



HILLINGDON
LONDON



Health and Social Care Select Committee

Councillors on the Committee

Councillor Nick Denys (Chairman)
Councillor Philip Corthorne (Vice-Chairman)
Councillor Labina Basit
Councillor Tony Burles
Councillor Reeta Chamdal
Councillor Alan Chapman
Councillor June Nelson (Opposition Lead)

Date: TUESDAY, 19 JULY 2022

Time: 6.30 PM

Venue: COMMITTEE ROOM 5 -
CIVIC CENTRE, HIGH
STREET, UXBRIDGE

**Meeting
Details:** Members of the Public and
Press are welcome to attend
this meeting

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Published: Monday, 11 July 2022

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Terms of Reference

Health & Social Care Select Committee

To undertake the overview and scrutiny role in relation to the following Cabinet Member portfolio(s) and service areas:

Cabinet Member Portfolios	<ul style="list-style-type: none">• Cabinet Member for Health & Social Care
Relevant service areas	<ol style="list-style-type: none">1. Adult Social Work2. Adult Safeguarding3. Provider & Commissioned Care4. Public Health5. Health integration / Voluntary Sector

Statutory Health Scrutiny

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:

- 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.

Duty of partners to attend and provide information

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. 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.

Cross-cutting topics

This Committee will also act as lead select committee on the monitoring and review of the following cross-cutting topics:

- Domestic Abuse services and support

Agenda

CHAIRMAN'S ANNOUNCEMENTS

- 1 Apologies for absence
- 2 Declarations of Interest in matters coming before this meeting
- 3 Minutes of the meeting held on 22 June 2022 1 - 10
- 4 Exclusion of press and public

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Minutes

HEALTH AND SOCIAL CARE SELECT COMMITTEE

22 June 2022



HILLINGDON
LONDON

Meeting held at Committee Room 5 - Civic Centre,
High Street, Uxbridge

	<p>Committee Members Present: Councillors Nick Denys (Chairman), Tony Burles, Reeta Chamdal, Alan Chapman, Ekta Gohil (In place of Philip Corthorne), June Nelson (Opposition Lead) and Sital Punja (In place of Labina Basit)</p> <p>Also Present: Tina Benson, Chief Operating Officer, The Hillingdon Hospitals NHS Foundation Trust (THH) PC Brooke Dunlop, Mental Health Team, Metropolitan Police Service (MPS) Richard Ellis, Joint Lead Borough Director, North West London Clinical Commissioning Group (NWL CCG) Kirsty Farrell, Clinical Services Manager & Trauma Service Lead, The Hillingdon Hospitals NHS Foundation Trust Dr Paul Hopper, Central and North West London NHS Foundation Trust DCI Saj Hussain, Public Protection, Metropolitan Police Service Vanessa Odlin, Managing Director for Hillingdon and Mental Health Services, Goodall Division, Central and North West London NHS Foundation Trust (CNWL) PS Jason Wright, Mental Health Team, Metropolitan Police Service</p> <p>LBH Officers Present: Mark Braddock (Senior Democratic Services Manager), Gary Collier (Health and Social Care Integration Manager), Poppy Reddy (Head of Service - Court and Children with Disabilities) and Nikki O'Halloran (Democratic Services Manager)</p>
3.	<p>APOLOGIES FOR ABSENCE (<i>Agenda Item 1</i>)</p> <p>Apologies for absence had been received from Councillor Labina Basit (Councillor Sital Punja was present as her substitute) and Councillor Philip Corthorne (Councillor Ekta Gohil was present as his substitute).</p>
4.	<p>DECLARATIONS OF INTEREST IN MATTERS COMING BEFORE THIS MEETING (<i>Agenda Item 2</i>)</p> <p>There were no declarations of interest in matters coming before this meeting.</p>
5.	<p>MINUTES OF THE MEETING HELD ON 12 MAY 2022 (<i>Agenda Item 3</i>)</p> <p>RESOLVED: That the minutes of the meeting held on 12 May 2022 be agreed as a correct record.</p>
6.	<p>EXCLUSION OF PRESS AND PUBLIC (<i>Agenda Item 4</i>)</p> <p>RESOLVED: That Agenda Items 1 to 9 be considered in public and Agenda Item 10 be considered in private.</p>

7. **INTRODUCTION TO OVERVIEW AND SCRUTINY IN HILLINGDON** (*Agenda Item 5*)

The Chairman welcomed those present to the meeting. Mr Mark Braddock, the Council's Statutory Scrutiny Officer and Senior Democratic Services Manager, presented the report to the Committee. The report set out the role of select committees and overview and scrutiny in Hillingdon as well as how select committees operated and scrutiny roles, support and guidance.

Mr Braddock took Members through the remit of the Health and Social Care Select Committee and advised that this Committee held the statutory responsibility for health scrutiny as conferred by the Local Authority (Public Health, Health and Wellbeing Board and Health Scrutiny) Regulations 2013. It would also act as Hillingdon's lead select committee on the monitoring and review of domestic abuse services and support which was a cross-cutting topic.

Select committees in Hillingdon were able to: assist in the development of Council policy; evaluate and question actions taken by Cabinet before or after decisions were made; and report to Cabinet with recommendations.

Insofar as the call-in procedure was concerned, Members were advised that an app had been developed for them to propose a call-in. Once a Member of the relevant select committee had initiated a call-in proposal, the other Members of the committee would be alerted and could either respond (in support / opposition) or could ignore the alert. Four Members would need to support the call-in request within the five day period after the Executive decision had been made for it to be carried forwards.

The Chairman stated that the scope and workload of the Health and Social Care Select Committee was huge so it would be important for Members to focus their energy on the issues that mattered most or for which they could make a difference. The External Services Select Committee previously held the statutory health scrutiny powers and had been regularly frustrated that it was unable to scrutinise social care services that worked with external health partners. The new format would mean that the Committee would be able to look at how these services worked together to provide joined up health and social care services in the Borough.

Whilst information requests were a perfectly legitimate part of the Committee's work, the Chairman asked Members, where possible, to raise them at the Committee's meetings so that they could be discussed openly and to ensure that the requests were relevant.

RESOLVED: That the discussion be noted.

8. **POLICE AND MENTAL HEALTH ATTENDANCE AT A&E - UPDATE** (*Agenda Item 6*)

The Chairman advised that External Services Select Committee (ESSC) had previously heard from partners at its meeting on 22 February 2022 about the pressures being faced when dealing with mental health attendances at Hillingdon's Accident and Emergency (A&E) department. Members had heard about the huge amount of time that the police had spent in A&E waiting for action to be taken in relation to a patient that had been detained by them under Section 136 (s136) of the Mental Health Act 1983.

DCI Saj Hussain, Public Protection in the West Area Basic Command Unit (BCU) -

Metropolitan Police Service (MPS), advised that Sergeant Jason Wright ran the Mental Health Team for the West Area BCU and PC Brooke Dunlop was an operational officer within the Mental Health Team (which had been established in 2018).

Mr Richard Ellis, Joint Lead Borough Director at North West London Clinical Commissioning Group (NWL CCG), advised that this was a partnership issue which provided partners with a collaborative opportunity. Since the ESSC had met in February 2022, progress had been made.

Mr Ellis praised the work of those services involved in dealing with mental health crisis including the police, London Ambulance Service and Hillingdon Hospital. He noted that there had been a 25% increase in demand for mental health beds in 2021/2022 and that the West Area BCU was the busiest area in London with 20% of their calls relating to mental health (1,500-2,000 calls per annum - about 475 of these were s136s, with the remainder being voluntary attendances at hospital). Since the start of the pandemic, there had also been a 40% increase in the number of s136 detentions undertaken by the police where the individual had to be taken to a Health Based Place of Safety (HBPOS). It was noted that around 60% of people presenting in mental health crisis were previously unknown to partners – this caused partners a significant challenge.

DCI Hussain advised that, although there had been a year-on-year reduction in the number of s136 detentions between 2018 and 2020, the pandemic had then prompted a significant increase in 2021. This had since reduced back to 2018 levels. Although no definitive reason for the increase had been identified, it was thought to be linked to issues such as the rising cost of living and isolation.

Members were advised that around 43% of those who were detained under s136 were subsequently discharged. Effort was being made to focus on this group to then reduce the number of hours that the police spent in A&E as well as reduce the number of people detained on a s136 who did not require inpatient mental health care. On average, each s136 took 12 hours and 16 minutes of police officer time (around 4,000 police officer hours per year equating to about £80k-£120k). Although approximately 30% of s136s used a HBPOS and 70% went to A&E, DCI Hussain advised that not everyone in mental health crisis needed to go along the s136 pathway.

Sgt Wright advised that the West Area Mental Health Team included six officers, one of which looked at demand on police services from repeat users. Records were checked for recurring names which were then risk assessed and consideration was then given to police intervention, protective factors and risk factors. Once the risk had been managed, the information was logged on the system to be able to manage the situation better in future if it happened again (look back and plan forward). The police were aware of some data gaps and were now looking at the patient journey and any blockages, barriers or challenges.

Sgt Wright noted that demand started to reduce in the autumn of 2021 and, if the reduction was sustained, Hillingdon would outperform London as a whole. In 2018 there had been 4,400 s136s across London and 6,600 in 2022 (a 50% increase); in Hillingdon there had been 291 in 2018 and 283 in 2022 (a slight decrease).

The partnership work that had started with Central and North West London NHS Foundation Trust (CNWL) prior to the pandemic to reduce the number of s136s was being continued. Ms Vanessa Odlin, Managing Director for Hillingdon and Mental Health Services, Goodall Division at CNWL, advised that there had been an increase in

demand for services but no increase in the resources available to deal with this demand. However, capital resources had been made available so consideration was being given to building additional capacity whilst staying within the criteria attached to the funding.

Ms Odlin advised that there had been some investment in alternative options for those in mental health crisis. These facilities included 24/7 single point of access and five step down beds (which could also be used as step up beds) - it would be important to ensure that everyone was aware of these facilities. She noted that there were still 36 acute adult mental health beds available at Riverside (for Hillingdon residents) and 17 beds available for older adults in the Woodland Centre.

DCI Hussain advised that partners needed to take a reflective approach that sought to improve care. The Crisis Care Concordat (CCC) for the West Area (including Hillingdon) was being set up and would provide the opportunity to reflect and prevent escalation into crisis. As MPS mentoring had ceased in 2021, a more holistic reaction to risk had been created which looked at what had happened before and then agreed interventions with partners. This approach had been in place for approximately 18 months and had looked at around 1,800 incidents. The focus had been on patient care as the first priority and reducing demand as the second priority.

