Minutes

HEALTH AND SOCIAL CARE SELECT COMMITTEE

29 April 2025

Meeting held at Committee Room 5 - Civic Centre

	Committee Members Present: Councillors Nick Denys (Chair), Reeta Chamdal (Vice-Chair), Tony Burles, Philip Corthorne, Kelly Martin, June Nelson and Sital Punja (Opposition Lead) **Also Present**: Sean Bidewell, Assistant Director – Integration & Delivery / Acting Joint Borough Director, North West London Integrated Care System (NWL ICS) Sue Jeffers, Joint Lead Borough Director, North West London Integrated Care Board (NHS NWL ICB) Dr Alan McGlennan, Chief Medical Officer, The Hillingdon Hospitals NHS Foundation Trust Vanessa Odlin, Managing Director for Hillingdon and Mental Health Services, Goodall Division, Central and North West London NHS Foundation Trust (CNWL) Dr Ritu Prasad, Chair, Hillingdon GP Confederation Chris Reed, Hillingdon Group Manager, London Ambulance Service NHS Trust Derval Russell, Harefield Hospital Site Director, Royal Brompton and Harefield Hospitals - Guy's and St Thomas' NHS Foundation Trust Keith Spencer, Managing Director, Hillingdon Health and Care Partners (HHCP) Lesley Watts, Chief Executive Officer, The Hillingdon Hoapitals NHS Foundation Trust / Chelsea & Westminster Hospital NHS Foundation Trust Lisa Taylor, Managing Director, Healthwatch Hillingdon **LBH Officers Present**: 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)
70.	**APOLOGIES FOR ABSENCE** *(Agenda Item 1)* It was noted that Councillor June Nelson would be attending the meeting but was running a little late.
71.	**DECLARATIONS OF INTEREST IN MATTERS COMING BEFORE THIS MEETING** *(Agenda Item 2)* There were no declarations of interest in matters coming before this meeting.
72.	**MINUTES OF THE MEETING HELD ON 25 MARCH 2025** *(Agenda Item 3)* **RESOLVED: That the minutes of the meeting held on 25 March 2025 be agreed as a correct record.**
73.	**EXCLUSION OF PRESS AND PUBLIC** *(Agenda Item 4)* **RESOLVED: That all items of business be considered in public.**

74.	**HEALTH UPDATES** *(Agenda Item 5)* The Chair welcomed those present to the meeting. <u>Healthwatch Hillingdon (HH)</u> Ms Lisa Taylor, Managing Director at HH, advised that HH had been focussing on completing the work that had been started in the previous year, including projects in relation to GP access, a review of the Pharmacy First scheme and children and young people's (CYP) mental health. The CYP mental health project had engaged with more than 500 young people to identify their needs and the barriers to accessing services and support so that improvements could be made for the future. Targeted work had been undertaken with a range of young people including those from the BAME community as well as those with autism and learning disabilities. Ms Taylor had been working closely with Ms Kim Rice and voluntary sector partners to implement improvements as well as on the development of Family Hubs and a directory of services. The final report included key recommendations and would be shared once published. It was agreed that the Committee would schedule an item on this for a future meeting where they would be able to refer to the report as well as the recommendations of its own review of CYP mental health. Ms Taylor noted that the review of GP access had been expanded to cover groups including travellers and asylum seekers and the report would be shared with the Committee once finalised. The review had looked at the availability and useability of digital appointments and the confusion around the number of these appointments that had been made available. There had also been some concern about GP continuity and barriers. It was noted that some residents had raised concerns about a rumour they'd heard that a staff consultation was underway in relation to the closure of Mount Vernon Hospital. Ms Lesley Watts, Chief Executive of The Hillingdon Hospitals NHS Foundation Trust (THH), advised that it was no secret that the Trust had had a deficit of £27m in the previous year and that £34m of unearned income would need to be used this year to balance the budget. As such, every service would need to be looked at. Ms Watts noted that the current waiting time at Hillingdon Hospital was unacceptable so consideration needed to be given to elements such as quality of care, resilience, etc. Discussions had recently taken place in relation to the Minor Injuries Unit at Mount Vernon Hospital and engagement with stakeholders about its future would be undertaken in due course. Dr Alan McGlennan, Chief Medical Officer at THH, advised that costs could be reduced by doing things more efficiently, but that services and processes still needed to be looked at differently. Changes would largely be prompted by service users but there would also be a need to reduce inequalities. Members were advised that there needed to be a focussed improvement in relation to Hillingdon Hospital's urgent care performance (which had not been great) but it was noted that planned care was going well and cancer treatment performance had improved. Members were aware that difficult decisions might need to be made but were disappointed that this had come to light through social media. Ms Watts would have preferred it if residents had contacted the Trust for clarification rather than speculating on social media and noted that the discussion about possibilities for Mount Vernon had only been undertaken today for the first time as the facts had now been gathered. The

