



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: TUESDAY, 22 NOVEMBER
2022

Time: 6.30 PM

Venue: COMMITTEE ROOM 5 -
CIVIC CENTRE

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

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Published: Monday, 14 November 2022

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Terms of Reference

Health & Social Care Select Committee

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

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

Statutory 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

Agenda

CHAIRMAN'S ANNOUNCEMENTS

- 1 Apologies for absence
- 2 Declarations of Interest in matters coming before this meeting
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Minutes

HEALTH AND SOCIAL CARE SELECT COMMITTEE

12 October 2022



Meeting held at Committee Room 5 - Civic Centre

	<p>Committee Members Present: Councillors Nick Denys (Chairman), Philip Corthorne (Vice-Chairman), Tony Burles, Richard Mills (In place of Alan Chapman), June Nelson (Opposition Lead), Barry Nelson-West and Colleen Sullivan (In place of Reeta Chamdal)</p> <p>Also Present: Dr Paul Hopper, Divisional Medical Director, Central and North West London NHS Foundation Trust Dr Azer Mohammed, Clinical Director, Central and North West London NHS Foundation Trust Tina Swain, Service Director for CAMHS & Eating Disorders - Goodall Division, Central and North West London NHS Foundation Trust</p> <p>LBH Officers Present: Alex Coman (Director - Safeguarding, Quality Assurance and Partnerships), Andy Goodwin (Interim Financial Planning Manager), Bukky Junaid (Interim Head of Service Safeguarding Adults LADO and Principal Social Worker for Adults) and Nikki O'Halloran (Democratic Services Manager)</p>
22.	<p>APOLOGIES FOR ABSENCE (<i>Agenda Item 1</i>)</p> <p>Apologies for absence had been received from Councillor Reeta Chamdal (Councillor Colleen Sullivan was present as her substitute) and Councillor Alan Chapman (Councillor Richard Mills was present as his substitute).</p>
23.	<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>
24.	<p>MINUTES OF THE MEETING HELD ON 19 JULY 2022 (<i>Agenda Item 3</i>)</p> <p>It was noted that Councillor Labina Basit had not been present at the meeting on 19 July 2022.</p> <p>RESOLVED: That, subject to the above amendment, the minutes of the meeting held on 19 July 2022 be agreed as a correct record.</p>
25.	<p>EXCLUSION OF PRESS AND PUBLIC (<i>Agenda Item 4</i>)</p> <p>RESOLVED: That all items of business be considered in public.</p>
26.	<p>2023-24 BUDGET PLANNING REPORT FOR HEALTH & SOCIAL CARE SERVICES (<i>Agenda Item 5</i>)</p> <p>Mr Andy Goodwin, the Council's Interim Financial Planning Manager, noted that this was the first of two reports that would be considered over the course of the municipal</p>

year by this Committee. This report set out the Council's broader financial position, identifying the budget gap and the savings that would be needed to bridge that gap. The report that would be considered by the Committee in January 2023 would focus on detailed budget proposals for 2023/24. The 2023/24 budget would then be agreed by Council at its meeting on 23 February 2023. Members asked that examples of initiatives undertaken by the Council to reduce costs be included in future reports.

The country had been facing unprecedented inflationary pressures, with actual inflation expected to exceed the sums built into the Medium Term Financial Forecast (MTFF). However, an underspend of £46k had been projected across General Fund budgets at Month 3 and a minor overspend of £37k had been reported in Health and Social Care, driven by an increased demand for adult social care services.

There had been an increase in the Council Tax base and increases in Government grants, although this had been front loaded in 2022/23 as a result of the Spending Review announcements, and an increase in social care funding. The 2021 Spending Review had been a multi year settlement, increasing and frontloading the social care grant, but this had been offset by the increase in demand for social care services.

Increases in annual pay and supplier costs were the drivers behind a further uplift of £13.3m. Members queried how much of the adult social care budget had been allocated for contracts with third party suppliers and asked that this information be included in the report in January 2023. Mr Goodwin advised that officers from finance and procurement reviewed any increases in contract costs attributed to inflation to identify which elements of the contracts had increased, and by how much, to then be able to negotiate fairly with the contractors.

Members were advised that the Council pooled its budget centrally (including social care grants) and then worked up a savings programme. This de-risked grant funding. Finance continued to work with officers to manage the back office expenditure to maintain frontline services.