Ms Odlin advised that CCC meetings were already held at a NWL level but that action was being taken to set this up locally. She stated that a Crisis House with five crisis beds (run by Comfort Care) would be opening in the autumn of 2022. Access to the Crisis House would be via referral and it would have strong links to partner organisation and be staffed 24/7. Mr Ellis suggested that consideration be given to getting organisations such as Mind involved in initiatives such as the Crisis House.

A task and finish group was being set up to look at the possibility of a street triage provision (which would see the inclusion of a clinician working with the police on the ground). In terms of resourcing, consideration would need to be given to the use of existing experienced staff to undertake the street triage role and then backfilling their posts. Police officers and partner organisations would also benefit from having generic skills such as Mental Health First Aid. The group would be able to look at gaps, understand the proposal and identify what was needed. Mr Ellis suggested that consideration be given to including the service user perspective.

In addition, the Cove Crisis Café was open seven days a week from 2pm to 10pm and residents and non-Hillingdon residents were able to self-refer (the hours had been reviewed to reflect demand for the service). The HBPOS at Riverside comprised two rooms which were used by the police for s136 detentions and was not reserved for Hillingdon residents (the Section 136 Suite). Detentions usually lasted no longer than 24 hours. Sgt Wright would provide Members with further information to identify the number of patients detained under s136 in the Section 136 Suite on multiple occasions. He noted that some patients could be sectioned multiple times in a single day.

CNWL awaited the outcome of a bid to NHS England (NHSE) for winter funds to support a street triage facility. DCI Hussain advised that alternatives needed to be strengthened and suggested that a dedicated vehicle would be a preventative measure to help divert patients away from HBPOS and A&E. Mr Ellis stated that there was an increasing prevalence of mental ill health and that there was a post-Covid opportunity to say to NHSE and the Integrated Care Board (ICB) that this would be an innovative approach to managing these issues. Some of the resources needed would be new and some could be a redirection of existing resources.

Mr Ellis advised that the ICB was still in the early stages. However, it would be important to have the statutory and voluntary sectors around the table with a single pot of money and a single set of skills. Examples of best practice elsewhere (such as Westminster) would need to be drawn upon.

Ms Tina Benson, Chief Operating Officer at The Hillingdon Hospitals NHS Foundation Trust, advised that the current A&E department was small and fragmented with only one cramped room for individuals in severe mental health crisis. She noted that being in A&E with police officers was possibly the worst place for individuals in mental health crisis. Each patient needed to be reviewed holistically as there were instances when they appeared to be in mental health crisis when in fact it was a physical health issue.

Ms Kirsty Farrell, Clinical Services Manager & Trauma Service Lead at THH, advised that THH staff had been working closely with the police and CNWL. There had been an increase in mental health issues arising across the board and the lights and noise associated with A&E meant that it was not the right place for a crisis. The number of mental health patients in A&E at any one time could sometimes go into double figures which could be difficult if one patient went into crisis as it could have a ripple effect.

Ms Farrell advised that the High Intensity User Team, comprising Hillingdon Health and Care Partners (HHCP), CNWL and THH, provided intervention in the community for high intensity users. This work had reduced the number of intense user attendances and had resulted in the team winning an award.

Members were advised that the plans for a new hospital were progressing. The new development would include a single emergency floor and work continued with CNWL to establish the most efficient, practical and valuable use of the proposed space.

The Chairman advised that mental health would be considered at the North West London Joint Health Overview and Scrutiny Committee (NWL JHOSC). He would raise the issues discussed with Members of the JHOSC. Whilst it was useful to take stock of the current situation and the positive action that was being taken / proposed, he asked that partners come back to a future meeting in 12 months to provide the Committee with an update. In the interim, he requested that he and Councillor Nelson be provided with an informal update in six months. It was also agreed that he and Councillor Nelson also be invited to observe a CCC meeting.

RESOLVED: That:

- 1. Sgt Wright provide Members with further information to identify patients detained under s136 in the Section 136 Suite on multiple occasions;**
- 2. the Committee receive an update at its meeting in June 2023;**
- 3. Councillors Denys and Nelson be provided with an informal update in six months;**
- 4. Councillors Denys and Nelson be invited to observe a CCC meeting; and**
- 5. the discussion be noted.**

9. **CARERS' STRATEGY UPDATE** (*Agenda Item 7*)

Mr Gary Collier, the Council's Health and Social Care Integration Manager, advised that the report was being considered by the Select Committee prior to being considered by the Executive. Members would therefore have the opportunity for their comments to be included in the version that was sent to Cabinet. As well as the structure of the new Strategy, information had been included in the report to provide Members with a

broader understanding. The Committee was assured that future reports would be shorter.

It was noted that, as the Carers' Strategy was a joint strategy for Hillingdon which covered carers of all ages, there was a cross over with the Children, Families and Education Select Committee. The draft new strategy would be considered by both Select Committees before going to Cabinet. The Committee was advised that this would be in Q4. **[NOTE: Since the meeting, the Office of National Statistics (ONS) announced that carer-related data from the 2021 census would not be published until December 2022 and officers have advised that sign-off of the new strategy would be deferred until Q1 2023/24].**

Mr Collier advised that the main support offer for carers was provided via the Carer Support Services contract between the Council and Carers Trust Hillingdon (CTH). CTH was the lead organisation for the Hillingdon Carers' Partnership (HCP was a consortium of local third sector organisations which also included the Alzheimer's Society, Harlington Hospice and Hillingdon Mind).

The Committee was advised that the development and delivery of the Joint Carers' Strategy was overseen by the multi-agency Carers' Strategy Group (CSG). Efforts were being made to get carer representatives to attend the CSG, but it would be important that these carers approached the development and delivery task objectively. It was noted that a carer representative on the group had recently decided to leave due to changes in their personal circumstances.

Members were advised that a guide for carers had been co-produced between the Council and Carers' Trust and was available on the Council's website. Hard copies of this leaflet ("Are you a carer?") were circulated to Members at the meeting. The Committee noted the intention that this would be used by partners across the health and care system to support people who may not realise that they were carers. It was emphasised that the key message for carers was to contact the Carers' Trust to access a full range of information and advice.

The Chairman advised that the Committee was likely to be more focussed on the future draft strategy where the Members' input could be most valuable going forward. The report stated that new staff starting with Hillingdon Health and Care Partners were provided with an hour's introductory training about the role of carers in supporting the health and care system and the importance of identifying them and addressing their needs. It was agreed that this training would be made available to Members of the Health and Social Care Select Committee.

In response to a question about how the voice of the carers was heard, Mr Collier stated that HCP partners had various ways of engaging with carers. The new Joint Carers' Strategy would set out how feedback from carers would be captured to help to shape priorities within the strategy delivery plan.

The Committee was informed that there were currently two Carers' Forum (CF) meetings scheduled each year and it was noted that the feasibility of holding meetings in different parts of the Borough would be explored during 2022/23. It was agreed that a CF representative would be invited to a future Select Committee meeting and that Members of the Committee be invited to attend a future CF meeting.

In terms of the contract with CT, Mr Collier advised that monitoring needed to be proportionate so as not to overburden the provider and detract from service delivery.

CT provided update reports every six months and worked closely with Council officers to provide regular feedback. Feedback received from carers and their families was also important when monitoring the contract.

The Carer Support Service contract was due to expire in August 2023 and Mr Collier advised Members that the specification was currently being reviewed with the intention of taking a more integrated approach across health and social care. It was also necessary to reflect new statutory guidance concerning hospital discharge that was expected to be issued later in 2022/23.

Mr Collier advised that the number of adult carers on the Carers Register was 4,241 as at 31 March 2022 and not 2,287 as stated in the report.

Following a query from Councillor Nelson, Mr Collier advised that, although it was known that the survey was sent out to 677 adult carers in the Borough, he would provide Members with the number of questionnaires that had been returned in relation to the National Carers' Survey undertaken in November 2021. The results of the survey were expected to be published in June 2022 and the results would be reflected in the new strategy. *[NOTE: After the meeting, it was confirmed that 233 completed surveys were returned, or 34% of those issued. This was slightly lower than with the last survey in 2018/19 when 36% were returned, but higher than in 2016/17 when it was 30%].*

The report stated that carers identified by Adult Social Care often declined the offer of a carer assessment. Mr Collier stated that this could be for a number of reasons including: the care package met their needs; they didn't want to be labelled as a 'carer'; their own support network was seen as sufficient; or they considered that the support offered by Carers' Trust met their needs. It was noted that those carers who did not want to go through the carer assessment process were still able to access the universal services provided under the Carer Support Service contract.

Following a query, Mr Collier advised that the services provided to meet the needs of the cared for person might also have a benefit to the carer. However, the Committee was informed that it was not possible to quantify this, i.e., the split in the proportion of a provided service between what was benefitting the cared for person and the carer. As this would be different for each household there was no meaningful way of recording it.

The report stated that there had been a 45% increase in demand on Mind support services which had led to more psychotherapy and peer support groups being established. Mr Collier would provide Members with information about any additional resources that had been put in place to meet this increase in demand.

£1,052k had been secured in carer-related benefits during the review period to improve the household incomes of carers in Hillingdon. Mr Collier would establish how many carers this figure related to and forward this on the Members of the Committee.

[NOTE: After the meeting, Members were advised that this additional income had been secured for 572 households in 2021/22].

Principle 1 in the delivery plan update was to support the identification, recognition and registration of carers in primary care. As the actions therein had been delayed or deferred as a result of the pandemic, Members requested that further information be provided on when action would be resumed, and outcomes delivered. There were 27 practices with carer leads and it was noted that the 2022/23 delivery plan had a target to increase this number by six, which the Committee was advised was a realistic target

taking into consideration the competing priorities faced by GPs. Targets for future years would be considered in consultation with The GP Confederation as part of the development of the new strategy.

RESOLVED: That the Committee:

1. endorsed the alignment of reporting frequency on the delivery of support for carers to enable the Committee's views to be reflected in future update reports to Cabinet;
2. noted progress against the Carers' Strategy delivery plan activity for 2021/22;
3. endorsed the proposed vision, mission, supporting principles and intended outcomes for the 2022 to 2026 Joint Carers' Strategy;
4. endorsed the 2022/23 delivery plan;
5. questioned officers and partners on any other aspect of the report; and
6. identified any comments it wished to include in the annual delivery plan update report to Cabinet.

