



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: WEDNESDAY, 13
SEPTEMBER 2023

Time: 6.30 PM

Venue: COMMITTEE ROOM 5 -
CIVIC CENTRE

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

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Terms of Reference

Health & Social Care Select Committee

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

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

Statutory Healthy Scrutiny

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

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

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

Duty of partners to attend and provide information

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

Cross-cutting topics

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

- Domestic Abuse services and support

Agenda

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Minutes

HEALTH AND SOCIAL CARE SELECT COMMITTEE

20 June 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, Heena Makwana (In place of Adam Bennett), June Nelson and Sital Punja (Opposition Lead)</p> <p>Also Present: Richard Ellis, Joint Lead Borough Director, North West London Integrated Care System (NWL ICS) Jane Hainstock, Head of Joint Commissioning, North West London Integrated Care Board (NWL ICB) - Hillingdon Dr Paul Hopper, Divisional Medical Director, Central and North West London NHS Foundation Trust (CNWL) DCI Saj Hussain, Public Protection, Metropolitan Police Service - West Area Basic Command Unit (BCU) Dr Azer Mohammed, Clinical Director, Central and North West London NHS Foundation Trust Vanessa Odlin, Managing Director for Hillingdon and Mental Health Services, Goodall Division, Central and North West London NHS Foundation Trust (CNWL) Alastair Penman, Hillingdon Mental Health, Central and North West London NHS Foundation Trust Dr Ritu Prasad, Co-Chair, Hillingdon GP Confederation Tina Swain, Service Director for CAMHS & Eating Disorders - Goodall Division, Central and North West London NHS Foundation Trust (CNWL) Lisa Taylor, Managing Director, Healthwatch Hillingdon</p> <p>LBH Officers Present: Kevin Byrne (Head of Health and Strategic Partnerships – Virtual), Claire Fry (Head of Service - Child and Family Development), Sandra Taylor (Executive Director of Adult Services and Health) and Nikki O'Halloran (Democratic, Civic and Ceremonial Manager)</p>
3.	<p>APOLOGIES FOR ABSENCE (<i>Agenda Item 1</i>)</p> <p>Apologies for absence had been received from Councillor Adam Bennett (Councillor Heena Makwana was present as his substitute).</p> <p>The Chairman welcomed the new Members to the Committee. He asked that the Committee's thanks be recorded for the work that Councillors Alan Chapman and Barry Nelson-West had undertaken on the Health and Social Care Select Committee during the previous municipal year.</p>
4.	<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>

5.	<p>MINUTES OF THE MEETING HELD ON 26 APRIL 2023 (<i>Agenda Item 3</i>)</p> <p>RESOLVED: That the minutes of the meeting held on 25 April 2023 be agreed as a correct record.</p>
6.	<p>MINUTES OF THE MEETING HELD ON 11 MAY 2023 (AGM) (<i>Agenda Item 4</i>)</p> <p>RESOLVED: That the minutes of the meeting held on 11 May 2023 be agreed as a correct record.</p>
7.	<p>EXCLUSION OF PRESS AND PUBLIC (<i>Agenda Item 5</i>)</p> <p>RESOLVED: That all items of business be considered in public.</p>
8.	<p>CAMHS REFERRAL PATHWAY REVIEW - THIRD WITNESS SESSION (<i>Agenda Item 6</i>)</p> <p>The Chairman welcomed those present to the meeting. He noted that the Committee had started this review about six months ago and, during its investigations, had found the subject to be both interesting and intimidating. As well as including the positive feedback that Members had received in its final review report, the Committee would also be looking to make a number of recommendations which would cover a number of themes, including the following three areas of improvement:</p> <ul style="list-style-type: none"> • Signposting – there seemed to be a huge range of services available, but signposting to them did not seem to be as effective as it needed to be; • Reducing the waiting time – there appeared to be a lot of waiting, during which time the young person's mental health could be deteriorating; and • Communications – some of the communications from service providers seemed overly clinical which could come across as insensitive to some children and young people and their families. <p>Ms Lisa Taylor, Managing Director of Healthwatch Hillingdon advised that the three themes were largely in line with the feedback that Healthwatch had received from families. She was aware that work had been undertaken by partners and that a concerted effort had been made to improve access to the front door. Ms Taylor had circulated an updated version of the Thrive service map to Members. It seemed that there was a lot of support available for children and young people's mental health but that they were finding it difficult to know how to access these services and which ones would be most appropriate to meet their needs.</p> <p>Although Ms Taylor advised that Healthwatch Hillingdon was receiving fewer reports of issues in relation to access to mental health services for children and young people, this did not necessarily mean that the issues had reduced. The feedback from one parent had identified that it had been difficult to understand the referral pathway and that there had been a long wait to be seen.</p> <p>Dr Ritu Prasad, Co-Chair of the Hillingdon GP Confederation, advised that GPs concurred that there appeared to be a lot of services but that they were difficult to find out about and access and that there didn't seem to be a way to escalate. Whilst the service signposting was important, there also needed to be improvements in the inter-referral pathways. Interventions such as art therapy and early support services were available but young people sometimes needed more and might need to be escalated to the Child and Adolescent Mental Health Service (CAMHS).</p>

Members queried whether there were issues of GPs not being aware of the most appropriate place to refer a young person with mental health issues or whether it was that there was not enough capacity in the services that were available. Dr Prasad advised that it was a little of both: demand for services had increased but there was also a lack of awareness of what was available and what would be the most appropriate course of action. She noted that not all GPs would be aware of the range of services that had been identified during the Thrive mapping process and a single point of access for these would be useful.

Concern was expressed that this lack of awareness sometimes resulted in young people being passed from one service to another. Dr Prasad advised that this could be alleviated by improving communications between the different service providers. Each organisation should be responsible to making sure that a child was passed to the most appropriate service that would ensure that their needs were being addressed and not add to their issues.

Given the variable levels of knowledge amongst GPs about the interventions that were available to support children and young people with mental health issues, it was queried whether the default action was to make a CAMHS referral. With regards to GP referrals to CAMHS, Dr Prasad advised that every GP would be aware of what needed to be included on the referral form. However, sometimes the information provided by the child's school might not be sufficient and the parent would need to liaise with the school to obtain the information required. This could cause delays.

Ms Tina Swain, Service Director for CAMHS and Eating Disorders – Goodall Division at Central and North West London NHS Foundation Trust (CNWL), advised that the experience of children and young people post-Covid had been different. A single point of access for assessment (SPA service) had been set up by CNWL that young people could contact themselves for advice on where to go but this needed to be more widely publicised. A range of modes of communication were available for this publicity including newsletters, apps and posters.

Dr Azer Mohammed, Clinical Director for CAMHS at CNWL, stated that Hillingdon CAMHS received around 150 new referrals each month (this had doubled on the previous year) and that the team comprised 12 members of staff. Most young people were seen within 6-7 weeks (many were seen within 5 weeks), which was well below the national standard of 18 weeks. When they were seen, they were assessed and a care plan was put in place if the referral was accepted. Dr Mohammed advised that he would be very disappointed if clinicians had rejected a referral and not provided signposting to alternative sources of support.

Ms Swain assured Members that very few of the young people that were referred to the CAMHS service were rejected based on a paper exercise. Most attended an assessment where they were triaged and either signposted on to alternative more appropriate services or provided with a treatment plan. Ms Swain would provide the Democratic, Civic and Ceremonial Manager with information on the number that were rejected, signposted and accepted for treatment so that this could be circulated to Members of the Committee.

Any waits experienced were usually in relation to specialist assessments or treatment. Hillingdon had been using goal-based interventions whereby the young person and their family set goals to be achieved over a 6-7 week period. This work had resulted in

a reduction in the need for specialist treatment.

Members were pleased to hear that young people were being seen within 6-7 weeks but queried what support was available to them in the interim as 6-7 weeks could still feel like a very long time. Ms Swain advised that children and young people were able to contact CAMHS at any point to see if additional layers of support could be provided, and this was encouraged if their mental health had been deteriorating.

A range of outcome measures had been put in place to determine the effectiveness of any interventions undertaken. The baseline was completed at the start and then assessed at regular intervals and then again at discharge. Although during the previous month there had been a 100% completion rate on these measurements, there was currently no requirement to report on them (this requirement would be introduced in the near future). Approximately 60% had shown mild to modest improvements.

Dr Mohammed recognised that publicity of the services needed to be improved to advertise the services but also to manage expectations. Work had been undertaken with the North West London Integrated Care Board (NWL ICB) to develop clinical decision trees that would provide the options that were available for a range of conditions and highlight where an individual could be referred to. These clinical decision trees were available to GPs on the ICB website. It was suggested that this information should also be available to schools and CAMHS staff for those young people that did not meet the threshold for CAMHS services. Ms Swain advised that, if partners were truly Thrive informed, there would be no wrong front door.

Members had heard about how a negative experience of CAMHS could become fraught and confrontational quite quickly and asked about the availability of a parent support group. Was there somewhere for parents to provide feedback in a less confrontational way? Dr Mohammed advised that a Parents' Support Group was run by a family therapist and that clinicians attended meetings to present on specific topics and receive feedback. There were also strong participation groups for children and young people and an ethos of co-production with them and their families.

Service users needed to be involved in any new service developments. A recent quality improvement project about discharge had spoken to parents who had talked about their anxiety around their child being discharged.

Ms Swain advised that work was being undertaken to understand the capacity needs in outer London as part of the wider system. This would look at demand on services. Action needed to be taken to reduce the need for children and young people to use specialist CAMHS services rather than just looking at increasing capacity in CAMHS.

Dr Mohammed advised that schools referred the second largest number of children and young people to CAMHS (GPs referred the largest number). The NHS long term plan talked about mental health provision in schools and each already had an identified mental health lead (usually a teacher). Mental Health schools teams were also available to 15 schools in Hillingdon and were required to see young people within four weeks (generally for low level mood and anxiety issues). Clear packages of care were provided to prevent further referral. Some schools chose to provide additional support to their young people.

The population in Hillingdon was very diverse and it was recognised that there were communities for which mental health issues was a taboo subject. In addition, it was

noted that an increasing number of women were being diagnosed with autism and eating disorders. Ms Jane Hainstock, Head of Joint Commissioning at NWL ICB, advised that the local voluntary sector had identified individuals that they were concerned about and had spoken to clinicians about them. This communication needed to be built on. NWL ICB had obtained funding to support diverse communities and had been working with Healthwatch Hillingdon to target these hard-to-reach groups.

Ms Hainstock noted a number of actions that needed to be taken forward which included: how best to publicise the Thrive map; and how best to publicise the clinical decision trees. Work needed to continue to ensure that the Thrive methodology was supported. Mr Richard Ellis, Joint Borough Lead Director for NWL ICB, suggested that the Thrive map be presented in a simpler format, perhaps like a tube map that showed how each service interacted with others.

The Chairman noted that, once some recommendations had been drafted, partners would be contacted for their thoughts.

RESOLVED: That:

- 1. Ms Swain provide the Democratic, Civic and Ceremonial Manager with information on the number of CAMHS referrals that had been rejected, signposted or accepted for treatment so that this could be circulated to Members of the Committee; and**
- 2. the discussion be noted.**

9. **FAMILY HUBS - NATIONAL AND LOCAL CONTEXT** (*Agenda Item 7*)

Ms Claire Fry, The Council's Head of Service – Child and Family Development, advised that the report provided Members with an overview of the national and local context of family hubs. The Council had developed a draft strategy for delivering a network of Family Hubs across the Borough to bring services together in a coordinated way. The service delivery needed to be flexible. The draft strategy was currently in the middle of a 12-week consultation which would close on 30 July 2023.

Family hubs provided families with children aged 0-19 with a single place where they could get information, advice or guidance for a range of issues. Support could be obtained in the early years of their child's life through the delivery of a specific Start for Life offer which incorporated access to maternity and health services, alongside support for parenting and reducing parent conflict.

The Uxbridge Family Hub (located in the mezzanine at the Civic Centre) had opened in November 2021 and a second Family Hub was due to open in Hayes in July / August 2023 but neither had received funding support from the Department for Education (DfE). As it was not in receipt of Government funding, the Council was able to shape the service itself and did not have to abide by the associated timescales. A framework had been provided by DfE which had been developed to meet local needs whilst retaining the three themes that underpinned the work: access, connection and relationships. Although the Family Hub provided a universal offer to all parents, the Council had to respond to residents' needs, which varied across the Borough.

The Uxbridge Family Hub provided a base for the delivery of five Council services including: Uxbridge Children's Centre; the Supervised Contact Service; Multi Agency Psychology Service (MAPS); and the Youth Justice Service. It also wrapped around

services provided by health and community partners such as antenatal and postnatal community midwifery services, infant feeding support and health visiting services.

In terms of how this worked in practice, Ms Fry advised that health visitors were able to refer directly to the midwifery service if they had any concerns about a parent's preparation for the birth of their child or to Children's Centre Support Services. Being physically co-located was thought to be really helpful (as informal connections could be made) - as was a good understanding of the needs of the population. There should be no wrong front door and, to this end, in 90% of cases, officers were able to make the initial referral contact for the parent.

With regard to the number of people from priority groups using the services, the following user information had been recorded in the south west data (which included Cowley and Cherry Lane Children's Centres):

- 3,889 were from low income families
- 2,344 had a child with additional needs
- 2,069 were lone parents
- 1,500 were from workless households
- 1,474 were new arrivals to the UK

It was noted that families might associate with more than one of these categories so the numbers would not reflect unique individuals. Ms Fry agreed to provide more tailored data in relation to this to the Democratic, Civic and Ceremonial Manager for circulation to Members of the Committee.

Insofar as the mental wellbeing of children and young people was concerned, Ms Fry stated that the Uxbridge Family Hub could be used as an opportunity to provide a venue for waiting well.

