not a Hillingdon specific resource, they take referrals from Hillingdon A&E and support our local system. Previously all referrals were made via A&E, but since February we now accept patients walking directly into MHCAS which now accounts for approximately a third of our activity. We have advertised this service offer in a number of locations including in A&E and our Community Hubs.



Older Adults Mental Health

Transformed Services

Our older adult mental health services have transformed to delivering a pathway-based model of care, streamlining the delivery of care to be able to create capacity for developing greater integration across community and place-based services. Through this work we now have a Primary Care Network (PCN) Liaison Nurse pathway. The role of the two nurses who provide this pathway is to support primary care colleagues to meet the mental health needs of older people in their community. This is achieved through advice and support for health care

providers, and, where fitting, brief intervention with the prevention of deterioration and potential crisis the focus.

The advice and support aspect of this work is supported through the development of a dedicated advice and support pathway through which mental health questions and advice can be addressed without the need for referrals into the CMHT. This service works to a 72-hour response, with prevention and community-based care at its core.

Through transformation work, we also partner with our local Voluntary, Community, and Social Enterprise (VCSE) agencies and have workers from these sectors embedded in our mental health teams.

Integrated Physical and Mental Health Care

With approximately 80% of our older adult CMHT caseload also being known to at least one community physical health service, we have been also been focussing on the integration of physical and mental health care. Hillingdon is in a good position to pilot such approaches as both services are provided by CNWL. Initiatives in this area include:

- Developing closer working relationships between mental health and physical health teams, and ensuring contact details and arrangements are known by all.
- Sharing information, knowledge, and skills across both teams to support the recognition, identification, and support of mental and physical health needs.
- Developing mental health and physical health champion roles in each service area.
- Looking at opportunities to make pathways between mental and physical health services smoother, and making change where inhibitors of flow are identified.
- We are exploring opportunities for joint recruitment across both service areas, and developing ways that we can develop service strategy together.
- Through both services' involvement in the developing Integrated Neighbourhood Teams in Hillingdon we will also be looking at the co-location of aspects of mental and physical health service delivery where appropriate.

Borough-wide Partnership

Our older adult mental health service is collaborating with Public Health services to develop Hillingdon as an Age Friendly Community using the Centre for Better Ageing framework. This is an initiative that will bring partners from Local Authority, Health, Social, and VCSE organisations and groups together to develop community, service, and environmental approaches, resources, and changes to support the population in ageing well.

Children's Mental Health

A key area for focus for CAMHS transformation is ensuring children are seen at the right time, in the right place by the right person, using a need's led approach which is Thrive informed. As part of this we have focused on developing our early intervention offer which supports people in a range of settings whether that is digitally, in Children Centres, schools or GP practices.

One of the key aspects of our early intervention offer is our Mental Health Support Team (MHST) offer into schools. In addition to developing our current offer, we are expanding our MHST offer with new Waves of funding from NHS England which is allowing us to have two new teams in Hillingdon. Recruitment has been successful with new trainees having started in

September and to date we have onboarded a further five schools in Hillingdon with a further five to be onboarded.

This new wave of funding brings Hillingdon in line with other boroughs in London with 60% coverage being offered to schools which was the NHS Long Term Plan commitment. We are awaiting confirmation from NHS England on whether the program will be further rolled out nationally to all schools.

CAMHS Early Intervention Offer

NHS
Central and
North West London
NHS Foundation Trust



- Free, safe and anonymous
- Available through a smartphone, tablet or computer with internet connection
- No referral needed
- Confidential 1-2-1 messaging counselling services with a team of qualified counsellors
- Open 365 days a year with counselling from 12pm weekdays until 10pm and from 6pm until 10pm on weekends
- They work alongside other mental health and local services



- Under 5 service is well established and seen as leading model for early engagement and intervention for children
- We have expanded this offer into the outer boroughs
- The team consists of Therapists who usually meet with families in children's centres
- Joint sessions with parents and their child to support positive relationships, help parents understand how the world appears from their child's perspective, or address other concerns parents may have.



- Early intervention service who work in partnership with local schools. Work with primary and secondary schools, to support young people with mild to moderate mental health difficulties.
- Teams are based in Brent, Harrow & Hillingdon, including SEN schools.

Child Wellbeing Practitioners

Child Wellbeing Practitioners support the development and delivery of a wide range of interventions including:

- Deliver brief goal-based interventions
- Manage a small caseload of service users
- Support neurodevelopmental assessments
- Support school observations
- Supporting assessment clinics
- Supporting treatment waiting list initiatives

Children and Young People Primary Care Mental Health Service

- Formally called ARRS, this is now live in four boroughs in North West London
- Role bridges the gap between GP practices and CAMHS, ensuring young people are navigated to timely, early support
- Support GPs to extend their capacity within the community and widens the range of offers in primary care

SPA Advice Line

- Single Point of Access (SPA) is a mental health crisis line offering emotional support and advice, 24 hours a day, 7 days a week.
- Open to children all ages, people who haven't used mental health services, and carers and family members concerned about someone.

Phone: 0800 0234 650
Email: cnw-lr.spa@nhs.net



The Best For You website has information about wellbeing and specific content on mental health topics like anxiety and self-harm. It signposts to a range of support options including a 24/7 text support line, services or safe, innovative digital apps.

Online self help, support and resources:
www.cnwl.nhs.uk/camhs
[@cnwlcams](https://twitter.com/cnwlcams)

You can speak to a member of staff about any of these services. Contact SPA 0800 0234 650

We have also expanded our core CAMHS offer with increases in the number of children accessing CAMHS, significantly reducing our waiting times and working with our system partners to embed Thrive across the system. We regularly meet our target of 85% of children to be seen within 18 weeks by the service.

Addictions, Recovery, Community, Hillingdon (ARCH)

Hospital Based Multi-disciplinary Drug and Alcohol Care Team – mobilised as part of Winter Pressures Scheme

The mobilisation of the REST (Rapid Engagement Support Team) at Hillingdon Hospital A&E Department commenced in December 2024. Operating seven days a week, the service provides specialist addiction support during the winter pressures season, complementing the existing Addictions Nurse that is already present in Hillingdon Hospital.

