



HILLINGDON  
LONDON



# Health and Social Care Select Committee

## Councillors on the Committee

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

**Date:** TUESDAY, 23 JANUARY  
2024

**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"><li>• Cabinet Member for Health &amp; Social Care</li></ul>
Relevant service areas	<ol style="list-style-type: none"><li>1. Adult Social Work</li><li>2. Adult Safeguarding</li><li>3. Provider &amp; Commissioned Care</li><li>4. Public Health</li><li>5. Health integration / Voluntary Sector</li></ol>

#### Statutory Healthy Scrutiny

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

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

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

#### Duty of partners to attend and provide information

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

#### Cross-cutting topics

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

- Domestic Abuse services and support

# Agenda

## **CHAIRMAN'S ANNOUNCEMENTS**

- 1** Apologies for absence
- 2** Declarations of Interest in matters coming before this meeting
- 3** Minutes of the meeting held on 21 November 2023 1 - 8
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## Minutes

### HEALTH AND SOCIAL CARE SELECT COMMITTEE

21 November 2023



Meeting held at Committee Room 5 - Civic Centre

	<p><b>Committee Members Present:</b> Councillors Nick Denys (Chair), Philip Corthorne (Vice-Chair), Tony Burles, Reeta Chamdal, June Nelson, Sital Punja (Opposition Lead) and Peter Smallwood (In place of Adam Bennett)</p> <p><b>Also Present:</b> Richard Ellis, Joint Lead Borough Director, North West London Integrated Care System (NWL ICS)</p> <p><b>LBH Officers Present:</b> Gary Collier (Health and Social Care Integration Manager) and Nikki O'Halloran (Democratic, Civic and Ceremonial Manager)</p>
31.	<p><b>APOLOGIES FOR ABSENCE</b> (<i>Agenda Item 1</i>)</p> <p>Apologies for absence had been received from Councillor Adam Bennett (Councillor Peter Smallwood was present as his substitute).</p>
32.	<p><b>DECLARATIONS OF INTEREST IN MATTERS COMING BEFORE THIS MEETING</b> (<i>Agenda Item 2</i>)</p> <p>There were no declarations of interest in matters coming before this meeting.</p>
33.	<p><b>MINUTES OF THE MEETING HELD ON 10 OCTOBER 2023</b> (<i>Agenda Item 3</i>)</p> <p><b>RESOLVED:</b> That the minutes of the meeting held on 10 October 2023 be agreed as a correct record.</p>
34.	<p><b>EXCLUSION OF PRESS AND PUBLIC</b> (<i>Agenda Item 4</i>)</p> <p><b>RESOLVED:</b> That all items of business be considered in public.</p>
35.	<p><b>CARERS STRATEGY DELIVERY UPDATE</b> (<i>Agenda Item 5</i>)</p> <p>The Chairman welcomed those present to the meeting. Mr Gary Collier advised that the report provided the Committee with an annual update and preceded a report which would be considered by Cabinet. The report had included the draft strategy which aligned with the outcomes in the delivery plan for 2023/24. The strategy reflected the vision and mission statements considered by the Committee in the update report in 2022. The report also included case studies. Some information from the previous year's report had been included in this report to provide Members with a fuller picture and, as it was now available, data from the 2021 census had also been included. The latter showed a reduction in the number of those identifying themselves as carers compared to the 2011 census and feedback from the Office of National Statistics</p>

(ONS) suggested that this could be related to the census being conducted under Covid lockdown conditions.

Mr Collier advised that, in addition to the 2021 census, the key sources of comparative data about carers were the annual national short and long term (SALT) services return (completed by all local authorities with adult social services responsibilities) and the Adult Social Care Outcomes Framework measures for carers tested through the biennial National Carer Survey, which was currently in progress. The meeting was informed that there were limitations with the SALT data as strict criteria meant that carers who had not gone through a carer's assessment were not counted. As a result, adult carers being supported by the Carer Support Service who had not had a carers assessment had not been included in this data. Mr Collier advised the Committee that the Carer Support Service contract was between the Council and Carers Trust Hillingdon, who acted as lead provider on behalf of a consortium known as the Hillingdon Carers Partnership. The contract represented the main Council support offer to young carers and an important part of the offer to adult carers.

Mr Collier advised that SALT was being replaced with new reporting requirements called Client Level Data (CLD) that would start to be collected from 1 April 2023. This had less strict inclusion criteria in relation to which carers were included and would provide more information about types and levels of care provided. Comparative information from this data was unlikely to be available until October or November 2024. This would enable Hillingdon to benchmark against comparable local authorities.

It was noted that there had been a reduction in the number of carers who had declined a carers assessment (81% of carers who were offered an assessment declined in 2021/22 and 77% in 2022/23). Although the reasons for refusal were not recorded, the reasons given anecdotally included: the services offered through the Carer Support Service already met their needs; and the service offer available following an assessment did not justify the time taken to complete it. The Committee was informed that feedback from the Carers Forum identified that some carers were concerned about what would be expected from them if they were identified as a carer, i.e., they might be asked to do more than they felt willing to do. It was noted that carers did not need to have had a carers assessment to be able to access the Carer Support Service. Members requested that it be explored further why carers declined to have a carers assessment.

Mr Collier informed the meeting that Carers Trust hosted the Carers Register and carers of all ages were encouraged to register. The register had the dual function of providing a means to target information to carers and also providing demographic data about carers in Hillingdon.

Members noted that there had been a lot of good work being undertaken but queried whether this activity would have taken place anyway, regardless of whether or not the draft strategy had been developed. They also queried how success would be measured and how the draft strategy would help to deliver objectives. Mr Collier advised that a number of actions had been included in the draft strategy which would help with the delivery of the intended outcomes but that there would be challenges with measuring impact. Deciding metrics presented a challenge as a balance had to be found between the effectiveness of the metric in measuring impact against the resource implications of collection and analysis of data. Actions included in the delivery plan had been discussed with partners and were considered as ones that would contribute to achieving intended outcomes. It was acknowledged that some

actions reflected national police and were therefore 'must dos'.

Members were advised that the Carer Support Service was a successful model that had contributed to considerable additional funding being secured for carers in Hillingdon. This was particularly relevant for young carers as a high proportion of the service for young carers provided by Carers Trust was funded through external funding additional to that received from the Council under the contract.

It was noted that national drivers such as the statutory hospital discharge guidance were driving some of the actions at Hillingdon Hospital in respect of identifying and recognising carers but other actions arose from feedback from carers. The inclusion of a carer flag on the new Cerner patient database at Hillingdon Hospital demonstrated a recognition of the importance of the role of carers.

Mr Collier acknowledged that some of the actions within the delivery plan were not new and that was because the issues were also not new but ongoing. He advised that one of the aims with the delivery plan was to only include those actions that were over and above business as usual. This meant that the plan should reduce in size over time, although actions might reappear as local circumstances, including personnel, would change.

Mr Richard Ellis, Joint Lead Borough Director at North West London Integrated Care Board (NWL ICB), advised that the local authority recognised the contribution made by carers, especially young carers. It was interesting that there were no national targets set in relation to carers and resources needed to carved out that would otherwise be used to meet statutory duties. Mr Ellis advised that accountability probably did need to be revisited and picked up with Hillingdon Health and Care Partners (HHCP). A lot of progress had been made but further work was needed to identify where action was still required.

Progress against the action plan would be taken through the governance structure for the Hillingdon Health and Care System which had been set out in the report. Members suggested that the current structure illustrated the reporting lines but not how the decision making was held to account. Mr Collier advised that accountability would sit with the Hillingdon Health and Care Partners Delivery Board.

Members noted that the NWL Integrated Care Partnership had been developing and questioned how the patterns of service delivery and demand had changed and how the offer had therefore changed. Mr Collier advised that there was still room for improvement with regard to the Direct Payments as the take up from carers was quite low in comparison with some other NWL boroughs. Action was also needed to explore the scope for Personal Health Budgets to be used to address the health needs of carers. Work was already underway at a Primary Care Network (PCN) level by H4All to identify carers as part of case finding arrangements which led to referrals into the Hillingdon Carer Support Service.

Mr Ellis advised that there had been progress in primary care with GPs flagging when a carer was calling on behalf of a cared-for person. THH had also improved its practice of logging who the carers were and ensuring that a patient's package of care at discharge also took account of the needs of the carers. Considered needed to be given to when the carer themselves needed urgent medical attention, particularly in relation to mental health needs, and the support provided for the continuing care of the looked-after person.

Concern was expressed regarding the decline in the number of carers that wanted to be assessed and the impact on those accessing support. Members were aware that there might be some stigma for some carers who might be friends, neighbours or extended family who might see caring as their duty rather than seeing themselves as carers and queried how this was addressed and how those who slipped through the net were picked up. Mr Collier advised that all partners needed to be thinking from a carer perspective and, as a result, notable improvements had been made at THH and in primary care. Identification within primary care was essential and this was where the role of the carer lead in practices was particularly important.

The Committee believed that more work was needed to take this into communities as, although not everyone who provided care wanted to be seen as a carer, there would be some who had just not recognised themselves as carers. Carers Trust staff were good at explaining what it was that a carer did that made them a carer. Volunteers from certain community groups were able to go back to their communities to explain their experience and to provide peer support. Members asked that progress over the next twelve months be reported back to the Select Committee. Mr Collier advised of the intention to come back to the Committee in June 2024 in advance of the 2023/24 update to Cabinet.

H4All and Carers Trust had been undertaking roadshows across the Borough and had identified a large number carers that had been previously unknown to partners, particularly in the south of the Borough.

Mr Ellis advised that there were three statutory definitions of carers explained in the report which captured a large proportion of those who gave care but did not cover them all. The Council had worked hard to support people in communities in positions of respect and provided them with information about the support available to carers so that they could disseminate it to those that might need it.

Concern was expressed that there was a high proportion of residents self-funding in the south of the Borough and a lower number in the north. It was noted that these figures did not refer to self-funders but were carers supported by the Carer Support Service. Members were also advised that men were less likely to consider themselves 'carers' than women. Although work was being undertaken to address this, officers would need to report back on the outcomes of these actions.

Members queried whether it would be possible to breakdown the data on young carers even further as there would be a significant difference between the role of a carer aged 10 and that of one aged 18. Similarly, there would be differences between the role of a 10 year old and a 65 year old. Although the census data was not that granular, Mr Collier advised that he would look into what detailed information was being collected by the Carer Support Service (or could be collected).

Whilst it was acknowledged that the Carers Trust had undertaken engagement with carers, Members queried how well engagement mechanisms were now working and whether the Carers Trust was thought to be representative of the carer community. Mr Collier advised that, as there were resource constraints, engagement activity needed to be prioritised. Work had been undertaken in various communities, some of which had been successful in identifying carers and some not as successful. Carers Trust had been attending various groups but there was a limitation on how often this could be done. Further information on this would be included in the Committee's next annual



update report in 2024 and a representative from Carers Trust would be invited to attend. It was also agreed that Members hear from young carers and get an update on what was going on in schools such as Oakwood to support young carers.

Mr Collier stated that further work with schools had been planned. In addition, the GP Confederation had been working in partnership with the Carers Trust to encourage more GP practices to establish carer leads, although it was emphasised that they could not be compelled to do so. Mr Ellis advised that he would like to revisit this with the GP Confederation and the PCNs as almost every practice should have identified a carer lead.

It was suggested that, as well as identifying carers, it was important to know about the care that carers were providing. It was felt that the use of consistent categories of care and support would everyone to be use the same terminology in discussions.

Members thanked Mr Collier for his excellent report and for the inclusion of case studies therein which brought the information to life. However, they were disappointed that not all GPs had been engaging in the work that had been undertaken.

The Democratic, Civic and Ceremonial Manager was asked to draft a short summary of the Committee's comments in relation to the report. This would then be circulated to Members before inclusion in the report to Cabinet.

**RESOLVED: That:**

- 1. progress against the Carers Strategy delivery plan activity for 2022/23 and against the delivery plan for 2023/24 be noted; and**
- 2. the Democratic, Civic and Ceremonial Manager collate and circulate the Committee's comments prior to inclusion in the annual delivery plan update report to Cabinet.**

**36. 2023/25 BETTER CARE FUND SECTION 75 AGREEMENT** (*Agenda Item 6*)

Mr Gary Collier, the Council's Health and Social Care Integration Manager, advised Members that the Better Care Fund (BCF) was a national initiative with two objectives:

1. Enable people to stay well, safe and independent at home for longer; and
2. Provide the right care in the right place at the right time.

The first BCF plan had been put in place in 2015/16 and the latest iteration covered a two-year period from April 2023 to March 2025. The Section 75 (s75) agreement gave legal effect to the financial and partnership arrangements that had been put in place to deliver the BCF objectives. Cabinet had approved the first year (2023/24) with a one year extension.

