



HILLINGDON
LONDON



Health and Social Care Select Committee

Councillors on the Committee

Councillor Nick Denys (Chair)
Councillor Reeta Chamdal (Vice-Chair)
Councillor Labina Basit
Councillor Tony Burles
Councillor Becky Haggar OBE
Councillor Kelly Martin
Councillor Sital Punja (Opposition Lead)

Date: THURSDAY, 26 MARCH
2026

Time: 6.30 PM

Venue: COMMITTEE ROOM 5 -
CIVIC CENTRE

**Meeting
Details:** The public and press are welcome
to attend and observe the meeting.

For safety and accessibility, security measures will be conducted, including searches of individuals and their belongings. Attendees must also provide satisfactory proof of identity upon arrival. Refusal to comply with these requirements will result in non-admittance.

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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	<p><u>Statutory Healthy Scrutiny</u></p> <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>
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	<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

6 Budget and Spending Report - Select Committee Monitoring

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BUDGET & SPENDING REPORT - SELECT COMMITTEE MONITORING

Committee name	Health and Social Care Select Committee
Corporate Director(s) responsible	Sandra Taylor Corporate Director Adult Social Care & Health
Papers with report	Appendix A
Ward	All

RECOMMENDATION

That the 2025/26 Month 10 budget monitoring position be noted.

HEADLINES

This report provides an update on the 2025/26 Month 10 budget monitoring position relevant to the Select Committee. The Corporate Director, supported by their Finance Business Partners, will attend the meeting to provide further details and clarifications.

2025/26 MONTH 10 BUDGET MONITORING POSITION

At Month 10 service operating budgets within the Committee's remit are forecasting a net overspend of £6.5m against budget. This is an adverse movement of £0.8m from the Month 7 position.

Demand for Adult Social Care remains consistently high following the pandemic, with funding from the Department of Health and Social Care failing to keep pace with increasing client demand volume and complexity and market pressures.

Adult Social Care & Health is forecasting an overspend of £6.5m for the year, with overall pressures of £8.0m offset by a £1.5m underspend against SEND transport and mitigations of £2.0m achieved through effective vacancy management. The overspend is driven by ongoing growth in demand for all service areas. Client numbers continue to rise above the budgeted assumption, particularly in Learning Disabilities and Mental Health services. The underspend in SEND transport is due to more economical procurement of personal assistants and maximising efficiencies through the mix of delivery options. The £0.9m adverse movement in month is due to £0.5m of placement growth as a result of client capital depletions and backdated support plans, £0.3m being the impact of DfE guidance that disallows the use of DSG for Personal Transport costs, and £0.1m contingent labour and one to one support in Direct Care Services.

Table 1 provides an overview of the Committee's Month 10 budget monitoring position. It includes adjustments for Earmarked Reserves, Provisions and Transformation Capitalisation.

Table 2 provides a detailed breakdown of the Committee's outturn by service area.

2025/26 SAVINGS

For the services within the remit of this Committee, the savings requirement for 2025/26 is £8.3m.

At Month 10, £3.7m (44%) of the savings and interventions are recorded as banked or on track for delivery, with a further £0.2m (2%) being at initial stages of delivery. £4.4m (54%) of the savings are reported at risk in 2025/26, including £1.7m expected to slip into 2026/27.

Table 3 provides a detailed breakdown of the 2025/26 Month 10 savings position.

PERFORMANCE DATA

Adult Social Work & care provision:

Demand at the Adult Social Care front door remains consistently high and is a contributing factor of downstream financial and operational pressure.

Front-door performance data shows that Adult Social Care managed **61,154 contacts** over the reporting period. This equates to an average of over 5,000 contacts per month demonstrating sustained system pressure rather than isolated spikes in activity. Contacts data covering calendar year 2025 to March 2026.

This profile illustrates both the scale and intensity of demand being managed through the front door, with a significant proportion of contacts requiring timely triage, assessment or onward action to manage risk and prevent escalation.

Analysis of contacts by latest support reason shows that demand is dominated by higher-need, statutory support requests rather than low-level advice or signposting alone.

