



HILLINGDON
LONDON



Health and Social Care Select Committee

Councillors on the Committee

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

Date: WEDNESDAY, 14
SEPTEMBER 2022

Time: 6.30 PM

Venue: CIVIC CENTRE, HIGH
STREET, UXBRIDGE

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

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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

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Minutes

HEALTH AND SOCIAL CARE SELECT COMMITTEE

19 July 2022

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



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	<p>Committee Members Present: Councillors Nick Denys (Chairman), Philip Corthorne (Vice-Chairman), Labina Basit, Tony Burles, Reeta Chamdal, Alan Chapman, June Nelson (Opposition Lead) and Sital Punja (In place of Barry Nelson-West)</p> <p>LBH Officers Present: Dan Kennedy (Corporate Director of Central Services), Jan Major (Head of Direct Care Provision), Sandra Taylor (Executive Director of Adult Services and Health), Tony Zaman (Interim Chief Executive) and Nikki O'Halloran (Democratic Services Manager)</p>
13.	<p>APOLOGIES FOR ABSENCE (<i>Agenda Item 1</i>)</p> <p>Apologies for absence had been received from Councillor Barry Nelson-West (Councillor Sital Punja was present as his substitute).</p>
14.	<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>
15.	<p>MINUTES OF THE MEETING HELD ON 22 JUNE 2022 (<i>Agenda Item 3</i>)</p> <p>RESOLVED: That the minutes of the meeting held on 22 June 2022 be agreed as a correct record.</p>
16.	<p>EXCLUSION OF PRESS AND PUBLIC (<i>Agenda Item 4</i>)</p> <p>RESOLVED: That all items of business be considered in public.</p>
17.	<p>COUNCIL STRATEGY 2022-2026 CONSULTATION (<i>Agenda Item 5</i>)</p> <p>The Chairman welcomed those present to the meeting. Mr Tony Zaman, the Council's Interim Chief Executive, advised that the report gave details of the Council's strategy, rather than providing Members with a plan, which set out the authority's ambitions over the next four years. The anticipated outcomes would provide benefits for the Borough's residents, such as carbon reduction. There would be an annual plan that would be developed that would underpin the strategy to help deliver these outcomes in line with the Medium Term Financial Forecast (MTFF). Although individual issues would still be measured, they could be brought together in a single narrative.</p> <p>Mr Dan Kennedy, the Council's Corporate Director of Central Services, advised that this was a high level strategy document that set out the Council's ambitions for its residents at a place level. It set out five commitments to residents: 1) safe and strong communities; 2) thriving, healthy households; 3) a green and sustainable Borough; 4) a</p>

thriving economy; and 5) a digital-enabled, modern, well-run Council.

Consultation on the draft Council Strategy 2022-2026 had started on 8 July 2022 and would end on 9 September 2022. It had been promoted through various communication channels including through social media and proactive contact had been made with around 350 organisations from across the Borough. The document would be finalised in October and ready for consideration by Council on 17 November 2022.

It was agreed that the Committee would want to look at the relevant plans once they had been developed. Members were keen to see a link between the high level aspirations for the authority and how that translated into actual performance. Furthermore, they requested that a baseline was provided to establish the impact (positive or negative) of any changes that were subsequently made.

Mr Zaman advised that phrases such as 'more than' and 'less than' had been avoided as it had been recognised that things changed. Service plans would provide a baseline along with an explanation of any changes that were apparent in the results. A balanced scorecard-type approach would be used to help the Council to achieve continuous improvement.

Consideration was given to the digitisation agenda and the impact that this would have on services within the Committee's remit. Mr Zaman noted that this would be more about how services were supported rather than how they were delivered. Members were assured that digital did not mean automating all telephone calls and that officers would still be available to deal with complex enquiries and vulnerable residents. The digital agenda would mean different things in different areas of the Council. To some extent, there would be a need to enable residents to become good consumers of the services provided.

It was recognised that technology provided opportunities but that some residents would not be able to use it. As such, the Council would not be assuming complete change without providing alternative options for engagement to ensure that these individuals were not disenfranchised. Mr Zaman advised that the Council had intelligence with regard to how receptive different residents would be in different parts of the Borough to digital services which meant that a tailored approach could be developed.

Members were advised that a lot of the technology already being used had been based on artificial intelligence (AI). Members were advised that telephone services could be built up using commonly used phrases to make the conversation more fluid but that there would always a point during an automated call where the caller could opt to speak to a person. Mr Zaman advised that, when the development had progressed sufficiently, officers would be able to provide Members of the Committee with a demonstration.

Members applauded visionary thinking and felt that, when the interaction was transactional, AI was a good fit. However, as soon as there was a problem, the caller needed to talk to a person. It would be important to have strong plans with real markers of progress to ensure that the system was working and continuously adapting to the locality and the information that was available.

It was agreed that the Democratic Services Manager would draft the comments of the Committee for inclusion in the report to Cabinet.

RESOLVED: That the Committee's comments on the Council Strategy 2022-26 be submitted to Cabinet.

18. **SOCIAL CARE AND PUBLIC HEALTH UPDATES** (*Agenda Item 6*)

Ms Sandra Taylor, the Council's Executive Director of Adult Services and Health, advised that the review of assisted living technology (ALT) undertaken by the Families, Health and Wellbeing Select Committee had highlighted ALT as being a positive and effective way of supporting care in the Borough. Assessments needed to be undertaken as soon as possible and might identify that Telecare could meet the resident's needs, but this was just a small part of what was available. Vulnerable older people were not necessarily able to use a lot of technology.

Members were advised that there would be significant legislative changes expected in October 2022 in relation to charging reforms for people using social services so it was important that the authority established how these services were being used. It was anticipated that the demand for Care Act assessments would increase, after which the resident could ask for the (£86k) care cap clock to start. This new development would have an impact on care providers as well as providing a significant challenge for social care.

Grant funding had been made available for Hillingdon to establish what the pressure would be. As such, between now and 14 October 2022, action was being taken to draft a plan to understand how many residents were likely to come through the system so that this could be reported back to the Department of Social Care. Although most of these residents would likely already be known to the Council, there would be some that were not. It was anticipated that the Council would have the plan in place by February 2023 about what happened next but that effort would be made to do Care Act assessments early to smooth the pressure (although they wouldn't get their care cap earlier). It was agreed that the draft plan would be circulated to Members of the Committee once it was ready.

Ms Jan Major, the Council's Head of Direct Care Provision, advised that work had been started on the fair cost of care exercise to engage with care providers. There had been good engagement from providers with a 35% return. Information would also be collected in relation to the self-funding market.

Ms Taylor advised that a new inspection regime had been introduced by the Care Quality Commission (CQC) whereby the safety domain of social care would be inspected at some point between April 2023 and March 2025. Colleagues from across North West London (NWL) had been undertaking peer reviews to help meet the inspection framework which had been circulated in draft but which would not be published until October 2022.

It was noted that Social Work England undertook an annual survey of qualified and unqualified staff. This survey had rated every element measured in Hillingdon as good which meant that caseloads were not too high and that social work staff were able to communicate effectively with their managers. The staff survey undertaken by the Council had been generally positive for Adult Social Care and Health staff but there were queries that needed to be addressed in relation to things like flexible working for social care staff.