The Council had started to refresh its savings requirement over the budget strategy period, bearing in mind that inflation rates were just under 10%. The growth in demand for services remained high and continued to be monitored. The Council would review its savings requirement and look for efficiencies to protect the frontline services as far as was possible, whilst also meeting the requirement to produce a balanced budget each year.

The Council had reassessed inflationary requirements associated with contracted expenditure for SEND transport and Members queried how this would impact on the service provision. Mr Goodwin advised that the fuel costs associated with SEND transport would be reduced through the capital programme to increase the number of SEND places across the Borough. This would potentially reduce the travelling distance for these children and therefore reduce the associated fuel costs.

Mr Goodwin advised that the Council's Business Improvement Delivery (BID) team had been looking at the services provided across the authority to identify efficiency savings. Although the Council was not able to specifically restrict tender submissions for contracts to small local businesses, as it had to comply with procurement regulations, there were opportunities for these organisations to tender for contracts. The Committee was keen to receive further information in the new year in relation to the procurement of health and social care related services. Mr Goodwin would need to

confirm with procurement about any open book arrangements that were in place to mitigate the risk of provider failure.

It was recognised that the population in Hillingdon was increasing and that the demand for services, alongside a Covid-19 driven step change being incorporated into budgets from 2022/23 onwards, would necessitate £10,207k additional spending by 2026/27. Members queried what this would look like in practice. Mr Goodwin advised that the Council had played an active role in supporting hospital discharge as well as the increasing demand for mental health services.

RESOLVED: That the financial context in which the 2023/24 budget setting process would take place, in advance of detailed savings proposals being developed and approved at Cabinet in December 2022, be noted.

27. **HILLINGDON SAFEGUARDING PARTNERSHIP ANNUAL REPORT 2021-2022**
(Agenda Item 6)

Ms Bukky Junaid, the Council's Interim Head of Service Safeguarding Adults, advised that, in September 2019, the Hillingdon Safeguarding Partnership arrangements were launched in line with the statutory requirements set out in the Children and Social Work Act 2017 and Working Together to Safeguard Children 2018. The local authority now shared equal responsibility with its statutory partners (the NHS Hillingdon Clinical Commissioning Group/North West London Integrated Care Board (NWL ICB) and Metropolitan Police) to safeguard children and young people.

The Care Act 2014 placed a statutory duty on each Safeguarding Adults Board to produce an Annual Report, outlining the work undertaken to achieve its strategic objectives, the work of each member to implement the Safeguarding Adults Boards' strategy and detailing the findings of any Safeguarding Adult Reviews and subsequent required actions. In promoting this joint approach, both boards were now scrutinised and held to account through the multiagency Executive Leadership Group. The Group was chaired by the local authority's Chief Executive and attended by the senior representatives of the safeguarding partners.

The Safeguarding Annual Report summarised the work undertaken by Hillingdon Safeguarding Partnership to support and safeguard Hillingdon's residents: adults with support and care needs; and vulnerable children and their families. The report provided reassurance that the actions taken across the local partnership to prevent abuse, neglect and self-neglect had been effective in the year 2021-2022 and that the Council had discharged its statutory duties to ensure that it learnt from serious incidents and provided strategic leadership for safeguarding.

The Partnership had responded effectively to safeguard residents during a challenging year that began with public health restrictions still in place due to the pandemic. The pandemic had impacted on all Hillingdon residents' resilience and, in many cases, on their economic independence. This had led to an increased dependence on the services available, including the availability of skilled workforce from both the social care and health perspective meaning that there had been significant challenges in maintaining the quality of care available.

The Partnership had maintained effective working arrangements and relationships that facilitated a nuanced and dynamic response to changing local, national and international contexts. This had included the need to support and safeguard increasing

numbers of asylum-seeking children, adults and families and those seeking refuge from conflict in Ukraine.

It was noted that the Partnership had focussed on fostering a culture of empowerment, independence and early intervention for residents in Hillingdon. Members requested that practical examples of this work be provided to the Committee to illustrate the impact that this had had.

Mr Alex Coman, the Council's Director - Safeguarding, Quality Assurance and Partnerships, advised that the child and adult Multi Agency Safeguarding Hubs (MASH) had been established as a front door for care and included representatives from the police, health and care partners. Daily reviews of presentations were undertaken by the MASH to identify any need for early intervention and wrap around support that spanned adults' and children's safeguarding. It was important to meet the residents' needs and prevent escalation.

