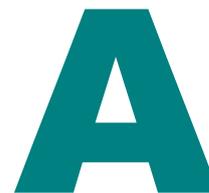




HILLINGDON
LONDON



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: THURSDAY, 26 JANUARY
2023

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: Wednesday, 18 January 2023

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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

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Minutes

HEALTH AND SOCIAL CARE SELECT COMMITTEE

22 November 2022



Meeting held at Committee Room 5 - Civic Centre

	<p>Committee Members Present: Councillors Nick Denys (Chairman), Philip Corthorne (Vice-Chairman), Tony Burles, Reeta Chamdal, Alan Chapman, Barry Nelson-West and Sital Punja (In place of June Nelson)</p> <p>Also Present: Clinton Beale, Stakeholder Engagement Manager (North West), London Ambulance Service Richard Ellis, Joint Lead Borough Director, North West London Clinical Commissioning Group (NWL CCG) Nicholas Hunt, Director of Service Development, Royal Brompton & Harefield NHS Foundation Trust Toby Lambert, Director of Strategy and Population Health, NWL ICS Dr Ritu Prasad, Chair, Hillingdon GP Confederation Chris Reed, Hillingdon Group Manager, London Ambulance Service NHS Trust Derval Russell, Royal Brompton and Harefield NHS Foundation Trust Lisa Taylor, Managing Director, Healthwatch Hillingdon Patricia Wright, Chief Executive Officer, The Hillingdon Hospitals NHS Foundation Trust</p> <p>LBH Officers Present: Nikki O'Halloran (Democratic Services Manager)</p>
32.	<p>APOLOGIES FOR ABSENCE (<i>Agenda Item 1</i>)</p> <p>Apologies for absence had been received from Councillor June Nelson (Councillor Sital Punja was present at her substitute).</p>
33.	<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>
34.	<p>MINUTES OF THE MEETING HELD ON 12 OCTOBER 2022 (<i>Agenda Item 3</i>)</p> <p>RESOLVED: That the minutes of the meeting held on 12 October 2022 be agreed as a correct record.</p>
35.	<p>EXCLUSION OF PRESS AND PUBLIC (<i>Agenda Item 4</i>)</p> <p>RESOLVED: That all items of business be considered in public.</p>

36. **HEALTH UPDATES** (*Agenda Item 5*)

Healthwatch Hillingdon

Ms Lisa Taylor, Managing Director at Healthwatch Hillingdon, advised that the organisation was a charity which engaged with the local population to capture the patient voice and act as an advocate for residents. It was central to ensuring good service delivery and held statutory powers to enter and view. Healthwatch Hillingdon offered patients advice and guidance and listened to / acted on behalf of residents. In addition, the organisation had developed an engagement programme for young people called Young Healthwatch.

North West London Integrated Care System (NWL ICS)

On 1 July 2022, NWL ICS was put on a statutory footing and NWL Integrated Care Board (ICB – known as “NHS NWL”) was established, taking on many of the functions of the eight NWL Clinical Commissioning Groups. The NWL Integrated Care Partnership (ICP) was a Committee that had no staff or budget and brought the NHS and local authorities together to set the strategy for health and care. The ICB and ICP were part of the ICS which included all organisations involved in the commissioning and oversight of health and social care.

Mr Toby Lambert, Executive Director of Strategy and Population Health and NWL ICS, advised that the introduction of the ICS provided an opportunity to set an exciting vision and strategy for NWL that built on achievements to date and took advantage of the strengthening collaboration across health and care. It was thought that this would: improve outcomes for residents and communities; address long standing inequalities in access, experiences and outcomes; improve value for money; and deliver wider benefits across NWL. NWL ICS brought together health and care partners around four key aims:

- Improve outcomes in population health and healthcare
- Tackle inequalities in outcomes, experience and access
- Enhance productivity and value for money
- Help the NHS support broader social and economic development

At borough level, the focus was to build and strengthen partnerships between health, local authority, other stakeholders and service providers who could work together and improve outcomes for residents. It was anticipated that these would become more formalised during the year and take on delegated functions from the ICB from April 2023.

In NWL, eight local Borough Based Partnerships (BBPs) had been developed to deliver the strategy and, in Hillingdon, was known as Hillingdon Health and Care Partners (HHCP). Members were advised that the work that had been undertaken building HHCP had put Hillingdon in a good position to quickly move forward towards delegation.

Mr Richard Ellis, Joint Borough Lead Director at NWL ICS, advised that the team provided commissioning services for primary care and mental health and oversight for the delivery of integration between and across health and social care. NWL ICS actively worked with the local authorities and had specifically been working on patient access to general practice over the winter period and winter planning in general. They had also been working with The Hillingdon Hospitals NHS Foundation Trust (THH) and the Council on patient flows through the hospital and to ensure that discharges ran smoothly.

Mr Ellis noted that the Crisis House in Hillingdon had recently opened. Although it currently had a six bed capacity, it was hoped that this would be increased over time. The Crisis House had had an impact on partners, helping to reduce the pressure on A&E at Hillingdon Hospital. Work was also underway with the police regarding improved crisis services for those with mental health issues, especially in relation to Section 136 detentions.

Members queried how funding decisions were made, given that each of the bodies involved from the eight boroughs would have a different perspective. Mr Lambert advised that NWL ICS commissioned the NHS Trusts and that primary care and continuing healthcare was commissioned at a local level (in Hillingdon this would be via HHCP). Mr Ellis noted that the process for funding decisions was still a work in progress, with HHCP keen to take on more delegated budget responsibilities. Direct local control was held with regard to local primary care and the Better Care Fund but NWL ICB would have several pots of money from NHS England in relation to winter planning, some of which would likely be distributed on a population basis for projects in each of the boroughs rather than based on need.

Governance groups in Hillingdon had been looking at the overall funds that were available and partners would need to identify and agree projects that would support residents over the winter. Consideration was being given to how these projects would be monitored over Christmas.

Hillingdon GP Confederation / Hillingdon Health and Care Partners (HHCP)

Dr Ritu Prasad, Chair of Hillingdon GP Confederation, noted that the Confederation was an overarching body across all GP practices in Hillingdon and worked as part of Hillingdon Health and Care Partners (HHCP). It provided services that needed to be undertaken at scale, e.g., vaccinations. Although not involved in commissioning, Dr Prasad was able to suggest projects and proposals that would benefit residents and those with additional needs.

Mr Ellis advised that the GP Confederation had played a crucial part in the Covid vaccination programme. Hillingdon had achieved the highest number of Covid vaccinations across the whole of London in the previous year. This year the vaccination programme delivered by GPs and community pharmacies had included Covid, flu and polio boosters.

Dr Prasad advised that HHCP was an alliance between the GP Confederation, Central and North West London NHS Foundation Trust (CNWL), H4All and THH, and that it worked alongside the Council and NWL ICS. HHCP's strategic aims were in relation to:

- 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 ICS priorities through local models

In 2019, Primary Care Networks (PCNs) were set up. Each of these PCNs comprised a group of practices that served 30-50k residents and delivered integrated models of care. Neighbourhood teams were used as a delivery model covering services and patients and included partners such as the police and London Ambulance Service to provide joined up care.

The Council and HHCP had refreshed the Hillingdon Joint Health and Wellbeing Strategy and identified six priorities:

- Support for children, young people and their families to have the best start and to live healthier lives
- Tackling unfair and unavoidable inequalities in health and in access to and experiences of services
- Helping people to prevent the onset of long-term health conditions such as dementia and heart disease
- Supporting people to live well, independently and for longer in old age and through their end of life
- Improving mental health services through prevention and self-management
- Improving the ways we work within and across organisations to offer better health and social care

Partners, including Public Health, had been looking at data together to identify priorities at Borough and Neighbourhood levels including the national “Core 20 + 5” framework. This approach had been trialled with a focus on preventing falls and, in one of the Neighbourhoods, care for those with diabetes and obesity. The learning from these projects would be taken forward as a consistent way of working was developed.

HHCP had three themes to work on during 2022/2023: developing Hillingdon ‘Place’; building “Team Hillingdon”; and delivering transformation programmes. Key next steps included:

- Focus on population health and engagement, establishing priority areas from the refreshed joint strategic needs analysis
- Working together to develop joined up plans for winter resilience
- Delivering objectives including the transformation programmes
- Working with NWL ICB in order to be ready for delegation from April 2023

Although these were thought to be good ambitions, Members queried how health colleagues would be evidencing progress to know when the objectives had been met. Dr Prasad advised that each transformation project had Key Performance Indicators (KPIs) and targets which would be assessed on a regular basis. For example, there was a target around the number of patients that avoided emergency admission and consideration could be given to the fulfilment of end of life plans. Dr Prasad agreed to bring evidence of the objectives being met to the Committee’s meeting on 26 April 2023.

Members queried whether the interests of all boroughs in NWL aligned and how any differences were accommodated. It was also queried whether Hillingdon had a representative on the ICS or whether it was actually an ICS representative in Hillingdon. Mr Lambert advised that the current structure of ICS/ICB had been set nationally so could not change. He noted that the strategy regarding commissioning intentions had been developed from the Joint Health and Wellbeing Strategy and Joint Strategic Needs Assessment. Scales had been used to ensure the most efficient and effective use of resources, whilst also ensuring that local priorities were continued. There was a large degree of commonality between the boroughs in NWL but there were also some areas where a borough would benefit from the support that NWL ICS would bring.

Mr Ellis advised that, from a Hillingdon perspective, the Health and Wellbeing Board was an important vehicle for testing views of the strategy. There had been some

significant gains that had arisen from Public Health input and resources. Consideration also needed to be given to the additional pressures felt in Hillingdon from the increase in asylum seekers which needed to be shared across NWL.

Members queried the progress being made with regard to the number of GP vacancies in Hillingdon and the recruitment activity that was being undertaken to address this. Dr Prasad noted that, although Hillingdon was slightly under-doctored, a lot of work had been undertaken by the Confederation to provide training and support for existing GPs and new GPs had been coming to Hillingdon to train. GP levels were currently manageable locally but recruitment was a national challenge. Mr Lambert advised that additional investment had been identified for alternative roles in general practice to free up GPs. Thanks largely to digital options, GPs in NWL were now providing 35% more consultations than they had been before the pandemic so there had been a huge increase in demand rather than resources being extracted from general practice. Consideration would need to be given to how demand could be managed and shifted.

With resources being held at a NWL level, concern was expressed about the possibility of resources being extracted to focus on areas that were a priority for NWL but not a significant issue within Hillingdon and the ability of each borough to be able to ringfence resources for its priorities.

The London Ambulance Service NHS Trust (LAS)

Mr Clinton Beale, Stakeholder Engagement Manager at LAS, advised that his work covered NWL as well as across the whole of London. The LAS was the only NHS Trust that covered the whole of London and was the busiest ambulance service in the UK with approximately 3k emergency jobs every day and 2m 999 calls every year. The LAS looked after 1.2m 999 and NHS 111 calls for London per annum (this figure was rising), had around 8k staff and covered the 620 square mile area within the M25. There were around 26k NHS 111 calls per month (14k were dealt with on the phone and closed through 'Hear & Treat' and around 11k were triaged into A&E via 111) and 31k patients per month were treated and discharged at the scene.

The LAS worked collaboratively with the ICB and acute trusts on a daily basis to deal with issues as they arose as a shared risk, solving them across the wider system. Although, along with partners such as the London Fire Brigade and police, the LAS was prepared for unexpected major challenges, this meant that resources needed to be set aside to ensure this readiness.

NHS 111 meant that more patients than ever were being treated over the phone than ever before. It had been difficult to treat patients before without access to their medical records, so the introduction of Urgent Care Plans (UCPs – which had been an evolution of the Coordinate My Care Plan) produced on the system had enabled paramedics to get access to these medical records en route to the patient. Dr Prasad advised that Hillingdon had the highest number of UCPs in place with clear information therein about patient needs.

Technology had moved on and all ambulance staff were now issued with a tablet to access records and share with hospitals before arrival through a web portal (it was anticipated that this would eventually be integrated into hospital systems). Mr Beale noted that it would be good to see and measure the improvements brought about by the UCPs which would include better outcomes for patients. He advised that mental health response cars were in place with a mental health nurse and paramedic on board and that there was a mental health nurse in the control room too. However, demand

for mental health services was high and the mental health nurses in the response cars were only in place for approximately three months before rotating back to their own Trust and being replaced by a new nurse.

The Chairman noted that LAS performance-related information had been shared at a recent NWL Joint Health Overview and Scrutiny Committee meeting. The Democratic Services Manager would forward this information on to Members of the Committee.

Mr Chris Reed, Hillingdon Group Manager at LAS, advised that the LAS categorised calls as 1-4 and that the biggest concern was in relation to response times for Cat 1 and Cat 2. Over the last few weeks, resourcing changes had led to changes in the model used in NWL to ensure that fast response units were available to deal with calls. This had meant that the LAS had managed to achieve the 7-minute response target for Cat 1 calls in the last two weeks. However, demand for Cat 2 calls had been increasing. Members were keen to see what action would be taken to improve the Cat 2 response time.

To ensure achievement of the 7-minute average response time for Cat 1 calls in Hillingdon, the LAS had double-crewed ambulances and 3-4 fast response cars strategically placed at any one time (these were used less than the ambulances so that they could concentrate on the Cat 1 calls). In addition, Mr Reed sat on meeting about HS2 so was able to ensure that the roads were clear for LAS staff. Traffic would always be a challenge but this was something that the LAS just dealt with.

Action had been taken to improve the education of those on the front line to give them the confidence to make the right decision on scene and refer to alternative pathways where appropriate (rather than conveying all patients to A&E). Generally, 50% of patients were still taken to hospital and Mr Reed was grateful to the staff at Hillingdon Hospital for the collaborative work that had been undertaken to reduce ambulance waiting time at A&E.

Ms Patricia Wright, Chief Executive at THH, advised that the current layout of A&E was not conducive to some of the solutions being proposed to handover delays but that staff made every effort to work around and do what they could in a crowded department.