10. **CABINET FORWARD PLAN MONTHLY MONITORING** (*Agenda Item 8*)

Consideration was given to the Cabinet's latest Forward Plan. Whilst there were a large number of reports which fell within the Committee's remit, it would be important to only request additional information in relation to reports where there was a compelling reason to do so. It was agreed that a request be made for the Older People's Plan update to be brought to the Committee prior to it being agreed by Cabinet in 2023 if timings allowed.

RESOLVED: That:

1. officers be asked to present the Older People's Plan update to the Health and Social Care Select Committee prior to it being considered by Cabinet in 2023; and
2. the Cabinet Forward Plan be noted.

11. **WORK PROGRAMME** (*Agenda Item 9*)

Consideration was given to the Committee's Work Programme. The Chairman noted that the Committee had a large and important remit and it was agreed that, as such, the Committee's next two meetings be used to learn more about the work of social care and public health (July) and health partners (September).

An update on Child and Adolescent Mental Health Services (CAMHS) had been scheduled for the October meeting. Members would be in a better place to make a decision about the review topic that they would like to pursue at the end of the meeting on 12 October 2022. As well as CAMHS, other possible review topics included the procurement and monitoring of health and social care services.

It was agreed that the Cabinet Member for Health and Social Care would be invited to attend the meeting on 21 March 2023 or 26 April 2023 to talk about her plans for services within her portfolio.

RESOLVED: That:

1. the meeting on 19 July 2022 focus on social care and public health;
2. the meeting on 14 September 2022 focus on partner health services;
3. the meeting on 12 October 2022 focus on CAMHS;
4. the Cabinet Member for Health and Social Care be invited to attend the meeting in either March or April 2023; and

	5. the Work Programme be agreed.
12.	<p>CABINET REPORT: INTEGRATED PUBLIC HEALTH SERVICES - CONTRACT EXTENSIONS (<i>Agenda Item 10</i>)</p> <p>Consideration was given to the Council's general procurement processes and it was queried if there were any controls over how much of any contract was sub-contracted and whether it was possible to assess the necessity sub-contracting (to ensure such practices do not diminish the amount of investment that actually went into whatever it was that was being procured). When sub-contracting was undertaken, it would be important to monitor the deliverables and adjust who delivered what rather than becoming complacent.</p> <p>RESOLVED: That the discussion be noted.</p>
	The meeting, which commenced at 6.30 pm, closed at 9.15 pm.

These are the minutes of the above meeting. For more information on any of the resolutions please contact Nikki O'Halloran on 01895 250472. Circulation of these minutes is to Councillors, Officers, the Press and Members of the Public.

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COUNCIL STRATEGY 2022 - 2026

Committee name	Health and Social Care Select Committee
Officer reporting	Tony Zaman – Interim Chief Executive Dan Kennedy – Corporate Director of Central Services
Papers with report	Cabinet report – 7 July 2022
Ward	All

HEADLINES

For the Select Committee to consider and comment on the draft Council Strategy 2022-26 which has been approved by Cabinet for consultation.

RECOMMENDATION

That the Committee submit any comments to Cabinet on the Council Strategy, where it relates to matters within their remit.

SUPPORTING INFORMATION

On 7 July 2022, Cabinet agreed to consult on a four-year Council Strategy to provide a clear vision and a comprehensive framework of commitments to residents which continue to enhance the Borough and continuously improve council services to be modern, represent value for money and meet residents' needs.

The proposed Strategy is deemed a policy framework document as set out in Chapter 4 of the Council's Constitution. This means it that it will become one the most strategic documents of the Council, making up the 'framework' under which the Cabinet will operate and make decisions.

Consideration of this Strategy is, therefore, to be undertaken in accordance with the Budget and Policy Framework Procedure Rules in the Council's Constitution and statutorily, these require the Cabinet to set out a timetable for the Strategy's adoption, to include a minimum 6-week consultation period and consideration by the relevant select committees, which are all in this case. The following timetable has been proposed:

1. Consultation draft to Cabinet – 7 July 2022
2. Min. 6 week public consultation period and select committees (July / August 2022)
 - a. Finance & Corporate Services Select Committee – 13 July 2022
 - b. Health & Social Care Select Committee – 19 July 2022
 - c. Children, Families & Education Select Committee – 20 July 2022
 - d. Residents' Services Select Committee – 21 July 2022
 - e. Property, Highways & Transport Select Committee – 28 July 2022
3. Cabinet consideration of final draft, consultation and select committee responses – 13 October 2022
4. Council adoption of Council Strategy – 17 November 2022

Select Committee comments

Councillors on this Select Committee may wish to comment on the draft Strategy. Any comments should focus on matters within the Committee's remit which are set out below:

1. Adult Social Work
2. Adult Safeguarding
3. Provider & Commissioned Care
4. Public Health
5. Health integration / Voluntary Sector
6. Domestic Abuse services and support

Should the Committee wish to send formal comments to the Cabinet, this can either be agreed at the meeting, or delegated to the Democratic Services Officer, in conjunction with the Chairman (and in consultation with the Opposition Lead).

It is important for Councillors to note that the proposed Council Strategy cannot be an exhaustive plan setting out all the things the Council will seek to do and achieve over the next 4 years. It should remain a high level, succinct and resident focussed strategy setting out key priorities.

Expected officers to introduce this item on the Select Committee agenda will be the Interim Chief Executive and Corporate Director of Central Services. They will set the scene and provide a strategic overview, along with answering any questions Councillors may have.

PERFORMANCE DATA

The intention is that new quarterly performance monitoring reports will be presented to Select Committees later this municipal year and such performance monitoring data and KPIs will, reflect the approved Council Strategy.

RESIDENT BENEFIT

As set out in the Cabinet report.

FINANCIAL IMPLICATIONS

As set out in the Cabinet report.

LEGAL IMPLICATIONS

As set out in the Cabinet report.

BACKGROUND PAPERS

NIL.

COUNCIL STRATEGY 2022-2026

Cabinet Member(s)	Cllr Ian Edwards
Cabinet Portfolio(s)	Leader of the Council
Officer Contact(s)	Dan Kennedy, Central Services
Papers with report	Appendix 1 – Draft Hillingdon Council Strategy 2022-2026

HEADLINES

Summary	<p>Hillingdon Council is committed to putting its residents first. Through strong leadership, sound financial management and transforming how it works, the Council will ensure it provides high-quality services residents expect in the most efficient way.</p> <p>The four-year council strategy presented in this report provides a clear vision and a comprehensive framework of commitments to residents which continue to enhance the Borough, continuously improve council services, represent value for money and meet residents' needs.</p> <p>Cabinet is asked to consider and approve the draft four-year council strategy for consultation and to agree to receive the findings of the consultation and any recommended changes in the Autumn, prior to approving the strategy for adoption by full Council.</p>
Putting our Residents First	This report presents a four-year strategy for the Council with clear commitments to put our residents first.
Financial Cost	There are no direct financial implications arising from the recommendations set out in this report, with ongoing development of the Council's medium Term Financial Forecast and Budget Strategy being aligned to the Council Strategy.
Relevant Select Committee	All Select Committees
Wards	All.

RECOMMENDATIONS

That the Cabinet:

1. Approves Hillingdon's draft Council Strategy 2022-26 in Appendix 1 for consultation and;
2. Agrees to receive the final Council Strategy 2022-2026 in October 2022, informed by the findings from the proposed consultation process, in order to recommend the Strategy to full Council for adoption.

Reasons for recommendation

Hillingdon's draft Council strategy sets out a clear vision for the Borough and the Council, for the next four years and forms a key element of the policy framework. Approval is sought from Cabinet to approve the strategy for consultation, to ensure that residents and partners have the opportunity to consider and comment on the commitments. The consultation stage is prior to Cabinet approving to recommend Council adopt the strategy in the Autumn.

Alternative options considered / risk management

No alternative options were considered. The draft strategy sets out the vision and priorities for the council over the next four years and consideration of resident and partner feedback arising from the consultation will ensure the council continues to put residents first.

Democratic compliance

The Council Strategy is a policy framework document as set out in Chapter 4 of the Council's Constitution. Consideration of this Strategy is, therefore, to be undertaken in accordance with the Budget and Policy Framework Procedure Rules and these require the Cabinet to set out a timetable for the Strategy's adoption, to include a minimum 6-week consultation period and consideration by the relevant select committees. The following timetable is proposed:

1. Consultation draft to Cabinet – 7 July 2022
2. Minimum 6-week public consultation period and select committees (July / August 2022)
 - a. Finance & Corporate Services Select Committee – 13 July 2022
 - b. Health & Social Care Select Committee – 19 July 2022
 - c. Children, Families & Education Select Committee – 20 July 2022
 - d. Residents' Services Select Committee – 21 July 2022
 - e. Property, Highways & Transport Select Committee – 28 July 2022
3. Cabinet consideration of final draft, consultation and select committee responses – 13 October 2022
4. Council adoption of Council Strategy – 17 November 2022

Select Committee comments

None at this stage. As a policy framework document, comments from Select Committees will be presented to Cabinet following the conclusion of the consultation process.

SUPPORTING INFORMATION

1. Hillingdon Council continues to put residents first in everything it does. This includes our excellent waste and recycling services, investing in footpaths and roads, providing high quality leisure facilities and award-winning green spaces, building new affordable homes, enhancing schools, supporting local high streets, tackling the effects of climate change, protecting residents from harm and supporting residents to live independent and healthy lives, the Council is committed to making a difference.
2. The Council's approach of strong leadership, sound financial management and transforming how it works will continue to ensure high-quality services and facilities residents expect are provided in the most efficient way.
3. The draft Council Strategy 2022-2026 builds on the successes of the Council to date and sets a clear vision, the ambition for residents and the council, and commitments to residents over the next four years to continue to respond positively to changing demands and requirements.

Our Ambition for Residents

Hillingdon is a safe, inclusive, green, more digital borough with a strong economy.

Our Ambition for the Council

We will strive to be an efficient, well-run, digital-enabled council working with partners to deliver services to improve the lives of our residents.

Commitments to Residents

1. Safe and Strong Communities

Hillingdon is a safe place with resilient, strong communities with access to good quality, affordable housing.

2. Thriving, Healthy Households

Children, young people, their families and vulnerable adults and older people live healthy, active and independent lives.

3. A Green and Sustainable Borough

Hillingdon will be a sustainable, carbon-neutral borough, protecting Hillingdon's heritage, built environment and valued green spaces. Residents will live in pleasant neighbourhoods with access to sustainable waste management and transport.

4. A Thriving Economy

We are actively working with local businesses and partners to create a borough where businesses grow within a strong economy and local people can improve their skills and enjoy good quality jobs.

5. A Digital-Enabled, Modern, Well-Run Council

We are a well-run, sustainable council with sound financial management, achieving positive outcomes for residents.