Members were aware that there could sometimes be a high turnover of staff in social

care. Ms Taylor advised that the Council could not always compete for staff on salaries but that the authority did benchmark quite high. As such, it was important that Hillingdon was able to compete on other elements such as work/life balance and a comfortable in-office experience. Hillingdon also provided good career progression and training opportunities, including an apprentice programme for social workers.

Although there were recruitment and retention issues, NWL had been developing a recruitment strategy which included recruiting staff from overseas and ensuring that services were formed around localities and wrapped around the community. Hillingdon currently had a full complement of Approved Mental Health Practitioners (AMHP) which the Council had grown itself and apprentice social workers continued to be supported in their post qualifying years.

Insofar as relationships with local universities were concerned, Buckinghamshire New University had been working with nursing students to place them in care homes in the Borough. A lot of work continued to be undertaken with Brunel University including the development of the social work principles.

The employment of agency staff continued to be a challenge, especially when they were needed for care homes where specific agencies were used. The contingent labour model meant that a pool of agency staff were available that were known to the staff and patients in a particular care home. However, using agency staff to cover a social work post was not good practice so recruitment was preferred.

With regard to contracts, Ms Taylor advised that stringent quality monitoring processes had been put in place. A team based in Social Care monitored all social care services provided across the Borough to ensure that the services provided very good value for money and that they met the patients' needs. In addition, the CQC monitored everything that was regulated and a monthly provider risk panel had been set up (unregulated care would be things like housing related support and the provision of support and direction whereas regulated care would be things like physical care and giving medication). This risk panel reviewed a list of providers and made recommendations to the Care Governance Board which was chaired by Ms Taylor. Where issues arose, they were addressed and, in 90% of instances, the provider would be given support and they would improve. This was a corrective process rather than a punitive one.

Ms Major advised that a quarterly forum was held with the neighbourhood teams to talk about providers and any issues that had arisen. Hillingdon Health and Care Partners (HHCP) had also been working with the care home team, sharing information, supporting and directing.

It was noted that the funding for social care services would always be a challenge. As such, the priority was to have an excellent front door and provide excellent interventions to make residents as independent as possible. To this end, it would be important to influence the expectations of residents and their families to get individuals to help themselves. During the pandemic, an increasing number of people had stayed in their own homes with the provision of support and had done really well. This needed to be continued. Ms Taylor would provide the Committee with a breakdown on where the social care budget was spent with information on how much was spent on individual external contracts (it was noted that the placement of care would always be the highest cost to the Council from this budget).

Members asked what assumptions had been made during the fair cost of care exercise with regard to the impact on the Medium Term Financial Forecast (MTFF). Ms Taylor advised that work on the assumptions had not quite been completed but that there would be an impact on care providers and social care. It was hoped that the grant that had been received for the first year would address the funding gap. A draft would be available by October 2022.

Tendering for public health services would be undertaken in the near future where the Council would be looking for generational changes in new models of working. It was anticipated that this would provide the Council with huge opportunities to deliver services differently to residents. Discussions had already taken place with the current provider of some services which included the sexual health clinic, substance misuse, school nursing, district nursing and midwifery which were all provided through public health contracts. These contracts had been in place for 5-7 years so consideration needed to be given to where they would be best placed now with market warming taking place later this year. It was agreed that the Director of Public Health would be asked to provide the Committee with an update on this process in due course.

Concern was expressed that some residents found it difficult to get specialist help for individuals with autism. Ms Taylor advised that stand alone services were not provided for those with autism but that their needs were being met through the learning disability service as they had the most relatable skills. However, there were some specialised services available and further work with special educational needs would be vital in looking at this in the future.

The positive behaviour support team (PBST) was a Council-commissioned service that was provided in-house. To help some adults with autism and learning difficulties that needed additional support with challenging behaviour, the PBST provided a support plan.

In terms of performance information, Ms Taylor advised that work was currently underway to pull this together into a dashboard which she would circulate to Members in due course.

Members queried how Discharge to Assess (D2A) was progressing and whether or not it had had an impact on delayed discharge from Hillingdon Hospital. The decision to use D2A had been taken before the pandemic had started whereby a care service would go to a resident's home within two hours of discharge from hospital to have an assessment. Within five days, a decision would be made on how to best meet an individual's care needs. Currently, 460 hours of care were provided to residents across the Borough in their own homes each week. The care was provided by Comfort Care and other services such as physiotherapy and occupational therapy were also provided to support the carers. This model was being standardised and rolled out across NWL as it had been so effective.

The Committee asked Ms Taylor to pass on its thanks to her team for the excellent services that they provided.

RESOLVED: That:

- 1. the draft plan to identify the work that would be associated with the Care Act Assessment be circulated to Members of the Committee;**
- 2. Ms Taylor provide the Committee with a breakdown on where the social care budget was spent with information on how much was spent on**

	<p>individual external contracts;</p> <p>3. the Director of Public Health be asked to provide an update on the market warming process being undertaken in relation to letting the public health contracts;</p> <p>4. Ms Taylor circulate performance information to the Committee once work on the dashboard had been completed; and</p> <p>5. the content of the report be noted.</p>
19.	<p>ANNUAL SAFEGUARDING ADULTS BOARD REPORT (<i>Agenda Item 7</i>)</p> <p>It was noted that this item had been withdrawn from the agenda and would be considered at a future meeting.</p>
20.	<p>CABINET FORWARD PLAN MONTHLY MONITORING (<i>Agenda Item 8</i>)</p> <p>Consideration was given to the Cabinet Forward Plan.</p> <p>RESOLVED: That the Cabinet Forward Plan be noted.</p>
21.	<p>WORK PROGRAMME (<i>Agenda Item 9</i>)</p> <p>The Chairman asked that Members of the Committee give some thought to possible review topics which they could either raise during the discussion the meeting on 14 September 2022 or forward to the Democratic Services Manager in the interim. Options would then be presented to the Committee at its meeting on 12 October 2022. Members also agreed that the Annual Safeguarding Adults Board Report would be rescheduled for the meeting on 12 October 2022.</p> <p>It was agreed that the Care Act and public health procurement information requested would be scheduled for the meeting on 22 November 2022 and that an update on public health be scheduled for 26 January 2023.</p> <p>As it would be towards the end of the municipal year, it was agreed that the Cabinet Member for Health and Social Care be invited to attend the Committee's meeting on 26 April 2023 to provide Members with the highlights and challenges that the Council had faced over the last year.</p> <p>RESOVLED: That:</p> <ol style="list-style-type: none"> 1. Members identify possible review topics for discussion at the meeting on 14 September 2022; 2. Annual Safeguarding Adults Board Report be rescheduled for the meeting on 12 October 2022; 3. the Care Act and public health procurement information be considered at the meeting on 22 November 2022; 4. a public health update be scheduled for the meeting on 26 January 2023; 5. the Cabinet Member for Health and Social Care be invited to attend the meeting on 26 April 2022; and 6. the Work Programme be noted.
	<p>The meeting, which commenced at 6.30 pm, closed at 8.08 pm.</p>

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.