RESOLVED: That:

- 1. Ms Fry provide more tailored data in relation to the priority groups using services at the Uxbridge Family Hub to the Democratic, Civic and Ceremonial Manager for circulation to Members of the Committee; and**
- 2. the report and discussion be noted.**

10. **POLICE AND MENTAL HEALTH ATTENDANCE AT A&E** (*Agenda Item 8*)

Detective Chief Inspector (DCI) Saj Hussein, Public Protection – Basic Command Unit (BCU) West Area at the Metropolitan Police Service (MPS), advised that he had been working with the North West London Integrated Care Board (NWL ICB) and involved in more meetings than he had previously. The number of mental health referrals had continued to increase which had, in part, been affected by the cost-of-living crisis.

The National Police Chiefs' Council (NPCC) had undertaken a review and identified that around one million police hours had been lost in relation to mental health detentions (which was around 10k hours per month for the MPS). It was noted that, although approximately 20% of the calls to the MPS were mental health related, this figure was 30% in the West Area (which also had a higher level of Section 136 detentions). Although there were still a lot of people going into A&E that were suffering and in mental health crisis, only 20% of those that attended A&E actually needed to be there.

In 2022, 60% of mental health calls had been transported to a Health Based Place of

Safety (HBPOS) or A&E. This had reduced to 45% but was still too high so DCI Hussein had been working with Ms Vanessa Odlin, Managing Director – Goodall Division at Central and North West London NHS Foundation Trust (CNWL), to identify pinch points that could be addressed. He noted that the handover to HBPOS usually took no more than two hours which was much quicker than the handover to A&E. Whilst waiting in A&E, police officers were not doing policing work.

Currently, when a mental health call was received, police officers were deployed. Officers would arrive at the scene and determine whether or not the person was in crisis and could contact the Single Point of Access / Assessment (SPA) which was provided by CNWL and staffed by mental health nurses who could provide advice on what action needed to be taken. However, police officers and the mental health nurses tended to be a little risk-averse and training was needed in relation to the alternatives that were available to s136s. Action was being taken to provide training for the decision-making process and to reassure them that they were making the right decisions. If the decision was not to detain an individual under s136, the police would not be required to take any further action. The number of s136s in Hillingdon were amongst the highest in NWL and London which could be partly because of the Heathrow airport but it was unclear what else might be causing that disparity. Mr Richard Ellis, the Joint Lead Borough Director at NWL ICB, suggested that this information be brought back to a future meeting of the Committee once more was known about the reasons for this high level of s136s in Hillingdon.

Ms Odlin advised that CNWL's main responsibility was to look after patients within their remit. It was important that the SPA nurses (trained mental health professionals) were provided with training to ensure that they felt that they were making the right decisions and further work was needed to improve relations with the police to ensure that the best decisions were being made. These SPA nurses were located in the same building as the CAMHS SPA. Although A&E had been made an HBPOS some time ago, it needed an appropriate place therein for patients to go. Further work was needed to understand why patients were taken to A&E and include the local authority in this deeper dive to see what improvements could be made.

Over the last year, progress had been made in setting up a Crisis Care Concordat (CCC) for the area as well as holding joint liaison meetings with partners that included the police. The CCC meetings would continue to take place, overlapping with the West London NHS Trust where necessary. Mr Ellis agreed to make arrangements for the Health and Social Care Select Committee's Chairman and Opposition Lead to attend a future CCC meeting.

Although funding had not been received to introduce a mental health triage nurse, funding had been received for two additional HBPOS. One of these would be put with two existing HBPOSs in Hillingdon that would be relocated and reformed as a suite. The second would be opened in Kensington and Chelsea. Ms Odlin advised that there was a need for more HBPOS, not fewer, as any individual could be taken to any HBPOS – they were not ringfenced to those that lived in a particular place. She noted that, if funds were available, further work would be undertaken to identify the most appropriate number needed.

Mr Ellis advised that there had been a focus on adult mental health pressures in Hillingdon, NWL and pan-London in recent months. He noted that the data had been scrutinised, some myth-busting had been undertaken and a common interpretation had been identified to now build a way forward. The Chief Executives from West London

NHS Trust and CNWL had been in touch in relation to this work.

The Committee was pleased to note that there had been improvements in collaborative working over the previous twelve months and that, although Hillingdon had the highest number of s136 detentions, it also had the lowest waiting times. DCI Hussein advised that the new Right Care, Right Person (RCRP) model being introduced in London after 31 August 2023 had been lifted from the model used in Humberside. Following its introduction in Humberside, there had been a significant reduction in the number of mental health calls (from 75% to 31%) with 508 fewer police officer deployments.

The legal advice had been that the duty of care to protect individuals from harm was not just the responsibility of the police so, after this date, call handlers would have three options:

1. A police response was required to deal with the call.
2. A police officer might be required to attend, possibly with partners.
3. The call was not a police matter and no police response was required.

There would be a meeting with the Chief Executives, Trusts and NHS England on 7 July 2023. Following this meeting, the MPS would be able to be more specific about the practical implications of the proposed changes – it was likely that the changes would be phased in. A Memorandum of Understanding (MOU) and clearer understanding of RCRP would be needed. Further information about the implications and way forward would be forwarded to the Democratic, Civic and Ceremonial Manager in due course.

It was noted that there had been a negative spin on RCRP directed through the media but the proposals were still in the early stages with things yet to be worked out. It was likely that there would be additional demands on the services of The London Ambulance Service NHS Trust (LAS) with the possibility of mental health cars needing to be used more widely (there was currently one being deployed in Wembley). A central vulnerability hub was also being trialled in the West Area whereby a group of subject matter experts were available for the police to call for guidance about whether or not an individual needed to be detained under s136.

From a health perspective, Ms Odlin advised that the RCRP model had been successful in Humberside because the partners had worked well together and implemented the new approach over a number of years. CNWL was committed to engaging and working well with partners but it was noted that preventative work might need to take a back seat as it would be important to free up the police.

Mr Ellis advised that consideration had been given to the introduction of street triage in Westminster and that models could be investigated for implementation in Hillingdon. There were issues around the potential risks in moving to this new model and action would need to be taken to make it work for individuals.

It was suggested that the transition to RCRP was like moving mountains but that this was a positive move as police attendance to these calls felt like mental health was being criminalised. A&E was not necessarily the right place for an individual in mental health crisis either so the provision on HBPOS was really important (as was the provision of mental health cars). These changes were going to provide partners with the opportunity to do things differently.

Concern was expressed about RCRP working well when the SPA had not worked well.

DCI Hussein advised that the main difference between the two was that RCRP would be at the point of service and decisions would be about whether or not to attend a call rather than whether or not the individual needed to be detailed under s136. Ms Jane Hainstock, Head of Joint Commissioning at NWL ICB, advised that the individuals for those calls that were not attended by the police could be directed elsewhere. A lot of work had been undertaken in Hillingdon in relation to the crisis pathway. The Crisis Café and Crisis House had been opened and consideration had been given to street triage but individuals needed to be helped to understand when these were the right options.

RESOLVED: That:

- 1. Mr Richard Ellis report back to a future meeting (after 7 July 2023) once more was known about the reasons for Hillingdon having amongst the highest level of s136s in NWL and London;**
- 2. Mr Richard Ellis make arrangements for the Health and Social Care Select Committee's Chairman and Opposition Lead to attend a future CCC meeting;**
- 3. DCI Hussein forward further information about the implications of RCRP and the way forward to the Democratic, Civic and Ceremonial Manager for circulation to Members of the Committee; and**
- 4. the discussion be noted.**

11. **OLDER PEOPLE'S PLAN** (*Agenda Item 9*)

Consideration was given to the draft Older People's Plan report which was due for consideration by Cabinet on 14 September 2023 (it had previously been scheduled for the Cabinet agenda on 27 July 2023). Mr Kevin Byrne, the Council's Head of Health and Strategic Partnerships, advised that the report might be updated between now and the Cabinet meeting in September.

The report set out developments regarding services for older people and the Council's Older People's plan over the last year. The report supported the Council Strategy 2022-2026 which set out the authority's seven commitments to residents and aligned with those activities taking place across the Council.

Mr Byrne advised that some elements of the former Older People's Plan had now concluded. These included the free burglar alarm scheme and the programme of small grants for older people's groups to hold events during the summer and at Christmas.

One of the Councils' commitments had been to keep residents safe from harm and, to this end, Trading Standards priorities included protecting vulnerable residents from rogue traders. Work had also been undertaken with the police and other local organisations to promote Stronger Communities and tackle community tensions and hate crime. A promotion had been undertaken to encourage older people to join the Neighbourhood Watch and OWL schemes to receive crime reduction advice and support and CCTV had been provided across the Borough to deter crime.

Action had also been taken to support the commitment to enable vulnerable people and older people to live healthy, active and independent lives. This work had included support schemes in relation to dementia and the development of a falls prevention education tool and a strength balance programme.

Members queried how the Council shaped and prioritised its offer to older residents

	<p>and how feedback was obtained from health partners. Mr Byrne noted that the Joint Health and Wellbeing Strategy was overseen by the Health and Wellbeing Board and ran in parallel to the Older People's Plan but contained more depth on the issues reported. He advised that Members of the Committee were welcome to feed any comments on the Plan back to him.</p> <p>RESOLVED: That the report be noted.</p>
12.	<p>CABINET FORWARD PLAN MONTHLY MONITORING (<i>Agenda Item 10</i>)</p> <p>Consideration was given to the Cabinet Forward Plan. It was agreed that a request be made to have sight of the Carer Support Services report (079) before it was considered at Cabinet on 14 December 2023. It was also agreed that, if possible, the Committee have the opportunity to comment on the 2023/25 Better Care Fund Section 75 Agreement (111) before it was considered by Cabinet on 12 October 2023. Members were advised that the Annual Report of Adult and Child Safeguarding Arrangements (SI) had been included on the Work Programme for consideration by the Committee at its meeting on 13 September 2023.</p> <p>RESOLVED: That:</p> <ol style="list-style-type: none"> 1. a request be made for the Health and Social Care Select Committee to consider the: <ol style="list-style-type: none"> a. Carer Support Services report (079) at its meeting on 21 November 2023; and b. 2023/25 Better Care Fund Section 75 Agreement report (111) at its meeting on 10 October 2023; and 2. the Cabinet Forward Plan be noted.
13.	<p>WORK PROGRAMME (<i>Agenda Item 11</i>)</p> <p>Consideration was given to the Committee's Work Programme. Members noted that the byelection had been set for the day of the Select Committee's next meeting (20 July 2023). As such, it was agreed that the meeting be cancelled and that, where timings required, items be moved from that agenda to the next meeting on 13 September 2023. Other items would be included on subsequent agendas. The Democratic, Civic and Ceremonial Manager would liaise with Members of the Committee to pencil in an additional meeting date in December 2023 in case it was needed.</p> <p>Members agreed that a private informal in-person meeting be held at 7pm on 16 August 2023 to discuss possible recommendations for the Committee's review into the CAMHS referral pathway. The anonymised notes from the informal witness sessions would be circulated to all Members of the Select Committee.</p> <p>It was agreed that a site visit be organised to the Uxbridge Family Hub.</p> <p>The Chairman advised Members that the next North West London Joint Health Overview and Scrutiny Committee (NWL JHOSC) would be held at the Civic Centre in Uxbridge at 10am on Tuesday 18 July 2023. It would be broadcast on YouTube but Members (and members of the public) were welcome to attend in person.</p> <p>RESOLVED: That:</p> <ol style="list-style-type: none"> 1. the meeting on 20 July 2023 be cancelled and the agenda items moved to subsequent meeting dates;

	<ol style="list-style-type: none"> 2. the Democratic, Civic and Ceremonial Manager pencil in an addition meeting date in the second week of December 2023; 3. the Democratic, Civic and Ceremonial Manager circulate the anonymised notes from the informal witness sessions to Members of the Select Committee; 4. a site visit to the Uxbridge Family Hub be organised; and 5. the Work Programme be noted.
	<p>The meeting, which commenced at 6.30 pm, closed at 8.58 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.

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HEALTH UPDATES

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

HEADLINES

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

RECOMMENDATIONS:

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

SUPPORTING INFORMATION

Hillingdon Health and Care Partners (HHCP)

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

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

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

The Hillingdon Hospitals NHS Foundation Trust (THH)

The Hillingdon Hospitals supplies services from two sites; Hillingdon Hospital and Mount Vernon Hospital and has an annual turnover of around £320 million, employing approximately 3,700 staff. We are proud to deliver services for our local borough of Hillingdon, and to those living in

the surrounding areas of Ealing, Harrow, Buckinghamshire and Hertfordshire, giving us a total catchment population of over 350,000. Hillingdon Hospital is the only acute hospital in the London Borough of Hillingdon and offers a wide range of services, including accident and emergency (A&E), inpatient care, day surgery, outpatient clinics and maternity services. The Trust's services at Mount Vernon Hospital include routine day surgery, an Urgent Care Nurse Practitioner service and outpatient clinics. The Trust hosts several other organisations that supply health services at the Mount Vernon site including East & North Hertfordshire NHS Trust's Cancer Centre.

The following provides a status update since last reporting to this Committee in April 2023. The NHS has faced unprecedented challenges over recent months and The Hillingdon Hospitals has not been exempt from these. We have faced Industrial Action from Nurses, Junior Doctors and Consultants which has resulted in some of our elective services being disrupted. We have seen increases in patients experiencing mental health needs, to ensure we continue to provide the highest quality of care we have increased our numbers of specialist nursing.

The Hillingdon Hospitals has developed a 2023/24 Business Plan, which outlines our approach to delivering the national planning priorities and the North West London Acute Provider Collaborative priorities.