4. The draft strategy (appendix 1) provides a broad, overarching framework for effective business planning and strong performance management within the Council to drive the transformation of services to continue to meet the changing needs and expectations of residents.
5. The Council wants to hear from residents, community groups, partners and businesses about the details set out within the draft strategy. Cabinet is, therefore, asked to agree that the draft plan is subject to a consultation process to engage meaningfully with residents, the community and businesses to inform the final strategy, to be presented to Cabinet in October 2022.

Financial Implications

There are no direct financial implications associated with the recommended consultation and subsequent consideration by Cabinet of the draft strategy. As outlined above the strategy will provide the overarching framework within which the Council will deliver for residents, with development of the Council's Medium Term Financial Forecast and Budget Strategy to be undertaken in pursuit of these ambitions and commitments.

RESIDENT BENEFIT & CONSULTATION

The benefit or impact upon Hillingdon residents, service users and communities?

The four-year council strategy presented in this report provides the vision and a comprehensive framework of commitments to residents which seek to continue to enhance the Borough and continuously improve council services to be modern, represent value for money and meet residents' needs.

The proposed consultation stage for the strategy will seek views from residents, partner organisations and businesses to ensure comments are considered prior to finalising the strategy.

Consultation carried out or required

The report recommends Cabinet approves a consultation stage with residents, partner organisations and businesses to seek views on the proposed four-year strategy to inform the final strategy to be presented to Cabinet in October 2022. The consultation will involve a structured survey available to all residents, promotion through a variety of channels, pro-active contact with partners and engagement with residents' associations. The consultation stage will invite comments from all Select Committees.

CORPORATE CONSIDERATIONS

Corporate Finance

Corporate Finance has reviewed this report and draft Council Strategy, noting that the ambitions set out for both Residents and the Council will inform ongoing development of the Medium-Term Financial Forecast and Budget Strategy. As noted above, there are no direct financial implications arising from the development of and consultation on the draft Council Strategy.

Legal

Legal Services confirm that there are no specific legal implications arising from this report at the current time. More detailed legal advice will be given to Cabinet in October 2022, following the outcome of the consultation.

BACKGROUND PAPERS

NIL

Appendix 1 – Draft Council Strategy 2022-2026

Hillingdon Council

Our Borough

Hillingdon is a prosperous, modern, diverse and connected London Borough. It is the westernmost borough in Greater London with a population of just over 309,000. Hillingdon has outstanding facilities and opportunities that position the borough to be a great place to live, work, study and do business.

- Hillingdon is the second largest of London's 32 boroughs, covering an area of 42 square miles (11,571 hectares) and located just 14 miles from central London.
- A diverse and vibrant population, with 92 spoken languages in the Borough.
- Home to Heathrow Airport, historically the region's biggest employment site supporting the economy, jobs and local services.
- An excellent strategic location for business, with good transport connections including the London Underground Metropolitan, Piccadilly and Central lines, the Elizabeth Line, the national rail network and air, as well as major UK motorways (M4, M25 and M40).
- A Borough with more than 16,000 businesses. As well as a vibrant local business sector, Hillingdon has one of the highest concentrations of major international and European headquarters outside of the City of London and the West End.
- A green borough where town meets country - with 800 acres of woodland, country parks, fields and farms, several rivers and the Grand Union Canal. The borough maintains more than 200 green spaces, totalling around 1,800 acres (730 hectares).
- A place for learning - home to more than 100 schools, Uxbridge College, Brunel University and a campus for Buckinghamshire New University.
- Three hospitals – The Hillingdon Hospital, Mount Vernon and the Harefield Hospital.
- Cultural and art offers – local theatres, visitor attractions and heritage trails.

Our Vision

Putting Our Residents First

Our Ambition for Residents

Hillingdon is a safe, inclusive, green, more digital borough with a strong economy. We want all our residents to:

- Live active and healthy lives.
- Enjoy access to green spaces, leisure activities, culture and arts.
- Live in a sustainable borough that is carbon neutral.
- Be / feel safe from harm
- Live in good quality, affordable homes in connected communities.
- Stay living independently for as long as they are able.
- Achieve well in education, with opportunities for learning at all ages.
- Have opportunities to earn an income that supports their families.

Our Ambition for the Council

We will strive to be an efficient, well-run, digital-enabled council working with partners to deliver services to improve the lives of our residents.

Our Commitments to Residents

1. Safe and Strong Communities

Hillingdon is a safe place with resilient, strong communities with access to good quality, affordable housing. We will;

- Work to keep residents safe from harm.
- Actively work in partnership with the Police, other partners and communities to prevent and tackle crime, including anti-social behaviour and drug-related crime.
- Support residents to play an active role in resilient and respectful communities.
- Take enforcement action to protect residents and the environment.
- Enable more new homes to be available, in the appropriate places.
- Increase the number of affordable homes available each year.
- Prevent and tackle homelessness, including rough sleeping.

2. Thriving, Healthy Households

Children, young people, their families and vulnerable adults and older people live healthy, active and independent lives. We will;

- Work with partners, including schools, to deliver a range of innovative programmes that help improve the health of our residents and tackle differences in health outcomes.
- Support the most vulnerable residents in our communities to live independently.
- Develop housing options for vulnerable adults and older people that promotes active independent living.
- Develop innovative ways for residents to access early advice and support when they need it, to help prevent needs escalating.
- Work with the NHS and other partners to continue to develop joined-up services to meet the health, care and support needs of residents in the community, including the development of a new Hillingdon Hospital.
- Work with partners to ensure better access to healthcare in the community
- Explore ways to work innovatively with the voluntary sector to help improve health and wellbeing outcomes for residents.
- Ensure every Hillingdon child has access to a school place, including children with additional needs.
- Improve educational outcomes with partners and work to reduce the achievement gaps for children, including those with vulnerabilities and special educational needs and/or disabilities (SEND).
- Have access to 'Good' and 'Outstanding' local education settings
- Increasing supported employment and apprenticeships for vulnerable people.
- Develop opportunities to support children with social, emotional and mental health and wellbeing at an early stage.
- Improving digital access for all
- Develop programmes that enrich the lives of young people and support them to move successfully into adulthood and be ready for work.

3. A Green and Sustainable Borough

Hillingdon will be a sustainable, carbon-neutral borough, protecting Hillingdon's heritage, built environment and valued green spaces. Residents will live in pleasant neighbourhoods with access to sustainable waste management and transport. We will;

- Work towards being a carbon-neutral organisation by delivering Hillingdon's Climate Action Plan with partners, including planting more trees and enabling investment in new sustainable infrastructure. Create opportunities to increase biodiversity across the Borough.
- Protect the heritage, built environment, green belt, parks and open spaces.
- Promote sustainable transportation, including walking, cycling, the use of public transport and electric vehicles.
- Help residents and businesses to reduce waste and increase recycling.
- Help to improve the energy efficiency of homes.

4. A Thriving Economy

We are actively working with local businesses and partners to create a borough where businesses grow within a strong economy and local people can improve their skills and enjoy good quality jobs. We will;

- Work with partners and local businesses to promote investment and business growth, including attracting new companies to the Borough.
- Procure services that supports local businesses and adds social value.
- Work in partnership with local employers and other stakeholders to provide opportunities for residents to learn new skills, to find local jobs and progress into better-quality jobs.
- Strengthen the digital infrastructure in the Borough.
- Create opportunities for investment in sustainable local infrastructure to support economic growth.
- Work with partners to help tackle low pay.
- Support thriving multi-purpose, viable town centres, including creating a new master plan for Uxbridge.
- Target support to help residents out of financial hardship.

5. A Digital-Enabled, Modern, Well-Run Council

We are a well-run, sustainable council with sound financial management, achieving positive outcomes for residents. We will;

- Be a strong leader of joined-up public services for Hillingdon residents.
- Promote resident engagement in connected communities.
- Embrace technology to be efficient and make it easier for residents to use council services.
- Make the best use of our land and buildings.
- Ensure value for money in the procurement and delivery of services.
- Continue to review and develop services to achieve the best possible outcomes for residents and communities.
- Develop a diverse, committed and skilled workforce in the Borough.

SOCIAL CARE AND PUBLIC HEALTH UPDATES

Committee name	Health and Social Care Select Committee
Officer reporting	Sandra Taylor, Executive Director Adult Services and Health
Papers with report	None
Ward	All

HEADLINES

This report is to assist Members in understanding the complex range of services delivered by the Council to meet the needs of residents across the Adult Services and Health directorate.

RECOMMENDATIONS

That the Select Committee notes the contents of the report and raises any questions.

SUPPORTING INFORMATION

Mental Health, Learning Disability and Autism Service

Mental Health Service

The Mental Health Service in Hillingdon is made up of a range of specialist teams providing mental health services to eligible residents and non-residents who may be in the Borough for a range of reasons. Under section 117 MHA [Mental Health Act], where the Council holds responsibility, services are also provided/funded to people living in other parts of the country. The Mental Health Teams provide assessment support and services under the Care Act, Mental Health Act and Mental Capacity Act.

There are two Locality mental health teams serving the North and South of the Borough. These teams provide mental health assessment, support and services to eligible people often on an ongoing basis. These teams support people living in the community and those being discharged from hospital. It should be noted that not everyone who has medical input for their mental ill health will have social care needs and it is a Care Act assessment that will determine eligibility and if the individual requires social care support. Often a need will be housing or financial related, but the person does not require care.

The Specialist Mental Health team focuses on working closely with the hospital services to support effective discharge from hospital and where necessary support with the provision of accommodation, care and support to assist people's recovery and promote independence in the community.

The (Approved Mental Health Professional) AMHP Hub provides a 24 /7 services predominantly undertaking mental Health Act Assessments for people presenting with an acute mental health need and with a likelihood of requiring a hospital admission whether on a voluntary basis or being

detained under the Mental Health Act. In addition to the AMHP responsibilities the Out of Hours service for all adult social care is provided by the AMPHS working out of hours.

Addiction, Recovery, Community Hillingdon Service (ARCH) is a free and confidential service for people who live or are registered with a GP in Hillingdon. The social work service is co-located with the health service colleagues providing a holistic service across all areas a drug and alcohol support and treatment.

Learning Disability Service

The Learning Disability Service in the Council is made up of three teams providing services to eligible residents. The Learning Disability Teams provide assessment support and services predominantly under the Care Act and Mental Capacity Act.

There are two Locality Teams serving the North and South of the Borough. These teams provide assessment, support and services to eligible people in the community mainly on an ongoing basis. The teams work with people in supported living arrangements and those who lack mental capacity.