HEALTH UPDATES

Committee name	Health and Social Care Select Committee
Officer reporting	Nikki O'Halloran, Democratic Services
Papers with report	None
Ward	n/a

HEADLINES

To enable the Committee to receive updates and review the work being undertaken with regard to the provision of health services within the Borough.

RECOMMENDATIONS:

That the Health and Social Care Select Committee notes the presentations.

SUPPORTING INFORMATION

The Hillingdon Hospitals NHS Foundation Trust (THH)

THH services are provided from both Hillingdon Hospital and Mount Vernon Hospital. The Trust has a turnover of around £222 million and employs over 3,300 staff. It delivers high quality healthcare to the residents of the London Borough of Hillingdon, and increasingly to those living in the surrounding areas of Ealing, Harrow, Buckinghamshire and Hertfordshire, giving a total catchment population of over 350,000 people.

Providing the majority of services from the Trust, Hillingdon Hospital is the only acute hospital in Hillingdon with a busy Accident and Emergency, inpatients, day surgery, and outpatient clinics. Some services are also provided at the Mount Vernon Hospital in co-operation with the East & North Hertfordshire NHS Trust.

Currently work is underway to develop plans for a new Hillingdon Hospital on the existing site.

Central and North West London NHS Foundation Trust (CNWL)

CNWL is a large and diverse organisation, providing health care services for people with a wide range of physical and mental health needs. The Trust employs approximately 7,000 staff who provide integrated healthcare (more than 300 different health services) across 150 sites and in many other community settings. Types of services include:

- **Physical health:** Community treatment for physical conditions that do not require general hospital treatment or conditions that require long-term care. This includes district nursing, health visitors, stroke care and support for people in recovery.
- **Mental health:** Community and hospital treatment for children, adults and older people with mental health problems. Services range from counselling support for mild conditions to rehabilitation treatment for long and enduring mental health problems.
- **Learning disabilities:** Assessment and treatment for people with learning disabilities who also have complex mental health needs and/or challenging behaviour. Services are provided in the community or hospital.

Classification: Public

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- **Eating disorders:** Admission to hospital or appointment sessions are provided to support men and women with an eating disorder.
- **Addictions:** Community drug and alcohol treatment services are provided, as well as hospital admission when it is needed. Specialist services to address problem gambling, compulsive behaviour and club drug problems are also available.
- **Sexual health:** Appointment and walk-in services are available for anyone who needs them. This includes contraceptive choices, treatment of sexually transmitted infections and HIV testing and treatment.
- **Prison and offender care:** Full healthcare services, including primary healthcare, addictions and mental health support, are provided in a number of prisons. Mental health support is also provided in the community for people who have offended in the past or people at risk of offending.

Royal Brompton and Harefield NHS Foundation Trust (RBH)

On 1 February 2021, it was announced that Royal Brompton & Harefield NHS Foundation Trust had officially joined Guy's and St Thomas' NHS Foundation Trust, bringing together world-leading expertise in the care and research of heart and lung disease.

The merger of the two NHS foundation trusts was approved by the Boards and Councils of Governors of both organisations in December 2020 and came into effect on 1 February 2021. This merger saw the creation of a newly expanded Guy's and St Thomas' NHS Foundation Trust, with Royal Brompton and Harefield forming a new Clinical Group within the Trust.

Since 2017, Guy's and St Thomas' and Royal Brompton & Harefield NHS Foundation Trusts have been working together, and with colleagues across King's Health Partners, to develop plans to transform care for adults and children with heart and lung disease. This merger is a key step towards achieving these ambitions. To begin with, the merger will mean clinicians and teams working more closely together, building on the partnership work over the last three years, but generally providing services to the same patients and in the same places as they do now.

Subject to the necessary public consultation, children's services will move from the Royal Brompton Hospital site to an expanded Evelina London Children's Hospital at St Thomas' in around five to six years' time. Subsequently, and again subject to consultation, the Trust hopes to build a new centre for heart and lung services at St Thomas', which will be the home to adult heart and lung services from across the new Trust and potentially other partners as well. There are no plans to move services from Harefield Hospital, but these services will be an integral part of the integration across the new Trust.

Members were assured at their meeting on 10 November 2020 that the proposed merger would not change what happened at Harefield Hospital and that there might actually be potential for expansion at Harefield if costs of a new build in central London proved prohibitive. This could also be married with the possible transfer of cancer services from Mount Vernon Cancer Centre. Proposals for a new build in central London would take at least 10-15 years to become a reality.

The London Ambulance Service NHS Trust (LAS)

The London Ambulance Service (LAS) answers more 999 and 111 calls than any other ambulance service in the UK. LAS crews go to more than 3,000 emergencies each day and handle over two million 999 calls a year.

Its 24-hour 111 integrated urgent care services in north east and south east London answer more than 1.2 million calls a year. The LAS is the only NHS provider trust to serve the whole of London and the nine million people who live in, work in or visit the city. The Trust covers an area of 620sq miles and its average response time to the most serious emergencies is less than seven minutes.

The LAS has 8,000 people who work or volunteer for it and together they are striving to ensure patients receive the right response, in the right place, at the right time. The Trust works closely with its NHS partners including: NHS England (which commissions the LAS); hospitals; specialist trusts; and the five Integrated Care Systems (ICS).

The LAS plays a leading role in integrating access to emergency and urgent care in the capital. Its collaboration with the Metropolitan Police Service, London Fire Brigade, London's Air Ambulance and London's Resilience Forums means that the Trust is ready and prepared to respond to major incidents and ensure that they keep Londoners safe.

By integrating the 999 and 111 services, the LAS is able to treat more patients over the phone; in their home; or refer them to appropriate care in their own community. This is key in achieving the LAS' strategic ambition of reducing the number of unnecessary trips to hospital, and should mean 122,000 fewer patients a year being taken to emergency departments.

Hillingdon Health and Care Partners (HHCP)

Hillingdon Health and Care Partners (HHCP) has been formed as an integrated care partnership (ICP) that seeks, through collaboration and co-design, to make significant improvements to the quality and cost of care in Hillingdon. The HHCP is an innovative, joined-up approach to improving care for older people in Hillingdon, bringing together hospital services, GPs, community and voluntary services to provide more seamless care for older people in Hillingdon. Its aim is to prevent hospital admissions and ensure that, where possible older people are looked after in their own homes, through care connection teams. Admission to hospital is also avoided through the use of early intervention.

The HHCP is made up of Hillingdon Hospitals NHS Foundation Trust, Central and North West London NHS Foundation Trust (CNWL), H4All (a partnership of voluntary sector health care providers) and Hillingdon's Confederation (which brings together all of Hillingdon's GPs).

North West London Integrated Care System (NWL ICS)

In response to the NHS long term plan, which suggested that the number of CCGs will be significantly reduced to align with the number of emerging integrated care system (ICs), North West London (NWL) CCGs launched a case for change for commissioning reform on 29 May 2019. The case for change recognised that there were questions on how the CCGs respond to the configuration issues raised by the long term plan which required exploration and resolution. Following the engagement period, the recommendation to governing bodies was to proceed to a formal merger of CCGs from 1 April 2021, using 2020/21 as a transition year to focus on the following:

- System financial recovery
- Development of integrated care at PCN, borough and ICS level
- Building closer working relationships with the local authorities
- The development of a single operating structure across the commissioning system, and meet the expectations of NHSE that the CCG would operate in 2020/21 under a single

operating framework, with the associated reduction in management costs and streamlined governance

- To work with providers to develop alternative reimbursement structures from 2020/21 to support delivery of ICP/ICS

From the 1 April 2021, the eight Clinical Commissioning Groups in North West London (NWL) became one organisation, a key step towards an ICS in this part of London. The ICS came into being in 2022.