With Covid still at the forefront of people's minds and the impact that it could have on the respiratory system, Members queried whether there were more calls generated by related concerns. Mr Reed advised that a panic attack would need to be assessed face-to-face and on an individual basis as everyone had different medical histories and things like pulmonary embolisms needed to be ruled out. Mr Beale noted that, during the height of the pandemic, referral to alternative services had been stopped but that this pathway was now coming back online.

Mr Lambert advised that there had been three effects from the pandemic:

1. There had been an undertreatment of patients as they had been hesitant to present during the pandemic but were now more comfortable getting their health issues dealt with;
2. Some services had been stood down and action was now being taken to raise awareness of them again; and
3. There had been a reduction in individuals' general resilience to be able to deal with their own health issues that had been driven by psychology.

The Hillingdon Hospitals NHS Foundation Trust (THH)

Ms Patricia Wright, Chief Executive at THH, advised that winter pressures seemed to be around throughout the year, especially with respiratory illnesses caused by pollution and allergies all year round. THH had just published its strategy for the next five years and Ms Wright would forward a copy to the Democratic Services Manager for circulation to the Committee. The strategy covered the journey that THH would take to transition to the new hospital as it would not just be a case of moving current ways of working to the new build. It set out the vision for the organisation to deliver the best possible care for people who needed THH's services.

As it was recognised that the Trust did not always get things right, the CARES values had been retained and six strategic priorities had been set which included: quality, staff, performance, finances and working in partnership. Hillingdon Hospital was classed as a small to medium sized hospital which meant that it was unable to do some things at scale. As such, working in partnership was essential, for example, sharing respiratory consultants with Harefield Hospital. THH had developed a good working relationship with HHCP and needed to be part of the journey with partners.

Work was underway in relation to ensuring that patient records were up to date. Currently, THH used a range of different systems to record various details about patients. From November 2023, a new shared system solution would be initiated which would facilitate the management of patient care and the seamless transfer of care with links to community services, helping care to be more proactive. One current innovation was a system which allowed GPs able to submit information about patients onto an IT referral system with consultants able to provide advice and guidance online. This had reduced referrals to hospital and provided more joined up care, moving the care out of hospital.

Since April 2022, THH had been part of the Acute Care Collaborative with a single Chairman covering Imperial, Chelsea and Westminster, London North West and THH. Each of these organisations existed in its own right but worked collaboratively, looking at economies of scale in things like back office functions.

Members were advised that the hospital rebuild strategic programme was progressing and that an announcement from the Treasury about the next tranche of money was awaited. The planning application for the new hospital was also being progressed.

THH was able to provide elective and emergency care and it was recognised that the quality of care at Hillingdon Hospital had been judged inadequate at the last CQC inspection. Although the Hospital had not yet been reinspected, the improvement notices issued in 2020 had been removed. An unannounced visit had also taken place on 1 November 2022 to look specifically at some medical and care of the elderly services in response to some concerns that had been raised by patients with the CQC about the quality of care. Informal feedback had been positive in that THH had taken action in relation to some of the issues that had been raised.

A&E performance against the 4 hour target had been in line with other London Trusts for some time, although below the national target of 95%. However, performance had deteriorated over the last 2-3 months. Although capacity at the Hillingdon A&E department was around 130-150 per day, the hospital regularly saw 200 patients per day (plus another 200 patients per day in the Urgent Treatment Centre). A&E was now also monitored on 12 hour waits in the department so THH needed to focus its effort on how this could be improved.

With regard to elective care, effort was needed to return to 2019/2020 levels and Ms Wright was confident that no patient would be waiting longer than 78 weeks by the end of the year. This would be a challenge as Covid had not gone away. Contingencies had been put in place for the winter with virtual wards being able to monitor patients at home.

Concern was expressed about staff morale and the challenges of recruitment and retention. Ms Wright advised that the staff were tired and it would be important to look after them as much as looking after patients. Morale levels had dropped from 2016 levels but had held last year (despite levels dropping across the rest of the NHS). It was unclear whether morale would hold to these levels again this year because of the impact of the cost of living and travel.

Funding had been made available from the ICB to recruit around 120 international nurses and these were now in post. There had been some issues with recruiting to medical specialities but very high calibre individuals had been appointed and a cohort of young and enthusiastic consultants were now in post. There had been a high turnover in Healthcare Assistants (HCAs) and estates / facilities staff (as well as in the Senior Leadership Team) but the Trust was working hard to tackle any issues that arose.

It was queried whether work by social care and the hospital around delayed discharge had been impacted by changes in funding streams. Ms Wright advised that discharge was regularly monitored and that there had not been a huge decrease in discharge performance. There had been a little blip when the Discharge 2 Assess model had been removed (there had been an increase in length of stay at the end of last year but this had now dropped by one day), but a modified version of the discharge lounge process was now being used.

Insofar as physiotherapy services were concerned, Members were advised that physiotherapy was provided by CNWL in the community as well as by the hospital for inpatients. There was sometimes confusion about the move to community physiotherapy once a patient had been discharged from hospital. Mr Ellis advised that consideration was being given to recruitment so that GPs could also refer to them.

Royal Brompton and Harefield NHS Foundation Trust (RBH)

Mr Nick Hunt, Executive Director of Service Development at Harefield Hospital, advised that the Trust was performing well in relation to elective performance as it had not been as affected by Covid as other hospitals. No patient was currently waiting longer than 18 months. However, in anticipation of the proposed strike by the Royal College of Nursing, it was thought that cardiac performance might derogate from that as the overwhelming vote from staff was to strike.

The Trust continued to face challenges with the recruitment of critical care staff, radiographers and cardiologists. However, Brunel University was providing some assistance with the expansion of cardiology and radiography related training.

Mr Hunt noted that David Simmonds MP had visited Harefield Hospital and had written to the Secretary of State about capital spending restrictions which were a challenge. It would be important for the Treasury to start releasing money.

Ms Derval Russell from RBH, advised that there had been an uptick on non-elective

	<p>activity and that investigations were being undertaken to establish the reason. It could be that patients had waited until after the pandemic had calmed a little before they raised their symptoms as an issue but it was not yet clear if this was a contributory factor. There had been a huge dip in referrals during Covid and it was possible that the increase could be these patients now surfacing.</p> <p>Patients were now waiting longer than they had pre-Covid but a digital platform was being rolled out for patients to highlight any issues experienced during their wait. This digital project had been funded by NHS England.</p> <p>RESOLVED: That:</p> <ol style="list-style-type: none"> 1. Dr Prasad bring evidence of the ICS objectives being met to the Committee’s meeting on 26 April 2023; 2. the Democratic Services Manager forward the LAS performance data from the NWL JHOSC meeting to Members of the Committee; 3. Ms Wright forward a copy of THH’s five year strategy to the Democratic Services Manager for circulation to the Committee; and 4. the presentations be noted.
37.	<p>CABINET FORWARD PLAN MONTHLY MONITORING (<i>Agenda Item 6</i>)</p> <p>Consideration was given to the Cabinet Forward Plan. It was noted that an item in relation to the <i>2022/23 Better Care Fund Section 75 Agreement</i> would be included on the agenda of the Committee’s next meeting on 7 December 2022.</p> <p>RESOLVED: That the Cabinet Forward Plan be noted.</p>
38.	<p>WORK PROGRAMME (<i>Agenda Item 7</i>)</p> <p>Consideration was given to the Committee’s Work Programme. It was agreed that the Committee’s next major review be in relation to children’s mental health and that a scoping report be included on the agenda for the meeting on 26 January 2023.</p> <p>RESOLVED: That:</p> <ol style="list-style-type: none"> 1. a scoping report on children’s mental health be included on the agenda for the meeting on 26 January 2023; and 2. the Work Programme be noted.
	<p>The meeting, which commenced at 6.30 pm, closed at 8.40 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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Minutes

HEALTH AND SOCIAL CARE SELECT COMMITTEE

7 December 2022



HILLINGDON
LONDON

Meeting held at Committee Room 6 - Civic Centre,
High Street, Uxbridge UB8 1UW

	<p>Committee Members Present: Councillors Nick Denys (Chairman), Philip Corthorne (Vice-Chairman), Tony Burles, Reeta Chamdal, June Nelson (Opposition Lead) and Barry Nelson-West</p> <p>Also Present: Sean Bidewell, Joint Lead Borough Director, North West London Integrated Care System (NWL ICS) Vanessa Odlin, Managing Director for Hillingdon and Mental Health Services, Goodall Division, Central and North West London NHS Foundation Trust (CNWL)</p> <p>LBH Officers Present: Gary Collier (Health and Social Care Integration Manager), Shikha Sharma (Consultant in Public Health) and Nikki O'Halloran (Democratic Services Manager)</p>
39.	<p>APOLOGIES FOR ABSENCE (<i>Agenda Item 1</i>)</p> <p>Apologies for absence had been received from Councillor Alan Chapman.</p>
40.	<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>
41.	<p>EXCLUSION OF PRESS AND PUBLIC (<i>Agenda Item 3</i>)</p> <p>RESOLVED: That all items of business at this meeting be considered in public.</p>
42.	<p>MOUNT VERNON CANCER CENTRE STRATEGIC REVIEW UPDATE (<i>Agenda Item 4</i>)</p> <p>Members agreed that, as the representative from NHS England and Improvement was now unable to attend the meeting, this item be rescheduled for 26 January 2023.</p>
43.	<p>HEALTH UPDATES - CENTRAL AND NORTH WEST LONDON NHS FOUNDATION TRUST (<i>Agenda Item 5</i>)</p> <p>Ms Vanessa Odlin, Managing Director for Hillingdon and Mental Health Services, Goodall Division at Central and North West London NHS Foundation Trust (CNWL), advised that CNWL was responsible for mental and physical health services in Hillingdon as well as mental health inpatient services and a ward for older adults with mental health challenges.</p> <p>The Trust had faced some challenges with regard to the waiting list for children's</p>

mental health services. The Committee had heard from Ms Tina Swain, Service Director for CAMHS & Eating Disorders - Goodall Division at CNWL, at its last meeting about the innovations that had been introduced to reduce the waiting list and the work that had been undertaken to expand the workforce.

Ms Odlin recognised that the pandemic had resulted in an increase in the number of children experiencing mental ill health and that further preventative work was needed. To this end, a new model had been introduced for 0-5 year olds as a preventative measure supported by mental health teams to reach children before they went into crisis. The model was delivered by a small team of clinicians which received referrals from GPs as these children were not yet in school. The service looked at the whole family to identify what support was needed and what steps could be put in place. Although this work was not yet embedded, consideration could be given to expanding it to other age groups in the future. However, it was noted that the mental health teams in schools would cover children up to the age of 11 that were in school. In addition, work was underway in the community for 0-19 year old physical health and consideration would need to be given to joining this up with the mental health work.

Ms Odlin advised that Kooth (an online emotional and mental health support service for children and young people aged 11-24) had been embedded in Hillingdon and funding had recently been received to undertake preventative work on CAMHS. Some of this funding had been given to the Council to allocate through third sector grant schemes. Although mental health teams were not yet in all schools across the Borough, discussions were underway with North West London Integrated Care System (NWL ICS) to determine how much budget would be needed to achieve total coverage. It was recognised that this could be more challenging if schools were not willing to engage.

With regard to adult mental health, Ms Odlin advised that the Crisis Recovery House had opened in the summer and would be piloted over the next 12 months. During this period, the access criteria would be reviewed. The house was being run by Comfort Care Services (an independent sector company) in collaboration with CNWL and the local authority and had been borne out of good partnership working. Although referrals to the Crisis Recovery House could be made at the point of crisis, the purpose of the house was to avoid crisis and for it to be included as part of an individual's care plan.

Ms Odlin advised that the Crisis House was not an alternative to the Riverside Centre. The house was a non-clinical space, had a maximum capacity of 6 and was open to those aged 18 or over. It was anticipated that the length of stay would be 7-10 days but should be as short as possible. Each guest staying at the Crisis Recovery House would be reviewed at different points during their stay to determine whether or not they needed to be admitted to hospital. Mr Gary Collier, the Council's Health and Social Care Integration Manager, advised that it had taken 18-24 months to get this house up and running and supporting people and had been a true collaboration between health and care providers.

An evaluation of the outcomes was being undertaken and thought was being given to where each guest would have gone if they had not been referred to the Crisis Recovery House. Guests that had used the Crisis Recovery House were looked after by the home treatment team after they left the House. CNWL would like to know from these guests where they would have gone if their referral had not been accepted and would also look at homelessness as part of this work.

Although the Crisis Recovery House had not yet been at capacity, this had been expected. An evaluation would need to be undertaken to establish how successful the Crisis Recovery House had been and then consideration could be given to whether or not an additional house was required. Effort would also need to be made to ensure multiple access points were available into the Crisis Recovery House such as referrals from the police and identifying other professional groups that might need to make referrals. Ms Odlin would provide Members of the Committee with an update on the Crisis Recovery House in 12 months.

Members were advised that a video of the Crisis Recovery House had been made to show potential guests what it was like. A media campaign to raise awareness of the facility was also underway across Hillingdon. Ms Odlin would forward the video to the Democratic Services Manager for circulation to the Committee.

Mr Collier advised that an update report on the Crisis Recovery House / The Retreat had been considered at the Health and Wellbeing Board meeting on 29 November 2022. The report had included detail about needs and about the outcomes of the experience. The Democratic Services Manager would circulate the report to Members of the Committee.

Members were advised that a number of Additional Roles Reimbursement Scheme (ARRS) roles had been introduced for clinicians working in primary care supporting people who struggled with their mental health but who didn't need to be referred to community mental health services. This had been in place for a couple of months so the impact was yet to be determined.

For the transition from child to adult services, pathway leads had been put in place for young adults aged 16-25 and pilots were being put in place to help the transition. Links had been made with Brunel University and the voluntary sector to support this work.

Insofar as physical health was concerned, Ms Odlin advised that CNWL continued to work with Hillingdon Hospital to support discharge. In North West London, this work with The Hillingdon Hospitals NHS Foundation Trust (THH) was seen as been a good example of partnership working. Hillingdon was also an early implementation site for lower limb wound care and Family Hubs had been set up with the Council alongside a website to provide families that needed more support or who wanted to self-help.