Members noted that the report felt a little "processy" and appeared to be light on outcomes. They asked how the Council demonstrated that residents' lives were better and that they felt safer as a result of the work undertaken. Ms Junaid advised that it was important to mitigate risks, first through MASH screening and triage, and then put protection measures in place so that individuals were safe.

The second recommendation in the report referenced challenges posed by the changing local, national and international contexts. Members queried what these challenges were and what action had been taken to respond to them. Ms Junaid advised that, as there had been an increase in referral rates, effort had been made to ensure that referrals were triaged early through the MASH.

The report evidenced a continued focus on the importance of learning and development work for frontline professionals. In order to support practitioners in identifying and addressing neglect, the Council had invested in a new round of training in NSPCC's Graded Care Profile 2. Additional staff had also been trained to be able to train new members of the team as they started. The police, who made around 40% of neglect referrals, had their own tools in place to identify and deal with instances of neglect.

It was noted that a range of training events had been established and were open to anyone to attend. Members requested that, as these training events were open to anyone to attend, they be provided with details of the upcoming sessions.

Members noted that the Local Authority Designated Officer (LADO) managed all allegations against professionals who worked with children. In 2021/22, there had been 192 referrals to the LADO. 42% of these referrals had originated from schools but a large number of the referrals also came via residential provisions.

The Committee noted that the report referenced performance data and asked officers to forward this data to the Democratic Services Manager for circulation to the Committee.

RESOLVED: That:

- 1. the Committee be reassured that the partnership continued to provide leadership and scrutiny of the safeguarding arrangements for Hillingdon residents;**

	<ol style="list-style-type: none"> 2. the Committee be updated regarding the way in which the partnership had responded to the challenges posed by changing local, national and international contexts; 3. the Committee be informed of the strategic priorities for safeguarding for 2022-23; 4. Ms Junaid provide the Democratic Services Manager with details of the upcoming training events to pass on to the Committee; and 5. Ms Junaid provide the Democratic Services Manager with the performance data referenced in the report to circulate to the Committee.
28.	<p>CHILD AND ADOLESCENT MENTAL HEALTH SERVICES (CAMHS) UPDATE (Agenda Item 7)</p> <p>Ms Tina Swain, Service Director for CAMHS and Eating Disorders – Goodall Division at Central and North West London NHS Foundation Trust (CNWL), advised that the team at Hillingdon Child and Adolescent Mental Health Services (CAMHS) provided community mental health services to children and young people up to the age of 18 with complex mental health difficulties (and their families) in a range of different ways, depending on their needs. A multi-disciplinary team made up of psychologists, psychiatrists and therapists provided assessment and identified the needs of the child in the context of the family. Treatment could include cognitive behavioural therapy (CBT), family therapy and individuals and group psychotherapy. Medication was also used when appropriate and would often be prescribed by a specialist but supported by the young person’s GP.</p> <p>The Adolescent Community Treatment Service (ACTS) was a community team that provided support for young people aged between 13 and 18 years. Young people were referred to ACTS by their local CAMHS team because they needed intensive support in the community during their period of mental health crisis. Wrap around support was then provided for the young person (and their family) and effort was made to keep them in school, etc.</p> <p>The CAMHS Urgent Care Teams worked in conjunction with local hospitals and existing local CAMHS services to provide access for children and young people up to the age of 18 to a dedicated crisis and liaison service when they were experiencing an acute mental health or emotional crisis. A risk assessment was being developed with the hospital team for young people that had presented at A&E.</p> <p>Ms Swain advised that there had been an increase in demand for CAMHS services during the COVID pandemic and referrals were now at their highest level ever, impacting on the ability to see children and young people quickly and resulting in a longer waiting list. However, Ms Swain noted that there had been a reduction in the average time that it took for a young person to receive an assessment after having been referred to CAMHS. Although Members were pleased that the average wait time for an assessment was down to 10 weeks (against a target of 18 weeks), 10 weeks was still too long for a child to wait to be assessed.</p> <p>Members queried how long it would take for these young people to receive treatment after they had been assessed. Ms Swain stated that she was unable to provide an answer as it would depend on the treatment pathway that each child was following. Services were designed and offered at a place level in North West London as well as at a system level in an effort to keep the gap between assessment and treatment as short as possible. Action was also being undertaken to reduce this further and digital</p>

initiatives such as Healios had been put in place to support young people outside of traditional interventions. Other initiatives included weekend clinics, out of hours clinics and Waiting Well (which could keep track of changes whilst a young person waited).