Healthwatch Hillingdon

Healthwatch Hillingdon is a health watchdog run by and for local people. It is independent of the NHS and the local Council. Healthwatch Hillingdon aims to help residents get the best out of their health and social care services such as doctors, dentists, hospitals and mental health services and gives them a voice so that they can influence and challenge how health and care services are provided throughout Hillingdon. Healthwatch Hillingdon can also provide residents with information about local health and care services, and support individuals if they need help to resolve a complaint about their NHS treatment or social care.

Healthwatch Hillingdon is one of 152 community focused local Healthwatch. Together, they form the Healthwatch network, working closely to ensure consumers' views are represented locally and nationally-led by Healthwatch England.

Healthwatch Hillingdon is all about local voices being able to influence the delivery and design of local services. Not just people who use them, but anyone who might need to in the future. By making sure the views and experiences of all people who use services are gathered, analysed and acted upon, Healthwatch can help make services better now and in the future.

To make sure that the voices of children and young people are heard, Healthwatch Hillingdon created Young Healthwatch Hillingdon (YHwH). YHwH is made up of volunteers who represent the views of children and young people living, working or studying in Hillingdon. They do this by:

- Sharing and promoting information about health issues and services that affect children and young people through events, social media updates and reports.
- Speaking to children and young people and gathering their views about what health issues and services are important to them.
- Working with health and social care services representatives to try to shape and improve services for children and young people.

Local Medical Committee (LMC)

Londonwide LMCs supports and acts on behalf of 27 Local Medical Committees (LMCs) across London. LMCs represent GPs and practice teams in their negotiations with decision makers and stakeholders from health and local government to get the best services for patients. They are elected committees of GPs enshrined in statute. Londonwide LMCs and LMCs also provide a broad range of support and advice to individuals and practices on a variety of professional issues.

A local medical committee is a statutory body in the UK. LMCs are recognised by successive NHS Acts as the professional organisation representing individual GPs and GP practices as a whole to the Primary Care Organisation. The NHS Act 1999 extended the LMC role to include

representation of all GPs whatever their contractual status. This includes sessional GP and GP speciality registrars. The LMC represents the views of GPs to any other appropriate organisation or agency.

In the United Kingdom, LMCs have been the local GP committees since 1911. They represent all General Practitioners in their geographical area which is historically coterminous with the successive Primary Care Organisations or other healthcare administrative areas. As the organisation and complexity of primary care has increased, and along with the call for increased professionalism and specialisation of, for instance, negotiators, LMCs' administrative structures have developed from a pile of papers on the kitchen table of the LMC medical secretary to permanent staff and offices with substantial assets. This has allowed the LMCs to develop relationships ranging over time, topic and space between mutual suspicion and antagonism to useful cooperation for common benefit with NHS administrative organisations.

Witnesses

Representatives from the following organisations have been invited to attend the meeting:

1. The Hillingdon Hospitals NHS Foundation Trust (THH)
2. Central & North West London NHS Foundation Trust (CNWL)
3. Royal Brompton & Harefield NHS Foundation Trust (RBH)
4. The London Ambulance Service NHS Trust (LAS)
5. Hillingdon Health and Care Partners (HHCP)
6. North West London Integrated Care System (NWL ICS)
7. Healthwatch Hillingdon (HH)
8. Hillingdon GP Confederation

Integrated care systems (ICSs)

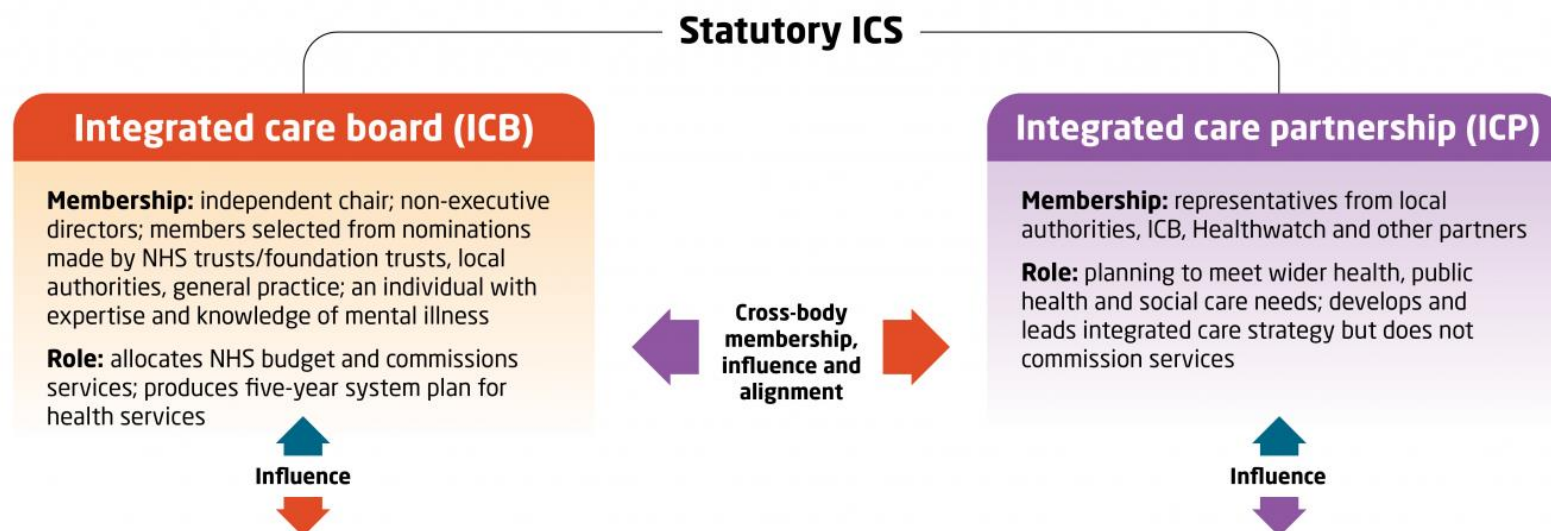
Key planning and partnership bodies from July 2022

NHS England

Performance manages and supports the NHS bodies working with and through the ICS

Care Quality Commission

Independently reviews and rates the ICS



Partnership and delivery structures		
Geographical footprint	Name	Participating organisations
System Usually covers a population of 1-2 million	Provider collaboratives	NHS trusts (including acute, specialist and mental health) and as appropriate voluntary, community and social enterprise (VCSE) organisations and the independent sector; can also operate at place level
Place Usually covers a population of 250-500,000	Health and wellbeing boards	ICS, Healthwatch, local authorities, and wider membership as appropriate; can also operate at system level
	Place-based partnerships	Can include ICB members, local authorities, VCSE organisations, NHS trusts (including acute, mental health and community services), Healthwatch and primary care
Neighbourhood Usually covers a population of 30-50,000	Primary care networks	General practice, community pharmacy, dentistry, opticians

2023/24 BUDGET PLANNING REPORT FOR SERVICES WITHIN THE REMIT OF THE HEALTH AND SOCIAL CARE SELECT COMMITTEE

Committee name	Health and Social Care Select Committee
Officer reporting	Andy Goodwin, Finance
Papers with report	N/A
Ward	All

HEADLINES

This is the first opportunity for the Select Committee to discuss the current stage of development of budget planning work with regard to services within the remit of the Health & Social Care committee. This paper gives a strategic context in which the detailed proposals to be discussed at Select Committee meetings in January 2023 will need to be considered.