The report had included the national metrics and the Q2 position. The BCF metrics had an adult focus but work in relation to child related schemes continued to take place. The Committee was advised that the North West London Integrated Care Board (NWL ICB) had been doing a review of the BCF schemes being undertaken across all NWL boroughs to identify any duplication in service provision. It was anticipated that there would be a resultant revision in Q4.

Mr Collier advised that capacity in relation to mental health discharges had been strengthened this year and there had been examples of the delegation of functions between the NHS and social care. Many features of the legal agreement had remained

the same as the previous year. Monitoring requirements for this last year had been considerable and it was anticipated that this would continue going forward.

Mr Richard Ellis, the Joint Lead Borough Director at the NWL ICB, advised that there had been an overlap with the previous report on this agenda as some of the BCF funding was used for carer support. He noted that there was limited local flexibility in terms of how the BCF money was spent but that every effort was made to maximise this flexibility. Mr Collier advised that the BCF contained different funding schemes and that the local authority had less agency over the ICB additional voluntary contributions. Some voluntary contributions had been taken out of the BCF but the services that these related to had continued to be provided. The Council did have some say over the use of the NHS minimum contribution as well as the Improved Better Care Fund and local authority discharge fund and had been very transparent about their use, all of which had positive benefits for Hillingdon's health and care system.

Members were advised that £905k core funding for voluntary and community organisations had been removed from the BCF Pooled Budget. However, the funding was still available for the same services. This reflected a move to commissioned services rather than providing various organisations with annual grants to deliver services. Public procurement regulations necessitated that the Council would have to go out to tender for these services but the approach offered a longer-term certainty and stability for the service providers as the Council would be offering contracts of up to 8 years. Service delivery could also be better monitored by the Council. Metrics would be reflected in service specifications and monitoring frequency would be proportionate, e.g., contracts of higher value would be subject to more frequent monitoring.

With regard to the national metrics, some were consistent but there had been changes to others. This was the first year that the ICB had been established and it had decided to review the eight BCF agreements across NWL to seek "consistency". However, it was unclear what was meant by "consistency" as this had not been defined.

In Hillingdon, effort had been made to get the ICB to understand that there were differences between the 2.5m residents in NWL but a consistent way of managing these issues had not been identified. Mr Ellis advised that it would be important to ensure that Hillingdon's interests were protected.

The NWL ICB review of the BCF had supported Hillingdon's BCF proposals. Furthermore, the standards and expectations of the ICB had been met and had been acceptable to the external assessors. The delegation of the bridging care service from the NHS to social care had been very successful and other boroughs were now being encouraged to introduce similar schemes.

Members noted that the s75 agreement aimed to drive innovation and integration. Examples of this could be seen through the initiatives driven by the delegation of functions between the NHS and social care. There were also some posts that had been funded which had reduced time spent in hospital. For example, additional staff specialising in mental health had been placed in Hillingdon Hospital's Emergency Department (ED). Additional funding had also been put in place for short term care staff to help support fast discharge at the hospital. Mr Collier advised that he would change the way that updates on the BCF were reported to the Committee to make the impact on residents more tangible.

It was noted that some residents were concerned about the cost of the additional

	<p>services that might be needed when they were discharged home. Mr Collier advised that this was set in a statutory framework for Adult Social Care under the Care Act. The schedule in the report appendix had referred to funding from short-term support to enable residents to step down from hospital. Longer term care needs would be subject to a financial assessment as required under the Care Act. The Pooled Budget covered services that enabled residents to get out of hospital, e.g., bed based services and support to return to the community through the Bridging Care Service.</p> <p>The report stated that there were some NHS / ICB funding contributions for 2024/25 which were identified as provisional pending the outcome of the review of out of hospital services and BCF schemes in NWL. Mr Collier advised that he hoped to have further information about this in January 2024 but that it was less likely that it would change in 2024/25 and that any major changes would be more likely in April 2025 when old contracts would be ending and new ones could be aligned.</p> <p>Mr Collier advised that, although not yet published, a national comparator would be available in the near future. Once available, he would share this information with the Committee and would be able to include it in future reports to show Hillingdon's position in context.</p> <p><b>RESOLVED: That:</b></p> <ol style="list-style-type: none"> <li><b>1. Mr Collier provide Members with information about the national comparators once available; and</b></li> <li><b>2. the report be noted.</b></li> </ol>
37.	<p><b>CABINET FORWARD PLAN MONTHLY MONITORING</b> (<i>Agenda Item 7</i>)</p> <p><b>RESOLVED: That the Cabinet Forward Plan be noted.</b></p>
38.	<p><b>WORK PROGRAMME</b> (<i>Agenda Item 8</i>)</p> <p>Consideration was given to the Committee's Work Programme. It was agreed that, as there were no items of business scheduled, the meeting on Monday 18 December 2023 be cancelled.</p> <p>The draft recommendations from the Select Committee's recent review of the CAMHS referral pathway had been circulated to those stakeholders who had attended the various witness sessions. The feedback that they had provided had been collated and would be incorporated where appropriate. The draft final report would be considered by the Select Committee at its meeting on 23 January 2024.</p> <p>Members discussed the new commissioning model that was being introduced for the delivery of health and social care services that had previously been provided by the voluntary sector through annual grants. It was agreed that the impact of this change be considered at the meeting on 23 April 2024. This would need to include a list of those services that were currently provided by the voluntary sector under grant arrangements, with notes against them as to which organisation then provided the service under procurement arrangements. Thought would also need to be given to what support would be provided to those smaller voluntary organisations that were perfectly capable of providing the contracted services but which did not necessarily have in-house bid writing expertise.</p> <p>With regard to the review that had been undertaken in relation to assisted living</p>

technologies, it was noted that Mr Matthew Wallbridge, the Council's Chief Digital and Information Officer, had been asked to provide the Committee with an update. Once this information had been received, consideration could be given to any further action that was required.

**RESOLVED: That:**

- 1. the meeting scheduled for 18 December 2023 be cancelled;**
- 2. the draft final report on the CAMHS referral pathway be considered by the Select Committee at its meeting on 23 January 2024;**
- 3. information on the impact of the new procurement arrangements on small charities be considered by the Committee at its meeting on 23 April 2024;  
and**
- 4. the Work Programme, as amended, be noted.**

The meeting, which commenced at 6.30 pm, closed at 8.17 pm.

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

## HEALTH UPDATES

<b>Committee name</b>	Health and Social Care Select Committee
<b>Officer reporting</b>	Nikki O'Halloran, Democratic Services
<b>Papers with report</b>	Appendix A – Royal Brompton and Harefield Hospitals Update Appendix B – The London Ambulance Service NHS Trust Update
<b>Ward</b>	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.

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

### **Central and North West London NHS Foundation Trust (CNWL)**

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

- **Physical health:** Community treatment for physical conditions that do not require general hospital treatment or conditions that require long-term care. This includes district nursing, health visitors, stroke care and support for people in recovery.
- **Mental health:** Community and hospital treatment for children, adults and older people with mental health problems. Services range from counselling support for mild conditions to rehabilitation treatment for long and enduring mental health problems.
- **Learning disabilities:** Assessment and treatment for people with learning disabilities who also have complex mental health needs and/or challenging behaviour. Services are provided in the community or hospital.
- **Eating disorders:** Admission to hospital or appointment sessions are provided to support men and women with an eating disorder.

- **Addictions:** Community drug and alcohol treatment services are provided, as well as hospital admission when it is needed. Specialist services to address problem gambling, compulsive behaviour and club drug problems are also available.
- **Sexual health:** Appointment and walk-in services are available for anyone who needs them. This includes contraceptive choices, treatment of sexually transmitted infections and HIV testing and treatment.
- **Prison and offender care:** Full healthcare services, including primary healthcare, addictions and mental health support, are provided in a number of prisons. Mental health support is also provided in the community for people who have offended in the past or people at risk of offending.

### **North West London Integrated Care System (NWL ICS)**

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

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

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

### **The London Ambulance Service NHS Trust (LAS)**

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

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

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

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

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

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

### **Healthwatch Hillingdon**

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

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

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

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

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

### **Witnesses**

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

1. Hillingdon Health and Care Partners (HHCP)
2. The Hillingdon Hospitals NHS Foundation Trust (THH)



3. Royal Brompton & Harefield Hospitals, Guy's and St Thomas' NHS Foundation Trust (RBH)
4. Central and North West London NHS Foundation Trust (CNWL)
5. North West London Integrated Care Board (NWL ICB)
6. The London Ambulance Service NHS Trust (LAS)
7. Healthwatch Hillingdon (HH)
8. Hillingdon GP Confederation

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## **Royal Brompton and Harefield Hospitals**

### **Briefing Report for the Health and Social Care Select Committee January 2024**

#### **Elective recovery**

Good progress has been made with elective recovery but unfortunately the industrial action over the last 12 months has resulted in reduced elective activity during these periods. This allowed continued focus on emergency work (including urgent inter hospital transfers) whilst ensuring sufficient medical cover to ensure the safety of the patients in our hospitals.

In April 2023 we reported that 590 patients were awaiting an elective cardiac surgery procedure at our hospitals and this figure has reduced to 555. The number of patients waiting remains higher than the pre-pandemic volume which would have been approximately 400. We also reported in April that 811 patients were awaiting a cardiology procedure and this number has reduced to 744 (compared to pre pandemic levels of approximately 700). Whilst patients continue to wait longer for treatment than usual, we continue to monitor them for risk of harm whilst they await treatment and escalate patients should any deterioration in condition be noted.

We continue to run additional weekend theatre and cath lab lists to and are also running additional weekend lists for cancer patients awaiting specialist diagnostic tests or surgical treatment. Work continues with partner organizations to ensure cancer patients requiring diagnostic and treatment interventions reach us as soon in their pathway as possible.

Both Royal Brompton and Harefield Hospital sites are also involved in the targeted Lung Health Check programme that aims to find lung cancer early, sometimes before symptoms are even experienced.

#### **Heart Attack Centre**

The Heart Attack Centre at Harefield Hospital remains one of the busiest centres in London and our performance against BCIS (British Cardiovascular Intervention Society) standards continue to be excellent.

An ST-elevation myocardial infarction (STEMI) is a type of heart attack that is more serious and has a greater risk of serious complications and death. During this type of heart attack, there is a total blockage of a coronary artery limiting the blood supply to the heart muscle and this can cause extensive damage. The treatment is to unblock the artery as soon as possible by primary percutaneous coronary intervention (i.e. a stent).

The current standard is that at least 90% of STEMI patients should have a door to balloon time of <60 minutes. The national average during the period April – June 2023 against this standard was 74% and Harefield achieved this standard in 89% of cases.

#### **Transplant Service**

In 2023/24 to date (11/01/24) Harefield Hospital has carried out 34 heart transplants and 25 lung transplants. This is a considerably higher number of lung transplants than in 2022/23 year where 16 were carried out. We are also forecasting an increased number of heart transplants by the end

of the this with 38 hearts transplants carried out in 2022/23.

### **Recruitment**

We continue to struggle recruiting some staff groups. There remains a national shortage of cardiac physiologists, so it is challenging to fill vacancies when they arise.

It is also still difficult to recruit anaesthetic and critical care junior doctors with less overseas candidates applying for jobs than before the pandemic and Brexit.

Another area with recruitment challenges is critical care nursing and Harefield is holding a band 5 and 6 critical care nursing open day on 14<sup>th</sup> February 2024 to support this recruitment drive.

### **Electronic Patient Record (EPR)**

In October 2023, Guy's and St Thomas' NHS Foundation Trust (of which Royal Brompton and Harefield Hospitals are a part) and Kings Hospital launched a new EPR system called EPIC cross all of its hospital and community sites. It is the largest EPIC roll out in the world to date and was several years in the planning.

As with any new EPR launch, there is a period of time post go live where the system is becoming embedded as staff become more familiar with the system and how to maximize the advantages it brings. There are also inevitable data migration issues to resolve and data quality issues to address. This work is continuing and there is no doubt that having this new EPR will bring great benefit to patient care.

### **Capital investment**

The concern regarding the constraint on NHS capital expenditure continues, particularly given the cardiology unit (ACCU) delivering level 1 (ward) and level 2 (high dependency) care will require replacements in the next 4/5 years due to deterioration of the current prefabricated building.