The ARCH drop in assessment service had stopped at the start of the pandemic and had restarted this year. Members were advised that funds had been secured for the ARCH service to provide a day programme and a focus on assessments. This work supported the inpatient service at Riverside to help dual diagnosis patients on their discharge journey.

With regard to alcohol-related admissions, Ms Odlin advised that she was only able to speak about mental health inpatients, not acute hospital admissions. Although ARCH did work into the hospital, there could be more support from addiction services and thought needed to be given to how this could be enhanced.

Ms Odlin advised that, with regard to the time that the police spent with mental health patients, partners were committed to having regular senior meetings with the police where case reviews were undertaken in a collaborative way. The Crisis Care Concordat, chaired by Mr Richard Ellis, Joint Lead Borough Director at NWL ICS, had held its first meeting jointly with West London. Representatives from H4All had been in

attendance and it had been recognised that all organisations had a lot of regular contact with a small number of individuals. As such, individual care plans had been developed for these individuals to meet their needs. Consideration was also being given to how the Crisis House and Cove Café could be used by the police. Ms Odlin would provide Councillors Denys and Nelson with an informal update and more statistics in January 2023.

Members queried what support was available to those individuals who did not have access to digital platforms. Ms Odlin advised that she would take this back to her team. She would also ensure that data around performance indicators was available for the meeting in April 2023.

RESOLVED: That:

- 1. Ms Vanessa Odlin provide Members of the Committee with an update on the Crisis Recovery House in November 2023;**
- 2. Ms Vanessa Odlin forward the Crisis Recovery House video to the Democratic Services Manager for circulation to the Committee;**
- 3. the Democratic Services Manager circulate the update report on the Crisis Recovery House / The Retreat that had been considered at the Health and Wellbeing Board meeting on 29 November 2022 to Members of the Committee;**
- 4. Ms Vanessa Odlin provide Councillors Denys and Nelson with an informal update and more statistics on the amount of time police spent with mental health patients in January 2023;**
- 5. Ms Vanessa Odlin provide the Committee with data around performance indicators at its meeting on 26 April 2023; and**
- 6. the presentation be noted.**

44. **ADULT SOCIAL CARE UPDATE** (*Agenda Item 6*)

a) Care Act Adult Social Care Funding Reforms

Mr Gary Collier, the Council's Health and Social Care Integration Manager, advised that Ms Sandra Taylor, the Council's Executive Director of Adult Services and Health, had previously reported on this issue to the Committee on 19 July 2022. At that time, it had been anticipated that a care cap of £86k in funding reforms would be introduced and there would be an increase in capital thresholds from £23,250 to £100,000. There was also to be work around the fair cost of care to address the disparity in fees paid by the Council and those paid by self-funders.

Following the autumn statement, it was now known that the £86k care cap and the increase in capital thresholds would be effective from 1 October 2025. The care cap was the maximum amount that an individual would be expected to pay towards the cost of their care needs in their lifetime. Mr Collier noted that there was already a deferred payment scheme in place which meant that householders would not necessarily have to sell their homes to contribute to meeting their care costs.

Insofar as the fair cost of care work was concerned, councils continued to wait for information from the Government about their financial allocations to be able to undertake the work. Mr Collier advised that the cost of those additional staff that would be needed to undertake the additional assessments had been included in the Government funding but would not now be needed until 2024/2025. Work would need to start towards the end of 2023/2024. As this was a live issue, Mr Collier would provide Members with an update once the issue about funding had been resolved.

b) Adult Social Care Contracts

Mr Collier advised that information in relation to adult social care expenditure had been circulated to Members. This information had been split between the proportion of the budget used for in-house provided services (6% - for example, care homes and supported living schemes for people with learning disabilities), Council support services (25% - for example, staffing and staff related costs) and externally provided services (69% - for example, care homes, homecare, extra care housing and supported living schemes).

Members asked that the numbers and information be broken down further, if possible, to provide the following:

- How much was spent on contracts providing preventative action?
- Spend split by provider type - social, voluntary and private provider.
- Which providers had the largest number of contracts?
- The number of local providers.
- How much of the services were subcontracted?
- Top 6 companies regarding the amount of funding that they received from the Council.

Mr Collier advised that the spend distribution for adult social care in Hillingdon would be broadly similar to that of other local authorities. He would draft a proposal that reflected the meeting's discussion to provide the Committee with more information about the breakdown of the Council's spend on external providers and email it to the Chairman and Councillor Nelson to ensure that it met their needs before the next meeting on 26 January 2023.

c) Public Health Procurement Update

Ms Shikha Sharma, Consultant in Public Health at the Council, advised that, in April 2022, the Families, Health and Wellbeing Select Committee had received a report setting out the plan for public health procurement. A one-year contract extension had been agreed by Cabinet in July 2022 to give officers time to formulate a planned approach. Fortnightly meetings had been undertaken with contract leads to look at population needs and establish whether the services were delivering what they were supposed to. Ms Kelly O'Neil, the Council's Interim Director of Public Health, had been putting together the planned next steps to ensure that there was a consistent methodology.

It was noted that the value of contracts had been listed in bullet points on page 12. Members queried why this was so uneven and how that specific amount of money had been allocated to each contract. For example, as obesity was thought to be a big issue in the Borough, why did weight management only get £25k when substance misuse services received £3.025m? Ms Sharma advised that values of a number of the contracts were historic and that more investigation was needed to establish what each of the contracts was actually achieving. Also, public health functions like sexual health services and health checks were 'mandatory' under the Health and Social Care Act 2012. Therefore, sexual health services needed to fulfil the purpose as written in the law, which included prevention of the transmission of sexually transmitted infections and the provision of a contraception service for Hillingdon's population.

Members queried whether the amount of money spent on a contract was locally decided or whether there was influence nationally or from North West London Integrated Care System (NWL ICS). Ms Sharma advised that there were some

services that were deemed 'must do' (such as sexual health) and some that would be discretionary (such as weight management). The amounts allocated were based on the values that had been in place when Public Health had transferred to the local authority. Ms O'Neill was looking into whether these services were achieving what they had been set out to do.

It was noted that, as part of the planning process for the new contracts, there would be more focus on prevention and early intervention, service delivery and targeting higher risk and vulnerable groups. Ms Sharma advised that Ms O'Neill had been working with contract leads who had undertaken needs assessments which fed into epidemiology and collected insights from residents and professionals to get a 360° view of residents' needs. During the pandemic, the way that people accessed services changed (e.g., SH:24), so feedback would be sought on the ways that individuals would prefer to receive services. It was important that the contracts showed achievement against public health indicators as outlined in the Public Health Outcomes Framework (PHOF) which fed into the two broad goals for the Public Health Grant: (i) an increase in life expectancy; and (ii) a reduction in inequalities. The Chairman noted that, at the Committee's meeting on 26 January 2023, Members would like an update on this from Ms O'Neill and more of an explanation about what this would actually look like.

With regard to NHS Health Checks, Members expressed concern about the under-screening of specific groups in the Borough, which included minority men, and asked how these groups were being encouraged to participate. Ms Sharma advised that the team was visiting identified areas of deprivation and diversity in the south of the Borough to encourage a greater uptake. GPs had been targeted to encourage the uptake in men and there were plans to look at GP data to target areas where the uptake was not high. Digital options were being investigated and NHS Health Checks had been publicised at a recent men's health day. It was agreed that Ms Sharma would ask Ms Becky Manvell to provide the Democratic Services Manager with an update on the improvements and whether or not these were on target to forward on to the Committee.

Concern was expressed that there had been a number of women who had had more than one termination. Ms Sharma advised that these tended to be younger women and that it was important that counselling sessions continued to be undertaken to talk about contraception with all women that requested a termination. There had been an ongoing effort to educate women about pregnancy as well as supporting them to get back into work or education. Ms Sharma would provide the Democratic Services Manager with the statistics on repeat terminations.

With regard to smoking cessation, Members were advised that Hillingdon would not prescribe vaping as a way to stop smoking until a vaping product had been supported by Medicines and Healthcare products Regulatory Agency (MHRA). If someone wanted to quit smoking by vaping, that was fine but the Council would continue to encourage the use of the quit service. Public Health did not monitor the number of people who quit smoking by going on to vape instead but would liaise with the commissioner to establish if any information was gathered about the number of people who had indicated that they would like to quit using a vape.

Members expressed concern about the disproportionate number of men that accessed drugs and alcohol services. Ms Sharma advised that getting women to use the service had been an ongoing challenge. Officers had been in contact with services such as trafficking and criminal justice so it might be possible to get a more detailed

explanation. Once the needs assessment had been undertaken, it was anticipated that this would be clearer.

Performance Dashboard Update

Mr Collier advised that the performance dashboard continued to be a work in progress and was due for completion in the new year. He would be able to provide an update once the work had been completed.

RESOLVED: That:

- 1. Mr Gary Collier provide the Chairman and Councillor Nelson with a further breakdown of the adult social care contract budget to ensure that it met their needs before the next meeting on 26 January 2023;**
- 2. Ms Kelly O'Neill provide the Committee with an explanation of what the new contracts would look like at the Committee's meeting on 26 January 2023;**
- 3. Ms Shikha Sharma ask Ms Becky Manvell to provide the Democratic Services Manager with an update on the improvements to the update of NHS Health Checks and whether or not these were on target to forward on to the Committee;**
- 4. Ms Shikha Sharma provide the Democratic Services Manager with the statistics on repeat terminations;**
- 5. Ms Shikha Sharma liaise with the commissioner to establish if any information was gathered about the number of people who had indicated that they would like to quit using a vape and forward this to the Democratic Services Manager for circulation to the Committee;**
- 6. Ms Shikha Sharma provide the Committee with a more detailed explanation about the disproportionate number of men accessing drug and alcohol services in Hillingdon; and**
- 7. the presentations be noted.**

45. **2022/23 BETTER CARE FUND SECTION 75 AGREEMENT** (*Agenda Item 7*)

Mr Gary Collier, the Council's Health and Social Care Integration Manager, advised that the 2022/23 Better Care Fund Section 75 (s75) Agreement report was due to be considered by Cabinet at its meeting on 15 December 2022. The Better Care Fund (BCF) initiative had been in place since 2014/15 to bridge the difference in the legal systems between health and social care. The BCF worked to a national timetable with planning requirements that had been sent out to local authorities late, hence why the 2022/23 plan legal agreement was only just being taken to Cabinet in December 2022.

The Council and NHS partners had devised a BCF plan that met national requirements on how local authorities and the NHS should work together to deliver local and national priorities. This plan had been agreed by Hillingdon's Health and Wellbeing Board in accordance with national requirements. The s75 agreement was very detailed, and included such things as setting out the delegation of functions, financial arrangements, meeting jointly agreed objectives and also risk sharing arrangements.

Mr Collier advised the Committee that the care market was struggling nationally and that Hillingdon was not immune to these pressures. The Committee was informed that the Council had care market management and development responsibilities under the 2014 Care Act and that these were reflected in the BCF plan and the s75 agreement. This included channelling Government provided funding to providers as well as support from the Care Home Support Team, which was a collaboration between primary care

and the Central and North West London NHS Foundation Trust (CNWL). This service entailed care homes having allocated care home matrons who contacted them on a regular basis to provide advice and assistance on clinical matters to help prevent crises that could lead to hospital attendances and admissions that were avoidable.

The Committee was further informed that the Council's Quality Assurance Team was in regular contact with care home and home care companies working in Hillingdon to provide information, advice and support, e.g., explaining Government guidance and requirements.

Mr Collier noted that care home and domiciliary care (also known as homecare) provision were two of the largest areas of spend in the adult social care budget.

Mr Collier explained that a personal health budget was an amount of money to support a person's assessed health and wellbeing needs, which was planned and agreed between the person with assessed health needs and the local NHS team. The Committee was informed that this was similar to personal budgets to meet assessed adult social care needs.

The Committee was informed that there were different types of personal health budget and, similarly with social care personal budgets, one of these was direct payments where money would go directly to the individual. Mr Collier advised the Committee that the Council had been managing personal health budgets paid as direct payments on behalf of the NHS for many years as the process was very similar to direct payments meeting social care needs. The operation of this was reflected in the BCF s75 agreement. Members noted that a key objective behind the payment of personal health budgets as direct payments was to help empower residents to make their own choices. Further information about personal health budgets was available at www.nhs.uk.

Mr Collier made the Committee aware that, in 2021/22, the NHS had funded the first four weeks of new care home and home care placements but that this stopped in 2022.23. As a result, it had been necessary for financial assessments to take place in hospital again, which could impact on the speed of discharge.

With regard to the funding for hospital discharge, Mr Collier informed the Committee that the allocations from and grant conditions for the Department of Health and Social Care's Adult Social Care Hospital Discharge Fund had been announced on 17 and 18 November 2022 respectively. Under this new fund, £1.9m was available for Hillingdon's system and £877k would be paid directly to the Council. However, a condition of receiving the funding was that a spending plan had to be submitted by 16 December 2022 that had been agreed by the Health and Wellbeing Board. It was added that this money had to be spent by 31 March 2023. It was a national requirement that the allocation from this new fund was included within the BCF s75. Mr Collier advised the Committee that this would necessitate a variation to the agreement and that Cabinet would be asked to agree delegation arrangements to allow necessary changes to the agreement to be made.