RECOMMENDATIONS

1. **That the Committee notes the financial context in which the 2023/24 budget setting process will take place in advance of detailed savings proposals being developed and approved at Cabinet in December 2022.**

SUPPORTING INFORMATION

2. This is the first of two opportunities within the planning cycle for the Select Committee to consider issues relating to budget planning for 2023/24 and beyond. The focus of this report is the broader financial position of the Council, with the report to be considered in January 2023 setting out the detailed budget proposals for relevant services, those proposals having been included in the report to Cabinet on the Medium Term Financial Forecast (MTFF) in December 2022.

Corporate Overview – General Fund

2022/23 General Fund Revenue Monitoring & COVID-19 Impact

3. General Fund pressures totalling £14,485k are projected in relation to the impacts of the COVID-19 pandemic and the ongoing financial impacts facing the Council in 2022/23, with £9,784k added to Service Operating Budgets to cover ongoing financial pressures from the pandemic and a further £1,507k one-off items in respect of pandemic driven Collection Fund losses in the Council's budget approved by Council in February 2022, with the remaining £3,194k being driven by new and emerging pressures relating to the ongoing impact of the pandemic on demand for, and delivery of, local services.
4. With no further funding being available to ongoing COVID-19 pressures, the Council is carrying a remaining balance of Government funding of £4,302k, alongside local funds of £6,868k. Including the Service Operating Budgets for pandemic related pressures of £9,784k,

this gives scope to fund reported pressures of £14,485k for the 2022/23 financial year although leaves limited headroom to manage ongoing impacts above those already factored into Service Operating Budgets.

5. As the country faces unprecedented inflationary pressures, the Council will need to deploy specific earmarked reserves to mitigate the in-year pressures that are anticipated to arise throughout the year, with actual inflation rates now expected to exceed the sums built into the MTF. The Council is working closely with suppliers to ensure that the costs incurred by the Council reflect current market prices and that suppliers are compensated for increased costs, whilst also ensuring value for money for every pound of public money spent and temporary increases are recognised. This remains an emerging risk area which will continue to be closely monitored and managed given that economic forecasts continue to deteriorate.
6. While many of the discussions with suppliers are in the early stages of negotiations, the Council is also expecting that the final pay award will be higher than anticipated with further pressures emerging from the Month 3 monitoring process across energy, fuel and contracted services in Social Care. The latest intelligence on pay award negotiations is that the final award is unlikely to be finalised until late in the 2022 calendar year.
7. After allowing for the ongoing impact of the pandemic and the significant inflationary pressures facing the country which are to be funded from releases from Earmarked Reserves, an underspend of £46k is projected across General Fund budgets at Month 3, with this position being driven by a favourable variance from the Council's Treasury activities offsetting pressures within Adult's Social Care and Children's & Young People's Services, increased expenditure within Housing, which is largely offset by grant funding and reported pressures within the Planning service area. This position will result in unallocated General Balances totalling £26,765k at 31 March 2022.
8. Detailed updates on services that fall within the remit of this committee are included below at Cabinet Portfolio level on an exception basis:
 - a. **Health & Social Care** – an overspend of £37k is reported for this portfolio, with an adverse movement of £50k from Month 2. The variance is largely being driven by increased demand for Adult Social Care services, with expenditure variances related to the additional cost of direct care provision with increased income associated with contributions from Health and the associated client contributions. The adverse movement is a continuation of this position, with an increase spend on care provision being offset by increased contributions.

2022/23 to 2026/27 General Fund Savings Requirement

9. While the focus of the discussion for the Select Committee should be the specific services within its remit, it is important that this discussion is conducted in the context of the overall corporate financial position. The following paragraphs outline the medium-term financial position presented in the 2022/23 Budget Setting Report approved by Cabinet and Council in February 2022.
10. At the time of budget setting, the gross savings requirement for the Council's General Fund over the period 2022/23 to 2026/27 was projected to total £35,252k which was primarily driven by inflationary cost pressures, growing demand for services and the cost of servicing and

repaying borrowing incurred in delivery of the capital programme which are expanded upon below. For 2022/23, the gross savings requirement was forecast to total £10,647k.

Table 1: Projected Budget Gap detail

	2022/23 £'000	2023/24 £'000	2024/25 £'000	2025/26 £'000	2026/27 £'000	Total £'000
Changes in Funding	(12,802)	(3,707)	(5,840)	(6,768)	(7,098)	(36,215)
Inflation	12,035	6,430	5,716	5,854	5,993	36,028
Contingency / Service Pressures	13,520	3,334	3,284	2,999	3,259	26,396
Corporate Items (incl. capital financing costs)	(2,106)	3,573	4,643	2,441	492	9,043
Annual Underlying Savings Requirement	10,647	9,630	7,803	4,526	2,646	35,252
Cumulative Underlying Savings Requirement	10,647	20,277	28,080	32,606	35,252	N/A

11. An uplift of £42,744k in recurrent funding was projected over the five-year MTFF period, primarily driven by Council Tax increase of 1.9% in 2022/23, with a proposed increase of 2.8% per annum thereafter accounting for £18,691k of the increase, with a further £8,887k expected to be driven by increases in the taxbase. Government Grants were forecast to increase by £8,826k, with the majority of this being front loaded in 2022/23 as a result of the Spending Review announcements and increases in Social Care Funding. Furthermore, retained Business Rates income is forecast to increase by £6,340k primarily driven by inflationary increases. This position is netted down by the unwinding of £6,529k of one-off funding, predominantly linked to the release of COVID-19 funding.
12. Inflation represents the single largest element of the underlying savings requirement, reflecting the growing cost of maintaining current service provision, with a headline pressure of £36,028k over the MTFF period. Workforce inflation through anticipated annual pay awards accounts for £15,192k of this growth, with £5,212k inflation reflecting other contracted expenditure and expenses, offset by increases in recharges and contributions to services, all of which span across all of the Select Committees.
13. Specifically, within the remit of this committee, forecast increases on the cost of care provision, where annual pay inflation linked to the London Living Wage, with further price increases as suppliers rebase prices to become pandemic ready being the key drivers behind a further £13,288k uplift.
14. Increasing demand for services linked to a growing and changing population accounts for £26,396k of the projected savings requirement, which reflects Hillingdon's growing population and the impact this has on services. Areas within the specific remit of this committee include:
 - a. Adult Social Care Placements: Underlying demand for the Adult Social Care Placements is projected to continue to grow over the MTFF period, which together with a COVID-19 driven step change being incorporated into budgets from 2022/23 onwards will necessitate £10,207k additional spending by 2026/27. This step change has been driven by two factors, firstly the need for social distancing has led to a lower level of outreach and reablement services, leading to an increase in demand for homecare services and secondly, the pandemic has led to an acceleration in the demand for Mental Health services, which were already facing challenges pre-pandemic.