## Update for Hillingdon Health and Social Care Select Committee – 23<sup>rd</sup> January 2024

### 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 21<sup>st</sup> August 2023 (Details provided in previous updates). So far the feedback has been extremely positive and we are eagerly awaiting the NHS Staff Survey Results to demonstrably evidence this. 76.1% of staff within the Hillingdon Group completed the survey.
2. The Hospital Withdrawal Procedure (W45) – an agreement between London Ambulance Service and hospital trusts which sees our crews handing over patient care to hospitals within 45-minutes wherever possible – still continues since its implementation in June 23 with significant results. December 2022 saw our crews lose 274 hours as a result of patient handovers that exceeded 45 minutes at Hillingdon Hospital. In December 2023, this reduced to just 12.3 hours as a result of this procedure. We continue to appreciate the support and collaboration from Hillingdon Hospital in maintaining this.
3. The My Clinical Feedback App is now available to all clinicians. This app allows the clinician to review their patient's diagnosis and treatment within the emergency department. This is a significant improvement to help with each member of staff's clinical development.
4. Tactical and Operational Commanders from the Hillingdon Group took part in Hillingdon Council's annual resilience forum exercise (Operation Ignis) on 9<sup>th</sup> October 2023.
5. The contract with RAF paramedics within the Hillingdon Group has been reviewed. This is a multi-agency approach to providing clinical care to our community whilst developing paramedics from different organisations.

#### **What target your organisation has been working towards**

The LAS launched its 2023-2028 Strategy in September 2023. The full document is available online at [Our plans for the future - London Ambulance Service NHS Trust](#). This strategy was the result of extensive engagement both inside our organisation, with our partners and with our patients on how they would like to see us develop. The strategy sets out three missions:

1. Our Care: Delivering outstanding emergency and urgent care whenever and wherever needed.
2. Our Organisation: Being an increasingly inclusive, well led and highly skilled organisation people are proud to work for.
3. Our London: Using our unique pan-London position to contribute to improving the health of the capital.

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

- In North West London, the average response time to category 1 patients in the last six months was 7 mins 21 seconds. This is 7 second improvement from the previous 6 months.
- The Trust is currently operating at REAP (Resource Escalation Action Plan) level 3 (Major Pressure). Between 8/12/23 and 22/12/23 the Trust moved to REAP level 4 (Extreme Pressure). This was as a result of an increase in the number of calls received in our 999 and 111 system. An increase in respiratory illnesses was also observed.

*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.*

- Staff sickness rates within the Hillingdon Group have reduced from 6.41% to 6.09% in the last six months.
- 88.8% of staff have received an appraisal in the last 12 months. This is a 6% increase from six months ago.
- The average on scene times for our time critical patients is 35.9 minutes (0.2 mins quicker than six months ago). This is compared to a Trust average of 38.5 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 six months 50.6% of patients in Hillingdon were taken to an Emergency Department.
- 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 recent reports:
  - 87% of staff within the Hillingdon Group have received Clinical Performance Indicator feedback within the last six months.
  - 29% of cardiac arrest patients attended by a Hillingdon Crew sustained a return of spontaneous circulation (ROSC) on arrival at hospital. Downloads of the Defib used in all cardiac arrest patients take place to provide feedback and assurance that all guidelines are followed with cardiac arrest management.
  - 98% of Stroke patients received the appropriate and full care bundle.
  - 89% of STEMI patients received the full care bundle and were conveyed to the appropriate Heart Attack Centre in November 23.

## 2024/25 BUDGET PROPOSALS FOR SERVICES WITHIN THE REMIT OF HEALTH & SOCIAL CARE SELECT COMMITTEE

<b>Committee name</b>	Health and Social Care Select Committee
<b>Officer reporting</b>	Andy Goodwin / Jon Smith, Finance
<b>Papers with report</b>	None
<b>Ward</b>	N/A

### **REASON FOR ITEM**

1. To comply with the Budget and Policy Framework procedure rules as part of the agreed consultation process for the General Fund and Housing Revenue Account budgets, alongside the Council's Capital Programme, this report sets out the draft revenue budget and Capital Programme for the services within the remit of the Health & Social Care Select Committee. Following consideration by Cabinet on 14 December 2023, these proposals are now under consultation, and the relevant proposals being discussed at the January cycle of the Select Committees.
2. Cabinet will next consider the budget proposals on 15 February 2024, and the report will include comments received from Select Committees. At the meeting on 15 February 2024 Cabinet will make recommendations to full Council regarding the budget and Council Tax levels for 2024/25. Subsequently, Council will then meet to agree the budgets and Council Tax for 2024/25 on 22 February 2024.
3. The Committee needs to consider the budget proposals as they relate to the relevant service areas within the Health & Social Care Cabinet Portfolio, but within the corporate context and the constraints applying as a result of the aggregate financial position of the authority.

### **OPTIONS AVAILABLE TO THE COMMITTEE**

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

### **General Fund Budget**

#### **Budget Strategy**

5. Budget proposals for 2024/25 have been prepared in the context of a wider strategy addressing the five-year MTFP period through which service expenditure is to be managed within available resources in the context of a challenging economic environment both in terms of an exceptional inflationary pressures, the impact of the cost-of-living crisis and the continuing legacy of COVID-19. To balance the budget, the Council has a number of mechanisms at its disposal to deliver this including a combination of delivering efficiency

savings, increases in the Council Tax, and Fees and Charges, whilst setting a strategy that increases reserves above those forecast within the 2023/24 position.

6. This budget strategy is based upon the principle of sound financial management set against the backdrop of these challenging economic conditions, with the latest monitoring position for the 2023/24 financial year reporting a net underspend of a minor £2k which will leave uncommitted General Balances at £26,848k entering the 2024/25 financial year.
7. However, the 2023/24 position reflects the use of Earmarked Reserves to fund £3,622k of exceptional inflationary pressures on service budgets including the 2023/24 pay award. Furthermore, the Council is drawing down £1,785k from reserves to fund local priorities, £1,535k to fund legacy impacts against taxation income driven by the pandemic and £692k of other costs. With windfall income from the West London Waste Authority of £1,500k offsetting these drawdowns, the net impact is a £6,134k use of reserves, leaving a closing balance of £13,926k against the Council's Earmarked Reserves.
8. The Month 7 monitoring position for the services within this select committee present a net variance of £1,008k favourable as presented in the table below:

**Table 1: Service Operating Budgets**

Cabinet Member Portfolio		Approved Budget	Forecast Outturn	Variance (As at Month 7)	Variance (As at Month 6)	Movement from Month 6
		£'000	£'000	£'000	£'000	£'000
Health & Social Care	Expenditure	138,379	138,195	(184)	(239)	55
	Income	(40,508)	(41,332)	(824)	(833)	9
	<b>Subtotal</b>	<b>97,871</b>	<b>96,863</b>	<b>(1,008)</b>	<b>(1,072)</b>	<b>64</b>
Services within the remit of other committees	Expenditure	353,619	355,601	1,982	875	1,107
	Income	(190,723)	(191,699)	(976)	195	(1,171)
	<b>Subtotal</b>	<b>162,896</b>	<b>163,902</b>	<b>1,006</b>	<b>1,070</b>	<b>(64)</b>
<b>Total Service Operating Budgets</b>		<b>260,767</b>	<b>260,765</b>	<b>(2)</b>	<b>(2)</b>	<b>0</b>

9. With the following narrative setting out the variances and movement from Month 6 on an exception basis:
  - a. **Health & Social Care** – an underspend of £1,008k 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, with the largest being additional grant income. The movement at Month 7 is driven by a number of minor updates, the most material of which relates to an increase in the forecast spend on Adult Social Care Placements offset by a number of smaller forecast updates spread across the remaining services within the Health & Social Care portfolio.



Within this portfolio, Adult Social Care Placements is the only area that falls within the Demand-Led Growth section of the Council's budget strategy, with the Month 7 refresh of the impact of demographics and inflation forecasting an emerging pressure being driven by both demographic demand and price pressures, with these pressures forecast to be funded in-year by a further release of Balance Sheet provisions.

10. Of the £22,762k savings within the 2023/24 budget, 75% are banked or on track for delivery in full, with potential risks arising on 1% (£242k), relating to timing issues on practical implementation of two projects, which are ultimately expected to be resolved. Further information on this position is set out in the month 7 budget monitoring report also presented to Cabinet on this agenda, but it is expected that all 2023/24 savings will ultimately be banked in full or replaced with alternative measures in the event of any ongoing shortfall.
11. The position on the savings included in the 2023/24 budget within the remit of this Select Committee is as follows:

**Table 2: Savings Tracker**

Cabinet Member Portfolio	Blue Banked £'000	Green Delivery in progress £'000	Amber I Early stages of delivery £'000	Amber II Potential problems in delivery £'000	Red Serious problems in delivery £'000	Total £'000
Cabinet Member for Health and Social Care	(830)	(1,565)	0	0	0	(2,395)
Services within the remit of other committees	(6,154)	(7,981)	(632)	(2,410)	(242)	(17,417)
Cross-Cutting	(500)	0	(500)	(1,950)	0	(2,950)
<b>Total 2022/23 Savings Programme</b>	<b>(7,484) 33.0%</b>	<b>(9,545) 42.0%</b>	<b>(1,132) 5.0%</b>	<b>(4,360) 19.0%</b>	<b>(242) 1.0%</b>	<b>(22,762) 100.0%</b>

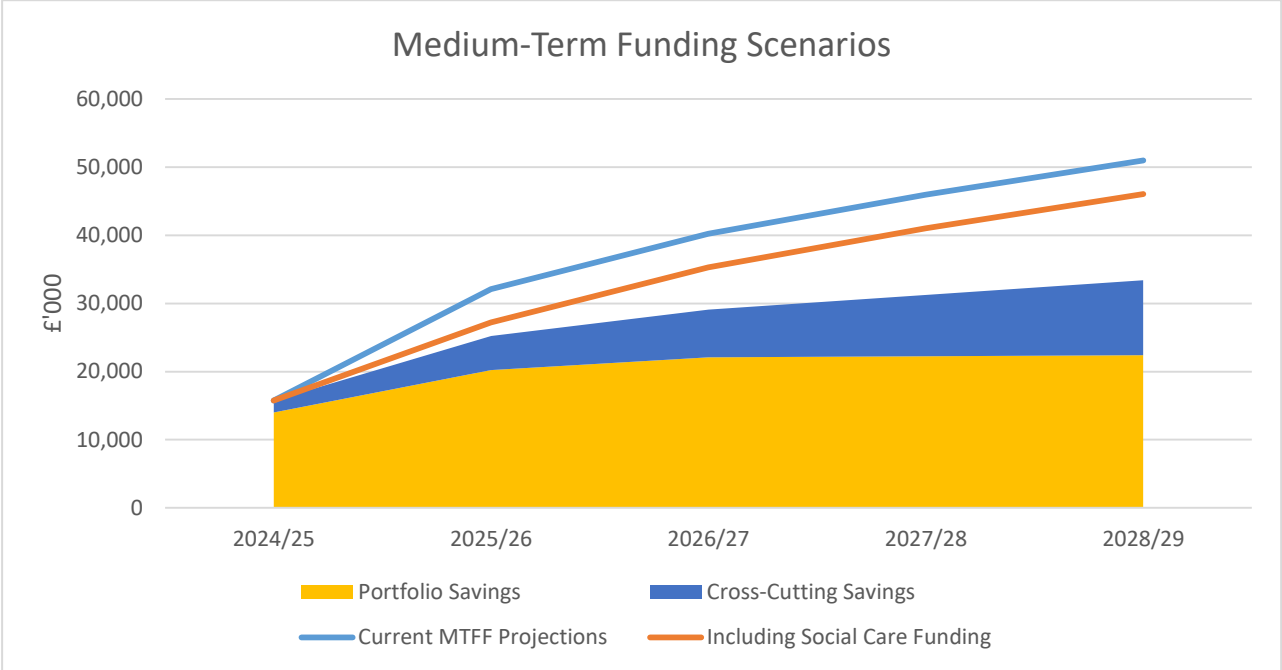
12. Based on 2.99% per annum increases in the core Council Tax and 2% per annum increases in the Social Care Precept for 2024/25, reducing to 3.8% overall increase in 2025/26 and 2.8% thereafter, funding available to support service expenditure is projected to grow by £35,209k to £298,487k between 2024/25 and 2028/29. A combination of exceptional inflationary pressures particularly in the earlier years of the budget strategy and demand-led pressures (including the legacy impacts of the COVID-19 pandemic), together with capital investment plans is projected to generate a £52,788k uplift in service expenditure across the five-year term. In order to address this differential, to date, a savings programme of £33,411k has been developed, leaving a residual budget gap of £17,579k across the five-year MTF period, with £15,752k of savings being proposed for 2024/25 increasing throughout the later years of the MTF period.