The REST team have played a crucial role in managing community mental health and addictions transitions, ensuring patients experience a smooth transfer between acute wards, A&E, and community-based services. One of the primary aims of REST is to identify and engage patients on the ward who have substance use issues and facilitate their rapid referral and transition into ARCH Hillingdon and or other services for appropriate support and treatment.

REST mobilised weekly internal multi-disciplinary team meetings chaired by the Clinical Lead (Consultant Psychiatrist) and Area Manager to further enhance team communications and ensure safe & effective handovers and service continuity. Staffing was sourced from experienced members of CNWL staff on bank shifts. The service has seen over 200 patients since going live and has been well received by the hospital.

ARCH – 7 day a week service

Build on Belief (BoB) provides a 7 day a week service, offering evening and weekend social drop-ins to support individuals on their recovery journey. They play a vital role in fostering community, peer support, and recovery-focused engagement at ARCH. The BoB team consists of three dedicated staff members and seven volunteers, working together to create a welcoming and engaging environment. Attendance has steadily increased each quarter, with a total of 228 individuals participating in BoB services.



Weekly activities include:

- Daily Quizzes – Engaging and fun knowledge challenges
- Discussion Groups – Safe spaces for open conversations
- Board Games – Social and strategic entertainment
- Creative Thinking – Encouraging self-expression and problem-solving
- SMART Recovery – Evidence-based recovery support
- Table Tennis & Badminton – Physical activity for well-being
- Gardening – Therapeutic and relaxing outdoor activity
- Meditation – Promoting mindfulness and stress relief

Professor Dame Carol Black returned to ARCH

We were privileged to welcome Professor Dame Carol Black and our Chief Executive, Claire Murdoch back to ARCH. This was Dame Carol's second visit following her independent review of drug treatment services, which shaped the government's 'From Harm to Hope' strategy and led to vital grant funding for our services and other key roles.

Our teams are exceeding national targets and pioneering innovative approaches, from dual diagnosis workers and specialist rough sleeper services to recovery day programmes and criminal justice pathways



Innovation: Punjabi SMART Recovery

Our Recovery Day Programme Manager and Consultant Psychiatrist have launched a weekly online Punjabi-language SMART Recovery meeting, held every Sunday at 8:00am. The program commenced on 15th December 2024. The aim is to expand access to the service for individuals with limited English proficiency who speak Punjabi. Participants join from around the world, including the US, India, and the UK, along with regular service users from ARCH Hillingdon.



Addiction Recovery Support Group
ਨਸ਼ਾ ਰਿਕਵਰੀ ਮਦਦ ਸਮੂਹ



SMART Recovery
Life beyond addiction

Weekly online meeting every Sunday @ 8:00 a.m.
London (UK) Time / 1:30 p.m. India Standard Time.

ਹਫ਼ਤਾਵਾਰੀ ਔਨਲਾਈਨ ਮੀਟਿੰਗ ਹਰ ਐਤਵਾਰ @ 8:00 ਵਜੇ ਲੰਡਨ (ਯੂਕੇ) ਸਮਾਂ ਦੁਪਹਿਰ 1:30 ਵਜੇ ਭਾਰਤ ਦਾ ਮਿਆਰੀ ਸਮਾਂ।




Zoom Meeting ID: 821 8799 4116
Passcode: 452367

SMART Recovery is a free mutual aid group program for those who want to abstain from any addictive behavior, whether substance or activity.
ਸਮਾਰਟ ਰਿਕਵਰੀ ਉਹਨਾਂ ਲੋਕਾਂ ਲਈ ਇੱਕ ਮੁਫਤ ਆਪਸੀ ਸਹਾਇਤਾ ਸਮੂਹ ਪ੍ਰੋਗਰਾਮ ਹੈ ਜੋ ਕਿਸੇ ਵੀ ਨਸ਼ਾ ਕਰਨ ਵਾਲੇ ਵਿਵਹਾਰ ਤੋਂ ਪਰਹੇਜ਼ ਕਰਨਾ ਚਾਹੁੰਦੇ ਹਨ, ਭਾਵੇਂ ਉਹ ਪਦਾਰਥ ਜਾਂ ਗਤੀਵਿਧੀ ਹੋਵੇ।

You are in control of your recovery. With SMART Recovery, people find the power within themselves to change and lead a healthy and fulfilling life.
ਤੁਸੀਂ ਆਪਣੀ ਰਿਕਵਰੀ ਦੇ ਨਿਯੰਤਰਣ ਵਿੱਚ ਹੋ। SMART ਰਿਕਵਰੀ ਦੇ ਨਾਲ, ਲੋਕ ਆਪਣੇ ਆਪ ਵਿੱਚ ਬਦਲਣ ਅਤੇ ਇੱਕ ਸਿਹਤਮੰਦ ਅਤੇ ਸੰਪੂਰਨ ਜੀਵਨ ਜ਼ਿੰਦਗੀ ਦੀ ਸ਼ਕਤੀ ਲੱਭਦੇ ਹਨ।

Young Adult New Models of Care

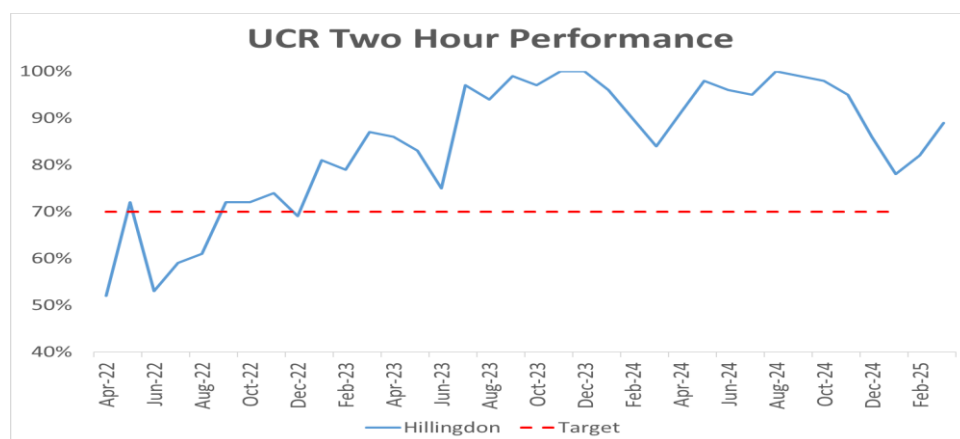
Driven by our Young Adult Forum consisting of service users, we have been radically improving our offer to young adults aged 16 to 25 years of age. Our model has made significant progress to provide a more accessible, responsive and flexible system, with personalised care planning, for young adults 16-25 years and their parents/carers. Our new Young Adults Partnership Panel in Hillingdon aims to better manage young adults' transitions from children to adult's mental health services.

