Minutes

HEALTH AND SOCIAL CARE SELECT COMMITTEE

3 December 2025

Meeting held at Committee Room 6 - Civic Centre, High Street, Uxbridge UB8 1UW

	Committee Members Present: Councillors Nick Denys (Chair), Reeta Chamdal (Vice-Chair), Labina Basit, Tony Burles, Kelly Martin, Sital Punja (Opposition Lead) and Peter Smallwood (In place of Becky Haggar) **Also Present**: Dr Richard Grocott Mason, CEO for the Heart, Lung and Critical Care Group, Royal Brompton and Harefield Hospitals - Guy's and St. Thomas' NHS Foundation Trust Sue Jeffers, Joint Lead Borough Director, North West London Integrated Care Board (NHS NWL ICB) Dr Ritu Prasad, Chair, The Confederation Hillingdon CIC Jason Seez, Joint Chief Infrastructure & Redevelopment Officer for Chelsea and Westminster NHS Foundation Trust & The Hillingdon Hospitals NHS Foundation Trust Keith Spencer, Managing Director, Hillingdon Health and Care Partners (HHCP) **LBH Officers Present**: Matt Davis (Director - Strategic & Operational Finance), Martyn Storey (Head of Finance - Adult Social Care), Sandra Taylor (Corporate Director of Adult Services and Health) and Nikki O'Halloran (Democratic, Civic and Ceremonial Manager)
37.	**APOLOGIES FOR ABSENCE** *(Agenda Item 1)* Apologies for absence had been received from Councillor Becky Haggar (Councillor Peter Smallwood was present as her substitute).
38.	**DECLARATIONS OF INTEREST IN MATTERS COMING BEFORE THIS MEETING** *(Agenda Item 2)* There were no declarations of interest in any matters coming before this meeting.
39.	**MINUTES OF THE MEETING HELD ON 11 NOVEMBER 2025** *(Agenda Item 3)* **RESOLVED: That the minutes of the meeting held on 11 November 2025 be agreed as a correct record.**
40.	**EXCLUSION OF PRESS AND PUBLIC** *(Agenda Item 4)* **RESOLVED: That all items of business be considered in public.**
41.	**HEALTH UPDATES** *(Agenda Item 5)* The Chair welcomed those present to the meeting and noted that Councillor June Nelson had been replaced in the Committee by Councillor Labina Basit. He welcomed

Councillor Basit and thanked Councillor Nelson for her long-standing service to the Committee.

The Hillingdon Hospitals NHS Foundation Trust (THH)

Mr Jason Seez, Chief Infrastructure and Redevelopment Officer at THH, advised that he would be providing Members with an update on the Hillingdon Hospital redevelopment project as well as a general update. Insofar as the redevelopment was concerned, it was noted that the Government had undertaken a review of the New Hospitals Programme (NHP) and made an announcement in January regarding the priorities – Hillingdon had been the only London hospital that had been included in wave one. It was noted that THH's enabling and decamp work had slowed down during the review.

In April, the requirements had been confirmed and an agreement with NHP had now been signed with a requirement for the design to be in line with the Hospital 2.0 specifications. Although planning approval had previously been granted, the application was being refreshed to ensure compliance with Hospital 2.0 and stakeholders would be consulted as part of this process. It was anticipated that the contractor selection / onboarding process would be undertaken in 2026 – NHP would be selecting larger building companies to undertake this work. The Outline Business Case would be completed in 2026 and the Full Business Case (FBC) in 2028 with the new hospital build starting in 2028 and expected to be open by the end of 2032.

Knowing how long it took for things to happen, it was queried how the building work could start in 2028 when the FBC would submitted that same year. Mr Seez advised that it was a lengthy process to get things through the NHP, so THH had codesigned everything with NHP as the project had progressed. This meant that, when the FBC was submitted, NHP would already be cognisant of its contents and there should be no serious questions.

Concern was expressed that 2028 was very close to the next general election and that a change in government might impact the redevelopment project. Mr Seez recognised that the long term project management was at the mercy of political cycles and, as such, it would be important to start the construction before the next general election.