Under the Section 75 agreement, the partners agreed to establish and maintain a pooled fund for revenue and capital expenditure. This pooled fund was hosted by the Council and was used for a range of services, including those intended to get people out of hospital as quickly as possible but also services to prevent admission. Discharge-related services were provided by a range of providers including CNWL,

	<p>care homes, domiciliary care and third sector organisations such as Age UK. Access to these services would be mainly through the integrated discharge team. Mr Collier advised that, unlike many health and care systems, Hillingdon did not experience discharge delays due to lack of packages of care as it had a bridging care service in place for up to seven days to then determine if there was a need for reablement or a home care agency for ongoing care. The Committee was informed that there were issues with care home capacity as Hillingdon had high levels of occupancy in, i.e., 93%. Mr Collier advised that to address this, beds had block booked by the Council to enable residents to 'step-down' over the winter period. Mr Sean Bidewell, Joint Lead Borough Director at North West London Integrated Care System (NWL ICS), advised that NWL ICS was involved with the discharge work on a daily basis.</p> <p>RESOLVED: That the report and presentation be noted.</p>
46.	<p>WORK PROGRAMME (<i>Agenda Item 8</i>)</p> <p>It was agreed that the Mount Vernon Cancer Centre Strategic Review Update due to be considered at this meeting be rescheduled for 26 January 2023.</p> <p>Information about a review of orthopaedic inpatient surgery in North West London had been circulated to Members of the Committee on 21 October 2022 and it had been noted that the consultation period would close in January. It was agreed that an update be requested for the meeting on 26 January 2023.</p> <p>An update on the implementation of recommendations from the scrutiny review about making the Council more autism friendly had been scheduled for 26 January 2023. It was agreed that this be moved to the meeting on 26 April 2023 to combine it with the consultation on the draft autism strategy.</p> <p>RESOLVED: That:</p> <ol style="list-style-type: none"> 1. the Mount Vernon Cancer Centre Strategic Review Update be rescheduled for 26 January 2023; 2. an update on the NWL orthopaedic inpatient surgery review be scheduled for 26 January 2023; 3. the update on the implementation of the recommendations from the review about making the Council more autism-friendly be rescheduled for 26 April 2023 and combined with the draft autism strategy; and 4. the Work Programme, as amended, be noted.
	<p>The meeting, which commenced at 6.30 pm, closed at 8.23 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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MOUNT VERNON CANCER CENTRE STRATEGIC REVIEW UPDATE

Committee name	Health and Social Care Select Committee
Officer reporting	Nikki O'Halloran, Democratic Services
Papers with report	Appendices A and B
Ward	n/a

HEADLINES

To enable the Committee to keep up to date on the progress of the review of services at the Mount Vernon Cancer Centre.

RECOMMENDATION:

That the Health and Social Care Select Committee notes the update on the Mount Vernon Cancer Centre strategic review.

SUPPORTING INFORMATION

The NHS in the East of England and in North London is working together to review the services at Mount Vernon Cancer Centre (MVCC). MVCC is run by East and North Hertfordshire NHS Trust and delivered from Mount Vernon Hospital which is managed by The Hillingdon Hospitals NHS Foundation Trust (THH). It is a standalone cancer centre and primarily serves a population of over 2 million people in Hertfordshire, South Bedfordshire, North West London and Berkshire. The patient pathways involve a large number of other hospitals and arrangements with several other NHS trusts.

MVCC is the largest single site non-surgical cancer facility in the South East of England and treats around 6,000 new patients per year. More than 4,500 patients a year have radiotherapy treatment and around 1,500 patients receive chemotherapy. MVCC prides itself on being at the forefront of the latest technology and research, with many patients being offered clinical trials. Patients from across the country may be referred to the centre for specialist treatment which may not be available to them locally.

The population using MVCC comes from a large geographical area:

Geographical Area	2017-18	2018-19	%
Herts Valleys CCG	3,509	3,359	27%
East and North Herts CCG	1,611	2,186	17%
Hillingdon CCG	1,805	1,750	13%
Harrow CCG	1,099	1,076	8%
Bedfordshire CCG	660	711	6%
Buckinghamshire CCG	733	624	6%
Luton CCG	550	539	5%
Brent CCG	508	491	4%
East Berkshire CCG	394	375	3%

Geographical Area	2017-18	2018-19	%
Ealing CCG	388	397	3%
Barnet CCG	246	215	2%
All other CCGs	526	704	5%

The services at MVCC are commissioned by NHS England's Specialised Commissioning team and local Clinical Commissioning Groups. The Centre provides outpatient chemotherapy, nuclear medicine, brachytherapy and haematology as well as radiotherapy for these populations. There are also inpatient and ambulatory wards.

NHS England / Improvement has been working with the staff at Mount Vernon, with other local hospitals and commissioners, and with the local Cancer Alliances to look at how we can best meet the needs of local people, and develop options that will build on the services, research and patient experience the Centre already delivers.

The papers attached at Appendices A and B provide Members with an update on the progress of the review.

BACKGROUND PAPERS

None.

Mount Vernon Cancer Centre Strategic Review

Stakeholder Update – August 2022

This briefing provides the latest update on the Mount Vernon Cancer Centre (MVCC) Strategic Review. The MVCC Programme Board met in July 2022 to review and discuss the available options for progressing changes to, and securing the sustainability of the current service at MVCC.

Programme Board members reviewed, compared, and discussed options for making the service reprovision proposals more affordable, and reviewed the preferred option – relocating MVCC services to a new cancer centre which would be on the same site as Watford General Hospital.

The preferred option was developed following an independent clinical review that concluded services needed to be located on an acute hospital site – a main hospital with a range of medical services that are not available on the current site. Proposals have been developed in collaboration with a wide range of stakeholders, including patients, public and staff, and reviewed by the Clinical Senate. Relocation to Watford would provide access to critical care beds and necessary medical support, and provides the least disruption to current patient travel times. If you would like more information about the preferred option, please visit: [What are we proposing? | Mount Vernon Cancer Centre Review \(mvccreview.nhs.uk\)](https://www.mvccreview.nhs.uk)

It was acknowledged that with rising inflation and other pressures, funding for large capital projects in the NHS is under immense pressure. At the Programme Board, there was a strong and unanimous view that relocation of the full service to Watford remains the preferred option. Significant concerns were aired about the deliverability, affordability, and sustainability of any other options. The Board also noted that further delays in reaching a final plan could make recruiting and maintaining a workforce more difficult.

Since our last MVCC update, the board at West Hertfordshire Teaching Hospitals NHS Trust has also re-confirmed its commitment to developing a new hospital at the current Watford General Hospital site and also to refurbishment, and some new build at its other hospitals. Further information on this can be found at <https://www.westhertshospitals.nhs.uk/investinginourhospitals/>

Following the MVCC Programme Board meeting, we have prepared some questions and answers:

What have you heard from the New Hospitals Programme?

We have heard no further news since our last update at which time an announcement regarding the additional eight schemes to be added to the New Hospital's Programme was expected in the Spring. There has been no announcement and we have not been advised of a revised date for the decision.

Is the proposal to move MVCC to Watford still moving forward?

While we wait for the decision of the New Hospital Programme, we are continuing to update and develop the detail of the preferred option. However, until capital funding for the project is secured, the next key phase of work - a public consultation - cannot begin.

Over the last few months, the MVCC Review team has been re-examining the preferred option to see if there are any variations that could be looked at. This includes consideration of whether services can be moved to the new site in phases and whether there could be any services that might not need to be provided from the new cancer centre.

NHS England



Have any alternative options been considered?

Yes. In addition to a preferred option, as part of the business case, an examination of other scenarios is required, including a 'do nothing' and 'do minimum' option. Neither of these would deal with the challenges Mount Vernon is facing. They are therefore unacceptable to the Programme Board, and the clinical and commissioning teams as long-term solutions.

The NHS England team has also looked more broadly at a range of alternative options. Patients have had input into the development and consideration of all options through the patient and public workshops, Patient Reference Group, and involvement of Healthwatch and other stakeholders.

This has included a piece of work to understand what would be needed to sustain services on the current site until a long-term solution could be found, and how long it would be before workforce, building, or clinical challenges meant maintaining services became impossible.

A further option that has been explored looks at how specialist cancer services could be provided regionally. The MVCC services are currently provided for patients in East of England, North London and the South East, and the MVCC Review team and local Integrated Care System (ICS) leaders are considering whether there might be other ways to accommodate the patients and services of MVCC within their own regions. This would in effect mean that residents of the three NHS regions covered receive treatment at a cancer centre within their region:

London - Approximately 27% of current MVCC service activity is for patients from North Central and North West London. A 'regional' option assumes that most MVCC patients from the London region would be treated at an existing cancer centre within London. This would require additional capacity and capital investment, particularly for radiotherapy.

South East - Patients from the South East – mainly Buckinghamshire and East Berkshire – make up just over 10% of the MVCC patient population. A 'regional' option would mean new additional capacity would be required in the South East for radiotherapy, chemotherapy, and diagnostics. In addition, service redesign would need to take account of health inequalities, particularly in the Slough area, and the challenges of transport.

East of England - Most MVCC patients – 63%, come from Hertfordshire, Luton, and Bedfordshire in the East of England NHS Region. Given this large geographic area, the number of patients and the lack of alternative specialist cancer care within a reasonable distance, consideration has been given to the creation of a smaller specialist cancer centre for East of England patients. Luton & Dunstable Hospital, Stevenage (Lister) Hospital and Watford General Hospital are being considered as possible host sites, due to their location and access to required clinical services. Each site is being evaluated for potential impact on patient travel times, health inequalities, and cost. Consideration will also be made as to whether the cancer centre would be large enough to function as a specialist cancer centre and attract and retain the expert staff needed. The patient reference group continues to provide the important patient perspective.

The Programme Board is in agreement that this regional based solution is less desirable than the preferred option of moving the whole service to the site in Watford, with challenges in deliverability and sustainability identified.

Investigation of alternative funding sources is continuing, in addition to the existing application to the New Hospitals Programme.

NHS England



What is happening at the MVCC site in the meantime?

A programme of work has been developed looking specifically at sustaining services on the current site, as a temporary measure. This has been described as a way of creating a 'bridge' between the present situation and either a new cancer centre or an alternative long-term solution. It is acknowledged by the clinical and commissioning teams, and the Programme Board, that sustaining services on the current site can only be short-term and cannot be a solution in itself due to the lack of wider clinical services on the site and the extensive maintenance required of the older buildings.

While the Mount Vernon Cancer Services Review seeks a long-term solution, improvements and investments that can be made in the short-term continue.

Some changes that have been made since the beginning of the Review include the addition of a new SPECT-CT, (a single-photon emission computerized tomography, or SPECT-CT, is a type of nuclear medicine scan where the images from two different types of scans are combined together to create 3D pictures, used in radioiodine therapy), as well as the creation of 7 additional outpatient rooms in the old patient's accommodation block and refurbishments to the current outpatient department. A [fern garden](#) was installed with the help of donations, creating a peaceful oasis for patients, and a new therapies rehabilitation gym is due to open next month. The Paul Strickland Scanner Centre is also planning an [upgrade](#), adding two new MRI scanners and a new PET-CT scanner in the next year.

In March we reported that £7.5 million had been set aside to ensure the building is maintained and can provide the best possible care over the next few years whilst the long-term plans are developed. Detailed survey works on the site are underway and the first package of works for the chemotherapy suite, ward, main outpatients and Chart Lodge are out for tender and costing.

These types of investments are critical to sustaining a comfortable and safe patient and staff environment in the short-term. A sustainability group - including members from NHS England, East and North Hertfordshire NHS Trust, Hertfordshire and West Essex Integrated Care Systems (ICS), and Hillingdon Hospital NHS Foundation Trust continues to review and monitor service conditions to ensure safe services are maintained.

How have patients been involved recently?

The Patient Reference Group continues to meet regularly and provide essential input to the Review. The group met in July to discuss the options outlined in this briefing. They restated their view that the preferred option is the best solution, and confirmed the importance of a service for Hertfordshire and Bedfordshire. The group agreed that if an alternative regional option had to be pursued, Luton, Stevenage, and Watford were the best options for the East of England. The group stressed the need to focus on improving cancer outcomes, ease of access across the whole area for all patients, and strong networks of clinicians through the patch. Once the outcome of the New Hospitals Programme is known, more opportunities for patient and community engagement will be scheduled.

What are the next steps?

Assessment and narrowing of the available options will move forward in the next month involving NHSE, ICSs, UCLH (University College London Hospital) and ENHT. Further discussions around capital funding opportunities and next steps will be undertaken with the national finance team.

In the autumn, the Programme Board will also review and discuss networked radiotherapy options which were outlined in the last briefing.

If you would like to find out more, visit www.mvccreview.nhs.uk. If you cannot find the information you are looking for on the website, please contact engagement.east@nhs.net.

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Mount Vernon Cancer Centre Strategic Review

Stakeholder Update

December 2022

1. Introduction

This briefing provides the latest on the Mount Vernon Cancer Centre (MVCC) Strategic Review. The MVCC Programme Board met in December 2022 and discussed the proposed criteria to be used to determine the location for a networked radiotherapy unit, a proposal for Chemotherapy at Home, and investment into the Northwood site as an interim measure to bridge to the long-term relocation.

2. Latest on the preferred option

We have not yet heard from the New Hospital Programme following the submission in 2021 of an expression of interest by University College London Hospital (UCLH) - who would run the relocated service - for funding to relocate MVCC. However, we have been having extremely constructive conversations with the national team about other routes to capital funding, and remain optimistic we will reach a conclusion over the next few months.

It is widely accepted there is an urgent need to re-provide Mount Vernon cancer services on an acute hospital site, and it remains the preferred long-term option, and the right one for patients.

The preferred option was developed following an independent clinical review that concluded services needed to be located on an acute hospital site – a main hospital with a full range of medical services that are not available on the current site.

Proposals have been developed in collaboration with a wide range of stakeholders - including patients, public and staff, and a review by the Clinical Senate - and a site adjacent to Watford General Hospital was identified as the preferred venue for the relocated service. Relocation to Watford would provide access to critical care beds and necessary comprehensive medical support, and with some additional service provision in North West London, improves journey times for most patients. If you would like more information about the preferred option, please visit: [What are we proposing? | Mount Vernon Cancer Centre Review \(mvccreview.nhs.uk\)](#). The Programme re-reviewed the options for the future of Mount Vernon's cancer services earlier this year and all stakeholders continue to support this preferred option.