Dr Azer Mohammed, Clinical Director at CNWL, advised that there was a target for the Mental Health Support Team (MHST) to see young people within four weeks but that it tended to be quicker than this. Goal Based Interventions (GBIs) had also made a difference by shifting the focus to the goals of the young person. On 28 September 2022, CAMHS in London and Milton Keynes had met to share quality improvements (QI) learning from their projects and to think about spreading the good work and lessons learned. During this event, Hillingdon CAMHS had shared information about its GBI work in improving patient flow and treatment access in the Emotional Disorder Team.

Ms Swain advised that it was important to ensure that young people didn't fall through any cracks in their transition from child to adult mental health services. To this end, work had been undertaken to develop a transition offer for those aged 16-25 to ensure that they received early help. In terms of ongoing support for the 18+ transition and the number of young people accessing the service, Members were advised that the referral to treatment time (RTT) target for each young person was 18 weeks.

Dr Mohammed noted that Hillingdon had met and exceeded the national target of seeing at least 35% of those young people "estimated" to have a mental health condition in the area (a number of these individuals included in the estimate would be unknown to the services). He advised that these access targets related to mental health support teams. CAMHS representation was available at children's hubs and contact had been maintained with community paediatrics to ensure that there was a joined up approach to things such as autism spectrum conditions assessments. The CNWL Looked After Children (LAC) team also worked closely with social care colleagues. Members were encouraged by this work and hoped that Healthwatch Hillingdon had received positive feedback from service users.

Members queried what would happen to a young person who had started receiving CAMHS treatment elsewhere and then moved to Hillingdon. Dr Mohammed advised that it was inadvisable for out of area presentations to change service mid-treatment if it could be avoided. However, this would be assessed on a case by case basis and transfers would be implemented at the right time for the young person rather than sticking rigidly to rules about transfers.

The Committee was advised that a range of training and advice was available to the parents and carers of young people who were using CAMHS. This ongoing support was available from the voluntary sector for siblings too.

Ms Swain advised that, at the end of September 2022, there was only one young person who had waited excessively for an assessment. Dr Paul Hopper, Medical Director at CNWL, advised that clarity would be sought in relation to what the graphs in the penultimate slide were trying to demonstrate and forward on to the Democratic Services Manager for circulation to Members. The point being made was that there had been a lot of work undertaken to reduce the number of weeks that young people were waiting for an assessment from CAMHS which increased the waiting time for treatment which was then also reduced.

RESOLVED: That the presentation be noted.

29.	<p>POLICY REVIEW DISCUSSION AND GUIDANCE (<i>Agenda Item 8</i>)</p> <p>Consideration was given to possible review topics. Mental health had become a dominant issue with adults and children continuing to experience difficulties in accessing assessment, support and treatment services. It was agreed that further information be brought back to the Committee at its next meeting on 22 November 2022 about both of these areas so that Members could decide which topic to pursue. Mental health was thought to be a relevant and sensible area to review but that caution would be needed to ensure that the scope of the review was focussed.</p> <p>It was suggested that social prescribing be included as a future single meeting review topic.</p> <p>RESOLVED: That:</p> <ol style="list-style-type: none"> 1. further information in relation to adult mental health services and children’s mental health services as possible review topics be brought to the Committee’s next meeting; and 2. the report be noted.
30.	<p>CABINET FORWARD PLAN MONTHLY MONITORING (<i>Agenda Item 9</i>)</p> <p>It was agreed that, subject to the agreement of the Cabinet Member for Health and Social Care, the <i>2022/23 Better Care Fund Section 75 Agreement</i> Cabinet report be considered by the Committee at its meeting on 7 December 2022 prior to it being considered by Cabinet on 15 December 2022.</p> <p>A request was made that the Committee consider the Cabinet report on <i>Approval to establish a new Dynamic Purchasing System (PS) for Transportation Services for Social Care and Children</i>. As this report would be considered by Cabinet at its meeting on 10 November 2022, it was agreed that the Committee discuss the implementation of the decision once it had been made.</p> <p>RESOLVED: That:</p> <ol style="list-style-type: none"> 1. consideration be given to the 2022/23 Better Care Fund Section 75 Agreement Cabinet report at the Committee’s meeting on 7 December 2022; 2. consideration be given to the implementation of the Cabinet decision on Approval to establish a new Dynamic Purchasing System (PS) for Transportation Services for Social Care and Children after it had been made on 10 November 2022; and 3. the Cabinet Forward Plan be noted.
31.	<p>WORK PROGRAMME (<i>Agenda Item 10</i>)</p> <p>Consideration was given to the Committee’s Work Programme.</p> <p>RESOLVED: That the Work Programme be noted.</p>
	<p>The meeting, which commenced at 6.30 pm, closed at 8.16 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.

