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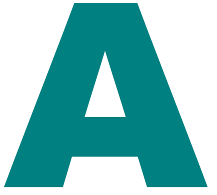

Health and Social Care Select Committee

Councillors on the Committee

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

Date: **WEDNESDAY, 26 APRIL 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: Tuesday, 18 April 2023

Contact: Nikki O'Halloran
Email: nohalloran@hillingdon.gov.uk

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Lloyd White
Head of Democratic Services
London Borough of Hillingdon,
Phase II, Civic Centre, High Street, Uxbridge, UB8 1UW
www.hillingdon.gov.uk

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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	• Cabinet Member for Health & Social Care
Relevant service areas	1. Adult Social Work 2. Adult Safeguarding 3. Provider & Commissioned Care 4. Public Health 5. Health integration / Voluntary Sector

Statutory Healthy Scrutiny
This Committee will also undertake the powers of health scrutiny conferred by the Local Authority
(Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013. It will:

- Work closely with the Health & Wellbeing Board & Local Healthwatch in respect of reviewing and scrutinising local health priorities and inequalities.
- Respond to any relevant NHS consultations.

Duty of partners to attend and provide information
The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013, imposes duties on 'responsible persons' to provide a local authority with such information about the planning, provision and operation of health services in the area of the authority as it may reasonably require to discharge its health scrutiny functions through the Health & Social Care Select Committee. All relevant NHS bodies and health service providers (including GP practices and other primary care providers and any private, independent or third sector providers delivering services under arrangements made by clinical commissioning groups, NHS England or the local authority) have a duty to provide such information. Additionally, Members and employees of a relevant NHS body or relevant health service provider have a duty to attend before a local authority when required by it (provided reasonable notice has been given) to answer questions the local authority believes are necessary to carry out its health scrutiny functions. Further guidance is available from the Department of Health on information requests and attendance of individuals at meetings considering health scrutiny.

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

- Domestic Abuse services and support

Agenda

CHAIRMAN'S ANNOUNCEMENTS

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Agenda Item 3

Minutes

HEALTH AND SOCIAL CARE SELECT COMMITTEE

21 March 2023

Meeting held at Committee Room 5 - Civic Centre

	Committee Members Present: Councillors Nick Denys (Chairman), Philip Corthorne (Vice-Chairman), Tony Burles, Reeta Chamdal, Darran Davies (In place of Alan Chapman), June Nelson (Opposition Lead) and Barry Nelson-West **Also Present**: Clare Byrne, Divisional Nurse for Acute Medicine and Governance in Unplanned Care, The Hillingdon Hospitals NHS Foundation Trust (THH) Evelyn Cecil, Head of Adult Mental Health Services, Hillingdon Mind Amanda Erasmus, SENCO, Uxbridge High School Alison Foster, Deputy Head and Deputy Designated Safeguarding Lead, Vyners School Therese Glynn, Director of Services, Centre for ADHD & Autism Eamonn Katter, Deputy Chief Operating Officer, The Hillingdon Hospitals NHS Foundation Trust (THH) Councillor Jane Palmer, Cabinet Member for Health & Social Care Lisa Taylor, Managing Director, Healthwatch Hillingdon Sandra Taylor, Executive Director of Adult Services and Health, London Borough of Hillingdon Katrina Warkcup, Emergency Department Matron, The Hillingdon Hospitals NHS Foundation Trust (THH) Summer Wessels, Deputy Designated Safeguarding Lead and Senior Mental Health Lead, Douay Martyrs School **LBH Officers Present**: Nikki O'Halloran (Democratic Services Manager)
70.	**APOLOGIES FOR ABSENCE** *(Agenda Item 1)* Apologies for absence had been received from Councillor Alan Chapman (Councillor Darran Davies was present as his substitute).
71.	**DECLARATIONS OF INTEREST IN MATTERS COMING BEFORE THIS MEETING** *(Agenda Item 2)* There were no declarations of interest in matters coming before this meeting.
72.	**MINUTES OF THE MEETING HELD ON 21 FEBRUARY 2023** *(Agenda Item 3)* **RESOLVED: That the minutes of the meeting held on 21 February 2023 be agreed as a correct record.**

73.	**EXCLUSION OF PRESS AND PUBLIC** *(Agenda Item 4)* **RESOLVED: That all items of business be considered in public.**
74.	**CAMHS REFERRAL PATHWAY - SECOND WITNESS SESSION** *(Agenda Item 5)* The Chairman welcomed those present to the meeting. Ms Amanda Erasmus, Special Educational Needs Coordinator (SENCO) at Uxbridge High School (UHS), noted that 5.9% of children at UHS were on the special educational needs register and that most of these were in relation to mental health issues. She advised that the school had started to refer children to Child and Adolescent Mental Health Services (CAMHS) during the Covid pandemic and that, over time, good relations had been built with the staff and therapists there. UHS had referred 28 children to CAMHS over the last two years, five of which had been accepted. Where the children were not accepted, the school had received a letter detailing possible alternative pathways, such as SEND Advisory Service which had been helpful but which was not always that straight forward. The letter would be quite brief in terms of the availability of alternative support and schools would often not know the full range of services that were available to help young people so would just use the ones that they did know about. Schools provided the support that they could to young people but they were not mental health specialists. Members were advised that exclusion was avoided where possible and measures were put in place in schools to support the child. Mental ill health would not lead to an exclusion but would instead prompt interventions such as a personalised timetable. For ADHD, UHS worked with Screening, Assessment and Support Services (SASS) and the Behaviour Support Team to support the child so that the situation rarely ever resulted in exclusion. Ms Erasmus stated that, when the school contacted CAMHS, they did receive a response and that UHS attended meetings with the child, their parent and the psychotherapist. She also noted that the school had been chosen as one of two pilots in the Borough to work with the Mental Health Support Team whereby three mental health support workers came to the school for two days each week to work with 50 young people on issues of worry, low mood, anxiety, etc. Supporting this low level mental health need through early intervention meant that it was much easier to manage. Ms Summer Wessels, Deputy Designated Safeguarding Lead and Senior Mental Health Lead at Douay Martyrs School (DMS), advised that the school had had a positive experience with CAMHS but that, as an educational establishment, it did not expect to have to make referrals to CAMHS. Where a mental health issue had been suspected, the school had asked the parents to take the young person to see their GP who would then be able to make a referral to CAMHS. If the GP refused to make a referral to CAMHS and school believed that there was enough evidence, the school would make the referral itself (DMS had made five referrals to CAMHS in the last two years and all of them had been accepted). Where the referrals made by the GP were refused by CAMHS, DMS might ask the GP for sight of the information that had been provided to CAMHS as part of the referral. These referrals did not always include all of the information that CAMHS needed to be able to make the best assessment which was why the young person might not have been accepted.

Ms Wessels noted that the staff at CAMHS were hard working, always attended meetings and usually responded to emails within a day but the service appeared to be stretched. The wait for therapies could be long so DMS had set up its own Place To Be scheme and employed a counsellor for one day each week and would advise CAMHS when these interventions were in place so that they could be phased out when the CAMHS therapy started. The school also had a pastoral support team in place and mental health first aiders as support still needed to be in place for these young people even before they had had a CAMHS diagnosis as they were still having to go to lessons every day.

It was noted that students at DMS had said that they did not want to use Kooth as they were required to sign up for the service and they were put off by the fact that they could be identified (some young people might not want anyone, including their parents, to know that they were experiencing mental health issues). The school had not had any contact from Kooth for over two years until recently. Preventative services seemed limited or were not well advertised and no literature or posters had previously been shared with DMS to help promote Kooth to the students.

Members were advised that CAMHS provided a Single Point of Access. However, young people at DMS had complained that their calls were not always being picked up and had been left unanswered, and sometimes the calls went through to adult services. This facility did not seem to be as accessible or available as parents and young people needed. Ms Wessel also noted that the performance of the Mental Health Support Teams had been disappointing as they did not reply to emails and did not answer the telephone. It had been suggested that, as DMS already had interventions in place, the school was not likely to get any more support even though the school had had to use its education budget to provide this support for its students.

Ms Alison Foster, Deputy Head and Deputy Designated Safeguarding Lead at Vyners School (VS), advised that the thresholds could be quite confusing as there were times when the Multi Agency Safeguarding Hub (MASH) advised the school to make a referral to CAMHS and it was rejected. There had also been times when the school had made a referral to CAMHS, not necessarily expecting it to be accepted, and it was accepted. The school nurse at VS would often bridge any gaps and chase up CAMHS for a response when needed. It would be useful for the schools to receive feedback on why a referral was not accepted and to be provided with clinical signposting elsewhere.

Ms Foster noted that referrals from GPs were often unsuccessful but that there was a lot of free help available to parents and young people. Parents often wanted to know if there was something clinical going on with their child which was why they would request a referral to CAMHS (to rule out ADHD and autism spectrum disorder (ASD)). However, it was recognised that children needed to be taught coping mechanisms to deal with regular things like the stress associated with exams rather than just labelling those feelings as mental health issues. The approach was currently a little piecemeal so better signposting for self-help was needed.

Ms Therese Glynn, Director for Services at Centre for ADHD and Autistic Support (CAAS), advised that CAAS saw itself as a preventative service. CAAS had received feedback from parents about the services provided and their experience of their GP making a referral which was then rejected without providing the reasons as to why the referral had not been accepted. Signposting parents to other services would be helpful whilst they waited for an assessment or when a referral was rejected.

It was noted that, if there was a possible diagnosis of mild to moderate ADHD, parents were encouraged to follow NICE guidelines and undertake a training course (which included psychoeducation) before their child was diagnosed (CAAS did provide such courses but the places were limited). Alternatively, if the ADHD diagnosis was likely to be moderate to severe, parents were encouraged to attend a course covering behaviour management before the child was prescribed medication. However, there were times where the parents were unable to get on an appropriate training course in a timely fashion (or there were other complications such as transitioning to secondary school) which could mean that they were waiting up to two years which caused additional anxiety for the children and the parents. Rather than just following NICE guidelines, Ms Glynn suggested that the system needed to be looked at on a case-by-case basis.

Ms Glynn noted that the age of referral to CAMHS appeared to be increasing – a child used to be able to be referred at five years old but this had increased to seven years old. When a parent received their first contact letter with an appointment date, they were often under the impression that this would be for the child's assessment whereas it was usually to triage the child. There also appeared to be some frustration when children and young people were passed between the Child Development Centre (CDC) and CAMHS so it would be good to get some clarification on how this was supposed to work.

Ms Glynn advised that, whilst it was difficult for English speaking parents and children to navigate the system, it was particularly challenging for those who had English as a second language to understand the processes so they needed additional support. She noted that, once the child had been seen by CAMHS, they were usually very happy with the service. The parents understood that the process could take time and they were happy to wait but they needed to be given information on what services they could access in the interim.

Members were advised that there were many families that did not know about the services provided by CAAS but who would benefit from them to prevent their child's mental health from deteriorating during their wait for CAMHS. The organisation supported mental wellbeing rather than providing mental health services and was not equipped to deal with things self-harm. CAAS had built good relations with schools in Hillingdon.

Ms Evelyn Cecil, Head of Adult Mental Health Services at Hillingdon Mind, advised that the organisation had recently started the Hillingdon Young Adult Project (HYAP) to provide support to 25 young people aged 16 to 25 with mild to moderate mental health needs. There had been a lot of concern expressed regarding the long wait that young people had been faced with whilst waiting for CAMHS with little support whilst they waited. Concern had also been expressed about the lack of support that had been available for young people transitioning to adult mental health services and the possibility that their mental health could deteriorate further in the interim. Clear signposting to support was needed for these young people to address the confusion that existed about what was actually available.

Ms Cecil advised that HYAP provided a range of support including 121 work and holistic social worker assessments, as well as signposting and referring to other services. A directory of support had been put together for young people up to the age of 18 which included arts therapy. When they reached 18 years old, adult services such as counselling and therapeutic support would also become available to them.

Hillingdon Mind helped these young people to navigate their way to the most appropriate support services.

Mr Eamonn Katter, Deputy Chief Operating Officer at The Hillingdon Hospitals NHS Foundation Trust (THH), advised that CAMHS patients arrived at Hillingdon Hospital's Accident and Emergency (A&E) department in the same way as any other patient (ambulance, walk in or escorted by the police). When the young person had been identified as being under 18 with a mental health condition, CAMHS was contacted. During the day, a member of the CAMHS team would arrive within an hour to undertake an assessment in parallel with a physical health assessment (there would be a slower response time at night as there were fewer CAMHS staff working and they covered other NWL boroughs). The patient would then exit through a planned CAMHS pathway and could be discharged from CAMHS once a diagnosis had been made.

Ms Katrina Warkcup, Matron of the Emergency Department (ED) at THH, advised that a young person presenting at A&E might have taken an overdose so CAMHS would need to wait until they had been medically cleared before they could undertake a mental health assessment. Once the assessment had been undertaken, the child might not be admitted but might need to have a cooling off period, which could be challenging for the hospital. Those aged under 16 could be taken to paediatric A&E (where it was relatively quiet and calm), usually accompanied by a parent, and those aged over 16 would have to stay in A&E (where it could be noisy and busy and not at all calming) to cool off before CAMHS would come back. If the young person left the hospital before they were discharged, the hospital would contact the police and social care to get a welfare check completed.

If the child needed to be admitted, the CAMHS team would make a decision as to what type of bed was needed. If there were no specialist Tier 3 or 4 beds available, those aged under 16 could be taken to the children's ward at Hillingdon Hospital (as long as they were not a risk to the other children on the ward) where staff such as a play specialist would be available to offer suggestions and ideas for support. Ms Clare Byrne, Divisional Nurse for Acute Medicine and Governance in Unplanned Care at THH, advised that those aged 16-18 would be taken to an adult ward at the hospital where they would be put in a side room with a mental health nurse. A meeting would be convened to agree a plan for where the young person needed to go next.

Ms Byrne noted that Central and North West London NHS Foundation Trust (CNWL) and CAMHS were very responsive but the issue of young people who had a social care need but no physical or mental health need, had to be addressed. Ms Warkcup advised that parents of children with mental health issues often turned up at A&E as they were at the stage where they didn't know what else to do and needed the hospital to make an emergency CAMHS referral.

Although additional mental health beds would address the issue of not enough beds, it was not in every child's best interest to be admitted. Mr Katter suggested that a new separate mental health crisis centre was required to meet young people's mental health needs rather than presenting at A&E. Alternatively, adequate resourcing was needed to include a crisis space for young people in the new hospital development so that it was co-located with the ability to address any physical health needs.

Ms Lisa Taylor, Managing Director at Healthwatch Hillingdon (HH), advised that HH had received feedback from parents and children who were not happy about the lack of communication from CAMHS regarding the triage process and that they had not been

	given any information to manage their expectations. Parents needed to know what would happen next, how long the waiting times would be and what other support was available in the interim (especially if they were going to have to wait up to two years). Ms Taylor advised that parents had complained to CAMHS about the lack of communication and still not received a response. Parents had also requested that they receive feedback about why their child had not met the threshold for CAMHS as it was thought that this would be helpful. One young person had been referred to CAMHS when they were 15 - they were now 17 and had still not been seen. During the intervening period, the young person's ability to socialise had reduced as their mental health had worsened. Young people had reported to HH that they had used CAMHS but felt that they were not being listened to and that their needs were not being met by the service. As such, they then turned to social media and YouTube to look for alternative support. Ms Taylor had been working with Ms Jane Hainstock, Head of Joint Commissioning at North West London Integrated Care Board (NWL ICB) – Hillingdon, to identify what support services were available in Hillingdon and to identify challenges and solutions. It had become apparent that, with regard to children's mental health services, there was a perception that CAMHS was the only service available. As such, GPs would often just refer children to CAMHS whereas, for adults, there was a greater awareness of a range of services provided by organisations such Hillingdon Mind. Members believed that, when a child was in distress, they needed help so the idea of a young person being turned away because they did not meet a threshold seemed wrong. The Chairman advised that the Committee would be looking to come up with realistic recommendations as part of its review and would likely seek views on these from those present at this meeting before the summer. **RESOLVED: That the discussion be noted.**
75.	**CABINET MEMBER FOR HEALTH AND SOCIAL CARE UPDATE** *(Agenda Item 6)* Councillor Jane Palmer, Cabinet Member for Health and Social Care, advised that early intervention to deal with social care issues that arose in childhood reduced the impact on their lives into adulthood. Councillor Palmer praised the social workers who had worked tirelessly during the pandemic to support residents during a very difficult period. There had been a range of initiatives delivered and work undertaken over the last year included: Hillingdon Shared Lives Scheme, reablement and hospital discharge. In addition, the Hillingdon Suicide Strategy had been developed with links to health, British Transport and Hayes station. There had been no strategy in place to prevent to suicide in the Borough when Councillor Palmer had taken on her Cabinet portfolio so she was very proud of the partnership working that had resulted in this accomplishment. It was recognised that social care took up approximately 60% of the Council's entire budget and that this supported a relatively small number of residents. However, it was also noted that social care was a statutory service that had never been sufficiently funded to enable preventative work to be undertaken which would ultimately reduce the overall costs of the service provision. To ensure that the quality of service was

maintained, proper procurement and monitoring measures had been put in place to ensure that poor performance in contracts was addressed and to ensure value for money. However, inflation had meant that everything was now more expensive than it had been previously (including the workforce) but the Council continued to maintain its sound financial management.