- b. Public Health Grant: The Council's Public Health Grant includes an increase of £728k in 2022/23, rising to £1,464k over the 5-year MTF, with this grant being ringfenced to support residents' public health needs, this increase in funding is being passported to the service area, with a corresponding investment in service delivery of £728k for 2022/23.
15. Corporate Items, which primarily relate to the ongoing costs of financing capital investment, represent the remainder of the budget gap with £9,043k growth required over the MTF period. Budgeted capital investment in the current programme is the key driver of a £7,326k growth in debt financing and repayment costs over the medium term. The remaining balance of Corporate Items relate to movements in the TfL Concessionary Fare Levy and use of capital receipts to finance transformation activity, alongside moving the Council Tax Older People's Discount to being funded from base budget rather than Earmarked Reserves, with funding coming in from Hillingdon First Limited from 2024/25.
16. The approved budget presented to Cabinet and Council in February 2022 included a saving programme of £29,572k over the five-year period, leaving a budget gap of £5,680k by 2026/27 still to be found. Within the Savings Programme, £5,000k related to Further BID Reviews that were yet to be identified.

New and Emerging Risks

17. In light of the exceptional inflation environment that economy is currently experiencing, the Council has begun to refresh its savings requirement over the budget strategy period, with inflation rates exceeding 10% in 2022. The Council has therefore reassessed the inflationary requirement associated with contracted expenditure, including within Social Care placements and SEND Transport, as well as rebasing workforce inflation based on the latest pay award offer. To this end, it is anticipated that further savings will be required by 2026/27 to fund additional inflationary demand, with this impact likely to be front-loaded.
18. Furthermore, demand-led growth continues to be monitored on a monthly basis, with the latest intelligence showing signs that elements of pandemic-driven demand for services remain high. This area will remain under close review in development of budget proposals for 20223/24 and beyond.
19. These factors are being fed into a reassessment of the savings requirement against which proposals for the 2023/24 budget and MTF to 2026/27 are being developed, with the monthly budget monitoring updates to Cabinet providing commentary on these drivers.

Strategy to deal with the Budget Gap

20. Due to the revised forecast for the new and emerging pressures, the Council is therefore undergoing a series of large-scale reviews to address this new and emerging position, with a significant review of transformational workstreams, a further review of the existing saving programme and a full review of the Council's Fees and Charges schedule and policy to bridge this gap.
21. As part of this work, the Council will also incorporate its standard approach to assessing the savings requirements strategy, including:

- a. Service Transformation, which represents the single largest category of savings, with items presented in this category primarily linked to implementation of the BID Programme;
 - b. Savings proposals from Zero Based Reviews represent budgets which have been identified as being surplus to requirements through the line-by-line review of outturn and similar exercises being undertaken by Finance;
 - c. Effective Procurement savings capture the benefits secured from efficiency savings from contracted services and reviews of delivery models in a number of areas;
 - d. Preventing Demand - initiatives such as the Supported Living Programme where investment in early intervention and other support can avoid more costly intervention at a later date, and;
 - e. Income Generation & Commercialisation proposals primarily relate to amendments to Fees and Charges.
22. With the current monitoring position forecasting General Balances to be £26,765k by 31 March 2023 and the Council's reserves policy setting a minimum reserves balance of £20,000k, there is a need to deliver against these workstreams at pace, with the initial review of the revised savings requirement and savings programme to be presented at December Cabinet and will be presented to Select Committees in January 2023 alongside the public consultation on the budget for the forthcoming year.

MTFF Process Update and Timetable

23. The timetable for the budget process follows a similar format to previous years, with the consultation budget being considered by Cabinet in December for consideration by residents and Select Committees during January, before final budget proposals are considered by Cabinet and Council in February. Alongside this local process, the Council will receive indicative funding allocations for the forthcoming year from central government in December, which will be confirmed in advance of the new financial year starting in April.

Table 2: Budget Setting Timetable

December	Provisional Local Government Finance Settlement
	Consultation Budget Report to Cabinet
January	Public Budget Consultation
	Following year Budget Proposals to January Select Committees
February	Final Local Government Finance Settlement
	Final Budget to Cabinet and Council

Next Steps

24. The Medium Term Financial Forecast setting out the draft revenue budget and capital programme will be considered by Cabinet in December 2022 and issued for consultation during the remainder of December 2022 and January 2023. This will include detailed consideration by each of the Select Committees of the proposals relating to their respective services.

25. Key issues within the remit of this Select Committee will continue to be tracked through the Council's budget monitoring process, with monthly reports to Cabinet detailing the latest position and outlook for 2022/23.

Implications on related Council policies

Select Committees are at the heart of how the Council shapes policy at Member level.

How this report benefits Hillingdon residents

Select Committees directly engage residents in shaping policy and recommendations from 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

The Council's Budget: General Fund Revenue Budget and Capital Programme 2022/23 – reports to Cabinet 17 February 2022 and Council 24 February 2022.

The Council's Budget: 2022/23 Revenue and Capital Month 3 Budget Monitoring – report to Cabinet 1 September 2022.

POLICY REVIEW DISCUSSION & GUIDANCE

Committee name	Health and Social Care Select Committee
Officer reporting	Nikki O'Halloran, Democratic Services
Papers with report	Appendix A - Review topic selection scorecard
Ward	All

HEADLINES

To discuss ideas on suitable review topics by the Committee. To assist, this report provides guidance on the Committee's remit, an overview of how reviews can be undertaken, potential new and previous review topics and a scorecard to use to assess.

RECOMMENDATIONS

That the Committee:

- 1. Note the guidance on undertaking policy reviews in Appendix 1;**
- 2. Seek to make use of the scorecard attached in Appendix 1 (Annex A) to assess any policy review topic ideas;**
- 3. Develop a single or shortlist of potential topic ideas over the coming months or year for officers to scope further and report back to the Committee on feasibility.**
- 4. Delegate to the Democratic Services Officer, in conjunction with the Chairman (and in consultation with the Opposition Lead) any further agreement on review topic selection as required.**

SUPPORTING INFORMATION

The Committee's direct remit of activity

This Select Committee's specific Terms of Reference are set out below. This sets the parameters (or service areas) in which the Committee can undertake a policy review, present findings, request reports and provide direct input on matters:

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 Work 2. Adult Safeguarding 3. Provider & Commissioned Care 4. Public Health 5. Health integration / Voluntary Sector

Statutory Healthy 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

Selecting a topic and undertaking a review

Appendix 1 (attached) provides detailed guidance on selecting topics and undertaking any policy review. A Scrutiny Topic Scorecard is provided to assist with this. Further guidance can be sought from Democratic Services.