The dedicated staff at MVCC have been working extremely hard over many years to ensure patients receive a safe and efficient service despite the significant challenges of poor buildings and a lack of other medical facilities on the same site. Waiting times for treatment are amongst the best in the country. The team will keep doing their best for their patients, and to provide support to cancer services at other hospitals, as they have throughout the Covid-19 pandemic.

We will keep working together with our partners - East and North Hertfordshire NHS Trust, NHS England and UCLH, with patients, carers, staff, Healthwatch, the Cancer Alliances, the new Integrated Care Boards, and other organisations providing cancer care, to ensure patients can access the care and treatment they need, whilst continuing to work with national colleagues on the long-term future. Our next meeting with the national team is in mid-January 2023.

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3. Care Closer to Home

- **Networked Radiotherapy**

MVCC provides over 52,000 radiotherapy fractions (sessions) each year. The independent clinical review in 2019 recognised the long travel times experienced by a significant proportion of patients in the north of the catchment area and proposed an additional radiotherapy site to improve access by reducing travel times. Public and patient engagement indicated strong support for an additional unit.

Under the proposals, there would be a radiotherapy service at the new Cancer Centre in Watford, with either no networked radiotherapy unit, or a networked radiotherapy unit in Stevenage or Luton.

Feedback from patients and the public, patient representatives, carers, staff and stakeholders helped develop the set of criteria for agreeing any proposal for networked radiotherapy. In January 2022, the Patient Reference Group fed back that Watford remains too inaccessible for some patients and expressed support for the networked radiotherapy proposal. They felt the ability to meet core standards and quality requirements was the most important criteria, followed by improving access for service users in deprived populations. Improving transport, access, and cancer outcomes, particularly in areas of poorer outcomes, were also key issues.

A joint East of England and London Clinical Senate review took place in April (find it [here](#)). They concluded that the “criteria were appropriate and covered all key aspects” and that “improved health outcomes for all and a reduction in health inequalities should be elevated above all.”

The criteria were discussed at two workshops earlier this year. They include clinical quality, patient access, health inequalities, integration with co-located services, workforce and patient experience. All stakeholders agreed on the criteria, but could not reach consensus over how they should be weighted in relation to the relative importance of reducing health inequalities compared to patient access. Whilst consensus was not reached, the Programme Board discussion was considered to be a useful conversation with more work needing to be done over the coming months.

Further consideration of imaging in relation to networked radiotherapy was also agreed following input from the Paul Strickland Scanner Centre. A further meeting will take place in January 2023 to try to reach a resolution.

- **Chemotherapy at Home**

At the MVCC Board, Head of Pharmacy at East and North Herts NHS Trust, Vikash Dodhia, presented some of the work the team has been doing to reduce the number of visits patients need to make to MVCC for chemotherapy.

Throughout the review, patients and stakeholders have called for plans to go beyond the relocation of the centre, into other ways to improve access, particularly for those living furthest from MVCC. In addition to a new Chemotherapy service at Hillingdon Hospital and expanded service at Northwick Park, the team has been developing and trialling an innovative model of Chemotherapy at Home which it hopes to roll out ahead of the relocation of MVCC.

Treatment options for patients, particularly on some of the common tumour types, such as breast cancer, melanoma, and renal cell cancer are expanding. There are many more options and lines of treatment coming online. In the last four months, four new treatments have been approved nationally.

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These four new treatments would be suitable for around 260 new MVCC patients a year, who would otherwise not be receiving treatment and be on 'watch and wait' reviews as no appropriate treatments existed. This would mean an additional estimated 2,577 visits to MVCC to receive treatment, and 2,827 outpatient appointments. This increases the demand on services at the site, including the medical, nursing and pharmacy workforce.

With the challenges of the ageing buildings and difficulties recruiting to the site at a time when the future of the services is still unconfirmed, trying to expand the workforce is difficult. Accordingly, the team have needed to think innovatively about how these treatments can be delivered and bring forward some of the thinking around Chemotherapy at Home.

The team began by looking at treatments for breast cancer including running a pilot with patients injected with the drug Trastuzumab. This treatment consisted of 45 appointments of about 80 minutes at MVCC per patient per year. Through developing Chemotherapy at Home, patient self-administration reduced this to nine visits to the site per year for each patient.

The trial consisted of home delivery of pre-filled syringes, in hospital nurse-led training, educational material, a support app and follow-up, and evaluation of the programme from a patient's perspective. Patients could choose to participate if they met a range of criteria, including consideration of their health, dexterity, and prior reactions to treatment.

Patients reported finding it very easy to administer, and said it saved them time and travel, and gave them more freedom. They liked the information and patient app with step by step guide and contact numbers, and said the programme had a positive impact on their life. Patients were able to travel, and go on holiday, (even abroad) with their syringes, and one patient had their treatment delivered to them whilst on holiday in Cornwall.

The East of England cancer strategy has looked at this pilot and recommended it as a safe and effective approach. There are now about 30 patients on this trial.

The Programme Board complimented the MVCC team on the pilot, and their innovation despite the situation and the buildings they are working from. Board members described the work as "exemplar" and excellent clinical practice that the team should be proud of, and noted that this was a timely and positive reminder about the quality of care being delivered at MVCC. The team plan to continue to innovate in this area and consider more ways to deliver more treatments closer to home for patients.

4. Fabric Improvement Programme

Whilst we continue to plan for the long-term future of Mount Vernon cancer services, investment continues to be made into existing buildings and infrastructure to ensure they can continue to provide services and meet the needs of patients until the service relocates. £7.5 million has been invested this year and work has already begun on improvements to the Chemotherapy Suite and main Outpatients Department.

Work to meet mandatory fire requirements in the main building and fire, water safety and other improvements to wards 10 and 11 are also about to start. Work on the Elliott Building, Nuclear Medicine and main building will begin in the first half of next year.

Investment in current facilities is not a long-term solution, in large part due to the lack of co-located services on the site and the impact that has on the care that can be provided at MVCC. The Programme Board is very aware of the need to strike the right balance of making good use of taxpayers' money and ensuring the current facilities can enable appropriate treatment and care of patients whilst a longer-term plan is agreed and implemented.

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HILLINGDON HOSPITAL REDEVELOPMENT UPDATE

Committee name	Health and Social Care Select Committee
Officer reporting	Niall Smith, Redevelopment Communications and Engagement Manager, The Hillingdon Hospitals NHS Foundation Trust
Papers with report	Appendix
Ward	n/a

HEADLINES

To enable the Committee to keep up to date on the progress of the Hillingdon Hospital redevelopment.

RECOMMENDATION:

That the Health and Social Care Select Committee notes the update on the Hillingdon Hospital redevelopment project.

SUPPORTING INFORMATION

Members of the External Services Select Committee considered a specific item in relation to the Hillingdon Hospital Redevelopment project at its meeting on 27 January 2022. Since then, the statutory health scrutiny responsibilities have passed to the Health and Social Care Select Committee.

At the meeting on 27 January 2022, Members were advised that the vision for the Hillingdon Hospital redevelopment was to provide a state-of-the-art new hospital for the residents of Hillingdon, and beyond, which supported the very best in delivery of healthcare. Plans for the new Hillingdon Hospital involved:

- The same mix of services that are currently available at Hillingdon Hospital
- A new hospital built on the existing site, adjacent to the current hospital
- The current hospital remaining open during construction of the new hospital

The Trust must follow the HM Treasury's Green Book business case process to justify the significant public investment in the estate and to show that all options have been considered and the best option selected. The Green Book has three stages, which are Strategic Outline Case, Outline Business Case and Full Business Case.

The Strategic Outline Case for the redevelopment of Hillingdon Hospital was approved by regulators and by Department of Health and Social Care Ministers in February 2021, following approval by the Department of Health and Social Care and NHS England / Improvement Joint Investment Committee in October 2020. At the meeting twelve months ago, the Trust advised that it had commenced development of the Outline Business Case.

BACKGROUND PAPERS

None.

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Hillingdon Hospital Redevelopment

Update to the Hillingdon Health and Social Care Select Committee

Thursday 26 January 2023

1. Context

The vision for the Hillingdon Hospital redevelopment is to provide a state-of-the-art new hospital for the residents of Hillingdon and beyond, which supports the best in the delivery of healthcare.

There has been significant underinvestment in Hillingdon Hospital, with failed attempts to redevelop the site over a number of decades. Consequently, the condition of the estate has deteriorated, with 80% of the site now rated as 'poor' (exhibiting defects and / or not operating as intended) or 'bad' (life expired and / or at serious risk of imminent failure)¹. The old and inadequate estate creates patient safety risks, a poor patient and staff experience and operational issues that contribute to the Trust's financial deficit and prevent the integration of care locally.

Accordingly, Hillingdon Hospital was selected for redevelopment as part of the Health Infrastructure Plan in 2019. The Trust must follow HM Treasury's Green Book business case process to justify the significant public investment and to show that all options have been considered and the best option selected. The Green Book has three stages including Strategic Outline Case, Outline Business Case and Full Business Case.

The Strategic Outline Case for the redevelopment of Hillingdon Hospital was approved by Ministers in February 2021, following approval by the Department of Health and Social Care and NHS England / Improvement Joint Investment Committee in October 2020. The Trust has since progressed the development of the Outline Business Case at pace and this was approved by the Trust Board in June 2022.

The Department of Health and Social Care and the NHS have established a New Hospitals Programme to manage investment in new hospitals centrally. The New Hospitals Programme team have developed a Programme Business Case, which sets out the proposed way forward for all new hospital projects in the programme. The Programme Business Case was considered by the Major Projects Review Group² panel in December 2022. It is anticipated that next steps for the Hillingdon Hospital scheme will be confirmed in March 2023, following HM Treasury's decision on the way forward for the programme.

This paper provides the Hillingdon Health and Social Care Select Committee with an overview of recent progress across the Hillingdon Hospital redevelopment programme.

2. Progress

The Trust has made good progress in progressing plans for the new Hillingdon Hospital, working in partnership at a local Hillingdon level, a North West London system level and a national level. Key progress includes:

- Extensive engagement with the New Hospitals Programme to inform the national Programme Business Case, with the Trust positioned as one of eight cohort 3³ schemes in the programme.
- Development of the Outline Business Case, with wide stakeholder support from local MPs, the London Borough of Hillingdon, the North West London Integrated Care System, the North West London Acute Provider Collaborative and local community and primary care providers. In June 2022, full support for the Outline Business Case was expressed by all partners at the Redevelopment Partnership Board and a letter of support was received from the North West London Integrated Care System. The Outline Business Case was approved by the Hillingdon Hospital Trust Board in June 2022 and the Trust is now in discussion with the New Hospitals Programme regarding next steps, with confirmation anticipated in March 2023.

¹ Six Facet Survey conducted May 2021

² This is a panel of senior government officials and independent experts supporting key investment decisions that HM Treasury is asked to take in relation to major projects and programmes, including the New Hospitals Programme.

³ There are four cohorts in the New Hospitals Programme. Cohort 3 schemes are larger, complex schemes that will incorporate transformational benefits such as digital advancements, standardisation, sustainable buildings and modern methods of construction and will support the New Hospitals Programme to develop wider guidance and standards that will be applied to future new hospital schemes.

- Submission of the planning application in May 2022, which was validated by the London Borough of Hillingdon on 14 June 2022. This is a hybrid planning application, including a full planning application for the new build hospital and multi-storey car park and an outline planning application for the residual site. Extensive engagement in support of the planning application has been undertaken and close working with the London Borough of Hillingdon has taken place in preparation for the Planning Committee on 18 January 2023. If the Planning Committee resolves to grant approval, formal determination of the planning application will then be subject to the conclusion of the Greater London Authority's Stage 2 process.
- Assurance of decant and enabling plans with the New Hospitals Programme to support the release of the next tranche of funding to clear the site for the new build whilst also supporting the ongoing operation of the existing hospital. The Trust is in year three of a five-year decant and enabling plan.

3. The preferred option

Overview

The Preferred Option is a full new build hospital on the west side of the current hospital site (adjacent to the existing hospital), to be delivered in a single-phase development. The new hospital will provide the same range of services that are currently available at Hillingdon Hospital, but with improvements made possible by modern, state of the art facilities. The current hospital will remain open throughout the construction of the new hospital, with all services operational. Once the new hospital is ready, activity will then be transferred and the land occupied by the current hospital will be cleared and sold to a developer for residential use and public realm / green spaces. This will provide an opportunity to deliver much needed housing for residents across the borough.

The new build option will improve the quality of care that can be delivered, provide a better working environment for staff and bring social value. It will also support the Trust in moving towards a financially sustainable position through increased productivity. The new build option has been shown to offer the best value for money.

The majority of the investment will be funded by Public Dividend Capital through the New Hospitals Programme, with contributions from the Trust's internally generated capital and from the sale of the east side of the site. The timeline for the opening of the new hospital is subject to confirmation by the New Hospitals Programme.

Design of the new hospital

The agreed clinical model informs the design of the new hospital, which has been developed through extensive engagement with clinical and operational teams and with patients and the public. 1:200 scale design drawings have now been developed showing more of the internal detail of the new hospital layout and departmental adjacencies.

The layout of the new hospital will ensure that the right clinical services are next to each other, with relevant support services nearby. Access to natural light has been built into all clinical areas. Inpatient floors are higher up to maximise natural light and to provide views, whilst areas of high footfall, such as urgent and emergency care services and outpatients, will be on the lower floors to enable easy access for patients. The main entrance will provide a focal point for onward wayfinding through the hospital and the internal hospital 'streets' will also provide clear wayfinding and will be sized to allow flows in both directions, alongside waiting areas and spaces to rest.

Pandemic resilience is embedded in the design, which includes key features such as increased single bedrooms, isolation rooms, separate pathways and access to outdoor spaces. The design is flexible and future-proofed, allowing for future expansion if required.

The design gives significantly improved access to green spaces. These are located around and between buildings, providing separation from vehicles and navigating pedestrians safely through the site, as well as providing areas of wellbeing for patients, staff and local residents. A network of public open spaces will include a central green space, civic square, children's play area and community space. Rooftop healing gardens will

also provide respite for patients and courtyards and pocket parks will feature throughout, creating pleasant spaces to relax and socialise.