Over the last six months, key areas of progress have been:

- The Discovery College launched in March 2025 with a Hillingdon specific event taking place on Monday 7th April. The College offers recovery-focused workshops designed specifically for 16-25-year-olds to support their mental wellbeing. From the very start, Discover Together was co-produced with service users. For more information please visit our website www.cnwl.nhs.uk/discover
- Building on the support available for young adults by embedding newer offers such as peer support, the Discovery College, the Bitesize skills course and specific support for eating disorders.
- Maintaining relationships with key partners and ensuring ongoing engagement with young adults and parents/carers to inform our work.
- Gathering insights and analysing data from Young Adults Partnership forum to build a picture of impact.
- Sharing our successes internationally with planned presentations at the International Young Adults Mental Health Conference in March 2025.

Physical Health

We also work really closely with Hillingdon Hospital on a range of areas including discharge pathways. We have been ensuring our teams, including Discharge To Assess and Home First, have clear pathways which adapt to need as required. Our Urgent Community Response team have consistently met their two-hour national waiting time target despite increasing pressures through the winter period.



We are really enthused by the new collaboration agreement for our children services which is about to be signed. This will ensure we work in a much more integrated manner to maximise resources across the two organisations and align our priorities for children in the borough. As

such we have launched a new transformation programme to develop new ways of working and better service delivery. This will include our 0-19 service and our Children's Integrated Therapy's team to review our ways of working and ensure we deliver the best possible outcomes for children in the most efficient manner.

Targets and Performance

Within the NHS Long Term Plan there are a number of targets which NHS organisations are expected to deliver against. For children's services this predominately focuses on the number of children accessing CAMHS and CAMHS waiting times, both of which we have been achieving in Hillingdon as per the table below through the additional capacity we have put into our children mental health teams.

Metric	Category	Theme	Trust Target	Latest Nat Avg	Previous Period	Current Period	Divisions	SPC
							J G D	
MHS070/CT PR CYP Access - 1 contact (12mth Rolling All <18yrs)	NHS National Standard	Children & Young People	n/a		2,536	2,592	2,592	2,592 2,504 2,547
REF: 16 CAMHS Referral Received to Treatment within 18 weeks	Internal Priorities	Children & Young People	85%		100% 232 213	98.5% 235 249	98.5%	100 95 92

Our Talking Therapies team (IAPT) have to increase the number of people accessing their service year on year which was delivered last year, including waiting times for six- and eighteen-week targets.

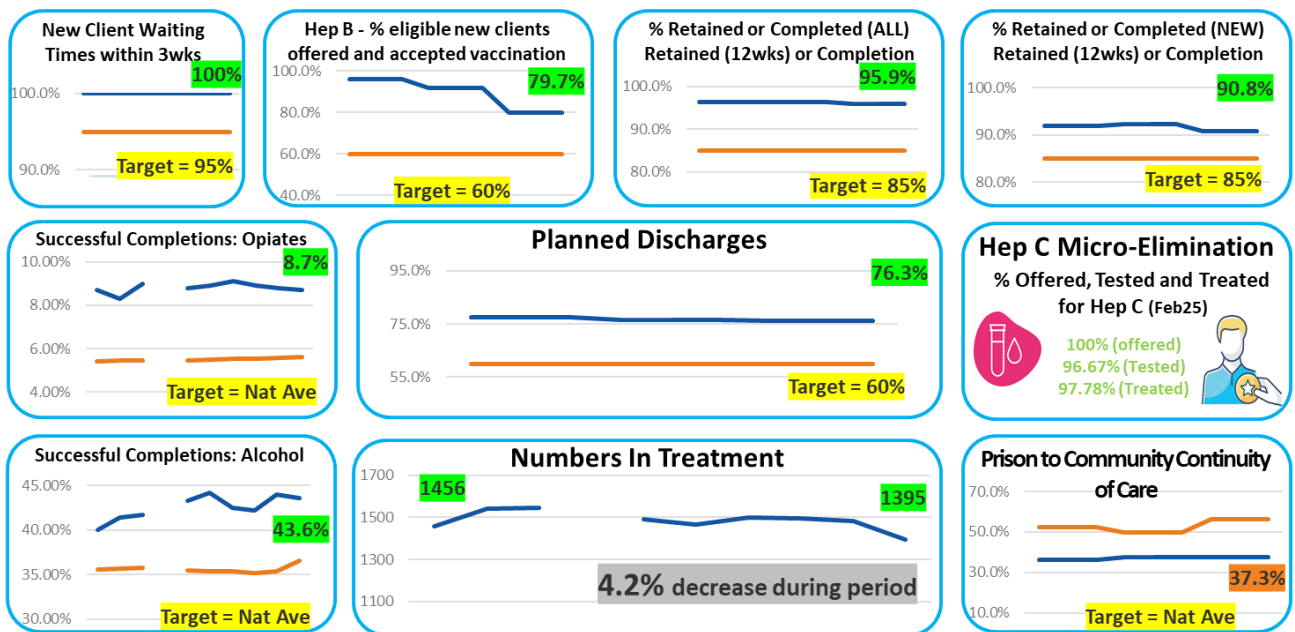
Metric	Category	Theme	Trust Target	Latest Nat Avg	Previous Period	Current Period	Divisions	SPC
							J G D	
IAPT 03 Talking Therapies: Waiting time from referral to treatment within 6 weeks (Completed Pathway)	NHS National Standard	Talking Therapies	75%	92%	99.5% 822 820	100% 846 854	100%	100 95 92
IAPT 04 Talking Therapies: Waiting time from referral to treatment within 18 weeks (Completed Pathway)	NHS National Standard	Talking Therapies	95%	99%	100% 822 820	100% 846 854	100%	100 95 92
IAPT 07a Talking Therapies: Number of patients who completed treatment (YTD)	NHS National Standard	Talking Therapies	n/a		3,641	3,950	3,950	3,950 3,000 3,000
IAPT 08 Talking Therapies: Proportion of patients who achieved reliable recovery	NHS National Standard	Talking Therapies	n/a	47.1%	46.7% 160 300	49.3% 132 240	49.3%	46 46 35
IAPT 09 Talking Therapies: Proportion of patients who achieved reliable improvement	NHS National Standard	Talking Therapies	n/a	67.4%	70.4% 231 328	66.9% 205 308	66.9%	63 64 46