Approximately **63% of contacts relate to physical support needs**, making this the single largest driver of demand. This is followed by:

- **Support with memory and cognition**, reflecting increased dementia prevalence
- **Mental health support**
- **Learning disability support**
- **Social support needs**

This demand profile reinforces that front-door activity is closely aligned with statutory Adult Social Care responsibilities, with limited scope to divert demand away from funded services once eligibility thresholds are met.

Front-door activity functions as a critical demand-management mechanism rather than a simple gateway into services.

Contact outcome data shows that:

- A large proportion of contacts are linked to existing referrals, supporting continuity and avoiding duplication
- Many contacts are resolved through information, advice, signposting or preventative responses
- A smaller but significant proportion result in new referrals, safeguarding activity or formal assessment

This demonstrates that front-door processes are actively controlling escalation into higher-cost

services, ensuring that statutory interventions are targeted at individuals with eligible needs and unmanaged risk.

Safeguarding activity remains a significant component of overall demand and is closely linked to front-door contact volumes.

During the most recent reporting presented to the Safeguarding Adults Board in Month 10 was performance data covering 2025 into January 2026:

- Adult Social Care received **13,868 safeguarding contacts**
- These progressed to **3,783 safeguarding concerns**
- Resulting in **305 Section 42 enquiries**

Performance data demonstrates a strong focus on outcomes and risk management:

- **Over 80%** of completed Section 42 enquiries had a clearly identified desired outcome
- **Over 96%** of those outcomes were fully or partially achieved
- **Nearly 90%** evidenced a reduction in risk for the adult concerned

Safeguarding performance is overseen through the Adult Social Care Power BI safeguarding dashboard and subject to regular multi-agency scrutiny via the Safeguarding Adults Board, providing assurance on volumes, timeliness and case progression despite rising demand.

Adult Social Care operates robust financial controls to manage demand-led expenditure and ensure resources are targeted appropriately in line with statutory duties under the Care Act 2014. A spending control process commenced in June 2025 and this has seen an improvement in the provisioning of care and an improvement in the strengths-based approach to supporting residents in the community.

Adult Social Care operates a structured, rolling case audit programme to assure practice quality and support continuous improvement.

Audits are undertaken monthly across all Operational Adult services, drawing from both open cases and those closed within the previous six months. A thematic approach is applied on a regular cycle, including focused audits on safeguarding and mental capacity.

Audit findings are translated into clear actions and tracked through management oversight, providing Members with assurance that quality, safeguarding and value for money are being actively managed together.

Improving operational efficiency:

Hillingdon's Technology Enabled Care (TEC) programme has already delivered significant improvements by expanding a diverse range of digital tools—from AskSARA and lifestyle monitoring apps like Intelligent Lilli to night-time sensors, smart devices, and wearables—that have strengthened early intervention, improved safety, and helped residents remain independent at home for longer.

These technologies have enhanced assessment accuracy, reduced reliance on intensive or residential care, supported carers through remote monitoring and training, and generated staff efficiencies while maintaining high-quality, person-centred care. Building on strong CQC feedback and a collaborative, digitally confident workforce, the focus now is on embedding TEC as a routine part of all care planning, fully transitioning to digital systems by 2027, and expanding early help

tools, smart home solutions, carer support, and proactive risk management so residents, carers, and professionals are equipped to deliver and experience outstanding, modern adult social care.

RESIDENT BENEFIT

Regular monitoring of financial performance ensures that spending and savings targets are met, which supports the efficient delivery of services to residents. By closely tracking expenditure and identifying variances, the council can take timely corrective actions to address overspending and mitigate risks. This also enhances public transparency and accountability, providing residents with confidence that their Council is managing finances prudently and prioritising their needs. Overall, regular monitoring supports safeguarding the Council's finances and the delivery of quality services to residents.

FINANCIAL IMPLICATIONS

This is primarily a finance report, and the implications are set out in the main body of the report above.

LEGAL IMPLICATIONS

There are no direct legal implications arising from regular monitoring of the council's finances by select committees.

Democratic Services advise that effective overview and scrutiny arrangements require access to the information under the committee's purview and, in accordance with the 2024 Statutory Scrutiny Guidance, such information includes finance and risk information from the Council, and its partners where relevant.