The Preparation for Adulthood Team (PFA) provides assessment, support and services to eligible young people aged 18 to 25. Many young people will be transitioning from children's services. The PFA service work with young people with Autism, mental health conditions, physical disabilities as well as those with learning disabilities.

Autism

There is not a specific autism service, however autism is led within the Council from the Learning Disability Service. There is a specific Lead for Autism within the service who shares knowledge and provides training specifically. People with Autism can be supported in any of the mental health and learning disability teams depending on their specific individual needs.

Hospital, Localities, Sensory and Review Services

Locality Social Work & Sensory Service

Aims of the Service:

- The service aims to provide prompt and robust social care (needs) assessments, sensory assessments and equipment.
- To provide care and support plans to meet identified social care needs.
- To work towards a Strengths Based Model of service delivery.
- To promote independence and resilience.
- Responding to Safeguarding Adult referrals.
- To work in collaboration with other departments and teams in the Council, such as the Hospital Teams, Mental Health Teams, Learning Disability Teams, Finance, Legal, Brokerage, Client Affairs Team and Business Performance Team.

Referral Criteria for Adult Social Work (ASW)

- Referrals should be made for a social care (needs) assessment where there is an appearance of need as per the Care Act 2014.

- Safeguarding adult referrals must be made where the 3 part (Care Act) test is met. This is when there is reasonable cause to suspect that an adult in the London Borough of Hillingdon (whether or not ordinarily resident here), (1) has needs for care and support (whether or not the authority is meeting any of those needs), (2) is experiencing, or is at risk of, abuse or neglect, and (3) as a result of those needs, is unable to protect himself or herself against the abuse or neglect or the risk of it.

Adult Social Care (ASC) Hospital Discharge Team

Aims of the Service

- To assess adults being discharged from Hospital and who appear to have social care needs.
- To undertake statutory reviews of care and support needs to ensure effective delivery of services continues to meet identified needs.
- Where adults have social care needs, to provide proportionate support or advice.
- The Hospital Team will work with Service Users who have social care needs including complex needs, are new or known to the Borough, need support following discharge from hospital via a community care package or a placement / step down bed, undertake Best Interest decisions where applicable and support adults who may be at risk of harm.
- The service aims to provide prompt and robust social care act assessments following hospital discharge.
- To provide care and support plans to meet identified social care needs.
- To work towards a Strengths Based Model of service delivery.
- To promote independence and resilience.
- Responding to Safeguarding Adult referrals.
- To work in collaboration with both secondary and primary health care services.

Safeguarding Adults

DoLS

Deprivation of Liberty Safeguards (DoLS) is primary for the protection of adults from the age of 18 who lack capacity to consent to being a resident in a care home or lack the capacity to consent to treatment in a hospital where there are restrictions in place and the adult is under continuous supervision and control and not free to leave. Hospitals and care homes are called the Managing Authorities and are responsible for identifying adults who lack capacity and may require a DoLS assessment. The local authority is the Supervisory Body who is responsible for arranging the assessments (6 assessments completed by 2 assessors for each case) and authorising and reviewing them. The remit of the DoLS team is to enact the operational functions of the DoLS supervisory body for local authority clients. There are two types all DoLS authorisations.

The DoLS Team also provides information and advice to other services in the London Borough of Hillingdon as well as to partners. This advice is given on an ad hoc basis as well as via workshops arranged by our Learning & Development Team.

Adult MASH

Adult Multi Agency Safeguarding Hub (Adult MASH) are responsible for reviewing all safeguarding referrals in the London Borough of Hillingdon. For all referrals that appear to be

safeguarding concerns Adult MASH will liaise with partners to make initial enquiries and implement safety measures. For referrals that do not indicate a safeguarding concern Adult MASH will share with the appropriate team or organisation to review. Multi agency safeguarding working will either be via the 'MASH checks' process, emailing out to all partners to query if a case is known, or via a 12pm High Risk Meeting with partners, depending on the risk level presented. After working with partners and adults at risk of abuse, Adult MASH will determine if the adult has care and support needs, whether they have been abused or neglected and whether those care and support needs put them at risk of abuse or neglect. This will be alongside arranging initial protective measures wherever possible before transferring cases to longer term teams to follow up.

Adult MASH also provides information and advice relating to safeguarding adults to other London Borough of Hillingdon Services as well as to partners on an ad hoc basis but also via workshops arranged by our Learning & Development Team.

Direct Care Provision

Direct Care Provision services include all the in-house care and support provision that the Council directly delivers across both Children's and Adult services.

The services provided are as follows:

3 OFSTED registered children's homes

Merrifields Children's Resource Service has 5 respite beds for younger children with a disability and 4 assessment beds for children with emotional and behavioural difficulties. Children range from 7 -18 years.

The service currently supports 20 children with disabilities and their families to receive a respite package that ensures young people can remain at home with their families and provides parent/ carer's a break from their informal caring roles.

Charville Lane children's home supports up to 13 children, who in the main are unaccompanied asylum-seeking children who are assessed at the point of entry as being under the age of 16. The needs of the young people are assessed, a range of services are offered to meet the complex needs of this group of children, including supporting them to access education, legal right to remain support, mental health and trauma interventions etc and the children are provided short to medium term care. The number of children remaining in Hillingdon has significantly reduced in recent months due to the application of the National Transfer scheme, meaning that the care and support is offered by other local authorities, to ensure that demand on the children's social care system is evenly distributed.

Merchiston House children's home is a short to medium term intervention service for up to 5 young people between the ages of 11-17 who have complex behaviour and emotional needs including attachment issues, neglect and involvement in criminal or unsafe activity.

The home offers support and proactive interventions to enable reunification with family or carers in a positive way, often supporting the young person to move to semi-independent living by enabling preparation for adulthood skills and encouraging attendance at education, if this is not

possible education may be provided on site. Safe community access is encouraged alongside participation in sports and a healthy lifestyle.

4 CQC Registered Care services for Adults with LD & complex health needs

3 Colham Road is a 13 bedded residential home for adults with learning and complex physical disabilities and complex health needs and 4 Hatton Grove is a 20 bedded residential care home. Referrals to the service are via the Adult Social Work Learning Disability service and only those with the most complex needs are placed within residential care. Most residents lack capacity to be able to make decisions for themselves and require a Deprivation of Liberty order to be in place to ensure that they are safely and appropriately care for.

In both homes residents require care and support 24 hours a day by a staff team of frontline carers who are very experienced in caring for the most complex people.

Merrimans Respite Service is a 9 bedded Respite Service which provides respite care to adults with a learning or physical disability who live with their parents or carers. There are currently 76 users of this service who are allocated up to 35 days per year in line with their assessed need to give their carer a break.

Hillingdon Shared Lives (HSL) is an adult placement scheme which extends the range of residential services in Hillingdon, by providing a more personal form of care in the family home of an adult placement carer.

The aim of the scheme is to provide accommodation, care and support for a vulnerable adult in a safe, appropriate manner in a family setting. Service users achieve a positive outcome from Shared Lives, by way of their involvement and participation in family life. The scheme can be used:

- As a means of support for families who are caring for a dependant relative by offering periods of respite care.
- To assist in rehabilitation or for light convalescence (excluding service users who misuse drugs and alcohol).
- For people who do not need medical attention but would benefit from a supportive caring environment as a step towards moving on towards independence.
- To offer a long-term stay for people who wish to live with a family as part of the community and as an alternative to living in a large residential home, hospital setting, or alone.
- To support young adults aged 16+ with learning disabilities transition into adult services.
- To support unaccompanied 16+ asylum seeking young people.

The scheme currently has 29 full time carers and 16 relief carers supporting 21 residents in long term placements and 16 residents have received respite stays in the last 12 months. The scheme provides good outcomes for individuals, is rewarding for carers, who receive a fee for having the person live in their family and is a very beneficial and cost-effective service to those that use it.

2 Supported Living Services for Adults with Learning Disability & Mental Health

Goshawk Gardens and Chapel Lane – both services are 6 bedded and each resident has their own tenancy. The homes have shared communal space and there are staff on site 24/7 to support

residents in line with their agreed support plan and to promote independence and life skills so they achieve their aspirations which may include access to education, community activities and paid/ voluntary employment.

Queens Walk Resource Centre - provides a 5-day weekly service for adults with complex learning, physical and serious disabilities. The Centre offers a modern facility with the latest technology to support development and maintain health and well-being.

The service is operational Monday to Friday 8am-5pm and provides social, educational, health and leisure-based programmes, personalised to each individual need. The service can support 45 residents every day.

Queens Walk Resource Centre is a single storey building. The service is provided in group and individual interventions with many fully equipped rooms and facilities including a hydrotherapy pool, interactive suite, training kitchen, arts room, well-being room, sensory room, music room, activities studio and sensory garden.

Extra Care - There are 4 schemes: Triscott House (47 flats), Grassy Meadow Court (88 flats), Parkview Court (60 flats) and Cottesmore (48 flats).

Hillingdon housing staff offer help with accessing local facilities, advise on housing and tenancy matters, arrange events and activities, and ensure tenants get the assistance they need.

The Care Provider commissioned by the Council for all four extra-care services have a care team on-site 24 hours a day, providing the amount of care however large or small that the tenant may need. The restaurant on site provides meals or options to buy for residents and there is telecare in every flat for immediate response and reassurance.

Positive Behaviour Support Team (PBST)

The PBS Team is a community-based service supporting children and adults with diagnosed learning disabilities whose behaviour is challenging. The service work through the below principles:

- Through the development of skills teaching, working on community inclusion and working individual skill sets to meet their potential and specific needs;
- By ensuring that the individual does not have their quality of life reduced either directly or indirectly as a result of their challenging behaviour;
- To remain within their current setting where appropriate;
- Aim to reduce challenging behaviours by looking at preventative and proactive strategies; and
- Promote independence and reduce dependency on services for the future.

The PBS service work with children and adults in a range of settings such as residential care, the family home, supported living, education placement or other social settings. The aim is to increase knowledge and develop the competencies of both the individual and all other stakeholders, lessening the need for the individual to display challenging behaviours, supporting families and sustain effective behaviour strategies.

Quality Assurance Team

Quality Assurance (QA) Team assess the quality of support provided to residents from regulated and unregulated care providers to gain assurance on compliance standards and value for money for the Council. The Council have a statutory duty to ensure that all services within the Borough boundary that are regulated are monitored to ensure that they provide safe and appropriate care. They provide up to date information and support to providers and maintain a strong relationship with them to get the best quality service for residents.