Our physical health services continue to deliver well against our targets across our adult and children's community teams. A one month reduction in Health Visiting new birth performance has been recovered in February from a dip in January.

Metric	Category	Theme	Trust Target	Latest Nat Avg	Previous Period	Current Period	Divisions	SPC
							J G D	

COM.01	Community Paediatrics: 18 weeks RTT (Incomplete pathway)	NHS National Standard	Primary care and Community Services	92%	100% 265 260	99.7% 215 216	99.7%	
COM.02	District Nursing: Referral contacted within timescale	NHS/ICS Priorities	Primary care and Community Services	95%	97.5% 428 437	98.3% 422 433	98.3%	
COM.03	New mothers receiving a new birth visit (within 14 days)	Internal Priorities	Primary care and Community Services	85%	84.4% 282 347	91% 265 290	92%	
ICU.01	Intermediate Care Bed Occupancy	Internal Priorities	Primary care and Community Services	n/a	98.1% 655 652	94.5% 432 416	94.5%	

The below is a summary of our performance in ARCH:



- The service has continued to achieve a 100% success rate in meeting the target of 95% for new service users waiting times within three weeks.
- The service has achieved an “effective treatment” rate of 95.9%, exceeding both the target of 85% and National Average of 90%.
- The service has achieved successful completion rates of 8.7% for opiates and 43.6% for alcohol, exceeding the national average and comfortably within Top Quartile range for comparator partnerships.
- The service has seen a slight fall of 4.2% in the number of service users in structured treatment, from 1,456 in April 2024 to 1,395 in the most recent period. The drop can be attributed to the service's focus on achieving significantly high rates of successful completions.
- The service has increased the percentage of individuals engaging in structured treatment following release from prison from 20.8% in April 2022 to 37.3% to date. Closer partnership working, in particular with HMP Wormwood Scrubs, will see a sustained improvement in the coming months.



Update for Hillingdon Health and Social Care Select Committee – 29th April 2025

London Ambulance Service – Hillingdon Group

Work that the organisation has undertaken over the last six months:

1. The Local Delivery Model (LDM) – previously reported as Holistic Operating Model - has now been launched across the Trust. The LDM had been in operation at the Hillingdon Group for over six months with positive impact on patient care and operational efficiency. This is a series of work streams that have empowered the local group to take ownership and accountability for actions that were previously centralised to the Trust. This involves localised scheduling, tethered equipment and localised fleet allocation. On average, each ambulance at the Hillingdon Group is now seeing 0.65 more patients per shift than last year. We have also been encouraged from the positive feedback from staff about this model and the LDM's success in Hillingdon contributed to the Trust-wide roll out.
2. The NHS Staff Survey results have been published and the full report is available to view here: [Local results for every organisation | NHS Staff Survey](#). The wider Trust saw the highest ever response rate of 72% in 2024, indicating how engaged our teams are. We are pleased the Hillingdon Group had an even higher rate of response at 80.4% and pleased with the improvements we made in the last year such as team culture and staffing level.

Your organisation's performance during the last year and how this compares to recent years

- In North West London, the average response time to category 1 patients in the last 6 months was 7 mins 11 seconds. This is 3 seconds quicker than the previous six months and includes the Winter Period when demand significantly increased.
- The Trust is currently operating at REAP (Resource Escalation Action Plan) level 3 (Major Pressure), down from a period of REAP 4 during the winter months. The REAP is to support a consistent ambulance sector approach to strategic escalation pressure levels that provide alignment with the NHS Operational Pressures Escalation Framework (OPEL) whereby the symbolising of pressure levels is consistent and understood across the wider NHS. REAP provides NHS Ambulance Services with a consistent and coordinated approach across the organisation to the management of its response in situations where demand or other significant factors within the ambulance service see an increase and a challenge to the capacity to manage it.
- Staff sickness rates within the Hillingdon Group are higher than we would want, with an average of 6.6% staff sickness rate in the last 3 months. However, over the last month this figure has improved as a result of the proactive Infection Prevention and Control work that we have instigated along with the supportive sickness management as per policy.
- The average on scene times for our time critical patients was 36.8 minutes in the last six months (0.4 minutes slower than the last six months). However, this also compared to a Trust average of 38.2 minutes. We are continuing to monitor trends relating to this metric and providing support and education to any individual outliers.
- We continue to champion the use of Alternative Care Pathways (ACPs) within the Hillingdon Group. This is to reduce the conveyance of patients to the Emergency Departments, to alleviate pressure at hospitals and to ensure our patients get the most appropriate care for

their needs. In the last six months, 48.9% of patients in Hillingdon were taken to an Emergency Department.

- Clinical quality continues to be reviewed within the Hillingdon Group and is measured in a number of different ways including Clinical Performance Indicators (CPIs), Cardiac and Stroke Care bundles and Cardiac Arrest Care bundles. This is achieved by reviewing the care provided by our clinicians and ensuring that the appropriate care has been delivered. Some key highlights from recent reports include:
 - In the February 2025 STEMI Monthly Report, Hillingdon Group were the highest performing group in the Trust for adhering to the STEMI care bundle with an on scene time of less than 30 minutes
 - The CPI compliance report for January 2025 show the following results for the aspects of care compliance for North West London:
 - Cardiac Arrest – 97%
 - Discharged at scene – 96%
 - End of Life Care – 96%
 - General Documentation – 95%
 - Mental Health (undiagnosed) – 93%
 - Elderly Fallers – 93%
 - Sepsis – 95%

CABINET FORWARD PLAN

Committee name	Health and Social Care Select Committee
Officer reporting	Nikki O'Halloran, Democratic Services
Papers with report	Appendix A – Latest Forward Plan
Ward	As shown on the Forward Plan

HEADLINES

To monitor the Cabinet's latest Forward Plan which sets out key decisions and other decisions to be taken by the Cabinet collectively and Cabinet Members individually over the coming year. The report sets out the actions available to the Committee.