Ms Sandra Taylor, the Council's Executive Director of Adult Services and Health, advised that social care would always be a high spend area of the local authority and would therefore always be a talking point. However, Hillingdon had demonstrated a good and effective use of resources based on early intervention. A strong hospital discharge process had been put in place resulting in 70% of people coming out of the reablement process with no ongoing care needs. It was important not to create dependencies and to keep people living in their own homes for as long as possible.

Further work was needed to create resilience in young people and, to this end, Ms Taylor would be speaking to the Interim Director of Public Health to see what action could be taken to further develop good general health. There were gaps that had emerged and it would be important to fill these with voluntary sector providers.

Councillor Palmer noted that social care in Hillingdon was a good place to work, with dedicated staff. The Council promoted social care apprenticeships to enable the authority to develop its own staff and allowed them to move between departments. Supportive working relationships were in place with proper supervision and support for social workers and caseloads were well managed.

Ms Taylor stated that staff retention in social care in Hillingdon was very good and that the leadership team had a breadth of experience to support the service area. Social workers were well equipped and had a balanced caseload and the right support. A range of workforce development schemes had also been put in place.

Members were advised that the CQC had today published its new inspection framework but that Adult Social Care had been preparing for an overarching inspection for some time. Ms Taylor noted that the CQC would be undertaking five inspections between April and October 2023, one of which would be in London. Operationally, she had attended meetings to learn how local authorities could best present their evidence to the CQC and effort had been made to gain an understanding of difference and how residents were helped to live independently. It was anticipated that Hillingdon would be inspected in 2023/24. Insofar as local care provision was concerned, a new approach of having face-to-face meetings had been introduced (where appropriate) as well as a review of complaints and the remote monitoring of services.

With regards to being dynamic in new ways of working, Councillor Palmer advised that she had initiated a review of the Hillingdon Health and Wellbeing Board when she became Cabinet Member for Health and Social Care. The Board, which she now co-chaired with the Managing Director of Hillingdon Health and Care Partners (HHCP), was no longer a talking shop and had enabled frank and honest discussions to be held with all health and care partners. In addition, Councillor Palmer raised issues such as health inequalities at meetings with her counterparts from the other seven North West London (NWL) boroughs (Brent, Ealing, Hammersmith & Fulham, Harrow, Hounslow, Kensington & Chelsea and Westminster).

Councillor Palmer advised that she had recently been appointed as a representative on the NWL Integrated Care Board (ICB) for the eight NWL boroughs and had attended a

meeting earlier in the day where there had been some discussion about the proposal to change the provision of orthopaedic services in NWL. Concerns had previously been raised at the Health and Social Care Select Committee about transport in relation to these proposals and Councillor Palmer confirmed that she would be on a Transport Working Group to look at this issue.

With regard to succession planning, Ms Taylor advised that there were three Registered Managers in Adult Services who had worked for the Borough for many years. These managers were all very supportive of their teams in terms of personal development and providing training opportunities including registered manager training. Experience and knowledge could also be shared through the Provider Forum and Registered Manager Forum.

In the past there had been a disproportionate number of out-of-town placements which had been more costly than in-Borough placements. Ms Taylor advised that extra care housing had been developed to try to meet this need and tip the balance back to being able to live in the community in supported living. There were now more supported living places in Hillingdon than there were residential care places (there were 44 registered care homes in the Borough). However, there were still some residents with niche needs that could not be met locally which would need to be reviewed and monitored. In the future, the focus would need to continue to be on early intervention rather than care homes, as people had realised that the best care could be provided at home and that the least restrictive options needed to be implemented.

Feedback in relation to the digitisation of social care applications had been positive. However, it was recognised that some people would not be able to navigate their way through the technology and, in these circumstances, there would always need to be a human available to talk to. The online assessment facility had been available for some time and an online referral system would soon also be available to try to reduce the waiting time for residents. The online facility reduced the number of steps in the process which made dealing with safeguarding issues, etc, much more efficient. More feedback on the system would need to be collected.

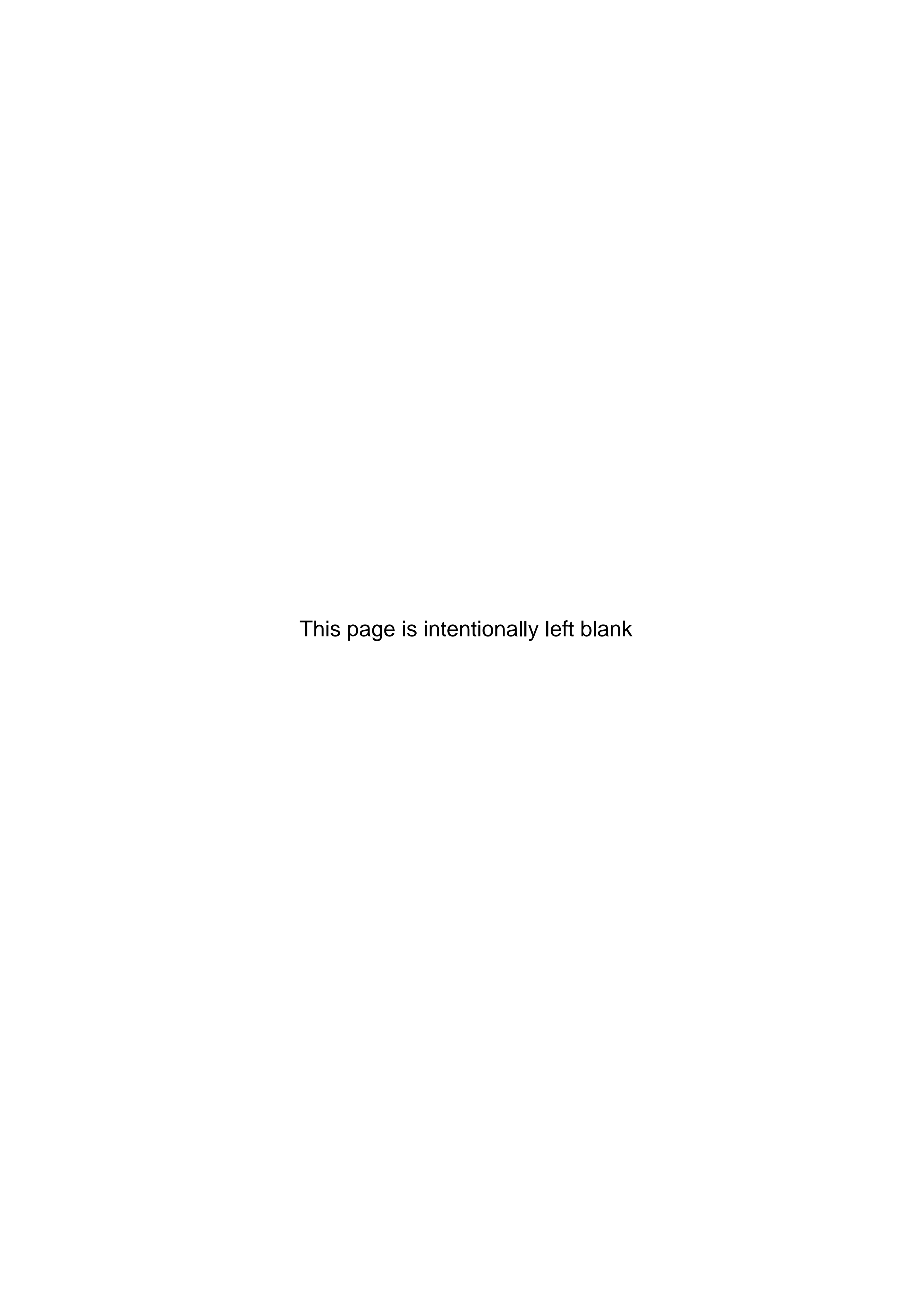
The work of the Hillingdon Dementia Alliance had grown and the team were commended on their efforts. Tovertafel sensory tables had been made available in libraries across the Borough. Councillor Palmer noted that the dementia team had been phenomenal, providing a good service, developing good networks and resulting in good engagement with services. Ms Taylor noted that engagement with residents had increased but that she would need to establish how much it had grown and report this information back to the Committee.

The dementia work in Hillingdon had been aligned to the third sector work to help keep residents at home for longer. Admiral nurses had provided a first-class service to support those with dementia and their carers at home and Dementia Friends had been trained inhouse.

It was anticipated that the fair cost of care would cost around £4m but that Hillingdon would only be receiving £2.4m funding towards this in 2023/24. All councils had been asked to undertake a fair cost of care assessment with providers in 2022 and Hillingdon had submitted its findings in October 2022. It was actually estimated that the costs would be £4.5m to bring them to the right level so, as the Government funding was on an incremental level, it was hoped that the 2024/2025 settlement would be £2.1m. However, inflation had risen which had put even more pressure on the

	Council in terms of the fair cost of care. The Chairman asked that Ms Taylor advise the Democratic Services Manager when the 2024/25 settlement had been announced. It was noted that there had been a drop in formal safeguarding enquiries from 2,497 cases in the previous year to 1,694 cases this year. In addition, there had been an increase in overall referrals from 8,848 in 2019/20 to 13,938 so far during 2022/23 (an increase of 58%). Ms Taylor advised that, during the pandemic, fewer referrals had been made which meant that there had been an increase in the number of people experiencing mental ill health and more mental health referrals coming through. However, consideration needed to be given to what it was that converted an enquiry into a s42 investigation. The Council wanted people to raise safeguarding referrals and, if the conversion rate to s42 was low, this would be positive. The Cabinet Member thanked the Committee for inviting her to attend the meeting and advised that she would continue to work with partners to achieve good outcomes for Hillingdon's residents. She would be happy to come back again on an annual basis to provide the Committee with an update. **RESOLVED: That the discussion be noted.**
76.	**CABINET FORWARD PLAN MONTHLY MONITORING** *(Agenda Item 7)* Consideration was given to the Cabinet Forward Plan. **RESOLVED: That the Cabinet Forward Plan be noted.**
77.	**WORK PROGRAMME** *(Agenda Item 8)* Consideration was given to the Committee's Work Programme. It was noted that the Committee's next meeting on Wednesday 26 April 2023 would receive updates from health partners. Members requested that each of the health partners be asked to provide, in advance of the meeting and to be included on the published agenda, a written account of the work that they had undertaken over the last year and to provide an indication of their performance against targets during that period. **RESOLVED: That the Work Programme be noted.**
	The meeting, which commenced at 6.30 pm, closed at 8.39 pm.

These are the minutes of the above meeting. For more information on any of the resolutions please contact Nikki O'Halloran on nohalloran@hillingdon.gov.uk. Circulation of these minutes is to Councillors, officers, the press and members of the public.



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HEALTH UPDATES

Committee name	Health and Social Care Select Committee
Officer reporting	Nikki O'Halloran, Democratic Services
Papers with report	Appendix A – Hillingdon Health and Care Partners Update Appendix B – The Hillingdon Hospitals NHS Foundation Trust Update Appendix C – Royal Brompton and Harefield Hospitals Update Appendix D – Central and North West London NHS Foundation Trust Update Appendix E – The London Ambulance Services NHS Trust Update Appendix F – Healthwatch Hillingdon Update
Ward	n/a

HEADLINES

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

RECOMMENDATIONS:

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

SUPPORTING INFORMATION

Hillingdon Health and Care Partners (HHCP)

Hillingdon Health and Care Partners (HHCP) is the 'Place Based' alliance of health and care organisations that seeks, through collaboration and co-design, to make significant improvements to the quality and cost of care in Hillingdon. HHCP is made up of Hillingdon Hospitals NHS Foundation Trust, Central and North West London NHS Foundation Trust (CNWL), H4All (a partnership of voluntary sector health care providers) and Hillingdon's Confederation (which brings together all of Hillingdon's GPs). HHCP works together closely with the London Borough of Hillingdon and North West London Integrated Care Board (NWL ICB) to deliver 3 key strategic aims:

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

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

The Hillingdon Hospitals NHS Foundation Trust (THH)

THH services are provided from both Hillingdon Hospital and Mount Vernon Hospital. The Trust has a turnover of around £222 million and employs over 3,300 staff. It delivers high quality

healthcare to the residents of the London Borough of Hillingdon, and increasingly to those living in the surrounding areas of Ealing, Harrow, Buckinghamshire and Hertfordshire, giving a total catchment population of over 350,000 people.

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

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

Royal Brompton and Harefield Hospitals (RBH)

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

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

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

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

Central and North West London NHS Foundation Trust (CNWL)

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

- **Physical health:** Community treatment for physical conditions that do not require general hospital treatment or conditions that require long-term care. This includes district nursing, health visitors, stroke care and support for people in recovery.

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

North West London Integrated Care System (NWL ICS)

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

- System financial recovery
- Development of integrated care at PCN, borough and ICS level
- Building closer working relationships with the local authorities
- The development of a single operating structure across the commissioning system, and meet the expectations of NHSE that the CCG would operate in 2020/21 under a single operating framework, with the associated reduction in management costs and streamlined governance
- To work with providers to develop alternative reimbursement structures from 2020/21 to support delivery of ICP/ICS

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

The London Ambulance Service NHS Trust (LAS)

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

Its 24-hour 111 integrated urgent care services in north east and south east London answer more than 1.2 million calls a year. The LAS has recently been awarded a three-year contract to provide the NHS 111 service to the two million people who live in North West London, beginning

on Thursday 17 November 2022. The organisation will also take on responsibility for running the North West London Clinical Assessment Service (CAS) which helps to decide where patients who call-in would be best cared for.

The LAS is the only NHS provider trust to serve the whole of London and the nine million people who live in, work in or visit the city. The Trust covers an area of 620sq miles and its average response time to the most serious emergencies is less than seven minutes.

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

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

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

Healthwatch Hillingdon

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

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

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

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

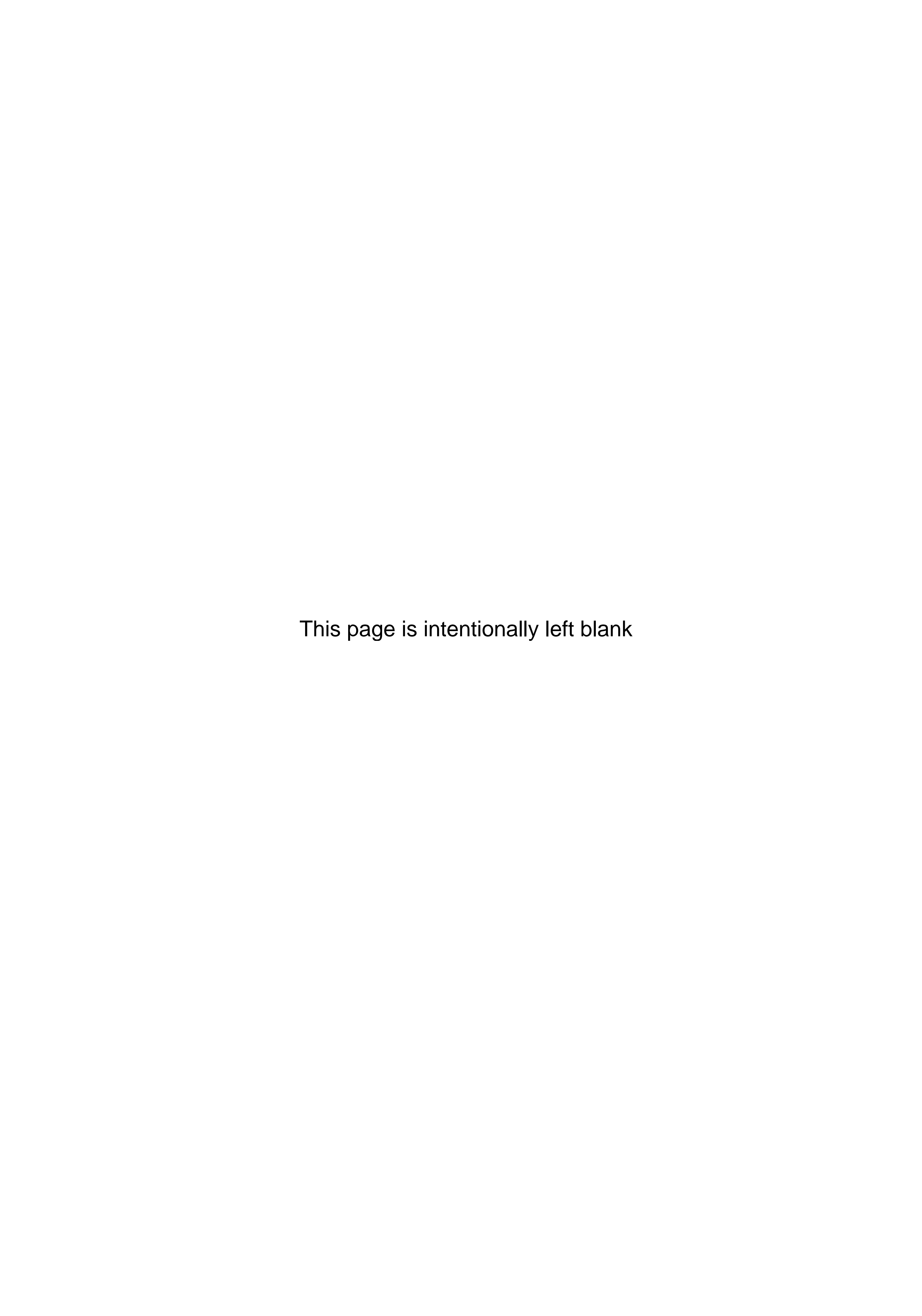
- Sharing and promoting information about health issues and services that affect children and young people through events, social media updates and reports.
- Speaking to children and young people and gathering their views about what health issues and services are important to them.