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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 progressing 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.
- **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)

The Royal Brompton & Harefield NHS Foundation Trust merged with Guys and St Thomas's NHS Foundation Trust (GSTT) in February 2021 and, from April 2022, joined with the cardio respiratory services at GSTT to form a new Heart & Lung & Critical Care Group across the three sites. At the same time, the Evelina Children's Hospital took over the running of the paediatric services at Royal Brompton.

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 main challenges facing the hospitals are:

- The elective services recovery programme which is focused mainly on cardiac surgery. We currently have circa 600 cases on the waiting list (in “normal” times our waiting list would be about 400) with a requirement set by NHSE to have no one waiting over 18 months from referral by March 2023 – we have no one waiting over 2 years and, at Royal Brompton and Harefield hospitals, no one waiting over 18 months. Maintaining elective throughput is especially challenging at Harefield where there is significant pressure from non-elective caseload (i.e., emergency and inter hospital transfers).
- Covid – the biggest pressure, from which we are just recovering, was from staff absence rather than patient cases.
- Recruitment – critical care nursing, cardiac physiologists and radiographers are current areas of staff shortage. Overseas recruitment and close working with partner organisations such as Brunel are some of the measures being used to address these issues.
- Constraint on capital expenditure is a problem across the NHS and particularly for Harefield where some of the clinical areas (wards and theatres) need replacing in the near future.

The London Ambulance Service NHS Trust (LAS)

The London Ambulance Service (LAS) answers more 999 and NHS 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 has recently been awarded a three-year contract to provide the NHS 111 service to the two million people who live in North West London, beginning on Thursday 17 November 2022. The organisation will also take on responsibility for running the North West London Clinical Assessment Service (CAS) which helps to decide where patients who call-in would be best cared for.

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) is the ‘Place Based’ alliance of health and care organisations that seeks, through collaboration and co-design, to make significant

improvements to the quality and cost of care in Hillingdon. 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). HHCP works together closely with the London Borough of Hillingdon and North West London Integrated Care Board (NWL ICB) to deliver 3 key strategic aims:

- Improving the outcomes for our population - delivering Hillingdon's Joint Health and Wellbeing Strategy
- Delivery of sustainable, person-centred, joined up models of care aligned to the new hospital plans and activity assumptions
- Delivering the NWL Integrated Care System (ICS) priorities through local care models building from a population health management approach

Shared delivery models are through 6 integrated Neighbourhood Teams and a range of joined up Borough wide teams across health and care

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 Systems (ICSs), 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

On 1 April 2021, the eight Clinical Commissioning Groups in North West London (NWL) became one organisation, and the ICS then came into being in 2022.

NWL Integrated Care Board (ICB) Hillingdon Borough Team

Winter Planning

All partners across Hillingdon's health and care system have collaborated on the preparation of the winter 2022 planning, implementation and delivery programmes, to offer both targeted and holistic support to residents and visitors during this period. Kelly O'Neill, as the Council's Director of Public Health, with Adult Social Care and the NWL ICB Hillingdon Borough Team, has led a process to agree schemes and access funding for Hillingdon Hospitals, H4All, GP Confederation and CNWL. Projects will support general practice and wider primary care to offer additional access to advice and medical treatment and will strengthen the ability of the hospital's Integrated Discharge Team to improve flow of patients either to home or appropriate nursing or residential care. Weekly meetings with Hillingdon partner organisations, the monthly Health

Classification: Public

Health and Social Care Select Committee – 22 November 2022

Protection Board, and with NWL will monitor progress and agree additional actions as necessary.

Vaccination Progress

Hillingdon has continued to make excellent progress with the autumn flu and Covid vaccination programmes. With over 50,000 flu and 54,000 Covid booster immunisations given to date to the priority patient groups, Hillingdon is in the top two boroughs of NWL in terms of performance and coverage. Over 11,400 polio booster vaccinations have been given to local children (the highest in NWL), with impressive performance by Stockley Park Pharmacy for the 5-9 year olds. Opportunities for accessing vaccinations continue to be publicised and a number of Winter Wellbeing & Cost of Living workshops are being run in community venues across the Borough (including at the Civic Centre).

