



HILLINGDON
LONDON



Health and Social Care Select Committee

Councillors on the Committee

Councillor Nick Denys (Chairman)
Councillor Philip Corthorne (Vice-Chairman)
Councillor Adam Bennett
Councillor Tony Burles
Councillor Reeta Chamdal
Councillor June Nelson
Councillor Sital Punja (Opposition Lead)

Date: TUESDAY, 20 JUNE 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

**This agenda and associated
reports can be made available
in other languages, in braille,
large print or on audio tape.
Please contact us for further
information.**

Published: Monday, 12 June 2023

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

This Agenda is available online at:

<https://modgov.hillingdon.gov.uk/ieListMeetings.aspx?CommitteId=421>

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

Useful information for residents and visitors

Travel and parking

Bus routes 427, U1, U3, U4 and U7 all stop at the Civic Centre. Uxbridge underground station, with the Piccadilly and Metropolitan lines, is a short walk away. Limited parking is available at the Civic Centre. For details on availability and how to book a parking space, please contact Democratic Services. Please enter from the Council's main reception where you will be directed to the Committee Room.

Accessibility

An Induction Loop System is available for use in the various meeting rooms. Please contact us for further information.

Attending, reporting and filming of meetings

For the public part of this meeting, residents and the media are welcomed to attend, and if they wish, report on it, broadcast, record or film proceedings as long as it does not disrupt proceedings. It is recommended to give advance notice to ensure any particular requirements can be met. The Council will provide a seating area for residents/public, an area for the media and high speed WiFi access to all attending. The officer shown on the front of this agenda should be contacted for further information and will be available at the meeting to assist if required. Kindly ensure all mobile or similar devices on silent mode.

Please note that the Council may also record or film this meeting and publish this online.

Emergency procedures

If there is a FIRE, you will hear a continuous alarm. Please follow the signs to the nearest FIRE EXIT and assemble on the Civic Centre forecourt. Lifts must not be used unless instructed by a Fire Marshal or Security Officer.

In the event of a SECURITY INCIDENT, follow instructions issued via the tannoy, a Fire Marshal or a Security Officer. Those unable to evacuate using the stairs, should make their way to the signed refuge locations.



Terms of Reference

Health & Social Care Select Committee

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

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

Statutory Health Scrutiny

This Committee will also undertake the powers of health scrutiny conferred by the Local Authority

(Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013. It will:

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

Duty of partners to attend and provide information

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

Cross-cutting topics

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

- Domestic Abuse services and support

Agenda

CHAIRMAN'S ANNOUNCEMENTS

1	Apologies for absence	-
2	Declarations of Interest in matters coming before this meeting	-
3	Minutes of the meeting held on 26 April 2023	1 - 12
4	Minutes of the meeting held on 11 May 2023 (AGM)	13 - 14
5	Exclusion of press and public	-
6	CAMHS Referral Pathway Review - Third Witness Session	15 - 16
7	Family Hubs - National and Local Context	17 - 36
8	Police and Mental Health Attendance at A&E	37 - 40
9	Older People's Plan	41 - 52
10	Cabinet Forward Plan Monthly Monitoring	53 - 62
11	Work Programme	63 - 66

Minutes

HEALTH AND SOCIAL CARE SELECT COMMITTEE

26 April 2023



Meeting held at Committee Room 5 - Civic Centre

	<p>Committee Members Present: Councillors Nick Denys (Chairman), Philip Corthorne (Vice-Chairman), Tony Burles, Reeta Chamdal, June Nelson (Opposition Lead) and Barry Nelson-West</p> <p>Also Present: Clinton Beale, Stakeholder Engagement Manager (North West), London Ambulance Service Dr Paul Hopper, Divisional Medical Director, Central and North West London NHS Foundation Trust (CNWL) Sue Jeffers, Joint Lead Borough Director, NWL Clinical Commissioning Group (NWL CCG) Chris Reed, Hillingdon Group Manager, London Ambulance Service NHS Trust Derval Russell, Harefield Hospital Site Director, Royal Brompton and Harefield Hospitals - Guy's and St Thomas' NHS Foundation Trust Keith Spencer, Managing Director, Hillingdon Health and Care Partners (HHCP) Lisa Taylor, Managing Director, Healthwatch Hillingdon Patricia Wright, Chief Executive Officer, The Hillingdon Hospitals NHS Foundation Trust</p> <p>LBH Officers Present: Nikki O'Halloran (Democratic Services Manager)</p>
78.	<p>APOLOGIES FOR ABSENCE (<i>Agenda Item 1</i>)</p> <p>Apologies for absence had been received from Councillor Alan Chapman.</p>
79.	<p>DECLARATIONS OF INTEREST IN MATTERS COMING BEFORE THIS MEETING (<i>Agenda Item 2</i>)</p> <p>There were no declarations of interest in matters coming before this meeting.</p>
80.	<p>MINUTES OF THE MEETING HELD ON 21 MARCH 2023 (<i>Agenda Item 3</i>)</p> <p>RESOLVED: That the minutes of the meeting held on 21 March 2023 be agreed as a correct record.</p>
81.	<p>EXCLUSION OF PRESS AND PUBLIC (<i>Agenda Item 4</i>)</p> <p>RESOLVED: That all items of business be considered in public.</p>
82.	<p>HEALTH UPDATES (<i>Agenda Item 5</i>)</p> <p>The Chairman welcomed those present to the meeting. The importance of having a full suite of key performance indicators (KPIs) was recognised and, as there was a vast</p>

range of information available, it was agreed that Members would request the specific information they required prior to health partners attending meetings.

Hillingdon Health and Care Partners (HHCP) / North West London Integrated Care System (NWL ICS)

Mr Keith Spencer, Managing Director of HHCP, advised that a range of KPIs had been included on page 17 of the agenda which provided a comparison to other London boroughs. He noted that the focus of HHCP's work in 2022/2023 had been on four main areas with a goal of delivering more care closer to home:

1. Embedding population health management and addressing 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; and
4. Delivering the three main priorities in the place based transformation programme:
 - a. Integrated neighbourhood development;
 - b. Reactive care; and
 - c. End of life care.

Ms Sue Jeffers, Joint Lead Borough Director at NWL ICS, advised that there had been more face-to-face GP appointments in 2022 (690,900) in comparison to 2021 (587,811), which was an increase of 17.4%. There had been a 6.4% increase in the total number of appointments attended in 2022 (1,135,045) compared to 2021 (1,066,363). Members noted that, even though there had been a reported 6.4% increase, this had been difficult to reconcile when residents were still struggling to get an appointment. It was queried how many people presenting at Accident and Emergency (A&E) would have gone to their GP if there had been appointments available. Ms Jeffers advised that there continued to be an increase in demand which had proved to be a challenge.

Ms Jeffers advised that, pre-Covid, approximately 5% of appointments had been virtual. During the pandemic, 100% of appointments had been virtual and now approximately 35% of appointments were virtual. As some patients were not comfortable using technology, and because some cohorts of patients had to be seen face-to-face, it was essential that a hybrid approach was taken to meet the needs of patients and manage the day-to-day demand for services.

Work was underway to introduce a cloud-based telephony system which would help to reduce the bottleneck of telephone calls received by GPs every morning where patients were trying to book an appointment. Three primary care access hubs were also being set up in the north, centre and south of the Borough to manage same day urgent demand and undertake diagnostic tests to resolve issues in one place rather than referring on to another team elsewhere. The first hub was likely to go live in July 2023 with the second opening at the beginning of October 2023. It was agreed that Mr Spencer would provide an update on the effectiveness of these hubs in meeting the demand for GP appointments at the Committee's meeting on 21 November 2023.

Ms Jeffers advised that residents that were unable to get an appointment with their GP could phone NHS 111 and ask them to book an appointment for them. A number of GP appointments were allocated to NHS 111 each day which they could directly book patients into (this was monitored by NWL ICS). Members noted that this action did not always result in residents getting a GP appointment either and that some residents

were unable to register with a GP at all. Ms Jeffers advised that all GP practices in Hillingdon operated open lists so, if there were any issues, Members should let her know and she would be able to facilitate registration at a practice.

Ms Lisa Taylor, Managing Director at Healthwatch Hillingdon (HH), advised that GP access was a significant issue in Hillingdon. However, it appeared that this issue was often largely due to poor communications and the need to better manage patients' expectations. Members noted that there were also issues with forward planning where residents were not able to book an appointment for three days' time. Ms Jeffers advised that this linked to performance and systems needed to be put in place to enable practices to plan out appointments.

A national patient experience survey was undertaken annually and NWL ICB was able to break the data down to a Borough level – Ms Jeffers would pass this information onto the Committee. In addition, Patient Participation Groups (PPGs) had also been created in practices. Some PPGs were more effective than others and some struggled to get patients to engage.

Concern was expressed that residents in Heathrow Villages had not had GP services provided locally for a very long time and that this lack of coverage was unacceptable. Mr Spencer advised that partners had been out and working with the residents in Heathrow Villages to come up with solutions together. Members asked that Mr Spencer return to a future meeting to update them on what the plan of action was to move this forward (once it had been agreed) and timescales for when this action would be implemented.

Ms Patricia Wright, Chief Executive at The Hillingdon Hospitals NHS Foundation Trust (THH), advised that the Urgent Treatment Centre (UTC) had been working with GPs to redirect patients (where possible) back to practices. It was noted that around 20% of all ED attendances could be redirected to primary care following the introduction of initiatives such as the hubs but there had been an increase in the expectations of residents to have immediate access to care.

Ms Jeffers advised that Hillingdon continued to be one of the highest performers in NWL in relation to vaccination uptake and had one of the lowest admission rates for people aged 65+ with severe frailty. Hillingdon was also achieving the best performance across London for the highest proportion of hospital discharges by 5pm each day as well as or the lowest overall period of stay for patients needing to stay longer than a week.

Hillingdon had improved its performance for the percentage of people with a serious mental illness receiving a physical health check from 66% to 70.4% against a NWL target of 60%. 81% of those aged over 40 with a learning disability had received an annual physical health check.

Key areas for future work included:

- Reducing avoidable Emergency Department (ED) attendances;
- Improving hospital discharges;
- Increasing the uptake of bowel cancer screening – it was anticipated that an increase would be achieved with initiatives such as the development of community link workers who would contact patients who had not attended a bowel cancer screening appointment;
- Improving the accuracy of the recording of dementia data as well as improving

waiting times for assessment and associated diagnostics; and

- Addressing inequalities including hypertension – hypertension was the biggest cause of ill health in Hillingdon so blood pressure (BP) monitors would be installed in libraries and other community areas to enable residents to check their own BP. Publicity for this initiative would need to be undertaken and Ms Jeffers would forward further information about the initiative to the Democratic Services Manager for circulation to Members of the Committee.

Members queried how the draft future state operating model would work. Mr Spencer advised that, although the model looked complicated, it was much simpler than the current operating model and had been developed with partners so had significant support. He reminded Members that around 5k residents used 70% of the health resources in Hillingdon. Neighbourhoods would form the building blocks for delivering care to residents closer to home and help to deliver more preventative initiatives.

The NHS operated a referral system where patients were passed from one team to another. The neighbourhoods model meant that staff from different organisations and disciplines were brought together in one place to work around the patients' needs and make a difference. It was anticipated that the first 9 priorities would be implemented by September 2023 so Mr Spencer would be able to attend a subsequent Select Committee meeting to provide Members with an update on the impact that the new model had made.

In terms of the performance of the 42 GP practices in Hillingdon, Members were advised that the CQC inspections had ceased during the pandemic and would be starting up again soon. The Hillingdon primary care team was also beginning to set up a programme of visits again. Ms Jeffers advised that timings would need to be looked at in terms of reporting back to the Committee on progress.

A review of community eye services was currently underway with an associated consultation. A survey had been distributed to gather information to feed into the future deliver proposals. It was suggested that this could be a possible future report to the Committee.

Ms Jeffers advised that, on 1 April 2023, NHS England delegated commissioning responsibilities for dentistry, ophthalmology and pharmacies to NWL ICS. Members were particularly interested in how dental provisions coming under NWL control would work. It was agreed that a further report on the provision of these services be brought to the Committee's meeting in June or July 2023.