- Working with health and social care services representatives to try to shape and improve services for children and young people.

Witnesses

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

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

Hillingdon Health and Care Partners:

Review of 2022/23 Health and Social Care Select Committee

Keith Spencer
Managing Director, HHCP

Sue Jeffers
Joint Borough Director, NWL ICB

2022/23 Hillingdon Health and Care Partners Report

1. Report Purpose

The purpose of this report is to review Place Based work and performance during 2022/23

2. Strategic Context

Hillingdon Health and Care Partners (HHCP) is the 'Place Based' alliance of health and care organisations that seeks, through collaboration and co-design, to make significant improvements to the quality and cost of care in Hillingdon. HHCP is made up of Hillingdon Hospitals NHS Foundation Trust, Central and North West London NHS Foundation Trust (CNWL), H4All (a partnership of voluntary sector health care providers) and Hillingdon's Confederation (which brings together all of Hillingdon's GPs). HHCP works together closely with the London Borough of Hillingdon and North West London ICB to deliver 3 key strategic aims:

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

Our shared delivery models are through 6 integrated Neigbourhood Teams and a range of joined up Borough wide teams across health and care

3. Focus of our Work in 2022/23

The focus of our work as a Place Partnership in 2022/23 has been as follows:

1. Embedding population health management and addressing our areas of inequality
2. Ensuring best use of resources to address the Hillingdon Health Place Based financial deficit
3. Developing and progressing the clinical models and activity shifts for the new hospital development programme
4. Delivering the 3 main priorities in our Place based transformation programmes:

2022/23 Hillingdon Health and Care Partners Report

3. Focus of our Work in 2022/23 continued

- **Integrated Neighbourhood Development**: maintaining whole population health and wellbeing by helping people to stay well for longer as part of a more ambitious and joined up approach to population health and prevention. Increasing capacity for Primary Care to see more patients requiring urgent care on the same day
- **Reactive Care**: Innovative, transformational approach to tackling unwarranted ED attendance through the development of a new 24/7 Place Based Out of Hospital Reactive Care delivery model for those with complex needs and multi morbidity
- **End of Life Care:** joining up an integrating care for people at the end of their life

5. Defining place governance and accountability within the wider NWL Integrated Care system

In order to strategically progress these five key objectives , we have undertaken a wide ranging review of how we currently deliver services as a Place through a series of workshops with partners across Hillingdon's health and care system in order to define a future state operating model with the ultimate goal of delivering more care closer to people's homes in 6 integrated Neighbourhoods, preventing unnecessary hospital attendances through greater same day primary care capacity , promoting earlier hospital discharge and delivering the activity assumptions underpinning the hospital redevelopment programme. The outcome of this work is a draft future state operating model for place-based health and care; the key features of which are set out in appendix 1.

Slide 4 onwards sets out the key achievements, key areas of future work and key NWL Place Performance metrics for 2022/23.

2022/23 Hillingdon Health and Care Partners Report

4. Key Areas of Achievement:

- **Primary Care:** There are more face to face GP attendances taking place in 2022 (690,900) when compared to 2021 (587,811), **an increase of 17.4 %.** There are less virtual GP consultations taking place in 2022 (444,145) when compared to 2021 (478,552), **a decrease of 7.7%.** Overall there have been more appointments attended in 2022 (1,135,045) when compared to 2021 (1,066,363), **an increase of 6.4%.** This demonstrates the pressures on general practice due to the level of appointments practices have had to make available to meet demands
- **Continuing to be one of the highest performers in NWL ICB for encouraging uptake of vaccinations** (e.g., Covid-19 first and booster jabs; polio for previously unvaccinated children; influenza, particularly for pregnant women and high-risk older people).
- **Admission rate for people 65 years with severe frailty** - Hillingdon has the lowest rate across NWL at 667.1 admissions per 1,000 population. Services in place: Pilot Frailty Assessment Unit at THH and Rapid Response Team, Care Connection Teams (CCT) that proactively supports the most complex patients. Evaluation has demonstrated that this active case management in the community and at hospital has significantly reduced: nos. of LAS conveyances, ED attends and NEL admissions.
- **Admission avoidance:** this metric measures a reduction in adults admitted to hospital for ambulatory care sensitive conditions. The conditions within the scope of this metric include acute bronchitis, angina, heart disease, heart failure, dementia, emphysema, epilepsy, high blood pressure, diabetes, chronic obstructive pulmonary disease (COPD) and fluid on the lungs (pulmonary oedema). The ceiling for 2022/23 was 874 admissions per 100,000 18 plus population. As at the end of Q3, our performance was 572 admissions giving a likely forecast outturn of 763 admissions per 100,000.

2022/23 Hillingdon Health and Care Partners Report

4. Key Areas of Achievement continued:

- **Discharge from Hospital**: Achieving best performance across London for the highest proportion of hospital discharges by 5 pm each day, as well as for the lowest overall period of stay for patients needing to stay longer than a week. Patients, by and large, prefer to return home as soon as it is safe for them to do so, and our community networks between CNWL community services, the voluntary sector and LBH social care continue to support patients and families after being discharged from hospital – and often as an alternative to a hospital admission
- **% of People with a Serious Mental Illness receiving a Physical Health Check** – Hillingdon has improved its performance from 66% to 70.4%. for the six mandated health checks against a NWL target of 60%.
- The Borough team have set up a **Quarterly Crisis Concordat** meeting with the police, THH, CNWL and WL MH Trusts, LBH social care, as well as reps from Ealing and Hounslow to better manage the amount of police time taken up by bringing Section 136 clients to THH A & E
- **Organising the opening of 'The Retreat',** a safe and non-institutional environment for individuals facing mental health crisis, run jointly between CNWL, the London Borough of Hillingdon and Comfort Care. Since opening, over fifty clients have used the service, thereby receiving professional and supportive care while avoiding the stress and disturbance of a hospital emergency department
- **Diabetes delivery of 9 care processes** – Hillingdon's performance is 52% of people with diabetes receiving the 9 care processes against a NWL target of 50%.
- **LD Annual Health Checks > 14** –currently exceeding NWL target of 50% with a performance of 81% for Hillingdon. Key actions taken include: Masterclass training sessions with GPs. Building on work from Covid to support people with LD, CNWL LD team delivery continue to work with LD health champions, PCNs and the Local authority to support with annual checks.

2022/23 Hillingdon Health and Care Partners Report

5. Key Areas for Future Work

- **ED Attendances:** This is an HHCP transformation priority to reduce avoidable ED attendances in line with the hospital redevelopment assumptions through the development of 3 x Same Day Primary Care Neighbourhood Hubs which will begin to come on stream during 2023
- Further work to improve even further **hospital discharge to deliver the hospital redevelopment assumptions. This is an extant HHCP priority .**
- **Bowel Cancer Screening** – Hillingdon's performance is 51%. Lower rates in the south of the borough with higher BAME population. Actions to increase uptake include: free text message reminders sent to patients who do not return the FIT testing kit after 6 weeks. Work by Community Links who contact patients approaching their 56th and 60th birthdays who have not responded to screening invitations
- **Dementia** - Changes to the National Data collection policy in January 2023 currently mean all boroughs' data show an undercount of people diagnosed with dementia. Currently working with NHS England, and practices to ensure dementia data is being accurately recorded by practices and counted by NHS England. In addition, the Hillingdon Dementia Alliance is working together to improve waiting times for assessment and associated diagnostics such as MRI scans and offer support to carers.
- **Hypertension** – hypertension is a HHCP priority and for all PCNs with high nos. of patients with hypertension in the borough. There is a primary care contract in place to address inequalities that includes hypertension. NWL PHM funding has been directed at opportunistic testing of patients with undiagnosed hypertension e.g. community roadshows, BP monitors at libraries and in other community areas. Also, active case finding through GPs audits. These are in addition to other existing schemes i.e. Community Pharmacy Blood Pressure Checks Service and the GP Confed ABPM service.

2022/23 Hillingdon Health and Care Partners Report

Key Performance Indicators

Most Recent Month	NWL Metric Name	ICS Objective	Measure	Goal (Increase or Decrease)	Target	Benchmark	NWL	Westminster	Kensington and Chelsea	Hammersmith and Fulham	Brent	Ealing	Hounslow	Harrow	Hillingdon
Jan-23	People with diabetes who have received nine care processes in the last 15 months	Improve outcomes in population health and health care	%	Increase	50.0%		56.0%	59.0%	57.0%	56.0%	52.0%	58.0%	62.0%	53.0%	52.0%
Jul-22	Eligible female patients who have received a Cervical Cancer Screening within the last 3.5 years for ages 25-49.	Prevent ill health and tackle inequalities in outcomes, experience and access	%	Increase	80.0%	London Average - 60.9%	56.0%	45.6%	48.1%	55.4%	53.2%	62.9%	60.7%	56.3%	64.0%
Jul-22	Eligible female patients who have received a Cervical Cancer Screening within the last 5.5 years for aged 50 and over.	Prevent ill health and tackle inequalities in outcomes, experience and access	%	Increase	80.0%	London Average - 71.7%	68.5%	58.1%	58.5%	63.6%	70.2%	73.3%	72.3%	71.2%	74.4%
Mar-23	Children (17 or under) with asthma who have completed an asthma check	Prevent ill health and tackle inequalities in outcomes, experience and access	%	Increase	68.0%		59.0%	61.0%	59.0%	60.0%	52.0%	68.0%	67.0%	53.0%	48.0%
Feb-23	People receiving access to psychological therapies	Prevent ill health and tackle inequalities in outcomes, experience and access	%	Increase	6.3%	England Average - 4.9%	4.8%	4.4%	4.2%	4.8%	4.1%	5.0%	4.7%	6.2%	5.6%
Mar-23	People with severe mental illness (SMI) receiving a full physical health check	Prevent ill health and tackle inequalities in outcomes, experience and access	%	Increase	60.0%	England average (14/15) - 34.8%	67.2%	69.2%	72.9%	57.8%	61.8%	63.6%	73.9%	73.3%	70.4%
Jan-23	People over age of 14 on a doctor's learning disability register who have had an annual health check	Prevent ill health and tackle inequalities in outcomes, experience and access	%	Increase	50.0%	England average (18/19) - 52.3%	65.6%	62.7%	64.9%	63.4%	75.4%	69.8%	69.1%	67.0%	63.0%
Jan-23	Population Dementia Diagnosis rate	Improve outcomes in population health and health care	%	Increase	66.7%	England Average - 62.2%	57.4%	54.1%	60.0%	40.2%	64.4%	48.7%	61.5%	61.9%	61.2%
Dec-22	Admission rate for people 65 years and older by severe frailty Index per 1,000	Improve outcomes in population health and health care	Number	Decrease	815.1		815.1	797.5	706.9	817.5	781.9	982.1	973.7	753.5	667.1
Feb-23	Two hour Urgent community Response Rate	Improve outcomes in population health and health care	%	Increase	90.0%	NHS Plan guidance for Dec22 - 70%	91.4%	90.0%	92.9%	93.8%	97.6%	73.5%	98.8%	100.0%	85.0%
Dec-22	Patients discharged to usual place or residence	Improve outcomes in population health and health care	%	Increase	94.6%	Q2 NWL Target - Defined by BCF	94%	93%	91%	95%	95%	95%	93%	94%	93%
Dec-22	Number of Avoidable Admission	Improve outcomes in population health and health care	Number	Decrease	2,914	Q1 NWL Target	2619	116	62	51	484	617	256	451	582
Jan-23	Emergency Department attendances from Carehome per 1,000 beds	Improve outcomes in population health and health care	Number	Decrease	TBC	TBC	64	61	31	77	67	79	49	65	61
Feb-23	Percentage of patients aged 61 to 74 with a Bowel Cancer Screening for patients in the last 30 months	Prevent ill health and tackle inequalities in outcomes, experience and access	%	Increase	TBC	TBC	61%	82%	80%	70%	66%	55%	55%	51%	51%
Feb-23	Patients aged 79 years or under with hypertension who have a blood pressure reading of 140/90 mmHg or less	Improve outcomes in population health and health care	Number	Decrease	TBC	TBC	109512	7126	8503	8613	18759	22639	15277	14250	14345
Feb-23	Patients aged 80 years and over with hypertension who have a blood pressure reading of 150/90 mmHg or less	Improve outcomes in population health and health care	Number	Decrease	TBC	TBC	30361	2146	2545	2106	4914	5458	3816	4736	4640
Dec-22	Admitted patients with Length of stay greater than 14 days	Improve outcomes in population health and health care	%	Decrease	TBC	TBC		15%	13%	11%	12%	13%	13%	11%	12%
Dec-22	Admitted patients with Length of stay greater than 21 days	Improve outcomes in population health and health care	%	Decrease	TBC	TBC		9%	7%	6%	6%	7%	8%	7%	7%

Appendix 1: Draft Future State Operating Model

Draft Future State Operating Model

Proactive & Anticipatory Care, Whole Population Health

Same Day Urgent Care

General Practice

Community Mental Health Hubs
- CMHT, PCMH
- Psychology
- Psychotherapy
- Employment

Third Sector and Community Assets

6 x Integrated Neighbourhoods

Community Social Care

Community Physical Health
- Community Nursing
- Care Connection Teams
- Care Home Support
- Integrated Therapies

3 x Neighbourhood SDPC Hubs
- Same Day UC for Non Complex Patients
- Diagnostics inc Bloods, X-ray, ECG, Swabs, OPAT

Pharmacy, Dentistry & Optometry

Urgent Same Day Unplanned Community Response
- to rapid physical &/or MH deterioration
- Promoting rapid recovery after 'acute' illness (step down)

Reactive Care Service

Mental Health Service
- OPMH Beds
- Memory Services
- The COVE
- MH CAS
- Psychiatric Liaison