RECOMMENDATION

That the Health and Social Care Select Committee notes the Cabinet Forward Plan.

SUPPORTING INFORMATION

The Cabinet Forward Plan is published monthly, usually around the first or second week of each month. It is a rolling document giving the required public notice of future key decisions to be taken. Should a later edition of the Forward Plan be published after this agenda has been circulated, Democratic Services will update the Committee on any new items or changes at the meeting.

As part of its Terms of Reference, each Select Committee should consider the Forward Plan and, if it deems necessary, comment as appropriate to the decision-maker on the items listed which relate to services within its remit. For reference, the Forward Plan helpfully details which Select Committee's remit covers the relevant future decision item listed.

The Select Committee's monitoring role of the Forward Plan can be undertaken in a variety of ways, including both pre-decision and post-decision scrutiny of the items listed. The provision of advance information on future items listed (potentially also draft reports) to the Committee in advance will often depend upon a variety of factors including timing or feasibility, and ultimately any such request would rest with the relevant Cabinet Member to decide. However, the 2019 Protocol on Overview & Scrutiny and Cabinet Relations (part of the Hillingdon Constitution) does provide guidance to Cabinet Members to:

- Actively support the provision of relevant Council information and other requests from the Committee as part of their work programme; and
- Where feasible, provide opportunities for committees to provide their input on forthcoming executive reports as set out in the Forward Plan to enable wider pre-decision scrutiny (in addition to those statutorily required to come before committees, *i.e. policy framework documents – see paragraph below*).

As mentioned above, there is both a constitutional and statutory requirement for Select Committees to provide comments on the Cabinet's draft budget and policy framework proposals after publication. These are automatically scheduled in advance to multi-year work programmes.

Therefore, in general, the Committee may consider the following actions on specific items listed on the Forward Plan:

	Committee action	When	How
1	To provide specific comments to be included in a future Cabinet or Cabinet Member report on matters within its remit.	<p>As part of its pre-decision scrutiny role, this would be where the Committee wishes to provide its influence and views on a particular matter within the formal report to the Cabinet or Cabinet Member before the decision is made.</p> <p>This would usually be where the Committee has previously considered a draft report or the topic in detail, or where it considers it has sufficient information already to provide relevant comments to the decision-maker.</p>	<p>These would go within the standard section in every Cabinet or Cabinet Member report called "Select Committee comments".</p> <p>The Cabinet or Cabinet Member would then consider these as part of any decision they make.</p>
2	To request further information on future reports listed under its remit.	<p>As part of its pre-decision scrutiny role, this would be where the Committee wishes to discover more about a matter within its remit that is listed on the Forward Plan.</p> <p>Whilst such advance information can be requested from officers, the Committee should note that information may or may not be available in advance due to various factors, including timescales or the status of the drafting of the report itself and the formulation of final recommendation(s). Ultimately, the provision of any information in advance would be a matter for the Cabinet Member to decide.</p>	<p>This would be considered at a subsequent Select Committee meeting. Alternatively, information could be circulated outside the meeting if reporting timescales require this.</p> <p>Upon the provision of any information, the Select Committee may then decide to provide specific comments (as per 1 above).</p>
3	To request the Cabinet Member considers providing a draft of the report, if feasible, for the Select Committee to consider prior to it being considered formally for decision.	<p>As part of its pre-decision scrutiny role, this would be where the Committee wishes to provide an early steer or help shape a future report to Cabinet, e.g., on a policy matter.</p> <p>Whilst not the default position, Select Committees do occasionally receive draft versions of Cabinet reports prior to their formal consideration. The provision of such draft reports in advance may depend upon different factors, e.g., the timings required for that decision. Ultimately any request to see a draft report early would need the approval of the relevant Cabinet Member.</p>	<p>Democratic Services would contact the relevant Cabinet Member and Officer upon any such request.</p> <p>If agreed, the draft report would be considered at a subsequent Select Committee meeting to provide views and feedback to officers before they finalise it for the Cabinet or Cabinet Member. An opportunity to provide specific comments (as per 1 above) is also possible.</p>
4	To identify a forthcoming report that may merit a post-decision review at a later Select Committee meeting	<p>As part of its post-decision scrutiny and broader reviewing role, this would be where the Select Committee may wish to monitor the implementation of a certain Cabinet or Cabinet Member decision listed/taken at a later stage, i.e., to review its effectiveness after a period of 6 months.</p> <p>The Committee should note that this is different to the use of the post-decision scrutiny 'call-in' power which seeks to ask the Cabinet or Cabinet Member to formally re-consider a decision up to 5 working days after the decision notice has been issued. This is undertaken via the new Scrutiny Call-in App members of the relevant Select Committee.</p>	<p>The Committee would add the matter to its multi-year work programme after a suitable time has elapsed upon the decision expected to be made by the Cabinet or Cabinet Member.</p> <p>Relevant service areas may be best to advise on the most appropriate time to review the matter once the decision is made.</p>

BACKGROUND PAPERS

- [Protocol on Overview & Scrutiny and Cabinet relations adopted by Council 12 September 2019](#)
- [Scrutiny Call-in App](#)