Key headlines from the 2023/24 national planning priorities are:

1. Deliver a balanced financial position
2. Recovering our core services and improving productivity
3. Investing in the workforce

The trust has six strategic objectives:

1. Quality
2. People
3. Performance
4. Finance
5. Strategic Programmes
6. Partnerships

The **Quality** strategic objective ensures we will deliver consistent high quality, safe and compassionate care that strives to achieve a 'Good' overall rating with the Care Quality Commission.

Quality strategic objective progress since last update in April 2023:

- Ongoing work to improve compliance with the Care Quality Commission through the various initiatives
- Continued with weekly Quality Rounds held (clinical visit morning/education session/audit/learning from incidents)
- Ongoing ward and department accreditation programme in place; focused on improving ward and outpatient services for patients
- Trust has started implementation of the new Patient Safety Incident Reporting Framework
- Working with our peer to have external reviews conducted on our services

The **People** strategic objective ensures we will be a great place to work by improving staff engagement through a range of focused activities.

People strategic objective progress since last update in April 2023:

- Health and wellbeing programme in place
- Staff recognition awards and events well received by staff; Annual awards ceremony to take place at The Chapel, Mount Vernon Hospital on 05 October 2023
- Staff Soiree to take place on 26 August at Mount Vernon Hospital
- Trust open days held at Hillingdon Hospital and at Mt Vernon Hospital
- Scores in staff survey maintained in line with NHS as a whole but further work to do to increase staff engagement and make the Trust a great place to work
- With continued focus on improving staff experience, we are re-invigorating the Trust CARES Values and have a kick-off week of events planned for September 2023. The aim is to use the CARES Week activities to support collaborative working, culture change and staff empowerment.

The **Performance** strategic objective focuses on deliver of the right care at the right time for patients and improving performance against national standards.

Performance strategic objective progress since last update in April 2023:

- The Trust's plans projected activity levels will exceed national targets both in elective activity and referral to treatment with 65-week and 52-week waiter reductions. The plan accounts for the risks associated with the launch of Cerner (electronic patient care record) and the associated activity downturns.
- Current activity and 65-week and 52-week waiters referral to treatment levels are outperforming planned targets
- Current total elective activity with advice and guidance continues to meet plan targets despite ongoing industrial action. Data indicates the Trust lost over 10% activity due to industrial action in July but still met plan targets.
- By 31 July the Trust had provided first definite treatment to all patients on patient treatment list waiting 78 weeks and over for elective care except for 2 patients. Benchmarked the Trust has achieved the lowest end of month 78-week position in the acute collaborate March – July
- The Trust continues to perform well in theatre utilisation with figures consistently above 80% and is predominantly placed in the top quartile nationally

The **Finance** strategic objective aims to maximise resources available for the benefit of patient care.

Finance strategic objective progress since last update in April 2023:

- The Trust's delivered its financial plan for 2022/23 of £5.6m deficit and the external audit of the Trust's annual accounts has now been completed
- The Trust submitted a compliant break-even financial plan for 1 April 2023 to 31 March 24. North West London was the first integrated care system in London and one of the first in the country to submit a breakeven financial plan for this year
- As of July, The Trust is broadly to deliver it plan on savings, the target for the year is £18.5m

The **Strategic Programmes** objective focuses on delivery of our digital solutions, new hospital programme and the wider acute provider collaborative initiatives.

Strategic Programmes objective progress since last update in April 2023:

- Digital focus has been on CERNER (Electronic Patient Record System) implementation; go live date for The Hillingdon Hospitals is the 6th November 2023.
- The Local Authority has resolved to grant approval for the new hospital plans
- The redevelopment enabling and decant programme has been supported by the national new hospitals programme
- North West London Sector Acute Provider Collaborative has agreed their 2023/24 Business Plan

The **Partnership** strategic objective focuses on ensuring we are an active partner with the community, our Hillingdon Health Care Partners and wider NHS colleagues to deliver sustainable integrated models of care for the population of Hillingdon.

Partnership strategic objective progress since last update in April 2023:

- The North West London Acute Provider Collaborative has an approved business plan that focuses on five Chief Executive Led programmes of work (Quality, Infrastructure, Digital, Finance, People).
- The Trust has agreed a strategic alliance with Chelsea Westminster Hospital NHS Foundation Trust that will ensure that high quality services are developed through clinical and operational networks, that there is closer working between the senior leadership teams, and that learning is shared across the Trusts to deliver high quality care to our local population.
- The Hillingdon Health Care Partners are working collaboratively with the Trust focused on development of a place based financial recovery plan, Integrated Neighbourhood teams establishing Same Day Urgent Primary Care Hubs, addressing hospital discharge delays and reducing hospital length of stay.

Royal Brompton and Harefield Hospitals (RBH)

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

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

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

Subject to the necessary public consultation, children's services will move from the Royal Brompton Hospital site to an expanded Evelina London Children's Hospital at St Thomas' in around four to five years' time. Subsequently, and again subject to consultation, the Trust hopes to build a new centre for heart and lung services at St Thomas', which will be the home to adult heart and lung services from across the new Trust and potentially other partners as well.

Classification: Public

Health and Social Care Select Committee – 13 September 2023

There are no plans to move services from Harefield Hospital, but these services will be an integral part of the integration across the new Trust.

Central and North West London NHS Foundation Trust (CNWL)

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

- **Physical health:** Community treatment for physical conditions that do not require general hospital treatment or conditions that require long-term care. This includes district nursing, health visitors, stroke care and support for people in recovery.
- **Mental health:** Community and hospital treatment for children, adults and older people with mental health problems. Services range from counselling support for mild conditions to rehabilitation treatment for long and enduring mental health problems.
- **Learning disabilities:** Assessment and treatment for people with learning disabilities who also have complex mental health needs and/or challenging behaviour. Services are provided in the community or hospital.
- **Eating disorders:** Admission to hospital or appointment sessions are provided to support men and women with an eating disorder.
- **Addictions:** Community drug and alcohol treatment services are provided, as well as hospital admission when it is needed. Specialist services to address problem gambling, compulsive behaviour and club drug problems are also available.
- **Sexual health:** Appointment and walk-in services are available for anyone who needs them. This includes contraceptive choices, treatment of sexually transmitted infections and HIV testing and treatment.
- **Prison and offender care:** Full healthcare services, including primary healthcare, addictions and mental health support, are provided in a number of prisons. Mental health support is also provided in the community for people who have offended in the past or people at risk of offending.

North West London Integrated Care System (NWL ICS)

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

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

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

The London Ambulance Service NHS Trust (LAS)

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

Its 24-hour 111 integrated urgent care services in north east and south east London answer more than 1.2 million calls a year. The LAS has recently been awarded a three-year contract to provide the NHS 111 service to the two million people who live in North West London, beginning on Thursday 17 November 2022. The organisation will also take on responsibility for running the North West London Clinical Assessment Service (CAS) which helps to decide where patients who call-in would be best cared for.

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

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

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

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

Healthwatch Hillingdon

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

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

Healthwatch Hillingdon is all about local voices being able to influence the delivery and design of local services. Not just people who use them, but anyone who might need to in the future.

Classification: Public

Health and Social Care Select Committee – 13 September 2023

By making sure the views and experiences of all people who use services are gathered, analysed and acted upon, Healthwatch can help make services better now and in the future.

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

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

Witnesses

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

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

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Hillingdon Health and Care Partners:

Review of Quarter 1: 2023/24 Health and Social Care Select Committee

Keith Spencer
Managing Director, HHCP

Sue Jeffers
Joint Borough Director, NWL ICB

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Hillingdon Health and Care Partners are:

Central and North West London Foundation Trust, The Hillingdon Hospital Foundation Trust, Hillingdon Primary Care Confederation and H4All

2022/23 Hillingdon Health and Care Partners Report

1. Report Purpose

The purpose of this report is to review Place Based work and performance during Quarter 1 2023/24

2. Strategic Context

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

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

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

3. Focus of our Work in 2022/23

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

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

2022/23 Hillingdon Health and Care Partners Report

3. Focus of our Work in 2022/23 continued

- I. **Integrated Neighbourhood Team Development** building from a population health approach to tackle health inequalities:
- **Transformation of Same Day Urgent Primary Care** for people with non complex needs who regularly seek same day access to Primary Care (33% of all attendances)
 - **Transformation of Proactive Care** for at risk population cohorts with an emphasis on multi morbidity/ **Frailty** in the first instance
 - **Transformation of Preventative Care** for a range of population health JSNA priorities with an emphasis on **Hypertension, Anxiety/Depression and Obesity**
- II. **Reactive Care:** Develop and Implement an Innovative, transformational approach to tackling unwarranted ED attendance through the development of a **new 24/7 Place Based Out of Hospital Reactive Care delivery model** for those with complex needs and multi morbidity. Move from 'Good to Great ' in hospital discharge in order to enable more people to return home
- III. **End of Life Care:** joining up an integrating care for people at the end of their life
5. Defining place governance and accountability within the wider NWL Integrated Care system

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

We have made significant progress against implementing this new operating model during quarter 1 as follows:

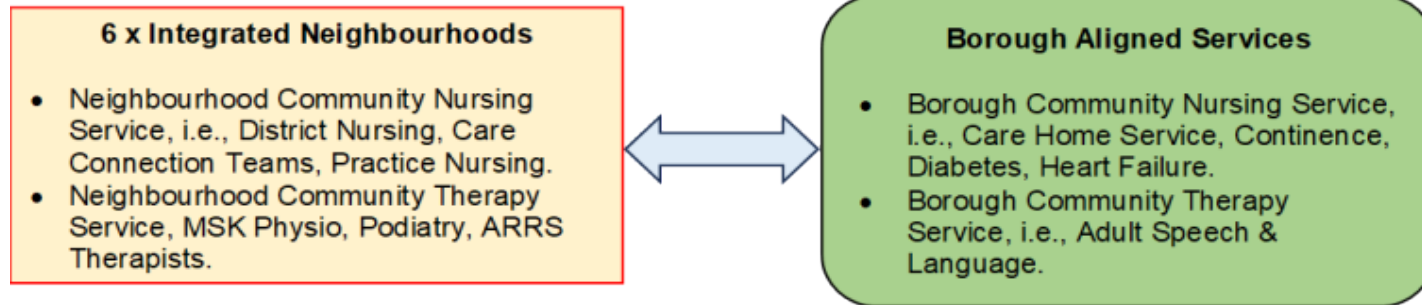
2022/23 Hillingdon Health and Care Partners Report

Integrated Neighbourhood Working:

- 2 Same Day Urgent Primary Care Neighbourhood hubs were scheduled to be implemented over the next 12 months. The First Hub went live in July 2023 at Mead House in Ruislip. We are currently in discussion with the local authority about the site for the second hub which is scheduled to go live in the autumn in the south of the Borough. These will create extra capacity in Primary Care to divert 18% and 28% of Hillingdon non complex patients currently attending ED and UTC respectively.
- We have implemented a range of new Neighbourhood Based Services including ECG, Pessaries, Phlebotomy and Wound Management with a further service (anti-coagulant) to go live later in the year. These are services previously provided solely from The Hillingdon Hospital.
- A new approach to the diagnosis and management of people with uncontrolled hypertension (the major cause of ill health in Hillingdon) has been implemented in all Neighbourhoods across Hillingdon.
- A new model of Proactive Care set out below is currently being implemented which will integrate community nursing, therapy services and Primary Care at the heart of the neighbourhood structure with a single integrated leadership team. These will be interlinked with wider community health services provided at a borough wide level.

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Neighbourhood Proactive Care Model Illustrated



2022/23 Hillingdon Health and Care Partners Report

Reactive Care: Creating an Integrated Activity Recovery Service to maximise HomeFirst and Implementing a new End of Life model

- We continue to work together at Place to **address discharge delays, reduce average lengths of stay and implement a new Place based model of End of Life Care** (set out opposite) for the 3,000 Hillingdon residents who enter the last year of their life each year.
- **The new End of Life co-ordination hub went live on the 15 May** . The Coordination Hub is a key component of the new operating model for end of life care and is intended to initiate care planning and coordinated holistic care for new referrals and provide a point of contact for the GPs and other community health and care partners as well as care homes. It became operational in May.
- **As part of our strategy to move Hillingdon towards a trajectory aligned to capacity assumptions for the new hospital and to assist in bringing the health and care system into financial balance**, we have a Length of Stay programme to reduce average length of stay and discharge delays at THH by the end of September 2023. Currently, average length of stay is reducing and pathway delays in some but not all areas are improving. Pathway 3 (Discharges to long term care) remain stubbornly high due to capacity constraints in the care home sector. Working with LBH, we have recently released additional capacity into this area to remedy this.
- During Q3, we will also be implementing a new integrated Muscular Skeletal (MSK) Pathway incorporating Primary, Community and Secondary care Physiotherapy Service into a single Neighbourhood Based service



2022/23 Hillingdon Health and Care Partners Report

4. Key Performance Metrics Commentary :

As table 1 below demonstrates Hillingdon benchmarks well against other NWL Boroughs. Key commentary is as follows:

- **Asthma Checks for Children** – latest data shows that performance has improved to 57.1% against a target of 59%.
- **Cervical cancer screening uptake**– although performance has decreased slightly from the previous month by 0.9%, Hillingdon has the second highest performance across NWL and is above the London average. Key Actions being taken include: our Cervical Screening Task Force work has focused on practices where performance is below 50%. Other on-going work includes use of SMS text message reminders and sharing data with practices on their performance.
- **Diabetes delivery of 9 care processes** –Hillingdon has a 0.7% increase on the previous month and maintained its green rating for completion of the 9 Key Care Processes.
- **People with Serious Mental illness receiving a physical health check** – Hillingdon improved performance by 1.4% from the previous month, achieving 71.8% against a target of 60%. MIND and the GP Confederation continue to provide outreach support during 23/24 to increase attendance at the health checks.
- **People over the age of 14 on the LD register who have had an annual health check** —Hillingdon has seen performance improve from July to August. Key actions: GPs continue to build on the work from covid to support people with Learning Disabilities (LD). CNWL LD team work with LD health champions, PCNs and the Local authority to support with annual checks. The LA have also included LD health checks as a KPI in provider contracts. LBH Social Workers Care Act Review includes confirming whether patients have had their health check and to follow up on actions in their health action plan.
- **Dementia diagnosis rate for people over the age of 65** - Hillingdon achieved 65.1%, a slight increase of 2% on the previous month against a target of 62.9%. Changes to the National Data collection policy in Jan 2023 has impacted on all boroughs data showing an undercount of people diagnosed and this is still an issue. NWL working with NHSE to resolve. In addition, the Hillingdon Dementia Alliance is working together to improve waiting times for assessment and diagnostics e.g. MRI scans and offer support to carers.