**Table 3: Budget Strategy**

	2022/23 £'000	2023/24 £'000	2024/25 £'000	2025/26 £'000	2026/27 £'000	2027/28 £'000
Total Resources	263,278	280,712	280,462	287,245	292,253	298,487
Total Service Expenditure	263,278	280,712	287,351	298,386	306,971	316,066
<b>Cumulative Budget Gap</b>	<b>0</b>	<b>0</b>	<b>(6,889)</b>	<b>(11,141)</b>	<b>(14,718)</b>	<b>(17,579)</b>
<u>Of which, Service Expenditure in the remit of this committee:</u>						
Health & Social Care	114,084	125,627	130,097	135,509	140,986	146,659
Services within the remit of other committees	149,194	155,085	157,254	162,877	165,985	169,407
<b>Total</b>	<b>263,278</b>	<b>280,712</b>	<b>287,351</b>	<b>298,386</b>	<b>306,971</b>	<b>316,066</b>

13. As is the case for the vast majority of local authorities, the Council has experienced exceptional economic factors that are driving a material inflationary requirement, which is having a significant impact on the cost of providing services to residents, with Government funding no longer keeping pace with the increased expenditure the Council is facing. The generally accepted measure of inflation, the Consumer Price Index (CPI) continues to track above the Bank of England target rate of 2% and peaked at 11.1% in October 2022 before falling to 4.6% in the latest published data for October 2023. This high inflation environment has yielded a forecast inflationary requirement of £16,659k in 2024/25, rising to £48,176k by 2028/29.
14. This compares to a forecast of £10,906k for 2024/25 when the Council set out the previous iteration of the budget strategy in February 2023, with this latest refresh presenting a 53% increase from these projections. Inflation, together with further increase in demand-led growth and corporate items has generated the need for the continuing development of savings programmes. It is expected that this will continue to be a key requirement within our budget strategy in the years ahead.
15. The Autumn Statement announced in parliament on 22 November 2023 implied spending targets for unprotected Government departments from 2025/26 onwards will result in real terms spending reductions, with the OBR estimating spending on unprotected departments would fall by 2.3% in real terms from 2025/26, with this number forecast to increase to 4.1% per year, should the government follow through on its ambition to increase defence spending to 2.5% of GDP and return overseas development assistance to its 0.7% of gross national income target. This therefore might imply that the best-case scenario would see cash flat settlements from 2025/26 onwards.

**Chart 1: Medium Term Funding Scenarios**



16. As can be seen from the analysis above, the savings programme outlined in this budget strategy would only be sufficient to contain service expenditure within the resource envelope in a scenario where the £4.9m funding allocated by the Government in core Adult Social Care spending is retained in 2025/26 and beyond. However, the current savings programme reflects specifically identified actions at this time and we expect to develop and increase the programme further over the life of the MTFF. It should be recognised that in the absence of the retention of the aforementioned Adult Social Care Funding and increased savings, a requirement for a 30% uplift in core government grant support would be necessary in order to balance later years budgets.
  
17. The continuation of a second year of adverse economic conditions and the stubbornly high inflationary pressures represents the main cause of the current cost-of-living pressures, with the impact from increasing costs and declining revenues having negative impacts on local residents and businesses, with the Council in turn exposed to these forces and facing similar challenges in service delivery, albeit on a larger scale and in the context of a range of statutory responsibilities. The impact of this is particularly evident in the Council’s homelessness prevention service, which is experiencing a sustained period of high demand, with the Council needing to materially increase the level of budgetary provision in this area. Furthermore, COVID-19 legacy issues continue to impact on Council services and finances, with pandemic related pressures believed to be a strong driver for the ongoing financial pressures within Adult Social Care.
  
18. Notwithstanding the additional challenges presented by adverse economic conditions and the legacy impacts from the pandemic, this budget strategy does not rely upon use of General Balances to support service expenditure and aims to increase net reserves over the five-year MTFF period to build the Council’s financial resilience going forward, with this strategy proposing an increase in reserves of £7,500k by 2028/29 if no unforeseen economic shocks are sustained. A review of the range of general risks affecting the Council and the anticipated release of significant sums from provisions and EMRs in 2023/24 indicates that the recommended level of uncommitted reserves (General Balances) should be between

£22,000k and £41,000k, meaning that £4,848k over and above earmarked reserves remains available to the Council to deploy, should it be required.

19. In addition to General Balances, the Council holds Earmarked Reserves to manage specific risks, projects and cyclical expenditure commitments. At 31 March 2024, these are projected to total £13,926k, with £3,048k being the remaining balance of identified funding to meet exceptional inflationary pressures. This strategy includes no further release from earmarked reserves to fund ongoing service expenditure.
20. Savings proposals totalling £33,411k have been developed towards mitigating the emerging expenditure pressures as funding levels are projected to grow at a slower rate than demand for Council Services, with a residual £17,579k budget gap to be mitigated over the period from 2024/25 to 2028/29. As in previous years, savings proposals for the forthcoming financial year are specific in nature, with medium-term plans structured around wider strategic approaches to transformation of local services. Proposals have been developed within the themes of Service Transformation, Effective Procurement, Digital Strategy, Workforce, Managing Demand and Income Generation & Commercialisation and Zero Based Reviews, with an overview of specific measures set out within this report.
21. Following on from the Autumn Statement announcement in November 2023 and whilst the Local Authority settlement is still awaited, it is considered highly likely that Government Grants and Business Rates income will fail to match prevailing levels of inflation currently being experienced in the medium term and that demand levels for Adult and Children's Social Care provision have shown and will continue to show unrelenting growth. It has therefore proved necessary for the Council to continue the approach of proposing increases in Fees & Charges to keep pace with inflation and in part mitigate the shortfall in Government funding.
22. This draft budget outlines £346,869k of proposed capital expenditure – including substantial investment in local infrastructure, a new leisure centre and delivery of significant additional SEND capacity in the borough's schools – of which £74,076k is to be financed through borrowing. Taken together with historic capital spending, this investment will result in the Capital Financing Requirement peaking at £318,748k in 2025/26 and declining thereafter. Of this peak borrowing requirement, £271,057k is expected to necessitate external borrowing, with £47,691k being financed through General Fund reserves and working capital.
23. The following sections of this report and Appendix A provide further commentary and analysis to support the General Fund budget strategy, before returning to a summary of the Schools Budget position and Housing Revenue Account in turn.

### **Risk Management**

24. In developing a strategy to deliver services within a constrained resource envelope, it is necessary to reflect upon both risk and opportunity arising from the Council's current financial standing, with this assessment in essence representing an informed view of the organisation's financial resilience. The following paragraphs provide an update on the constituent elements of this assessment:

- a. **General Fund Reserve-levels:** a key indicator of financial resilience, the Council is projected to retain £45.2m at 31 March 2023 between general and earmarked reserves at the time of budget setting in February 2023, with the final outturn for the year seeing this sum increase to £46.9m. Latest projections for the 2023/24 year would see this sum fall to £40.5m by 31 March 2024, which remains broadly in line with budget strategy assumptions as one-off or windfall gains are being deployed to meet additional cost pressures arising from the ongoing high inflation environment while also reflecting that the Council has historic commitments against specific earmarked reserves. Of this sum £26.9m is projected to be held in unallocated General Balance, with £13.9m earmarked for specific purposes.

The Corporate Director of Finance is required to set out a recommended range for unallocated reserves, which was set between £22m and £41m for the 2023/24 financial year. Current reserve levels are therefore towards the lower end of the acceptable range for an authority such as Hillingdon, and as outlined in the Section 25 Statement in the Budget Strategy report presented to Cabinet in February 2023, this budget now proposes increasing reserves by £7.5m by 2028/29. The recommended range for General Balances is predicated on the Council being able to deliver balanced budgets and makes no provision for substantial deployment of reserves over the MTF period.

While reserve-levels remain within the recommended range, it is notable that the Council's absolute levels of reserve are an outlier in London – being ranked 31 from 33 authorities at 31 March 2022 (the last date for which comparable data is available). This will impact how the Council develops its budget strategy over the coming years with a focus on building resilience through £7.5m budgeted contributions to reserves over the five year period of the MTF.

- b. **Dedicated Schools Grant Deficit:** the cumulative deficit arising from sustained underfunding of SEND provision by the Department for Education stood at £21.9m at 31 March 2023, equivalent to 47% of the Council's total General Fund Reserves. There is currently a time-limited statutory override in place until 31 March 2025 which ensures that this deficit does not impact upon general reserves, and the Council's General Fund budget strategy is predicated on the further continuation of this override. As the Council continues to invest significant funds and capacity to bring this ringfenced account into balance over the medium term, the DSG deficit will continue to represent an additional call on financial capacity.
- c. **Capital Financing Requirement:** this reflects the Council's underlying need to borrow and the element of historic investment that has not yet but will ultimately be funded from Council Tax receipts. At the time of the last budget setting in February 2023 this was projected to total £259.7m at 31 March 2023, with the final outturn position falling marginally to £257.6m as a result of slippage in planned capital spending. At 21.5% of the Council's £1,196m asset base, this does not represent an excessive level of borrowing for an authority such as Hillingdon and plans are in place to fully meet this obligation over the useful economic lives of the associated assets.

The Council retains no material interest in investment property or other commercial interests on its balance sheet, with assets held primarily for delivery of services to local residents. As a result, a material write-down of asset values is not considered a

material risk for Hillingdon and economic conditions would not be in a position to require accelerated funding of the Capital Financing Requirement.

Shareholding in the Council's housing development company currently totals £4.9m, with facility for further lending to finance specific schemes on a case-by-case basis. Given the scale of projects delivered by the company and the Council's status as sole shareholder and lender, the risk of this operation adversely affecting the Council's broader financial resilience is limited.

25. On the basis of these core balance sheet measures, Hillingdon maintains significant capacity for capital investment with limited exposure to commercial risk, albeit with a lower level of reserves cover than other authorities which emphasises the requirements for a greater focus on reliable delivery of balanced budgets. While it is likely that almost all local authorities are facing a budgetary challenge of a similar nature to Hillingdon, it is notable some of those authorities may have higher debt and associated risk with the recent increases in interest rates. In this context the current MTF strategy depends on the achievement of asset sales with circa £75 million assumed over the next five years and these providing the financing towards the Council's transformation programme and DSG Safety Valve agreement requirements.
26. Based on the Council's assessment of its financial resilience, the budget strategy presented in this report has taken a prudent approach to the review of inflation, with the Council's core inflation assumption being that CPI continues to track at circa 7% per annum for 2023/24 and 2024/25, before falling to 4% for 2025/26 before returning to the Bank of England target rate of 2% for the remainder of the five-year strategy. The approach assumes that much of the Council's core contracted expenditure ultimately presents for an increase of this magnitude, albeit with an expectation that the timing of uplifts will present on a staggered basis. On a similar approach, Social Care continues to generate a significant inflation requirement against an expenditure budget exceeding £110m. Energy and fuel inflation forecasts continue to track significantly above inflation, predominantly linked to the impact from the war in Ukraine with a further risk from the current Israeli-Palestinian Conflict.
27. Following ten years of Hillingdon freezing Council Tax before applying more modest increases in recent times, Hillingdon has positioned itself as a low tax authority, however, as the Government assume that Councils will raise Council Tax in line with the referendum threshold, the Council's core spending power is tracking behind where Government models would assess it to be. Indeed, it should be noted that as a result of the ten-year freeze, even after an increase in 2023/24, Council Tax levels in Hillingdon are amongst the lowest in London. This means that the robustness of estimates is critical as the Council needs to ensure that Service Operating Budgets are sufficient to fund services going forward without the reliance on reserves.
28. The Council continues to take a robust approach to the recommended Savings Programme, which is focussed on making improvements and efficiencies in service delivery rather than service reductions, with assessed proposals being included in the Council's budget strategy, and the majority of savings targets assigned to specific service departments, This allows the Council to have greater certainty in the delivery of the saving programme, albeit with an inherent level of risk due to continuing adverse economic conditions and the increasingly complex nature of the savings initiatives being undertaken.

29. The combination of this substantial savings programme and proposed uplifts in Fees & Charges are projected to secure £15.7m benefit in the 2024/25 financial year, indicating the scale of measures required to manage the increased savings requirement for the forthcoming financial year.
30. Based on the approach adopted to generating the Council's budget strategy, the procedures it follows, and the assumptions included in this report, the budget strategy is deemed to be based on sound forecasting and realistic assumptions that enable the Cabinet to present this position to the public, local businesses and Council members for consideration.
31. As part of the Cabinet's final budget proposals to Council presented in February 2024, the Corporate Director of Finance will provide assurances around robustness of estimates and adequacy of reserves as part of the statutory framework for local authority budget setting. These assurances will be framed with reference to principles and standards included within CIPFA's Financial Management Code.

### **Budget Proposals for the Health & Social Care Select Committee**

32. Service expenditure will grow due to inflationary pressures, demand-led growth and other corporate items including capital financing costs. The below table sets out the impact of these expenditure movements across the Cabinet Portfolios within the remit of this Select Committee for 2024/25.