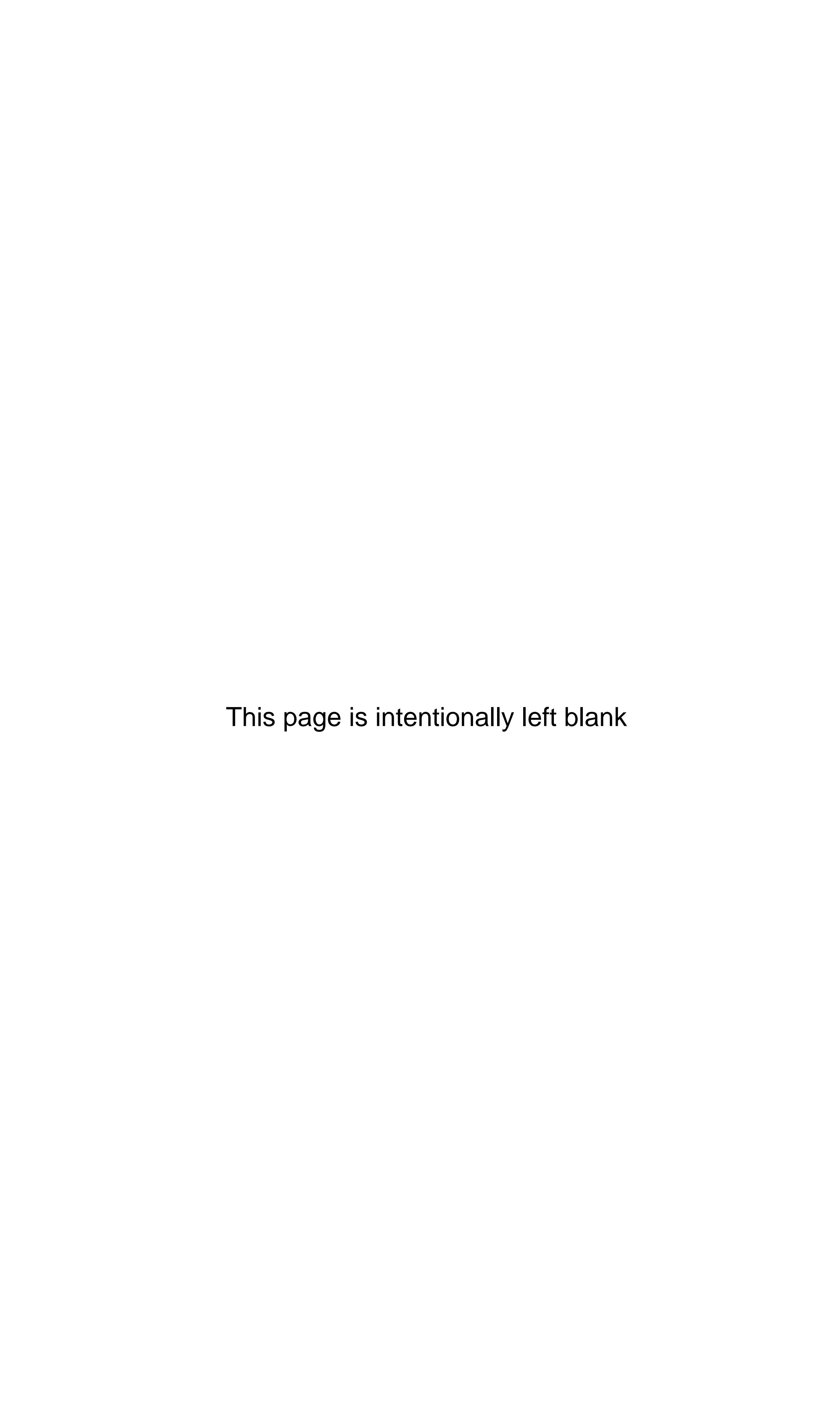
Reactive Care Operations Hub

Active Recovery Service
- IDT
- Rapid Response
- Homecare
- Integrated Place Therapies
- Integrated Rehab/Reablement
- Step up and Step Down Beds
- Virtual Wards/Telecare
- Neuro Rehab
- Post COVID

End of Life Service
- Co-ordination Hub
- Acute Palliative Care Service
- Community Specialist Team
- MSH Hospice
- Hospice @ Home
- Your Life Line

Very Specialist and/or Hospital Services
ICS or Pan Borough level

Hospital
- Diagnostics
- Planned Care
- Urgent & Emergency Care
- Cancer
- Acute Medical Care
- Acute Surgical Care
- Critical Care
- Paediatrics



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The Hillingdon Hospitals
NHS Foundation Trust

Health and Social Care Select Committee

26th April 2023

About us

Our hospitals

We are proud to deliver services for local people within Hillingdon, and to those living in the surrounding areas of Ealing, Harrow, Buckinghamshire and Hertfordshire, giving us a total catchment population of over 350,000. Our Trust runs services from two sites, Hillingdon Hospital and Mount Vernon Hospital.

Hillingdon Hospital is the only acute hospital in the London Borough of Hillingdon and offers a wide range of services, including accident and emergency (A&E), inpatient care, day surgery, outpatient clinics and maternity services.

The Trust's services at Mount Vernon Hospital include routine day surgery, delivered at a modern treatment centre, an Urgent Care Nurse Practitioner service and outpatient clinics.

The Trust hosts several other organisations that provide health services at Mount Vernon including East & North Hertfordshire NHS Trust's Cancer Centre.

The Hillingdon Hospitals
NHS Foundation Trust

About us

In a year we see

2022/23

71,000 people seen in A&E (does not include attendances to Hillingdon UTC)

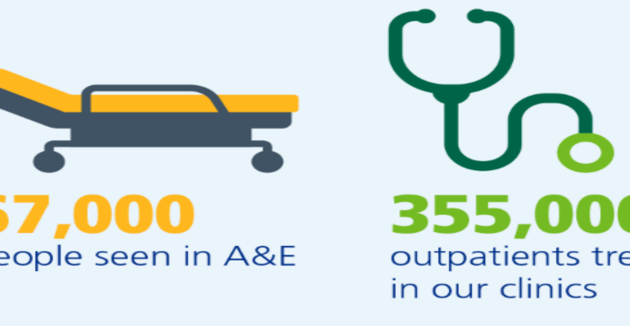
351,000 outpatients treated in our clinics

4,000 babies born in our Maternity Unit

16,000 attendances to our Minor Injuries Unit

*figures from 2022/23 pending final verification

2021/22



67,000 people seen in A&E

355,000 outpatients treated in our clinics

4,000 babies born in our Maternity Unit

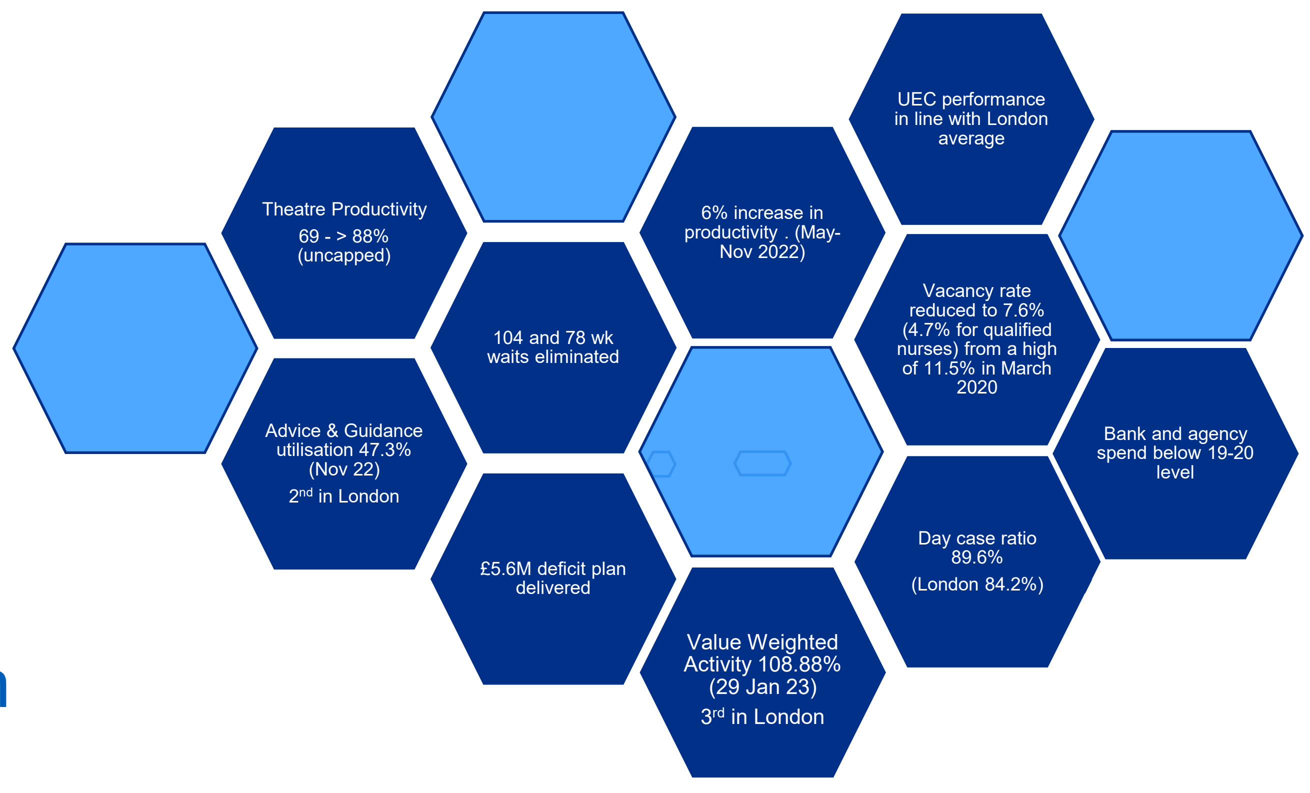
12,000 attendances to our Minor Injuries Unit

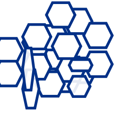
** Figures are taken from 2021/22 annual report*

cares communication attitude responsibility equity safety

Key Messages

- 2022-23 agreed trust plan delivered
- Credible, realistic and stretching trust plan for 2023-24
- Robust system-based sustainability support framework & governance in place for 2023-24





2022-23: Focus on improving performance and becoming a more sustainable organisation

Key activities

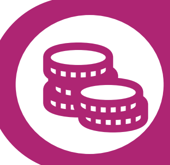
- Develop and agree new 5 year strategy
- Return financial performance and productivity to 2019-20 levels
- Deliver the national Elective Recovery and other performance targets
- Continued focus on quality improvement (set out in Quality Account)
- Improvement in staff engagement and health and wellbeing
- Strategic programmes
- Development of partnerships

Trust Strategy 2022-2026

Our Vision – few bullets under each these

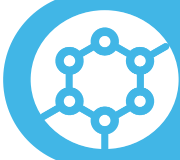
To deliver the best possible care for all who need our services

Quality – we will deliver consistent high quality, safe and compassionate care



Finance – we will maximise resources available for the benefit of patient care

People – we will be a great place to work and an exemplar employer



Partnerships – we will be an active system partner leading strategic change

Performance – we will deliver the right care at the right time for our patients

Strategic Programmes – we will progress delivery of our strategic programmes

cares communication attitude responsibility equity safety

Financial performance and productivity to 2019-20 levels

- Agreed financial plan delivered (£5.6M deficit)
- Financial position stabilised
- 6% increase in productivity M2-M9 (Better than North West London, London and England)
- Bank and agency spend below 2019-20 position when adjusted for inflation and new pressures

Deliver the national Elective Recovery and other performance targets

- Significant progress against elective targets:
  - No 104 week breaches
  - 78 week waits eliminated
  - Reduction in patients waiting over 52 weeks

- Urgent and Emergency Care performance below national target, but in line with London average

- Cancer performance variable but improving

Continued focus on quality improvement

(set out in Quality Account 2022-23 to be published in June 23)

Quality and safety maintained and enhanced through range of actions set out below:

- CQC Key Lines of Enquiry (KLOE) Gap Analysis
  - Deep Dives for core services, KLOEs reviewed
- Quality Rounds (clinical visit morning/education session/audit/learning from incidents)
- Ward & Department accreditation programme
- Peer reviews (external input)
- Temperature checks (rapid regular audits)
- Learning from Incidents and Complaints
- Senior Leaders Walkabout programme

Improvement in staff engagement and health and wellbeing

- Health and wellbeing programme in place
- Staff recognition awards and events well received by staff
  - Annual awards ceremony at the Bunker in Uxbridge
  - Monthly staff award
  - Long service badges
  - ‘Thank you’ vouchers
  - Open day
- Scores in staff survey maintained in line with NHS as a whole but further work to do to increase staff engagement and make the Trust a great place to work

Strategic Programmes

Digital

- Cerner (Electronic Patient Record System) - On track to join the shared NWL acute electronic patient records system in 2023/24

Redevelopment

- OBC submitted to New Hospital's P rogramme in July 2022
- January 2023 Hillingdon's Major Applications Planning Committee resolved to grant approval of the hybrid planning application
- Delivery of the enabling and decant programme
- Hillingdon scheme continues to be positioned as one of eight cohort 3 schemes in the national programme

Sustainability

- Awarded the national Carbon Reducer of the year award (2023) from Metsa.
- Seventh sustainability related award in the last three years.

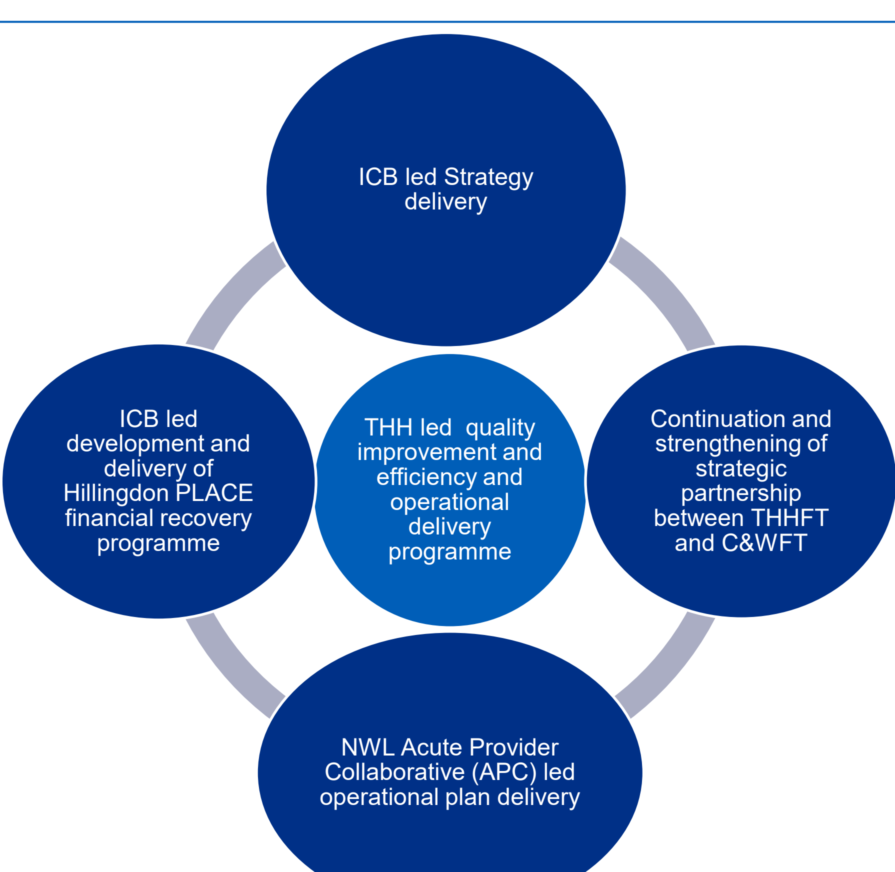
Partnerships

NWL System owned programmes of work to support sustainability

The NWL ICB is co-ordinating the new NWL ICS Strategy and underpinning 5 year wider system plans – these will be published in June 2023 and include support funding to the development of HHCP

Hillingdon Healthcare Partners – Collaboration of Acute, C&MH, LA, GPs and Vol. sector - has a well developed partnership and will be used by the ICB to test the revitalisation of integrated care at Borough level.

This work will seek to address the financial deficit at Place and ensure focus on service transformation in advance of the new hospital



THHFT and C&WFT partnership is being refreshed to identify clinical and non-clinical adjacencies that will strengthen services and support delivery

APC governance structure affords the ability to monitor trust delivery in the context of the wider system and is already driving improved performance and reduced variation

communication attitude responsibility equity safety

Plans for 2023-24

- More of the same but at pace
- Big ticket items:
  - Cerner implementation
    - Go live Nov. 2023 – huge change programme
    - Will streamline care at all levels of the Trust
  - Reduction in financial deficit
    - Increased efficiency and productivity within the Trust and working closely with partners
  - Reduction in Elective backlog against national targets
  - Next phase of ‘Decant and Enable’ work toward the new Hospital
  - Focus on our staff

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Royal Brompton and Harefield Hospitals

**Briefing Report for the Health and Social Care Select Committee
April 2023**

The main challenges being experienced in our hospitals currently are

- Elective recovery
- Recruitment
- Capital investment

Elective recovery
The reduction of the elective backlog resulting from the Covid pandemic has been a major priority for Brompton and Harefield Hospitals over the last 12 months.