Members praised Mr Seez and his team for their hard work in getting Hillingdon Hospital into wave one but queried whether, as it had already taken many years to get to this stage, this new build was definitely going to happen. Mr Seez noted that it could feel like the process had gone back a stage as planning permission had already been agreed once and was now having to be resubmitted. He believed that the project would be making progress again by the summer of 2026 - the financial commitment from the Government had been received and, once the builder had been identified, the design would be finalised.

Members thanked Mr Seez for giving them a tour of the Hillingdon Hospital development work on 26 September 2025. During that visit, there had been some discussion about where staff would be parking for the duration of the development work. Mr Seez advised that there were plans for all services to move around and that staff parking would move off site, whilst retaining patient parking on site. It had been hoped that THH would be able to come to an agreement with Brunel University but this was not looking positive. The alternative would be for staff to park at a site in Moorcroft Lane.

Mr Seez advised that a CQC inspection had been undertaken in October to look at surgery and urgent care. The resultant report would be due out in the next few months and should show improvements. Hillingdon Hospital urgent and emergency care had been doing well nationally and in London. Concerns had previously been raised about the Trust's finances but Mr Seez reassured Members that the deficit was on plan and on track to deliver a balanced financial position. The staff survey had been undertaken and the responses were being collated. Performance, finances and workforce were all doing well with sustained improvements.

In the report, it had stated that THH had scored 4 for patient safety on the NHS oversight framework. Mr Seez explained that NHS England oversaw NHS Trust providers and had put together a simple rating across the country. The patient safety score had been affected most by the infection prevention and control performance from previous years. A comprehensive programme to address infection prevention and control was now in place at THH and performance had been returning to where it should be. It was recognised that this could impact avoidable deaths as well as patient choice. It was agreed that the Committee would like an update in the future on the progress that was being made.

Members queried why there had been an increase in falls at Hillingdon Hospital (from 33 to 47) and what action had been taken to mitigate this. Mr Seez advised that Hillingdon Hospital was an old high rise building and that he would provide a detailed breakdown for Members with the reasons, trends and a narrative.

Concern was expressed that there had been no consultation undertaken with regard to the closure of the Mount Vernon Minor Injuries Unit (MVMIU), except for a roundtable event, to which a select group of people had been invited to attend. Residents that had previously attended MVMIU were now having to attend Hillingdon Hospital and wait for ages to be seen. Mr Seez was unaware of the exact process but confirmed that it had gone to all partners. The waiting times at Hillingdon Hospital's Urgent Treatment Centre (UTC) were being monitored and numbers had increased but the performance was on par with what it had been before the closure of MVMIU. Mr Seez would forward additional information to the Democratic, Civic and Ceremonial Manager for circulation to Members of the Committee.

Patient experience data had shown that facilities such as the Pembroke Centre had not been meeting the needs of residents that had previously used MVMIU. It was questioned how Hillingdon Hospital would be able to perform to the same level as MVMIU. Dr Ritu Prasad, Chair of the Hillingdon Confederation, advised that patients were now able to get their dressings done at the extended access hub rather than going to MVMIU.

<u>Hillingdon Health and Care Partners (HHCP)</u>
Mr Keith Spencer, Managing Director at HHCP, advised that the place transformation programme was currently underway and that the focus had been on getting patients discharged as soon as possible and improving the Emergency Department (ED) performance. All metrics had been rooted in the Hillingdon Hospital redevelopment programme so that everything tied up.

Action was being taken to try to keep patients away from the ED with a target of 164 ED attendances per day. Hillingdon had been the only London borough to reduce activity in the previous week where attendances had been down 5% compared to the same time during the previous year. There had also been a 27% reduction in the

number of people with no criteria to reside. About one third of the patients attending Hillingdon's ED did not need to be there so action was being taken to redress this balance and re-educate these attendees. Work would be undertaken in January / February 2026 in each neighbourhood to promote the services that were available in the community and to be more assertive about individuals' personal responsibility for their own health. A social contract was needed and information circulated about what alternatives were available to residents.