**Table 4: Service Expenditure Budget Proposals**

	2023/24	Inflation	Demand-led Growth	Corporate Items	Savings Proposals	2024/25
	£'000	£'000	£'000	£'000	£'000	£'000
Health & Social Care	114,084	7,763	5,511	0	(1,731)	125,627
Services within the remit of other committees	149,816	8,617	4,943	6,073	(12,271)	157,178
Corporate Budgets & Cross-Cutting Initiatives	(622)	279	0	0	(1,750)	(2,093)
<b>Total Service Expenditure</b>	<b>263,278</b>	<b>16,659</b>	<b>10,454</b>	<b>6,073</b>	<b>(15,752)</b>	<b>280,712</b>

33. **Inflation:** Cost pressures of £7,763k are projected against 2023/24 expenditure going into 2024/25, with material uplifts in relation to workforce budgets, care placements, contracted expenditure and energy costs. In line with wider MTFE modelling, inflation projections are predicated on CPI being 7% during 2023, 3% in 2024 and 2% from 2025 onwards, with a forecast one-year time lag on these indices impacting on Council expenditure. For a second successive year, the exceptional inflationary environment within the national, and global, economy is the largest driving force behind the Council's saving requirement in the short-term, with 2023/24 pay award being greater than the Council's assumptions at the time of setting the 2023/24 budget, leading to the 2024/25 budget proposals including an element of funding for the 2023/24 pay award above the budgeted level which is being funded from Earmarked Reserves in-year.

34. Demand-Led Growth: items within the remit of this Select Committee account for £5,511k of the £23,950k increase across the Council over the life of the budget strategy to 2028/29, with a breakdown of these items presented below.
35. Underlying demand for the Adult Social Care Placements is projected to continue to grow over the budget strategy period, which continues to have an ongoing COVID-19 legacy issue, with an element of the 2024/25 increase being required to fund a material increase in demand during 2023/24, before returning to pre-pandemic population increases. This position is therefore driving a demographic increase of £3,216k for 2024/25 before returning to a 2% per annum increase in client numbers, adding £6,416k from 2025/26 to 2028/29. Included in the proposed Savings Programme later in this report, are three savings initiatives aimed at reducing spend on Adult Social Care Placements by £2,304k by 2028/29, with the Demand-Led Growth bid representing the increase required before these initiatives are factored in to reduce the overall spend in this area.
36. With Public Health continuing to be a ringfenced fund, the increase in service expenditure relates to the forecast increase in the Council's Public Health Grant allocations based on the 2021 Spending Review which set a multi-year settlement. With the Council required to spend any increase in Government funding on Public Health, this increase ensures the Council meets its statutory obligations and re-invests the increased funding into Public Health services, the remaining balance of the increased funding is being utilised to fund inflationary uplifts reported under contracted expenditure.
37. As a result of increasing numbers of children being supported by an Education, Health and Care Plan (EHCP), demand for SEND Transport is expected to grow by £4,230k by 2028/29 to finance transport to education settings within and outside the borough.
38. Corporate Items: budget movements within the remit of this Select Committee account for £0k of the £14,073k increase across the Council over the life of the budget strategy to 2028/29, with no corporate items falling within the remit of this committee.

### **Savings Proposals**

39. As mentioned above, £15,752k of savings proposals have been incorporated into the draft budget for 2024/25, with £1,731k falling within the remit of this Select Committee. Details of the savings programme propels within the remit of this Select Committee are discussed below.
40. Health and Social Care: Within Health and Social Care, as in previous years, the Council continues to adopt a strong Early Intervention approach to deliver better outcomes for residents and contain placement costs despite continuing to experience the impact of demographic growth and inflationary pressures. The Service is continuously looking to innovate and develop current ways of working and service provision to help manage these pressures. This is evident in the savings within this area that are linked to investment in digital solutions; investment in new Care Diagnostic Equipment is expected to better identify appropriate levels of support and reduce care costs by £150k in 2024/25 and a further £150k



in 2025/26. Furthermore, as part of a wider Digital Front Door project, the automating of initial contact with prospective service users will enable effective triage to third sector providers or Care Act assessments which is expected to yield staffing savings of £150k in 2025/26. Finally, a review of the Telecare operating model and charging policy is expected to produce savings of £54k in 24/25 and a further £100k in each of the following 5 years.

**Capital Proposals**

- 41. Capital investment of £217,772k over the period 2024/25 to 2028/29 has been incorporated into the wider General Fund budget strategy set out within this report, with £88,800k investment in major projects, primarily delivering new or expanded infrastructure, and £128,972k investment in recurrent programme of works, ensuring that existing infrastructure is maintained and improved. An overview of these investment plans including changes from the programme approved by Council in February 2023 is detailed below, with further detail available in Appendix A8 that accompanied the Consultation Budget Report presented at December Cabinet.

**Table 5: General Fund Capital Programme by Cabinet Portfolio**

	<b>Major Projects £'000</b>	<b>Programme of Works £'000</b>	<b>Total £'000</b>
<b>Total Capital Programme</b>	<b>88,800</b>	<b>128,972</b>	<b>217,772</b>
<u>Of which, Service Expenditure in the remit of this committee:</u>			
Health & Social Care	5,500	14,250	19,750
Services within the remit of other committees	83,300	114,722	198,022
<b>Total</b>	<b>88,800</b>	<b>128,972</b>	<b>217,772</b>

- 42. Further to the overview presented above, the below section sets out the Capital Proposals within the remit of this Select Committee.
- 43. **Health and Social Care** – the budget of £22,600 includes the purchase of a care home to be run by the Council, investing £5,500k which will support an ongoing revenue saving for the service of £550k per annum from 2025/26, with the remaining £14,250k is for continuing investment in Social Care equipment for service users.

**BACKGROUND PAPERS**

THE COUNCIL'S BUDGET: MEDIUM TERM FINANCIAL FOECAST 2024/25 - 2028/29, presented to 14 December 2023 Cabinet Meeting

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## SCRUTINY REVIEW OF THE CAMHS REFERRAL PATHWAY

<b>Committee name</b>	Health and Social Care Select Committee
<b>Officer reporting</b>	Nikki O'Halloran, Democratic Services
<b>Papers with report</b>	Draft Final Review Report
<b>Ward</b>	N/A

### HEADLINES

At its meeting on 27 January 2023, the Health and Social Care Select Committee agreed the scoping report and terms of reference for a review of the Child and Adolescent Mental Health Services (CAMHS) referral pathway. From the information gathered during the Select Committee's investigations, a report has been drafted along with a number of recommendations (as set out in the Appendix).

### RECOMMENDATION:

**That the Health and Social Care Select Committee comment on, amend and agree the final report in relation to the CAMHS referral pathway.**

### SUPPORTING INFORMATION

Having considered the draft recommendations at its meeting on 21 November 2023, the final report has drafted, highlighting the issues that Members have raised. Members of the Health and Social Care Select Committee are asked to comment or suggest any changes that they would like made to the report before it is submitted to Cabinet. It is proposed that the final report be submitted to Cabinet for consideration at its meeting on 15 February 2024.

### Implications on related Council policies

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

### How this report benefits Hillingdon residents

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

### Financial Implications

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

### Legal Implications

None at this stage.

**BACKGROUND PAPERS**

NIL.

# Review of the CAMHS Referral Pathway



**A review by the Health and Social Care Select Committee**

**Councillors on the Committee:**

Nick Denys (Chair)

Philip Corthorne (Vice Chair)

Adam Bennett (from May 2023)

Tony Burles

Reeta Chamdal

Alan Chapman (to May 2023)

June Nelson

Barry Nelson West (to May 2023)

Sital Punja (from May 2023)

**2023/2024**



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## Chairman's Foreword

### 'A Review of the CAMHS Referral Pathway'



*"A child's mental health is just as important as their physical health." – Catherine, Princess of Wales*

The steep rise in children and young people suffering episodes of mental health problems is well documented. Last year 20% of those in England aged eight to sixteen had a probable mental disorder<sup>1</sup>. This is an increase from 11% in 2017<sup>2</sup>. The dramatic rise in the numbers of children and young people wanting help has put great pressure on mental health services, challenging their ability to give what is needed to those in distress.

It is important that children and young people, and their families, get the help they need as soon as possible. Those childhood and teenage years are of critical importance in creating the pathway that a person follows into adulthood. Problems that are not properly resolved when someone is young become ingrained and harder to change as they age. According to the charity YoungMinds half of all mental health problems first become obvious before the age of 15, and 75% by the age of 25<sup>3</sup>.

The first task of the Committee was to set the Review's terms of reference in a way that was true to our powers and ability to recommend positive differences in how children, young people and their families experience support for mental health problems in Hillingdon. The topic is huge in importance and nature. To produce an effective report meant deciding what matters not to consider. For example, the medical diagnostic process, the societal causes behind the rise in mental stresses on young people, how the transition between youth and adult mental services works, and the correct funding allocation for such services – all important matters, though ones that need to be considered in other places. Instead, we concentrated on improving:

- the effectiveness of the referral pathway;
- the availability and understanding of alternative support; and
- effectiveness and appropriateness of communication.

From early on it became obvious to the Committee that the central ambition for this report would be to make recommendations that help children, young people and their families get the right

<sup>1</sup> <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2023-wave-4-follow-up>

<sup>2</sup> <https://www.local.gov.uk/publications/children-and-young-peoples-mental-health-independent-review-policy-success-and>

<sup>3</sup> <https://committees.parliament.uk/writtenevidence/23247/html/>

help at the right time. It is easier to deal with small problems before they escalate to crisis point. This may sound obvious, but the Committee found that some young people who were denied services because they did not meet the medical threshold felt like they were being told to go away and come back again once their mental health was broken badly enough.

We hope our recommendations will change the tone from being “turned away” to being offered the right support. An important aspect of this is for young people and their families to understand what help and information there is, and how to navigate the health system.

None of these comments should be taken as criticisms of those who provide mental health services in Hillingdon. The increase in demand has led to a situation where clinicians are constantly firefighting to help those in need. Their efforts are greatly appreciated. The Committee, as outsiders, had the luxury of space to reflect on how the system operates, and time to listen to the voices of young people, their families and multiple practitioners. We hope that this has enabled us to identify solutions that will create a better system for patients and practitioners to be within.

On behalf of the Committee, I would like to thank all the witness who shared their views and time with us, particularly those parents who spoke to us about their experience of children's mental health services in the Borough. I would also like to thank the Committee for their curiosity and analysis of the issue. And finally, this report would not have been possible without the diligent and insightful contribution of Nikki O'Halloran – Democratic, Civic and Ceremonial Manager. I and the Committee thank her for the accomplished support she gives us.

**Councillor Nick Denys**  
**Chairman, Health and Social Care Select Committee**  
**Councillor for Eastcote Ward**



## Summary of recommendations to Cabinet

Through the witnesses and evidence received during the detailed review by the Committee, Members have agreed the following recommendations to Cabinet:

**1**

That Cabinet ask the North West London Integrated Care Board (NWL ICB) to:

- a) provide a comprehensive action plan by 28 March 2024 detailing how and when the Thrive mapping strategy will be completed;
- b) complete and implement the Thrive Mapping strategy by the end of January 2025;
- c) provide Hillingdon's Health and Social Care Select Committee with 6-monthly updates on the progress being made on implementing this action plan;
- d) initiate a “No Wrong Door” policy for parents / children and young people who seek support;
- e) ensure that all children and young people's services in Hillingdon are asked to adopt the THRIVE philosophy/model to ensure there is "No Wrong Door" for children, young people and their families to access mental health and emotional wellbeing support, and that support is provided based on children and young people's needs and preferences; and
- f) consider how parents can be offered early support on how to navigate the system including the provision of information about where to get this support to schools and GPs (as they are often the first place parents go to).

**2**

That Cabinet ask that the Health and Wellbeing Board ensure that all commissioners of CYP mental health services are asked to include requirements in their service provider contracts that:

- a) parents be given a realistic description of the assessment / treatment process, including estimated timelines and information on where they can direct their feedback if the expectations set are not met; and
- b) all communications sent to parents be reviewed to make sure that the information and tone is sensitive to their situation, not overly medicalised and contains accurate information on other places they can look for support.

**3**

That the Cabinet Member for Health and Social Care asks CAMHS to develop a service-user involvement strategy that provides opportunities for scrutiny and coproduction of services and includes the formation of a parents/Young People Board so that they can hold the organisation to account for the communications and service they provide.

## Background to the review

For a number of years, children's mental health had been an issue of some concern for scrutiny Members. Whilst it is normal for children and young people to experience various types of emotional distress as they develop and mature (for instance, it is common for children to experience anxiety during pressure points at school), it is not normal for these symptoms to persist. For most children and young people, mental health distress is episodic (not permanent) and most can successfully navigate the challenges of experiencing a mental health disorder with treatment, peer / professional support and services, and a strong family and social support network.

However, sometimes children and young people need more robust support. In 2019/20, according to data received by the Office of the Children's Commissioner for England, 4,127 children were admitted to inpatient mental health care<sup>4</sup> and emotional disorders (particularly anxiety and depression) were on the rise. It has been recognised that social media can have a negative impact on young people's emotional health and that young people's inability to access school coupled with the isolation and stress that they felt during the pandemic will have a long-term impact on them.