Currently there are 590 patients awaiting an elective cardiac surgery procedure at our hospitals whereas pre-pandemic this number would have been approximately 400. There are 811 patients awaiting a cardiology procedure and pre-pandemic this number would have been approximately 700.

All elective patients on waiting lists are allocated a clinical priority (P2-P4) with the most clinically urgent elective patients being in the P2 category. Much work has gone into ensuring that patients waiting longer that normal on our waiting lists are closely monitored by the clinical teams. These risk of harm reviews are essential in order to detect any deterioration in the patient's condition, and this is then escalated to the Consultant for review. The risk of harm assessments are carried out either by telephone or via the Ortus clinical review platform that was rolled out this year. It allows patients to log how they are feeling and report any symptom change which again triggers an escalation to the Consultant if necessary. The new electronic Ortus platform has been received very well by patients.

The elective clearance challenge has been further complicated by an increased number of patients presenting to our hospitals non-electively either as emergencies via the Heart Attack Centre and the Aortic Dissection Service or by urgent transfer from other Hospitals. The ratio of non-elective to elective patients has been significantly higher than normal but does appear to be now slowly reducing.

The recent industrial action (and in particular the nurse and junior doctor strikes) have hindered the elective recovery programme with the strikes necessitating a dramatic reduction in elective activity in order to ensure the patients within the hospital are kept safe whilst still delivering emergency services.

With regards to long waiting patients, the national target set to eliminate all 78 week waiting elective patients by 1/04/23 has been met and we are now working towards the target of eliminating waits of over 65 weeks and are confident we will meet this much earlier than the set target date of March 2024.

Recruitment
There remain some difficult to recruit to areas, but one of these was addressed by the recent successful international recruitment drive for radiography staff.

There continues to be a high number of cardiac physiology vacancies due to the national shortage of physiologists. A recruitment and retention premium payment has been granted to the cardiac physiologists which should help and we have also been working closely with Brunel University to explore the creation of a Cardiac Physiology Apprenticeship and MSc programme. Such a programme would increase the supply of trained cardiac physiologists for the future.

There are also considerable difficulties recruiting Anaesthetic and Critical Care junior doctors with less overseas candidates applying for jobs than before the pandemic and Brexit.

Capital investment
The constraint on NHS capital expenditure continues and this is particularly concerned given the necessary rolling programme of cath lab replacements and the fact the cardiology unit (ACCU) delivering level 1 (ward) and level 2 (high dependency) care will require replacements in the next 4/5 years due to deterioration of the current prefabricated building.

Additional Updates for the Health and Social Care Select Committee

The amount of research studies being undertaken at Harefield Hospital is increasing and this year the Royal Brompton and Harefield Charity supported the development of a small dedicated clinical research facility where clinical staff can see patients who are participating in research studies.

The volume of heart and lung transplants undertaken in the last 12 month has increased with 38 heart and 16 lung transplants being undertaken and this exceeds pre-pandemic transplant activity.

Central and North West London Update

Work undertaken over the last year

Year of The Child

CNWL is pleased to launch the Year of The Child in late 2022. This 12-month programme celebrates and promote our large portfolio of children's services. We want to showcase our expertise, working with families, carers and young people to gain insight into their experiences.

We'll be running a calendar of events, podcasts and educational workshops, spotlighting our service lines and sharing our work and achievements in this space. This includes Autism, Disordered Eating, LGBT+ and Healthy Bladder & Bowels. Available for CNWL teams and staff, as well as parents, families, carers, schools and others, the sessions will promote a variety of specialist health topics. The programme will culminate in a conference that brings together teams from across the organisation to explore neurodiversity pathways.

Community Collaboration

Collaboration with the local community was essential in shaping CNWL's 0-19 service transformation programme. As an organisation CNWL is committed to connect and collaborate with the local community to develop new, improved and more inclusive ways of working. As a starting point to develop community collaboration within the borough we have held four listening events within the Heathrow Villages community. Key themes identified so far include: mental health and impact of the Heathrow expansion, access to primary care services both locally and transport links to access further away.

Work is well underway to look at how health and wellbeing information, advice and support can be brought into the heart of our communities and in how we can respond to community identified needs and concerns. This includes exploring and implementing options for services based on feedback from local communities into outreach services such as a bus.

Children's Mental Health

A key area for focus for CAMHS transformation is ensuring children are seen at the right time, in the right place by the right person, using a needs led approach which is Thrive informed. As part of this we have focused on developing our early intervention offer which supports people in a range of settings whether that is digitally, in Children Centres, schools or GP practices.

CNWL Early Intervention Offer

- Free, safe and anonymous
- Available through a smartphone, tablet or computer with internet connection
- Free at the point of need
- No referral needed
- Confidential 1-2-1 messaging counselling services with Kooth's team of qualified counsellors
- Open 365 days a year with counselling from 12pm weekdays until 10pm and from 6pm until 10pm on weekends.
- They work alongside other mental health and local services

- KCW Under 5 service is well established and seen as leading model for early engagement and intervention for children
- We are currently expanding this offer into the outer boroughs and are live in Brent and partially in Harrow
- The team consists of therapists who usually meet with families in children's centres
- Joint sessions with parents and their child to support positive relationships, help parents understand how the world appears from their child's perspective, or address other concerns parents may have.

- Early intervention service who work in partnership with local schools to offer a whole school approach to mental health and wellbeing
- We work with primary and secondary schools and colleges, delivering evidence-based interventions to support young people with mild to moderate mental health difficulties

Child Wellbeing Practitioners would support the development and delivery of a wide range of interventions including:

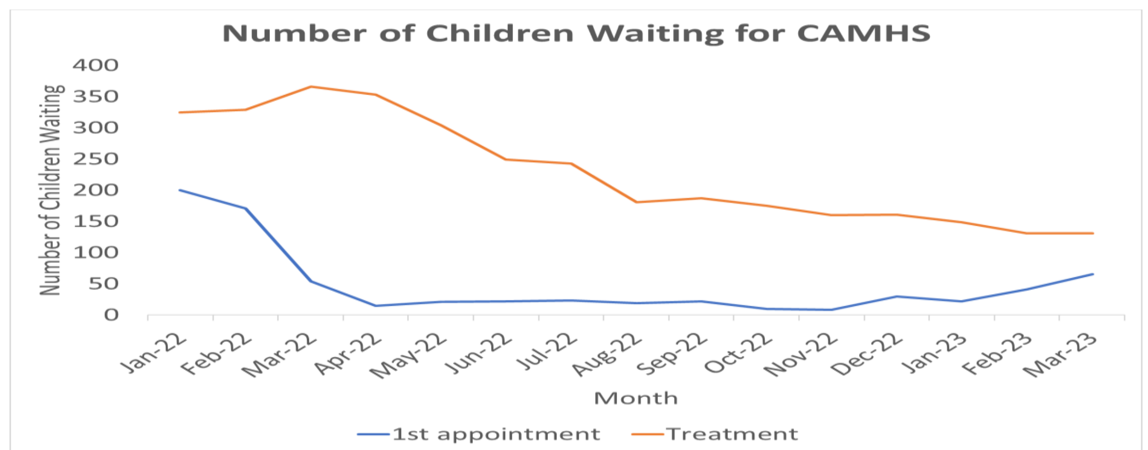
- Deliver brief Goal-Based Interventions
- Manage a small caseload of service users
- Supporting Neurodevelopmental assessments
- Supporting school observations
- Supporting Assessment Clinics Supporting Treatment Waiting List Initiatives

COMING SOON

ARRS

- Developing ARRS (Additional Roles Reimbursement Scheme) posts with each of the six PCN's in Hilingdon
- Also piloting in one PCN in each of the other four boroughs
- Roles will bridge the gap between GP practices and CAMHS, ensuring CYP are navigated to timely, early support

We have also expanded our core CAMHS offer with increases in the number of children accessing CAMHS, significantly reducing our waiting times and working with our system partners to embed Thrive across the system. In January 2022, there were 200 children waiting for their first appointment with a further 325 children having had their first appointment but waiting for their treatment to start. We have undertaken significant work to reduce these numbers through weekend working, skillmixing to ensure we utilise our CWP's (Child Wellbeing Practitioners), Quality Improvement schemes and partnering with Healios to provide additional capacity. We now have only 66 children waiting for their first appointment (67% reduction) with 137 children waiting for treatment to start (63% reduction).



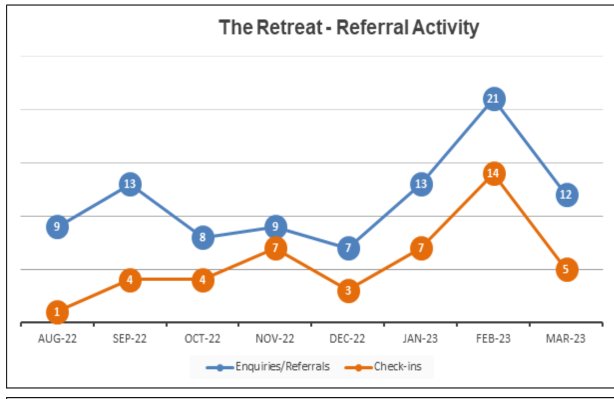
We have also expanded our offer for children experiencing a mental health crisis. We have expanded our ACTS (Adolescent Community Treatment Service) team and are establishing a Tier 3.5 pathway called Urgent Care Outreach Support (UCOS). These increases in crisis capacity have resulted in reduction in the demand on Tier 4 inpatient beds as highlighted in the below graph.

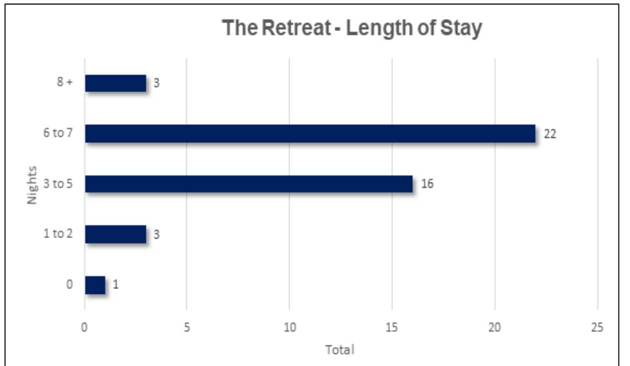
Adult Mental Health

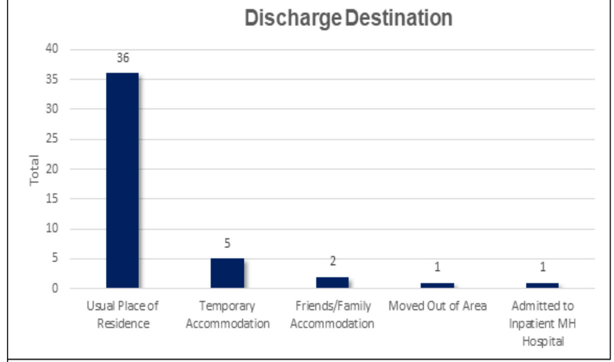
A key focus for CNWL services has been supporting patients and the system in relation to winter pressures. Our Mental Health Clinical Assessment Service (MHCAS) opened in November and offers a calm and therapeutic mental health setting to treat the majority of emergency mental health presentations. Patients requiring the service in Hillingdon Hospital A&E are transported there and offered full emergency mental health assessments and onward care planning in the department with a diverse and highly skilled mental health workforce incorporating nurses, doctors, support workers and access to drug and alcohol workers and psychology.

In addition, CNWL opened a new eight bedded intensive rehabilitation triage ward in the New Year. This new facility offers intensive rehabilitation support to people with mental health difficulties who no longer need to be in an acute inpatient unit and has supported Hillingdon system pressures over the winter period.

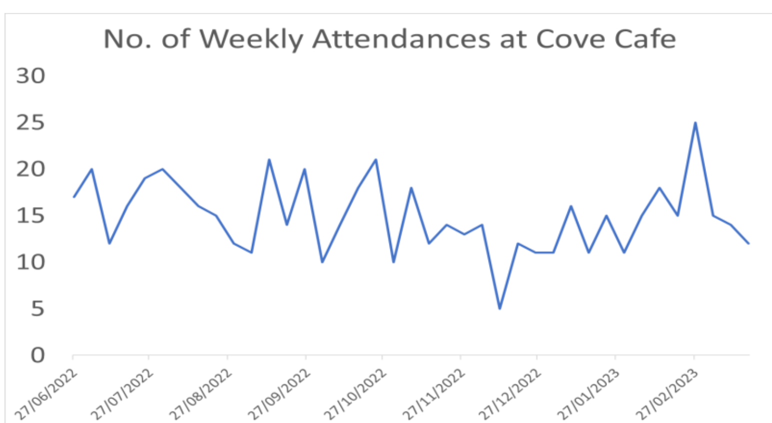
We have also opened a Crisis House in Hillingdon; The Retreat; in August 2022. The Retreat house is a key component of transformation of the adult mental health crisis pathway in Hillingdon and has been the subject of many discussions since 2018. Delivering The Retreat represents a collaboration between the Central and North West London NHS Foundation Trust (CNWL), the Council and North West London Integrated Care Board (ICB). CNWL provided the funding an initial 12-month pilot which we have just extended for a further 12 months. The Council has procured an independent sector provider with experience of delivering similar models in other local authorities in the South East. The provider, Comfort Care Services Limited (CCS) has sourced the premises, and is now part of the collaboration between CNWL, the Council and the ICB to improve outcomes for people living with mental illness. Since opening it has supported 45 service users since who were experiencing a mental health crisis and provided them a safe, non-clinical environment and specialist support. Of the 45 service users, only one required admission to a mental health inpatient bed.







We also have the Cove Café in Hillingdon. This is a drop-in service where residents of Hillingdon can go if they are experiencing a mental health crisis. They can help create a safety plan using the service users strengths, skills, resilience and coping mechanisms to continue their journey towards recovery. They have supported over 750 service users in the last twelve months. Feedback from service users has been that the location of the café is not ideal and potentially limiting the number of people attending. The organisation that delivers the café, Hestia, has worked to identify a new potential site for the service which will be much more accessible and a better environment. This is currently being finalised but anticipated the service might be able to move in the next 4-6 weeks and the site would also enable much better synergies with the Crisis House.



In June we will be opening both a mental health assessment lounge at Hillingdon Hospital and also expanding our Health Based Place of Safety (HBPoS) from two to three which will increase our capacity to support people detained under a Section 136. The assessment lounge is currently being developed jointly with Hillingdon Hospital and in a space codeveloped with service users that will provide a therapeutic environment for patients near A&E to receive dedicated mental health support and plan their package of care going forward.

Young Adult New Models of Care

Over the last twelve months we have been radically improving our offer to young adults aged 16 to 25 years of age. We have worked with service users to design and setup a range of changes to service provision. We have established a New Young Adults Partnership Forum / Panel in Hillingdon which aims to better manage young adults transitions from children's to adult's mental health services. Our work identified a number of gaps in service provision to this age range and have therefore setup a range of new services including navigators lead by Mind, peer support, AMBIT (Adolescent Mentalization-Based Integrative Treatment) and carer leaver focus.

We also acknowledge the importance of partnership working and have such worked really closely with voluntary sector and university / college partners to introduce a number of schemes. CNWL have therefore used part of our investment monies from the Mental Health Investment Standard to invest and pilot schemes with Universities and voluntary sector organisations which could benefit this age cohort. We have partnered with Brunel University to fund a men's mental health campaign with resources, Buckinghamshire New University on

positive psychology peer support and wellbeing groups, and Uxbridge College on a new in-house counselling service. We have also funded the voluntary sector to pilot a range of schemes in Hillingdon which includes schemes with Arts for Life, P3, Hillingdon Autism Care Support, Centre for ADHD and Autism, and Brentford Football Club. We plan to work with all these organisations to measure the successes and outcomes of the schemes to understand what benefits they could have to young adults going forward.

Physical Health

CNWL and Hillingdon Hospital work really closely together on a range of areas including discharge pathways. Over the last twelve months we have been ensuring our teams, including Discharge To Assess and Home First, have clear pathways which adapt to need as required. We have also rebranded our Rapid Response team as Urgent Community Response in line with national guidance and have been regularly meeting out two hour response target.

We are really proud of the work our long term condition teams deliver which has included improvements to end of life care through Your Lifeline 24/7 and also working in partnership to support patients with Long Covid. Our teams in Hillingdon are a national early implementor site for the Lower Limb Wound Care Strategy. This has involved working across our teams and partners to shift wound care towards early identification and treatment. We have revised pathways, improved our training offer and held various stakeholder and service user sessions to raise awareness and seek to identify wounds earlier.