The reactive care programme acted as a hinge between the neighbourhoods and the hospital. Work was underway to increase the number of referrals from 3,500 to 7,000 each year. Mr Spencer advised that the coordinated hub launch would take place this month and that the mobile diagnostics had gone live. The first xray had been undertaken in Northwood and a number of care homes had been seen in the previous week which had prevented these residents from having to attend hospital. This pilot would be focussing on the frail and would be able to do up to ten diagnostics each day. If the pilot was a success, it would be scaled up.

Members queried how the mobile diagnostics would be prioritised. Dr Prasad advised that this service would be covering all areas of the Borough and would be in the Heathrow Villages the following day. The service was based at the Pembroke Centre in Ruislip but would move around Hillingdon to wherever it was needed and the equipment was compact enough to be able to be transported on a motorbike. Mr Spencer advised that consideration could be given to including services such as ultrasound.

Work was currently underway to establish how many patients could be diverted from hospital to the hubs. A coordination hub would be created as part of the reactive care and provide an 'air traffic control' for Hillingdon's out of hospital care. Previously, if a resident in a care home had a fall, an ambulance would be called and they would be taken to the ED. The new system would provide a direct link between the London Ambulance Service, coordination hub and hospital at all times and better coordinate what were currently very individual services.

Ms Jeffers noted that a same day emergency pathway was already in place between GPs and the hospital. The GP referral pathways had already been worked through whereby GPs could undertake a clinical triage and send the patient to the most appropriate unit without the patient having to be reassessed.

All three Integrated Neighbourhood Teams were now operational and would be looking to improve frailty by around 50% over the next year and expand the hypertension case finding work (if 24% had been identified and 80% of these cases were controlled, there would be a 16% reduction in associated ED admissions).

IV antibiotics were now available at the Ruislip hub and mental health capacity had been expanded to deal with ten people per day from 17 December 2025. Dealing with 'no criteria to reside' had consumed a significant amount of senior time (as it deserved scrutiny) and the Hillingdon Health and Wellbeing Board had adopted children and young people as a priority at its meeting on the previous day.

Mr Spencer advised that a significant transformation programme was being mobilised during winter which attracted significant risks. However, the data showed that ED attendance had already reduced. Hillingdon (along with two other North West London (NWL) boroughs) had been chosen as one of 43 areas taking part in wave one of the

development of neighbourhood hubs. These hubs would be located at the Civic Centre in Uxbridge, the old Nestle factory in Hayes, and Ruislip and would help to shape what neighbourhoods and place should look like. This initiative was all about early implementation rather than money (a business case would be put together in relation to this as it would be part of a separate process). A real advantage for Hillingdon was that this work was being undertaken in line with the development of the new hospital but there was some concern that capital funding was not yet in place for this pilot.

Members were pleased that the locations of the neighbourhood hubs had been agreed and queried how Hillingdon would be affected by the merger of the ICBs in NWL and North Central London (NCL) as they controlled a lot of the funding and enabling. Would the Borough have enough freedom to do what was needed locally or would it be too remote to be heard? Ms Sue Jeffers, Joint Borough Director for NWL ICB, advised that the merger of the two ICBs was expected to be effective from 1 April 2026. The new body would be called the West and North ICB (WN ICB) and would be made up of the 13 local authorities from NWL and NCL. It would cover 50 neighbourhoods and 4.5m people.

The reorganisation would follow a national blueprint for ICBs which had been published around May 2025 and would reposition them as strategic commissioning bodies with a focus on issues such as reducing inequalities. Work would be undertaken over the next few months to establish how the new WN ICB would engage with its 13 local authorities and 50 neighbourhoods. Discussions would be undertaken with local authority, voluntary sector, health and social care colleagues.

The Pharmacy First service had been a great success and it was queried whether there would be any scope for mobile diagnostics to be included in the services provided. Ms Jeffers advised that Pharmacy First was available in all 52 pharmacies across the Borough and had dealt with 18,000 appointments between April and September 2025, dealing with a range of conditions including minor infections and urinary tract infections. The UTC at Hillingdon Hospital was linked and had successfully been redirecting patients to Pharmacy First services if the patient did not need to be at the hospital. Consideration could be given to how community pharmacy services could be further embedded into neighbourhoods and linked into wider neighbourhood services. Ms Jeffers was asked to provide the Committee with further information on lessons learned at a future meeting.