The Hillingdon Hospitals NHS Foundation Trust (THH)

Ms Patricia Wright, Chief Executive at THH, advised that the Trust had a huge range of KPIs which were available on their website and which were updated on a monthly basis (<https://thh.nhs.uk/how-are-we-performing>). The Trust's performance was also reported to the Board in common and compared Hillingdon's performance with that of the other NWL acute providers (Hillingdon was comparing favourably).

Ms Wright acknowledged that the Committee had previously had serious concerns about the Trust's performance, both in terms of its finances and quality. During 2022/2023, there had been a focus on improving performance and becoming a more sustainable organisation through work such as the development of a new five year strategy that would make the Trust affordable and provide high quality services.

Now that the world was moving out of Covid, it would be important to return to pre-pandemic performance levels. A CQC inspection had been undertaken in 2018 and performance improvements had been achieved in 2019/2020. The Trust's performance had now broadly returned to its pre-pandemic levels and significant progress had been made against elective targets. Urgent and emergency care performance was below the national target but was in line with the London average and cancer performance was variable but was improving.

A gap analysis of the CQC key lines of enquiry had been undertaken in the spring / summer of 2022. A peer review had also provided the Trust with valuable feedback on progress and had seen improvements. In November 2022, the CQC undertook an unannounced visit and the Trust had received positive feedback about the progress made since the inspection report. However, the Trust had received a compliance order in relation to sharing and disseminating learning across the organisation.

THH had recently been successful in recruiting new volunteers but there was further work that could be done in partnership with the Council. With regard to staff, Ms Wright noted that the staff needed to be engaged. The results of the most recent staff survey had been in line with those of the last few years but it was recognised that this needed to improve. Bank and agency spend was back in line with the 2019/2020 position and vacancy rates had decreased for qualified nurses. To recognise good performance, the Trust had reintroduced the staff recognition and celebratory events and an open day would be held at Mount Vernon Hospital on 8 July 2023 where the staff could be celebrated.

Targets to address the elective backlog had recently been challenged by the strikes but effort had been made to eliminate the 78 week waits. The target for 95% of A&E patients to be seen within four hours had been revised for 2023/2024 and reduced to 76% (although the Trust was still aiming higher than this) – performance tended to vary on a day-to-day basis.

Ms Wright advised that THH had taken over management of the Urgent Treatment Centre (UTC) in February 2023 and had since seen improvements in its performance. There had been reductions in ambulance hand over times and waits.

With regard to cancer targets, Members were advised that improving performance had been challenging. Ms Wright noted that THH did not have control over the complete cancer pathway but had still managed to significantly reduce the waiting times.

THH had put three strategic programmes in place:

1. Digital – the Trust was on track to go live with the NWL acute electronic patient records system in November 2023;
2. Redevelopment – there had been lots of issues at a national level that needed to be resolved; and
3. Sustainability – the Trust had won a number of awards in relation to sustainability.

Insofar as out of hours and weekend hospital discharges were concerned, Ms Wright advised that the Trust had put measures in place to better monitor this performance and returns were now provided on a weekly basis. Performance for discharges prior to 5pm continued to be good but there was still room for improvement.

Concern was expressed that there had been some older people admitted to hospital

that had also been suffering with chronic loneliness. These individuals had welcomed the companionship that they had received during their hospital stay. Ms Wright advised that the Trust had a very positive relationship with social care in Hillingdon and that she would investigate the possibility of better signposting patients to support such as befriending services. She stated that there were currently no mixed wards at Hillingdon Hospital (although it was permissible to have mixed assessment areas).

With regard to maintaining the structure of Hillingdon Hospital, Ms Wright advised that fire safety had been a concern. A Fire Improvement Notice had been put in place but a lot of health and safety work had been undertaken to address the issues raised and the Trust was now waiting for the notice to be taken off. THH had an annual capital budget and a maintenance programme in place but it was always a balancing act. The decant and enable monies associated with the redevelopment work had allowed the Trust to refurbish or build new temporary areas as it moved through the development process. Ms Wright advised that she would be happy to arrange a site visit for Councillors to see the new temporary state of the art wards.

Members asked about what progress had been made by the NWL Provider Collaborative with the orthopaedic inpatient surgery proposals. Ms Wright noted that there had been a national move towards providing specialist elective centres, especially for high volume services. Elective orthopaedic surgery would be moving to Central Middlesex Hospital but investigations were still ongoing in relation to the transport options that needed to be available for residents in boroughs such as Hillingdon where travel times would be significantly increased. The majority of residents' care would be undertaken in Hillingdon but they would need to attend Central Middlesex Hospital for their surgery and a short inpatient stay before either going home or becoming an inpatient in Hillingdon Hospital. This proposal would now move at pace, although it would be a gradual transition over the course of this financial year.

Royal Brompton and Harefield Hospitals (RBH)

Ms Derval Russell, Harefield Hospital Site Director at Guy's and St Thomas' NHS Foundation Trust, advised that Harefield Hospital had experienced a number of challenges in relation to elective surgery and recovery. After Covid, significant effort had been made to reduce the elective waiting lists. However, the patient split had flipped from two thirds elective and one third emergency / non-elective to one third elective and two thirds emergency / non-elective. This meant that progress in reducing the elective backlog was somewhat limited, especially when there were also challenges around increasing the workforce capacity.

Ms Russell advised that there were a lot of ethical considerations when recruiting overseas, for example, to ensure that the country of origin was not left with a shortage themselves. Hospitals often worked with recruitment agencies who targeted overseas countries and undertook a lot of the administration. There was an expectation that successful recruits would usually stay and work in the UK for at least two years. Members were advised that there had been a successful overseas recruitment drive in 2022 but that it took a while to get these new members of staff sufficiently trained and inducted. Cardiac physiologists were needed for almost all procedures at Harefield Hospital but there was currently a national shortage. RBH had been working with Brunel University to look at addressing this and plan for the future. There had also previously been a steady supply of overseas doctors for critical care but they had recently stopped coming. Ms Russell advised that the Hospital did not have a retention issue - it had challenges with recruitment as Harefield was comparatively remote for a London hospital.

Members were advised that staff were currently working on setting up for a new cohort of apprentices who would be expected to start in September 2023 or spring 2024. These apprentices would undertake a variety of placements along the way during the course which would be provided by Middlesex University. This had proved to be a popular way to recruit new members of staff.

Harefield Hospital had met the target to eliminate all 78 week waiting elective patients by 1 April 2023. The Hospital was now looking to clear those who had been waiting 52 weeks and was confident that the target would be met as there were not that many of them.

Ms Russell acknowledged that, during their wait, it was possible that the status of cardiac patients might deteriorate. To support these patients, a digital platform had been developed which enabled the hospital and patient to monitor their symptoms during their wait (those patients who were not able to use the technology received regular 'risk of harm' telephone calls). This had helped to manage the risks.

Ms Russell advised that the capital available to hospitals had been significantly reduced in recent times (regular annual condition surveys were undertaken as part of the backlog maintenance programme to prioritise spend). As such, a significant amount of transformative and innovative work had been undertaken in relation to critical care pathways. To enable cardiac patients to be moved through the pathway efficiently, the transformation work needed to address the whole system (if appropriate, some patients were able to be admitted on the morning of their surgery rather than the night before). There had also been a move towards increasing the research contribution made at Harefield Hospital.

Royal Brompton and Harefield NHS Foundation Trust had merged with Guy's and St Thomas' NHS Foundation Trust (GST). GST had been putting together a masterplan for the development of Harefield site. Rehabilitation facilities had been increased but there were currently issues in relation to the electricity supply to the site (as well as to the village itself) and the Trust had been working with Southern Electric to resolve the issues.

Central and North West London NHS Foundation Trust (CNWL)

Dr Paul Hopper, Divisional Medical Director at CNWL, advised that the report included on the agenda covered a range of adult services development and children's services development. Action was being taken to recruit for mental health support team staff for schools so that this could be rolled out across Hillingdon. Additional Roles Reimbursement Scheme (ARRS) posts were being developed with each of the Primary Care Networks (PCNs) in Hillingdon.

Dr Hopper advised that, over the last twelve months, the performance of the core CAMHS service had been quite impressive, meeting its 18 week performance target 95% of the time. The number of children and young people waiting had reduced by 60%.

With regard to children's physical health services, Members were advised that face-to-face services such as speech and language were now back up and running and meeting their performance targets.

In adult mental health services, there had been a focus on flow and the management of

acute demand. For example, a Mental Health Crisis Assessment Service (MHCAS) had been opened to take people in for a period of assessment rather than them waiting in A&E for assessment. A specialist rehabilitation triage unit had also opened in the autumn helping acute mental health wards with patients that had been there for a long period of time and provided them with a period of intensive rehabilitation support.

The Retreat (crisis house) had been open since summer 2022 and provided an alternative to a hospital setting (Members had been provided with some case studies). As The Retreat was relatively new, it was not yet as well used as it could be. Meetings had been held with the provider to look at improving its use and, as a result, the restrictions had been relaxed and the potential cohort of those who could access had been widened (whilst ensuring that the relevant safeguards were in place). As a result of their stay, many service users had been able to go home afterwards rather than be admitted to hospital.

Dr Hopper advised that The Retreat was unlikely to be successful in isolation. The case studies that Members had been provided with illustrated enduring challenges that had been faced by the service users. However, measures needed to be put in place to encourage longer term changes to prevent these individuals from coming back to The Retreat multiple times.

Members queried whether consideration had been given to using The Retreat to redirect young people who had presented at A&E with mental health issues and who needed a calm space. Dr Hopper advised that young people aged 16-17 should not be placed with adults and that, if they needed the inpatient specialist CAMHS service, a place would be found for them. However, it was not always that clear cut as they might need an appropriate place to live in the community or access to the urgent care outreach service which provided intensive support.

The opening hours of the Cove café had been extended and the café was now open seven days each week. The number of people using the café was good but it was suggested that the venue was not in the best place and consideration needed to be given to moving to another location.

Other initiatives included the discharge liaison project which placed community nurses on Hillingdon Hospital wards to identify individuals who could be moved off the ward and back into the community.

Members noted that, with regard to addictions, Hillingdon had previously been an outlier for drug and alcohol admissions. Dr Hopper would establish what the current situation was and forward this information on to the Democratic Services Manager for circulation to the Committee.

The London Ambulance Services NHS Trust (LAS)

Mr Chris Reed, Hillingdon Group Manager at LAS, advised that teams-based working had been undertaken in Hillingdon where crews went out on rotas. Demand modelling was now being undertaken and it was hoped that this would be in place by September 2023. This new approach would increase support for clinicians as there would be a manager available on each rota and reduce the response times.

Mr Reed advised that the Category 1 response times had been a challenge over the last year but were now thought to be at an acceptable level. The Hillingdon Group also continued to review clinical quality, champion Alternative Care Pathways (a Frailty

Assessment Unit was being developed at Hillingdon Hospital as part of this initiative) and reduce conveyances to A&E. By further increasing the clinical development of LAS staff, the Trust was aiming to reduce conveyances to less than 50% (it was thought that teams-based working would also help with this).

Work had been undertaken over the last year in partnership with Hillingdon Hospital to reduce hospital delays. In April 2022, the average handover time to Hillingdon Hospital was 22.5 minutes. This had reduced to 17.8 minutes in April 2023 (which was lower than the LAS average of 25.3 minutes).

Mr Clinton Beale, Stakeholder Engagement Manager at LAS, believed that that the systems were in place to get patients to the right place as quickly as possible. Access to electronic patient records improved efficiency and also helped clinician to clinician conversations across the board. Universal care plans and care records could now be accessed for each patient on scene so patients were not being conveyanced if it was going to be detrimental to their health.

A Trust-wide initiative had been introduced to use more cars and, as such, 42 electric fast response vehicles had been added to the fleet. Hybrid ambulances were also in the process of being added to the fleet and electric ambulances were being tested. However, consideration would need to be given to the amount of time that electric ambulances would be out of action whilst they were recharging and how much of a logistical challenge this would cause. A very successful cycle response unit continued to operate from Heathrow airport.

Although staff sickness rates had been a challenge over the last few years, the number of staff on long term sick had reduced month-on-month over the last year. There continued to be spikes in short term sickness absences but this had generally not been caused by Covid as the staff had been issued with PPE.