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Ref	Scheduled Upcoming Decisions	Further details	Ward(s)	Final decision by Full Council	Cabinet Member(s) Responsible	Relevant Select Committee	Report Author	Corporate Director Responsible	Consultation related to the decision	NEW ITEM	Public or Private (with reason)
SI = Standard Item each month/regularly											
Cabinet Member Decisions expected - April 2025											
SI	Standard Items taken each month by the Cabinet Member	Cabinet Members make a number of decisions each month on standard items - details of these standard items are listed at the end of the Forward Plan.	Various		All	TBC	Democratic Services	TBC	Various		Public
Cabinet meeting - Thursday 22 May 2025 (report deadline 30 April)											
271	Award of Contracts: Statutory Advocacy and Best Interest Assessments	Cabinet will consider procurement arrangements for statutory adult social care services, in particular in respect of advocacy which provides support to individuals in understanding and exercising their rights and making informed decisions and Best Interest Assessments which evaluate whether it is in the best interests of a person lacking capacity to be deprived of their liberty for their safety and well-being.	N/A		Cllr Jane Palmer - Health & Social Care	Health & Social Care	Graham Puckering / Sally Offin	Sandra Taylor			Private (3)
SI	Reports from Select Committees	Reports, findings and recommendations for consideration by the Cabinet, when referred from the appropriate Committee.	Various		All	TBC	Democratic Services	N/A	Various		Public
SI	Public Preview of matters to be considered in private	A report to Cabinet to provide maximum transparency to residents on the private and confidential matters to be considered later in Part 2 of the Cabinet meeting and agenda.	TBC		All Cabinet Members	All	Democratic Services	TBC			Public
Cabinet Member Decisions expected - May 2025											
SI	Standard Items taken each month by the Cabinet Member	Cabinet Members make a number of decisions each month on standard items - details of these standard items are listed at the end of the Forward Plan.	Various		All	TBC	Democratic Services	TBC	Various		Public
Cabinet meeting - 26 June 2025 (report deadline 4 June)											
SI	Annual Performance Report	Cabinet will receive an annual report performance report, setting out how the Council is delivering on key service metrics and the Council Strategy.	All		All Cabinet Members	All	Ian Kavanagh	Matthew Wallbridge	Select Committees will also consider the annual report at their meetings.	NEW ITEM	Public
SI	Reports from Select Committees	Reports, findings and recommendations for consideration by the Cabinet, when referred from the appropriate Committee.	All		All	TBC	Democratic Services	N/A	TBC		Public
SI	Public Preview of matters to be considered in private	A report to Cabinet to provide maximum transparency to residents on the private matters to be considered later in Part 2 of the Cabinet meeting and agenda.	TBC		All Cabinet Members	All	Democratic Services	TBC			Public

SI = Standard Item each month/regularly

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SI = Standard Item each month/regularly											
Cabinet Member Decisions expected - June 2025											
SI	Standard Items taken each month by the Cabinet Member	Cabinet Members make a number of non-key decisions each month on standard items - details of these are listed at the end of the Forward Plan.	Various		All	TBC	C - Democratic Services	TBC	Various		Public
Cabinet meeting - 24 July 2025 (report deadline 2 July)											
SI	Reports from Select Committees	Reports, findings and recommendations for consideration by the Cabinet, when referred from the appropriate Committee.	All		All	TBC	Democratic Services	N/A	TBC		Public
SI	Public Preview of matters to be considered in private	A report to Cabinet to provide maximum transparency to residents on the private matters to be considered later in Part 2 of the Cabinet meeting and agenda.	TBC		All Cabinet Members	All	Democratic Services	TBC			Public
Cabinet Member Decisions expected - July 2025											
SI	Standard Items taken each month by the Cabinet Member	Cabinet Members make a number of non-key decisions each month on standard items - details of these are listed at the end of the Forward Plan.	Various		All	TBC	Democratic Services	TBC	Various		Public
AUGUST 2025 - NO CABINET MEETING											
SI	Standard Items taken each month by the Cabinet Member	Cabinet Members make a number of non-key decisions each month on standard items - details of these are listed at the end of the Forward Plan.	Various		All	TBC	Democratic Services	TBC	Various		Public
Cabinet meeting - Thursday 18 September 2025 (report deadline 27 August)											
SI	Carers Strategy Update	Cabinet will receive a progress report on the Carers Strategy and Delivery Plan and the priorities going forward.	All		Cllr Jane Palmer - Health & Social Care	Health & Social Care	Gary Collier	Sandra Taylor			Public
SI	Better Care Fund Section 75 Agreement	Cabinet will be asked to agree the agreement under section 75 of the National Health Service Act, 2006, between the Council and North West London Integrated Care that will give legal effect to the financial and partnership arrangements under the 2025/26 Better Care Fund Plan. This plan aims to support the independence of residence and prevent escalation of health and care needs.	All		Cllr Jane Palmer - Health & Social Care	Health & Social Care	Gary Collier	Sandra Taylor			Public
SI	Reports from Select Committees	Reports, findings and recommendations for consideration by the Cabinet, when referred from the appropriate Committee.	All		All	TBC	Democratic Services	N/A	TBC		Public

Ref	Scheduled Upcoming Decisions	Further details	Ward(s)	Final decision by Full Council	Cabinet Member(s) Responsible	Relevant Select Committee	Report Author	Corporate Director Responsible	Consultation related to the decision	NEW ITEM	Public or Private (with reason)
SI	Public Preview of matters to be considered in private	A report to Cabinet to provide maximum transparency to residents on the private matters to be considered later in Part 2 of the Cabinet meeting and agenda.	TBC		All Cabinet Members	All	Democratic Services	TBC			Public
Cabinet Member Decisions expected - September 2025											
SI	Standard Items taken each month by the Cabinet Member	Cabinet Members make a number of non-key decisions each month on standard items - details of these are listed at the end of the Forward Plan.	Various		All	TBC	Democratic Services		Various		Public
Cabinet meeting - Thursday 23 October 2025 (report deadline 1 October)											
SI	The Annual Report Of Adult and Child Safeguarding Arrangements	This report provides the Cabinet with a summary of the activity undertaken by the Safeguarding Children Partnership Board and the Safeguarding Adults Board to address the identified local priorities. The Cabinet will consider this report and approve the activity and the local priorities for the two boards.	All		Cllr Susan O'Brien - Children, Families & Education / Cllr Jane Palmer - Health & Social Care	Health & Social Care / Children, Families & Education	Alex Coman / Susan-Sidonia Gladish	Sandra Taylor	Select Committees		Public
SI	Reports from Select Committees	Reports, findings and recommendations for consideration by the Cabinet, when referred from the appropriate Committee.	All		All	TBC	Democratic Services	N/A	TBC		Public
SI	Public Preview of matters to be considered in private	A report to Cabinet to provide maximum transparency to residents on the private matters to be considered later in Part 2 of the Cabinet meeting and agenda.	TBC		All Cabinet Members	All	Democratic Services	TBC			Public
Cabinet Member Decisions expected - October 2025											
SI	Standard Items taken each month by the Cabinet Member	Cabinet Members make a number of non-key decisions each month on standard items - details of these are listed at the end of the Forward Plan.	Various		All	TBC	Democratic Services		Various		Public
Cabinet meeting - Thursday 20 November 2025 (report deadline 29 October)											
SI	Reports from Select Committees	Reports, findings and recommendations for consideration by the Cabinet, when referred from the appropriate Committee.	All		All	TBC	Democratic Services	N/A	TBC		Public
SI	Public Preview of matters to be considered in private	A report to Cabinet to provide maximum transparency to residents on the private matters to be considered later in Part 2 of the Cabinet meeting and agenda.	TBC		All Cabinet Members	All	Democratic Services	TBC			Public
Cabinet Member Decisions expected - November 2025											