The team gather evidence that feeds into the Provider Risk Panel, who review and make recommendations around safety, quality and financial stability. These recommendations are then considered for sanctions or monitoring at the Care Governance Board. This method of monitoring provider failure is a positive not punitive way of ensuring that there is good care available across the Borough for the whole social care and health system.

The Council contracts with or provides care both in and out of the Borough via approximately 44 adult care homes, 68 domiciliary care providers, 4 extra care services, 59 supported living schemes. Children's provision: 40 children's homes, approximately 43 Semi-Independent Providers with approximately 110 settings. These services are providing to approximately 3,800 residents in Hillingdon.

The social care market has experienced many challenges over the last 2 years and this has impacted significantly on the workforce availability and, latterly, the implementation this year of the FCOC (Fair Cost of Care) and charging reforms. This will make significant differences going forward for care providers, residents and social care service and the QA Team will provide support to maintain good provision whilst legislative changes take place.

Social Care Support Services

Brokerage

- The Brokerage Service source suitable placements and packages of care; which are value for money and meet the identified needs of children, young people and adults in addition the service brokers the nursing placements commissioned by the NWL CCG [NHS], which enables the Council to manage the cost of the care across the market, without competing price challenges from different commissioners.
- Brokers are trained to negotiate with suppliers directly as well as there being an integrated 'e-brokerage' system in place for the 'auction' of business for providers to pick up and respond to.
- The system looks at the best quality match for the requirements at the best price and enables a time limited response to ensure that residents get the care they need as quickly as possible.

Types of placements that are brokered:

- Foster placements – Emergency / Short-Term / Long Term / Respite / Parent & Child / Staying Put Arrangements (for care leavers)
- Family Assessment Centres
- Residential Children and Adult Care Homes

- 52-week Specialist Residential School Placements
- Semi-Supported Accommodation – PS / YMCA
- Supported Lodgings
- Secure Welfare
- Shared Accommodation for care leavers
- Domiciliary Care
- Supported Living / Housing

Direct Payments Team

Residents eligible for social care support can choose between a commissioned service or having self-directed support, known as a direct payment. This means that the personal budget identified in the assessment to meet the individuals' needs is paid directly onto a pre-paid card issued by the Council for the person to choose who and how their care needs are met. The only stipulations are that the care need must be met and advice and support is given to ensure things like HMRC and employment rules are followed.

The team currently support 608 residents who have a personal budget to meet their own or their family members' needs. The team also host the Personal Health budget service for the NHS to administer a direct payment for those receiving nursing care at home by an agency of their choice. The types of people using a direct payment are:

- Adults & Children's Social Care
- Children with SEND (Special Educational Needs and Disabilities)
- Health & nursing clients
- Personal Transport Budgets for children and young people to access education
- A carer's personal budget for people to have a break from caring responsibilities, determined by a carers assessment.

Passenger Services

- The Council has a duty to provide Home to School transport assistance to children with assessed and eligible needs to support their attendance at school. Additionally, transport is provided to disabled adults and older people to day care centres.
- In addition to the Council provided or contracted transportation, a personal transport budget in the form of a direct payment is offered to parents to ensure that children's attendance is maintained. In most cases this is a very cost-effective way of providing support.
- Independent travel training is offered to those in senior school who are referred to the scheme to promote their independence.
- The current number of children, young people and adults supported by this service per day is 1,076.

Business Delivery- Systems and Provider Support

The teams provide support services across Social Care: children and adults. They are responsible for engaging with the social care market to develop, commission and monitor care providers.

Provider and Market Supplier Relationship Team

The team's role is to:

- manage contracts and relationships across a designated portfolio of social care providers and collaborate with Council services in order to deliver value for money and outcomes for service users.
- develop and implement contract management strategies for the designated portfolio that optimises performance of contracts in terms of cost, quality, delivery and responsiveness - sharing best practice guidance with the wider Council.
- be responsible for ensuring that the contractual service is met and that the contractual obligations & arrangements are adhered to
- have market management and oversight - this involves understanding the national, regional, sub regional and local social care markets. Looking at how these operate, what are the pressures in terms of Political, Economic, technology and Social.
- ensure that providers meet the terms of their contracts with the Council using information from operations, quality assurance, KPIs, etc.

Social Care Provider Support

The team set up and maintain Provider accounts within the Council's finance system – ContrOCC, this system holds and maintains the data in relation to the cost of every social care package of care and allows providers to 'draw down' their payments for the work commissioned. Additionally, the 'Electronic Call Monitoring system' ECM monitors the hours of domiciliary care commissioned by providers to ensure that the planned and actual amounts can be paid and that these are reconciled to attendance of workers to the resident this is done in real time and is a useful monitoring tool. The team analyse the data and advise on any concerns about the performance of home care providers as well as monitoring the drawdown of payments.

Community Development Manager holds responsibility for the development of assisted living and technology to promote independent living. The telecare line services are monitored here as well as the out of hours response and telecare response performance.

Child and Family Development Services

Children's Centres

The Council currently has a network of 16 children's centres delivering both universal and targeted Early Help services to families with babies and young children aged pre-birth to age 5 years. The centres are organised in a locality model that aligns to the Stronger Families service and Children's Health services (North, South-West, South-East). The centres work in partnership across Council departments such as children's social care, SEND and Inclusion, midwifery, health visiting and voluntary sector organisations to give young children the best start in life by:

- improving outcomes for young children and their families, with a particular focus on the most disadvantaged families,
- reducing inequalities in child development and school readiness;
- improving parenting aspirations, self-esteem and parenting skills;
- improving child and family health, and life chances.

The advent of family hubs, starting with Uxbridge Family Hub, is enabling the service to develop

the support offer to older children and young people in collaboration with Youth Justice services, Youth services and Adolescent Development services.

Early Years Centres (nurseries)

The Council has 3 children's nurseries providing early education and care for children aged 6 months to 5 years. The nurseries located in Uxbridge, Hayes and South Ruislip each provide 32 childcare places each day between 8am and 6pm. Most children attend on a sessional basis, for several days a week, with some children only attending for a part of the day, mornings 8am-1pm or afternoons 1-6pm. Priority admission is given to children considered vulnerable, who may be subject to a statutory support through Children's Social Care or a child who has an identified Special Educational Need or disability. The nurseries are registered with Ofsted and are graded Good. They are all registered to provide funded early education places for children aged 2, 3 and 4 years via the DfE Early Education Entitlement scheme.

Portage Home Visiting Service

The Portage Home Visiting Service provide an educational programme for very young children with very complex special educational needs and disabilities within the home, prior to attending school or nursery. The teamwork with parents to break down everyday activities such as eating with a spoon into small steps, that children would otherwise find it difficult to master. They then empower parents to be their child's primary educator, helping them to access support and services. The team develop My Support plans outlining children's needs and support with transition to nursery and school where appropriate.

SENDIASS

SENDIASS is an impartial information, advice and support service for families with children and young people with SEND (0-25). The service fulfils the Council's statutory duty under section 2 of the Special Educational Needs and Disability Code of Practice 2015 to provide impartial, confidential and accessible information and advice to families and young people in respect of SEN. The service is delivered in line with the minimum standards for IAS services (previously quality standards) and staff are actively with Hillingdon's Parent Carer forum and voluntary sector groups, as well as the SEND strategic partnership to ensure that the parent and child's voice is heard.

FIS (Families Information Service)

FIS provide information, advice and guidance to families with children and young people 0-19 (25 with SEND) in regard to activities, services and support available within the Borough. This includes maintaining an online Family Services Directory detailing organisations providing activities such as childcare, out of school activities, school holiday provision, parent toddler groups, youth groups etc. In so doing the team fulfil the Council's statutory duty under section 12 of the Childcare Act 2005 to provide information, advice and assistance to families with a child or young person up the age of 20.

The team also manage the DfE Free Early Education Entitlement funding scheme for children aged 2, 3 and 4 years liaising with schools, nurseries and childminders, verifying claims and overseeing the provider payment process. The team also complete an annual childcare

sufficiency assessment and work with providers to fulfil the Council’s statutory duty to ensure sufficiency of childcare across the Borough.

Community Occupational Therapy Services (OT)

The service carries out assessments of resident ability to engage and participate in activities of daily living (e.g., toileting, bathing, eating) and prescribes equipment for children and adults to enable them to live as independently as possible in the community. This may include prescribing a perch stool to enable a resident to sit to wash at the basin or sit at the kitchen worktop to prepare a light snack. The service also makes recommendations for alterations to property, e.g., the installation of grab rails and ramps to enable residents to safely enter and exit a property to gain fresh air and exercise and participate in the life of the community.

OT assessments are delivered under contract by external providers and the small retained internal team manage the authorisation of equipment and monitoring of spend, as well as overseeing the management of the contracted providers and quality of the service to residents in accordance with agreed KPIs.

Public Health

Public Health responsibility transferred from the NHS to Local Authorities in April 2013 as part of the revision of the Health and Care Act (2012). This responsibility included commissioning and providing mandated essential and non-essential services that address the three public health areas.

1.	Health Protection	Activities to protect individuals, groups and populations from single cases of infectious disease, incidents and outbreaks and non-infectious environmental hazards such as pollution, chemicals and radiation.
2.	Health Improvement	Improving the health and wellbeing of individuals and communities through enabling healthy lifestyle choices and addressing the underlying health issues such as poverty, lack of educational opportunities and the wider environment into which people are born, live and die.
3.	Healthcare Public Health	A core offer to the NHS and wider system partners that meets the needs of individuals and groups, prioritising available resources and improving health outcomes through design, access utilisation and evaluation of effective and efficient health and social care interventions, settings and pathways of care, for example diabetes and cardio-vascular disease prevention and management.

Public Health (PH) teams at Borough level are responsible for health leadership and improving health and wellbeing outcomes for Borough residents. Borough teams do not operate in isolation. Specialist regional and national PH teams operate as part of UK Health Security Agency, and OHID, the Office for Health Inequalities and Disparities and at Borough, place level, to achieve sustainable improvement there must be joined up working with wider Council services, the NHS and the voluntary sector. In Hillingdon, this is achieved through the Hillingdon Health and Care Partners (HHCP) partnership, which is committed to delivering sustained improvement in health prioritising workstreams where there is greatest health risk.

Borough public health teams are responsible for commissioning essential services for residents that are funded through an annually determined ring-fenced grant. The current annual allocation for Hillingdon is circa £18.5 million. The grant has strict spending conditions that must be met and be invested to demonstrate improvement in health and wellbeing outcomes, tackling disparities in health and improving healthy life expectancy.

The table below shows the allocation of the 2022/23 public health grant for Hillingdon.