It was recognised that LAS staff did a very challenging job and that they never received any feedback on whether or not they had got it right. Once patients were dropped off, the outcomes for those patients remained unknown to the LAS staff.

The Trust worked with EDs, emergency services, primary and secondary care at a pan-London level with ICSs. It looked to develop services that were provided in other ICS areas.

Healthwatch Hillingdon (HH)

Ms Lisa Taylor, Managing Director at HH, advised that HH had been commissioned by the local authority and undertook work to understand the needs of local residents. To enable this to happen, a representative from HH sat on most of the partnership bodies in Hillingdon and was therefore part of the local conversations.

HH was able to make recommendations to the Care Quality Commission (CQC) but had not used its statutory viewing powers since the pandemic had started. Ms Taylor advised that the organisation was able to signpost patients who wanted to make a complaint and ran outreach programmes. HH had a Board of Trustees and a cohort of volunteers and had developed Young Healthwatch Hillingdon for those aged 11-25.

Young Healthwatch Hillingdon had undertaken a review of the sexual health services available to young people in the Borough. This work had sparked a review of the services available across the whole of NWL.

Members were advised that HH had worked on the evaluation of PATCHS which had been procured to enable online GP consultations. HH continued to be involved as part of the roll out of the system.

HH had continued to support HHCP with population health management workstreams. This work had looked at preventing falls and frailty and end of life care.

Ms Taylor advised that every local Healthwatch had been invited to provide input to shape the LAS organisational strategy for 2023-2028. To collect the thoughts of local residents, HH had developed and published an online survey (which had received over 450 responses) and carried out 121 interviews with service users. The feedback received had been largely very positive and had resulted in a number of recommendations being included in a report drafted by HH and presented to the LAS. Ms Taylor advised that she was now waiting for confirmation of the next steps and consent to publish the full report in 2023.

Amongst other things, HH had been working with HHCP to improve awareness of (and access to) community pharmacy services in wards identified as high health inequalities and low vaccine uptake rates. A review had also been undertaken of GP websites and the process of how to complain. Inconsistencies had been identified across the 43 practices with incorrect information and a full report would be produced and shared with providers for response prior to publication.

Ms Taylor noted that there had been a significant number of residents contacting HH in relation to dental services. Now that dental services were being commissioned at a NWL level, this would be an important step in influencing the future commissioning of dental services in the Borough.

Insofar as HH volunteers were concerned, it was noted that there had been a decline in numbers. It was likely that this had been partly caused by the cost of living crisis with individuals having to take paid employment rather than volunteering. However, there had been some interest recently from medical students. There was also a need for more Board members but it was recognised that HH was not alone in facing these challenges.

RESOLVED: That:

- 1. Mr Spencer provide an update on the effectiveness of the primary care access hubs in meeting the demand for GP appointments at the Committee's meeting on 21 November 2023;**
- 2. Ms Jeffers pass Borough level information on to the Committee from the national patient experience survey undertaken annually;**
- 3. Mr Spencer return to a future meeting to update the Committee the plan of action to move forward with providing the Heathrow Villages with a GP and the timescales for when this action would be implemented;**
- 4. Ms Jeffers forward further information about the hypertension initiative to the Democratic Services Manager for circulation to Members of the Committee;**
- 5. Mr Spencer attend a future meeting to provide Members with an update on the impact that the new neighbourhoods model had made;**
- 6. Ms Jeffers provide a report on the delegated commissioning responsibilities for dentistry, ophthalmology and pharmacies to the Committee's meeting in June or July 2023;**

	<p>7. Dr Hopper establish the current situation in relation to drugs and alcohol and forward this information on to the Democratic Services Manager for circulation to the Committee; and</p> <p>8. the presentations be noted.</p>
83.	<p>CABINET FORWARD PLAN (<i>Agenda Item 6</i>)</p> <p>Consideration was given to the Cabinet Forward Plan.</p> <p>RESOLVED: That the Cabinet Forward Plan be noted.</p>
84.	<p>WORK PROGRAMME (<i>Agenda Item 7</i>)</p> <p>Consideration was given to the Committee's Work Programme. It was agreed that, as well as the children's mental health pathway witness session, officers be asked to attend the meeting on 15 June 2023 to talk to Members about the Family Hub.</p> <p>RESOLVED: That the Work Programme be noted.</p>
	<p>The meeting, which commenced at 6.30 pm, closed at 9.14 pm.</p>

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.

This page is intentionally left blank

Minutes

HEALTH AND SOCIAL CARE SELECT COMMITTEE

11 May 2023



Meeting held at Council Chamber - Civic Centre,
High Street, Uxbridge UB8 1UW

	<p>Committee Members Present: Councillors Nick Denys (Chairman), Philip Corthorne (Vice-Chairman), Adam Bennett, Tony Burles, Reeta Chamdal, June Nelson and Sital Punja (Opposition Lead)</p> <p>LBH Officers Present: Nikki O'Halloran (Democratic Services Manager)</p>
1.	<p>ELECTION OF CHAIRMAN (<i>Agenda Item 1</i>)</p> <p>RESOLVED: That Councillor Denys be elected as Chairman of the Health and Social Care Select Committee for the 2023/2024 municipal year.</p>
2.	<p>ELECTION OF VICE CHAIRMAN (<i>Agenda Item 2</i>)</p> <p>RESOLVED: That Councillor Corthorne be elected as Vice Chairman of the Health and Social Care Select Committee for the 2023/2024 municipal year.</p>
	<p>The meeting, which commenced at 9.10 pm, closed at 9.20 pm.</p>

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

This page is intentionally left blank

CAMHS REFERRAL PATHWAY REVIEW - Third Witness Session

Committee name	Health and Social Care Select Committee
Officer reporting	Nikki O'Halloran, Democratic Services
Papers with report	Nil
Ward	All

RECOMMENDATION

That the Health and Social Care Select Committee notes the report and comments on the information presented.

SUPPORTING INFORMATION

At its meeting on 22 November 2022, the Select Committee agreed to undertake a review of the referral pathway into Child and Adolescent Mental Health Services (CAMHS) in Hillingdon with the scoping report agreed by the Committee at its meeting on 26 January 2023. The review is being loosely structured around three themed information gathering sessions: the first related to the commissioning of mental health services for children and young people in the Borough; and the second related to the experience of secondary schools in the Borough and the voluntary sector. In addition to the Committee's formal meetings, Members may also meet informally with service users and / or their carers and families.

CAMHS is just one of many services that are provided in the Borough to support children and young people who are experiencing mental ill health. This witness session will provide further context and understanding of the services commissioned in the Borough to support children and young people's mental health. Representatives from the following organisations have been invited to attend this meeting:

- Healthwatch Hillingdon
- Hillingdon GP Confederation
- NHS North West London Integrated Care Board
- Central and North West London NHS Foundation Trust

Terms of Reference

At its last meeting, the Select Committee agreed the review's Terms of Reference as follows:

1. to gain a thorough understanding of how children and young people are referred to CAMHS and the associated timescales;
2. to scrutinise the referral pathway and review its effectiveness;
3. to review the current availability of alternative support and how these options are communicated to children, young people and their families;
4. to explore the effectiveness of the different agencies in communicating with each other as well as the effectiveness of their communication with the child, young person and their family on their journey to assessment and treatment; and

5. subject to the Committee’s findings, to make any conclusions, propose actions and make service and policy recommendations to the decision-making Cabinet (who may then refer formally to the relevant external body).

Possible Lines of Enquiry

Members may like to consider the following lines of enquiry during the course of the review (these can be expanded as the review progresses):

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

RESIDENT BENEFIT

The Health and Social Care Select Committee holds the statutory health scrutiny responsibility for the London Borough of Hillingdon. The Committee hopes to find improvements to the referral pathway into CAMHS. The improvements should help young people and their families to access the help they need sooner. The earlier young people can get the help they need, the better the chance there is of minimising the impact of mental ill health. This not only helps the young person themselves and their families but could also relieve some pressure placed on adult mental health services due to resolving mental health issues before the young person reaches adulthood.

FINANCIAL IMPLICATIONS

There are no financial implications directly related to the recommendation in this report.

LEGAL IMPLICATIONS

There are no legal implications arising from this report.

BACKGROUND PAPERS

None.

FAMILY HUBS - NATIONAL AND LOCAL CONTEXT

Committee name	Health and Social Care Select Committee
Officer reporting	Claire Fry
Papers with report	Draft Family Hub Strategy
Ward	All

HEADLINES

This report provides an overview of the national context for Family Hubs and the Council's commitment and proposed approach to delivering support and early help services for babies, children and young people and their families in Hillingdon, through Family Hub networks, should the strategy be approved following public consultation. It also seeks to provide context to service delivery through Uxbridge Family Hub, which has been operational since November 2021.

RECOMMENDATION

That the Committee notes the report.

SUPPORTING INFORMATION

Overview and Background

1. The Government has committed to provide Family Hubs in every region of England as a means of providing integrated family services via a central access point. Family Hubs provide families with children aged 0-19 (and up to 25 for SEND) somewhere they know they can go if they need information, advice or guidance for family, relationship, health and other issues.
2. The National Centre for Family Hubs was launched in May 2021, led by the Anna Freud Centre and funded by the Department for Education (DfE), to support the upscaling of Family Hubs nationally. Furthermore, the Early Years Healthy Development Review Report - The Best Start for Life, led by Dame Andrea Leadsom MP, champions Family Hubs as a place where families can access support in the early years of their child's life, through the delivery of a specific Start for Life offer, incorporating access to Maternity and Health services, alongside support for parenting and reducing parental conflict.
3. In August 2022, the Government published the Family Hubs and Start for Life programme guide for the 75 local authority areas funded in 2022-25, to establish their Family Hubs and Start for Life Offer. Hillingdon has not received funding in this first phase, in part due to the advances already made locally in establishing Uxbridge Family Hub in November 2021 and work underway to deliver a second Family Hub in Hayes, due in July 2023.
4. The Government has also published the Family Hub Framework which sets out expectations for service delivery under three delivery areas of access, connection and relationships, to which multiple key success criteria are aligned. As Hillingdon is not currently in receipt of Government funding, there is no requirement to adhere to the framework. However, it

provides a useful tool for developing and measuring success of the Family Hub programme locally and will support future funding applications as and when they arise.

Local Context

5. As a council we are committed to ensuring that families and their children are able to access the right help at the right time. Family Hubs enable this by providing local families with access to information, advice and support and bringing together a wide range of services, in an integrated way.
6. The Council has developed a draft strategy for delivering a network of Family Hubs across the Borough, supported by additional delivery points, to bring together services in a coordinated way. The draft strategy is currently out to consultation and residents are encouraged to complete the survey and have their say on the proposals. The consultation runs for 12 weeks and closes on 30 July 2023.
7. However, our first Family Hub was developed in 2021. It made creative use of the Mezzanine level in the Civic Centre, to provide a purpose-built bright, modern and welcoming space for children, young people and their families.
8. The Hub provides a base for service delivery for 5 Council services, including Uxbridge Children's Centre, the Supervised Contact service, Adolescent Development services, the Multi Agency Psychology Service (MAPS) and the Youth Justice service.
9. The Hub has been developed with a wide range of uses in mind; with safe spaces to play and learn for our youngest children, relaxed and comfortable spaces for parents to have supervised contact with their children, spaces that support and facilitate therapeutic work, a clinical space to deliver midwifery and health clinics and a fully equipped Lifestyle kitchen that enables children and young people of all ages, and their parents, to learn to cook and prepare healthy and nutritious meals and gain skills for life. An outdoor space has also been made available, enabling children and young people to have safe access to the outdoors and increasing the breadth of services available.
10. The Family Hub also enables children, young people and their families, to access a broad range of services to support their health and well-being, delivered by our partners from Health and the Voluntary sector.

Service Delivery

11. From the first days of pregnancy, families can access antenatal and postnatal community midwifery services, in addition to infant feeding support, including support for breastfeeding. Health visiting services are also delivered from the Hub and parents can have their baby weighed and receive information, advice and guidance on a range of health matters, including childhood illnesses, immunisations and accident prevention. Developmental checks at ages 8 months and 2.5 years are also delivered as part of the universal health visiting offer.
12. Specialist services are also available including a Trauma and Loss group delivered by Maternity services, and activities to support mental health and wellbeing, including Nurturing Beginnings and clinical support from the Perinatal Mental Health team.