Previous policy reviews

It is advised not to review an area that has either been recently reviewed by a committee or is subject to internal review or planned service transformation to avoid duplication and additional resourcing. A list of past reviews over the last 5 years, pertinent to this Committee's remit is shown below for information:

2021/22

- [The Council's offer of Assisted Living Technologies](#)
(considered at the [Cabinet meeting on 21 April 2022](#))
- [Children's Dental Health](#)
(considered at the [Cabinet meeting on 14 October 2021](#))

2020/21

- [Making the Council More Autism Friendly](#)
(considered at the Virtual [Cabinet meeting on 22 April 2021](#))

Classification: Public

Health and Social Care Select Committee – 14 September 2022

2019/20

- [Review into GP Pressures](#)
(considered at the [Cabinet meeting on 23 January 2020](#))

2017/18

- [Review into Loneliness and Isolation in Older Residents](#)
(considered at the [Cabinet meeting on 21 June 2018](#))
- [External Services Scrutiny Committee's commissioned Working Group review into Community Sentencing](#)
(considered at the [Cabinet meeting on 24 May 2018](#))
- [Hospital Discharge](#)
(considered at the [Cabinet meeting on 15 February 2018](#))

Possible topics under current consideration

Only where previously suggested or recorded in the minutes, below lists potential review topics for further discussion and who from. Members may wish to present their own new topic ideas at the meeting and provide details of what particular aspects merit a review to assist officers in any scoping exercise.

1. Preventative health – this could be in relation to obesity, childhood immunisations, cancer screening, etc. This had been identified as a potential review topic by the former External Services Select Committee; and
2. Palliative care and hospice provision in the Borough. This had been identified as a potential review topic by the former External Services Select Committee.

It is important to differentiate between “information reports” you may wish to come before a committee to look at a service and then “review topics” which are more in-depth reviews resulting in a final report and the focus of this report.

As mentioned in Appendix 1, one way to ‘test out’ a potential policy review topic would be to add it as an ‘information report’ to an upcoming meeting on your work programme, to probe the matter further with Council officers or other stakeholders and ascertain whether it merits a fuller review – again perhaps running it through the Scrutiny Topic Scorecard provided.

Implications on related Council policies

A statutory role of the Select Committees is to undertake reviews and make recommendations to the Cabinet which is responsible for the Council’s policy and direction. Reviews selected should be consistent with the Council’s policy and budgetary framework.

How this report benefits Hillingdon residents

None at this stage, pending any findings and recommendations devised in the final report.

Financial Implications

None at this stage.

Legal Implications

None at this stage.

BACKGROUND PAPERS

NIL

Appendix 1 - Guidance on undertaking policy reviews

Over the years, Hillingdon's overview and scrutiny committees have undertaken successful in-depth reviews of Council services and policies. This has resulted in a number of positive changes locally, with some also affecting policy at a national level. Such committees engage Councillors in a wide range of Council activity and build a greater understanding about service provision to residents.

Policy reviews generally seek to:

1. Address a [significant] matter affecting the Borough
2. Seek to improve the delivery and/or efficiency of local services
3. Consider changes to policies or procedures to improve outcomes to residents/users

REVIEW PHASES

The typical phases of a review are as follows and set out further below:

- 1 Selection of topic
- 2 Scoping the review / setting out objectives
- 3 Witness & evidence stage (this is the main activity)
- 4 Findings and Draft recommendations (possible early report draft)
- 5 Final report approved by Committee
- 6 Referred to Cabinet for consideration
- 7 Monitoring the implementation of recommendations once approved / amended by Cabinet at meetings, i.e., in six months

1. Selection of topic

It is always best to sound out and check the feasibility of potential review topics early on, as there will be lots of ideas coming forward and often knowing what topic will add most value will be difficult to gauge at this stage. It is important not to generalise, e.g., a review into waste services.

It may also not be known whether a topic is currently under review by the Cabinet or Council officers or part of a planned service transformation in due course. All of this (and other factors) need to be investigated and, in particular, any duplication of review activity should not take place.

Whilst most policy reviews last a number of months, not all policy review ideas will suit this and may benefit from a single meeting review. It really depends on the scope of the review. If very narrow, i.e., a particular service policy, then a single meeting review may suffice. If a review seeks to look at an entire way a service operates then a number of months may be required to ensure you can undertake all your witness sessions and secure the necessary evidence and information before you formulate your findings.

Ideas for review topics can come from a number of sources including:

- Committee Members
- Cabinet Members.
- Council officers
- External partners / organisations
- Residents
- Ombudsman findings

When Councillors or the Committee itself considers a potential review topic, it is recommended running it through the Scrutiny Topic Scorecard (see Annex A). This gives you the opportunity to 'score' topics based upon their impacts under the following criteria:

Resident focused	Influence	Achievable
Correct remit	New	Wider support
Drives improvement	Drives transformation and efficiency	National impact

Another way to consider a potential review topic, is to add this as an information item at an upcoming meeting on your work programme, to probe the matter further with Council officers and ascertain whether it merits a fuller review – again perhaps running it through the Scorecard above.

It is strongly advised that one review topic is undertaken at any one time, given resources.

2. Scoping report

Once a topic is agreed upon by the Committee, then officers will prepare a scoping report setting out the objectives of the review for your consideration. The scoping report will show how the review can be timetabled and structured, i.e., through themed witness sessions, along with details of potential witnesses and other contextual information to get the review started, e.g., lines of enquiry or questioning of witnesses.

The scoping report is a 'live' document owned by the Committee. Should the review's focus change mid-review, then the scoping document and its objectives can be adapted.

3. Witness and evidence stage

Ultimately, the Committee's efforts are at their best when external witnesses and residents participate, adding value to intelligence gathering and findings. In support of this, Committees have undertaken a variety of both formal and informal activity "in meetings" and "outside meetings". It is important to pull together a broad evidence based for any potential findings later on. Additionally, the ability for Councillors to bring their 'local' insight is highly valuable. Activities the Committee can undertake include:

- Surveys / social media
- Promotion of review to seek views
- Invite the relevant Cabinet Member to attend for their views
- Question key council officers
- Hold informal workshops
- Networking events, e.g., with partners

- Have closed meetings, i.e., confidential, such as social care clients
- Commission reports from Council officers / externally
- Request data and intelligence on the topic
- Visits to other local authorities
- Undertake site visits within the Borough of Council facilities
- Appoint experts or advisors to join the Committee throughout its review
- Selecting the best range of witnesses to get a real user / resident perspectives
- Invite national experts in their field

Whilst information will be provided to Councillors, it may be helpful when preparing for this stage of a review, that Councillors:

- Prepare their draft questions for each witness in advance;
- Read a witness bio or find out more about their organisation;
- Do their own additional research on the topic - you may find something officers don't!
- Use their network of councillors in other local authorities to seek views;
- Tell residents at Surgeries / Ward Walks about your review, get their thoughts.

4. Findings and draft recommendations & 5. Final Report

After hearing from witnesses and receiving evidence, the Committee then will meet to pull together all the information and shape its collective findings, i.e., what needs to be improved or changed as a result.

The Committee will form 'draft' recommendations from this which, consistent with the Protocol on Cabinet and Scrutiny Relations, are usually shared with the Cabinet Member for their feedback and valuable insight.