Chair advised that he did not feel that the Committee had been bypassed but strongly expressed the need to ensure that Members were included in any engagement that was undertaken on changes to service delivery. Ms Watts advised that, now that the Trust had discussed the issue internally, it would be making arrangements for engagement processes which would include staff, Healthwatch and the Health and Social Care Select Committee.

Dr McGlennan advised that THH had been required to submit an activity plan after the start of the financial year so this is likely where the concerns raised on social media had originated from. However, the Trust would not have been able to take action any sooner than it had. A pace-based plan had been put together which covered Pembroke Centre as well as the middle and south of the Borough. Memoranda of Understanding were being developed for the integrated hubs which would include GPs and community staff.

Ms Taylor thanked Ms Watts and Dr McGlennan for the clarification which would enable Healthwatch to manage future conversations with residents on this matter. As this was likely to be the last Committee meeting that Ms Taylor attended, the Committee thanked her and her team for the wide-ranging and candid work that Healthwatch had undertaken.

<u>The Hillingdon Hospitals NHS Foundation Trust (THH)</u>
Ms Watts noted that it had been very busy in the Emergency Department (ED) at Hillingdon Hospital and that performance needed to be improved. Although there had been a lot of talk about things that had gone wrong, Dr McGlennan advised that the Trust attracted extraordinary clinicians and had undertaken some excellent research.

Members queried what concerns had been raised in the most recent staff survey. Ms Watts stated that more could be done to support staff in relation to bullying and harassment. A number of deep dives had already been undertaken to establish how staff felt about the support and development they received. Dr McGlennan noted that staff retention was quite stable, with some individuals having worked for the Trust for 35 years. However, whilst last year's survey had shown that some staff felt that they were overworked, this year there had been issues raised in relation to religion.

Ms Watts advised that there had been a reduction in the use of bank and agency staff where possible to reduce costs. However, bank and agency staff would still be used to ensure that the required safety levels were maintained. As everyone at the Trust did things that cost money, action was being taken to ensure that it was common knowledge that it was everyone's responsibility to reduce those costs.

There had been a number of changes implemented to improve performance in maternity services. Stronger governance had been put in place to gain a better understanding of the issues being faced, which had included antenatal care. There had been some learning around processes and action had been taken in relation to translation services.

It was recognised that the pressure on the ED at Hillingdon Hospital continued. Members queried what else the Trust could do to alleviate this pressure and questioned whether patients could be re-educated. Ms Watts advised that THH had been looking at how it could manage the front door and whether the most senior staff were needed to direct patients to alternative pathways. Currently, Dr McGlennan would go down to the ED in the morning and afternoon to improve the visibility of the