13. Children's centre staff deliver a full programme of groups and activities, designed to support children's development and early learning, through a universal and targeted offer. Groups such as baby group, musical babies, story and rhyme time, stay and play are open to all families to access. Targeted activities including Attention Hillingdon, Language for Life, Stay and Play Plus, are provided to support children and families who need more specific support, particularly with attention and listening and speech language and communication.
14. Universal Youth and Adolescent Development Services (ADS) use the Hub to deliver a range of services for children and young people, in the afternoon and evenings, including Duke of Edinburgh scheme activities, Young Enterprise, and Project evenings.
15. Adolescent Development Services (ADS) deliver KISS, a sexual health and wellbeing appointments and drop-in clinic, AIMS mentoring (one to one sessions), Boys and Young Men's one to one sessions, Girls and Young Women's groups and one-to-one sessions and Transition Support Programme.
16. Youth Justice services use the Hub to hold individual meetings with young people, group work and reparation activity.
17. Partners use the space to deliver an enhanced offer of support to families with a drop-in stay and play session for hearing impaired children provided by SEND services, counselling sessions delivered by Barnardo's and Family Group Conferences supported by Daybreak. Additionally, colleagues from Young People's Team in Children's Social Care regularly hold one-to-one meetings with young people in the Hub, and the Children's Social Care Court Team are using the space to deliver workshops for parents.
18. SENDIASS have begun to hold drop-in advice sessions for families with children with special educational needs and disabilities and P3 deliver an advice service for families, which focuses on housing advice, financial support (including access to benefits) and support to enter education, employment and training.
19. The Hub also provides the base from which services can outreach into the community and engage with residents in a way that best meets their needs. The children's centre team works closely with the Stronger Families key working team in the south west locality and receive referrals from the Stronger Families Hub, which are triaged and allocated to workers to support priority access to groups and services, in addition to targeted family support through a Stronger Families Plan.
20. Children's centre services have also continued to provide an online digital offer, and this will be further developed alongside the core offer to children and families, as we develop our Family Hub offer more widely across the Borough.

PERFORMANCE DATA

21. Uxbridge Family Hub has been fully operational since November 2021 and, during this period, the teams located there have worked together to ensure that everyone who visits the Hub receives a warm welcome and are directed to the right support to meet their needs at the right time.

22. An informal review of the space and activity delivered in the Hub, was completed in June 2022. A snapshot of the first 7 months of operation, found that the services had collectively supported over 618 children and young people and 499 parents/carers, a total of over 1,117 residents (unique users between November 2021 and June 2022) many of whom attended repeatedly to access the support that they needed.
23. Due to varying nature of the services provided, some of which are statutory in nature, and others health-based, data is collected for varying needs and using different performance management systems, and there is not a central system for capturing the service delivery and attendance for all services. Partner services also capture their own service delivery data. This is an area for further consideration as the Family Hub offer develops across the Borough.
24. Children's centre routinely register families using the service, in order to understand levels and patterns of attendance and changing need of residents over time. Data for 2022/23 shows that 1,496 families (unique families) with children under 5 years accessed services, with a total of 4,744 family attendances across the year. 40% of these families are from priority groups, which include families on a low income, children in need of additional support, lone parents, workless households and new arrivals to the UK.

RESIDENT BENEFIT

25. The Family Hubs model in Hillingdon will build upon existing services in place to support families in the early years, by evolving the children's centre offer to support older children and young people, integrating with a wider range of delivery partners thereby increasing the range of support and services available to children and families.
26. Using a locality-based approach will ensure that services are tailored to the needs of local communities and are agile and able to respond to the needs of the residents who live there.

FINANCIAL IMPLICATIONS

There are no financial implications associated with the recommendation in this report.

LEGAL IMPLICATIONS

There are no legal implications associated with the recommendation in this report.

BACKGROUND PAPERS

NIL.



HILLINGDON

LONDON

FAMILY HUB STRATEGY (DRAFT) 2023-25

OVERVIEW AND BACKGROUND

1. The Government has committed to provide Family Hubs in every region of England as a means of providing integrated family services via a central access point. Family Hubs provide families with children aged **0-19 (and up to 25 for SEND)** somewhere they know they can go if they need information, advice or guidance for family, relationship, health and other issues.
2. The National Centre for Family Hubs was launched in May 2021, led by the Anna Freud Centre and funded by the DfE, to support the upscaling of Family Hubs nationally. Furthermore, the Early Years Healthy Development Review Report - The Best Start for Life, led by Dame Andrea Leadsom MP, champions Family Hubs as a place where families can access support in the early years of their child's life, through the delivery of a specific Start for Life offer, incorporating access to Maternity and Health services, alongside support for parenting and reducing parental conflict.
3. In August 2022 the Government published the Family Hubs and Start for Life programme guide for the 75 local authority areas funded in 2022-25, to establish their Family Hubs and Start for Life Offer. Hillingdon was not eligible to bid for funding due to the advances already made locally, in establishing Uxbridge Family Hub in December 2021 and work underway to deliver a second Family Hub in Hayes, due March 2023.
4. The Government has also published the Family Hub Framework which sets out expectations for service delivery under three delivery areas of **access, connection and relationships**, to which multiple key success criteria are aligned. As Hillingdon is not currently in receipt of government funding, there is no requirement to adhere to the framework; however, it provides a useful tool for measuring success of the Family Hub programme locally and will support future funding applications as and when they arise.
5. It is not yet clear if or when funding will be made available to the remaining 75 local authorities; however, the emphasis on services for families with children aged **0-19 (and up to 25 for SEND)** requires local authorities to evolve services from the children's centre offer focussed on babies, young children and their families, to deliver an integrated service that supports the whole family. This may in turn lead to a change in the legislation surrounding children's centres and their core purpose.

6. It is proposed that in Hillingdon, the children's centre core purpose, start for life offer and family hub service offer will be delivered by the Child and Development Service in Community Hubs and additional local delivery points.
7. This paper outlines a strategy to develop Family Hubs in Hillingdon, integrating services across the disciplines of Maternity, Health, Education, Social Care and the Voluntary Sector under the principles of Early Help and Intervention, to provide accessible services to families at their point of need. The offer will link support for the whole family where there are children and young people up to the age of 19 (25 for those with SEND), acknowledging the impact of the right support and care, in the right place, at the right time on the future lives of young people.

PRINCIPLES

8. The Family Hubs Network has been championing Family Hubs since 2010. Based on extensive research and their engagement with Local Authorities already delivering integrated Early Help services through Family Hubs, they have developed a set of core principles that characterise Family Hubs, and the systems they are part of:
 - An understanding of the importance of **Early Help and prevention**.
 - Families with children aged **0-19 (and up to 25 for SEND)** have somewhere they know they can go if they need information, advice or guidance for family, relationship and other issues.
 - Superb provision for **children's early years (0-5)** so their families get whatever help they need to give them the best start in life and ensure they are school-ready.
 - **Integrated** health and public health priorities, such as health visiting and maternity, with social services and Supporting Families programmes.
 - A central **access** point to services and support, connected to all other delivery sites in the area.
 - A **relational culture** embodied by everyone who works in the Hub.
 - A **whole-family approach** which focuses on disadvantaged and vulnerable children.
 - Parents can access **relationship support** when there is conflict, to help and rebuild an existing relationship or during and after separation
 - The **voluntary sector and wider community** make an extensive and vital contribution.
9. It is also proposed that the following **local Hillingdon principles** are defined and agreed:
 - Family Hubs will deliver programmes that are **data driven** and **respond to community needs** and can be accessed in ways that best meet resident needs, either in person at a hub or community venue, or online.
 - **Locally available services** are extremely important and will be provided through borough-wide delivery points no more than 30 minutes' walk or 1.5 miles distance from a resident's home.

- Hillingdon residents will have equal **access to information, advice, and support** wherever they live in the borough, ensuring information is communicated and accessible in a range of formats including digitally to meet resident needs.
 - It is important that all hubs should provide a dedicated **safe outdoor space** for children to support their play and learning and optimise opportunities for children to be physically active and increase their fitness levels, in response to the growing number of children now recorded as overweight and/or obese at aged 5 and 11 years.
 - Delivery of a coherent **Best Start for Life** offer providing seamless, multi-agency support for families with babies and young children ensuring adherence to the overarching principles.
 - Prioritise support and access to children and young people with Special Educational Needs and Disabilities and their families, through the **early identification of need** and provision of a range of early intervention services.
 - Provision of a digital “kiosk” in each Hub, **supporting residents to be self-serving and resilient**. This will be supported by skilled, knowledgeable staff who can support people to access on-line services, complete forms, pay bills, search for information and to engage with and embrace new technology.
 - **Integration with health services** will be supported through the provision of clinical spaces within the community, enabling residents to access a range of services, such as midwifery, immunisations, counselling, sexual health clinics, locally to where they live.
 - Family Hubs should **evoke generational change**. Supporting communities to become more resilient and less reliant on services, that they can tell their story once and be signposted to the most appropriate support. They are educational, inspiring, and enjoyable spaces.
 - Family Hubs will benefit from a **combined staffing model**, drawn from a range of service areas and led by an identified lead agency, that maximises staff knowledge and skills to the benefit of the resident. Staffing, building maintenance, financial envelope and stakeholders charges will need to be consulted upon and agreed with internal and external partners.
10. Key to effective delivery is that the Family Hub offer is not constrained by assets, but data driven. Delivery points will be agreed alongside the data for each locality to ensure service delivery has excellent geographical coverage in line with the principles of early intervention and ‘reach into’ communities.
11. The programme in each locality will be data driven and bespoke to the area, delivered from the hub and a range of touch points according to the community need, resources and facilities required.

LOCAL CONTEXT

12. Family Hubs provide the framework to deliver services in an integrated way and cement existing partnerships across services, to the benefit of children and families. Central to the concept of Family Hubs is a shared understanding of what a Family Hub is.
13. Whilst it may be appropriate to develop new spaces for services to be co-located and more accessible, many Family Hub models make use of existing community facilities, extending and adapting them as needed. Family Hubs may also be virtual, bringing together teams from a range of disciplines to create a multi-agency network that may operate from any number of delivery sites. For adolescents and youth work it may be more appropriate to have a flexible community-based model that can target areas as necessary.
14. The Family Hubs model in Hillingdon will build upon existing services in place to support families in the early years, by evolving the children's centre offer to support older children and young people, integrating with a wider range of delivery partners thereby increasing the range of support and services available to children and families.
15. Hillingdon Council already delivers a wide range of services to families pre-birth to 5 years through its network of 16 children's centres; these centres working in collaboration with partners from maternity services, health visiting, adult education, and voluntary sector organisations, provide a core offer of services for all families to access. Targeted support for more vulnerable families and those with identified needs is also provided by specialist services including, perinatal mental health services, Children's Integrated Therapy services and Children's Social Care Services.
16. Services for young people are delivered through the Council's Universal Youth service and Adolescent Development Service; in addition, there are uniformed groups and community-based activities and sports clubs in some parts of the borough.
17. The School Nursing element of the 0-19 Healthy Child Service provides support to children and young people in primary and secondary phases of education, with a focus on health screening for weight, hearing, and vision in primary and drop-in advice sessions at secondary phase.
18. The Family Hub model will therefore establish a coordinated and integrated way of working across services and disciplines to ensure that services already in existence work together to support children, young people, and their families and to identify gaps in provision and respond accordingly.
19. Utilising the Children and Young People workstream of the Hillingdon Health and Care Partnership (HHCP), Family Hubs in Hillingdon will ensure that they are responding to the identified priorities of the population, including mental health and SEND; in addition, extensive analysis of data at borough-wide and ward levels across a range of key indicators (primary care, health inequalities, social care, education, youth offending and crime) will enable the service to understand in detail the needs of specific locales and communities, identify delivery priorities and be proactive in its response.