SI = Standard Item each month/regularly

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SI	Standard Items taken each month by the Cabinet Member	Cabinet Members make a number of non-key decisions each month on standard items - details of these are listed at the end of the Forward Plan.	Various		All	TBC	C - Democratic Services		Various		Public
Cabinet meeting - Thursday 18 December 2025 (report deadline 26 November)											
SI	Older People's Plan update	Cabinet will receive its yearly progress update on the Older People's Plan and the work by the Council and partners to support older residents and their quality of life.	All		Cllr Ian Edwards - Leader of the Council / Cllr Jane Palmer - Health & Social Care	Health & Social Care	John Wheatley	Sandra Taylor	Select Committee / Older People, Leader's Initiative		Public
SI	2026/27 Budget and Future Medium-Term Financial Strategy (BUDGET FRAMEWORK)	This report will set out the Medium Term Financial Strategy (MTFS), which includes the draft General Fund reserve budget and capital programme for 2026/27 for consultation, along with indicative projections for the following four years. This will also include the HRA rents for consideration and Council Tax Reduction Scheme proposals following consultation.	All	Proposed Full Council adoption - 26 February 2026	Cllr Martin Goddard - Finance & Transformation	All	Andy Goodwin	Richard Ennis	Public consultation through the Select Committee process and statutory consultation with businesses & ratepayers		Public
SI	Public Preview of matters to be considered in private	A report to Cabinet to provide maximum transparency to residents on the private and confidential matters to be considered later in Part 2 of the Cabinet meeting and agenda.	TBC		All Cabinet Members	All	Democratic Services	N/A			Public
SI	Reports from Select Committees	Reports, findings and recommendations for consideration by the Cabinet, when referred from the appropriate Committee.	All		All	TBC	Democratic Services	TBC	TBC		Public
Cabinet Member Decisions expected - December 2025											
SI	Standard Items taken each month by the Cabinet Member	Cabinet Members make a number of non-key decisions each month on standard items - details of these are listed at the end of the Forward Plan.	Various		All	TBC	Democratic Services	TBC	Various		Public
Cabinet meeting - Thursday 15 January 2026 (report deadline 12 December 2025)											
SI	Public Preview of matters to be considered in private	A report to Cabinet to provide maximum transparency to residents on the private and confidential matters to be considered later in Part 2 of the Cabinet meeting and agenda.	TBC		All Cabinet Members	All	Democratic Services	N/A			Public
SI	Reports from Select Committees	Reports, findings and recommendations for consideration by the Cabinet, when referred from the appropriate Committee.	All		All	TBC	Democratic Services	TBC	TBC		Public
Cabinet Member Decisions expected - January 2026											

<div> <div>Scheduled Upcoming Decisions</div> <div>Further details</div> </div>				Ward(s)	Final decision by Full Council	Cabinet Member(s) Responsible	Relevant Select Committee	Report Author	Corporate Director Responsible	Consultation related to the decision	NEW ITEM	Public or Private (with reason)
SI = Standard Item each month/regularly												
SI	Standard Items taken each month by the Cabinet Member	Cabinet Members make a number of non-key decisions each month on standard items - details of these are listed at the end of the Forward Plan.	Various		All	TBC		Democratic Services	TBC	Various		Public
Cabinet meeting - Thursday 19 February 2026 (report deadline 28 January 2026)												
SI	Public Preview of matters to be considered in private	A report to Cabinet to provide maximum transparency to residents on the private and confidential matters to be considered later in Part 2 of the Cabinet meeting and agenda.	TBC		All Cabinet Members	All		Democratic Services	N/A			Public
SI	Reports from Select Committees	Reports, findings and recommendations for consideration by the Cabinet, when referred from the appropriate Committee.	All		All	TBC		Democratic Services	TBC	TBC		Public
Cabinet Member Decisions expected - February 2026												
SI	Standard Items taken each month by the Cabinet Member	Cabinet Members make a number of non-key decisions each month on standard items - details of these are listed at the end of the Forward Plan.	Various		All	TBC		Democratic Services	TBC	Various		Public
Cabinet meeting - Thursday 19 March 2026 (report deadline 25 February 2026)												
SI	Public Preview of matters to be considered in private	A report to Cabinet to provide maximum transparency to residents on the private and confidential matters to be considered later in Part 2 of the Cabinet meeting and agenda.	TBC		All Cabinet Members	All		Democratic Services	N/A			Public
SI	Reports from Select Committees	Reports, findings and recommendations for consideration by the Cabinet, when referred from the appropriate Committee.	All		All	TBC		Democratic Services	TBC	TBC		Public
Cabinet Member Decisions expected - March 2026												
SI	Standard Items taken each month by the Cabinet Member	Cabinet Members make a number of non-key decisions each month on standard items - details of these are listed at the end of the Forward Plan.	Various		All	TBC		Democratic Services		Various		Public
Cabinet meeting - Thursday 23 April 2026 (report deadline 1 April 2026)												
SI	Public Preview of matters to be considered in private	A report to Cabinet to provide maximum transparency to residents on the private and confidential matters to be considered later in Part 2 of the Cabinet meeting and agenda.	TBC		All Cabinet Members	All		Democratic Services	N/A			Public
SI	Reports from Select Committees	Reports, findings and recommendations for consideration by the Cabinet, when referred from the appropriate Committee.	All		All	TBC		Democratic Services	TBC	TBC		Public
Cabinet Member Decisions expected - April 2026												