BACKGROUND PAPERS

NIL

APPENDICES

Appendix A – Tables 1-3

Appendix A – Tables 1-3

Table 1: 2025/26 Month 10 Budget Monitoring

		Approved Budget	Underlying Forecast	Earmarked Reserves	Provisions	Transformation Capitalisation	Forecast Outturn	Forecast Variance M10	Forecast Variance M9	Change in Variance
R3: Executive Director Adult Services and Health	A1: Staffing Costs	24,665	22,392	-	-	-101	22,292	-2,373	-1,799	-574
	A2: NonStaffing Costs	160,516	171,896	-	-	-	171,896	11,381	10,420	961
	A3: Grants Fees & Other Income	-84,287	-86,255	-538	-	-	-86,794	-2,506	-2,699	193
	Sub-Total	100,893	108,033	-538	-	-101	107,394	6,501	5,923	578
R3: Executive Director Adult Services and Health	Month 9	100,893	107,458	-541	-	-101	106,816	5,923		
	Movement Month 9 to Month 10	-	576	3	-	-	578	578		

Table 2: 2025/26 Month 10 Budget Monitoring by Service Area

		Approved Budget	Underlying Forecast	Earmarked Reserves	Provisions	Transformation Capitalisation	Forecast Outturn	Forecast Variance M10	Forecast Variance M9	Change in Variance
R31: OT Minor Adaptations and Community Equipment	A1: Staffing Costs	-	-4	-	-	-	-4	-4	224	-228
	A2: NonStaffing Costs	474	415	-	-	-	415	-59	-23	-36
	A3: Grants Fees & Other Income	-332	-328	-	-	-	-328	4	45	-42
	Sub-Total	142	83	-	-	-	83	-59	247	-306
R32: Head of Direct Care Provision HSC	A1: Staffing Costs	7,972	7,648	-	-	-	7,648	-323	-467	143
	A2: NonStaffing Costs	1,517	2,071	-	-	-	2,071	553	444	110
	A3: Grants Fees & Other Income	-625	-730	-	-	-	-730	-105	-109	4
	Sub-Total	8,864	8,988	-	-	-	8,989	125	-132	258
R33: Head of Child & Family Development CFE	A1: Staffing Costs	116	605	-	-	-	605	489	490	-1
	A2: NonStaffing Costs	2	313	-	-	-	313	311	311	-
	A3: Grants Fees & Other Income	-93	-430	-	-	-	-430	-337	-337	-
	Sub-Total	25	488	-	-	-	488	463	464	-1
R34: Head of Learning Disability and Mental Health Services	A1: Staffing Costs	-	25	-	-	-	25	25	21	5
	A2: NonStaffing Costs	313	511	-	-	-	511	198	179	19
	A3: Grants Fees & Other Income	-	-44	-	-	-	-44	-44	-393	349
	Sub-Total	313	492	-	-	-	492	179	-194	373
R35: Head of Hospital and Localities Services	A1: Staffing Costs	316	7	-	-	-	7	-309	-309	-
	A2: NonStaffing Costs	831	1,129	-	-	-	1,129	298	109	189
	A3: Grants Fees & Other Income	-	-	-	-	-	-	-	-47	47
	Sub-Total	1,147	1,136	-	-	-	1,136	-11	-247	236
R36: Director of Health and Public Health	A1: Staffing Costs	745	906	-	-	-	906	161	150	11
	A2: NonStaffing Costs	15,269	15,635	-	-	-	15,635	367	340	27
	A3: Grants Fees & Other Income	-22,437	-22,426	-538	-	-	-22,964	-527	-489	-38
	Sub-Total	-6,423	-5,884	-538	-	-	-6,423	-	-	-
R37: Director Adult Services and Health	A1: Staffing Costs	49	593	-	-	-101	492	442	444	-2
	A2: NonStaffing Costs	1,151	1,508	-	-	-	1,509	357	378	-21
	A3: Grants Fees & Other Income	-22,518	-23,089	-	-	-	-23,089	-571	-571	-
	Sub-Total	-21,317	-20,988	-	-	-101	-21,088	228	251	-23
R38: Head of Safeguarding Adults	A1: Staffing Costs	-	-	-	-	-	-	-	-	-
	A2: NonStaffing Costs	686	1,104	-	-	-	1,104	418	416	3
	A3: Grants Fees & Other Income	-	-	-	-	-	-	-	-	-
	Sub-Total	686	1,104	-	-	-	1,104	418	416	3
R39: ASC Placements	A1: Staffing Costs	45	44	-	-	-	44	-1	-1	-
	A2: NonStaffing Costs	126,224	134,903	-	-	-	134,903	8,678	8,082	596
	A3: Grants Fees & Other Income	-35,315	-35,660	-	-	-	-35,660	-345	-225	-120
	Sub-Total	90,954	99,787	-	-	-	99,287	8,332	7,856	477
R3A: Head of Direct Care Provision CFE	A1: Staffing Costs	4,948	3,958	-	-	-	3,957	-990	-910	-81
	A2: NonStaffing Costs	10,806	10,060	-	-	-	10,060	-746	-755	9
	A3: Grants Fees & Other Income	-320	-56	-	-	-	-56	264	-61	325
	Sub-Total	15,433	13,961	-	-	-	13,960	-1,473	-1,726	254
R3B: Immediate Response Service	A1: Staffing Costs	4,543	4,020	-	-	-	4,020	-523	-500	-23
	A2: NonStaffing Costs	2,448	3,394	-	-	-	3,394	946	890	55
	A3: Grants Fees & Other Income	-2,400	-3,190	-	-	-	-3,190	-790	-728	-62
	Sub-Total	4,592	4,224	-	-	-	4,224	-367	-338	-30
R3C: Sustained Support Service	A1: Staffing Costs	5,931	4,591	-	-	-	4,591	-1,340	-941	-399
	A2: NonStaffing Costs	794	853	-	-	-	853	59	50	9
	A3: Grants Fees & Other Income	-247	-301	-	-	-	-301	-54	218	-272
	Sub-Total	6,477	5,143	-	-	-	5,143	-1,335	-673	-661
R30: Closed Codes Corporate Director Social Care	A1: Staffing Costs	-	-	-	-	-	-	-	-	-
	A2: NonStaffing Costs	-	-	-	-	-	-	-	-	-
	A3: Grants Fees & Other Income	-	-	-	-	-	-	-	0	-
	Sub-Total	-	-	-	-	-	-	-	-	-
R3: Executive Director Adult Services and Health	A1: Staffing Costs	24,665	22,392	-	-	-101	22,292	-2,373	-1,799	-574
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	Movement Month 9 to Month 10	-	576	3	-	-	578	578		