Annual Public Health Grant 2022/23	£18.539M – this is an increase of £506,563 from 2021/22
PH Reserve Status	£2.54M
Council Investment to support PH outcomes	£5.1M
Total current PH contracts value	£11.923M
PH team staffing allocation	£413,959

In 2022/23, all the PH contracts are being reviewed, rapid need assessments completed to recommend actions for contract development, transformation or retender. A review of all PH spend is being carried out to determine outcomes being achieved from this investment and identify opportunities to maximise this funding further.

The services that Public Health must ensure are delivered are:

- National child measurement programme – weighing and measuring of children in reception year and year 1
- Substance misuse (drug and alcohol) services
- Sexual Health services
- Universal healthy child programmes services for 0-19 – health visitor and school nurse services
- NHS Health Checks – screening and diagnostic tests

The rest of the grant funding is invested into services that contribute to improving and protecting health and wellbeing, targeting those areas where data and insight show that the Borough has poor outcomes. The greatest impact on population health and wellbeing are not through health services, but from those services under the control and responsibility of the Council, such as safe, good quality homes, education, employment, the environment and developing strong communities. PH investment into Council services provides an opportunity to maximise these services impact on the health of residents. Therefore, through health being central to Council policy decisions, we optimise public health outcomes and contribute to Hillingdon being a strong public health Council.

PERFORMANCE DATA

None at this stage.

RESIDENT BENEFIT

This report and any discussion in the meeting will provide Members of the Committee with a

greater understanding of the services covered by the Committee's terms of reference and will therefore enable them to better scrutinise the issues that come before them.

FINANCIAL IMPLICATIONS

There are no financial implications resulting from the recommendations in this report.

LEGAL IMPLICATIONS

Care Act 2014
Childcare Act 2006
Health and Care Act 2022
Health and Social Care Act 2012
Mental Capacity Act 2005
Mental Health Act 1983

BACKGROUND PAPERS

NIL.

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CABINET FORWARD PLAN

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

HEADLINES

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

RECOMMENDATION

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

SUPPORTING INFORMATION

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

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

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

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

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

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

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

BACKGROUND PAPERS

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

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Final decision by Full Council	Cabinet Member(s) Responsible	Relevant Select Committee	Directorate / Lead Officer	Consultation related to the decision	NEW ITEM	Public or Private (with reason)
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SI = Standard Item each month Council Directorates: AS = Adult Services & Health P = Place CS = Central Services R = Resources CY = Children & Young People ES = Education & SEND

NO CABINET IN AUGUST 2022

SI	Interim or urgent executive decision-making by the Leader of the Council	As there is no Cabinet meeting in August, the Leader of the Council may take interim or urgent key decisions, and if so required, on behalf of the full Cabinet. These will be reported to Cabinet at a later date for ratification and public record.	Various		Cllr Ian Edwards - Leader of the Council	TBC	CS - Democratic Services	Various		Public / Private - TBD
SI	Standard Items taken each month by the Cabinet Member	Cabinet Members make a number of non-key decisions each month on standard items - details of these are listed at the end of the Forward Plan.	Various		All	TBC	CS - Democratic Services	Various		Public

Cabinet meeting - Thursday 1 September 2022 (report deadline 12 August 2022)

048	London Community Equipment Consortium's contract award	The London Community Equipment Consortium, which Hillingdon is a member of, intends to award a contract following a competitive tender process. Cabinet approval is sought. Community Equipment involves a wide range of activities such as the storage, supply, distribution, repair, collection, recycling, maintenance and refurbishment of a range of community equipment.	N/A		Cllr Jane Palmer - Health & Social Care	Health & Social Care	AS - Sandra Taylor / Gary Collier		NEW ITEM	Private (3)
008	Award of multiple providers admitted to a new Framework for the provision of Home Care and Outreach Services	Cabinet will consider contract awards for multiple providers admitted to a new Framework for the provision of Home Care and Outreach Services for Adults, Children and Young People. A competitive tender process will admit suitable providers for the opportunity of packages of care awarded in Hillingdon via e-brokerage. This activity is for provision of services where the care is not provided by the lead providers.	N/A		Cllr Jane Palmer - Health & Social Care / Cllr Susan O'Brien - Children, Families & Education	Health & Social Care	AS / R - Darren Thorpe / Sally Offin			Private (3)
025	2022/23 Better Care Fund Section 75 Agreement	A report to Cabinet regarding the agreement under section 75 of the National Health Service Act, 2006, that will give legal effect to the 2020/21 Better Care Fund plan, including financial arrangements.	All		Cllr Jane Palmer - Health & Social Care	Health & Social Care	AS - Sandra Taylor / Gary Collier			Public
SI	Public Preview of matters to be considered in private	A report to Cabinet to provide maximum transparency to residents on the private and confidential matters to be considered later in Part 2 of the Cabinet meeting and agenda.	TBC		All Cabinet Members	All	CS - Democratic Services			Public
SI	Reports from Select Committees	Reports, findings and recommendations for consideration by the Cabinet, when referred from the appropriate Committee.	All		All	TBC	CS - Democratic Services	TBC		Public

Cabinet Member Decisions expected - September 2022

SI	Standard Items taken each month by the Cabinet Member	Cabinet Members make a number of non-key decisions each month on standard items - details of these are listed at the end of the Forward Plan.	Various		All	TBC	CS - Democratic Services	Various		Public
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Cabinet meeting - Thursday 13 October 2022 (report deadline 26 September)

053b	Council Strategy 2022-2026 - POLICY FRAMEWORK	Following consultation, Cabinet will consider recommending to the full Council a new Council Strategy. It will set out the Council's proposed vision, direction and the overarching policies as a framework to deliver excellent services to residents in the Borough and monitor their performance and delivery.	All	Proposed Full Council adoption - 17 November 2022	All Cabinet Members	All Select Committees	CS - Dan Kennedy / Naveed Mohammed	Statutory consultation and select committees	NEW ITEM	Public
29	The Annual Report Of Adult and Child Safeguarding Arrangements	This report provides the Cabinet with a summary of the activity undertaken by the Safeguarding Children Partnership Board and the Safeguarding Adults Board to address the identified local priorities. The Cabinet will consider this report and approve the activity and the local priorities for the two boards.	All		Cllr Susan O'Brien - Children, Families & Education / Cllr Jane Palmer - Health & Social Care	Health & Social Care / Children, Families & Education	CY / AS - Alex Coman / Sandra Taylor	Select Committees		Public
SI	Public Preview of matters to be considered in private	A report to Cabinet to provide maximum transparency to residents on the private and confidential matters to be considered later in Part 2 of the Cabinet meeting and agenda.	TBC		All Cabinet Members	All	CS - Democratic Services			Public
SI	Reports from Select Committees	Reports, findings and recommendations for consideration by the Cabinet, when referred from the appropriate Committee.	All		All	TBC	CS - Democratic Services	TBC		Public

Cabinet Member Decisions expected - October 2022

	Reports from Select Committees	Reports, findings and recommendations for consideration by the Cabinet, when referred from the appropriate Committee.	Various		All	TBC	CS - Democratic Services	Various		Public
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Cabinet meeting - Thursday 10 November 2022 (report deadline 24 October)

0530 0540	Approval to establish a new Dynamic Purchasing System (DPS) for Transportation Services for Social Care and Children	Subject to the short term extension of existing transport contracts by Cabinet in March 2022, this report will seek Cabinet approval to establish a new Dynamic Purchasing System for Transportation Services for Adults, Children, Looked After Children and Young People with Special Educational Needs and Adult Social Care Clients to the London Borough of Hillingdon. This framework will allow for suitable providers to take part in mini-competitions to enable the Council to award services to transport providers and seek value for money.	All		Cllr Jane Palmer - Health & Social Care	Health & Social Care	AS / R - Darren Thorpe / Sally Offin			Private (3)
SI	Public Preview of matters to be considered in private	A report to Cabinet to provide maximum transparency to residents on the private and confidential matters to be considered later in Part 2 of the Cabinet meeting and agenda.	TBC		All Cabinet Members	All	CS - Democratic Services			Public
SI	Reports from Select Committees	Reports, findings and recommendations for consideration by the Cabinet, when referred from the appropriate Committee.	All		All	TBC	CS - Democratic Services	TBC		Public

Cabinet Member Decisions expected - November 2022

SI	Standard Items taken each month by the Cabinet Member	Cabinet Members make a number of non-key decisions each month on standard items - details of these are listed at the end of the Forward Plan.	Various		All	TBC	CS - Democratic Services	Various		Public
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Cabinet meeting - Thursday 15 December 2022 (report deadline 28 November)

040a	The Council's Budget - Medium Term Financial Forecast 2023/24 - 2027/28 (BUDGET FRAMEWORK)	This report will set out the Medium Term Financial Forecast (MTFF), which includes the draft General Fund reserve budget and capital programme for 2023/24 for consultation, along with indicative projections for the following four years. This will also include the HRA rents for consideration.	All	Proposed Full Council adoption - 23 February 2023	Cllr Ian Edwards - Leader of the Council / Cllr Martin Goddard - Finance	All	R - Andy Evans	Public consultation through the Select Committee process and statutory consultation with businesses & ratepayers		Public
041	Social Care Catering Services	Following Cabinet's decision on 17 February 2022 to extend the current contract, following a review and procurement exercise, Cabinet will consider new contractual arrangements for Social Care Catering Services in Extra Care, Children's Residential settings and Early Years Centres.	N/A		Cllr Jane Palmer - Health & Social Care	Health & Social Care	AS / R - Claire Fry / Sally Offin / Darren Thorpe			Private (3)
SI	Public Preview of matters to be considered in private	A report to Cabinet to provide maximum transparency to residents on the private and confidential matters to be considered later in Part 2 of the Cabinet meeting and agenda.	TBC		All Cabinet Members	All	CS - Democratic Services			Public
SI	Reports from Select Committees	Reports, findings and recommendations for consideration by the Cabinet, when referred from the appropriate Committee.	All		All	TBC	CS - Democratic Services	TBC		Public

Cabinet Member Decisions expected - December 2022

SI	Standard Items taken each month by the Cabinet Member	Cabinet Members make a number of non-key decisions each month on standard items - details of these are listed at the end of the Forward Plan.	Various		All	TBC	CS - Democratic Services	Various		Public
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Cabinet meeting - Thursday 5 January 2023 (report deadline 12 December)