	senior management team. There was a balance that needed to be struck between the number of residents that came through urgent care who could use alternative pathways and the Type 1 patients who really needed to be there (the three groups of patients that were best serviced through the ED were those: with frailty, with mental ill health and care home patients). The Trust was able to divert patients to the hubs and pharmacies but more options were needed. The Trust was asked what action was being taken in conjunction with partners such as the North West London Integrated Care Board (NWL ICB), Central and North West London NHS Foundation Trust (CNWL), GPs and Hillingdon Health and Care Partners (HHCP) to address ED performance at Hillingdon Hospital. Dr Ritu Prasad, Chair of Hillingdon GP Confederation, advised that partners held regular meetings in relation to the same day urgent care service and hubs to prevent or resolve blockages in the system. Consideration was also being given to the use of things like intravenous antibiotics to ensure that patients were being seen quickly by the right people. Dr Prasad noted that the work in care homes was monitored on a regular basis, falls prevention work had been undertaken and mobile diagnostics had been piloted. Thought was now being given to neighbourhood hubs, reactive work and the hospital to identify any gaps and a meeting would take place the following day to identify pathways that would prevent hospital admission in the first place. Members recognised the pressure experienced by staff in the ED caused by the volume of patients presenting at Hillingdon Hospital and queried whether there was any data available to show the number of patients presenting that could have used an alternative pathway. Ms Watts noted that it was difficult to ensure that the wider population only attended the ED when necessary but each attendance was coded so this information was available. It was noted that patients sometimes needed to wait a long time for treatments so they would end up in the ED, which was more resource hungry. Dr McGlennan advised that the ED was always open so individuals would go there if they were experiencing access problems as well as if they had received incorrect information or had not received any information at all (because it had been delayed). An integrated approach was needed to improving the healthcare system so that patients did not end up presenting at the ED. With the uncertainty caused by the recent news that NWL ICB would need to reduce its costs by 50%, Members queried how this would work with regard to pooled budgets. Ms Sue Jeffers, Borough Director at NWL ICB, advised that the ICB had ambitions to have a pooled budget in place and work had started on maturity and development of the place based partnership. There had been a lot of communications about development at place level which was at an advanced stage in Hillingdon in comparison to the rest of London. Hillingdon was unique. Members asked whether the abolition of NHS England (NHSE) and cuts at NWL ICB would impact on Hillingdon. Ms Watts advised that work was currently underway to identify duplication in services provided by the Department of Health and NHSE. There would be an impact on some individuals and there would be an impact on the way that some things were delivered so it would be important to work together to spread the responsibility. Ms Jeffers noted that direction on how to respond to the requirement to reduce costs would be available within the next few weeks. NWL ICB had the strategic commissioning role so the development and delivery of local services would be led and driven locally.

Members asked whether the Committee and other stakeholders would be involved in the conversations about how the ICB was going to work once it had halved its budget. Ms Jeffers confirmed that she would pass this query back to NWL ICB. Ms Sandra Taylor, the Council's Corporate Director of Adult Social Care and Health, advised that the structure in Hillingdon was strong and would be able to carry partners through the changes to the ICB but that this would be difficult for adult social care. It would be important to get the best outcome for residents within the resources that were available. As it was no longer about savings (the money just wasn't there to spend anymore), everything would need to be reviewed.

<u>Central and North West London NHS Foundation Trust (CNWL)</u>
Ms Vanessa Odlin, Managing Director – Goodall Division at CNWL, advised that the Integrated Neighbourhood Teams included community physical health, district nursing, physiotherapy and mental health. She noted that a population health management approach had been taken with regard to the new dementia care pathway and that action would need to be taken to ensure that CAMHS was integrated into the Family Hubs.

There were still pressures at Hillingdon Hospital ED with regard to mental health presentations where patients were waiting long periods for services – 20 people had waited for more than 20 hours for mental health support in the ED. Although the Lighthouse was an alternative service for mental health patients, there were only four spaces and the flow needed to be improved. Alternative crisis places such as Cove and Retreat (which now had recurrent funding) were available and the St Charles walk-in Mental Health Crisis Assessment Service (MHCAS) was available to Hillingdon residents.

Some focussed work had been undertaken in relation to older adults' mental health. New advice and guidance services had been provided for GPs and others to reduce the number of referrals to the community nursing team. The integrated pathway aimed to provide a seamless approach to referrals.