2022/23 Hillingdon Health and Care Partners Report

4. Key Performance Metrics Commentary :

As table 1 below demonstrates Hillingdon benchmarks well against other NWL Boroughs. Key commentary is as follows:

Admission rate for People over the age of 65 with Frailty (severe) – Hillingdon continues to perform well against this target. Services in place now include: Frailty Assessment Unit at THH and Rapid Response Team, Care Connection Team (CCT) that proactively supports the most complex patients. Evaluation has demonstrated that this active case management in the community and at hospital has significantly reduced: nos. of LAS conveyances, ED attends and NEL admissions.

2 hr urgent response rate – performance has improved by 2.5% is on the previous month. Performance at 85.6% is below the NWL target of 90% but above the 70% national KPI. CNWL have undertaken a soft launch of Doc Abode which is now live. Plans for full roll out in mid-Sep, once Rapid Response staff complete their training. It is anticipated that the new system will improve how demand and capacity (workforce) is managed and also performance in areas of activity and response times.

Hypertension Screening uptake rates: an increase in performance of 12.3%. Hillingdon has prioritised hypertension to improve diagnosis and management of uncontrolled hypertensives. Examples of programmes in place: PH campaign, hypertension in Hillingdon People magazine; community engagement e.g. roadshows and wellness events, library and living well hubs and library BP monitor loans scheme /BP stations and audits of GP practice systems for proactive/ targeted case finding of patients at risk. Hillingdon has greatly improved on both metrics since June. Practices are using WSIC to identify patients whose hypertension is not managed to target or who have not had a BP check in the last 12 months. A Hypertension WSIC training webinar was held 22nd August for all practices. Videos have been produced to support patients, available in a number of languages, with a translation facility, to better monitor and manage their hypertension. The hypertension+ digital app pilot is going well in Celandine and Metrocare PCN with over 500 patients registered on the platform.

Quarter 1 2023/24 Hillingdon Health and Care Partners Report

Key Performance Indicators Table 1

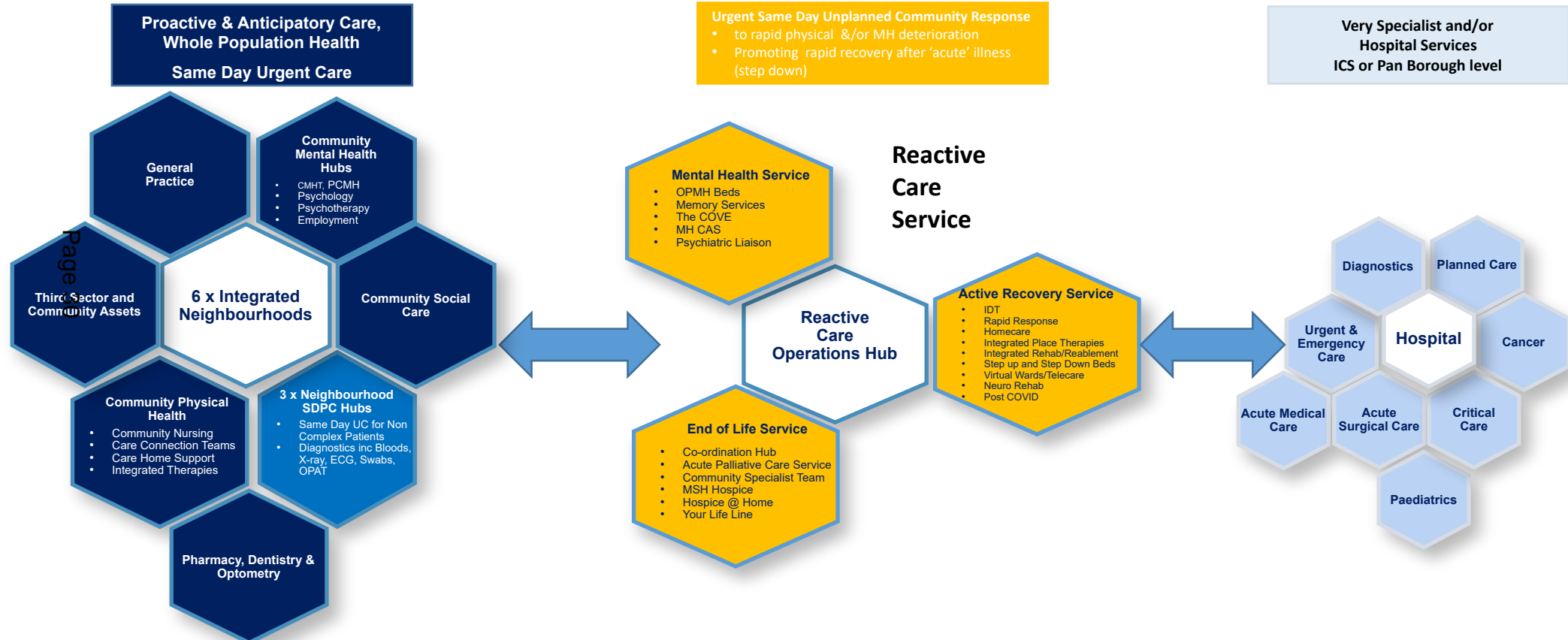
This section provides the Committee with an overview of key achievements and Place performance indicators. **These are set out in the table below**

Most Recent Month	NWL Metric Name	Measure	Goal (Increase or Decrease)	Target	Benchmark	NWL	Trend	Westminster	Kensington and Chelsea	Hammersmith and Fulham	Brent	Ealing	Hounslow	Harrow	Hillingdon
May-23	People with diabetes who have received nine care processes in the last 15 months	%	↑	80.0%		63.4%		67.2%	67.1%	62.4%	58.5%	65.3%	67.4%	61.9%	61.7%
Apr-23	Eligible female patients who have received a Cervical Cancer Screening within the last 3.5 years for ages 25-49.	%	↑	80.0%	London Average - 80.9%	58.2%		50.6%	54.6%	57.0%	53.3%	64.9%	62.8%	56.9%	64.6%
Mar-23	Children (17 or under) with asthma who have completed an asthma check	%	↑	68.0%		59.0%		61.0%	59.0%	60.0%	52.0%	68.0%	67.0%	53.0%	48.0%
Mar-23	People receiving access to psychological therapies	%	↑	6.3%	England Average - 4.9%	5.1%		4.8%	4.8%	4.8%	4.2%	5.2%	5.1%	6.1%	6.4%
Jun-23	People with severe mental illness (SMI) receiving full physical health check	%	↑	60.0%	England average (14/15) - 34.8%	68.0%		68.3%	72.2%	60.7%	64.8%	67.0%	70.0%	71.7%	71.8%
May-23	People over age of 14 on a doctor's learning disability register who have had an annual health check	%	↑	9.0%	London average - 7%	8.5%		11.1%	21.4%	4.1%	8.7%	7.3%	5.0%	6.2%	8.4%
Apr-23	Estimated diagnosis rate for people (aged 65 and over) with dementia	%	↑	66.7%	England Average - 62.2%	62.9%		59.2%	61.8%	61.4%	65.8%	53.8%	70.1%	67.6%	63.1%
Jun-23	Admission rate for people 65 years and older by severe frailty index per 1,000	Number	↓	783.6		783.6		739.1	644.0	769.5	749.5	879.8	879.6	802.4	717.1
May-23	Two hour Urgent community Response Rate	%	↑	90.0%	London average 82.7%	93.1%		97.2%	96.7%	92.6%	97.2%	83.6%	97.4%	96.6%	83.1%
Mar-23	Patients discharged to usual place or residence	%	↑	94.6%	Q2 NWL Target - Defined by BCF	94.4%		94.5%	93.7%	93.5%	95.0%	94.7%	94.4%	95.6%	92.9%
Jun-23	Patients aged 79 years or under with hypertension who have a blood pressure reading of 140/90 mmHg or less	%	↑	44.7%	5% increase from previous year	43.3%		43.2%	40.6%	41.3%	42.3%	46.4%	42.6%	44.4%	42.6%
Jun-23	Patients aged 80 years and over with hypertension who have a blood pressure reading of 150/90 mmHg or less	%	↑	59.7%	5% increase from previous year	57.9%		56.5%	54.1%	54.9%	57.7%	60.4%	59.3%	59.5%	57.1%
Mar-23	Admitted patients with Length of stay greater than 14 days	%	↓	11.2%	5% decrease from previous year	13.1%		13.7%	12.5%	12.0%	13.9%	12.4%	12.5%	13.2%	13.7%
Mar-23	Admitted patients with Length of stay greater than 21 days	%	↓	5.9%	5% decrease from previous year	7.3%		8.1%	7.3%	6.6%	7.8%	6.6%	7.2%	7.3%	7.2%

Appendix 1: Future State Operating Model

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Draft Future State Operating Model



NW London Delegation of Pharmacy, Ophthalmic and Dental Services (PODs)

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Delegation Process

- The focus during the delegation process has been ensuring 'safe landing' of the functions and team, then starting to embed the services into local planning and strategy
- Approved by NW London Integrated Care Board in March 2023 and delegation of the Dental, Pharmacy and Ophthalmic (POD) contracting and commissioning and took place 1st April 2023.
- NWL have begun to embed the new functions into local governance structures.
- We have also had the first liaison meetings with LDC, LPC and LOC colleagues.
- LDC, LPC and LOC representatives are members of our Primary Care Board.

London Wide Pharmacy, Dental, Ophthalmic Hub

In summary, the arrangements from 1 April 2023 are:

- It was agreed the London POD hub team would not be split across the 5 London ICBs.
- The team will be hosted by NEL ICB and continue to deliver the contracting and commissioning functions for all ICBs.
- Day to day business for contract management, performance and payments will remain managed by the hub team. Budgets relating to contracts now delegated to ICBs are held and reported locally by each ICB.
- The London POD hub team will support each ICB in their local planning and delivery of local priorities and initiatives and future transformation/development opportunities.
- A London ICBs POD (Delegated Services) Commissioning Oversight Group has been formed to provide oversight of the delegated services provided by the POD team.

Delegated Contracts and Services

From 1st April 2023, pharmacy, ophthalmic and dental commissioning responsibilities were delegated to ICBs from NHSE. This majority of the contracts relate to primary care services but also include acute and community dental services contracts. In addition, delegated duties include are the existing occupational health arrangements for dental practices, pharmaceutical waste collection, FOIs and parliamentary enquiries.

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Plan based on 2022/23	NWL No. of Contracts	Hillingdon Contracts
Acute & Community Dental Contracts	6	6 (NWL wide)
Primary Care Dental Contracts (inc Ortho)	334 (3,050,000 UDAs)	37 (349,769 UDAs)
Primary Care Ophthalmic Contracts	326	28
Pharmacy Providers	500	62
Total Contract Commitments	1166	133

Services are still in recovery following the pandemic. Activity and levels of provision were particularly affected in primary dental, orthodontic, community and acute dental services which were suspended for 3 months and only re-started with limited treatments able to be provided due to infection control requirements.

Opportunities and Planning

- ICBs working with partners now have the flexibility to join up or re-design key pathways of care, leading to better outcomes and experiences for patients.
- The NWL Primary Care team met with DPHs in July to talk over delegation and how across boroughs we can focus on priorities e.g. improving children's oral, under served communities, etc. A NWL task and finish group is being set up to look at what's worked in other areas and how to improve pathways rather than just focus on dental practices.
- There is the potential to commission more flexibly working with partners to meet local needs both at ICB and at place e.g. specific child oral health improvement activities, supported by the POD hub team.
- However, we have to balance the ambitions for transformation with the limitations in current nationally determined contracting frameworks, while also recognising our need to embed the new responsibilities and grow management and clinical leadership locally.
- It is also recognised that no additional resources/capacity for management and co-ordination of development and transformation in the POD areas have moved into ICBs.
- There are also opportunities within national contracting frameworks, (although mainly in pharmacy at this time), that we should look to maximise the benefits of in our local pathways and planning e.g.. Pharmacy Hypertension Case Finding Advanced Service and Pharmacy Contraception Management Advanced service.
- The intended expansion of community pharmacy services set out in the national Access Recovery Plan (Pharmacy First)* should be included in our access and capacity improvement plans and the ICB should seek to support their implementation recognising that this will require financial and management resources.

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* This has to be agreed and included in the national contract framework



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Royal Brompton and Harefield Hospitals

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

Elective recovery

The reduction of the elective backlog resulting from the Covid pandemic has been a major priority for Brompton and Harefield Hospitals over the last 18 months. Over the last 6 months waiting times have improved, especially within diagnostics and ambulatory care.

Inpatient elective waiting lists remain longer than during pre pandemic times and an example is that there are currently 553 patients awaiting an elective cardiac surgery procedure at our hospitals. Pre-pandemic this number would have been approximately 400. The elective clearance challenge continues to be affected by the hospital's increased non-elective activity and for cardiac surgery, non elective activity is currently 104% of the activity level seen in 2019.

All elective patients on waiting lists are allocated a clinical priority with the most clinically urgent patients being prioritised. Risk of harm reviews continue to be conducted to detect any deterioration in the patient's condition whilst they are waiting for their surgery. This is then escalated to the patient's consultant for review. In addition, we have now commenced pooling of cardiac surgery referrals to even out waiting list size discrepancies between individual surgeons. This will reduce the time many patients are waiting for a procedure.