041	Occupational Therapy Services for Adults, Children and Young People for Social Care and for Major Adaptations	Subject to Cabinet's decision in March 2022 for a short term extension of the current contract, Cabinet will consider a new contract for the provision of Occupational Therapy Services for Adults, Children and Young People for Social Care and for Major Adaptations from a competitive tender process.	N/A		Cllr Susan O'Brien - Children, Families & Education / Cllr Jane Palmer - Health & Social Care	Health & Social Care	AS / FD - Darren Thorpe / Sally Offin			Private (3)
SI	Public Preview of matters to be considered in private	A report to Cabinet to provide maximum transparency to residents on the private and confidential matters to be considered later in Part 2 of the Cabinet meeting and agenda.	TBC		All Cabinet Members	All	CS - Democratic Services			Public
SI	Reports from Select Committees	Reports, findings and recommendations for consideration by the Cabinet, when referred from the appropriate Committee.	All		All	TBC	CS - Democratic Services	TBC		Public

Cabinet Member Decisions expected - January 2023

SI	Standard Items taken each month by the Cabinet Member	Cabinet Members make a number of non-key decisions each month on standard items - details of these are listed at the end of the Forward Plan.	Various		All	TBC	CS - Democratic Services	Various		Public
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Cabinet meeting - Thursday 16 February 2023 (report deadline 30 January 2023)

040b	The Council's Budget - Medium Term Financial Forecast 2023/24 - 2027/28 (BUDGET FRAMEWORK)	Following consultation, this report will set out the Medium Term Financial Forecast (MTFF), which includes the draft General Fund reserve budget and capital programme for 2023/24 for consultation, along with indicative projections for the following four years. This will also include the HRA rents for consideration.	All	Proposed Full Council adoption - 23 February 2023	Cllr Ian Edwards - Leader of the Council / Cllr Martin Goddard - Finance	All	R - Andy Evans	Public consultation through the Select Committee process and statutory consultation with businesses & ratepayers		Public
SI	Public Preview of matters to be considered in private	A report to Cabinet to provide maximum transparency to residents on the private and confidential matters to be considered later in Part 2 of the Cabinet meeting and agenda.	TBC		All Cabinet Members	All	CS - Democratic Services			Public
SI	Reports from Select Committees	Reports, findings and recommendations for consideration by the Cabinet, when referred from the appropriate Committee.	All		All	TBC	CS - Democratic Services	TBC		Public

Cabinet Member Decisions expected - February 2023

SI	Standard Items taken each month by the Cabinet Member	Cabinet Members make a number of non-key decisions each month on standard items - details of these are listed at the end of the Forward Plan.	Various		All	TBC	CS - Democratic Services	Various		Public
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Cabinet meeting - Thursday 23 March 2023 (report deadline 6 March 2023)

SI	Public Preview of matters to be considered in private	A report to Cabinet to provide maximum transparency to residents on the private and confidential matters to be considered later in Part 2 of the Cabinet meeting and agenda.	TBC		All Cabinet Members	All	CS - Democratic Services			Public
Page 4	Reports from Select Committees	Reports, findings and recommendations for consideration by the Cabinet, when referred from the appropriate Committee.	All		All	TBC	CS - Democratic Services	TBC		Public

Cabinet Member Decisions expected - March 2023

SI	Standard Items taken each month by the Cabinet Member	Cabinet Members make a number of non-key decisions each month on standard items - details of these are listed at the end of the Forward Plan.	Various		All	TBC	CS - Democratic Services	Various		Public
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Cabinet meeting - Thursday 20 April 2023 (report deadline 3 April 2023)

SI	Public Preview of matters to be considered in private	A report to Cabinet to provide maximum transparency to residents on the private and confidential matters to be considered later in Part 2 of the Cabinet meeting and agenda.	TBC		All Cabinet Members	All	CS - Democratic Services			Public
SI	Reports from Select Committees	Reports, findings and recommendations for consideration by the Cabinet, when referred from the appropriate Committee.	Various		All	TBC	CS - Democratic Services	Various		Public

Cabinet Member Decisions expected - April 2023

SI	Standard Items taken each month by the Cabinet Member	Cabinet Members make a number of decisions each month on standard items - details of these standard items are listed at the end of the Forward Plan.	Various		All	TBC	CS - Democratic Services	Various		Public
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Cabinet meeting - Thursday 4 May 2023 (report deadline 17 April)

SI	Public Preview of matters to be considered in private	A report to Cabinet to provide maximum transparency to residents on the private and confidential matters to be considered later in Part 2 of the Cabinet meeting and agenda.	TBC		All Cabinet Members	All	CS - Democratic Services			Public
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SI	Reports from Select Committees	Reports, findings and recommendations for consideration by the Cabinet, when referred from the appropriate Committee.	All		All	TBC	CS - Democratic Services	TBC		Public
Cabinet Member Decisions expected - May 2023										
SI	Standard Items taken each month by the Cabinet Member	Cabinet Members make a number of decisions each month on standard items - details of these standard items are listed at the end of the Forward Plan.	Various		All	TBC	CS - Democratic Services	Various		Public
Cabinet Member Decisions: Standard Items (SI) that may be considered each month										
SI	Urgent Cabinet-level decisions & interim decision-making (including emergency decisions)	The Leader of the Council has the necessary authority to make decisions that would otherwise be reserved to the Cabinet, in the absence of a Cabinet meeting or in urgent circumstances. Any such decisions will be published in the usual way and reported to a subsequent Cabinet meeting for ratification. The Leader may also take emergency decisions without notice, in particular in relation to the COVID-19 pandemic, which will be ratified at a later Cabinet meeting.	Various		Cllr Ian Edwards - Leader of the Council	TBC	CS - Democratic Services	TBC		Public / Private
SI	Release of Capital Funds	The release of all capital monies requires formal Member approval, unless otherwise determined either by the Cabinet or the Leader. Batches of monthly reports (as well as occasional individual reports) to determine the release of capital for any schemes already agreed in the capital budget and previously approved by Cabinet or Cabinet Members	TBC		Cllr Martin Goddard - Finance (in conjunction with relevant Cabinet Member)	All - TBC by decision made	various	Corporate Finance		Public but some Private (1,2,3)
SI	Petitions about matters under the control of the Cabinet	Cabinet Members will consider a number of petitions received by local residents and organisations and decide on future action. These will be arranged as Petition Hearings.	TBC		All	TBC	CS - Democratic Services			Public
SI	To approve compensation payments	To approve compensation payments in relation to any complaint to the Council in excess of £1000.	n/a		All	TBC	various			Private (1,2,3)
SI	Acceptance of Tenders	To accept quotations, tenders, contract extensions and contract variations valued between £50k and £500k in their Portfolio Area where funding is previously included in Council budgets.	n/a		Cllr Ian Edwards - Leader of the Council OR Cllr Martin Goddard - Finance / in conjunction with relevant Cabinet Member	TBC	various			Private (3)
SI	All Delegated Decisions by Cabinet to Cabinet Members, including tender and property decisions	Where previously delegated by Cabinet, to make any necessary decisions, accept tenders, bids and authorise property decisions / transactions in accordance with the Procurement and Contract Standing Orders.	TBC		All	TBC	various			Public / Private (1,2,3)
SI	External funding bids	To authorise the making of bids for external funding where there is no requirement for a financial commitment from the Council.	n/a		All	TBC	various			Public

SI	Response to key consultations that may impact upon the Borough	A standard item to capture any emerging consultations from Government, the GLA or other public bodies and institutions that will impact upon the Borough. Where the deadline to respond cannot be met by the date of the Cabinet meeting, the Constitution allows the Cabinet Member to sign-off the response.	TBC		All	TBC	various			Public
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The Cabinet's Forward Plan is an official document of the London Borough of Hillingdon, UK

WORK PROGRAMME

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

HEADLINES

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

RECOMMENDATIONS

That the Health and Social Care Select Committee considers the report and agrees any amendments.

SUPPORTING INFORMATION

The Committee's meetings will start at 6.30pm. The meeting dates for the 2022/2023 municipal year were agreed by Council on 24 February 2022 and are as follows:

Meetings	Room
Wednesday 22 June 2022, 6.30pm	CR5
Tuesday 19 July 2022, 6.30pm	CR5
Wednesday 14 September 2022, 6.30pm	CR5
Wednesday 12 October 2022, 6.30pm	CR5
Tuesday 22 November 2022, 6.30pm	CR5
Thursday 26 January 2023, 6.30pm	CR5
Tuesday 21 February 2023, 6.30pm	CR5
Tuesday 21 March 2023, 6.30pm	CR5
Wednesday 26 April 2023, 6.30pm	CR5

Implications on related Council policies

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

How this report benefits Hillingdon residents

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

Financial Implications

None at this stage.

Legal Implications

None at this stage.

BACKGROUND PAPERS

NIL.

MULTI-YEAR WORK PROGRAMME 2022 - 2026

	2022/23						2023/24								
Health & Social Care Select Committee	June 22	July 19	August No meeting	September 14	October 12	November 22	December No meeting	January 26	February 21	March 21	April 26	May No meeting	June	July	
Review A: TBC Topic selection / scoping stage Witness / evidence / consultation stage Findings, conclusions and recommendations Final review report agreement Target Cabinet reporting					Selection	Scoping Report			Witness Session	Witness Session	Witness Session	Findings		Final report	Cabinet
Regular service & performance monitoring Quarterly Performance Monitoring Annual SAB Report (Safeguarding Adults Board) Carers Strategy Update (prior to Cabinet) Older People's Plan Update (prior to Cabinet) Complaints & Service Annual Report Mid-year budget / budget planning report (July/September) Cabinet's Budget Proposals For Next Financial Year (Jan) Cabinet Forward Plan Monthly Monitoring		X				X		X			X				
One-off information items Scrutiny Introduction (Democratic Services) Public Health Update Social Care Update Council Strategy 2022-2026 consultation Policy Review Discussion & Guidance	X														
Health External Scrutiny Police & Mental Health Attendance at A&E Phlebotomy Services Update Hillingdon Health & Care Partners (HHCP) CAMHS Update Virtual GP Consultations Update Mount Vernon Cancer Centre Review Update Health Updates Quality Accounts (outside of meetings)	X			X	X				X	X				X	X
Past review delivery Review of Children's Dental Services 2021/22 Making the Council more autism friendly 2020/21 GP Pressures Assisted Living Technologies Review 2021/22					X			X	X		X				
Internal use only Date deadline confirmed to report authors Report deadline Agenda published	13 Jun 14 Jun	8 Jul 11 Jul		5 Sep 6 Sep	3 Oct 4 Oct	11 Nov 14 Nov		16 Jan 17 Jan	10 Feb 13 Feb	10 Mar 13 Mar	17 Apr 18 Apr				

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