Dr Prasad advised that the introduction of Pharmacy First had had a positive impact on GPs in that the pharmacists were able to prescribe antibiotics for certain conditions which then freed the GPs up to deal with more complex cases. Although there had been some improvements, some patients were still struggling to get GP appointments which was partly as a result of it being difficult to change some patients' behaviours. GPs and pharmacists had a good relationship and it was hoped that further improvements would come over time as patients became more familiar with accessing alternative pathways.

Concern was expressed that the number of children's neurodiversity referrals remained high. With the funding coming to an end and the increase in numbers, Members queried how a backlog was going to be prevented in future. Ms Jeffers advised that the increase in the number of children and young people on neurodiverse pathways had been a national issue but no reason could be found as to why it was increasing. Schools and services were having to try to manage the issue and NWL had put £6.7m into community provider services to try to clear the backlog. In the meantime, funding

had been provided for a 'waiting well' programme and CNWL had been working on developing a sustainable solution (the SEND Executive Board would be keeping a close eye on this). The Committee had previously undertaken a review of CAMHS and would be receiving an update at a future meeting.

The flu season had started early and seemed to produce more prolonged cases, taking up to two weeks to go. Hillingdon had been coping better with this pressure than the rest of NWL and had higher vaccination rates than the rest of NWL.

Royal Brompton and Harefield Hospitals (RBH) - Guy's and St. Thomas' NHS Foundation Trust

Dr Richard Grocott Mason, CEO for the Heart, Lung and Critical Care Group at RBH, advised that Harefield Hospital did not have an ED and was part of the Guy's and St Thomas' group which fell under the South East London ICB. Since 2024, Harefield Hospital had had the busiest heart attack centre in the country, undertaking cardiac and thoracic surgery and providing heart and lung transplant services. It was quite a difficult environment at the moment and waiting times for cardiac surgery had still not recovered to pre Covid levels (Covid had significantly reduced London's cardiac surgery capacity). The transplant service had been thriving, with 62 heart and lung transplant operations undertaken in the previous year and 27 lung and 21 heart transplants already completed this year. Harefield Hospital had also become a new LifeArc Centre for rare respiratory diseases.

There had been an increase in the number of early diagnoses of lung cancer which had opened up more treatment options. This had put pressure on the hospital's ability to meet the 62-day target. Dr Grocott Mason noted that 18 months was not an appropriate period for treatment and that treatment should ideally be undertaken within four weeks but recognised that this timeframe could not be delivered for all patients.

Members queried whether the increase in waiting times had been solely as a result of the volume of patients. Dr Grocott Mason advised that it had been a mix of increased demand (there were 1,600 patients across London waiting for surgery, 800 of which were within the Guy's and St Thomas' group). If there were more resources available, services could be extended into the weekends. One third of the patients were waiting for non-elective surgery so two thirds could be dedicated to reducing waits.

Although Harefield Hospital might appear quiet from the outside, internally it had been particularly busy, especially the on-call service and critical care. However, there had been a reliance on staff with specialist skills and there were only so many overtime hours that staff could do.

The mortality rates at Harefield Hospital had been ten times more favourable than other hospitals. It was suggested that this might be because the hospital had a very big and very experienced thoracic team who dealt with one sixth of lung cancer treatments being undertaken.

In the past, Harefield Hospital had experienced some challenges in relation to building improvements and recruitment. Dr Grocott Mason advised that the recruitment and retention of staff had been good but that this would be an ongoing process to ensure that the hospital was fully staffed. Insofar as redevelopment, modernisation and investment were concerned, this continued to be a challenge. A number of plans and options had been identified but there were issues around securing public funding and the lack of capital investment in NHS estate had not been great.