Phlebotomy

Access to phlebotomy at general practice continues to be available for adult patients across Hillingdon. We have supported general practice to offer an 'urgent blood test' service, where results are required the same working day. Healthwatch Hillingdon and individual patients have highlighted some issues relating to waiting times and conflicting communications on phlebotomy. There are being investigated and a Task and Finish Group is being set up with Healthwatch Hillingdon to help resolve these issues. It is believed that these issues are linked more to individual practices where staff sickness or absence have resulted in poorer standards of service. The Hillingdon Borough Team is also aware that waiting times for children's phlebotomy have lengthened so is actively discussing ways of resolving this with general practice.

Mental Health Crisis Services

Congratulations to CNWL and Comfort Care for opening the Crisis House, initially able to accommodate up to 6 adult clients, referred from either LAS or Hillingdon Hospitals Emergency Department (ED). This has been in planning for some time by Adult Social Care and local mental health services and will make an enormous contribution to the range of choices the Borough can offer to people in crisis.

The Crisis Concordat meeting – between Hillingdon, Hounslow, Ealing and the Metropolitan Police West London team – is scheduled for 22 November 2022, and a verbal update can be given to the Select Committee.

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.

Classification: Public

Health and Social Care Select Committee – 22 November 2022

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:

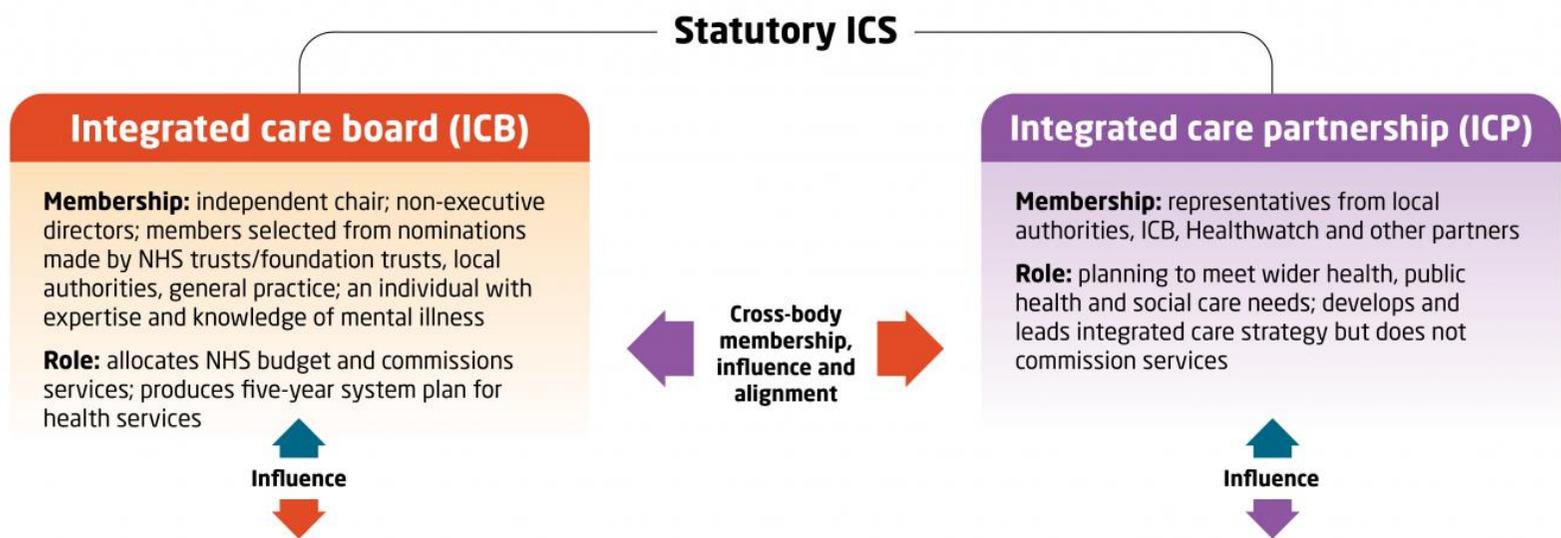
1. The Hillingdon Hospitals NHS Foundation Trust (THH)
2. Central and North West London NHS Foundation Trust (CNWL)
3. Royal Brompton & Harefield NHS Foundation Trust (RBH)
4. The London Ambulance Service NHS Trust (LAS)
5. Hillingdon Health and Care Partners (HHCP)
6. North West London Integrated Care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