Social value has been designed into the scheme, with the masterplan developed through extensive stakeholder engagement and centred on the end user experience. The design aims to optimise social outcomes, for example, through sensory design and features to reduce stress in wayfinding, which will contribute to wellbeing and equal opportunity, and through green space and use of carbon neutral materials, which will contribute to fighting climate change and to wellbeing.

In line with national government priorities, the new hospital design includes a high degree of standardisation across all building elements, including fixtures, fittings and equipment. Whilst there will be a different approach to colours and finishes for adult and children's single bedrooms, the form of rooms is identical, which is an example of the standardisation that underpins the flexibility of the new hospital. Modern Methods of Construction approaches have been embedded in the design to ensure effective and fast track delivery of a high-quality building.

The materials used will reflect surroundings so that the buildings can enhance the local environment and all materials are naturally low maintenance and will retain a high-quality appearance for decades to come. The design responds to the Government's Net Zero Carbon targets to create a fully sustainable building. Sustainable and green sources of energy will be used, the building will be energy efficient and a new mobility hub will help meet sustainability targets by encouraging environmentally friendly methods of travel.

The new hospital will be a digitally enhanced building that embraces emerging technologies and digital opportunities and supports delivery of the Trust's digital strategy through a focus on resilient infrastructure and digitisation of the patient record internally, which will support integrated care.

Key clinical benefits

The new hospital will bring numerous benefits, including compliance with best clinical practice and significant improvements such as:

- A larger emergency department with specialist services and diagnostics on one floor to improve flow and efficiency
- A new midwife-led maternity unit next to the labour ward and a purpose-built inpatient area for older children
- More CT and MRI scanners, enabling more people to be seen with shorter waits
- Increased treatment facilities in outpatients, meaning more surgery can be done as day cases, relieving pressure on operating theatres and reducing waiting times
- Better infection control facilities meaning that the Trust is better prepared for any future pandemics
- Increased single room provision to enhance privacy and dignity and provide infection prevention control benefits

4. Engagement

There has been extensive engagement with staff and local people around the borough, particularly during the planning application consultation period.

The main planning exhibition was held at Uxbridge Library where a scale model of the new Hospital was displayed and copies of the planning documents were made available for people to read and ask questions.

To promote the plans as widely as possible, the redevelopment team have attended events around the borough such as the Hayes Canal Festival, the Ickenham Festival and Hillingdon Council's Play Day for children, as well as running leafleting sessions in Hayes, Brunel University and Yiewsley.

Specific groups have also been targeted through for example:

- Drop-in sessions at Hayes Mosque and at the hospital with near neighbours
- Focus groups with specific patient groups such as the dementia meetings run by the Hillingdon Libraries team
- Hillingdon's Day of the Older Person

- Briefing sessions with Resident Associations around the borough
- Briefing sessions for key political stakeholders including local MPs and councillors.

Within the hospital, a mini planning exhibition has been made available in the canteen with information on how to find out more and support the plans. There has also been extensive engagement with departments across the Trust throughout the summer, meeting teams individually to set out the plans and get their feedback. Posters were also put up around the hospital pointing people towards information about the plans and how to comment.

5. Next Steps

The key next steps in the programme include:

- Planning: Resolution to grant approval to be sought at the London Borough of Hillingdon's Planning Committee on 18 January 2023
- Business Case: Next steps for the Outline Business Case to be confirmed by the New Hospitals Programme in March 2023 following HM Treasury approval of the national Programme Business Case
- Decant and enabling: Continuation with next stage of works to clear the site for the new hospital following New Hospitals Programme, NHS England/Improvement and Department of Health and Social Care approval of decant and enabling plans. It is anticipated that this work will progress at pace during 2023.

2023/24 BUDGET PROPOSALS FOR SERVICES WITHIN THE REMIT OF THE HEALTH & SOCIAL CARE SELECT COMMITTEE

Committee name	Health and Social Care Select Committee
Officer reporting	Gemma McNamara / Andy Goodwin - Finance
Papers with report	
Ward	N/A

REASON FOR ITEM

1. To comply with the Budget and Policy Framework procedure rules as part of the agreed consultation process for the General Fund and Housing Revenue Account budgets, alongside the Council's Capital Programme, this report sets out the draft revenue budget and Capital Programme for the services within the remit of the Health & Social Care Select Committee. Following consideration by Cabinet on 15 December 2022, these proposals are now under consultation, and the relevant proposals being discussed at the January cycle of the Select Committees.
2. Cabinet will next consider the budget proposals on 16 February 2023, and the report will include comments received from Select Committees. At the meeting on 16 February 2023 Cabinet will make recommendations to full Council regarding the budget and Council Tax levels for 2023/24. Subsequently, Council will then meet to agree the budgets and Council Tax for 2023/24 on 23 February 2023.
3. The Committee needs to consider the budget proposals as they relate to the relevant service areas within the Health & Social Care Cabinet Portfolio, but within the corporate context and the constraints applying as a result of the aggregate financial position of the authority.

OPTIONS AVAILABLE TO THE COMMITTEE

4. It is recommended that the Committee notes the budget projections contained in the report and comments as appropriate on the combined budget proposals affecting the relevant service areas within the Health & Social Care Cabinet Portfolio, within the context of the corporate budgetary position.

General Fund Budget

Budget Strategy

5. Budget proposals for 2023/24 have been prepared in the context of a wider strategy addressing the five-year MTFP period through which service expenditure is to be managed within available resources in the context of a challenging economic environment both in terms of an exceptional inflationary pressures and legacy COVID-19 impacts, with further impacts resulting from the cost-of-living crisis and the impact on residents' financial standing. This balanced budget is to be achieved through a combination of delivering efficiency savings,

increases in the Council Tax, and Fees and Charges, while maintaining General Balances at forecast 2022/23 levels.

6. This budget strategy is based upon the principle of sound financial management set against the backdrop of these challenging economic conditions, with the latest monitoring position for the 2022/23 financial year reporting a net underspend of £61k which will leave uncommitted General Balances at £26,780k entering the 2023/24 financial year. However, included in the 2022/23 position is a significant use of Earmarked Reserves to fund £5,307k of exceptional inflationary pressures on service budgets experienced to date, with much of this reserve created from favourable movements during outturn 2021/22. Furthermore, the Council budgeted to drawdown £5,913k to fund COVID-19 pressures included in the February 2022 budget strategy with a further £3,431k being drawn down above this and the inflation drawdown to fund pressures within service operating budgets, the majority of which are covering new and emerging COVID-19 pressures.
7. The Month 7 monitoring position for the services within this select committee present a net variance of £217k favourable as presented in the table below:

Table 1: Service Operating Budgets

Cabinet Member Portfolio		Approved Budget	Forecast Outturn	Variance (As at Month 7)	Variance (As at Month 6)	Movement from Month 6
		£'000	£'000	£'000	£'000	£'000
Health & Social Care	Expenditure	135,243	136,555	1,312	1,118	194
	Income	(27,756)	(29,285)	(1,529)	(1,330)	(199)
	Sub-Total	107,487	107,270	(217)	(212)	(5)

8. With the following narrative setting out the variances and movement from Month 6 on an exception basis:
 - a. **Health & Social Care** – an underspend of £217k is reported for this portfolio, with a favourable movement of £5k from Month 6. The subjective variances are 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 movement in this area is largely driven by increased expenditure on care placements from additional demand offset by contributions to care from clients and the CCG, with the income position further benefiting from CCG contributions to the Council’s staffing costs in this area.
9. Of the £13,346k savings within the 2022/23 budget, 92% are banked or on track for delivery in full, with potential risks on 7% (£986k) - relating to the Leisure Centre management fee and reflects the particular impact of the COVID-19 pandemic on this sector and the ongoing challenges facing this service. Further information on this position is set out in the budget monitoring report also presented to Cabinet on this agenda, but it is expected that all 2022/23 savings will ultimately be banked in full.
10. The position on the savings included in the 2022/23 budget within the remit of this Select Committee is as follows:

Table 2: Savings Tracker

Cabinet Member Portfolio	Blue Banked £'000	Green Delivery in progress £'000	Amber I Early stages of delivery £'000	Amber II Potential problems in delivery £'000	Red Serious problems in delivery £'000	Total £'000
Cabinet Member for Health and Social Care	0	0	(1,696)	0	0	(1,696)

11. Based on 2.99% per annum increases in the core Council Tax and 2% per annum increases in the Social Care Precept, funding available to support service expenditure is projected to grow by £39,475k to £290,522k between 2022/23 and 2027/28. A combination of inflation and demand-led pressures (including legacy impacts of the COVID-19 pandemic), together with capital investment plans is projected to generate a £49,017k uplift in service expenditure. In order to address this differential, to date, a savings programme of £45,683k has been developed, leaving a residual budget gap of £9,542k in later years of the MTFP period.

Table 3: Budget Strategy

	2022/23 £'000	2023/24 £'000	2024/25 £'000	2025/26 £'000	2026/27 £'000	2027/28 £'000
Total Resources	251,047	264,763	271,475	277,868	284,082	290,522
Total Service Expenditure	251,047	264,763	271,475	281,886	290,046	300,064
Cumulative Budget Gap	0	0	0	(4,018)	(5,964)	(9,542)
<u>Of which, Service Expenditure in the remit of this committee:</u>						
Health & Social Care	107,487	115,506	121,887	128,294	134,950	141,740

12. As is the case for the vast majority of local authorities, the Council has experienced exceptional economic factors that are driving a material inflationary requirement, which is having a significant impact on the cost of providing services to residents. The generally accepted measure of inflation, the Consumer Price Index (CPI) reached 10.1% in September 2022 and has yielded a forecast inflationary requirement of £21,877k in 2023/24, rising to £62,047k by 2027/28. This compares to a forecast of £6,430k for 2023/24 when the Council set out the previous iteration of the budget strategy in February 2022, with this latest refresh presenting a three-and-a-half-fold increase from these projections. Inflation, along with other updates on demand-led growth and corporate items has generated the need for a major savings programme, which stands at £20,791k in 2023/24, a significant increase from the £9,630k which was identified in February 2022.
13. The adverse economic conditions and particularly the sudden onset of a recession and inflationary pressures represent the main cause of the current cost-of-living crisis, with the impact from increasing costs and declining revenues having negative impacts on local residents and businesses, creating a challenging economic environment. It should be recognised that this in turn creates an element of risk on the Council's funding, with circa 75% of the Council's funding now being derived from local taxation.
14. Furthermore, COVID-19 legacy issues continue to impact on Council services and finances, with pandemic related pressures in 2022/23 of £14,722 at Month 7, with £11,291k of this having been factored into the previous budget strategy in February 2022 and £3,431k of new

and emerging issues. While these extraordinary costs have been financed from specific central government grants up to 31 March 2022, it is not expected that any further funding will be forthcoming and ongoing structural pressures emerging from the pandemic will continue to cause cost pressures. This is largely driven by the unwinding of £4,406k of reserve balances used in 2022/23 to cover part of the budgeted pressure for the year and the £3,431k of new and emerging issues.

15. Notwithstanding the additional challenges presented by economic turmoil and the legacy impacts from the pandemic, this budget strategy does not rely upon use of General Balances to support service expenditure and therefore maintains these at £26,780k over the five-year MTFF period. A review of the range of general risks affecting the Council indicates that the recommended level of uncommitted reserves should be between £20,000k and £39,000k, meaning that £6,780k remains available to the Council to deploy, should it be required.
16. In addition to General Balances, the Council holds Earmarked Reserves to manage specific risks, projects and cyclical expenditure commitments. At 31 March 2023, these are projected to total £18,641k, with £2,149 k of this sum being the remaining balance held to manage COVID-19 costs and a further £4,297k being the remaining balance of identified funding to meet exceptional inflationary pressures. This strategy includes budgeted releases from Earmarked Reserves of £6,791k, with a drawdown of £3,834k being included to bridge the gap between funding and expenditure in 2023/24, with a further £1,535k of previously planned releases from COVID-19 funding and the continuation of the funding for the Older Peoples Discount for a further year, leaving a forecast £10,328k of Earmarked Reserves on the balance sheet at the end of the five-year budget strategy.
17. Savings proposals totalling £45,683k have been developed towards mitigating the emerging expenditure pressures as funding levels are projected to grow at a slower rate than demand for Council Services, with a residual £9,542k budget gap to be mitigated over the period from 2025/26 to 2027/28 should this programme of savings be realised in full. As in previous years, savings proposals for the forthcoming financial year are specific in nature, with medium-term plans structured around wider strategic approaches to transformation of local services. Proposals have been developed within the themes of Service Transformation, Effective Procurement, Managing Demand and Income Generation & Commercialisation, with an overview of specific measures set out within this report.
18. Whilst the Local Authority settlement is still awaited, it is clear that Government Grants and Business Rates income will fail to match prevailing levels of inflation currently and in the medium term and that demand levels for Adult and Children's Social Care provision have shown and will continue to show unrelenting growth. It has therefore proved necessary for the Council to propose a step change increase in Fees & Charges. These have historically been the lowest in London. The proposed increases will narrow the gap with other authorities and will still leave Hillingdon with the one of the lowest levels of Fees & Charges per capita in London.
19. Within Income Generation & Commercialisation savings are a range of proposals relating to levels of income raised from Fees & Charges, which are levied to support a number of specific services rather than the cost of these measures falling wholly on the local Council Taxpayer. The Council has sought to maintain lower levels of charges as part of the broader approach of delivering Sound Financial Management for residents, a strategy which has succeeded with charges per household being amongst the very lowest across London. As a result of the

broad range of competing demands on limiting funding, a strategy of moving towards full cost recovery on these charges is set out within this budget.

20. This draft budget outlines £340,003k of proposed capital expenditure – including substantial investment in local infrastructure, a new leisure centre and delivery of significant additional SEND capacity in the borough’s schools – of which £59,405k is to be financed through borrowing. Taken together with historic capital spending, this investment will result in the Capital Financing Requirement peaking at £273,015k in 2024/25 and declining thereafter. Of this peak borrowing requirement, £232,870k is expected to necessitate external borrowing, with £40,145k being financed through General Fund reserves and working capital.