20. Furthermore, alignment with the Stronger Families model of early help will strengthen support for the most vulnerable families by intervening at an early stage and in doing so reduce the demand for statutory intervention, thus ensuring that Health and Social Care resources are being used as effectively as possible.
21. There are programmes commissioned specifically to support parents of young people, from these programmes some parents themselves become champions and then become instrumental in supporting other parents in their communities. The increased use of social media platforms has also helped with communicating what's on offer and has increased engagement.
22. Families with children and young people with special educational needs and disabilities (SEND) can access support services through a range of mechanisms, including children's centres and Portage for very young children, the SEND keyworking service, charitable organisations such as CASS and HACS, and the Children with Disabilities Service. The SEND Advisory Service provides advice and support to educational settings to meet children's needs, as well as providing parenting workshops and courses to upskill and empower parents.
23. The Early Health Notifications Panel (EHN) has recently been created to consider all statutory notifications from Health partners regarding children under 5 years of age who are likely to have long term educational or developmental needs. This enables early identification of need and appropriate support to be provided to the family, and ultimately should lead to more effective school place planning for children with complex needs.
24. Central to the success of the Family Hub model is the core dataset that enables services to build a comprehensive picture of the needs prevalent within the community and extrapolate the priority areas to be attended to. The development of a comprehensive needs analysis, combined with local knowledge and engagement with residents will inform the decision making for the location of Family Hubs and linked delivery points and determine the key priorities for service delivery in each area.

CURRENT CHILDREN'S CENTRE SERVICE DELIVERY

25. Hillingdon children's centres deliver services aligned to the core purpose for children's centres established in the DfE Statutory Guidance of 2013, providing support to improve outcomes for young children and their families and reducing inequalities between families in greatest need and their peers in:
 - Child development and school readiness
 - Parenting aspirations and parenting skills; and,
 - Child and family health and life chances
26. Principally the service provides information, support and guidance, alongside activities for parents-to-be and children and their families from pre-birth through to 5 years of age.

27. Children's centres are statutory in law as defined in the Childcare Act 2006, and the local authority is required to consult when opening or closing a centre, or when making significant changes to the services provided.
28. The centres are organised in three geographical localities: North, South-West and South-East. The population of children and young people is higher in the south of the borough, with Townfield and Yeading have the highest percentage of children (under 16 years old) in low-income families.
29. Townfield was the most deprived ward overall in Hillingdon in 2019 compared to the other wards and West Drayton and Yeading have LSOA's ranked among the top 10% most deprived in the country when considering the indices of deprivation linked to children (IDACI 2019). NB: not all data is yet available in the new ward profiles.
30. Data for the summer term 2022 (April and August 2022) shows children's centres **registered 2,992 new families** with the programme, 30% of whom self-identified as from priority groups. During the same period **6,147 unique families** engaged with services, generating a total of **26,630 family attendances**.
31. Alongside the universal offer, the service focuses on providing targeted support for those in greatest need, through a range of specialist interventions and activities. An area of particular focus is support for children with Speech, Language and Communication needs. Between April and August 2022, the service delivered **Attention Hillingdon** (an 8-week small group programme to develop children's attention and listening, and communication skills) in every locality with **125 children completed at least 80% of the course**. 100% of children made progress from their starting point.
32. Similarly, between April and August 2022, in response to the pandemic, the service has focussed on **supporting transition and children's self-help skills** resulting in **457 attendances** at sessions that specifically support this area of development. A new course, **Ready to Go**, was developed to support parents and children who have not previously been in a childcare setting to transition well into nursery. This allowed the children to develop self-help skills, attention and listening, explore new foods and develop good routines. This course ran in all three localities and parents have been given support to encourage their child's independence.
33. The service works closely with both Maternity services and the Health Visiting service, with children's centres providing community locations to deliver key maternal and child health services. Between April and August 2022, this included **antenatal clinics (3,975 attendances)**, **postnatal clinics (1,494 attendances)**, **child weighing clinics (1,225 attendances)**, **infant feeding support groups (524 attendances)**, **development reviews at age 8 months and 2 ½ years (718 attendances)**, as well as groups to support fussy eaters and weaning.
34. There is also a strong focus on supporting maternal mental health, particularly in the perinatal period and the services work collaboratively with **Perinatal Mental Health and IAPT services** in providing support to mothers and their young babies during this critical period (**112 attendances**).

35. Evolving the service to provide support to children and families across the 0-19 age range in collaboration with Council services and community partners in line with the Family Hub framework, will enhance the service offer and enable greater collaboration and joint working across the sector.

PROPOSED FAMILY HUBS SERVICE DELIVERY OFFER

36. It is anticipated that each Family Hub Network would work initially with a core group of partners; from this the network will develop links with voluntary sector groups and wider community services, such as local schools, faith groups and other key partners invested in the community.

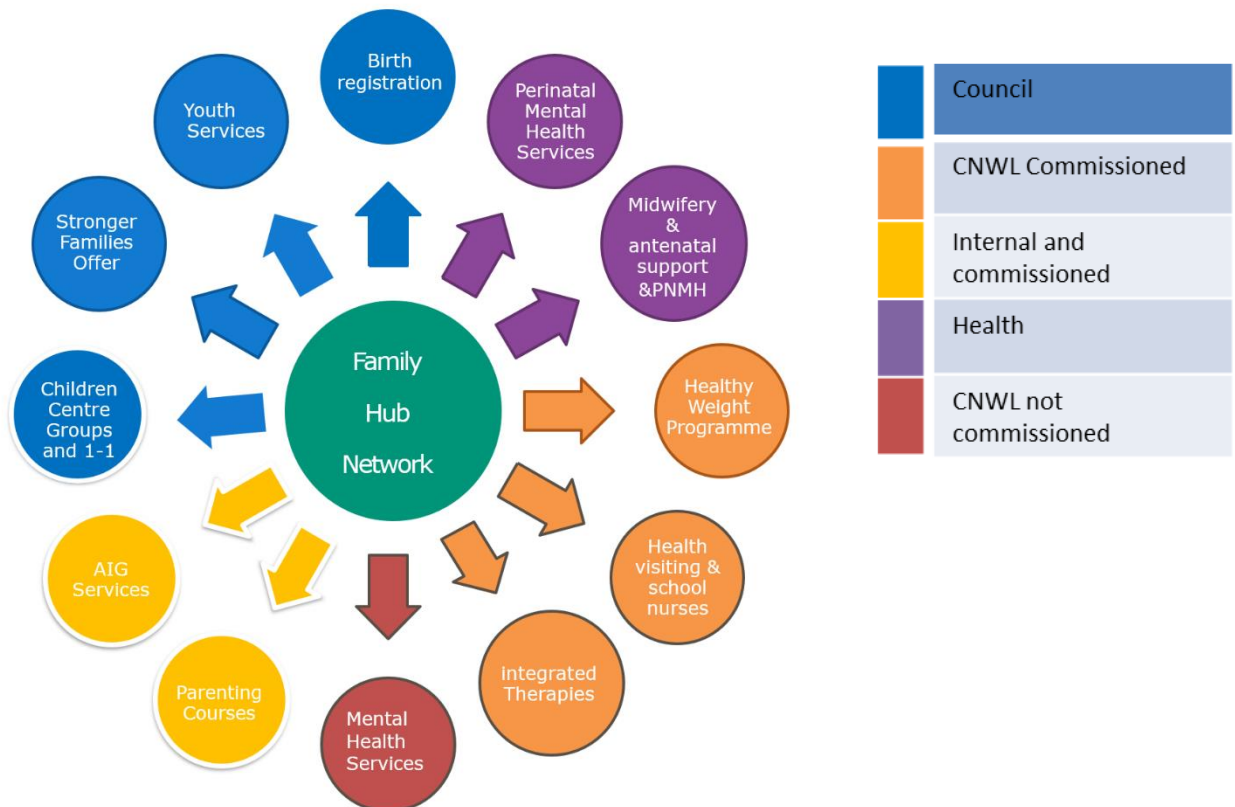


Figure 1.1 Examples of Family Hub services and linked delivery partners

37. It should also be remembered that support to families does not need nor should be solely buildings-based delivery. A combination of community, building or centre based as well as virtual services will broaden the strength and breadth of the offer.

38. Figure 1.1 shows the broad range of services that will be delivered in Family Hubs and the linked delivery partners across the Council and health. This is expanded in table 1.1.

39. It is anticipated that each Family Hub would work initially with a core group of partners to deliver a core service offer; in addition, a flexible, bespoke service offer in will be

developed though links with voluntary sector groups and wider community services, such as local schools, faith groups and other key partners invested in the local community.

FAMILY HUBS SERVICE DELIVERY SITES

40. Table 1.2 shows the proposed hubs and delivery points for service delivery. As previously stated, the programme in each locality will be data driven and bespoke to the area, delivered from the hub and a range of touch points according to the community need and facilities required.
41. This strategy identifies that there will be six locality hubs delivering targeted programmes as well as further delivery points across the borough, to ensure geographical coverage. Some delivery points will continue to be within existing children's centres with other points being community resources, libraries etc.
42. The development of Family Hubs is an iterative process and as hubs are rolled out across the borough there will be an increase in use and service delivery from these locations as the offer evolves to bring together a wider range of services for children and young people aged 0-19. This may enable the Council to further review and reduce the children's centre estate in consultation with residents.

FINANCIAL IMPLICATIONS

43. Whilst much of the children's centre budget is allocated to staffing resource required to deliver services, there are potential savings linked to running costs e.g., utilities, cleaning, facilities management, for centres identified for disposal in the proposed model.
44. Given that most sites are physically co-located or leased from a community partner, on relinquishing the site these would either be returned to the leaseholder or in the case of maintained schools, offered to the school to enhance their education provision. However, two sites namely Barra Hall and Nestles Avenue would be returned to the Council for a decision on their future use or disposal.
45. It is also important to note that several of the services that are currently delivered from Uxbridge Family Hub, children's centres and in community resources are wholly or in part funded by the Public Health grant. These include Health Visiting, P3 advice service, and the ADS targeted programmes KISS, LINK and SORTED.

NEXT STEPS

46. Should approval to progress be granted, a public consultation paper will be prepared to consider child and family development services to include the review of the Early Years Centres. The consultation paper will require full legal scrutiny to ensure that it meets all

legislative requirements of the Childcare Act 2006 with regards children's centres and the Council's childcare sufficiency duty.

47. It is proposed that should Cabinet give approval to consult, a 12 consultation will take place, following which feedback will be assimilated and a report provided back to Cabinet to consider the consultation responses and to make a decision on the strategy and delivery model for Family Hubs Services, informed by the findings of the consultation

Claire Fry
Head of Child and Family Development Service
January 2023

TABLE 1.1 PROPOSED FAMILY HUB SERVICE DELIVERY OFFER

SERVICE	CORE	FLEXI	PROVIDER	AGE
Midwifery/ Perinatal MH	<ul style="list-style-type: none"> • Midwifery – antenatal and postnatal clinics • Breastfeeding support 	<ul style="list-style-type: none"> • Specialist Infant Feeding clinic • Neo-natal clinic • Post-Natal Support Groups • Perinatal Mental Health 1-1 support 	CNWL/THH	Prebirth/ New-born
Health Visiting	<ul style="list-style-type: none"> • Advice line • Antenatal & post-natal groups • Mandated health reviews & contacts • Child weighing clinics • Weekend clinics for working families • Breastfeeding support groups • Tooth-brushing, bottle to cup & weaning workshops • Healthy Eating workshops • Parental mental health support & listening visits • Accident prevention & home safety • Childhood illness & First Aid workshops • Healthy Start vitamin promotion • Childhood immunisation promotion 	<ul style="list-style-type: none"> • Dietetic clinics • Enhanced Bottle to cup swap, toothbrushing 1-2-1 • Specialist Infant Feeding clinic • CDC – MDTA & B reviews • Specialist SEND Health Visitor • Safeguarding (CIN/CP) • Parenting Support & workshops 	CNWL (Contractual)	0-5
School Nursing	<ul style="list-style-type: none"> • Hearing & vision screening • NCMP • Healthy Eating workshops • Secondary school drops in • Childhood immunisation promotion • Primary School Clinics • Incident/accident prevention • Oral health promotion • Parent/Teacher drop ins 	<ul style="list-style-type: none"> • EHE community drop-in clinic • Thematic sessions as needs arise • Specialist Nurses • Autism Nurse • Healthy Weight Intervention Programme • 5-11 • Enuresis clinics • Safeguarding (CIN/CP) 	CNWL (Contractual)	5-19
Healthy Weight Programme	<ul style="list-style-type: none"> • Healthy walks/club • Forest School • Healthy eating/cooking for families • Training and awareness to communities/schools • Parent advice drop in • Young person's drop in 	<ul style="list-style-type: none"> • Healthy weight programme (family focussed) • Targeted groups 	CNWL (Contractual)	All age