A huge range of mental health support services are available to children and young people and their families in Hillingdon but the referral criteria and procedure to access to them is not necessarily clear or straightforward. Similarly, if residents are aware of the services that are available, they may often find that liaising between the different service providers can be a disjointed and frustrating experience.

In light of the increasing magnitude of the issue, it was agreed that the Committee would undertake a review of the Child and Adolescent Mental Health Service (CAMHS) referral pathway. The review would look at the experience of young people in accessing mental health services in Hillingdon and explore possible areas for improvement.

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<sup>4</sup> Children and Young People's Mental Health Coalition (2021) 'Reforming the Mental Health Act: Consultation Response', Available at:

<https://www.google.co.uk/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&cad=rja&uact=8&ved=2ahUKEwjW06KGx deDAxWpbEEAHZjOBKwQFnoECA0QAQ&url=https%3A%2F%2Fcpymhc.org.uk%2Fwp-content%2Fuploads%2F2021%2F04%2FFMH-Act.Reponse.CYPMHC.April-2021.pdf&usq=AOvVaw1CaogSoOOyqcgExmJDmTli&opi=89978449> (Accessed: 5 January 2023)

## Evidence & Witness Testimony

### Context - national trends and focus

As at January 2022<sup>5</sup>, boys aged 6 to 10 years were thought to be more likely to have a mental disorder than girls (nearly double), but this pattern reversed in those aged 17 to 23 years, with rates higher in young women than young men (there is a less significant difference in 11-16 year olds). Over half of all mental health disorders had started before the age of 14, with 75% by 24 years of age.

Children and young people were more likely to have poor mental health if they experienced some form of adversity, such as living in poverty, parental separation or financial crisis, where there is a problem with the way their family functions or whose parents already have poor mental health. Young people who identified as LGBTQ+ were also more likely to suffer from a mental health condition and looked after children were four times more likely to experience mental health issues than their peers. A third of people in the youth justice system were estimated to have a mental health problem and nearly ¾ of children with a mental health condition also had a physical health condition or developmental problem.

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

### Referral and Treatment Times

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

In 2018, only 20% of children and young people started treatment within four weeks. Spend per child ranged from £14- £191 per person compared to the average adult spend on mental health services, which was £225 per person. On average, local Integrated Care System (ICS) areas spent less than 1% of their overall budget on children's mental health and 14 times more on adult mental health services. However, some local areas were spending considerably more. Government funding for the Early Intervention Grant had been cut by almost £1 billion. Public

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<sup>5</sup> <https://www.local.gov.uk/about/campaigns/bright-futures/bright-futures-camhs/child-and-adolescent-mental-health-and#:~:text=They%20are%20correct%20as%20of%20January%202022.%20At,rates%20higher%20in%20young%20women%20than%20young%20men.>

health funding, which funded school nurses and public mental health services, had seen a £700 million real term reduction in funding between 2014/15 and 2020/21 - a fall of almost a quarter (23.5%) per person.

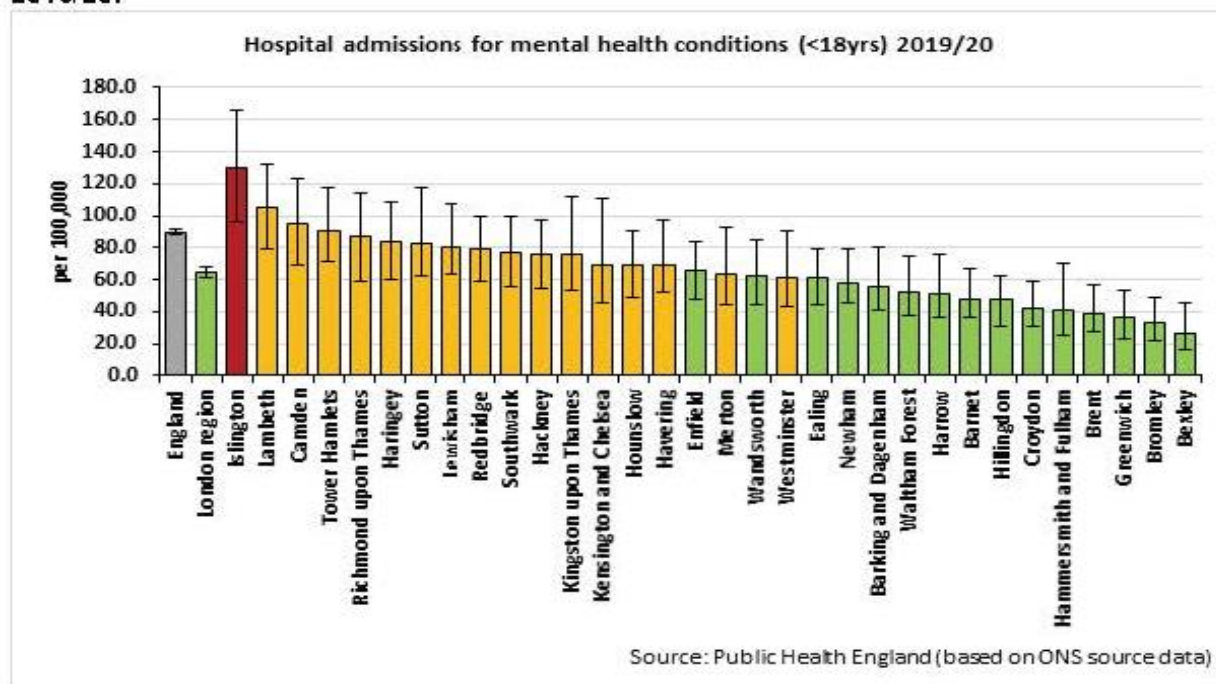
In 2019, specialist services were turning away one in four of the children referred to them for treatment. 4% of children accessed mental health services in 2019/20 which was equivalent to about 1 in 4 children who needed mental health services. There was limited support available for children under the age of five. 42% of CAMHS in England did not accept referrals for children aged two and under and there were only 39 parent-infant teams in the UK.

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

## Local context

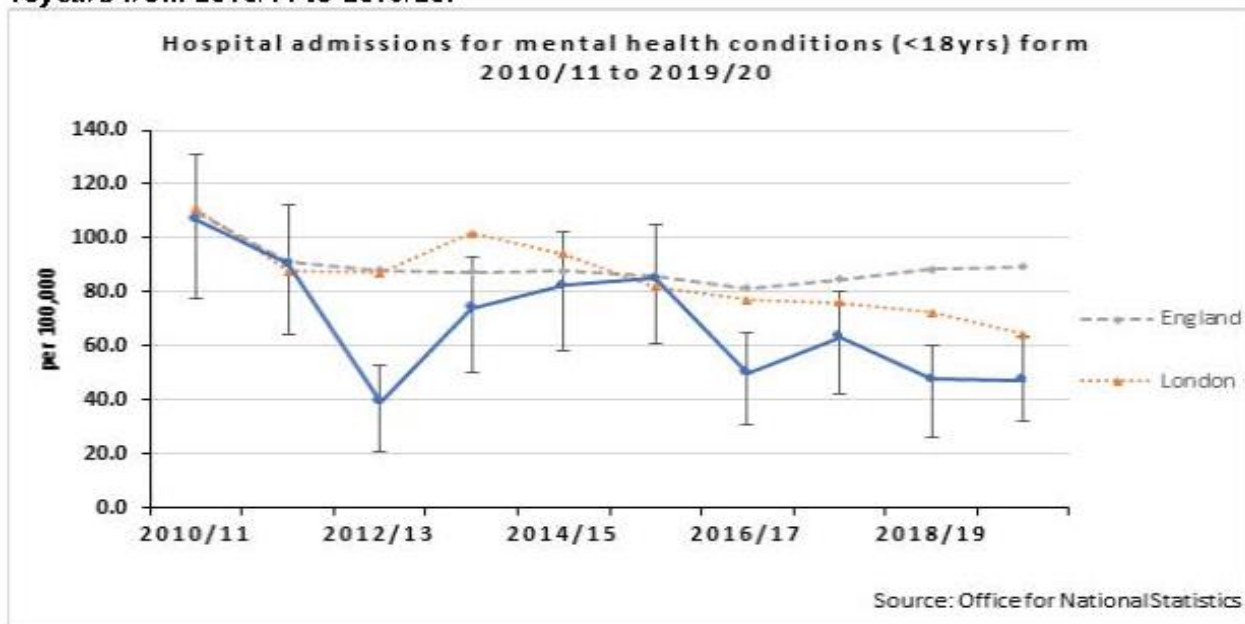
According to Hillingdon’s Joint Strategic Needs Assessment (JSNA<sup>6</sup>), hospital admissions for self-harm in children had increased in recent years for England. In Hillingdon, 85 young people aged between 10-19 were admitted to hospital following self-harm during 2020/21. Hospital admission for mental health conditions for those aged under 18 years was lower for Hillingdon as compared to England and the London region. The trend had decreased between 2010/11 and 2019/20.

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



<sup>6</sup> [https://www.hillingdon.gov.uk/media/9690/Hillingdons-full-JSNA-report-2022/pdf/Hillingdons\\_Joint\\_Strategic\\_Needs\\_Assessment\\_2022.pdf?m=1654598108797](https://www.hillingdon.gov.uk/media/9690/Hillingdons-full-JSNA-report-2022/pdf/Hillingdons_Joint_Strategic_Needs_Assessment_2022.pdf?m=1654598108797)

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



CAMHS was a well publicised service which appeared to be the first service that people thought about when dealing with children and young people experiencing mental health issues. However, CAMHS was often not the most appropriate place for these children to be referred and they would often not meet the required threshold. As such, a large number of children and young people experiencing mental health challenges were waiting for a service before then being told that they did not meet the threshold. Improvements are needed to the information that is available to residents and service providers so that children and young people are directed to the most appropriate service in the first instance to prevent escalation of their mental ill health. The improvements should help young people and their families to access the help they need sooner. The earlier young people get the help they need, the better chance there is of minimising the impact of mental health problems. This would not only help the young person themselves, and their families, but also could relieve some of the burden placed on adult health mental services due to resolving mental health issues before the young person reaches adulthood.

## The Committee's Findings

### The Committee's recommendations to Cabinet

During the course of the Health and Social Care Select Committee's investigations, three areas of improvement emerged:

1. Signposting and accessibility of services – 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;
2. Communication and transparency – 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; and
3. Feedback loop – children and young people and their families need the opportunity to be able to provide and receive feedback on services so that there is a continuous performance improvement loop.

The Select Committee has included recommendations within its report that, it is hoped, will reduce the amount of time that children and young people are spending navigating the system rather than receiving treatment. This should reduce the opportunity for young people's mental health to deteriorate further.

### Signposting and accessibility of services

There are so many services offered to support children's mental health that it can make it difficult for parents and GPs to know where a child should go to get the best support for their situation. This can be particularly challenging at a time of significant emotional turmoil. If there is any uncertainty about where the child should be referred, it is likely that the child will be referred to CAMHS by default, even if it isn't the most appropriate place for them.

Primary care has made more referrals to CAMHS than any other sources including urgent care, social services and paediatrics. Despite being a non-medical environment, schools make the second highest number of CAMHS referrals. To help reduce the number of referrals made to CAMHS by schools, pilots had started in the Borough whereby Mental Health Support Teams had been visiting schools for two days each week to work with young people on issues of worry, low mood, anxiety, etc. Supporting this low-level mental health need through early intervention would make it much easier to manage and prevent escalation.

The Thrive methodology had been introduced in Hillingdon to look at the needs-based roots of children's mental health issues and to develop a systems approach to the support that was then provided at the earliest opportunity. Healthwatch Hillingdon and the North West London Integrated Care System have undertaken a mapping exercise to identify all of the help that is currently available to support children and young people with their mental health and this

information has been sifted through to develop a shared understanding of where each service sits. Although the micro and macro levels have been worked through with partners to identify where improvements need to be made, further work is still needed to identify referral criteria and to provide contact information and further detail about each of the services that are available. It is hoped that the mapping exercise will culminate with each of the services being listed on the Internet with an explanation about the service that is provided and whether or not a referral is needed (and who can make the referral).