In our children's services we have been working really closely with the Local Authority to coordinate with the Family Hub and Stronger Families transformation. Our 0-19 transformation programme has focused on digital improvements and community collaboration to making improvement in population health management and how school readiness, healthy weight and early parenting can be supported.

Hillingdon Talks, Moves, Plays is our Children's Integrated Therapy website which has been updated and relaunched with new resources for parents, young people and professionals to access and our CIT's social media accounts are now followed by over 1,800 users. Drop in sessions within the children's centres are back up and running, and the team have been working closely with partners to refresh the early years offer including language for life to support early intervention and support for families.

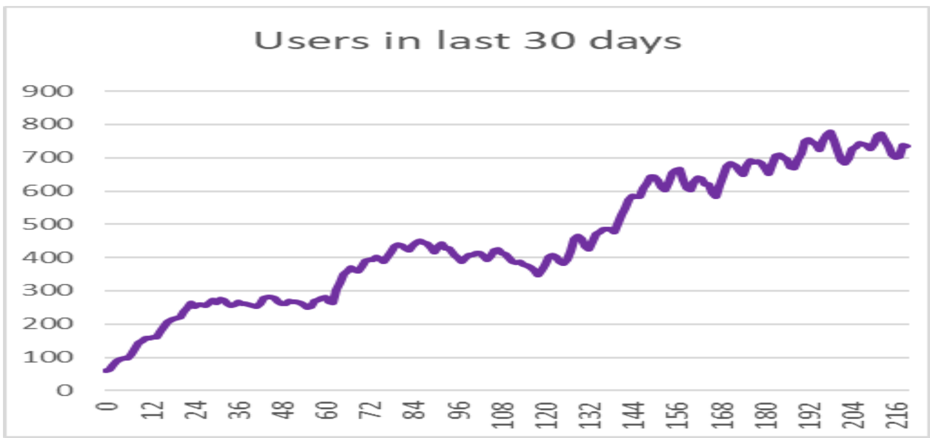
Our School Nursing service been active working in partnership with schools across Hillingdon. The school nurses have really enjoyed being back delivering the drugs and alcohol awareness for the relaunched junior citizenship programme and have received great feedback on their sessions. Working in partnership with schools and Hillingdon Hospital, asthma friendly schools' status was achieved by 96% in the last academic year and figures for this year are really promising. Assembly plans have been developed to support schools with public health topics, including vaping, self-harm, hygiene and healthy eating.

Our Health Visiting service has been busy ensuring that all services are back to pre-Covid levels and the offer is updated and improved to meet the needs of local populations. Universal health reviews are all back face to face and the coverage of attended appointments has increased. New ways of working through the service have been embedded including group sessions and digital strategies are supporting access to care.

The launch of our website: www.hillingdoncyp.cnwl.nhs.uk now provides universal health and wellbeing information for all our 0-19 population in Hillingdon in one place and accessible for parents, children and young people.

Collaboration and codesign was integral to the development of the new website and through working with our parent's, young people, children's centres, young Healthwatch, Homestart, REAP and H4ALL, key features have been embedded to support its use within the Hillingdon community, including translation into different languages and a design where they can easily find what they need.

Since launch the number of users has been increasing and now between 700-800 users are accessing the site every month and information has been accessed in over 20 different languages.



Targets and Performance

Within the NHS Long Term Plan there are a number of targets which NHS organisations are expected to deliver against. For children's services this predominately focuses on the number of children accessing CAMHS and CAMHS waiting times, both of which we have been achieving in Hillingdon as per the table below through the additional capacity we have put into our children mental health teams.

Children and Young People (CYP)		
Indicator	Target	YTD Performance
CAMHS Referral received to Treatment <18 Weeks	85%	99.5%
CYP U18 Access Monthly with 1 contact (Rolling 12 months)	1463	2052

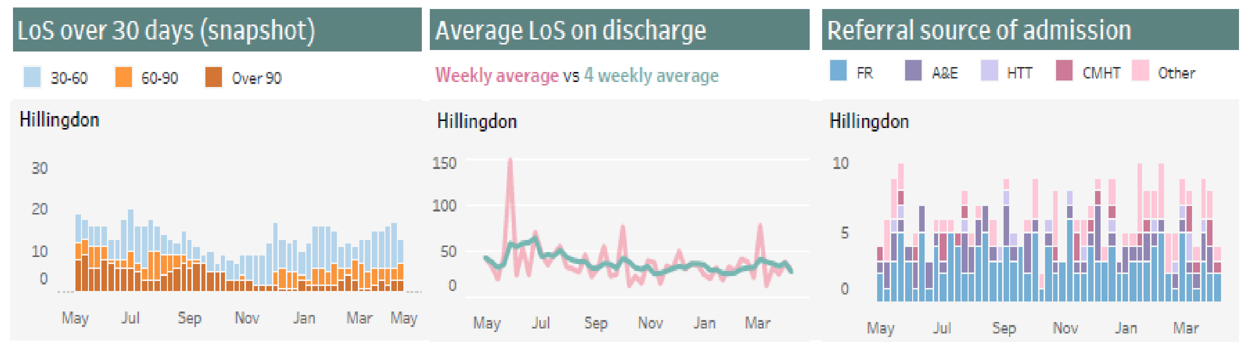
Our Talking Therapies team (IAPT) have to increase the number of people accessing their service year on year which was delivered last year, including waiting times for six and eighteen week targets.

Indicator	Target	YTD Performance
IAPT Access	25%	25.5%
IAPT 6 Weeks Wait	75%	99.9%
IAPT 18 Weeks Wait	95%	100.0%

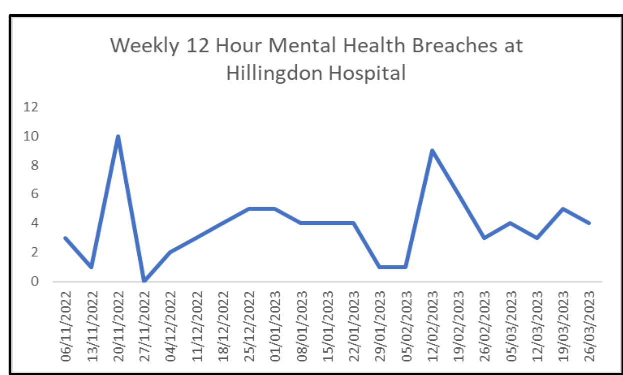
Our contribution to crisis and acute pathways is monitored closely and we have been delivering on our Psychiatric Liaison response times in THH emergency department

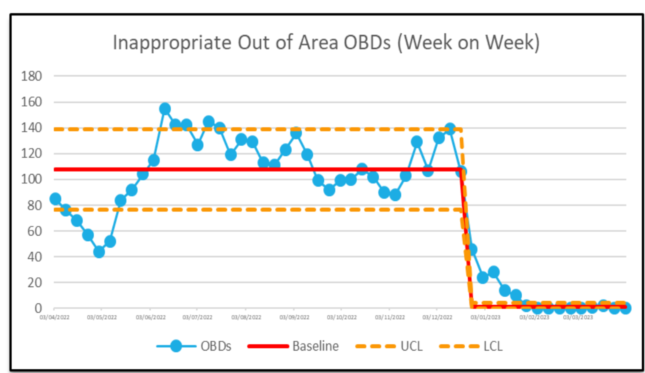
Indicator	Target	YTD Performance
Liaison Psychiatry (Emergency)	90%	94.4%
Liaison Psychiatry (Routine)	90%	94.4%

Ensuring we have availability and flow in our acute mental health beds is integral in ensuring we are able to respond quickly to patients needs in crisis, including in A&E departments. We therefore closely track length of stay and as demonstrated in the graphs below have really managed to reduce our average length of stay, and those patients staying for 60-90 days, and over 90 days.

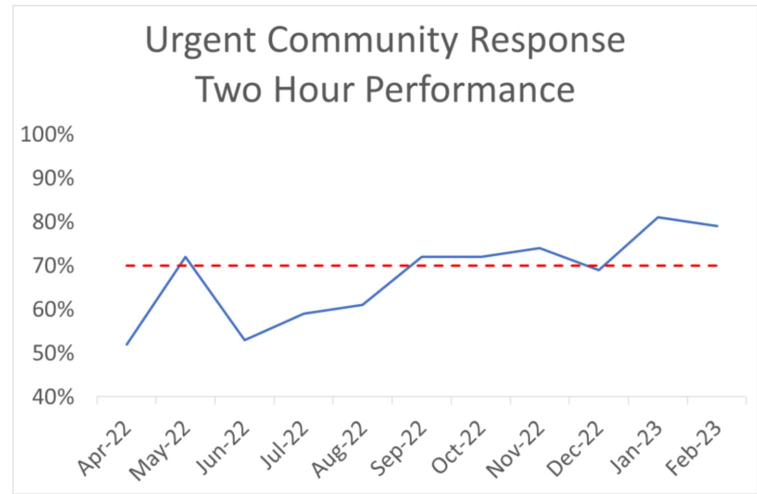


Through a combination of crisis alternative provision, timely responses within A&E and reducing our acute mental health beds length of stay, we have managed to ensure that the number of 12 hour breaches and patients being admitted to beds out of area has remained low over the winter period despite increases in demand during this period, particularly in February when we normally see peak attendances for people in mental health crisis.



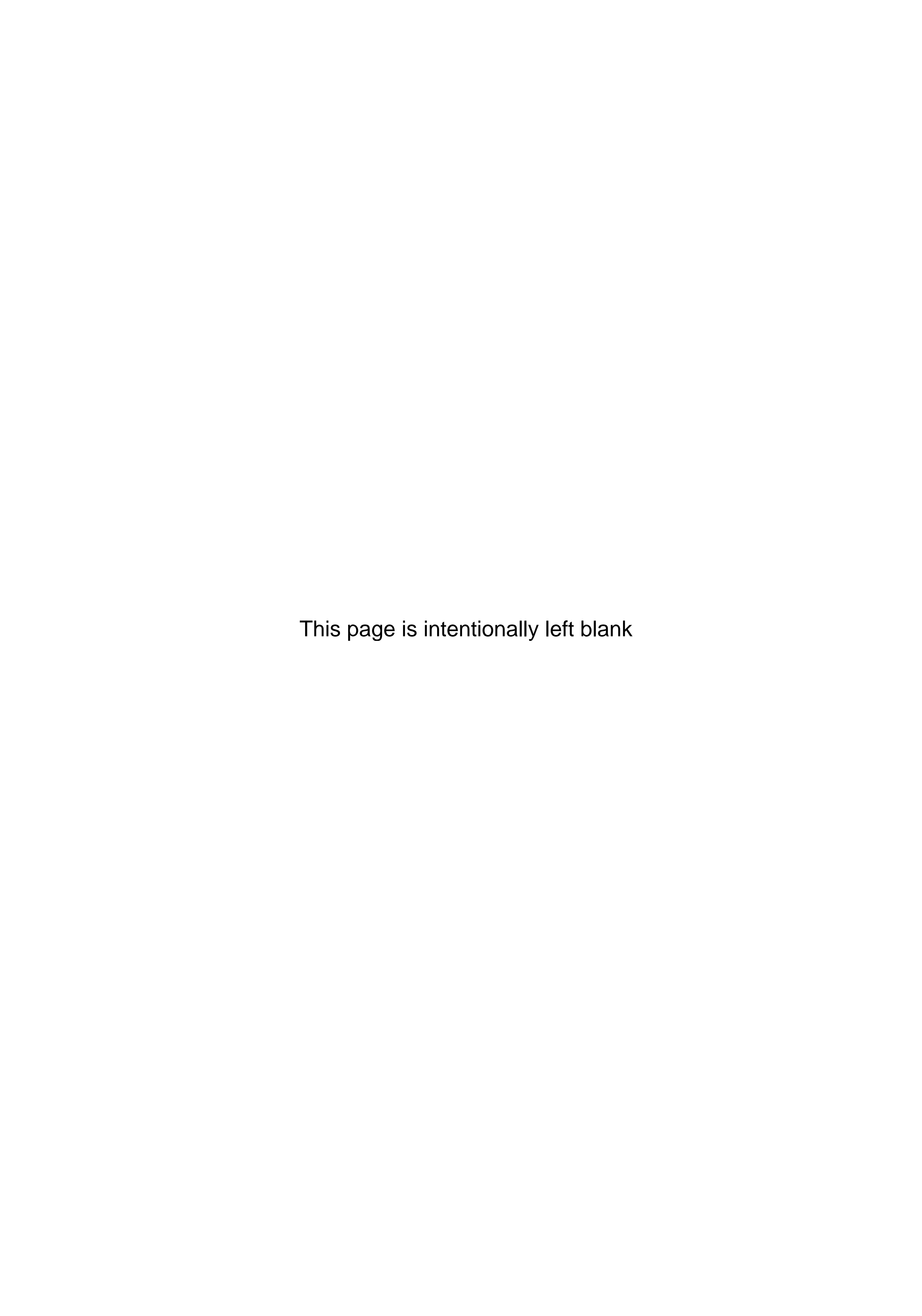


Outside of mental health, our Urgent Community Response teams (previously called Rapid Response) have a target of seeing all referrals within two hours. As per the graph below this target has been achieved regularly and we are keen to continue this upward trend in performance over the next twelve months and see more patients inside two hours.



Our children's services continue to deliver well against their targets across our 0-19 and Children's Integrated Therapies (CIT's) teams, and compare well when measured against other London boroughs. The table below outlines performance against 0-19 checks that the Health Visiting team are required to deliver.

Key Performance indicator Activity	Target	Q1 2022-23	Q2 2022-23	Q3 2022-23
% of births that receive a face to face New Birth Visit (NBV) within 14 days by a health visitor	85%	867	898	908
		969	1015	1023
		89%	88%	89%
% of births that receive a face to face New Birth Visit (NBV) after 14 days by a health visitor	<10%	32	33	36
		969	1015	1023
		3%	3%	4%
% of children who received a 12 month review by the time they were 15 months	75%	687	791	848
		933	1052	1121
		74%	75%	76%
% of children who received a 2-2.5 year review	70%	725	688	719
		1007	976	1029
		72%	70%	69.9%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NHS
London Ambulance Service
NHS Trust

Update for Hillingdon Health and Social Care Select Committee – 26th April 2023

London Ambulance Service – Hillingdon Group

Work that the organisation has undertaken over the last year:

The LAS continues to provide high quality care to people across London. In the last 12 months we have:

- Successfully responded to the public in their time of need, working through national and major incidents, as well as sustained escalation levels for a large part of the year.
- Expanded our 111 service to manage calls from patients across most of London.
- Employed more specialist clinicians in our control rooms to support frontline crews, which in turn, has allowed us to treat more patients over the phone and take fewer patients to hospital.
- Invested £14.2 million to bring in-house the team responsible for cleaning and restocking ambulances, and successfully completed the transition, both increasing our resilience and improving staff terms and conditions.
- Secured £16.6 million to buy new greener vehicles, which will make us the NHS trust with the largest electric response fleet in the country.
- Launched a culture programme aimed at helping our staff and volunteers be happier at work while equipping them with the knowledge, skills and experience to thrive in their careers.
- Officially opened our new Logistics Supply Unit in Rainham, built to the highest standards of environmental sustainability replacing the old logistics stores at Deptford.
- Opened our new Medicines Packing Unit (MPU) which provides bespoke facilities for our Pharmacy Team, ensuring statutory requirements are met

At a more local level - Hillingdon Group of Ambulance Stations is currently in the process of implementing a Trust wide initiative called Teams Based Working (TBW). This is a complete change to the way clinicians work within operations and is similar to the watch systems that occur within the police and fire services. Historically, clinicians would have a regular crew mate, but with TBW crews would work within a team and resourcing would be done dynamically. This new approach has a number of advantages including

- staff having increased contact with the same manager when on shift
- staff working together as a team to improve efficiency on more complex calls
- ability to have team meetings to share updates, bulletins and important information

As well as this, a complete review of the current staff rotas have been undertaken. New rotas have now been developed in line with the current demand profile to ensure better coverage and response to our patients.

The planned implementation date for the Hillingdon Group is September 2023.

What target your organisation has been working towards

The 2022/2023 Business Plan outlines the Trusts priorities:

1. Continuously improve the safe delivery and quality of care for our patients
2. Improve our emergency response
3. Create more integrated and resilient 111/999 services
4. Strengthen our specialist teams' response to incidents, risks and threats.
5. Support our workforce
6. Develop a positive working culture
7. Strength and optimise our digital and data assets
8. Use resources more efficiently and productively
9. Build our role as an 'anchor institution' that contributes to life in London Ambulance Service Develop a new five year strategy to improve services for the communities we serve.