Mental Health	<ul style="list-style-type: none"> • CAMHS Kooth Offer • CAMHS Website • CAMHS MHST Drop In's (Family Hubs and Schools) 	<ul style="list-style-type: none"> • Talking Therapies (1-2-1 sessions, wellbeing in pregnancy and wellbeing for mums) • PNMH (as above) • Play Therapy • Training offer (Children Centres, Schools) • CAMHS 0-5 Service • CAMHS (Tier 3) 	<p>CNWL (Non contractual)</p> <p>VCS</p> <p>Richmond Fellowship</p>	All age
Children Centres (Groups/1-1)	<ul style="list-style-type: none"> • Your Bump and Beyond – antenatal classes • Breastfeeding support • Weaning workshops • Brush for Life – oral health promotion • Stay and Play groups • Baby Massage • Focussed sessions - messy play, music sessions, story time • Play to Learn groups • Language for Life • Information sessions e.g. nursery funding etc. • 1:1 advice sessions (debt/housing/benefits) • Transition – 1-1 & groups • Targeted Family Groups • Adult learning courses • Employability skills 	<ul style="list-style-type: none"> • Portage • Attention Hillingdon • Small talk (SLCN) • 1-2-1 family support • Nurturing Beginnings • Be inspired • Bespoke group sessions based on need 	<p>LBH</p> <p>P3</p> <p>Learn Hillingdon</p> <p>VCS</p>	0-5
Parenting Programmes	<ul style="list-style-type: none"> • Health Education Sessions • Bespoke workshops & courses • Parenting courses • Topic based parenting workshops 	<ul style="list-style-type: none"> • Targeted parenting workshops and courses, e.g. Early Bird, SFSC • Reducing parental conflict 	<p>CNWL (Non contractual)</p> <p>Brilliant Parenting</p> <p>LBH</p>	All age
Information and Advice	<ul style="list-style-type: none"> • FIS & outreach • P3 • Providing opportunities for work experience and apprenticeship placements • Adult Education inc. ESOL • Volunteering programme • Employment advice and support 	<ul style="list-style-type: none"> • Specialist Advice Services re. Benefits, Housing, Debt • Local Offer for families with children with SEND (0-25) • Sexual health, drug, and alcohol IAG • Teenage workshops CCE/contextual Harm 	<p>Commissioned Services</p> <p>VCS</p> <p>CNWL (Contractual)</p> <p>LBH</p>	All age
ADS/Youth Services	<ul style="list-style-type: none"> • Boys and Young Men Group • Girls and Young Women Group • Emotional Health and Wellbeing - LINK 	<ul style="list-style-type: none"> • Thematic Workshops (keeping safe, bullying, etc) • Mentoring 	<p>LBH</p>	10-19

	<ul style="list-style-type: none"> • Peer Leadership Programme - AIMS • Transition Support - TSP • Sexual Health and Wellbeing -KISS • Substance Use and Misuse -SORTED • Domestic Abuse Group 			
Integrated Therapies	<ul style="list-style-type: none"> • CITS Advice Line • CITS Website / social media • Language Link - screening assessment of reception age children • CITS support for children's centre groups e.g. sensory groups, tummy time, stay and plays • CITS advice clinic (u5's) 	<ul style="list-style-type: none"> • CITS training programme for professionals • Targeted groups run by school staff supported by CITS • Multitherapy assessments (CDC) • Serial Casting • CPIPS • Initial CITS Assessments • Dysphagia • Therapy for pre-schoolers • EHCP Therapy (Schools) • Language Link planning meeting with the SLT and schools 	CNWL (contractual)	0-19
Stronger Families	<ul style="list-style-type: none"> • Reducing Parental Conflict Sessions 	<ul style="list-style-type: none"> • Key working • Parenting support • 1-1 work with Child/Young Person 	LBH	All age
Registrars	<ul style="list-style-type: none"> • Regular birth registration sessions 		LBH	Newborn
MAPS		<ul style="list-style-type: none"> • 1-1 work with Child/Young Person & family 	LBH	All age

TABLE 1.2 PROPOSED LOCATIONS OF FAMILY HUBS AND DELIVERY POINTS

Location	Current Delivery Space	Proposed Delivery Space	Comments
North Harefield	Harefield CC Community outreach including weekends at St Mary's	Hub: Harefield CC* Community outreach including weekends at St Mary's. This hub will offer a mobile youth programme	Combine the use of the existing space within the local library to create a community hub *Harefield CC to be retained until any remodelling of the library is agreed and completed.
North Ruislip & Northwood	Coteford CC South Ruislip CC Community outreach programme including Northwood libraries, RAF base, church playgroups	Hub: Ruislip YPC, Bury Street This hub will offer a buildings-based Youth programme. Additional delivery points: Wren Centre – South Ruislip Ruislip Manor Library Northwood Hills Library Community outreach programme including RAF base, church playgroups	The Wren Centre, Northwood and or Northwood Hills library and Ruislip Manor Library will be utilised alongside the library offer to deliver parts of the locality hub programme. *Northwood Hills Library will support geographic reach in long term, following updates outlined in library strategy.
Southwest Uxbridge & Cowley	Uxbridge Family Hub Cowley CC Colham Manor CC Oak Farm CC	Hub: Uxbridge Family Hub This hub offers a buildings-based youth programme Additional delivery points: Colham Manor CC* Oak Farm CC	Colham Manor CC will continue to deliver the 0-5 programme as well as be linked the Child Development Centre at THH and continue the Perinatal Mental health work.
Southwest	Cherry Lane CC Yiewsley CC	Hub: West Drayton Leisure Centre	*Cherry Lane to be retained as an outreach point into the Heathrow Villages.

West Drayton & Yiewsley	Community outreach programme including Traveller site and Heathrow Villages	<p>This hub will offer a buildings-based youth programme</p> <p>Additional delivery points: Cherry Lane CC* Yiewsley CC</p> <p>Community outreach programme including Traveller site and Heathrow Villages, linked to Mobile Library and Transporter Community Bus</p>	
Southeast Yeading Hayes Park	Belmore CC Charville CC Yeading CC	<p>Hub: The Asha Centre</p> <p>This hub will offer a mobile youth programme</p> <p>Additional delivery points: Yeading CC* Charville CC* into the library</p>	<p>*Yeading to be retained as an outreach point into the Glencoe Road Estate.</p> <p>*Charville CC and library have limited footprints but could work well in collaboration. There is potential to consider the library footprint and internal remodelling to enable a wider range of service delivery.</p>
Southeast Hayes Town	Barra Hall CC McMillan CC Nestles Avenue CC Pinkwell CC Community outreach programme including Heathrow Villages	<p>Hub: Botwell Leisure Centre community hub</p> <p>This hub offers a mobile youth programme</p> <p>Additional delivery points: Pinkwell CC*</p> <p>Community outreach programme including Heathrow Villages, linked to Mobile Library and Transporter Community Bus</p>	<p>Botwell Library within the leisure centre could be expanded to include child & family development services alongside the library activity.</p> <p>*Pinkwell CC will be retained as an outreach point into the Heathrow Villages.</p>

TABLE1.3 PROPOSED FUTURE USE OF CHILDREN’S CENTRE BUILDINGS

Locality	Centre	Status	Proposed action
<i>North</i>	Coteford CC	Maintained School	Propose to close and release back to school
	Harefield CC	Maintained School	Proposed to retain until remodelled library space is available, then release back to the school
	South Ruislip CC	LBH Estate	Proposed to retain
<i>Southwest</i>	Cherry Lane CC	Maintained School	Proposed to retain
	Colham Manor CC	Maintained School	Proposed to retain
	Cowley CC	Leased from Academy Trust	Propose to close and release back to school
	Oak Farm CC	Foundation School	Proposed to retain
	Uxbridge Family Hub	Located within Civic Centre	Proposed to retain
	Yiewsley CC	Leased from Baptist Church	Proposed to retain
<i>South East</i>	The Asha Centre	Leased from Uxbridge college	New Family Hub in final stages of development
	Barra Hall CC	LBH Estate	Propose to close and return to Council for decision on future use or disposal
	Belmore CC	LBH Estate	Propose to close and offer to school
	Charville CC	Leased from Academy Trust	Proposed to retain until remodelled library space is available then release back to the school
	McMillan CC	Maintained School	Propose to close and release back to school
	Nestles Avenue CC	LBH Estate	Propose to close and return to Council for decision on future use or disposal
	Pinkwell CC	LBH Estate	Proposed to retain
	Yeading CC	Maintained School	Proposed to retain

This page is intentionally left blank

POLICE AND MENTAL HEALTH ATTENDANCE AT A&E UPDATE

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

HEADLINES

The External Services Select Committee previously heard from partners on 22 February 2022 and 22 June 2022 about the pressures faced when dealing with mental health attendances at Accident and Emergency (A&E) departments.

RECOMMENDATION: That the Health and Social Care Select Committee notes the update.

SUPPORTING INFORMATION

1. Section 136 (s136) is part of the Mental Health Act that gives police officers emergency power under the Mental Health Act 1983 to remove a person from a public place (when they appear to be suffering from a mental disorder) and take them to a place of safety. The person will be deemed by the police to be in immediate need of care and control as their behaviour is of concern. Once in a place of safety, the person's mental health can be assessed
2. Depending on the situation, a place of safety is likely to be a hospital (a health-based place of safety (HBPoS)) or a police station. Although a police station is deemed to be a place of safety for an adult, the environment could exacerbate a person's mental ill health and is therefore avoided if possible. If the patient has a physical health issue, the police may need to take them to A&E to get that physical health need addressed before addressing the mental health issues. About 70% of the patients who need to go to a Section 136 suite end up in A&E as they need physical care at the same time as going into mental health crisis (as a result of things like self harm). They can be detained in a place of safety for up to 24 hours, but this can sometimes be extended for another 12 hours.
3. An Approved Mental Health Professional (AMHP) will need to interview the person who is being detained and their assessment will help professionals decide on the next steps, which could include admission to a Section 136 suite. The Council has worked hard to train and develop a large number of AMHPs, who are usually trained social workers. AMHPs are called upon to organise, coordinate and contribute to Mental Health Act assessments and sign off hospital detentions / "sectioning".
4. There may be times when the person taken by the police to A&E under s136 is under the influence of drugs and / or alcohol. In these circumstances, the police may have to wait with the patient whilst the effects of the drugs / alcohol wear off so that a mental health assessment can then be undertaken. There will be times when the patient is then released without needing to be admitted to the Section 136 suite as the issue was substance related rather than mental health related.