Mental Health support services that are available to children and young people include:

1. KOOOTH - a digital offer to children and young people for online counselling and support. Some young people do not want to use Kooth as they are required to sign up for the service and can therefore be deterred by the fact that they could be identified (some young people might not want anyone, including their parents, to know that they are experiencing mental health issues).
2. HACS (Hillingdon Autistic Care and Support) and the Centre for ADHD and Autism (CAAS) provide support for those with autism and ADHD as these young people are statistically more likely to have mental health issues. There are many families that don't know about the services provided by CAAS but who would benefit from them to prevent their child's mental health from deteriorating during their wait for CAMHS. The organisation supports mental wellbeing rather than providing mental health services.
3. Hillingdon Young Adults Programme - a range of support including 121 work and holistic social worker assessments, as well as signposting and referring to other services. A directory of support has been put together for young people up to the age of 18 which includes arts therapy.
4. CAMHS - 24 hour advice and support service that also provides an opportunity to signpost to other services.
5. CNWL - a single point of access for assessment (SPA service) has been set up for young people to contact for advice on where to go but this needs to be more widely publicised through newsletters, apps and posters. Young people have found that their calls are not always being picked up and have been left unanswered, and sometimes the calls go through to adult services. This facility does not seem to be as accessible or available as parents and young people need it to be.

Parents of children with mental health issues regularly turn up at A&E when their child's mental health has deteriorated to such an extent that they don't know what else to do and therefore need the hospital to make an emergency CAMHS referral. Although additional mental health beds would address the issue of not enough beds, it is clearly not in every child's best interest to be admitted and it might be more beneficial to have a separate mental health crisis centre to meet young people's mental health needs rather than presenting at A&E. This could be addressed by having a crisis space for young people included in the new hospital development, co-located with the ability to address any physical health needs.

With regard to children's mental health services, there is a perception that CAMHS is the only service available. As such, GPs often refer children to CAMHS whereas, for adults, there is a greater awareness of a range of services provided to support the mental health of adults. Unnecessary GP CAMHS referrals can sometimes be made because they are not aware of the most appropriate place to refer a young person with mental health issues and sometimes because there is not enough capacity in the services that are available. Not all GPs will be aware of the range of services that have been identified during the Thrive mapping process and a single point of access for these would be useful.

Work has been undertaken by partners in Hillingdon to improve access to the front door. Whilst a lot of support is available for children and young people's mental health in the Borough, many parents and young people find it difficult to know how to access these services and which ones are the most appropriate to meet their needs.

When a child is in distress, they need help so should never be turned away because they don't meet a particular threshold. Children and young people need to be able to access a simple but detailed list of services that sets out what each would be able to offer the child. The child and their family should then be able to make contact with one of these services to ask for help. If it transpires that this is not an appropriate service for that particular child, the service should make contact with other services as soon as possible to find the service that would be most appropriate and then make sure that they hand over the case without the parents or children having to take any further action. During this transition process, the parents and children should proactively be kept updated on the action that has been taken. This is known as "No Wrong Door". Irrespective of whether or not the child has presented at the correct service, action should be taken by partners to ensure that the child receives the most appropriate care and support as quickly as possible without the child or their family having to present anywhere else. Whilst it is recognised that this will pose a resource issue, it is also recognised that the treatment for a child who has deteriorated will be far more costly in terms of the long term impact on their wellbeing as well as on services that are provided. The CAMHS service is currently overworked and there needs to be an honesty with parents about capacity and timelines so that they can manage expectations. Any communication with parents needs to include applicable timelines which need to be adhered to by service providers.

Publicity needs to be improved to advertise the services that are available but also to manage expectations. Work has been undertaken with the North West London Integrated Care Board (NWL ICB) to develop clinical decision trees that provide the options that are available for a range of conditions and highlight where an individual can be referred to. These clinical decision trees are available to GPs on the ICB website. It has been suggested that this information should also be available to schools and CAMHS staff for those young people that do not meet the threshold for CAMHS services.

Action needs 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) and to put more



preventative measures in place. To do this, action is needed to complete and publicise the work on the Thrive map and to develop and publicise associated clinical decision trees for GPs.

On that basis, it is recommended that:

**1**

**That Cabinet ask the North West London Integrated Care Board (NWL ICB) to:**

- a) provide a comprehensive action plan by 28 March 2024 detailing how and when the Thrive mapping strategy will be completed;**
- b) complete and implement the Thrive Mapping strategy by the end of January 2025;**
- c) provide Hillingdon's Health and Social Care Select Committee with 6-monthly updates on the progress being made on implementing this action plan;**
- d) initiate a "No Wrong Door" policy for parents / children and young people who seek support;**
- e) ensure that all children and young people's services in Hillingdon are asked to adopt the THRIVE philosophy/model to ensure there is "No Wrong Door" for children, young people and their families to access mental health and emotional wellbeing support, and that support is provided based on children and young people's needs and preferences; and**
- f) consider how parents can be offered early support on how to navigate the system including the provision of information about where to get this support to schools and GPs (as they are often the first place parents go to).**

## Communication and transparency

CAMHS in Hillingdon is under significant pressure, which is not helped by the number of inappropriate referrals that it receives. If the number of CAMHS referrals are reduced by removing those children and young people that do not need to see CAMHS, and instead referring them to appropriate alternative services, the demand will be better spread, patients will get a better and quicker service and will therefore be less likely to deteriorate.

In Hillingdon, 636 CAMHS referrals were declined between 1 April 2022 and 31 January 2023. It can take a long time for an assessment to be undertaken after a referral has been made to CAMHS and, if accepted, for subsequent interventions to then be put in place. During this intervening period, parents and children need to be advised of any alternative non-statutory services that are available to them. The Waiting Well initiative had been put in place to provide regular touch points for CAMHS and parents but this was not always working reliably.

The national CAMHS target from referral to treatment is 18 weeks. CAMHS locally has been achieving 100% within 18 weeks from referral to first and second contact. However, this is still a significant period of time for a young person to be waiting without parents being routinely advised about other services that are available to support their children in the interim. Furthermore, timescales for contact are not always provided by CAMHS and the various agencies involved in supporting children and their families are not always communicating effectively (either with the families or with each other). All communication needs to use simple, non-medicalised language and be honest and transparent and, if a referral is not accepted, provide clear reasons as to why the child has not met the threshold and what alternative services are available. Parents need to be proactively advised at the outset of their initial contact with CAMHS about timescales and about the procedure for making a complaint if the process is not working effectively. It is important to receive feedback when this is not the experience of parents so that action can be taken to rectify the situation for those parents as well as others.

When a parent receives their first contact letter from CAMHS with an appointment date, they are often under the impression that this will be for the child's assessment. However, this appointment is usually used to triage the child and determine whether or not they meet the threshold for treatment. Parents understand that the process can take time but they need to be given accurate information about timescales and directed to services that they can access in the interim.

There also seemed to be limited support available for young people who were transitioning to adult mental health services, increasing the possibility that their mental health will deteriorate further in the interim. Clear signposting to support is needed for these young people to address the confusion that exists about what is actually available and how it can be accessed and manage their expectations.

Improving communication between the different service providers would improve awareness and prevent young people from being passed from one service to another. Each organisation should be responsible for making sure that a child is passed to the most appropriate service that will ensure that their needs are being addressed.

On that basis, it is recommended that:

**2**

**That Cabinet ask that the Health and Wellbeing Board ensure that all commissioners of CYP mental health services are asked to include requirements in their service provider contracts that:**

- a) parents be given a realistic description of the assessment / treatment process, including estimated timelines and information on where they can direct their feedback if the expectations set are not met; and**
- b) all communications sent to parents be reviewed to make sure that the information and tone is sensitive to their situation, not overly**

**medicalised and contains accurate information on other places they can look for support.**

## Feedback loop

It appears that there is little accountability to patients for the service that CAMHS (and others) provide. It is important that a positive and neutral environment is available for both sides to provide feedback and resolve issues. This forum needs to be person centred and accountable to service users. In order to ensure that the patient voice is heard, participation groups have been set up (Children and Young People Shadow Board and Parent Shadow Board) and a dedicated feedback week has been created to provide an informal feedback opportunity. Furthermore, routine site visits are undertaken and the Friends and Family test continues to be publicised. The Urgent Care Team is also available to provide intensive community support to children, young people and their families to help them to maintain school attendance. Whilst these are all useful interventions, it does not appear that they offer proper accountability and do not necessarily provide a progressive environment, offering understanding, empathy and support to improve the service user experience.

A negative experience of CAMHS can become fraught and, if the parents do not feel that their concerns are being heard, the relationship with CAMHS can become confrontational. The availability of a parent support group where parents can provide feedback in a less confrontational way would be invaluable in making sure that concerns can be dealt with in a way that is sensitive to the situation that parents are in.

The CAMHS Parents' Support Group is run by a family therapist and is attended by clinicians who present on specific topics and receive feedback. There are also participation groups for children and young people and an ethos of co-production with them and their families. It has been suggested that these be further developed as sounding boards for service users to be involved in any new service developments, for example, speaking to parents about their anxiety around their child being discharged and the continued support that would be available.

On that basis, it is recommended that:

**3**

**That the Cabinet Member for Health and Social Care asks CAMHS to develop a service-user involvement strategy that provides opportunities for scrutiny and coproduction of services and includes the formation of a parents/Young People Board so that they can hold the organisation to account for the communications and service they provide.**

## About the review - witnesses and activity

The following Terms of Reference were agreed by the Committee from the outset of the review:

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

The Committee received evidence from the following sources and witnesses:

<p><b>Virtual Chairman's briefing – 11 January 2023</b></p>	<p><b>External attendees:</b></p> <ul style="list-style-type: none"> <li>• Jane Hainstock, Head of Joint Commissioning, North West London Integrated Care Board (NWL ICB) - Hillingdon</li> <li>• Enoch Aboagye, Clinical Nurse Manager, NHS NWL</li> </ul>
<p><b>Select Committee Witness Session 1 – 21 February 2023</b></p>	<p><b>External witnesses:</b></p> <ul style="list-style-type: none"> <li>• Richard Ellis, Joint Lead Borough Director, North West London Integrated Care System (NWL ICS)</li> <li>• Jane Hainstock, Head of Joint Commissioning, North West London Integrated Care Board (NWL ICB) - Hillingdon</li> <li>• Dr Paul Hopper, Divisional Medical Director, Central and North West London NHS Foundation Trust (CNWL)</li> <li>• Dr Ritu Prasad, Co-Chair, Hillingdon GP Confederation</li> <li>• Keith Spencer, Managing Director, Hillingdon Health and Care Partners (HHCP)</li> <li>• Tina Swain, Service Director for CAMHS &amp; Eating Disorders - Goodall Division, Central and North West London NHS Foundation Trust (CNWL)</li> </ul> <p><b>Council officers in attendance:</b></p> <ul style="list-style-type: none"> <li>• Alex Coman, Director - Safeguarding, Quality Assurance and Partnerships, LBH</li> <li>• Kelly O'Neill, Interim Director of Public Health, London Borough of Hillingdon</li> </ul>

<p><b>Private / Confidential Witness Session 1 – 21 February 2023</b></p>	<p><b>Committee Members in attendance:</b> Councillors Tony Burles, Philip Corthorne, Reeta Chamdal, Nick Denys, June Nelson and Barry Nelson-West</p>
<p><b>Private / Confidential Witness Session 2 – 2 March 2023</b></p>	<p><b>Committee Members in attendance:</b> Councillors Philip Corthorne and Nick Denys</p>
<p><b>Virtual Chairman’s briefing - 15 March 2023</b></p>	<p><b>External attendees:</b></p> <ul style="list-style-type: none"> <li>• Tina Swain, Service Director for CAMHS &amp; Eating Disorders - Goodall Division, Central and North West London NHS Foundation Trust (CNWL)</li> </ul>
<p><b>Select Committee Witness Session 2 – 21 March 2023</b></p>	<p><b>External witnesses:</b></p> <ul style="list-style-type: none"> <li>• Clare Byrne, Divisional Nurse for Acute Medicine and Governance in Unplanned Care, The Hillingdon Hospitals NHS Foundation Trust (THH)</li> <li>• Evelyn Cecil, Head of Adult Mental Health Services, Hillingdon Mind</li> <li>• Amanda Erasmus, SENCO, Uxbridge High School</li> <li>• Alison Foster, Deputy Head and Deputy Designated Safeguarding Lead, Vyners School</li> <li>• Therese Glynn, Director of Services, Centre for ADHD &amp; Autism</li> <li>• Eamonn Katter, Deputy Chief Operating Officer, The Hillingdon Hospitals NHS Foundation Trust (THH)</li> <li>• Lisa Taylor, Managing Director, Healthwatch Hillingdon</li> <li>• Katrina Warkcup, Emergency Department Matron, The Hillingdon Hospitals NHS Foundation Trust (THH)</li> <li>• Summer Wessels, Deputy Designated Safeguarding Lead and Senior Mental Health Lead, Douay Martyrs School LBH Officers</li> </ul>
<p><b>Select Committee Witness Session 3 – 20 June 2023</b></p>	<p><b>External witnesses:</b></p> <ul style="list-style-type: none"> <li>• Richard Ellis, Joint Lead Borough Director, North West London Integrated Care System (NWL ICS)</li> <li>• Jane Hainstock, Head of Joint Commissioning, North West London Integrated Care Board (NWL ICB) - Hillingdon</li> <li>• Dr Paul Hopper, Divisional Medical Director, Central and North West London NHS Foundation Trust (CNWL)</li> <li>• Dr Azer Mohammed, Clinical Director, Central and North West London NHS Foundation Trust</li> <li>• Vanessa Odlin, Managing Director for Hillingdon and Mental Health Services, Goodall Division, Central and North West London NHS Foundation Trust (CNWL)</li> <li>• Alastair Penman, Hillingdon Mental Health, Central and North West London NHS Foundation Trust</li> <li>• Dr Ritu Prasad, Co-Chair, Hillingdon GP Confederation</li> </ul>

	<ul style="list-style-type: none"><li>• Tina Swain, Service Director for CAMHS &amp; Eating Disorders - Goodall Division, Central and North West London NHS Foundation Trust (CNWL)</li><li>• Lisa Taylor, Managing Director, Healthwatch Hillingdon</li></ul>
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# Appendices

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## HEALTH SCRUTINY AND THE NEW RECONFIGURATION ARRANGEMENTS

<b>Committee name</b>	Health and Social Care Select Committee
<b>Officer reporting</b>	Nikki O'Halloran, Democratic Services
<b>Papers with report</b>	None
<b>Ward</b>	N/A

### HEADLINES

On 9 January 2024, the Government published statutory guidance in relation to health scrutiny and the new reconfiguration arrangements. This report sets out what this means for Health and Social Care Select Committee which holds the statutory health scrutiny responsibilities in Hillingdon.

