

Minutes

HEALTH AND SOCIAL CARE SELECT COMMITTEE

25 February 2025



Meeting held at Committee Room 5 - Civic Centre

	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) 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)
55.	APOLOGIES FOR ABSENCE (<i>Agenda Item 1</i>) Apologies for absence had been received from Councillor Reeta Chamdal (Councillor Adam Bennett was present as her substitute).
56.	DECLARATIONS OF INTEREST IN MATTERS COMING BEFORE THIS MEETING (<i>Agenda Item 2</i>) 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.
57.	MINUTES OF THE MEETING HELD ON 23 JANUARY 2025 (<i>Agenda Item 3</i>) 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. RESOLVED: That: 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.	EXCLUSION OF PRESS AND PUBLIC (<i>Agenda Item 4</i>) RESOLVED: That all items of business be considered in public.

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

	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. 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. 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. 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. RESOLVED: That: 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.	CABINET FORWARD PLAN MONTHLY MONITORING (<i>Agenda Item 6</i>) Consideration was given to the Cabinet Forward Plan. RESOLVED: That the Cabinet Forward Plan be noted.
61.	WORK PROGRAMME (<i>Agenda Item 7</i>) Consideration was given to the Committee's Work Programme. It was noted that

	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. RESOLVED: That: 1. NHS estates be included as an agenda item for the meeting on 16 September 2025; and 2. the Work Programme be agreed.
	The meeting, which commenced at 6.30 pm, closed at 7.47 pm.

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