Since the merger with Guy's and St. Thomas' Hospitals, all the hospital sites are now making better use of mutual aid to increase the number of patients treated and to reduce patient cancellations. Several transformation schemes are also underway to optimize patient flow and increase elective activity.

Cardiology waiting times have greatly reduced and there are now 676 patients waiting for a cardiology procedure across Brompton and Harefield Hospitals compared with the 811 reported in April 2023. There remains longer waiting times than we would like for ablation procedures and we are currently running weekend waiting list sessions to reduce these waiting times.

With regard to long waiting patients, the national target Trusts are now working to is to eliminate all 65 week waits by March 2024. We remain confident we will meet this much earlier than the set target date of March 2024.

Transplant Activity

Transplant activity at Harefield Hospital has increased this year compared to last year as illustrated below:

Period	No. of Heart Transplants	No. of lung transplants
1/04/22 - 31/03/23 (12 months)	38	16
1/04/23 - 30/08/24 (5 months)	17	13

Heart, Lung and Critical Care Clinical Group

We continue to work closely with NHSBT and other transplant centres to improve national utilization of organs which will facilitate increased transplant activity.

Industrial Action

The industrial action over the last 8 months has hindered the elective recovery programme with strikes necessitating a reduction in elective activity to ensure patients within the hospital are kept safe whilst still delivering emergency services. The hospital has been most affected by the junior doctor strikes and there have been times when it has been very challenging to provide safe staffing levels across clinical areas, particularly at weekends and out of hours.

New Patient Electronic Record System (EPIC)

EPIC is launching on 5 October 2023 across all the Guy's and St Thomas' and King's hospital sites and will transform the way the hospitals work by replacing the historic IT and paper records. The 'Apollo' programme team have been working closely with the clinical and admin teams to configure the system and to make the necessary preparations and ensure all staff are trained prior to go live.

Central and North West London Update Work undertaken over the last six months



Central and
North West London
NHS Foundation Trust

Adult Mental Health

Community Hubs

The move towards Community Mental Health hubs is part of a national direction of travel to bring together primary and secondary care mental health services providing a more joined up and seamless experience, both for people receiving services and their carers. As such we have went live with our new model in Hillingdon in May.

Under the new model, the Hubs, will promote community resources working together as one team, centred around local Primary Care Networks, to deliver care based on the needs of the population. They will provide access to a range of mental health specialists, such as GPs, nurses, therapists, social workers, pharmacists and employment support and navigators, all of which will work together to help people on their journey to recovery by providing interventions-based care (like psychosocial interventions, medicines management, and more).

The model is set up to promote simple routes for GPs to obtain mental health advice and support for patients, as well as triage led by highly-qualified mental health staff to make sure patients get to the right person first time. This closer working with local GPs will help to share learning, improve communication and avoid siloed care, and builds upon the work done by the previous Community Mental Health Teams (CMHTs).

The Lighthouse

In August, CNWL have opened The Lighthouse at Hillingdon Hospital. This is a seven day a week service, open 8am to 8pm and run by a dedicated team of clinical and non-clinical staff including support from the third sector through Hestia who also deliver our Crisis Cove offer. The lounge has a capacity of up to four service users at any one time. There are four individual waiting rooms with additional bathroom/shower facility, tea/coffee point and a shared lounge with TV and seating for four.

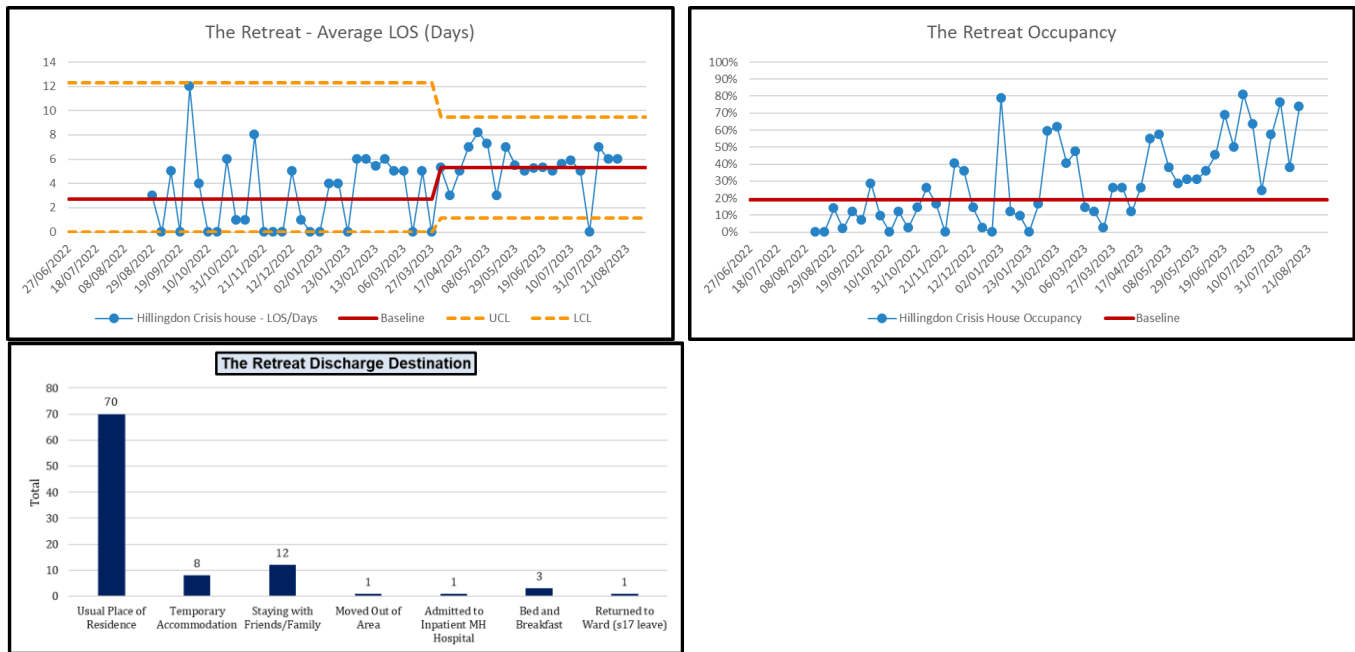
The purpose of the Lounge is to offer a range of therapeutic interventions in an appropriate space near Hillingdon's Emergency department (ED) to provide people with mental health needs the opportunity to access a more prolonged and informed assessment of needs and/or risks. The Lounge aims to identify the right onward community support to meet patients' needs, where feasible it aims to:

- Provide a less stimulating environment for assessment of mental health needs; and to facilitate referrals to The Retreat, HTT, the Coves, and other community support agencies (via Hestia) as determined
- While not a waiting area for those awaiting admission to a bed or Mental Health Act assessment, it will ultimately reduce admission (mainly informal) and occupied bed days through diverting patients and getting them the right support in the community early as possible
- Discharge at least two thirds of referrals to the community or to relevant community services rather than admission into inpatient services

- Reduce 0-7 days admissions
- Reduce demand in ED

The Crisis Café move

We deliver a Crisis House in Hillingdon, The Retreat, which opened in August 2022 and a Crisis Café, a drop-in service where residents of Hillingdon can go if they are experiencing a mental health crisis. Feedback from service users has been that the location of the café is not ideal and potentially limiting the number of people attending. The organisation that delivers the café, Hestia, moved the service in August to a new site located at the back of the Crisis House near West Ruislip train station. These provides a much more accessible and a better environment as well as much better synergies with the Crisis House.



New Health Based Place of Safety (HBPoS)

We are also expanding our Health Based Place of Safety (HBPoS) from two to three which will increase our capacity to support people detained under a Section 136. The estates work has now been completed and we are installing IT with the aim to open in September.

Year of The Child



CNWL has been running our Year of The Child across 2022-23. This 12-month programme celebrates and promote our large portfolio of children’s services who touch the lives of children from before they are born until they leave for college – from mental health, learning disabilities and immunisations through to sexual health and young offender services. We held a Neurodisability conference at Brunel University in June

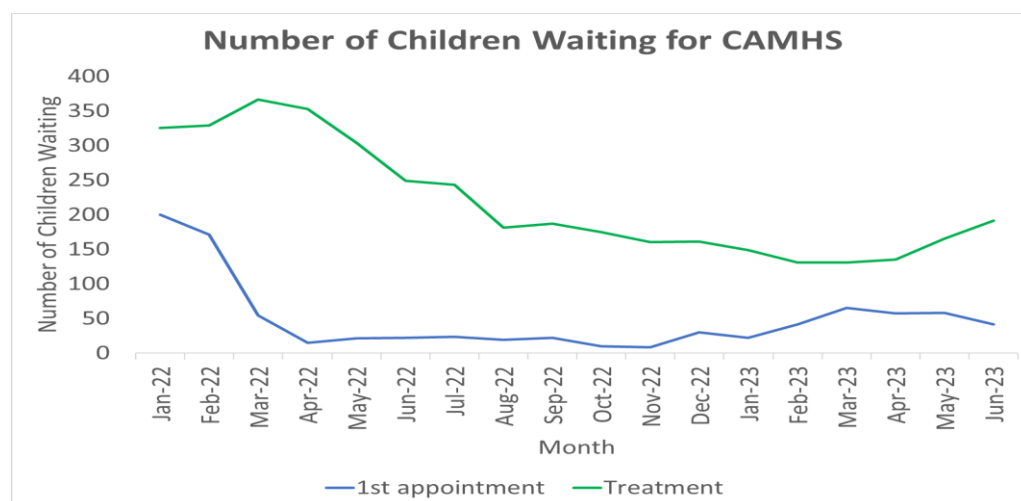
which brought together services from across the Trust to share best practice and reflect on how they can improve the care they deliver. It was chaired by Hayel Watermberg, Cofounder of Word on the Curb with the keynote speaker Professor Francesca Hope who myth busted about

autism in females and unconscious bias. We had presentations from service users including one who said about their Psychotherapist; “She was so real. She helped me realise so many things and suggested that I wasn’t allowing myself to feel my emotions because I was trying to hide my ASD.”.

We have also recently focused on sharing the experiences of people who have been in care, substance use and harm minimisation for young people, and engaging with young people exploited into county lines and gang culture.

Children’s Mental Health

We have also expanded our core CAMHS offer with increases in the number of children accessing CAMHS, significantly reducing our waiting times and working with our system partners to embed Thrive across the system. In January 2022, there were 200 children waiting for their first appointment with a further 325 children having had their first appointment but waiting for their treatment to start. We have undertaken significant work to reduce these numbers through weekend working, skillmixing to ensure we utilise our CWP’s (Child Wellbeing Practitioners), Quality Improvement schemes and partnering with Healios to provide additional capacity. We now have only 41 children waiting for their first appointment (80% reduction) with 191 children waiting for treatment to start (41% reduction).



We have also been exploring new models for children who are experiencing a social care crisis with associated mental health needs. This cohort of children would not meet the need for mental health inpatient admission and often become stuck in emergency departments awaiting a placement with a private provider. We have partnered with Brent Local Authority on behalf of all eight Local Authorities in North West London to pilot a solution with an organisation called Positive Behavioural Support Consultancy (PBSC). PBSC are working with private residential providers to build their confidence in supporting this cohort of children. When a referral is received, PBSC would work with a provider, the child and the Local Authority to ensure the provider is comfortable receiving the referral and would build a package of care around the child to support them which would include support from CNWL’s crisis team for CAMHS, ACT’s. We are also working with Brent LA to bring together health and social care data to build a solution which can predict earlier when a child might be going into crisis so we can put in place a preventative package of care earlier and support the child.

Young Adult New Models of Care

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

We also acknowledge the importance of partnership working and have such worked really closely with voluntary sector and university / college partners to introduce a number of schemes. CNWL have therefore used part of our investment monies from the Mental Health Investment Standard to invest and pilot schemes with Universities and voluntary sector organisations which could benefit this age cohort. We have partnered with Brunel University to fund a men's mental health campaign with resources, Buckinghamshire New University on positive psychology peer support and wellbeing groups, and Uxbridge College on a new in-house counselling service. We have also funded the voluntary sector to pilot a range of schemes in Hillingdon which includes schemes with Arts for Life, P3, Hillingdon Autism Care Support, Centre for ADHD and Autism, and Brentford Football Club. We plan to work with all these organisations to measure the successes and outcomes of the schemes to understand what benefits they could have to young adults going forward.

We held a Hillingdon partnership event in June at the Civic Centre which was very well attended and brought together staff from across Hillingdon to share experiences and develop relationships with the aim of ensuring more integrated, joined up working. Partners said being in a room with other services/professionals was inspiring and made them feel less alone as an organisation and part of something bigger. We have also gone live with our Parent / Carer Advisory Board, with one parent sharing their story at the Hillingdon partnership event.

Physical Health

There are three key areas of work which we are currently focusing on in our physical health services which align to HHCP key priorities. They are:

- Integrated Community Nursing at Neighbourhood level – this aims to bring together teams at neighbourhood level to work as one multi-disciplinary team wrapping individualised care around patients based on their need
- EOL services – this work aims to bring together End of Life services through an integrated coordination hub that will act as a single point of access
- Integrated MSK – this brings together services from THH, Primary Care and in an integrated model that starts with the First Contact Practitioners based in Primary Care Networks feeding through to community and acute MSK teams.

We are working with key partners at pace to deliver all three requirements against agreed timeframes.