	RESOLVED: That: **1. Mr Jason Seez additional information about the impact of the closure of MVMIU on the UTC to the Democratic, Civic and Ceremonial Manager for circulation to Members of the Committee;** **2. Mr Jason Seez provide the Committee with an update on the comprehensive programme that had been introduced at THH to address infection prevention and control;** **3. Mr Jason Seez provide Members with a detailed breakdown of the increase in falls with the reasons, trends and a narrative;** **4. Ms Sue Jeffers provide the Committee with further information on lessons learned from the implementation of the Pharmacy First service at a future meeting; and** **5. the discussion be noted.**
42.	**BUDGET AND SPENDING REPORT - SELECT COMMITTEE MONITORING** *(Agenda Item 6)* Ms Sandra Taylor, the Council's Corporate Director of Adult Social Care (ASC) and Health, noted that the Committee had previously asked for the ASC budget to be benchmarked against other local authorities. She advised that the use of resources report had been completed and included data from the Adult Social Care Outcomes Framework (ASCOF) which was out of date. An updated version of the report would be published the following week and would be reviewed for the Committee. It showed Hillingdon as providing very good value for money and low cost in comparison to other London boroughs, therefore demonstrating the Council's good use of limited resources. Since the Committee's meeting in September 2025, officers had undertaken a lot of work in relation to demand growth and inflation. There had been pressure on the placements budget so officers had spent 8-12 months going through this. However, Ms Taylor was confident that the older people's placements had started to stabilise and Hillingdon Hospital had managed to work through the elective backlog which had had a positive impact on older people's services. The increase in neuro diverse demand on health services had been reflected in social care. As a result of the inspection process, there had been some improvements to the number of direct payments being made which provided good value for money as well as giving residents the autonomy to make their own choices. Mr Martyn Storey, the Council's Head of Finance – Adult Social Care, advised that the volume of home care had reduced as the number of direct payments had increased. Mr Matt Davies, the Council's Director of Strategic and Operational Finance, advised that the Month 6 position showed a £5.1m overspend which the ASC team had been trying to mitigate by making savings to offset the overspend. The renegotiation of the social care contracts had been flagged as a red risk with a value of £1.7m as a result of increases in NI charges and the rising older people population. There had been challenges with regard to the Section 117 funding split with the North West London Integrated Care Board (NWL ICB) with Hillingdon receiving 37% of the funding (whereas other London boroughs received a fairer percentage ranging from 40% to 50%). Ms Taylor advised that the ICB determined how much the local authority would receive and Hillingdon had received the lowest percentage in NWL since 2019. As such, discussions were underway with the ICB to try to redress the balance.

Mr Davies noted that, if a service was looking to achieve a savings target, it could reduce costs or create additional income. Members were advised that the £5.1m overspend equated to around 2% of the budget. There were a number of outer London boroughs that had reported an overspend in the second quarter of this year including: Ealing (£2m), Brent (£1.2m), Kingston (£1m) and Havering (£6.57m). There were a lot of pressures being faced by local government as a result of local and national issues.

Whilst Members appreciated what other local authorities were doing and the issues that they faced, the Committee was only really concerned about what was happening in Hillingdon. The amazing service provided by ASC teams at Hillingdon could not be disputed. In the previous financial year, officers had talked to the Committee about the use of artificial intelligence (AI) in the transformation of ASC services. A realistic conversation was needed in relation to the analysis as the data modelling had been undertaken for forecasting but needed to include things like the variance from cost to budget and the associated narrative. Ms Taylor noted that AI had provided a fantastic resource and had been used on the Magic Notes pilot to make a difference by providing high quality recording and translations and putting the information directly onto the system. The full rollout had just started throughout children's and adult social care (Ms Taylor advised that she would arrange a demonstration for Members of the Committee). The new system managed quality and reduced the time needed from social workers to obtain / input the information, therefore delivering staff time savings.

This was the start of the digital journey with more initiatives like self service and tech-enabled care emerging. AskSARA (Self Assessment Rapid Access) had been introduced as a needs-based assessment tool, producing a report and making recommendations for potential aids and services that might be beneficial for that individual with their daily living activities. This work was largely about managing demand (which was relentless) rather than achieving savings, and helped residents to help themselves.