Risk Management

21. A fundamental context to the Council’s budget strategy are its levels of reserves. The Council holds a combination of General and Earmarked Reserves in order to mitigate the Council’s financial position against the risk of unforeseen or exceptional financial shocks, with General Balances held to cover a broad range of risks as set out in the Council’s Balances & Reserve Policy that was approved in February 2022 (along with the Council’s current budget strategy) which set a range of balances between £20m and £39m, and Earmarked Reserves being held to mitigate specific risks, or to fund project and cyclical expenditure (where the cycle is something other than a financial year).
22. The rationale for holding General Balances is set out in the Balances & Reserves Policy, and covers impacts from the general financial climate, including the Council’s own financial standing and that of its residents and local businesses, the risk of inflation and/or interest rate shocks, demography and contact management, the timing of capital receipts and availability of reserve levels. These General Reserves represent a mechanism for the Council to manage shocks, and with the reserve balance forecast to be £26,780k by 31 March 2023 these are within the approved range. For 2022/23, General Reserves stand at 13% of the Council’s budgeted Net Revenue Expenditure, which represents the cost of running Council services before taxation income and Government grants.
23. Earmarked Reserves are held for a number of reasons but are more specific in nature than the risks that General Balances cover, with the Council forecast to hold £18,641k by 31 March 2023. The Council holds Earmarked Reserves for a variety of purposes which include the mitigation of inflation and price risk, smoothing the impact of project related and cyclical commitments spanning financial years, managing expenditure associated with transformation and holding ringfenced/specific funding streams.
24. Based on the approach adopted to generating the Council’s budget strategy, the procedures it follows, and the assumptions included in this report, the budget strategy is deemed to be based on sound forecasting and realistic assumptions that enable the Cabinet to present this position to the public, local businesses and Council members for consideration.
25. As part of the Cabinet’s final budget proposals to Council presented in February 2022, the Corporate Director of Finance will provide assurances around robustness of estimates and adequacy of reserves as part of the statutory framework for local authority budget setting. These assurances will be framed with reference to principles and standards included within CIPFA’s Financial Management Code.

Budget Proposals for the Health & Social Care Select Committee

26. Service expenditure will grow due to inflationary pressures, demand-led growth and other corporate items including capital financing costs. The below table sets out the impact of these expenditure movements across the Cabinet Portfolios within the remit of this Select Committee for 2022/23.

Table 4: Service Expenditure Budget Proposals

	2022/23	Inflation	Demand-led Growth	Corporate Items	Savings Proposals	2023/24
	£'000	£'000	£'000	£'000	£'000	£'000
Health & Social Care	107,487	7,540	2,874	0	(2,395)	115,506

27. Inflation: Cost pressures of £7,540k are projected against 2022/23 expenditure going into 2023/24, with material uplifts in relation to workforce budgets, care placements, contracted expenditure and energy costs. In line with wider MTFE modelling, inflation projections are predicated on CPI being 10% during 2022/23 and 2023/24 before returning to 4% over the remainder of the Council's budget strategy. The exceptional inflationary environment within the national, and global, economy is the largest driving force behind the Council's saving requirement in the short-term, with 2022/23 CPI running above the Council's assumptions at the time of setting the 2022/23 budget, leading to the 2023/24 budget proposals including an element of funding for the 2022/23 uplifts above the budgeted level which are currently being funded from Earmarked Reserves.
28. Demand-Led Growth: items within the remit of this Select Committee account for £2,874k of the £23,081k increase across the Council over the life of the budget strategy to 2027/28, with a breakdown of these items presented below.
29. Underlying demand for the Adult Social Care Placements is projected to continue to grow over the budget strategy period, which continues to have an ongoing COVID-19 legacy issue, with an element of the 2023/24 increase being required to fund a marginal increase in demand during 2022/23, before returning to pre-pandemic population increases. This position is therefore driving a demographic increase of £1,777k for 2023/24 before returning to a 2% per annum increase in client numbers, adding £6,262k from 2024/25 to 2027/28. Included in the proposed Savings Programme later in this report, are three savings initiatives aimed at reducing spend on Adult Social Care Placements by £2,550k by 2024/25, with the Demand-Led Growth bid representing the increase required before these initiatives are factored in to reduce the overall spend in this area.
30. With Public Health continuing to be a ringfenced fund, the increase in service expenditure relates to the forecast increase in the Council's Public Health Grant allocations based on the 2021 Spending Review which set a multi-year settlement. With the Council required to spend any increase in Government funding on Public Health, this increase ensures the Council meets its statutory obligations and re-invests the increased funding into Public Health services, the remaining balance of the increased funding is being utilised to fund inflationary uplifts reported under contracted expenditure.
31. Corporate Items: There are no Corporate Items within the remit of this Select Committee.

Savings Proposals

32. As mentioned above, £20,971k of savings proposals have been incorporated into the draft budget for 2023/24, with £2,395k falling within the remit of this Select Committee. Included within this savings programme are proposals to increase Fees & Charges at a general increase of 30%, representing the unprecedented inflation rates for 2022/23 and 2023/24 and an accelerated catch up of historically low fees and charges compared to neighbouring authorities, with Hillingdon generating £108.61 per resident from this funding stream compared to the Council's three immediate neighbours in West London raising £209.02 per resident.
33. Details of the savings programme propels within the remit of this Select Committee are discussed below.
34. Health and Social Care: Within Health and Social Care, as in previous years, the Council continues to adopt a strong Early Intervention approach to deliver better outcomes for residents and contain placement costs. The Service continue to experience the impact of Covid on packages of care and work is focused on further mitigating these impacts, which is reflected in the savings within this area, with £500k in 2023/24 relating to post-pandemic reablement savings as the caseloads are stabilised and a further £500k for Mental Health Covid recovery reflecting efficiencies from both early intervention and placements. In year realignments of staffing budgets for 'hard to recruit' posts are expected to provide a further £500k of one-off savings in 2023/24 based on trends in 2022/23 budget monitoring and the social care workforce. A comprehensive review of the grants distributed to the Voluntary Sector, with the aim of moving to a fully commissioned model, meeting the Public Health objectives of the Council, has generated a further £830k in 23/24, with £65k savings linked to a review of staffing structures.

Capital Proposals

35. Capital investment of £340,003k over the period 2022/23 to 2027/28 has been incorporated into the wider General Fund budget strategy set out within this report, with £193,865k investment in major projects, primarily delivering new or expanded infrastructure, and £137,358k investment in recurrent programme of works, ensuring that existing infrastructure is maintained and improved, with a contingency of £8,780k being set against this programme. An overview of these investment plans is detailed in appendix A8 that accompanied the Consultation Budget Report presented at December Cabinet.

Table 5: General Fund Capital Programme by Cabinet Portfolio

	Major Projects £'000	Programme of Works £'000	General Contingency £'000	Total £'000
Total Capital Programme	193,865	137,358	8,780	340,003
<u>Of which, Service Expenditure in the remit of this committee:</u> Health & Social Care	0	14,571	0	14,571

36. Further to the overview presented above, the below section sets out the Capital Proposals within the remit of this Select Committee.

37. **Health and Social Care** – the budget of £14,571 is for continuing investment in Social Care equipment for service users.

BACKGROUND PAPERS

THE COUNCIL'S BUDGET: MEDIUM TERM FINANCIAL FOECAST 2023/24 - 2027/28,
presented to 15 December 2022 Cabinet Meeting

SCOPING REPORT FOR A REVIEW OF THE CHILD AND ADOLESCENT MENTAL HEALTH SERVICE (CAMHS) REFERRAL PATHWAY IN HILLINGDON

Committee name	Health and Social Care Select Committee
Officer reporting	Nikki O'Halloran, Democratic Services Manager
Papers with report	Draft Scoping Report for Review
Ward	N/A

HEADLINES

At its meeting on 22 November 2022, the Health and Social Care Select Committee elected to undertake a major review of the child and adolescent mental health service (CAMHS) referral pathway in Hillingdon. This review aims to look at the referral process into CAMHS and the experience of children, young people and their families during this process to identify any potential improvements. Officers have produced a draft scoping report for the Committee's consideration.

It is envisaged that there will be three formal witness sessions, with a suggested schedule set out in the attached scoping report and on the Committee's Multi-Year Work Programme.

RECOMMENDATION:

That the Committee comment on and consider the scoping report to initiate the review.

SUPPORTING INFORMATION

The draft scoping report for the review is attached.

Implications on related Council policies

A role of the Select Committees is to make recommendations on service changes and improvements to the decision-making Cabinet, which is responsible for the Council's policy and direction.

How this report benefits Hillingdon residents

None at this stage, pending any findings approved by Cabinet.

Financial Implications

It is important that the Committee considers cost effective proposals that benefit resident taxpayers in relation to this review, which would ultimately be determined by Cabinet as part of the Council's broader budget planning process.

Legal Implications

None at this stage.

BACKGROUND PAPERS

NIL.



Health and Social Care Select Committee Review Scoping Report - 2022/2023

A Review of the Child and Adolescent Mental Health Service (CAMHS) Referral Pathway in Hillingdon

1. OBJECTIVES

Aim of the review

At its meeting on 22 November 2022, the Health and Social Care Select Committee elected to undertake a major review of the referral pathway into Child and Adolescent Mental Health Services (CAMHS). This review aims to consider ways in which the current service user experience could be improved to better meet their needs (and those of their families). The scope of the Select Committee's review is limited to the journey that children, young people and their families have when being referred to CAMHS for a mental health condition.

Terms of Reference

The following Terms of Reference are suggested for the review, subject to any changes agreed by the Committee:

1. to gain a thorough understanding of how children and young people are referred to CAMHS and the associated timescales;
2. to scrutinise the referral pathway and review its effectiveness;
3. to review the current availability of alternative support and how these options are communicated to children, young people and their families;
4. to explore the effectiveness of the different agencies in communicating with each other as well as the effectiveness of their communication with the child, young person and their family on their journey to assessment and treatment; and
5. subject to the Committee's findings, to make any conclusions, propose actions and make service and policy recommendations to the decision-making Cabinet (who may then refer formally to the relevant external body).

2. BACKGROUND

Context and Key Information

Child and Adolescent Mental Health in the UK

In December 2020, it was thought that most teenagers had largely fended off the physical effects of Covid-19. Unfortunately, there was evidence that lockdown had a negative impact on the mental health of a high number of children and young people in the UK. Although some children benefitted from having more time at home with their parents during the pandemic, the lockdowns and disruption to schooling (including challenges with exams) and family life had a negative impact on others.

During the first lockdown in March 2020, the number of children presenting at hospital and at CAMHS fell. However, in January 2023, researchers have found that the number of children in England needing treatment for serious mental health problems has risen by 39% in a year. The impact of the pandemic, along with social inequality, austerity and online harm are thought to have contributed to this increase.

It is normal for children and young people to experience various types of emotional distress as they develop and mature. For instance, it is common for children to experience anxiety about school. When symptoms persist, it may be time to seek professional assistance. For most children and young people, mental health distress is often episodic, not permanent, and most can successfully navigate the challenges of having a mental health disorder with treatment, peer and professional support and services, and a strong family and social support network.

As of January 2022¹, boys aged 6 to 10 years were thought to be more likely to have a mental disorder than girls (nearly double), but this pattern is reversed in those aged 17 to 23 years, with rates higher in young women than young men. There was a less significant difference in 11-16 year olds. Over half of all mental health disorders had started before the age of 14, with 75% by 24 years of age.

In 2019/20, 4,127 children were admitted to inpatient mental health care and emotional disorders, particularly anxiety and depression, were on the rise. It has been recognised that social media could have a negative impact on a young person's emotional health.

Children and young people are more likely to have poor mental health if they experience some form of adversity - such as living in poverty, parental separation or financial crisis - where there is a problem with the way their family functions or whose parents already have poor mental health. Young people who identify as LGBTQ are also more likely to suffer from a mental health condition. Looked after children are four times more likely to experience mental health issues than their peers.

¹ <https://www.local.gov.uk/about/campaigns/bright-futures/bright-futures-camhs/child-and-adolescent-mental-health-and#:~:text=They%20are%20correct%20as%20of%20January%202022.%20At,rates%20higher%20in%20young%20women%20than%20young%20men.>

A third of people in the youth justice system are estimated to have a mental health problem and nearly ¾ of children with a mental health condition also have a physical health condition or developmental problems.

Over 40,000 children and young people were admitted to hospital after harming themselves in 2017/18 – and there has been an increase in the number of younger children self harming. An average of ten 9-12 year olds are admitted to hospital each week due to self harm.

Between April and June 2021, 190,271 individuals aged 0-18 years were referred to children and young people's mental health services in the UK. This was an increase of 134% on the same period in the previous year (81,170) and a 96% increase on 2019 figures (97,342). The average waiting time for children and young people to access mental health services ranges from 8 to 82 days (almost 12 weeks).

In 2018, only 20% of children and young people started treatment within four weeks. Spend per child ranges from £14- £191 per person compared to the average adult spend on mental health services which was £225 per person. On average, local Integrated Care System areas spend less than 1% of their overall budget on children's mental health and 14 times more on adult mental health services. However, some local areas are spending considerably more. Government funding for the Early Intervention Grant has been cut by almost £1 billion. Public health funding, which funds school nurses and public mental health services, have seen a £700 million real terms reduction in funding between 2014/15 and 2020/21 - a fall of almost a quarter (23½%) per person.

In 2019, specialist services were turning away one in four of the children referred to them for treatment. 4% of children accessed mental health services in 2019/20 which was equivalent to about 1 in 4 children who needed mental health services.

There is limited support available for children under the age of five. 42% of CAMHS in England do not accept referrals for children aged two and under and there are only 39 parent-infant teams in the UK.

Around 75% of young people experiencing a mental health problem are unable to access any treatment at all or are forced to wait so long that their condition gets worse.