CYP Eating Disorders

The Arc CYP Day Programme is a collaboration between CNWL, West London and Best For

You and due to open in September. It is an outpatient clinic based ‘Day Hospital’ service which will support children and young people with Eating Disorders from across North West London. The core aim of the Day Programme will be to offer children and young people a broader range of options than currently available, supporting the principles of care closer to home and treatment in the least restrictive environment. It will target CYP at the threshold of requiring Tier 4 inpatient bed admission, who would currently be admitted due to lack of other provision, and who would benefit from the Day Programme providing them and their carers a higher level of support and thus helping prevent the need for inpatient admission. This model combined with the support from Home Treatment teams will provide a much more flexible set of interventions and would likely help prevent readmission.

Hillingdon Wellbeing Bus

Following a piece of work with communities in Hillingdon, we have identified that some areas are not accessing health services because of their geographical location in the borough. We are therefore currently developing a wellbeing bus which can support communities in Hillingdon who are hard to reach, or geographically not near current health provision such as GP practices, pharmacies or clinics. We are planning to pilot one day a week, starting September in the Heathrow Villages. The bus itself will be provided by LBH and we are planning to work collaboratively with communities to design an offer on the bus which meets their needs. We already have services committed to being on the bus including our Talking Therapies team and are exploring options to have primary care representation as this is an early of need that has been identified in discussions with communities so far. If successful then the bus can be rolled out to other areas in the borough who can struggle to access healthcare services with Harefield and Asylum Seekers both being identified as potential areas of demand.

Targets and Performance

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

Children and Young People (CYP)		
CAMHS Referral received to Treatment <18 Weeks	85%	96.6%
CYP U18 Access Monthly with 1 contact (Rolling 12 months)	1463	4182

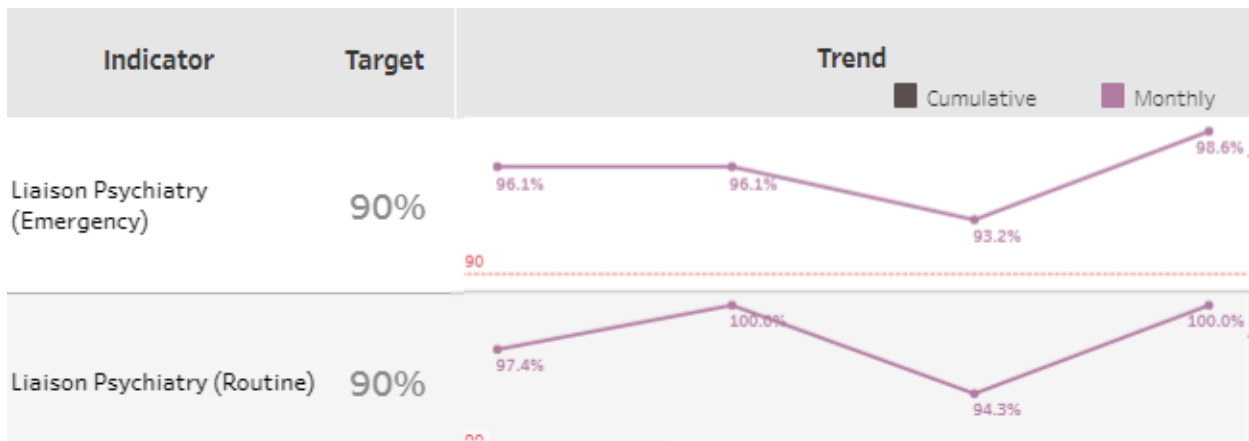
Our Talking Therapies team (IAPT) have to increase the number of people accessing their service year on year which was delivered last year, including waiting times for six- and eighteen-week targets. We have seen a slight decrease in performance against the access target in the last two months due to less referrals being received and an increase in inappropriate referrals who were signposted to more appropriate services. The service is

working on a number of different areas to raise awareness and increase appropriate referrals coming into the service.

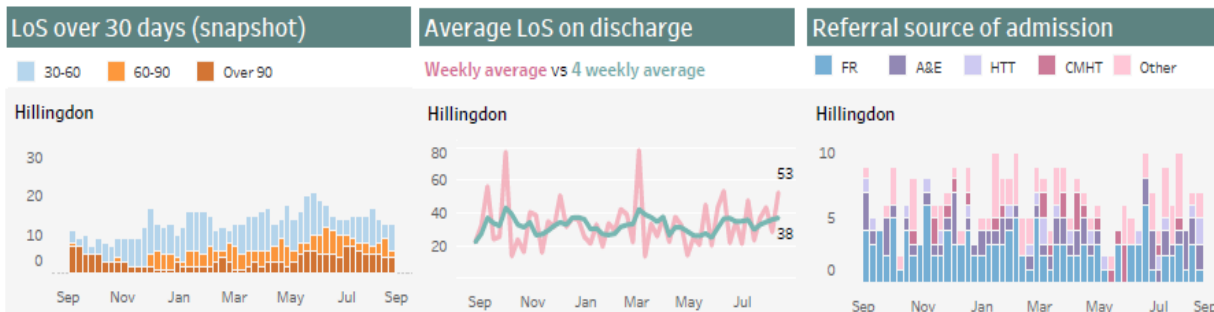
Indicator	Target	YTD Performance
IAPT Access	25%	17.9%
IAPT 6 Weeks Wait	75%	100.0%

IAPT 18 Weeks Wait 95% 100.0%

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

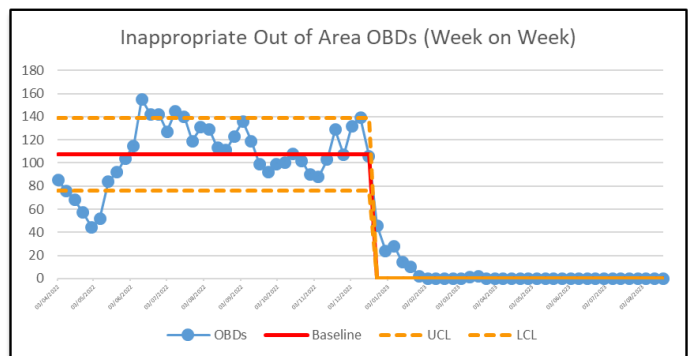
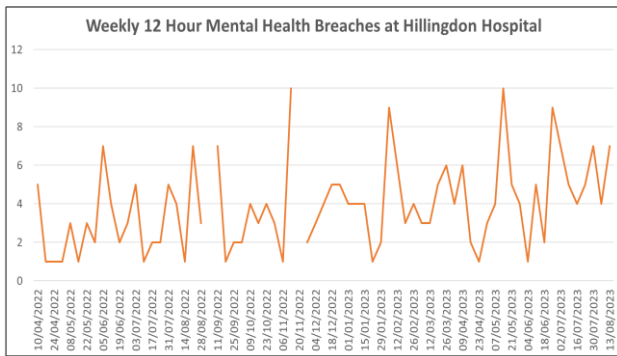


Ensuring we have availability and flow in our acute mental health beds is integral in ensuring we are able to respond quickly to patients needs in crisis, including in A&E departments. We therefore closely track length of stay and as demonstrated in the graphs below have really managed to reduce our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

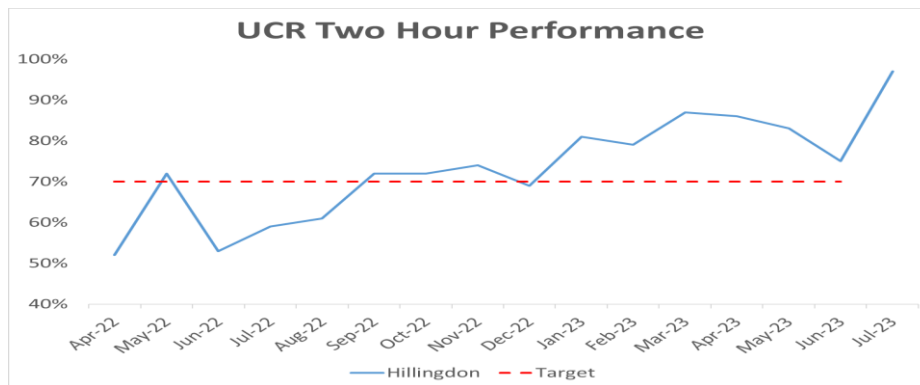


Through a combination of crisis alternative provision, timely responses within A&E and reducing our acute mental health beds length of stay, we have managed to ensure that the number of 12

hour breaches and patients being admitted to beds out of area has remained low over the winter period despite increases in demand during this period, particularly in February when we normally see peak attendances for people in mental health crisis.



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



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

Area	Target Description	Target	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
Hillingdon 0-19 service	Percentage of births that receive a face to face NBV within 14 days by a HV	85%	88%	90%	88%	90%	90%	88%
	% of mothers who received a Maternal Mood review in line with the local pathway by the time the infant is 8 weeks old	95%	88%	94%	91%	90%	91%	89%
	Percentage of children who received a 12 month review by 12 months	75%	72%	82%	83%	80%	82%	85%
	Percentage of children who received a 24 month review by 30 months	70%	72%	74%	80%	81%	82%	80%

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Update for Hillingdon Health and Social Care Select Committee – 13th September 2023

London Ambulance Service – Hillingdon Group

Work that the organisation has undertaken over the last six months:

1. Hillingdon Group of Ambulance Stations implemented a Trust wide initiative called Teams Based Working (TBW) on 21st August 2023. This is a complete change to the way clinicians work within operations and is similar to the watch systems that occur within the police and fire services. Historically, clinicians would have a regular crew mate, but with TBW crews would work within a team and resourcing would be done dynamically. This new approach has a number of advantages including
 - staff having increased contact with the same manager when on shift
 - staff working together as a team to improve efficiency on more complex calls
 - ability to have team meetings to share updates, bulletins and important information
2. A new Hospital Withdrawal Procedure (W45) went live in June 23. This is a national position that was set in January 2023 where ambulance crews, after waiting 45 minutes to handover, were to leave their patient in the ED or within an ambulance led cohort. This has already shown great improvement in reducing our patients wait for an ambulance. We really appreciate the support and collaboration from Hillingdon Hospital in launching this procedure.
3. New fully electric Mustangs have been rolled out (as Fast Response Units) across the Trust to respond to our sickest patients. As a result the Trust has achieved the biggest electric car fleet for front line vehicles in the country making firm steps towards having a zero emissions fleet by 2030.
4. New trolley bed harnesses have been fitted to all ambulances to improve patients' safety.
5. A new app, London Care Record, has gone live on our clinicians Ipad's. This enables clinicians to look for care plans for patients (e.g. End of life care, Mental health). This is in addition to the NCR (National Care Record) which is available to help clinicians have all the relevant information in order to give the best possible care for their patients.
6. Ipad keyboards and mobile phones have been issued to all staff who want them.

What target your organisation has been working towards

The Trust Business Plan outlines our key priorities:

1. Continuously improve the safe delivery and quality of care for our patients
2. Improve our emergency response
3. Create more integrated and resilient 111/999 services



4. Strengthen our specialist teams' response to incidents, risks and threats.
5. Support our workforce
6. Develop a positive working culture
7. Strength and optimise our digital and data assets
8. Use resources more efficiently and productively
9. Build our role as an 'anchor institution' that contributes to life in London Ambulance Service
Develop a new five year strategy to improve services for the communities we serve.

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

- Category 1 response times continue to be a challenge and this has remained a focus within the Hillingdon Group. For the month of August we are currently within the 7 minute target to respond to these patients in North West London (Average 6 mins 56 seconds). Stand-by points for the FRU's have recently been reviewed using data analysis to ensure they are in the best possible position for the group and will continue to be monitored.
- The Trust is currently operating at REAP (Resource Escalation Action Plan) level 3 (Major Pressure).

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

- Sickness rates have unfortunately increased from April 2023 (3.68%) and currently sitting at 6.4%. No obvious trends identified but this will continue to be monitored.
- Percentage of staff completing their Statutory and Mandatory Training has risen from 93% (April 23) to 94% (Aug 23).
- 82% of staff have received Personal Development Reviews within the last 12 months.
- Since the start of the financial year, the average on scene time for our time critical patients is 36.1 minutes. This is compared to a Trust average of 38.2 minutes. This means that we are getting our sickest patients to definitive care quicker than the LAS average.
- We have continued to champion the use of Alternative Care Pathways (ACPs) within the Hillingdon Group and to reduce the conveyance of patients to the Emergency Department and ensure our patients are getting the most appropriate care for their needs. In the last month 51.2% of patients in Hillingdon were taken to an Emergency Department. This is 0.6% lower than in April 23. The Frailty Assessment Unit within Hillingdon Hospital has now gone live as an ACP for clinicians. A CPD event took place in June at Hillingdon Ambulance Station with the lead consultant to promote its use.
- Clinical Quality continues to be reviewed within the Hillingdon Group and is measured in a number of different ways including Clinical Performance Indicators (CPIs), Cardiac and Stroke Care bundles and Cardiac Arrest Care bundles. This is achieved by reviewing the care

provided by our clinicians and ensuring that the appropriate care has been delivered. Some key highlights from our most recent report (June 23):

- 41% of cardiac arrest patients attended by a Hillingdon Crew sustained a return of spontaneous circulation (ROSC) on arrival at hospital. This is the highest in the North West and compared to an LAS average of 26% in the month of June 23.
- 97% of Stroke patients received the appropriate and full care bundle.
- 100% of STEMI patients received the appropriate and full care bundle and were conveyed to the appropriate Heart Attack Centre in June 23.
- 100% of Stroke patients were appropriately conveyed to a Hyper Acute Stroke Centre

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2024/25 BUDGET PLANNING REPORT FOR SERVICES WITHIN THE REMIT OF THE HEALTH AND SOCIAL CARE SELECT COMMITTEE

Committee name	Health and Social Care Select Committee
Officer reporting	Chris Mayo Assistant Director Financial Management Andy Goodwin Head of Strategic Finance
Papers with report	N/A
Ward	All

HEADLINES

This is the first opportunity for the Select Committee to discuss the current stage of development of budget planning work with regard to services within the remit of the Health & Social Care committee. This paper gives a strategic context in which the detailed proposals to be discussed at Select Committee meetings in January 2024 will need to be considered.