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

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CABINET FORWARD PLAN

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

HEADLINES

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

RECOMMENDATION

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

SUPPORTING INFORMATION

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

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

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

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

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

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

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

BACKGROUND PAPERS

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

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

Cabinet meeting - Thursday 15 December 2022 (report deadline 28 November)

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)
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
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
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 other relevant facilities.	N/A		Cllr Jane Palmer - Health & Social Care	Health & Social Care	AS / R - Claire Fry / Sally Offin / Darren Thorpe			Private (3)
SI	Public Preview of matters to be considered in private	A report to Cabinet to provide maximum transparency to residents on the private and confidential matters to be considered later in Part 2 of the Cabinet meeting and agenda.	TBC		All Cabinet Members	All	CS - Democratic Services			Public
SI	Reports from Select Committees	Reports, findings and recommendations for consideration by the Cabinet, when referred from the appropriate Committee.	All		All	TBC	CS - Democratic Services	TBC		Public

Cabinet Member Decisions expected - December 2022

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

078	Integrated Statutory Advocacy and an Independent Health Complaints Advocacy Service	Cabinet will consider the contracts for these services, which ensures that the Council continues to meet its statutory obligations to deliver an effective integrated advocacy service for Hillingdon residents in respect of their health and social care.	All		Cllr Jane Palmer - Health & Social Care	Health & Social Care	AS / R - Sandra Taylor / Bukky Junaid / Sally Offin		NEW ITEM	Private (3)
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Upcoming Decisions

Ref

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										
044	Occupational Therapy Services for Adults, Children and Young People for Social Care and for Major Adaptations	Subject to Cabinet's decision in March 2022 for a short term extension of the current contract, Cabinet will consider a new contract for the provision of Occupational Therapy Services for Adults, Children and Young People for Social Care and for Major Adaptations from a competitive tender process.	N/A		Cllr Susan O'Brien - Children, Families & Education / Cllr Jane Palmer - Health & Social Care	Health & Social Care	AS / FD - Sally Offin			Private (3)
SI	Public Preview of matters to be considered in private	A report to Cabinet to provide maximum transparency to residents on the private and confidential matters to be considered later in Part 2 of the Cabinet meeting and agenda.	TBC		All Cabinet Members	All	CS - Democratic Services			Public
SI	Reports from Select Committees	Reports, findings and recommendations for consideration by the Cabinet, when referred from the appropriate Committee.	All		All	TBC	CS - Democratic Services	TBC		Public
Cabinet Member Decisions expected - January 2023										
SI	Standard Items taken each month by the Cabinet Member	Cabinet Members make a number of non-key decisions each month on standard items - details of these are listed at the end of the Forward Plan.	Various		All	TBC	CS - Democratic Services	Various		Public
Cabinet meeting - Thursday 16 February 2023 (report deadline 30 January 2023)										
077	The provision of Section 12 Doctors & Best Interest Assessors	Cabinet will consider a contract(s) for the provision of Section 12 Doctor Assessments and Best Interest Assessor Assessments, as outlined in The Deprivation of Liberty Safeguards (DoLS) Statutory Code of Practice. Section 12 Doctors are appointed as having special experience in the diagnosis or treatment of mental disorders. Best Interest Assessors meet every person assessed under DoLS, considering their ability to make decisions about their lives.	N/A		Cllr Jane Palmer - Health & Social Care	Health & Social Care	AS / R - Sandra Taylor / Bukky Junaid / Sally Offin		NEW ITEM	Private (3)
040b	The Council's Budget Medium Term Financial Forecast 2023/24 - 2027/28 (BUDGET FRAMEWORK)	Following consultation, this report will set out the Medium Term Financial Forecast (MTFF), which includes the draft General Fund reserve budget and capital programme for 2023/24 for consultation, along with indicative projections for the following four years. This will also include the HRA rents for consideration.	All	Proposed Full Council adoption - 23 February 2023	Cllr Ian Edwards - Leader of the Council / Cllr Martin Goddard - Finance	All	R - Andy Evans	Public consultation through the Select Committee process and statutory consultation with businesses & ratepayers		Public
SI	Public Preview of matters to be considered in private	A report to Cabinet to provide maximum transparency to residents on the private and confidential matters to be considered later in Part 2 of the Cabinet meeting and agenda.	TBC		All Cabinet Members	All	CS - Democratic Services			Public
SI	Reports from Select Committees	Reports, findings and recommendations for consideration by the Cabinet, when referred from the appropriate Committee.	All		All	TBC	CS - Democratic Services	TBC		Public
Cabinet Member Decisions expected - February 2023										