5. The Riverside Centre, based within the grounds of Hillingdon Hospital, has a two bed Section 136 suite. The Centre, which also has two adult inpatient wards that provide a safe and therapeutic environment for people with acute mental health problems, is provided by Central and North West London NHS Foundation Trust (CNWL). The service is commissioned by NHS North West London (NHS NWL).
6. It should be noted that any patient can be taken to any HBPOS in the country which means that the two s136 spaces at Riverside are not ringfenced to Hillingdon residents. As such, patients from places like Buckinghamshire or Surrey might be brought to Riverside and patients from Hillingdon might need to be taken to other s136 places such as Harrow depending upon availability.
7. 4-5 years ago, the local police issued around 225 s136s per year and about one in ten emergency calls in the West Area were in relation to a mental health crisis. By 2021, this had increased to around 330, with up to 20% of these instances being in relation to repeat patients, and officers were spending an average of more than 12 hours per s136 detention. A dedicated officer had been put in place in Hillingdon to focus on reducing the number of repeat mental health related attendances at A&E.
8. The London Compact for Mental Health Care¹ sets out the care that should be expected. This includes the need for someone to be seen by a mental health professional within one hour, even if in the community. Although some of the care set out in the Compact is deemed aspirational, it had been clear that, in the past, the minimum standards were not being met, for example, the police could be waiting for 9-12 hours in someone's house for a mental health professional to arrive.
9. In 2017, Healthy London Partnership looked at London's s136 pathway and HBPOS². A key part of improving crisis care is ensuring patients have access to a Health Based Place of Safety 24/7 which includes skilled, specialist staff around the clock. There are currently around twenty HBPOS sites in London. The demand across these sites means dedicated staff cannot be available at all sites 24/7 so work needs to be undertaken to see how these sites might be configured differently across London to improve the pathway for individuals detained under s136 and meet the key standards set out in the guidelines.
10. However, the impact of the increasing number of mental health crises being experienced by an increasing number of people across the country is not just being felt by acute health professionals. The inefficiencies and gaps in the mental health care pathways are impacting on the ambulance service, the police and other services. For example, the London Ambulance Service (LAS) is routinely called out to all s136 detentions in London but, with an increase in the demand for their service, they are unable to attend around a third of these incidents in Hillingdon.
11. It appears that there needs to be a reduction in demand, an increase in quality and an increase in the resources available to deal with s136 detentions. Although initiatives such as street triage would likely address the quality of the service provided, it might also increase demand. Insofar as the availability of resources to meet demand is concerned, it is understood that consideration was being given to increasing the total number of s136 places available in NWL

¹ https://www.england.nhs.uk/london/wp-content/uploads/sites/8/2019/10/London-Mental-Health-Compact_June2019.pdf

² <https://www.healthylondon.org/wp-content/uploads/2018/01/In-focus-S136-and-health-based-places-of-safety-Dec-2017.pdf>

by increasing the number of beds at the Lakeside Section 136 suite in Isleworth. Members would be interested to know if this action has been followed through.

12. At the meeting on 22 June 2022, the Committee heard that there had been a 25% increase in demand for mental health beds in 2021/2022 and that the West Area BCU was the busiest area in London with 20% of their calls relating to mental health (1,500-2,000 calls per annum - about 475 of these were s136s, with the remainder being voluntary attendances at hospital). Since the start of the pandemic, there had also been a 40% increase in the number of s136 detentions undertaken by the police where the individual had to be taken to a Health Based Place of Safety (HBPOS). It was noted that around 60% of people presenting in mental health crisis were previously unknown to partners – this caused partners a significant challenge.
13. Around 43% of those who were detained under s136 were subsequently discharged and effort was being focussed on this group to reduce the number of hours that the police spent in A&E as well as reduce the number of people detained on a s136 who did not require inpatient mental health care. On average, each s136 took 12 hours and 16 minutes of police officer time (around 4,000 police officer hours per year equating to about £80k-£120k). Although approximately 30% of s136s used a HBPOS and 70% went to A&E, not everyone in mental health crisis needed to go along the s136 pathway.
14. During the last update, Members were advised that the Crisis Care Concordat (CCC) for the West Area (including Hillingdon) was being set up and would provide the opportunity to reflect and prevent escalation into crisis. It was agreed that the Chairman of the Committee and the Labour lead Member be invited to attend one of these local CCC meetings once set up. CCC meetings were already held at a NWL level and a Crisis House with five crisis beds (run by Comfort Care) had opened in the autumn of 2022. Access to the Crisis House, which had strong links to partner organisations and was staffed 24/7, was via referral.

Future Action

15. Whatever action is taken to improve the s136 pathway and HBPOS in line with the Compact, it will be important to ensure that there is a mechanism in place for all of the partners involved to provide feedback on its effectiveness. This ongoing cyclical conversation would enable any shortcomings to be addressed in a timely manner to ensure that individuals who go into mental health crisis are helped to get better as quickly as possible, therefore taking the pressure off the system as a whole.
16. On 24 May 2023, Sir Mark Rowley, Police Commissioner at the Metropolitan Police Service (MPS), wrote to health and social care partners to advise that, after 31 August 2023, police officers would no longer be ordered to attend calls in relation to mental health incidents unless there was a threat to life. It was anticipated that a new national scheme called Right Care, Right Person (RCRP) would be introduced in the summer. It was thought that RCRP would relieve the mental health burden on the police by directing patients to the care that they need whilst also allowing police officers to focus on preventing and solving crime.
17. Representatives from CNWL and the West Area Basic Command Unit (MPS) have been invited to attend this meeting to provide Members with an update on any action that has been taken to resolve the issue since the meeting on 22 June 2022. Members will then be able to determine what course of action, if any, they would like to take.

This page is intentionally left blank

OLDER PEOPLE'S PLAN

Committee name	Health and Social Care Select Committee
Officer reporting	Kevin Byrne, Head of Health and Strategic Partnerships
Papers with report	Appendix A: Draft Cabinet Report – Older People's Plan
Ward	All

HEADLINES

This report provides the Committee with a draft copy of the Older People's Plan report which is due for consideration by Cabinet on 27 July 2023.

RECOMMENDATIONS

That the Health and Social Care Select Committee:

- 1. notes the report; and**
- 2. provides comments to Cabinet for consideration.**

SUPPORTING INFORMATION

Please see appended below.

RESIDENT BENEFIT

This report allows Elected Members to receive information about (and comment on) the Older People's Plan in advance of it being considered by Cabinet.

FINANCIAL IMPLICATIONS

There are no financial implications arising from this report.

LEGAL IMPLICATIONS

There are no specific legal implications arising from this report. Whenever necessary, legal advice is given in relation to specific issues as they arise to ensure that the Council always meets its legal obligations.

BACKGROUND PAPERS

NIL.

This page is intentionally left blank

DRAFT OLDER PEOPLE'S PLAN

Cabinet Member(s)	Cllr Ian Edwards. Cllr Jane Palmer
Cabinet Portfolio(s)	Leader of the Council Health and Social Care
Officer Contact(s)	Kevin Byrne – Central Services
Papers with report	None.

HEADLINES

Summary	This report updates Cabinet on developments regarding services for older people and the Council's Older People's plan over the last year.
Putting our Residents First Delivering on the Council Strategy 2022-2026	This report supports our ambition for residents / the Council of: Live active and healthy lives This report supports our commitments to residents of: Safe and Strong Communities <ul style="list-style-type: none"> • Council Strategy 2022-2026 • Joint Health & Wellbeing Strategy 2022-2025 • Better Care Fund plan 2023 - 2025
Financial Cost	There are no costs arising directly as a result of this report: services cited are covered through existing budget setting processes.
Relevant Select Committee	Health and Social Care Select Committee.
Relevant Ward(s)	N/A

RECOMMENDATIONS**That the Cabinet:**

Notes the activities underway across services and with partners to support older people.

Reasons for recommendation

To provide Cabinet with oversight of activity particularly related to support for older people.

Alternative options considered / risk management

The alternative would be not to receive a report or update on such services, this would not provide Cabinet with the direct oversight of such activity.

Democratic compliance / previous authority

The last report to Cabinet on the Older People's plan was in July 2022.

Select Committee comments

[To follow meeting of Health and Social Care Committee 20th June.]

SUPPORTING INFORMATION

Council Strategy 2022-2026

1. In November 2022, the Council adopted a new Council Strategy 2022-2026 following consultation with residents and businesses in Hillingdon. The Strategy supersedes the Older People's Plan which coordinated support for older people provided by the Council and by voluntary sector partners and had been in place for over 15 years.
2. The new Council Strategy carries forward the majority of the actions contained within the Older People's Plan. Our vision for residents remains *Putting Residents First*. We will continue to engage with older residents and organisations that work with and represent older people, through partnership working and through engagement, including the regular Older People's Assembly.
3. The following ambitions contained in the new Council Strategy are particularly relevant to older people. We want all our residents to:
 - Live active and healthy lives
 - Be/feel safe from harm
 - Stay living independently for as long as they are able.
4. In addition, the new Strategy sets out the Council's commitments to residents including older people, it states that we will:
 - Work to keep residents safe from harm
 - Enable children, young people, their families and vulnerable people and older people to live healthy, active and independent lives.

- Develop housing options for vulnerable adults and older people that promote active independent living.
- Work with the NHS and other partners to continue to develop joined-up services to meet the health, care and support needs of residents in the community.
- Work with partners to ensure better access to healthcare in the community.
- Explore ways to work innovatively with the voluntary sector to help improve health and wellbeing outcomes for residents.
- Improve digital access for all.

Developing the Older Peoples Plan

5. To date the Hillingdon Older People's Plan has grouped activities under the following headings:
 - Safety and Security
 - Preventative Care
 - Keeping Independent and Healthy
 - Supporting Older People in the Community
6. Many of the activities contained in the plan are ongoing and remain important parts of the offer for older people. We have included these in an assessment of activities under the seven commitments to residents (as in paragraph 4 above) within the new strategy and these are set out below, to form the basis of a revised forward looking Older People's Plan based on the Council's Strategy 2022-2026.
7. There are some elements of the former Older People's Plan that have now concluded. The free burglar alarm scheme operated successfully for 15 years and installed over 11,000 alarms in the homes of residents aged 65 and over. In recent years demand for the scheme reduced considerably, and our contractor decided to withdraw from providing the alarms. The scheme, therefore, closed to new applicants in February 2023. A process is in place to allow residents with existing systems to continue to maintain them through payment with a separate commercial provider. In addition, the programme of small grants for older people's groups to hold events during the summer and at Christmas, drew to a close after the last round of awards in December 2022.
8. The Commitments are:
 - Work to keep residents safe from harm**
 - Trading Standards priorities include protecting vulnerable residents from rogue traders. Where an older resident is targeted by cold-callers Trading Standards will respond and intervene to ensure the trader provides the legally required calling-off periods and that they do not mislead residents over the work required on their properties.
 - Tackling anti-social behaviour and substance misuse. A new Localities and Anti-Social Behaviour Team is being introduced which will provide a more community focussed response to issues affecting the quality of life in a local

area and see the Council lead on developing plans which will tackle those problems.

- Working with the Police and other local organisations to promote Stronger Communities and tackle community tensions and hate crime. This includes delivering hate crime workshops to community groups, faith groups and local voluntary organisations, promoting the Hate Crime Upstanders scheme and supporting the Hillingdon Inter-Faith network.
- Supporting the Age UK Trusted Traders Scheme vetting local traders on behalf of older residents. The scheme guarantees that traders have two references and proof of valid public/employer liability insurance.
- Promoting older people to join Neighbourhood Watch and OWL schemes to receive crime reduction advice and support.
- Providing public space CCTV across the Borough to deter crime and aid the identification of persons involved in crime or anti-social behaviour.
- Facilitating the Hillingdon Community Risk Multi-Agency Risk Assessment Conferences which brings together organisations from across the area to review the support being provided to people who may be at increased risk of harm. Support for vulnerable older people can be sought at these conferences and they are attended by Hillingdon Mind and Age UK so comprehensive support can be facilitated.

Enable children, young people, their families and **vulnerable people and older people to live healthy, active and independent lives.**

- Offering sport and physical activity programmes

Community based health campaign targeted at residents aged 55+; physical activity, planning for a healthy retirement, with links to social group activities. Implement the new Sport and Physical Activity Strategy 2023 – 2026 and focus on links to older people’s activities such as walking football for men and women.

As part of the Council's Leisure Contract with our operator, Better, the Council continue to be able to offer residents aged 65 or over the opportunity to swim for free during any public swimming session. In addition to this they offer free swimming lessons for over 65's who are non or weak swimmers. The pools included are Highgrove Pool, Botwell Green Sports and Leisure Centre and Hillingdon Sports and Leisure Complex.

During 2022/23 a total of 30,018 visits were recorded for over 65's swimming sessions across the 3 pools. 56% were men and 44% were women. During the same period a total of 1,259 visits were recorded for swimming lessons.

- Dementia Cafes and support schemes (libraries and magic tables)

35 organisations are active members of the Hillingdon Dementia Action Alliance working together to make Hillingdon a Dementia friendly Borough. Hillingdon was awarded Dementia Friendly Community Status in 2018 and currently has ten

venues accredited under the Mayor of London's Dementia Friendly Venue Charter. There are 261 residents actively engaged with the Council's Dementia Friendly Offer.