RECOMMENDATION

1. **That the Health and Social Care Select Committee notes the financial context in which the 2024/25 budget setting process will take place in advance of detailed savings proposals being developed and approved at Cabinet in December 2023.**

SUPPORTING INFORMATION

2. This is the first of two opportunities within the planning cycle for the Select Committee to consider issues relating to budget planning for 2024/25 and beyond. The focus of this report is the broader financial position of the Council, with the report to be considered in January 2024 setting out the detailed budget proposals for relevant services, those proposals having been included in the report to Cabinet on the Medium Term Financial Forecast (MTFF) in December 2023.

Corporate Overview – General Fund

2023/24 General Fund Revenue Monitoring

3. A marginal underspend of £23k is reported against General Fund revenue budget normal activities as of May 2023 (Month 2), with a range of risks and pressures being managed within this position. This will result in unallocated General Balances totalling £26,869k at 31 March 2023, in line with MTFF expectations.
4. Over and above specific variances being reported, there are three key risk areas which continue to be closely monitored; progress in delivery of savings, demand-led services and inflationary pressures.
 - a. Within this position, £10,141k of the £22,762k savings planned for 2023/24 are banked or on track for delivery in full by 31 March 2024, with £7,953k or 35% tracked as being at an earlier stage of implementation. Where slippage in savings delivery is expected

this has been factored into the reported monitoring position, with the full £22,762k savings expected to be delivered in full.

- b. At this early stage in the financial year, no pressures have been reported against demand-led service budgets, although a significant increase in approaches by households seeking support with homelessness will necessitate a significant level of management action to avoid a pressure in this area.
 - c. The 2023/24 budget incorporated £21,691k growth to fund inflationary pressures, with current projections indicating that a further £3,622k additional funding may be required, in part to meet the costs of a higher pay award. Specific provision has been made within the Council's Earmarked Reserves to meet such costs, with this sum being supplemented in-year by £1,500k windfall income from the West London Waste Authority.
5. The Council holds Earmarked Reserves to manage risks and fund cyclical and project-based activities, with £20,060k being held at the beginning of 2023/24. Based on the Month 2 forecast, including the projected Local Authority pay award and an estimation for further inflationary demands above the approved budget totalling £3,622k, the Council is forecasting to drawdown £5,547k of this balance, leaving a projected closing balance of £14,512k as at 31 March 2024 to support the Council's ongoing financial resilience and fund project and cyclical based work in 2024/25 and beyond.
 6. The Council's budget contains a number of areas subject to demographic pressures and higher levels of volatility which are closely monitored and discussed in the Budget Strategy & MTFP under the "demand-led growth" banner. These budgets total £134,957k for 2023/24, with latest forecasts remaining consistent with this position, with more detailed commentary on each of these areas set out in the portfolio commentary below.
 7. Within the Council budget there is a Managed Vacancy Factor across the board of 3.5%, or £4,573k, to reflect natural levels of turnover and resulting structural underspend in the workforce budgets. Current indications are that the higher vacancy rate experienced during 2022/23 will continue into the new financial year and therefore result in an underspend over and above the Managed Vacancy Factor. The Council continues to closely manage recruitment activity, with post-level establishment controls providing a key mechanism for managing workforce costs at the organisational level.
 8. The Council budgeted for a pay award in 2023/24 of 4%, however, due to the exceptional inflationary environment, the current pay offer exceeds this sum and equates to approximately 5.7% with an allowance of £2,622k being in place to meet this additional uplift in the Council's workforce expenditure included in the forecast use of the Council's identified earmarked reserve for exceptional inflationary pressures above the Council's approved budget.
 9. Further provision for use of Earmarked Reserves has been included in this position, with £1,685k support for local priority initiatives, £1,535k release of grant funding to cover brought forward COVID-19 pressures in the Collection Fund, £1,000k further provision for inflationary risks and a net £205k of other costs. Windfall income from the West London Waste Authority's Energy from Waste operations have allowed £1,500k to be allocated to Earmarked Reserves, resulting in a net drawdown of £5,547k to leave a closing balance of £14,513k at 31 March 2024.

Savings Programme Update

10. The savings requirement for 2023/24 is £21,197k, which together with £1,565k brought forward from 2022/23, which gives an overall total of £22,762k to be managed in the current financial year. The savings being reported as undelivered in 2022/23 (£1,565k) were attributable to the Council managing measures required to contain and offset inflationary pressures as well the ongoing legacy issues associated with the COVID-19 pandemic. This value has been added to the budgeted savings agreed as part of the 2023/24 budget.

Table 1: Savings Tracker

Cabinet Member Portfolio	Blue Banked £'000	Green Delivery in progress £'000	Amber I Early stages of delivery £'000	Amber II Potential problems in delivery £'000	Red Serious problems in delivery £'000	Total £'000
Cabinet Member for Health and Social Care	(830)	(1,565)	0	0	0	(2,395)
Services within the remit of other committees	(5,297)	(1,949)	(7,453)	(1,636)	(1,083)	(17,417)
Cross-Cutting	(500)	0	(500)	(1,950)	0	(2,950)
Total 2022/23 Savings Programme	(6,627) 29%	(3,514) 15%	(7,953) 35%	(3,586) 16%	(1,083) 5%	(22,762) 100%
Month on Month Movement	(6,627) 29%	(3,514) 15%	(7,953) 35%	(3,586) 16%	(1,083) 5%	(22,762) 100%

11. As of Month 2, £6,627k (29%) of the savings programme has already been banked, with a further £3,514k (15%) being reported as delivery in progress and £11,539k (51%) in the early stages of delivery which are ultimately expected to be delivered in full. There are a further £1,083k of savings recorded as having a serious problem with timely delivery, these savings could ultimately slip into 2024/25. Key items within this £1,083k include £600k linked to PCN banding changes where third party approval is required ahead of implementation, with the remainder of this sum relating to timing issues on practical implementation of two further projects.
12. Where savings are at risk of not being delivered in full during 2023/24, the associated pressures have been factored into the monitoring position with compensating actions bringing the overall position back to breakeven. At this time, it is expected that the full £22,762k will ultimately be delivered in full or replaced with alternative measures in the event of any ongoing shortfall.
13. The Council is permitted to finance the costs associated with the delivery of this savings programme through Capital Receipts, with both one-off implementation costs and the support for service transformation being funded from this resource. Current projections include £4,205k for such costs, with all such costs subject to a specific funding strategy. It is anticipated that these pump priming costs will be financed from a combination of the £3,000k budget established for this purpose in 2023/24, alongside release of additional Capital Receipts secured during 2022/23.

Service Operating Budgets

14. Service Operating Budgets represent the majority of the Council's investment in day-to-day services for residents. With the Council continuing to operate in a high inflation environment driven by global and national influences, these budgets were supplemented with £21,691k of funding to meet forecast inflationary pressures and £12,753k for demographic and other drivers impacting on demand for services going into the 2023/24.
15. Table 2 represents the position reported against normal activities for the Service Operating Budgets within the remit of this portfolio, the salient risks and variances within this position are summarised in the following paragraphs.

Table 2: Service Operating Budgets

Cabinet Member Portfolio		Approved Budget	Forecast Outturn	Variance (As at Month 2)	Variance (As at Month 1)	Movement from Month 1
		£'000	£'000	£'000	£'000	£'000
Health & Social Care	Expenditure	131,023	130,268	(755)	0	(755)
	Income	(33,288)	(33,315)	(27)	0	(27)
	Sub-Total	97,735	96,953	(782)	0	(782)
Services within the remit of other committees	Expenditure	352,032	352,259	227	0	227
	Income	(189,028)	(188,496)	532	0	532
	Sub-Total	163,004	163,763	759	0	759
Total Service Operating Budgets		260,739	260,716	(23)	0	(23)

16. Detailed updates on services that fall within the remit of this committee are included below at Cabinet Portfolio level on an exception basis:
- Health & Social Care** – an underspend of £782k is reported for this portfolio, with staffing underspends after Social Care activities being driven by recruitment difficulties for the sector impacting both at a local level and nationally. The reported overachievement of income is spread across services within the remit of this portfolio with no material variances.

2022/23 to 2026/27 General Fund Savings Requirement

17. While the focus of the discussion for the Select Committee should be the specific services within its remit, it is important that this discussion is conducted in the context of the overall corporate financial position. The following paragraphs outline the medium-term financial position presented in the 2023/24 Budget Setting Report approved by Cabinet and Council in February 2023.
18. At the time of budget setting, the gross savings requirement for the Council's General Fund over the period 2023/24 to 2027/28 was projected to total £55,414k which was primarily driven by inflationary cost pressures driven by global and national economics, growing demand for services and the cost of servicing and repaying borrowing incurred in delivery

of the capital programme which are expanded upon below. For 2024/25, the gross savings requirement was forecast to total £12,148k.

Table 3: Projected Savings Requirement detail

	2023/24 £'000	2024/25 £'000	2025/26 £'000	2026/27 £'000	2027/28 £'000	Total £'000
Changes in Funding	(13,653)	(10,198)	(1,794)	(6,750)	(6,987)	(39,382)
Inflation	21,691	10,906	9,349	8,862	9,141	59,949
Contingency / Service Pressures	9,080	4,547	3,141	3,211	3,192	23,171
Corporate Items (incl. capital financing costs)	3,673	6,893	2,411	(1,114)	(187)	11,676
Annual Underlying Savings Requirement	20,791	12,148	13,107	4,209	5,159	55,414
Cumulative Underlying Savings Requirement	20,791	32,939	46,046	50,255	55,414	N/A

19. An uplift of £39,382k in recurrent funding was projected over the five-year MTFF period, primarily driven by Council Tax increase of 4.99% in 2023/24 and 2024/25, with a proposed increase of 2.8% per annum thereafter accounting for £27,387k of the increase, with a further £7,474k expected to be driven by increases in the taxbase. Government Grants were forecast to increase by £4,143k, with this wholly being front loaded in 2023/24 as a result of the Spending Review announcements and increases in Social Care Funding. Furthermore, retained Business Rates income is forecast to increase by £5,268k primarily driven by inflationary increases. This position is netted down by the unwinding of £4,890k of one-off funding, predominantly linked to the release of COVID-19 funding.
20. Inflation represents the single largest element of the underlying savings requirement, reflecting the growing cost of maintaining current service provision, with a headline pressure of £59,949k over the MTFF period, with this being materially higher than recent budget strategies due to the exceptionally high inflation rates being experienced globally and nationally, in part due to the war in Ukraine. Workforce inflation through anticipated annual pay awards accounts for £19,120k of this growth, with £9,604k inflation reflecting other contracted expenditure and expenses, offset by increases in recharges and contributions to services, all of which span across all of the Select Committees.
21. Specifically, within the remit of this committee, forecast increases on the cost of care provision, where annual pay inflation linked to the London Living Wage, with further price increases as suppliers rebase prices to become pandemic ready being the key drivers behind a further £24,609k uplift.
22. Increasing demand for services linked to a growing and changing population accounts for £23,171k of the projected savings requirement, which reflects Hillingdon's growing population and the impact this has on services. Areas within the specific remit of this committee include:
 - a. Adult Social Care Placements: Underlying demand for the Adult Social Care Placements is projected to continue to grow over the MTFF period, with COVID-19 legacy issues unwinding in this service area, with a small element of rebasing the budget to fund the remaining pressure from the pandemic before returning to normal growth levels, with these updates necessitating a £8,039k increase in spending by 2027/28. This forecast is based on population growth forecast to be an average of 2%

across the service group, with older people forecast to grow by 2.19% in the borough and under 65s growing just below 2%. These budgets have also been increased to reflect Government initiatives, with £2,438k being added for the Investment in Adult Social Care Market Sustainability programme and £1,047k being added fund Discharge Support, with both of these programmes funded by Government under the new burdens doctrine.

- b. **Public Health Grant:** The Council's Public Health Grant includes an increase of £2,027k in 2023/24, rising to £3,891k over the 5-year MTFE, with this grant being ringfenced to support residents' public health needs, this increase in funding is being passported to the service area, with a corresponding investment in service delivery of the same amount, with the majority of this being included in the Council's inflation requirement and the remaining balance of £739k being included in Demand-Led Growth.
23. Corporate Items, which primarily relate to the ongoing costs of financing capital investment, represent the remainder of the budget gap with £11,676k growth required over the MTFE period. Budgeted capital investment in the current programme is the key driver of a £6,475k growth in debt financing and repayment costs over the medium term. The remaining balance of Corporate Items relate to movements in the TfL Concessionary Fare Levy (£4,104k) and use of capital receipts to finance transformation activity (£1,029k), alongside moving the Council Tax Older People's Discount to being funded from base budget rather than Earmarked Reserves, with funding coming in from Hillingdon First Limited from 2023/24 and 2024/25.
 24. The approved budget presented to Cabinet and Council in February 2023 included a saving programme of £45,683k over the five-year period, leaving a budget gap of £9,731k by 2027/28 still to be found. Within the Savings Programme, £4,072k related to Further BID Reviews that were yet to be identified.

New and Emerging Risks

25. In light of the exceptional inflation environment that the economy continues to experience, the Council has begun to refresh its savings requirement over the budget strategy period, with inflation rates forecast to average at 7% for 2023 before reducing to 3% by 2024 before returning to the Bank of England target rate of 2% thereafter. The local experience suggests that inflationary uplifts to contract expenditure run at a time lag between CPI updates and spend. The Council has therefore reassessed the inflationary requirement associated with contracted expenditure, including within Social Care placements and SEND Transport, as well as rebasing workforce inflation based on the latest pay award offer. To this end, it is anticipated that further savings will be required by 2028/29 to fund additional inflationary demand, with this impact likely to be front-loaded, but set within the context of very limited government funding information being available from 2025/26 onwards.
26. Furthermore, demand-led growth continues to be monitored on a monthly basis, with the latest intelligence showing signs that the legacy elements of pandemic-driven demand for services has largely been accounted for within the Council's budget strategy, with other issues like the cost-of-living crisis impacting on services, particularly homelessness. This area will remain under close review in development of budget proposals for 2024/25 and beyond.