A collaboration agreement had been made with the local authority to provide the 0-19 service and the mental health in schools support was now being expanded to another five schools (in addition to the original five schools). Ms Odlin advised that additional funding would be needed if the service was expanded to all schools. Members queried how this service in schools was currently being administered, as there seemed to be such a long wait for children and young people to see a practitioner, and how schools were being helped to deal with the issue. Ms Odlin advised that there were only enough resources to support 60% of schools. The mental health in schools teams were running sessions with pupils in schools and ensured that teachers were aware of what support was available. However, if this was not happening, CNWL needed to know.

The Discovery College had been launched for young people aged 16-25. Ms Oldin would send details of this initiative, which aimed to support recovery from mental health issues such as depression and anxiety, to the Democratic, Civic and Ceremonial Manager for circulation to the Committee.

A request was made for more information in relation to the ARCH service (Addiction, Recovery, Community Hillingdon). It was agreed that an ARCH site visit be arranged for Members of the Committee.

The London Ambulance Service NHS Trust (LAS)

Mr Chris Reed, Hillingdon Group Manager, advised that the LAS had a large number of networks to support staff including groups for women, BAME and faith groups, and groups for those who had been in the armed forces. These groups fostered inclusion and empowered staff.

Members were advised that, about seven months ago, a new decentralised holistic operating model had been piloted in Hillingdon. This system allowed crews to be paired up locally (which meant that they were happier) and they were seeing an average increase of 0.65 patients per ambulance per day. As the pilot had been so successful, this local delivery model was now being rolled out Trust-wide. Performance in relation to Category 1 patients continued to be very good at 7 minutes 11 seconds but Mr Reed was conscious that more could still be done.

The most recent staff survey results had been published with a response rate of 80.4% in Hillingdon (the London average was 70.2%). Mr Reed noted that assaults against staff continued to be a challenge and sexual assaults were now being more widely reported. Staff were provided with training to deescalate situations but abuse of staff was still a regular problem in Hillingdon and across London with instances being formally recorded on the RADAR system (previously DATIX). Situations with patients could sometimes be difficult because they might need care but were being told that conveyance to the ED was not the most appropriate solution. Staff sickness continued to be an ongoing challenge and, although stress and musculoskeletal issues continued to be an issue, equipment had been introduced to prevent strain.

It was noted that calls continued to be reviewed to ensure that the right patients were being taken to the ED and to identify alternative care pathways (ACPs) for those that didn't need to be conveyed. Decisions were not necessarily always right but it was thought that this would improve with more experience. The clinical hub in Waterloo screened the calls for "hear and treat" to determine when patients did not need to be sent to the ED. Ambulance staff were equipped with tablets which were also helpful but education was key – there were some young clinicians at various grades who needed to become more aware of (and confident to use) the ACP options that were available. Ms Watts advised that international nurses would also benefit from more education and there needed to be a wider knowledge about initiatives such as the ability to give intravenous antibiotics in nursing homes.

Mr Reed advised that some of the services that the LAS might want to use had limited opening times. In addition, it could be challenging dealing with the gatekeepers to some of the clinicians that they needed to access to be able to give a safe handover.

North West London Integrated Care Board (NWL ICB)

Ms Sue Jeffers, Borough Director at NWL ICB, advised that the report on the agenda had included an update on the performance of the place based partnership. NWL performance against the 90% target for the two-hour urgent community response rate was 85.5%, with Hillingdon performing slightly lower than that at 84.8%. Hillingdon had also achieved 62.5% in relation to eligible female patients who had received a cervical cancer screening within that last 3.5 years against a target of 80% (this performance was better than the NWL average of 55.9%). These were the only two performance metrics that had been rated amber with all others being rated as green.

Work would start on the demolition of the old wings of the Northwood and Pinner

cottage hospital with a groundbreaking ceremony on 7 May 2025 - the rebuild and refurbishment was expected to be completed by May 2026. Services would then relocate from Northwood Health Centre and other locations into the new building in July 2026.

Hillingdon had three Integrated Neighbourhood Teams (INTs) which had each adopted localised strategies to target their own Core 20+5 groups. Dr Ritu Prasad, Chair of Hillingdon GP Confederation, advised that the three neighbourhoods would be focussing on priorities for Hillingdon as well as London priorities and national priorities. In the south of the Borough the focus would be on children and young people's health and in the north the focus would be on frailty and respiratory issues in older people.