Areas identified for improvement

The Committee hopes to find improvements to the referral pathway into CAMHS. The improvements should help young people and their families to access the help they need sooner. The earlier young people can get the help they need, the better the chance there is of minimising the impact of mental health problems. This not only helps the young person themselves and their families but could also relieve some burden placed on adult mental health services due to resolving mental health issues before the young person reaches adulthood.

Current data, best practice and research

1. Children’s Mental Health in Hillingdon Data

According to Hillingdon’s Joint Strategic Needs Assessment (JSNA²), hospital admissions for self-harm in children have increased in recent years for England. In Hillingdon, 85 young people aged between 10-19 were admitted to hospital following self-harm during 2020/21.

Hospital admission for mental health condition for those aged under 18 years is lower for Hillingdon as compared to England and the London region. The trend has decreased between 2010/11 and 2019/20.

Figure 81 Hospital admissions for mental health conditions under 18years for 2019/20.

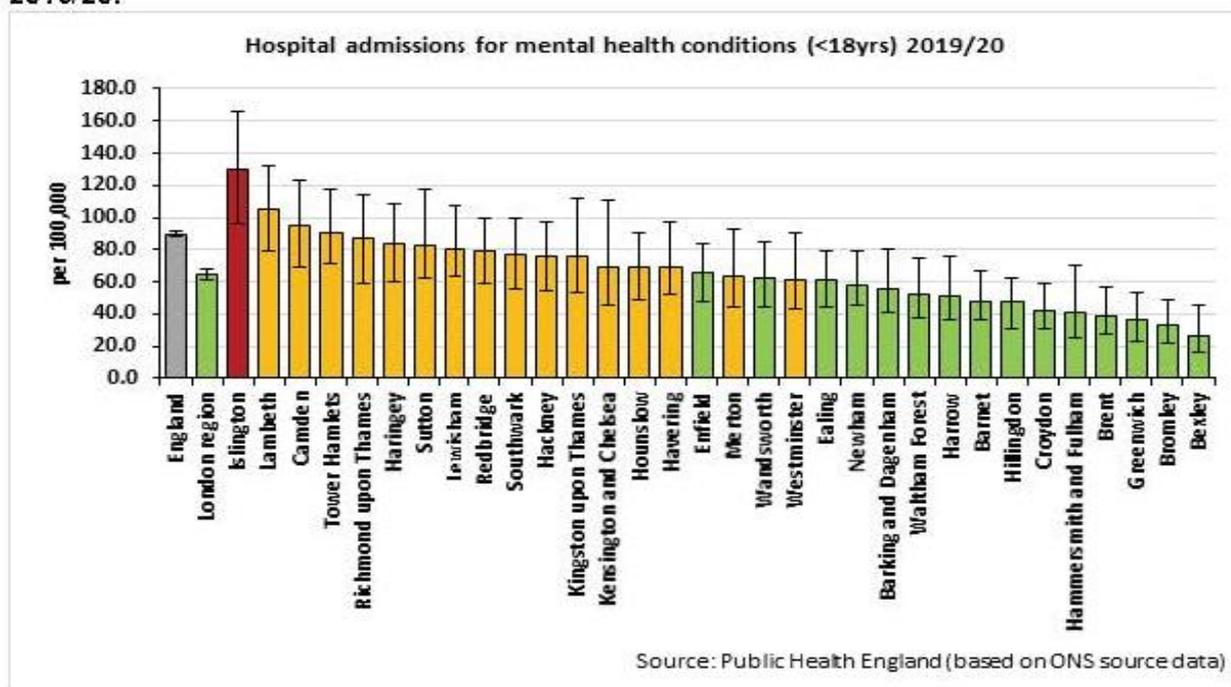
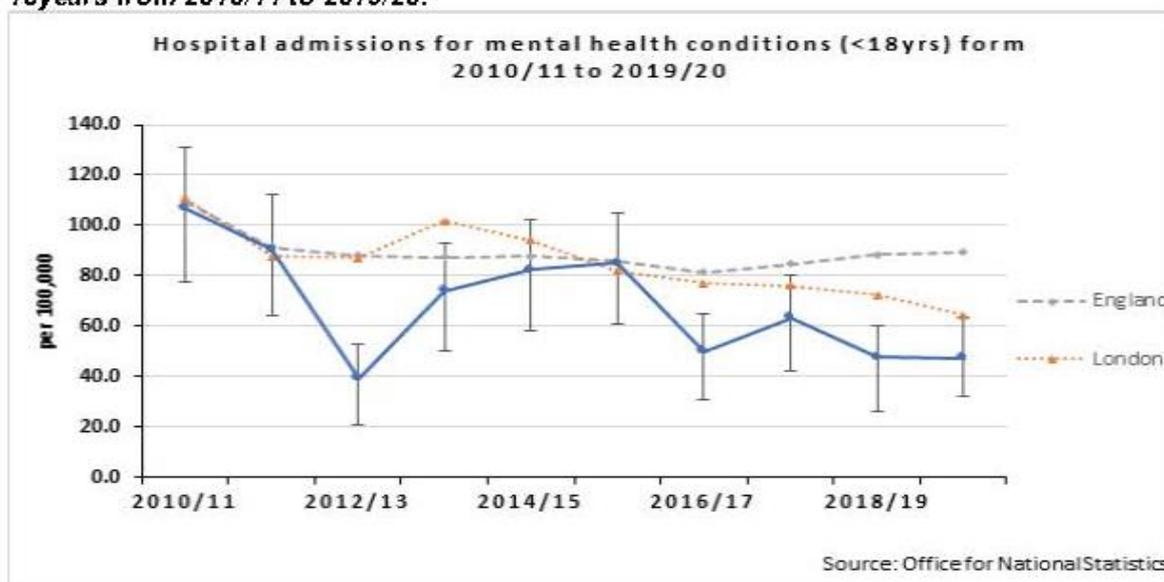


Figure 82 Trend in hospital admissions for mental health conditions under 18years from 2010/11 to 2019/20.



² https://www.hillingdon.gov.uk/media/9690/Hillingdons-full-JSNA-report-2022/pdf/Hillingdons_Joint_Strategic_Needs_Assessment_2022.pdf?m=1654598108797

In Hillingdon, the number of children attending Hillingdon Hospital (where CAMHS is also involved) has been fairly stable over the last three quarters at approximately 125 per quarter. As this number is not monitored nationally and there is no benchmarking data available, the Children's Safeguarding Partnership Board monitors this indicator to identify trends and patterns.

The number of CAMHS referrals also remains fairly stable at around 465 per quarter (as at June 2022), with 88% being aged 6 to 16 and a 50/50 male/female split. In June 2022, there were approximately 500 children supported by CAMHS with 177 waiting for intervention to start.

2. CAMHS Referrals

The Specialist Hillingdon CAMHS team is part of a wider Hillingdon Thrive network of frontline statutory and non-statutory services who regularly engage with children and young people who have emotional, behavioural or mental health difficulties.

Referrals to CAMHS can be made through Gateway (a single point of access) by health, education and children's services colleagues as well as parents and carers. Young people over the age of 16 can refer themselves. Referrals are prioritised as: Emergency - 24 hours; Urgent - 7 days; Priority – 4 weeks; and Routine – 18 weeks. The following information is needed when making a referral to CAMHS:

- Current concerns / problems
- What are the triggers for seeking help at this time?
- How long had the problem existed, how severe is it and how does it impact on the child / young person's family, education, work?
- Relevant psychosocial and family issues including who is in the family or important people in the kinship system? Response to previous attempts to help?
- Is the child / young person / family aware of and consenting to the referral?
- Which other workers are involved?

Connected work

None identified at this stage.

Executive Responsibilities

The portfolio Cabinet Member responsible is Councillor Jane Palmer.

3. EVIDENCE & ENQUIRY

Potential witnesses (including service users)

Witnesses will be identified by the Committee in consultation with relevant officers and may include:

- Parents / guardians of service users (local residents)
- Lisa Taylor, Managing Director, Healthwatch Hillingdon
- Tina Swain, Service Director for CAMHS and Eating Disorders - Goodall Division at Central and North West London NHS Foundation Trust (CNWL)
- Alex Coman, Director - Safeguarding, Quality Assurance and Partnerships, LBH

- Jane Hainstock, Head of Joint Commissioning, North West London Integrated Care Board (NWL ICB)
- Tina Benson, Chief Operating Officer, The Hillingdon Hospital NHS Foundation Trust
- Voluntary Sector - P3 / KOOTH / HACS / CAAS / Mind / SENDIASS
- Schools
- Kelly O'Neill, Interim Director of Public Health, LBH
- Dr Ritu Prasad, Chair of Hillingdon GP Confederation

Lines of Enquiry

Lines of enquiry can be expanded as the review progresses or included in relevant witness session reports. However, lines of enquiry may include:

1. How is a child or young person referred to CAMHS?
2. What is CAMHS service capacity and current usage levels?
3. Are service users' needs being met?
4. How many rejected referrals are then re-referred?
5. How are services able to help children and young people in need?
6. Why / when are children and young people being turned away from services?
7. What alternative provision or support is offered to children, young people and their families when they are turned away from CAMHS and how is this communicated?
8. How does the CAMHS service collect information on patient satisfaction (including responses from the families of patients)?
9. Are parents and young people aware of the range of services that can provide support?

Surveys, site-visits or other fact-finding events

Such opportunities will be identified as the review progresses

Future information that may be required

Further information may be identified as the review progresses.

4. REVIEW PLANNING & TIMETABLE

Proposed timeframe and milestones for the review:

Meeting Date	Action	Purpose / theme	Witnesses / officers attending
26 January 2023	Agree Scoping Report	Information and analysis	
21 February 2023	Informal Witness Session 1	Information and analysis	Parent of service user
21 February 2023	Witness Session 1	Information and analysis	

Meeting Date	Action	Purpose / theme	Witnesses / officers attending
21 March 2023	Witness Session 2	Information and analysis	
June 2023	Witness Session 3	Information and analysis	
Outside the committee – workshop / survey / networking session / consultation / informal meeting with users, etc...			
July 2023	De-brief and emerging findings	To discuss key findings and identify potential recommendations	
September 2023	Approval of draft final report	Proposals – agree recommendations and final draft report to Cabinet	
October 2023	Final report to be presented to Cabinet		

Resource requirements

The review will be undertaken within existing resources.

Equalities impact

The 2010 Equality Act outlines the provisions of the Public Sector Equalities Duty which requires Public Bodies to have due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010.
- advance equality of opportunity between people from different groups.
- foster good relations between people from different groups.

The broad purpose of this duty is to integrate considerations of equality into day business and keep them under review in decision making, the design of policies and the delivery of services. There are no equality impact issues relating to the matters set out in this report. When analysing information on victims, offenders or location of crime and ASB generally, the protected characteristics are recorded, analysed and disproportionate trends identified when planning the appropriate strategic and operational intervention.

Background Papers / further reading

1. Children and young people's emotional wellbeing and mental health – facts and figures - <https://www.local.gov.uk/about/campaigns/bright-futures/bright-futures-camhs/child-and-adolescent-mental-health-and#:~:text=They%20are%20correct%20as%20of%20January%202022.%20At,rates%20higher%20in%20young%20women%20than%20young%20men.>

2. Hillingdon Joint Strategic Needs Assessment 2022 -
<https://www.hillingdon.gov.uk/jsna/>
https://www.hillingdon.gov.uk/media/9690/Hillingdons-full-JSNA-report-2022/pdf/Hillingdons_Joint_Strategic_Needs_Assessment_2022.pdf?m=1654598108797
3. UK doctors flag mental pressures pandemic puts on young people – Financial Times (published 26 December 2020) - https://www.ft.com/content/36e31589-8e54-4241-9c36-3017a757e4f3?accessToken=zwAAAYWXSaBkcc824xWJlIRCQdOcNjAXp1fk8w.MEUCIQCpnfnwDybMVEWFPUdOGNjAWtzy4q6YWtj9bRDbakZn4QIgDAAE491hAeq1n8TyGDEI82LMGRazuK22r599pG_o6RQ&sharetype=gift&token=3bfa129d-3782-4dd8-9b55-0a0cf39a90b6
4. Child referrals for mental health care in England up 39% in a year – The Guardian (published 3 January 2023) - <https://www.theguardian.com/society/2023/jan/03/child-referrals-for-mental-health-care-in-england-up-39-in-a-year>

CABINET FORWARD PLAN

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

HEADLINES

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

RECOMMENDATION

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

SUPPORTING INFORMATION

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

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

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

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

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

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

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

BACKGROUND PAPERS

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

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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										
Cabinet meeting - Thursday 16 February 2023 (report deadline 30 January 2023)										
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)
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			Private (3)
046	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

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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)
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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 Member Decisions expected - February 2023

SI	Standard Items taken each month by the Cabinet Member		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)
	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

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)
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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 23 March 2023 (report deadline 6 March 2023)

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 various council care settings and facilities.	N/A		Cllr Jane Palmer - Health & Social Care	Health & Social Care	AS / R - Claire Fry / Sally Offin			Private (3)
044	Occupational Therapy Services for Adults, Children and Young People for Social Care and for Major Adaptations	Following the 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 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 - 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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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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Cabinet meeting - Thursday 20 April 2023 (report deadline 30 March 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			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
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Upcoming Decisions

Further details

Ward(s)

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)			
Cabinet meeting - Thursday 25 May 2023 (report deadline 27 April) <small>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</small>										
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

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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Ref

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 - 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
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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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)
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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 - 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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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

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
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

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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Ref

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 - 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
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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)
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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 - October 2023 (date TBC)

SI	Item Title	Description	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)
	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

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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Ref

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 expected - October 2022

SI	Standard Items taken each month by the Cabinet Member		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)
	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

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 - November 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 - November 2022

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

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	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											
	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	October	November
Health & Social Care Select Committee																	
Review A: CAMHS Referral Pathway 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		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 2022/23 BCF Section 75 Report Autism Strategy Consultation Crisis Recovery House Update	X							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 Strategic Review Update NWL Orthopaedic Inpatient Surgery Review Hillingdon Hospital Redevelopment Update Health Updates Quality Accounts (outside of meetings)	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
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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