Ms Taylor advised that the amount of funding needed to meet the demand was based on the number of people using the services and the cost that the Council was charged for these services. As the price had outstripped the demand, the authority had opened The Burroughs, reducing the need to buy beds from private providers at a higher cost, and was in the process of developing the Civic's multi storey car park (the Lobster Pot) into a care home. Hillingdon had a busy care market (with around 1,200 beds) but the Council had been unable to access a lot of these.

Demand in all areas had been reviewed (as well as growth) and consideration was being given to ensuring that there was enough in the budget to cope with this. As so much work was being undertaken to get this right, Members would be holding the Corporate Director to account if the service area was overspent next year.

Members asked that future reports included calculations on the projections. Mr Davies advised that lessons had been learnt in relation to not delivering on the budget and changes could now only go into the budget setting if a two-page form had been completed. Growth and savings had been split into categories and it would be important to ensure that the process did not miss next year's pressures. The 2026/27 budget would be out for consultation before the end of December 2025 and Members would get the opportunity to comment on it at their next meeting on 20 January 2026. Members asked if it would be possible to provide them with a briefing session on the budget to talk through what the numbers meant.

	It was suggested that the fairer funding settlement would help to achieve the savings that were needed and that this needed to be discussed at a future meeting. Processes needed to be in place to help residents access services if they did not quite meet the thresholds, whilst also keeping the budgets in order. Ms Taylor noted that it was important for ASC to remember that they were dealing with real people. The resource allocation system recorded an individuals' needs which were then reviewed by the brokerage service that looked at cost versus allocation. The Council tried to work with set providers so that quality and cost could be controlled. There were parameters around costs whereby the Care Act stated that decisions could not be made on cost alone and decisions needed to meet individual needs whilst also delivering best value for money. The Council currently spent £184.33 per adult on social care (which was less than other local authorities) and was driven by an overarching need to recognise who needed to receive funding. Ms Taylor advised that the value for money provided by the Council had resulted from effective negotiation with providers. It was noted that Hillingdon had been ranked 90th out of 153 councils with regard to deprivation, despite having several wards that were amongst the most deprived in the country. Hillingdon had seen an increase in deprivation in some areas (level 2 in Uxbridge and the south of the Borough). As such, there needed to be a focus on these areas to ensure that these residents' needs were being met. Insofar as fairer funding was concerned, Ms Taylor advised that Hillingdon needed further funding to enable residents to live independently and reduce the pressure on other Council departments. In the past, it had been cheaper to outsource services than to provide them inhouse. Work was currently underway to review and manage the stability of the market. There would also be employer-related legislative changes introduced in the next year and the subsequent impact on costs would need to be monitored. The Council's own trading company needed to provide good care and lower costs. **RESOLVED: That:** **1. Ms Sandra Taylor arrange for Members of the Committee to receive a demonstration of the Magic Notes pilot;** **2. investigations be undertaken to establish whether it would be possible for Members to have a briefing session on the budget to talk through what the numbers meant; and** **3. the discussion be noted.**
43.	**CABINET FORWARD PLAN MONTHLY MONITORING** *(Agenda Item 7)* Consideration was given to the Cabinet Forward Plan. **RESOLVED: That the Cabinet Forward Plan be noted.**
44.	**WORK PROGRAMME** *(Agenda Item 8)* Consideration was given to the Committee's Work Programme. It was noted that the CAMHS update would be discussed at the meeting on 20 January 2026. The Democratic, Civic and Ceremonial Manager would circulate the recommendations from the Committee's previous CAMHS review to Members. It was agreed that the HHCP place based transformation update be moved from 20

	January 2026 to 17 February 2026. **RESOLVED: That:** **1. the Democratic, Civic and Ceremonial Manager circulate the recommendations from the Committee's CAMHS review to the Members;** **2. the HHCP place based transformation update be moved from 20 January 2026 to 17 February 2026; and** **3. the Work Programme, as amended, be noted.**
	The meeting, which commenced at 6.30 pm, closed at 8.47 pm.

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