A targeted oral health programme (Healthy Smiles Hillingdon) had been initiated that focussed on children aged 2-4 living in deprived areas (Core 20). The programme focused on families whose economic, social and environmental circumstances or lifestyle placed children at high risk of poor oral health or made it difficult for them to have a healthy diet and lifestyle, maintain good oral hygiene and have access to dental services. A range of preventative and active work had been undertaken.

With regard to primary care access, although there had been a 9% increase in the number of GP appointments available, residents continued to find the process of booking GP appointments challenging. This was particularly stressful when they were seeking care quickly and could end up presenting at the ED or urgent treatment centre if they were unable to get through. The NWL ICB 2025/26 access service specification objectives had been set and would focus on improved patient satisfaction, making best use of clinical time, improved continuity and patients' empowerment. It was anticipated that this would include 17.1m GP appointments for the year.

The Chair advised that some of the Committee Members had met with NHS partners at the Pembroke Centre on 23 April 2025. A copy of the brief notes from that visit would be attached to the minutes.

Nine Community Champions had been recruited as part of a volunteer led initiative to empower local residents to support health improvement efforts, starting initially in the south of the Borough and then moving to Harefield where there were hidden pockets of deprivation. The Champions had engaged with more than two hundred residents through workshops, events and outreach. Members were keen to see the development of the Community Champions and the evaluation that Brunel University had been commissioned to undertake - the final report was expected to be available in November 2025. Ms Jeffers advised that the model had been initiated in Brazil and then picked up by Westminster City Council where it had been a great success. Brunel would be able to assess the success of the Hillingdon model against the model used in Westminster.

<u>Royal Brompton & Harefield Hospitals (RBH), Guy's & St Thomas' NHS Foundation Trust</u>

Mrs Derval Russell, Harefield Hospital Site Director at RBH, advised that elective activity had been lower over the last few months as a result of a cyber attack. She noted that, in March 2025, there had been one patient who had waited over 65 weeks but that this had been because the patient has asked to defer their appointment date.

With regard to diagnostics, work had been undertaken with echocardiograms to try to speed up discharge. Performance around sleep studies remained a concern with

	around 60% of patients being seen within six weeks – action continued to be taken to improve this performance. Harefield Hospital continued to lead the West London scan review meetings in relation to the Lung Cancer Screening Programme. Since its inception, the Programme had diagnosed around 6,000 new cancer cases, 76% of which had been diagnosed at an early stage that may not have been detected without the Programme. Harefield Hospital had also now started to screen scans for GPs surgeries in Kingston and Harrow and would be providing additional CT scan capacity for this Programme. In 2024/25, Harefield Hospital performed 36 heart transplants (the highest carried out by a transplant centre in the UK) and 26 lung transplants. These figures were lower than they had been ten years ago because there had been significant improvements in the effectiveness of the drugs available which prevented the need for transplant. Harefield Hospital would be celebrating thirty years of Mechanical Circulatory Support (MCS) in the summer. The MCS device supported heart function when the heart was not working properly and could be used for short or long term support. Harefield's Heart Attack Centre had been identified as best in class for door to balloon times (under 60 minutes) and third in the country for call to balloon times (under 150 minutes). Mrs Russell advised that Harefield Hospital's Clinical Strategy continued to be developed and she hoped to be able to provide a fuller update on this at the meeting on 11 November 2025. **RESOLVED: That:** **1. CYP mental health be included as an item on a future agenda for discussion;** **2. Ms Sue Jeffers ask NWL ICB whether the Committee and other stakeholders would be involved in the conversations about how the ICB was going to work once it had halved its budget;** **3. Ms Vanessa Oldin send details of the Discovery College initiative to the Democratic, Civic and Ceremonial Manager for circulation to the Committee;** **4. Ms Vanessa Odlin liaise with the Democratic, Civic and Ceremonial Manager to arrange a site visit for the Committee to ARCH;** **5. Mrs Derval Russell provide an update on Harefield Hospital's Clinical Strategy at the meeting on 11 November 2025; and** **6. the discussion be noted.**
75.	**BUDGET - VERBAL UPDATE** *(Agenda Item 6)* Ms Sandra Taylor, Corporate Director of Adult Social Care and Health, advised that the Council's other Select Committees had discussed the information that they would like to receive at future meetings in relation to the budget. A report had been circulated which provided information about the spend and activity within the services provided within the Committee's remit as well as how the budget would be set. Ms Taylor noted that the Council was about to close last year's budget and she would report on the outturn at the Committee's June meeting. Members were advised that the Council worked on a forecasting model which was based on demographic growth, costs, etc. Since the pandemic, it had become difficult