In developing any recommendation, the Committee should bear in mind the following:

- Meet the initial aims / objectives of the review
- Be SMART, Specific, Measurable, Achievable, Relevant, Time-bound
- Not be a short-term fix, but a lasting outcome
- Consider the financial aspect, e.g., cost neutral, provide savings or if at a cost, then affordable – and, if possible, aligned with the MTFF (budget planning process)
- Be based on a broad evidence base as possible and 'user or resident' insight
- Not create additional bureaucracy, e.g., if it relates to a policy, then to seek to review or amend existing policies (unless there is an absolute imperative for a new policy)
- If publicity or wider engagement or education is recommended, to target such communications as best as possible rather than generally
- Consider 'conclusions' as well as any specific recommendations.

Around this time, the Democratic Services Officer supporting the Committee will advise further on findings and drafting recommendations. Throughout this process, their role is critical to the Committee, to guide Members and secure the information and any witness activity that Members wish to undertake. They also work with the Chairman to bring the final draft report for the Committee to approve before it is scheduled to Cabinet.

6. Referred to Cabinet & 7. Monitoring of recommendations

The Committee's report will be shared with the Leader and Cabinet Member and scheduled to a Cabinet meeting as soon as possible. There is a legal requirement for any such report to be

considered by the Cabinet.

Should Cabinet approve the Committee's recommendations, then they become official policy and officers are charged with implementing them.

A post report review is undertaken in say 6 months or a years' time to see how the Committee's recommendations have been implemented. This is scheduled on your work programme.

Annex A – Scrutiny Topic Scorecard 2022-2026

<i>Criteria scores showing 1-5 (5 being the highest, 0 the lowest). Then add up the total score. The higher the better review.</i>										
Topic	Resident focused	Correct remit	Influence	New	Achievable	Wider support	Drives improvement	Delivers transformation and efficiency	National impact	Score

See criteria descriptions overleaf...

Detailed criteria to assess review scoring (5 being the highest, 0 the lowest)

Resident-focused – The topic will have high impact on residents and the community, with public interest and scope for making a positive difference (can be universal or a targeted group of people or an area of the Borough e.g. young people or a particular town centre)

Correct remit – A topic that is clearly covered in the Committee’s Terms of Reference and does it cut clearly into the domain of other Committees (unless a cross-cutting brief). If it does, then see if you can narrow the focus of the topic.

Influence - A topic that relates to a service, event or issue in which the Council is in control of, has a significant stake in or influence over the matter, e.g. with partners.

New - A new, fresh topic preferably. One which has not previously been reviewed by a Committee in the last 2-3 years, or which is not currently being reviewed by another Committee or internally by Cabinet Members and Officers, e.g. through service transformation.

Achievable – A topic that is not open ended. One where the Committee’s work programme can accommodate the review. Where there is likely to be a good level of expertise and information to draw on to complete. Does the topic need to be narrowed to make it more achievable?

Wider support - A topic that is likely to receive buy-in from the Committee and wider Council, e.g. Cabinet Members, Officers. Or support is welcome from partner organisations to review the matter.

Drives improvement - A topic where performance levels of a service have dropped on a consistent basis, or the contractor is not performing against agreed standards or there are significance (evidenced) complaints or feedback from residents on the matter.

Delivers transformation and efficiency – a topic in support of the Council budgetary objectives, any areas where service re-modelling is under consideration in the medium to longer-term, that with Members’ insight can help to deliver future savings, efficiencies and value for money services to residents. A topic where new ways of working could be adopted to benefit service delivery.

National impact – A topic where emerging or recent legislation mean that it would be timely to review the matter to ensure Hillingdon Council is well prepared. Or a topic, that whilst Hillingdon focussed, could potentially be of benefit to other local councils or governmental authorities.

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](#)

Upcoming Decisions

Further details

Ref

Ward(s)

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

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

055	Bed-based intermediate care service contract(s)	Cabinet will consider the award of contract(s) following a competitive tender for the provision of bed-based intermediate care services. These services will support timely discharge from hospital where residents no longer require treatment in a hospital setting.	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)
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)

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			Private (3)
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		Public

Upcoming Decisions

Further details

Ref

Ward(s)

				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)
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										
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										
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 10 November 2022 (report deadline 24 October)										
030	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										

Upcoming Decisions

Further details

Ref	Upcoming Decisions	Further details	Ward(s)	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)
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										
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 15 December 2022 (report deadline 28 November)										
070	TeleCareLine and Out of Hours Emergency Answering Service	Following a re-tendering of these critical services, Cabinet will consider a contract to provide the Council's TeleCareLine service which supports vulnerable residents to lead independent lives at home. The contract will also include the operation of the Council's Emergency Out of Hours Telephone Service.	All		Cllr Jane Palmer - Health & Social Care	Health & Social Care	AS / R - Lee Moses / Michelle Kenyon / Sandra Taylor		NEW ITEM	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
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
Cabinet meeting - Thursday 5 January 2023 (report deadline 12 December)										

Upcoming Decisions

Further details

Ref	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)
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							
044		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		All Cabinet Members	All	CS - Democratic Services			Public
SI		All	TBC	CS - Democratic Services	TBC		Public
Cabinet Member Decisions expected - January 2023							
SI		All	TBC	CS - Democratic Services	Various		Public
Cabinet meeting - Thursday 16 February 2023 (report deadline 30 January 2023)							
040b		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		All Cabinet Members	All	CS - Democratic Services			Public
SI		All	TBC	CS - Democratic Services	TBC		Public
Cabinet Member Decisions expected - February 2023							
SI		All	TBC	CS - Democratic Services	Various		Public
Cabinet meeting - Thursday 23 March 2023 (report deadline 6 March 2023)							

Upcoming Decisions

Further details

Ward(s)

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

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 - 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
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
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Cabinet meeting - June 2023 (date TBC)

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Upcoming Decisions

Further details

Ward(s)

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

SI	Public Preview of matters to be considered in private	A report to Cabinet to provide maximum transparency to residents on the private 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		TBC	TBC	CS - Democratic Services	TBC		Public

Cabinet Member Decisions expected - June 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		CS - Democratic Services	Various		Public
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Cabinet meeting - July 2023 (date TBC)

SI	Carers Strategy Update	Cabinet will receive a progress report on the Carers Strategy and Delivery Plan.	All		Cllr Jane Palmer - Health & Social Care	Health & Social Care	AS - Sandra Taylor			Public
SI	Older People's Plan update	Cabinet will receive its yearly progress update on the Older People's Plan and the work by the Council and partners to support older residents and their quality of life.	All		Cllr Ian Edwards - Leader of the Council / Cllr Jane Palmer - Health & Social Care	Health & Social Care	CS - Kevin Byrne	Older People, Leader's Initiative		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	All	CS - Democratic Services	TBC		Public

Cabinet Member Decisions expected - July 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		CS - Democratic Services	Various		Public
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AUGUST 2023 - NO CABINET MEETING

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
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Upcoming Decisions

Further details

Ref

Ward(s)

				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)
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
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										
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)

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Upcoming Decisions

Further details

Ref

Ward(s)

				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)
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										
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

The Cabinet's Forward Plan is an official document by 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) Mid-year budget / budget planning report (July/September) Cabinet's Budget Proposals For Next Financial Year (Jan) Cabinet Member for Health and Social Care Cabinet Forward Plan Monthly Monitoring					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 Care Act update Public Health procurement update	X							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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