27. These factors are being fed into a reassessment of the savings requirement against which proposals for the 2024/25 budget and MTFF to 2028/29 are being developed, with the monthly budget monitoring updates to Cabinet providing commentary on these drivers.

Strategy to deal with the Budget Gap

28. Due to the revised forecast for the new and emerging pressures, the Council is therefore undergoing a series of reviews to address this new and the emerging position, with an ongoing update of transformational workstreams, a further review of the existing saving programme and a refresh of the Council's Fees and Charges schedule and policy to bridge this gap.
29. As part of this work, the Council will also incorporate its standard approach to assessing the savings requirements strategy, including:
- Service Transformation, which represents the single largest category of savings, with items presented in this category primarily linked to implementation of the BID Programme;
 - Savings proposals from Zero Based Reviews represent budgets which have been identified as being surplus to requirements through the line-by-line review of outturn and similar exercises being undertaken by Finance;
 - Effective Procurement savings capture the benefits secured from efficiency savings from contracted services and reviews of delivery models in a number of areas;
 - Preventing Demand - initiatives such as the Supported Living Programme where investment in early intervention and other support can avoid more costly intervention at a later date, and;
 - Income Generation & Commercialisation proposals primarily relate to amendments to Fees and Charges.
30. With the current monitoring position forecasting General Balances to be £26,869k by 31 March 2024 and the Council's reserves policy setting a minimum reserves balance of £22,000k, there is a need to deliver against these workstreams at pace. The initial review of the revised savings requirement and savings programme will be presented at December Cabinet and to Select Committees in January 2024 alongside the public consultation on the budget for the forthcoming year.

MTFF Process Update and Timetable

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

Table 4: Budget Setting Timetable

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

Next Steps

32. The Medium Term Financial Forecast setting out the draft revenue budget and capital programme will be considered by Cabinet in December 2023 and issued for consultation during the remainder of December 2023 and January 2024. This will include detailed consideration by each of the Select Committees of the proposals relating to their respective services.
33. Key issues within the remit of this Select Committee will continue to be tracked through the Council's budget monitoring process, with monthly reports to Cabinet detailing the latest position and outlook for 2023/24.

Implications on related Council policies

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

How this report benefits Hillingdon residents

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

Financial Implications

None at this stage.

Legal Implications

None at this stage.

BACKGROUND PAPERS

The Council's Budget: General Fund Revenue Budget and Capital Programme 2023/24 – reports to Cabinet 16 February 2023 and Council 23 February 2023.

The Council's Budget: 2023/24 Revenue and Capital Month 2 Budget Monitoring – report to Cabinet 27 July 2023.

CABINET FORWARD PLAN

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

HEADLINES

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

RECOMMENDATION

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

SUPPORTING INFORMATION

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

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

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

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

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

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

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

BACKGROUND PAPERS

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

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Scheduled Upcoming Decisions

Ref

Further details

Ward(s)

Final decision by Full Council	Cabinet Member(s) Responsible	Relevant Select Committee	Directorate / Lead Officer	Consultation related to the decision	NEW ITEM	Public or Private (with reason)
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SI = Standard Item each month/regularly Council Directorates: AS = Adult Services & Health P = Place C = Central Services R = Resources CS= Children's Services

Cabinet Member Decisions expected - September 2023

SI	Standard Items taken each month by the Cabinet Member	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)
	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

Scheduled Upcoming Decisions

Further details

Ref

Ward(s)

Final decision by Full Council	Cabinet Member(s) Responsible	Relevant Select Committee	Directorate / Lead Officer	Consultation related to the decision	NEW ITEM	Public or Private (with reason)
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SI = Standard Item each month/regularly Council Directorates: AS = Adult Services & Health P = Place C = Central Services R = Resources CS= Children's Services

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
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Scheduled Upcoming Decisions

Further details

Ref

Ward(s)

Final decision by Full Council	Cabinet Member(s) Responsible	Relevant Select Committee	Directorate / Lead Officer	Consultation related to the decision	NEW ITEM	Public or Private (with reason)
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SI = Standard Item each month/regularly Council Directorates: AS = Adult Services & Health P = Place C = Central Services R = Resources CS= Children's Services

Cabinet meeting - Thursday 9 November 2023 (report deadline 23 October)

135b	Award of contracts: short-term care home beds	Following a competitive tender to establish longer-term contractual arrangements to address the need for short-term care home beds for hospital discharge, Cabinet will consider awarding such contracts.	N/A		Cllr Jane Palmer - Health & Social Care	Health & Social Care	AS - Gary Collier			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 - 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
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Scheduled Upcoming Decisions

Further details

Ref

Ward(s)

Final decision by Full Council	Cabinet Member(s) Responsible	Relevant Select Committee	Directorate / Lead Officer	Consultation related to the decision	NEW ITEM	Public or Private (with reason)
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SI = Standard Item each month/regularly Council Directorates: AS = Adult Services & Health P = Place C = Central Services R = Resources CS= Children's Services

Cabinet meeting - Thursday 14 December 2023 (report deadline 27 November)

110a	The Council's Budget Medium Term Financial Forecast 2024/25 - 2028/29 (BUDGET FRAMEWORK)	This report will set out the Medium Term Financial Forecast (MTFF), which includes the draft General Fund reserve budget and capital programme for 2023/24 for consultation, along with indicative projections for the following four years. This will also include the HRA rents for consideration.	All	Proposed Full Council adoption - 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
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
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Scheduled Upcoming Decisions

Ref

Further details

Ward(s)

Final decision by Full Council	Cabinet Member(s) Responsible	Relevant Select Committee	Directorate / Lead Officer	Consultation related to the decision	NEW ITEM	Public or Private (with reason)
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SI = Standard Item each month/regularly Council Directorates: AS = Adult Services & Health P = Place C = Central Services R = Resources CS= Children's Services

Cabinet meeting - Thursday 11 January 2024 (report deadline 11 December 2023)

SI	Public Preview of matters to be considered in private	A report to Cabinet to provide maximum transparency to residents on the private and confidential matters to be considered later in Part 2 of the Cabinet meeting and agenda.	TBC		All Cabinet Members	All	C - Democratic Services			Public
SI	Reports from Select Committees	Reports, findings and recommendations for consideration by the Cabinet, when referred from the appropriate Committee.	All		All	TBC	C - Democratic Services	TBC		Public

Cabinet Member Decisions expected - January 2024

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
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Scheduled Upcoming Decisions

Further details

Ref

Ward(s)

Final decision by Full Council	Cabinet Member(s) Responsible	Relevant Select Committee	Directorate / Lead Officer	Consultation related to the decision	NEW ITEM	Public or Private (with reason)
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SI = Standard Item each month/regularly Council Directorates: AS = Adult Services & Health P = Place C = Central Services R = Resources CS= Children's Services

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
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Scheduled Upcoming Decisions

Ref

Further details

Ward(s)

Final decision by Full Council	Cabinet Member(s) Responsible	Relevant Select Committee	Directorate / Lead Officer	Consultation related to the decision	NEW ITEM	Public or Private (with reason)
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SI = Standard Item each month/regularly Council Directorates: AS = Adult Services & Health P = Place C = Central Services R = Resources CS= Children's Services

Cabinet meeting - Thursday 21 March 2024 (report deadline 4 March)

SI	Public Preview of matters to be considered in private	A report to Cabinet to provide maximum transparency to residents on the private and confidential matters to be considered later in Part 2 of the Cabinet meeting and agenda.	TBC		All Cabinet Members	All	CS - Democratic Services			Public
SI	Reports from Select Committees	Reports, findings and recommendations for consideration by the Cabinet, when referred from the appropriate Committee.	All		All	TBC	CS - Democratic Services	TBC		Public

Cabinet Member Decisions expected - March 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
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Scheduled Upcoming Decisions

Ref

Further details

Ward(s)

Final decision by Full Council	Cabinet Member(s) Responsible	Relevant Select Committee	Directorate / Lead Officer	Consultation related to the decision	NEW ITEM	Public or Private (with reason)
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SI = Standard Item each month/regularly Council Directorates: AS = Adult Services & Health P = Place C = Central Services R = Resources CS= Children's Services

Cabinet meeting - Thursday 18 April 2024 (report deadline 1 April)

SI	Public Preview of matters to be considered in private	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	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.	Various		All	TBC	C - Democratic Services	Various		Public

Scheduled Upcoming Decisions

Ref

Further details

Ward(s)

Final decision by Full Council	Cabinet Member(s) Responsible	Relevant Select Committee	Directorate / Lead Officer	Consultation related to the decision	NEW ITEM	Public or Private (with reason)
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SI = Standard Item each month/regularly Council Directorates: AS = Adult Services & Health P = Place C = Central Services R = Resources CS= Children's Services

Cabinet Member Decisions expected - April 2024

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

Scheduled Upcoming Decisions

Ref

Further details

Ward(s)

Final decision by Full Council	Cabinet Member(s) Responsible	Relevant Select Committee	Directorate / Lead Officer	Consultation related to the decision	NEW ITEM	Public or Private (with reason)
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SI = Standard Item each month/regularly Council Directorates: AS = Adult Services & Health P = Place C = Central Services R = Resources CS= Children's Services

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

SI	Urgent Cabinet-level decisions & interim decision-making (including emergency decisions)	The Leader of the Council has the necessary authority to make decisions that would otherwise be reserved to the Cabinet, in the absence of a Cabinet meeting or in urgent circumstances. Any such decisions will be published in the usual way and reported to a subsequent Cabinet meeting for ratification. The Leader may also take emergency decisions without notice, in particular in relation to the COVID-19 pandemic, which will be ratified at a later Cabinet meeting.	Various		Cllr Ian Edwards - Leader of the Council	TBC	C - Democratic Services	TBC		Public / Private
SI	Release of Capital Funds	The release of all capital monies requires formal Member approval, unless otherwise determined either by the Cabinet or the Leader. Batches of monthly reports (as well as occasional individual reports) to determine the release of capital for any schemes already agreed in the capital budget and previously approved by Cabinet or Cabinet Members	TBC		Cllr Martin Goddard - Finance (in conjunction with relevant Cabinet Member)	All - TBC by decision made	various	Corporate Finance		Public but some Private (1,2,3)
SI	Petitions about matters under the control of the Cabinet	Cabinet Members will consider a number of petitions received by local residents and organisations and decide on future action. These will be arranged as Petition Hearings.	TBC		All	TBC	C - Democratic Services			Public
SI	To approve compensation payments	To approve compensation payments in relation to any complaint to the Council in excess of £1000.	n/a		All	TBC	various			Private (1,2,3)
SI	Acceptance of Tenders	To accept quotations, tenders, contract extensions and contract variations valued between £50k and £500k in their Portfolio Area where funding is previously included in Council budgets.	n/a		Cllr Ian Edwards - Leader of the Council OR Cllr Martin Goddard - Finance / in conjunction with relevant Cabinet Member	TBC	various			Private (3)

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Scheduled Upcoming Decisions

Ref

Further details

Ward(s)

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

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WORK PROGRAMME

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

HEADLINES

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

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 (rescheduled from 15/06/23)	CR5
Thursday 20 July 2023, 6.30pm CANCELLED	CR5
Wednesday 16 August 2023 (informal meeting)	-
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.

MULTI-YEAR WORK PROGRAMME 2022 - 2026

	2022/23				2023/24				2024/25													
Health & Social Care Select Committee	January 26	February 21	March 21	April 26	May No meeting	June 20	July (CANCELLED) 20	August No meeting	September 13	October 10	November 21	December 18	January 23	February 21	March 19	April 23	May No meeting					
Review A: CAMHS Referral Pathway																						
Topic selection / scoping stage	Scoping Report																					
Witness / evidence / consultation stage	Witness Session		Witness Session																			
Findings, conclusions and recommendations					Witness Session		MOVED TO SEPTEMBER		Findings		Findings		Final report		Cabinet							
Final review report agreement																						
Target Cabinet reporting																						
Regular service & performance monitoring																						
Quarterly Performance Monitoring																X	X					
Annual Report of Adult and Child Safeguarding Arrangements																MOVED TO SEPTEMBER		X				
Carers Strategy Update (prior to Cabinet)																						
Older People's Plan Update (prior to Cabinet)																						
Mid-year budget / budget planning report (July/September)																						
Cabinet's Budget Proposals For Next Financial Year (Jan)	X																	X				
Cabinet Member for Health and Social Care	X		X																			
Cabinet Forward Plan Monthly Monitoring	X	X	X	X																		
One-off information items																						
Scrutiny Introduction (Democratic Services)																						
Public Health Update	X																					
Care Act Update																						
Autism Strategy Consultation																						
Crisis Recovery House Update																						
Family Hubs																						
Carer Support Services - Cabinet report (079)																						
2023/25 BCF Section 75 Agreement - Cabinet report (111)																						
Health External Scrutiny																						
Police & Mental Health Attendance at A&E																						
Phlebotomy Services Update																						
Hillingdon Health & Care Partners (HHCP)																						
CAMHS Update																						
Virtual GP Consultations Update																						
Moving Vernon Cancer Centre Strategic Review Update																						
NW Orthopaedic Inpatient Surgery Review																						
Hillingdon Hospital Redevelopment Update																						
Health Updates																						
Quality Accounts (outside of meetings)																						
Past review delivery																						
Review of Children's Dental Services 2021/22	X																	MOVED TO OCTOBER				
Making the Council more autism friendly 2020/21																						
GP Pressures																						
Assisted Living Technologies Review 2021/22																						

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