Residents living with dementia and their carers can access a range of 13 different free activities weekly offering 230 free spaces, including dementia friendly library groups, a range of physical activities (golf, boccia, tennis, chair exercise and football). These offer an opportunity for social connectedness, and physical and cognitive activities. Feedback from residents has been overwhelmingly positive and there has been a self-reported increase in wellbeing, mobility and maintained cognitive function. Residents also report feeling less lonely and having friends they can connect with. In 2022/23 there were 62 new referrals made from the Memory Clinic, Alzheimer Society and Admiral nurses into the Council early intervention programme.

As well as the weekly programme there is a monthly disco offered at the Compass theatre and dementia friendly film screenings at the Beck. Several trips have taken place this year including trips on Hillingdon canal boats, the bunker museum, theatre productions, London Zoo and more. These extra events offer opportunities for those residents with low mobility to take part as transport is offered to enable them to attend. A total of 690 people took part in these activities.

There are 7 Tovertafels in libraries. These are used as part of the dementia groups, with Care homes and the hospital Memory Service using them for their cognitive stimulation groups with residents living with dementia.

A new online dementia pathway has been introduced to enable residents to access information on services and activities relating to dementia from point of diagnosis to end of life. This online tool is now available on the Council website.

- Falls prevention

The Council has developed a Falls prevention education tool and a strength and balance programme. The Falls Toolkit is a guide to avoiding slips, trips and falls which was developed and distributed Borough-wide. This has been supported with a series of face-to-face workshops. There have been 25 postal requests for hardcopies of the falls toolkits with copies also distributed directly to residents through libraries. 101 residents have attended falls workshops from Jan to March 2023. A total of 2,250 toolkits have been distributed to residents across services including libraries, sheltered housing, extra care and social prescribing.

A new strength and balance programme has also been developed and launched from April 2023 with 6 sessions weekly across the Borough. There are currently 80 residents attending these sessions every week.

Exercise sessions were piloted at three sites including Triscott House, Grassy Meadows and the Burroughs. Overall, 35 residents attended. The sessions have identified that a more targeted seated exercise programme is more suitable to residents at these sites, and this will be reviewed further.

- Tea Dances

Dances restarted in September 2022. Between September 2022 and March 2023, 365 residents over 65 attended the tea dance in Uxbridge and 90 residents over 65 attended the Desi Dance at Botwell.

- Chairobics

Seated exercise classes for older people have been slowly building back to the numbers achieved pre pandemic. With 65% of libraries now at full capacity, we are now looking at how we can encourage movement between these classes and develop a new stream of exercise classes aimed at those able to do standing exercise. 16 sessions a week are held across 10 libraries. 2,149 residents attended sessions between September 2022 and March 2023.

81% of residents reported that their activity levels had increased because of the classes, and 85% of residents reported that the classes had improved their everyday lives.

- Walk Hillingdon programme

Between April and October 2022 there were 1,587 attendances (50% lower than pre-Covid), across 133 walks including 20 new routes. 3 new volunteer walk leaders were recruited.

- Brown Badge preferential parking scheme

The Brown Badge Older Person's parking scheme continues to be popular with older residents.

Between October 2022 and March 2023 (inclusive), a total of 482 new Brown Badges were issued, along with 231 replacement badges where they had been lost or misplaced. During this period an average of 46% (247) of the Brown Badge applications were made using the online application system. There was a total of 13,723 active Brown Badge users on 31 March 2023.

Brown Badges are renewed in bulk every 3 years and during March 2023, renewals were issued to all active Brown Badge holders which are valid until 31 March 2026. In conjunction with the ICT team, a new Brown Badge database and application process is currently being developed to improve the service and this will be introduced in June 2023.

- Free Allotment scheme
- Age UK Hillingdon services including information and advice, exercise and social classes, befriending and Good Neighbours schemes along with domiciliary support services.

Develop housing options for vulnerable adults and older people that promote active independent living

- **Telecare:** This technology ranges from the traditional push button alarm to a variety of sensors and detectors that can help reduce risk and provide reassurance both to the older resident but also their relatives, especially those that may live far away. Older people are the main beneficiaries of this service. The availability of a response service delivered by the Reablement Team is particularly supportive to people who live on their own and means that they are less likely to suffer injuries or illnesses that can lead to hospitalisation or a decline in their overall health. It is free to over 75s in Hillingdon.
- **Community equipment:** The community equipment service supports residents with the provision of daily living aids ranging from raised toilet seats to electric profiling beds and hoists. The service also provides adaptations to residents' homes, e.g., grab rails by a door or a toilet and/or bath, valued up to £1k as well as door entry systems to facilitate authorised access to the homes of residents where the resident is unable to directly open their front door because of a disability. There are currently 16,700 residents using this service and approximately 80% are older people.
- **Age UK Hillingdon Housing Options Service.** The service offers information, advice and practical support including on downsizing, moving into retirement housing or supported housing, or staying put with additional support put in place.
- **Homeshare Scheme** delivered by Age UK Hillingdon and 2 Generations. Homeshare is designed to help reduce isolation and improve wellbeing, it enables two unrelated people to share a home for mutual benefit. An older person with a spare room (Householder) is carefully matched with a person who needs low-cost accommodation (Sharer). In return for accommodation the Sharer gives the Householder 10 hours of their time each week as a combination of practical support and companionship such as light housework, cooking, shopping, gardening, help with computers and technology, or spending time together over a meal or a cup of tea. The presence of another person in the house, especially overnight, will also benefit the Householder and reassure their families.

Work with the NHS and other partners to continue to develop joined-up services to meet the health, care and support needs of residents in the community.

- **Neighbourhood working** - multi-agency teams working at a neighbourhood level, i.e., clusters of GP practices covering populations of around 50,000 people, proactively identify the top 2% of the population aged 18 and above most at risk of hospital admission and target support with the aim of preventing a loss of independence. Older people are the main beneficiaries of this approach. Social work teams are aligned to the neighbourhood working model.
- **End of life care** – a new coordination hub run led by Harlington Hospice provides a single point of access to information, advice and support for people at end of life and those caring for them.
- **Carer Support** – The majority of people receiving unpaid care are aged 65 and above but most unpaid carers are aged between 25 and 64. Adult carers have the right to a carer’s assessment to determine whether they meet the national eligibility criteria for Council funded support. However, the Council funds the Carer Support Service that provides a range of information, advice and support services to carers of all ages. This is currently provided by Carers Trust Hillingdon on behalf of a consortium of local voluntary and community organisations known as the Hillingdon Carers Partnership.
- The Council has contracted with Central North West London NHS Foundation Trust to provide an **Admiral Nurse service** which provides specialist advice and support to people living with dementia in the community and to their carers. Over recent years this service has supported on average 260 families averaging about 10 referrals a month.

Work with partners to ensure better access to healthcare in the community

- H4All Wellbeing Team, Care Connection Team and High Intensity Users Service: <https://www.h4all.org.uk/>
- Age UK Hillingdon, Home from Hospital, Take Home and Settle, A&E and Falls Prevention services: <https://www.ageuk.org.uk/hillingdonharrowandbrent/our-services/hillingdon---what-we-offer/>

Explore ways to work innovatively with the voluntary sector to help improve health and wellbeing outcomes for residents

- Age UK assessment of “holistic” needs service: leading to 5,000+ contacts and casework for 3000+
- Age UK financial health check service supporting access to benefits where entitled and advice in managing financial affairs, referral to debt advice.
- Age UK befriending scheme
- Age UK social activities programme
- Winter warm spaces programme

Improve digital access for all.

- Digital access for all via libraries

Financial Implications

There are no direct financial implications arising from activities set out in the update on the older people's plan. All costs are covered in usual business planning and financial budgeting.

RESIDENT BENEFIT & CONSULTATION

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

The Older People's plan sets out activities across services and with partners that support older residents, and these are set out under the commitments of the Council's Strategy (paragraph 8 above).

Consultation carried out or required

The Council's strategy, which the Older People's plan delivers against, was widely consulted on before being adopted in 2022.

CORPORATE CONSIDERATIONS

Corporate Finance

To follow

Legal

To follow

Comments from other relevant service areas

The plan includes contributions from Public Health, Social Care, Community Safety and from Age UK HHHB.

BACKGROUND PAPERS

NIL.

This page is intentionally left blank

CABINET FORWARD PLAN

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

HEADLINES

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

RECOMMENDATION

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

SUPPORTING INFORMATION

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

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

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

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

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

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

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

BACKGROUND PAPERS

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

This page is intentionally left blank

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

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		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
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		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)

Upcoming Decisions

Further details

Ref

Ward(s)

Final decision by Full Council	Cabinet Member(s) Responsible	Relevant Select Committee	Directorate / Lead Officer	Consultation related to the decision	NEW ITEM	Public or Private (with reason)
--------------------------------	-------------------------------	---------------------------	----------------------------	--------------------------------------	----------	---------------------------------

SI = Standard Item each month Council Directorates: AS = Adult Services & Health P = Place C = Central Services R = Resources CS= Children's Services

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

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)

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
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)

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	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)										
110a	Page 59	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 - 22 February 2024	Cllr Martin Goddard - Finance	All	R - Andy Evans	Public consultation through the Select Committee process and statutory consultation with businesses & ratepayers	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 11 January 2024 (report deadline 11 December 2023)										

Upcoming Decisions

Further details

Ref

Ward(s)

Final decision by Full Council	Cabinet Member(s) Responsible	Relevant Select Committee	Directorate / Lead Officer	Consultation related to the decision	NEW ITEM	Public or Private (with reason)
--------------------------------	-------------------------------	---------------------------	----------------------------	--------------------------------------	----------	---------------------------------

SI = Standard Item each month Council Directorates: AS = Adult Services & Health P = Place C = Central Services R = Resources CS = Children's Services

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

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 15 February 2024 (report deadline 29 January)

110a	The Council's Budget - Medium Term Financial Forecast 2024/25 - 2028/29 (BUDGET FRAMEWORK)	Following consultation, this report will set out the Medium Term Financial Forecast (MTFF), which includes the draft General Fund reserve budget and capital programme for 2024/25 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 - 22 February 2024	Cllr Ian Edwards - Leader of the Council / Cllr Martin Goddard - Finance	All	R - Andy Evans	Public consultation through the Select Committee process and statutory consultation with businesses & ratepayers		Public
SI	Public Preview of matters to be considered in private	A report to Cabinet to provide maximum transparency to residents on the private and confidential matters to be considered later in Part 2 of the Cabinet meeting and agenda.	TBC		All Cabinet Members	All	CS - Democratic Services			Public
SI	Reports from Select Committees	Reports, findings and recommendations for consideration by the Cabinet, when referred from the appropriate Committee.	All		All	TBC	CS - Democratic Services	TBC		Public

Cabinet Member Decisions expected - February 2024

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

CABINET MEMBER DECISIONS: Standard Items (SI) that may be considered each month

Upcoming Decisions

Further details

Ref

Ward(s)

				Final decision by Full Council	Cabinet Member(s) Responsible	Relevant Select Committee	Directorate / Lead Officer	Consultation related to the decision	NEW ITEM	Public or Private (with reason)
SI = Standard Item each month Council Directorates: AS = Adult Services & Health P = Place C = Central Services R = Resources CS= Children's Services										
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	Transport - Local Implementation Programme	Local Implementation Programme including schemes for the public realm, parking, road safety, school travel, walking, cycling, air quality improvement and Traffic Regulation Orders.	TBC		Cllr Jonathan Bianco - Property, Highways & Transport	Property, Highways & Transport	P - David Knowles			Public
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)

Page 61

Upcoming Decisions

Further details

Ref

Ward(s)

				Final decision by Full Council	Cabinet Member(s) Responsible	Relevant Select Committee	Directorate / Lead Officer	Consultation related to the decision	NEW ITEM	Public or Private (with reason)
SI	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

SI = Standard Item each month Council Directorates: AS = Adult Services & Health P = Place C = Central Services R = Resources CS= Children's Services

The Cabinet's Forward Plan is an official document by the London Borough of Hillingdon, UK

WORK PROGRAMME

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

HEADLINES

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

RECOMMENDATION

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

SUPPORTING INFORMATION

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

Meetings	Room
Tuesday 20 June 2023, 6.30pm (<i>rescheduled from 15/06/23</i>)	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
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.

This page is intentionally left blank