	to forecast as the pressure on services had increased so the Council was unable to predict who would want to use its services or when. Ms Taylor noted that inner London boroughs were placing residents in Hillingdon care homes (an outer London borough) which created challenges in the care market and with the cost of care locally. The impact of the increase in employers' national insurance contributions and national living wage had meant that social care providers had been asking for significant increases in fees. However, the Council already paid a fair rate for care which had been driven by market forces / demand. The Council had been prudent in creating its own care home places and Ms Taylor hoped to be able to go into more detail about this at the meeting on 19 June 2025 as well as the operating model for the future care of Hillingdon residents. It was important that the Council was able to place residents locally in Hillingdon. There were a large number of care providers in Hillingdon (the Borough had the highest number of care home places in London). The price of care used to be determined by the West London Framework but the Framework fell apart during the pandemic and providers no longer had the appetite for it. As Hillingdon was an outer London borough and had a lower price per bed, around 50% of care home beds locally were occupied by people from outside of the Borough. Ms Taylor advised that the savings target for her Directorate needed to address costs in relation to staff and care provision. To achieve this, she had been working with providers and the Association of Directors of Adult Social Services (ADASS) on how this could best be achieved. Hillingdon adult social care had had some positive outcomes in relation to low spend, providing excellent value for money per head of population. The reablement services in Hillingdon had been provided at low cost, with 90% of service users needing no ongoing care needs. However, further efficiencies were still needed. Members were advised that the Council had reduced the amount of agency staff being used but that it still had a statutory duty to provide services. As such, the Council would not be able to go over and above all of the time but still needed to meet demand in a safe way that did not negatively affect the 'Good' CQC rating that the service had achieved. Ms Taylor advised that budget managers monitored and managed monthly income and expenditure reports on the finance system. These reports were available weekly if required and provided a RAG rating for each quarter to see how the Directorate was doing. If the savings were not achieved as expected, action would need to be taken to find the savings elsewhere. At the meeting on 19 June 2025, Members would receive information about projects that had started. Consideration would also need to be given to how the Directorate's £7m savings target would be achieved whilst also accommodating £5m of growth to cover the increased demand for adult social care and public health services. Mr Martyn Storey, the Council's Head of Finance – Adult Social Care, advised that the 2024/25 accounts were currently being closed. The staffing spend was very detailed and even more detailed information was available. The risk of slippage, and actual slippage, would need to be monitored. Increasing internal capacity would help but there were associated risks. It was noted that specific scrutiny training was being organised for Members in late