Your organisation's performance against these targets during the last year and how this compares to recent years

- Category 1 response times have been a challenge over the last year and this has remained a focus within the Hillingdon Group. As a result we have implemented an extra Fast Response Unit for the borough to ensure we are responding to our sickest patients as quickly as possible. For the month of April we are currently within the 7 minute target to respond to these patients in North West London.

- The Trust is currently operating at REAP (Resource Escalation Action Plan) level 2 (Moderate Pressure) after a prolonged period last year at Level 4 (Extreme Pressure). As a result of this the Hillingdon Group have been able to complete 87% of appraisals for staff compared to 43% twelve months ago.

  The Resource Escalation Action Plan is to support a consistent ambulance sector approach to strategic escalation pressure levels that provide alignment with the NHS Operational Pressures Escalation Framework (OPEL) whereby the symbolising of pressure levels is consistent and understood across the wider NHS. REAP provides NHS Ambulance Services with a consistent and coordinated approach across the organisation to the management of its response in situations where demand or other significant factors within the ambulance service see an increase and a challenge to the capacity to manage it.

- Long Term Sickness rates have reduced from 4.84% (April 2022) to 3.68% (April 2023).

- Percentage of staff completing their Statutory and Mandatory Training has risen from 89.5% (April 22) to 93% (April 23).

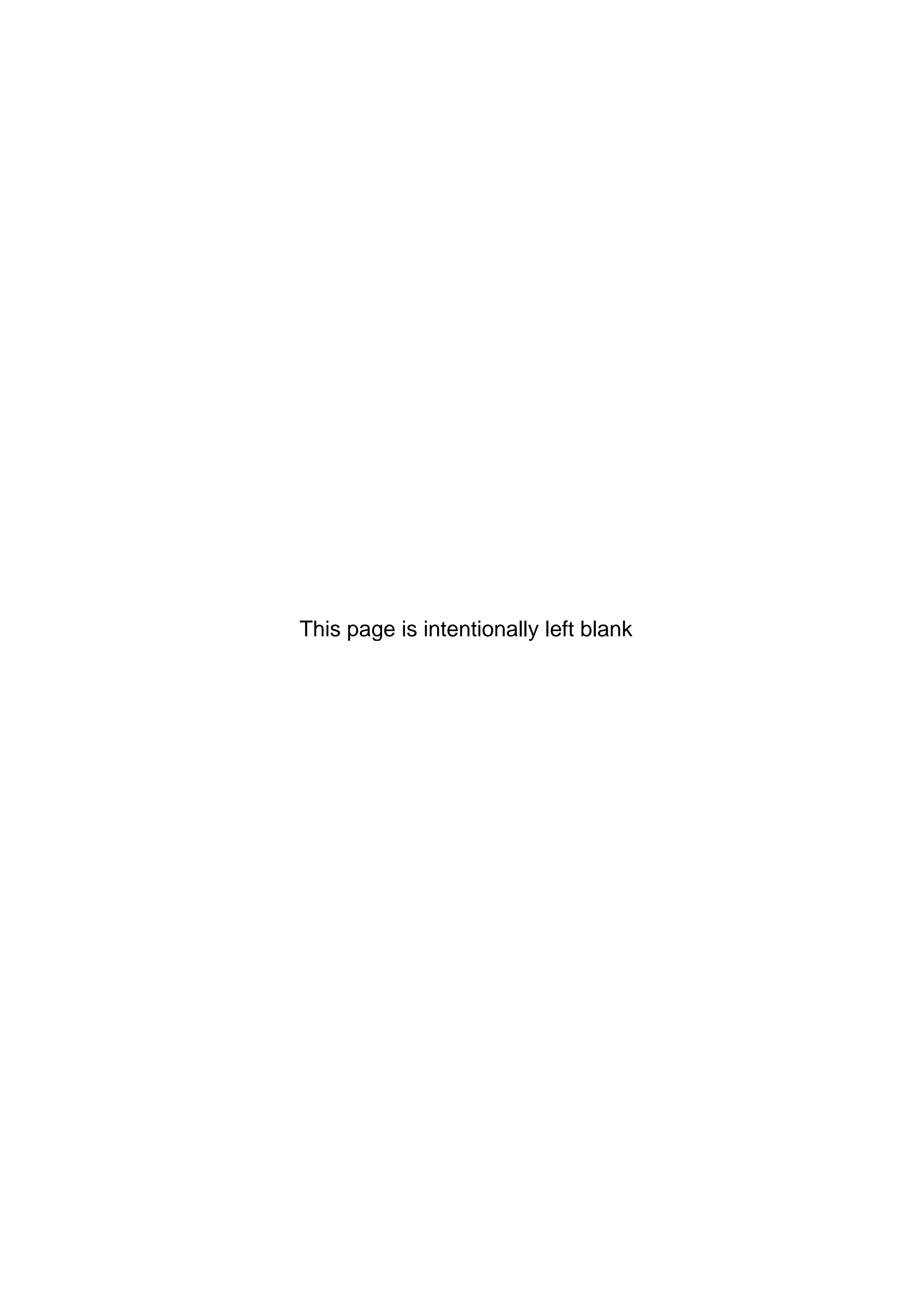
- In the last financial year, Hillingdon Group have the fastest average on scene times (35.8 minutes) for time-critical patients within the Trust (Trust Average 39.2 minutes). This means we are getting our sickest patients to definitive care quicker than any other group within the London Ambulance Service.

- Over the past year, we have worked hard in partnership with Hillingdon Hospital to reduce hospital delays which includes dynamic patient cohorting and Hospital Liaison Officers (HALO's). In April 2022, the average time to handover a patient was 22.5 minutes. This has

reduced to 17.8 minutes for April 2023 so far and significantly quicker than the LAS average for this month (25.3 minutes).

- We have continued to champion the use of Alternative Care Pathways (ACPs) within the Hillingdon Group and to reduce the conveyance of patients to the Emergency Department and ensure our patients are getting the most appropriate care for their needs. In 2023 so far 51.5% of patients in Hillingdon were taken to an Emergency Department. This is lower that the LAS Trust average of 51.8%. We are striving to achieve a rate of below 50% and plan to achieve this by CPD events to improve clinical confidence and decision making and raising the awareness and use of Midos (a directory of information that allows staff to search for a wide range of health, community and voluntary services across England). We are also keen to assist with the development of new Alternative Care Pathways. An example of this is the Frailty Assessment Unit at Hillingdon Hospital which is currently being developed.

- Clinical Quality continues to be reviewed within the Hillingdon Group and is measured in a number of different ways including Clinical Performance Indicators (CPIs), Cardiac and Stroke Care bundles and Cardiac Arrest Care bundles. This is achieved by reviewing the care provided by our clinicians and ensuring that the appropriate care has been delivered. Some key highlights from our most recent report:
    - 100% of cardiac arrest patients within the Hillingdon Group received the full post resuscitation care bundle.
    - 100% of Stroke patients received the appropriate and full care bundle.
    - 100% of STEMI patients were appropriately conveyed to a Heart Attack Centre
    - 100% of Stroke patients were appropriately conveyed to a Hyper Acute Stroke Centre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About Healthwatch Hillingdon

We’re Hillingdon’s independent consumer champion for the wider community, patients, and carers that use health and social care services.

As part of the Health & Social Care Act 2012, Healthwatch England was established at a national level, and local authorities were required to establish local Healthwatch in their areas.

The purpose of local Healthwatch is to assist in achieving equity and excellence in the NHS where:

- People are at the heart of all health and social care services.
- Health and social care outcomes in England are amongst the best in the world.
- There is promotion of the joining up of local NHS services, social care, and health improvement.
- Views and feedback from patients and carers are an integral part of local commissioning across health and social care.

We are here to help our residents get the best out of their health and care services and give them a voice to influence and challenge how health and care services are provided throughout Hillingdon.

Strategic objectives of Healthwatch Hillingdon.

- Gathering views and understanding the experiences of patients and the public.
- Making people’s views known.
- Promoting and supporting the involvement of people in the commissioning and provision of local care services and how they’re scrutinised.
- Recommending investigation or special review of services via Healthwatch England or directly to the Care Quality Commission.
- Providing advice and information (signposting) about access to services and support for making informed choices.
- Making the views and experiences of people known to Healthwatch England (and to other Healthwatch organisations) and providing a steer to help it carry out its role as a national champion.

How we work to achieve our objectives

Reports and recommendations

We produce evidence-based reports for commissioners and providers to inform them of the views and experiences of people who use health and social care services in Hillingdon. By statute, commissioners and providers must have regard for our views, reports, and any recommendations made, and respond in writing to explain what actions they will take, or why they have decided not to act.

We have a duty to publish reports we share with commissioners and providers, and their responses, with the public.

Our reports and recommendations are also shared with:

- Hillingdon Health & Wellbeing Board
- External Services Scrutiny Committees
- Healthwatch England
- The Care Quality Commission

Information & signposting

Ensuring residents are aware of their rights to access health & care services, and signposting services, is a core HwH function. Monitoring enquiries gives us valuable insight into emerging themes that may need to be addressed

Planning & delivering effective and meaningful engagement.

With a rapidly changing health & social care landscape, we believe the planning and delivery of meaningful engagement with residents is vital to ensuring the views and experiences of the public are effectively captured and fed into service planning and transformation. Our community outreach programmes aim to ensure all communities in Hillingdon have opportunities to have their say.

Representing the public voice

Through effective relationship-building with commissioners and providers, we have a seat at key strategic meetings to ensure the feedback from engagement with residents is represented at the appropriate forums and contributing to plans and strategies.

Working in collaboration with stakeholders

HwH has always enjoyed good relationships with our health and social care partners, the voluntary sector, and residents. We are an independent partner and a valued 'critical friend' within health and social care. We believe co-production with providers and commissioners is the hallmark of well-managed and delivered services.

Volunteer involvement

Without our volunteers, the work and results of HwH would not be possible. They work with us to engage with patients, and the wider community, providing insight into health & social care, and directly reviewing services through inspections or mystery shopping to highlight issues that need to be addressed.

Our Impact in 2022-23

Healthwatch Hillingdon wishes to highlight some of the outcomes of our work during 2021 and 2022. This is not an exhaustive list, and some projects will continue into 2023.

GP Online Consultation Procurement

Toward the end of 2021-22, HwH was commissioned by the NWL Integrated Care System to engage with patients on the topic of GP Online Consultations – at the time in Hillingdon the eConsult platform was in use.

Over 1,600 responses were gathered across North West London, and multiple focus groups held. HwH collated and presented the results back to the ICS and NHS Digital teams as part of the procurement process.

As a result of this, in 2022-23 HwH and other LHW representatives were invited to be part of the evaluation stage of the procurement process which resulted in the selection of the PATCHs system for online GP consultations; HwH now continues to be part of the ongoing monitoring and scrutiny of this platform, through the Digital access forum and through our seat on the Primary Care Executive Group.

Review of Sexual Health Services for Young People

In June 2019, in partnership with Hillingdon Council's Public Health service, Young Healthwatch Hillingdon conducted a mystery shopping exercise to review and evaluate the quality of sexual and reproductive health services for young people in Hillingdon. A full report of findings was presented to the Local Authority and service providers with recommendations for improvement.

Two years on changes to the service have been made to deliver improvements in the form of a new sexual health hub, as well as improved online and telephone services to meet service-user needs during the Covid-19 pandemic and related social restrictions, designed to reduce in-person consultations.

Given the changes to services, we were keen to carry out a follow-up review to ensure sexual and reproductive health services are continuing to meet the needs and expectations of young people, and the standards defined in the 2017 'You're Welcome' quality framework.

During 2021-22 our Young Healthwatch volunteers carried out another mystery shopping exercise to evaluate online, telephone and pharmacy services. Recommendations were made about improving awareness and signposting of services within educational settings, improving the depth of information available digitally and including more content about gender and sexuality. Young Healthwatch members were concerned that some vulnerable young people may be digitally excluded from online services and that this needs to be considered as part of service planning.

A full report has been produced and presented to commissioners and providers, and Young Healthwatch members gave a presentation to providers about the review and their findings. We are confident that the review will be central to the continuous improvement of sexual health services, and we plan to continue supporting providers to ensure the needs of young people are considered as part of future service development.

Population Health Management

We have supported (and continue to support) Hillingdon Health & Care Partners (HHCP) with population health management workstreams, preventing falls and frailty, and end-of-life care, by ensuring resident and patient engagement and involvement is central to the review of services and future service development.

With partners we developed and coordinated an engagement programme including a survey and patient stories, which have greatly influenced the development of short-, medium-, and long-term goals, outcomes and interventions that aim to prevent falls, and the transformation of end-of-life care services.

London Ambulance Service – 2023-28 operational strategy

London Ambulance Service NHS Trust (LAS) is developing their next strategy, which will describe the organisation's vision and goals for the next five years including how they will improve urgent and emergency care and focussing on areas such as health inequality. LAS invited every local Healthwatch (LHW) in London to provide input to shape the organisational strategy for 2023-28.

We developed and published an online survey, which received over 400 responses, and carried out 1-2-1 interviews with service-users. Feedback has been presented to the LAS and we are awaiting their confirmation of next steps and consent to publish a full report in 2023.

Winter pressures – access and inequalities

We've been working with HHCP to improve awareness of and access to community pharmacy services through utilising 'Warm Welcome Centres' in wards that have been identified as having high health inequalities and low vaccine uptake rates. HwH are facilitating pharmacy-led health and wellbeing sessions at the centres initially with the key objectives of:

- Understanding local community health & care needs, and the impact of the rising costs of living on access to healthcare.
- Communicating the benefits, and encouraging uptake of Covid and flu vaccines, particularly amongst the most vulnerable.
- Increasing public knowledge of local pharmacy services to encourage greater usage for non-emergency health advice.
- Facilitating blood pressure checks and wellbeing advice in community settings to support people to stay healthy and well over winter, enable the early identification of preventable disease, and contribute to reducing health inequalities.
- Promoting and connecting people with their local 'warm welcome centre' as the community hub for local support and winter wellbeing; thereby,
- Increasing resident knowledge of local services and helping reduce demand on both acute and primary care.

Following a review of the initial sessions that were held at Uxbridge and Botwell Green libraries, we're working with system partners to develop a sustainable programme of sessions for 2023 as an early intervention for winter preparedness, and to address seasonal and emerging health concerns.

Our approach is bringing services across health, local authority, and the voluntary sector together to make the best use of resources and community assets to target communities with historically low engagement with services.

Review of GP websites: How to complain.

Complaining about a GP Practice is one of the most common reasons Hillingdon residents contact us. Often people are not aware that they have a right to complain to their practice. Sometimes they feel making a complaint will have a negative impact on their future care and are unaware of the alternative routes to making a complaint.

With the aim of improving patient access to information about making a complaint, in partnership with POhWER, we carried out a desktop review of GP websites to ascertain the quality and accessibility of information provided to patients about practice complaints policies and processes.

We've identified inconsistencies across the 43 practices, with incorrect information. A full report will be produced and shared with providers for response, prior to being published.

Targets we've been working towards & our performance against previous years

To enable Healthwatch Hillingdon to measure organisational performance, 8 quantifiable Key Performance Indicators (KPIs), have been aligned to Healthwatch Hillingdon's strategic priorities and objectives. The following table provides a summary of our performance against these targets up to Q3 2022-23.

Since the COVID-19 outbreak and subsequent move to remote working, opportunities for face-to-face engagement were greatly reduced. Consequently, we haven't been recording this against KPI 2. However, with the relaxation of national guidelines regarding the pandemic, face

to face events have begun to be more commonplace again. Last year we attended 10 Primary Care Network Roadshows, engaging with an average of around 100 people at each roadshow, and we have now reopened the Healthwatch Shop for two days per week.

Growing our digital audience

The move to remote working during the pandemic expedited our digital communications strategy. During this time, we experienced a spike in visitors to our website for advice and guidance. In the first two days of lockdown, 550 people visited our coronavirus guidance articles.

Social media played a vital role for us during the pandemic by enabling us to continue to engage with the community and extend our reach to those who would not usually seek our services.

We wish to build on the successes we've achieved through digital engagement. In addition to online surveys, polls, our newsletter, and our regular social media posts, we've also created a series of Young Healthwatch podcasts covering a range of concerns that are important to young people and we're now producing a series for adults called 'Watching Out for You'. The podcasts are volunteer-led, and the aim is to hold conversations with professionals across the health, care, and voluntary sector on the topics that matter most to Hillingdon residents.