Table 3: 2025/26 Month 10 Savings

Description	RAG Rating 2025/26 & B/fwd savings							Total 2025/26 £'000
	Total	B	G	A1	A2	R	W/O	
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	
Mortuary - Provision of External Training	(10)	(10)						(10)
Review of Early Years Operating Model	(130)	(130)						(130)
Acquisition of Care home	(550)	(388)				(162)		(550)
AI Digitisation of Operational Social Work Practices	(548)	(548)						(548)
Care Diagnostic Equipment	(150)	(150)						(150)
Child and Family Support Service Staffing Review	(182)	(182)						(182)
Creation of a care company for temporary staff via an SPV	(277)					(277)		(277)
Implementation of Ask SARA	(150)	(150)						(150)
Increase MVF by 1%	(146)	(146)						(146)
Lease Income for Sexual Health Clinics	(250)					(250)		(250)
Post 16 Transport	(624)	(624)						(624)
Proposal to decant Lowdell Close Registered Care home due to safety concerns	(200)	(200)						(200)
Re-negotiation of Social Care contracts	(1,739)						(1,739)	(1,739)
Review and change in the catering services offer for Extra Care, Day Resources & Ea	(217)	(118)		(99)				(217)
Review of Early Years Operating Model (Additional) - Lease Income	(93)				(93)			(93)
Review of Early Years Operating Model (Additional) - Residual EY Budget	(94)	(94)						(94)
Review of third sector Carers contract value in Social Care	(172)	(172)						(172)
Review of third sector Information, Advice and Guidance contract value in Social Ca	(170)	(170)						(170)
Section 117 Funding split with ICB	(2,031)					(2,031)		(2,031)
Use of Disabled Facilities Grant	(300)	(300)						(300)
Vacant Post Review	(283)	(283)						(283)
	(8,316)	(3,665)	0	(99)	(93)	(2,720)	(1,739)	(8,316)

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