Ref	Scheduled Upcoming Decisions	Further details	Ward(s)	Final decision by Full Council	Cabinet Member(s) Responsible	Relevant Select Committee	Report Author	Corporate Director Responsible	Consultation related to the decision	NEW ITEM	Public or Private (with reason)
SI = Standard Item each month/regularly											
SI	Standard Items taken each month by the Cabinet Member	Cabinet Members make a number of decisions each month on standard items - details of these standard items are listed at the end of the Forward Plan.	Various		All	TBC	Democratic Services	TBC	Various		Public
CABINET MEMBER DECISIONS: Standard Items (SI) that may be considered each month											
SI	Urgent Cabinet-level decisions & interim decision-making (including emergency decisions)	The Leader of the Council has the necessary authority to make decisions that would otherwise be reserved to the Cabinet, in the absence of a Cabinet meeting or in urgent circumstances. Any such decisions will be published in the usual way and reported to a subsequent Cabinet meeting for ratification. The Leader may also take emergency decisions without notice, in particular in relation to the COVID-19 pandemic, which will be ratified at a later Cabinet meeting.	Various		Cllr Ian Edwards - Leader of the Council	TBC	TBC		TBC		Public / Private
SI	Release of Capital Funds	The release of all capital monies requires formal Member approval, unless otherwise determined either by the Cabinet or the Leader. Batches of monthly reports (as well as occasional individual reports) to determine the release of capital for any schemes already agreed in the capital budget and previously approved by Cabinet or Cabinet Members	TBC		Cllr Martin Goddard - Finance & Transformation (in conjunction with relevant Cabinet Member)	All - TBC by decision made	various		Corporate Finance		Public but some Private (1,2,3)
SI	Petitions about matters under the control of the Cabinet	Cabinet Members will consider a number of petitions received by local residents and organisations and decide on future action. These will be arranged as Petition Hearings.	TBC		All	TBC	Democratic Services				Public
SI	To approve compensation payments	To approve compensation payments in relation to any complaint to the Council in excess of £1000.	n/a		All	TBC	various				Private (1,2,3)
SI	Acceptance of Tenders	To accept quotations, tenders, contract extensions and contract variations valued between £50k and £500k in their Portfolio Area where funding is previously included in Council budgets.	n/a		Cllr Ian Edwards - Leader of the Council OR Cllr Martin Goddard - Finance & Transformation / in conjunction with relevant Cabinet Member	TBC	various				Private (3)

Scheduled Upcoming Decisions

Further details

Ref

Ward(s)

Final decision by Full Council	Cabinet Member(s) Responsible	Relevant Select Committee	Report Author	Corporate Director Responsible	Consultation related to the decision	NEW ITEM	Public or Private (with reason)
SI = Standard Item each month/regularly							
	All	TBC	various				Public / Private (1,2,3)
	All	TBC	various				Public
	All	TBC	various				Public

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WORK PROGRAMME

Committee name	Health and Social Care Select Committee
Officer reporting	Nikki O'Halloran, Democratic Services
Papers with report	Appendix A – Work Programme
Ward	All

HEADLINES

To enable the Committee to note future meeting dates and to forward plan its work for the current municipal year.

RECOMMENDATION: That the Health and Social Care Select Committee considers its Work Programme for the year and agrees any amendments.

SUPPORTING INFORMATION

The meeting dates for the 2024/2025 municipal year were agreed by Council on 18 January 2024 and are as follows:

Meetings	Room
Wednesday 19 June 2024, 6.30pm – CANCELLED	TBA
Wednesday 24 July 2024, 6.30pm	CR5
Wednesday 11 September 2024, 6.30pm – PRIVATE	CR6
Wednesday 11 September 2024, 7pm	CR6
Wednesday 9 October 2024, 6.30pm	CR5
Tuesday 12 November 2024, 6.30pm	CR5
Thursday 23 January 2025, 6.30pm	CR5
Tuesday 25 February 2025, 6.30pm	CR5
Wednesday 25 March 2025, 6.30pm	CR5
Tuesday 29 April 2025, 6.30pm	CR5

The meeting dates for the 2025/2026 municipal year were agreed by Council on 16 January 2025 and are as follows:

Meetings	Room
Thursday 19 June 2025, 6.30pm	TBA
Tuesday 22 July 2025, 6.30pm	TBA
Tuesday 16 September 2025, 6.30pm	TBA
Tuesday 11 November 2025, 6.30pm	TBA
Tuesday 20 January 2026, 6.30pm	TBA
Tuesday 17 February 2026, 6.30pm	TBA
Thursday 26 March 2026, 6.30pm	TBA
Tuesday 21 April 2026, 6.30pm	TBA

It has been agreed that a report be brought to each meeting for Members to keep track of progress on the spending / savings targets of the Cabinet Portfolio that the Committee covers (except those meetings in September and January when a budget related report is already scheduled for consideration).

Future Review Topics

The Committee has agreed to undertake a major review in relation to adult social care early intervention and prevention with the first witness session having taken place on 25 February 2025. Members agreed the terms of reference for this review at the meeting on 12 November 2024.

Implications on related Council policies

The role of the Select Committees is to make recommendations on service changes and improvements to the Cabinet, who are responsible for the Council's policy and direction.

How this report benefits Hillingdon residents

Select Committees directly engage residents in shaping policy and recommendations and the Committees seek to improve the way the Council provides services to residents.

Financial Implications

None at this stage.

Legal Implications

None at this stage.

BACKGROUND PAPERS

NIL.

MULTI-YEAR WORK PROGRAMME

[illegible]

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