	May / early June 2025 for them to be able to scrutinise the budgets within their Committee's remit. The Chair requested that a specific section on scrutinising health and social care budgets be included in the training. Members queried whether the announcement earlier this year that the North West London Integrated Care Board (NWL ICB) would need to reduce its costs by 50% would impact on adult social care in Hillingdon. Ms Taylor advised that this would have an impact as the NWL ICB directly commissioned services that benefitted Hillingdon residents. With regards to the Better Care Fund, the NWL ICB financial challenges meant that changes had been proposed in relation to the additional funding. If changes were made to the wider system, they would likely impact on Hillingdon's social care services. As such, it would be important to retain 'place' integrity. The BCF Plan had not yet been signed off so a better discussion about the issue would be possible at the meeting on 19 June 2025. Members asked that the budget reports received by the Committee identify spend on statutory responsibilities and discretionary spend along with how the statutory duties were delivered (or how they could be delivered differently). Ms Taylor advised that it was not always that straight forward. Mr Storey explained that, for example, the Care Act placed a statutory duty on local authorities to provide preventative services which, of themselves, were not statutory services. It was suggested that a key be included on future reports to highlight which figures were income and which were expenditure. Members also asked that the information be broken down by statutory and discretionary spend. Ms Taylor noted that there had been some challenges with regard to the Oracle system and a task force had been working on it to ensure that it was ready for June 2025. The actuals and outturn were needed and the staff structure changes that were made last year needed to be reflected in the system. There had been a significant improvement in the data that was available over the last year which gave officers better tools for forecasting. Working through the budget, the biggest expenditure had been in relation to placements so growth against the number of people who would draw against this budget needed to be monitored closely. The numbers needed to be stabilised as growth had been higher in the last year. Members queried where budget transfers were coming from. It was recognised that slippage into next year's budget was not an option. Adult social care was the highest spending Directorate in the whole of the Council and continued to be a huge challenge. Ms Taylor noted that there had been a five year plan to improve elective surgery performance post pandemic. There had been some positive implications in adult social care from this push (reduced demand for services from this cohort) as action was being taken to drive early intervention and prevention. **RESOLVED: That:** **1. Ms Sandra Taylor attend the next meeting on 19 June 2025 to provide Members with an update on the budget and other information as agreed during the meeting; and** **2. the discussion be noted.**
76.	**CABINET FORWARD PLAN MONTHLY MONITORING** *(Agenda Item 7)* Consideration was given to the Cabinet Forward Plan.

	RESOLVED: That the Cabinet Forward Plan be noted.
77.	**WORK PROGRAMME** *(Agenda Item 8)* Consideration was given to the Committee's Work Programme. It was agreed that the outstanding updates on the implementation of recommendations from past review be circulated to Members outside of the formal meetings with the exception of CAMHS. The Committee agreed that it would like an update on CAMHS at either its meeting on 22 July 2025 or 16 September 2025. The Chair noted that this would be Councillor Corthorne's last Health and Social Care Select Committee meeting before he took up the position of Mayor at the next Council meeting. The Committee wished him well. **RESOLVED: That:** **1. outstanding updates on the implementation of recommendations from past reviews be circulated to Members outside of the meetings;** **2. an update on the implementation of the recommendations from the CAMHS review be included on the agenda for the meeting on either 22 July 2025 or 16 September 2025; and** **3. the discussion be noted.**
	MINUTE ANNEX A - PEMBROKE CENTRE SITE VISIT NOTES
	The meeting, which commenced at 6.30 pm, closed at 9.12 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.

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THE PEMBROKE CENTRE SITE VISIT
10am Tuesday 23 April 2025

MEMBERS PRESENT: Councillors Nick Denys (Chair), Reeta Chamdal (Vice Chair), Tony Burles, June Nelson, Sital Punja (Opposition Lead)

- Paediatric Type 1 diabetes – this was on the increase in Hillingdon but not much could be done about this.
- Paediatric Type 2 diabetes – this was also on the rise in Hillingdon but was linked to obesity and needed to be addressed. This could be the subject of a possible recommendation for the adult social care early intervention and prevention review as it was often the parents' cooking habits and lifestyle that impacted on the children.
- Digital Information – a shared digital space was needed to house information that would be available to anyone who wanted to know where to go locally for a specific health issue.
- Menopause – updates were available to GPs but it would be useful for information / awareness training to be made available to more people either at work or at home as this was something that would touch everyone irrespective of gender.
- Funding – it would be really useful to have more longevity with regarding to the availability of funding for different projects (funding for one or two years was very disjointed).
- Left Shift – more coordination and joined up work was being undertaken to take things / services / money from the hospital and into the community.
- Neighbourhood Hubs – these were essentially buildings that brought various services together which benefitted patients.
- Community Diagnostics – community diagnostics were needed to prevent patients from going to hospital. Although it was a decision for NWL ICB, a site needed to be identified in the south of the Borough and then needed to be signed off.

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