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 23 March 2023 (report deadline 6 March 2023)										
SI	Public Preview of matters to be considered in private	A report to Cabinet to provide maximum transparency to residents on the private and confidential matters to be considered later in Part 2 of the Cabinet meeting and agenda.	TBC		All Cabinet Members	All	CS - Democratic Services			Public
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
Cabinet meeting - Thursday 20 April 2023 (report deadline 3 April 2023)										
079	Carer Support Services	Cabinet will consider a contract for Integrated Carer Support Services for adults and children. Such services support carers within the Borough, make it easier for them to access advice, information and support for the valued role they undertake.	N/A		Cllr Jane Palmer - Health & Social Care	Health & Social Care	AS / R - Sandra Taylor / Gavin Fernandez / Sally Offin		NEW ITEM	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.	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
Cabinet meeting - Thursday 25 May 2023 (report deadline 27 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										

Upcoming Decisions

Ref

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	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)

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
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SI	Reports from Select Committees	Reports, findings and recommendations for consideration by the Cabinet, when referred from the appropriate Committee.	All		TBC	TBC	CS - Democratic Services	TBC		Public
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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		Clr Jane Palmer - Health & Social Care	Health & Social Care	AS - Sandra Taylor			Public
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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		Clr Ian Edwards - Leader of the Council / Clr Jane Palmer - Health & Social Care	Health & Social Care	CS - Kevin Byrne	Older People, Leader's Initiative		Public
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SI	Public Preview of matters to be considered in private	A report to Cabinet to provide maximum transparency to residents on the private and confidential matters to be considered later in Part 2 of the Cabinet meeting and agenda.	TBC		All Cabinet Members	All	CS - Democratic Services			Public
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SI	Reports from Select Committees	Reports, findings and recommendations for consideration by the Cabinet, when referred from the appropriate Committee.	All		All	All	CS - Democratic Services	TBC		Public
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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

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Upcoming Decisions

Ref

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	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		Clir Ian Edwards - Leader of the Council	TBC	CS - Democratic Services	Various		Public / Private - TBD
SI	Standard Items taken each month by the Cabinet Member	Cabinet Members make a number of non-key decisions each month on standard items - details of these are listed at the end of the Forward Plan.	Various		All	TBC	CS - Democratic Services	Various		Public
Cabinet meeting - September 2023 (date TBC)										
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 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
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		Clir 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		Clir 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)

Upcoming Decisions

Ref

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	Acceptance of Tenders	To accept quotations, tenders, contract extensions and contract variations valued between £50k and £500k in their Portfolio Area where funding is previously included in Council budgets.	n/a		Cllr Ian Edwards - Leader of the Council OR Cllr Martin Goddard - Finance / in conjunction with relevant Cabinet Member	TBC	various			Private (3)
SI	All Delegated Decisions by Cabinet to Cabinet Members, including tender and property decisions	Where previously delegated by Cabinet, to make any necessary decisions, accept tenders, bids and authorise property decisions / transactions in accordance with the Procurement and Contract Standing Orders.	TBC		All	TBC	various			Public / Private (1,2,3)
SI	External funding bids	To authorise the making of bids for external funding where there is no requirement for a financial commitment from the Council.	n/a		All	TBC	various			Public
SI	Response to key consultations that may impact upon the Borough	A standard item to capture any emerging consultations from Government, the GLA or other public bodies and institutions that will impact upon the Borough. Where the deadline to respond cannot be met by the date of the Cabinet meeting, the Constitution allows the Cabinet Member to sign-off the response.	TBC		All	TBC	various			Public

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 CANCELLED	CR5
Wednesday 12 October 2022, 6.30pm	CR5
Tuesday 22 November 2022, 6.30pm	CR5
Wednesday 7 December 2022, 6.30pm	CR6
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	CANCELLED September 14	October 12	November 22	December 7	January 26	February 21	March 21	April 26	May No meeting	June	July	September
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			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														
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					
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	28 Nov 29 Nov	16 Jan 17 Jan	10 Feb 13 Feb	10 Mar 13 Mar	17 Apr 18 Apr				

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