We're pleased to report that our audience is continuing to grow annually, with the biggest increase in 2022 relating to the LAS survey.

Appendix F

KPI no.	Description	Relevant Strategic Priority	Quarterly Target 2019-20	Q1			Q2			Q3			Q4			2022-2023 Total	
				2020-2021	2021-2022	2022-2023	2020-2021	2021-2022	2022-2023	2020-2021	2021-2022	2022-2023	2020-2021	2021-2022	2022-2023	Target	YTD Actual
1	Hours contributed by volunteers	SP4	525	533	382	462	482	499	525	654.5	612	442	567	444.5		2100	1429
2	People directly engaged	SP1 SP4	330	N/A	N/A		N/A	N/A		N/A	N/A		N/A	N/A		1320	-
3	New enquiries from the public	SP1 SP5	200	146	164	146	122	249	188	127	216	218	238	139		800	552
4	Referrals to complaints or advocacy services	SP5	N/A*	10	5	6	11	11	8	10	15	5	-	11		-	19
5	Commissioner / provider meetings	SP3 SP4 SP5 SP7	50	50	80	75	56	78	72	78	70	52	104	71		200	199
6	Consumer group meetings / events	SP1 SP7	15	N/A	N/A		N/A	N/A		N/A	N/A		N/A	N/A		60	-
7	Statutory reviews of service providers	SP4 SP5	N/A*	0	0	-	0	0	-	0	0	-	0	0			0
8	Non-statutory reviews of service providers	SP4 SP5	N/A*	1	0	0	0	0	0	0	1	1	0	1			1

Appendix F

Table 1

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CABINET FORWARD PLAN

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

HEADLINES

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

RECOMMENDATION

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

SUPPORTING INFORMATION

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

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

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

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

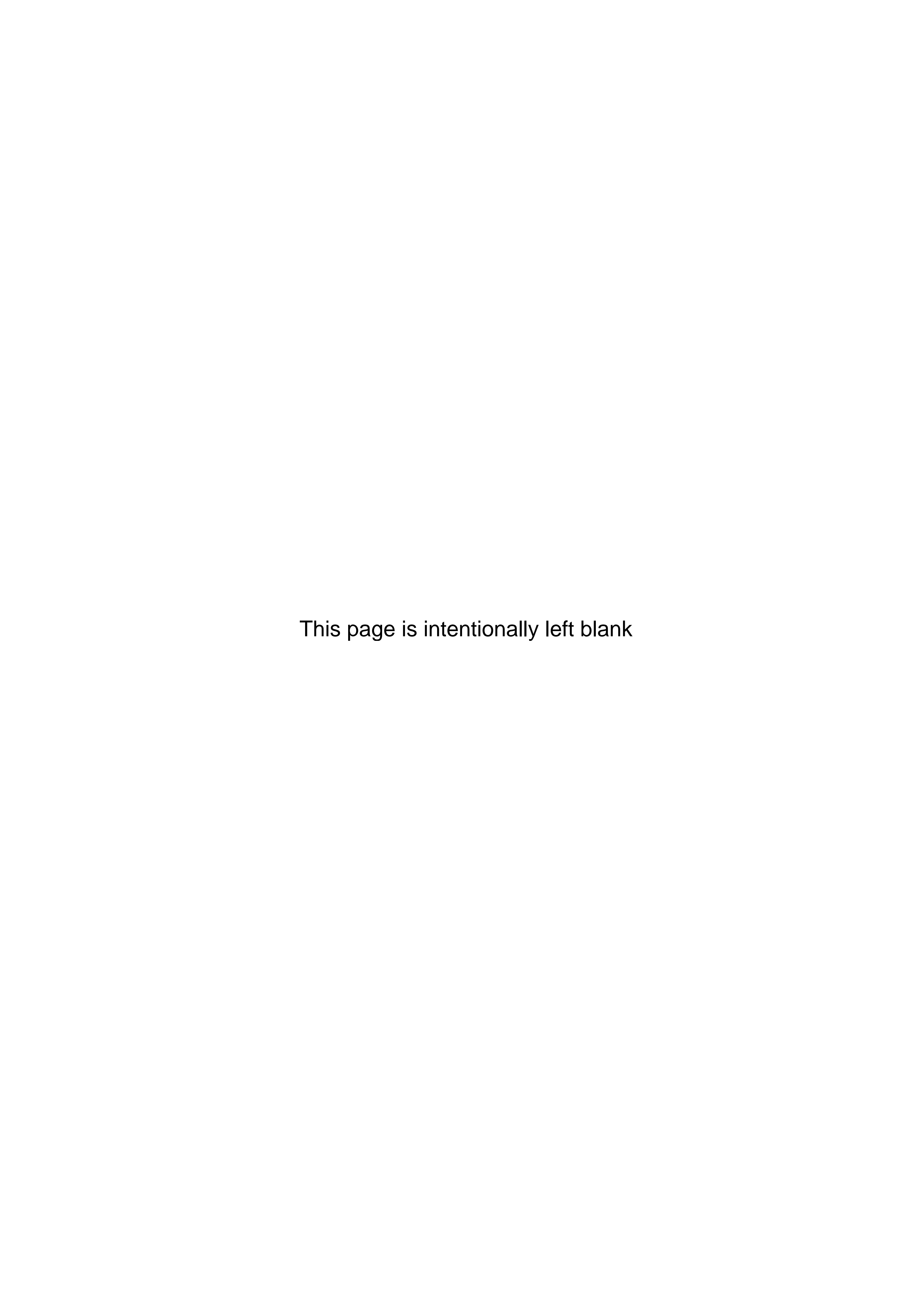
As mentioned above, there is both a constitutional and statutory requirement for Select Committees to provide comments on the Cabinet's draft budget and policy framework proposals after publication. These are automatically scheduled in advance to multi-year work programmes.

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

	Committee action	When	How
1	**To provide specific comments to be included in a future Cabinet or Cabinet Member report on matters within its remit.**	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. 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.	These would go within the standard section in every Cabinet or Cabinet Member report called "Select Committee comments". The Cabinet or Cabinet Member would then consider these as part of any decision they make.
2	**To request further information on future reports listed under its remit.**	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. 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.	This would be considered at a subsequent Select Committee meeting. Alternatively, information could be circulated outside the meeting if reporting timescales require this. Upon the provision of any information, the Select Committee may then decide to provide specific comments (as per 1 above).
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.**	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. 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.	Democratic Services would contact the relevant Cabinet Member and Officer upon any such request. 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.
4	**To identify a forthcoming report that may merit a post-decision review at a later Select Committee meeting**	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. 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.	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. Relevant service areas may be best to advise on the most appropriate time to review the matter once the decision is made.

BACKGROUND PAPERS

- Protocol on Overview & Scrutiny and Cabinet relations adopted by Council 12 September 2019
- Scrutiny Call-in App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SI = Standard Item each month Council Directorates: AS = Adult Services & Health P = Place C = Central Services R = Resources CS= Children's Services

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)
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	**C - Democratic Services**	Various		Public
Cabinet meeting - Thursday 25 May 2023 (report deadline 5 May)										
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	**C - 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	**C - 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	**C - Democratic Services**	Various		Public
Cabinet meeting - Thursday 22 June 2023 (report deadline 5 June)										
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	**C - 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	**C - 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	TBC	**C - Democratic Services**	Various		Public
Cabinet meeting - Thursday 27 July 2023 (report deadline 10 July)										
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

Ref	Upcoming Decisions	Further details	Ward(s)	Final decision by Full Council	Cabinet Member(s) Responsible	Relevant Select Committee	Directorate / Lead Officer	Consultation related to the decision	NEW ITEM	Public or Private (with reason)
			SI = Standard Item each month		Council Directorates: AS = Adult Services & Health P = Place C = Central Services R = Resources CS= Children's Services					
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	**C - 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	**C - 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	**C - 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	TBC	**C - Democratic Services**	Various		Public
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	**C - 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	**C - Democratic Services**	Various		Public
Cabinet meeting - Thursday 14 September 2023 (report deadline 25 August)										
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	**C - 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	**C - Democratic Services**	TBC		Public
Cabinet Member Decisions expected - September 2023										

Ref	Upcoming Decisions	Further details	Ward(s)	Final decision by Full Council	Cabinet Member(s) Responsible	Relevant Select Committee	Directorate / Lead Officer	Consultation related to the decision	NEW ITEM	Public or Private (with reason)
			SI = Standard Item each month		Council Directorates: AS = Adult Services & Health P = Place C = Central Services R = Resources CS= Children's Services					
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	**C - Democratic Services**	Various		Public
Cabinet meeting - Thursday 12 October 2023 (report deadline 25 September)										
SI	**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	**CS / 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	**C - Democratic Services**			Public
Cabinet Member Decisions expected - October 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	**C - Democratic Services**	Various		Public
Cabinet meeting - Thursday 9 November 2023 (report deadline 23 October)										
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	**C - 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	**C - Democratic Services**	TBC		Public
Cabinet Member Decisions expected - November 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	**C - Democratic Services**	Various		Public
Cabinet meeting - Thursday 14 December 2023 (report deadline 27 November)										

Ref	Upcoming Decisions	Further details	Ward(s)	Final decision by Full Council	Cabinet Member(s) Responsible	Relevant Select Committee	Directorate / Lead Officer	Consultation related to the decision	NEW ITEM	Public or Private (with reason)
			SI = Standard Item each month		Council Directorates: AS = Adult Services & Health P = Place C = Central Services R = Resources CS= Children's Services					
110a	**The Council's Budget - Medium Term Financial Forecast 2024/25 - 2028/29 (BUDGET FRAMEWORK)**	This report will set out the Medium Term Financial Forecast (MTFF), which includes the draft General Fund reserve budget and capital programme for 2023/24 for consultation, along with indicative projections for the following four years. This will also include the HRA rents for consideration.	All	Proposed Full Council adoption - February 2024	Cllr Martin Goddard - Finance	All	R - Andy Evans	Public consultation through the Select Committee process and statutory consultation with businesses & ratepayers		Public
111	**2023/25 Better Care Fund Section 75 Agreement**	A report to Cabinet regarding the agreement under section 75 of the National Health Service Act, 2006, that will give legal effect to the Better Care Fund plan, including financial arrangements. The Better Care Fund supports local systems to successfully deliver the integration of health and social care in a way that supports person-centred care, sustainability and better outcomes for people and carers.	All		Cllr Jane Palmer - Health & Social Care	Health & Social Care	AS - Sandra Taylor / Gary Collier			Public
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	C - 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	C - Democratic Services	TBC		Public
Cabinet Member Decisions expected - December 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	C - Democratic Services	Various		Public
Cabinet meeting - Thursday 4 January 2024 (report deadline 11 December 2023)										
SI	**Public Preview of matters to be considered in private**	A report to Cabinet to provide maximum transparency to residents on the private and confidential matters to be considered later in Part 2 of the Cabinet meeting and agenda.	TBC		All Cabinet Members	All	C - 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	C - Democratic Services	TBC		Public
Cabinet Member Decisions expected - January 2024										

Ref	Upcoming Decisions	Further details	Ward(s)	Final decision by Full Council	Cabinet Member(s) Responsible	Relevant Select Committee	Directorate / Lead Officer	Consultation related to the decision	NEW ITEM	Public or Private (with reason)
			SI = Standard Item each month		Council Directorates: AS = Adult Services & Health P = Place C = Central Services R = Resources CS= Children's Services					
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	**C - Democratic Services**	Various		Public
CABINET MEMBER DECISIONS: Standard Items (SI) that may be considered each month										
SI	**Urgent Cabinet-level decisions & interim decision-making (including emergency decisions)**	The Leader of the Council has the necessary authority to make decisions that would otherwise be reserved to the Cabinet, in the absence of a Cabinet meeting or in urgent circumstances. Any such decisions will be published in the usual way and reported to a subsequent Cabinet meeting for ratification. The Leader may also take emergency decisions without notice, in particular in relation to the COVID-19 pandemic, which will be ratified at a later Cabinet meeting.	Various		Cllr Ian Edwards - Leader of the Council	TBC	**C - 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	**C - 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)

Ref	Upcoming Decisions	Further details	Ward(s)	Final decision by Full Council	Cabinet Member(s) Responsible	Relevant Select Committee	Directorate / Lead Officer	Consultation related to the decision	NEW ITEM	Public or Private (with reason)
			SI = Standard Item each month	Council Directorates: AS = Adult Services & Health P = Place C = Central Services R = Resources CS= Children's Services						
SI	**All Delegated Decisions by Cabinet to Cabinet Members, including tender and property decisions**	Where previously delegated by Cabinet, to make any necessary decisions, accept tenders, bids and authorise property decisions / transactions in accordance with the Procurement and Contract Standing Orders.	TBC		All	TBC	**various**			Public / Private (1,2,3)
SI	**External funding bids**	To authorise the making of bids for external funding where there is no requirement for a financial commitment from the Council.	n/a		All	TBC	**various**			Public
SI	**Response to key consultations that may impact upon the Borough**	A standard item to capture any emerging consultations from Government, the GLA or other public bodies and institutions that will impact upon the Borough. Where the deadline to respond cannot be met by the date of the Cabinet meeting, the Constitution allows the Cabinet Member to sign-off the response.	TBC		All	TBC	**various**			Public

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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

The meeting dates for the 2023/2024 municipal year were agreed by Council on 23 February 2023 and are as follows:

Meetings	Room
Thursday 15 June 2023, 6.30pm	CR5
Thursday 20 July 2023, 6.30pm	CR5
Wednesday 13 September 2023, 6.30pm	CR5
Tuesday 10 October 2023, 6.30pm	CR5
Tuesday 21 November 2023, 6.30pm	CR5
Tuesday 23 January 2024, 6.30pm	CR5

Meetings	Room
Wednesday 21 February 2024, 6.30pm	CR5
Tuesday 19 March 2024, 6.30pm	CR5
Tuesday 23 April 2024, 6.30pm	CR5

Implications on related Council policies

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

How this report benefits Hillingdon residents

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

Financial Implications

None at this stage.

Legal Implications

None at this stage.

BACKGROUND PAPERS

NIL.

MULTI-YEAR WORK PROGRAMME 2022 - 2026

	2022/23											2023/24						
Health & Social Care Select Committee	June 22	July 19	August No meeting	CANCELLED September 14	October 12	November 22	December 7	January 26	February 21	March 21	April 26	May No meeting	June 15	July 20	August No meeting	September 13	October 10	November 21
Review A: CAMHS Referral Pathway																		
Topic selection / scoping stage						Selection		Scoping Report										
Witness / evidence / consultation stage									Witness Session	Witness Session			Witness Session					
Findings, conclusions and recommendations														Findings				
Final review report agreement																Final report		
Target Cabinet reporting																	Cabinet	
Regular service & performance monitoring																		
Quarterly Performance Monitoring														X			X	
Annual Report of Adult and Child Safeguarding Arrangements					X											X		
Carers Strategy Update (prior to Cabinet)	X													X				
Older People's Plan Update (prior to Cabinet)													X					
Mid-year budget / budget planning report (July/September)				MOVED TO OCTOBER	X									X				
Cabinet's Budget Proposals For Next Financial Year (Jan)								X										
Cabinet Member for Health and Social Care										X								
Cabinet Forward Plan Monthly Monitoring	X	X			X	X		X	X	X	X		X	X		X	X	X
One-off information items																		
Scrutiny Introduction (Democratic Services)	X																	
Public Health Update		X						X										
Social Care Update		X																
Council Strategy 2022-2026 consultation		X																
Policy Review Discussion & Guidance				MOVED TO OCTOBER	X													
Care Act Update							X											
Public Health procurement update							X											
2022/23 BCF Section 75 Report							X											
Autism Strategy Consultation													X					
Crisis Recovery House Update											X							
Family Hubs													X					
Health External Scrutiny																		
Police & Mental Health Attendance at A&E	X												X					
Phlebotomy Services Update				MOVED TO NOVEMBER		X			X									
Hillingdon Health & Care Partners (HHCP)				MOVED TO NOVEMBER		X			X									
CAMHS Update					X													
Virtual GP Consultations Update									X									
Mount Vernon Cancer Centre Strategic Review Update								X										
NWL Orthopaedic Inpatient Surgery Review								X										
Hillingdon Hospital Redevelopment Update								X										
Health Updates				MOVED TO NOVEMBER		X								X				X
Quality Accounts (outside of meetings)											X							
Past review delivery																		
Review of Children's Dental Services 2021/22									X				X					
Making the Council more autism friendly 2020/21													X					
GP Pressures													X					
Assisted Living Technologies Review 2021/22														X				

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