### RECOMMENDATION:

**That the Health and Social Care Select Committee notes the new guidelines.**

### SUPPORTING INFORMATION

From 2003, the Health and Social Care Act 2001 gave local health overview and scrutiny committees (HOSCs) the power to scrutinise local health services (powers to oversee local health services had previously been held by Community Health Councils). These powers were subsequently split between Patient and Public Involvement Forums (PPI Forums) and HOSCs - the role originally performed by PPI Forums is now carried out by local Healthwatch.

The primary aim of health scrutiny is to act as a lever to improve the health of local people, ensuring their needs are considered as an integral part of the commissioning, delivery and development of health services, and that those services are effective and safe. It is a fundamental way by which democratically elected local councillors are able to voice the views of their constituents and hold relevant NHS bodies and relevant health service providers to account.

As outlined in the *Health overview and scrutiny committee principles*, HOSCs continue to play a vital role as the body responsible for scrutinising health services for their local area. They retain legal duties to review and scrutinise matters relating to the planning, provision and operation of the health service in their area.

From 31 January 2024, new rules are being put in place in respect of the aspect of health scrutiny that relates to reconfigurations of local health services. This means that from this date, local HOSCs will no longer be able to formally refer matters to the Secretary of State where they relate to these reconfigurations. Instead, the Secretary of State themselves will have a broad power to intervene in local services – HOSCs (alongside local Healthwatch) will have the right to be formally consulted on how the Secretary of State uses their powers to “call in” proposals to make reconfigurations to local health services.

The Secretary of State’s powers to “call in” proposals will only be used as a last resort, and only when they consider that local methods for resolution have been exhausted. Where a proposal is “called in”, the Secretary of State will consult stakeholders, including local authorities, in considering how the intervention power should be used. When a notice is issued by the Secretary of State using their power of intervention, the relevant body must comply with that notice.

Other aspects of health scrutiny remain unchanged: the power to require representatives of NHS bodies to attend formal meetings; the power to get information from NHS bodies; and the power to require NHS bodies to have regard to scrutiny’s recommendations. HOSCs’ status as statutory consultees on reconfigurations also remains in place, with health and care providers required to engage as they do currently.

## **BACKGROUND PAPERS**

GOV.UK (2024) ‘*Guidance – Local authority health scrutiny*’, Available at: <https://www.gov.uk/government/publications/advice-to-local-authorities-on-scrutinising-health-services/local-authority-health-scrutiny> (Accessed: 11 January 2024)

CfGS (2024) ‘*Health scrutiny and the new reconfiguration arrangements: a further guide for scrutiny practitioners*’, Available at: <https://www.cfgs.org.uk/wp-content/uploads/2024-01-09-HEALTH-SCRUTINY-PRIMER.pdf> (Accessed: 11 January 2024)

GOV.UK (2022) ‘*Guidance – Health overview and scrutiny principles*’, Available at: <https://www.gov.uk/government/publications/health-overview-and-scrutiny-committee-principles> (Accessed: 11 January 2024)

## CABINET FORWARD PLAN

<b>Committee name</b>	Health and Social Care Select Committee
<b>Officer reporting</b>	Nikki O'Halloran, Democratic Services
<b>Papers with report</b>	Appendix A – Latest Forward Plan
<b>Ward</b>	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:

	<b>Committee action</b>	<b>When</b>	<b>How</b>
1	<b>To provide specific comments to be included in a future Cabinet or Cabinet Member report on matters within its remit.</b>	<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	<b>To request further information on future reports listed under its remit.</b>	<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	<b>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.</b>	<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	<b>To identify a forthcoming report that may merit a post-decision review at a later Select Committee meeting</b>	<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

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)

200	<b>Contract for Homefirst Community Rehab Service</b>	Cabinet will be asked to accept a tender for the provision of the Homefirst Community Rehab Service to support hospital discharge.	N/A		Cllr Jane Palmer - Health & Social Care	Health & Social Care	AS - Gary Collier		NEW ITEM	Private (3)
110a	<b>The Council's Budget Medium Term Financial Forecast 2024/25 - 2028/29 (BUDGET FRAMEWORK)</b>	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	<b>Public Preview of matters to be considered in private</b>	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	<b>Reports from Select Committees</b>	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

202	<b>Service Provision for victims and those affected by Domestic Abuse</b>	Hillingdon Council commissions support services for victims of domestic abuse. The current contracts of the provision of refuge support services and therapeutic and counselling support for children and young people affected by domestic abuse both end in 2024. The Council needs to undertake a full assessment of the requirement for future services and therefore Cabinet Members be asked to review the existing contracts for a period of 1 year to maintain service provision, whilst that assessment is undertaken.	N/A		Cllr Ian Edwards - Leader / Jane Palmer - Health & Social Care	Health & Social Care	P - Danielle Davis / Richard Webb		NEW ITEM	Private (3)
SI	<b>Standard Items taken each month by the Cabinet Member</b>	Cabinet Members make a number of non-key decisions each month on standard items - details of these are listed at the end of the Forward Plan.	Various		All	TBC	CS - Democratic Services	Various		Public

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

SI	<b>Public Preview of matters to be considered in private</b>	A report to Cabinet to provide maximum transparency to residents on the private and confidential matters to be considered later in Part 2 of the Cabinet meeting and agenda.	TBC		All Cabinet Members	All	CS - Democratic Services			Public
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# 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)
--------------------------------	-------------------------------	---------------------------	----------------------------	--------------------------------------	----------	---------------------------------

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

SI	<b>Reports from Select Committees</b>	Reports, findings and recommendations for consideration by the Cabinet, when referred from the appropriate Committee.	All		All	TBC	CS - Democratic Services	TBC		Public
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### Cabinet Member Decisions expected - March 2024

SI	<b>Standard Items taken each month by the Cabinet Member</b>	Cabinet Members make a number of non-key decisions each month on standard items - details of these are listed at the end of the Forward Plan.	Various		All	TBC	CS - Democratic Services	Various		Public
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### Cabinet meeting - Thursday 18 April 2024 (report deadline 1 April)

135b	<b>Award of contracts: short-term care home beds</b>	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)
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SI	<b>Public Preview of matters to be considered in private</b>	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
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SI	<b>Reports from Select Committees</b>	Reports, findings and recommendations for consideration by the Cabinet, when referred from the appropriate Committee.	Various		All	TBC	C - Democratic Services	Various		Public
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### Cabinet Member Decisions expected - April 2024

SI	<b>Standard Items taken each month by the Cabinet Member</b>	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
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### Cabinet meeting - Thursday 23 May 2024 (report deadline 3 May)

079	<b>Carer Support Services</b>	Cabinet will consider a contract for Integrated Carer Support Services for adults and children. Such services support carers within the Borough, make it easier for them to access advice, information and support for the valued role they undertake.	N/A		Cllr Jane Palmer - Health & Social Care	Health & Social Care	AS / R - Sandra Taylor / Gavin Fernandez / Sally Offin			Private (3)
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SI	<b>Public Preview of matters to be considered in private</b>	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
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### Cabinet Member Decisions expected - May 2024

SI	<b>Standard Items taken each month by the Cabinet Member</b>	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
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## Scheduled Upcoming Decisions

### Further details

Ref	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)
SI = Standard Item each month/regularly Council Directorates: AS = Adult Services & Health P = Place C = Central Services R = Resources CS= Children's Services										
SI	Standard Items taken each month by the Cabinet Member	Cabinet Members make a number of 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
<b>Cabinet meeting - 27 June 2024 (provisional)</b>										
SI	Public Preview of matters to be considered in private	A report to Cabinet to provide maximum transparency to residents on the private matters to be considered later in Part 2 of the Cabinet meeting and agenda.	TBC		All Cabinet Members	All	C - Democratic Services			Public
<b>Cabinet Member Decisions expected - June 2024</b>										
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
<b>Cabinet meeting - Thursday 25 July 2024 (provisional)</b>										
SI	Public Preview of matters to be considered in private	A report to Cabinet to provide maximum transparency to residents on the private and confidential matters to be considered later in Part 2 of the Cabinet meeting and agenda.	TBC		All Cabinet Members	All	C - Democratic Services			Public
SI	Reports from Select Committees	Reports, findings and recommendations for consideration by the Cabinet, when referred from the appropriate Committee.	All		All	All	C - Democratic Services	TBC		Public
<b>Cabinet Member Decisions expected - July 2024</b>										
SI	Standard Items taken each month by the Cabinet Member	Cabinet Members make a number of non-key decisions each month on standard items - details of these are listed at the end of the Forward Plan.	Various		All		C - Democratic Services	Various		Public
<b>AUGUST 2024 - NO CABINET MEETING</b>										
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
<b>Cabinet meeting - Thursday 12 September 2024 (provisional)</b>										

# 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

SI	<b>Older People's Plan update</b>	Cabinet will receive its yearly progress update on the Older People's Plan and the work by the Council and partners to support older residents and their quality of life.	All		Cllr Ian Edwards - Leader of the Council / Cllr Jane Palmer - Health & Social Care	Health & Social Care	C - Sandra Taylor	Older People, Leader's Initiative		Public
SI	<b>Public Preview of matters to be considered in private</b>	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	<b>Reports from Select Committees</b>	Reports, findings and recommendations for consideration by the Cabinet, when referred from the appropriate Committee.	All		All	TBC	C - Democratic Services	TBC		Public

## Cabinet Member Decisions expected - September 2024

SI	<b>Standard Items taken each month by the Cabinet Member</b>	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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## Cabinet meeting - Thursday 10 October 2024 (provisional)

SI	<b>The Annual Report Of Adult and Child Safeguarding Arrangements</b>	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	<b>Public Preview of matters to be considered in private</b>	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 2024

SI	<b>Standard Items taken each month by the Cabinet Member</b>	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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## Cabinet meeting - Thursday 7 November 2024 (provisional)

# 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

SI	<b>Better Care Fund Section 75 Agreement</b>	A standard annual 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	<b>Public Preview of matters to be considered in private</b>	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	<b>Reports from Select Committees</b>	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 2024

SI	<b>Standard Items taken each month by the Cabinet Member</b>	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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## CABINET MEMBER DECISIONS: Standard Items (SI) that may be considered each month

SI	<b>Urgent Cabinet-level decisions &amp; interim decision-making (including emergency decisions)</b>	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	<b>Release of Capital Funds</b>	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)

# 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)
SI	<b>Petitions about matters under the control of the Cabinet</b>	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	<b>To approve compensation payments</b>	To approve compensation payments in relation to any complaint to the Council in excess of £1000.	n/a		All	TBC	R - Iain Watters			Private (1,2,3)
SI	<b>Acceptance of Tenders</b>	To accept quotations, tenders, contract extensions and contract variations valued between £50k and £500k in their Portfolio Area where funding is previously included in Council budgets.	n/a		Cllr Ian Edwards - Leader of the Council OR Cllr Martin Goddard - Finance / in conjunction with relevant Cabinet Member	TBC	various			Private (3)
SI	<b>All Delegated Decisions by Cabinet to Cabinet Members, including tender and property decisions</b>	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	<b>External funding bids</b>	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	<b>Response to key consultations that may impact upon the Borough</b>	A standard item to capture any emerging consultations from Government, the GLA or other public bodies and institutions that will impact upon the Borough. Where the deadline to respond cannot be met by the date of the Cabinet meeting, the Constitution allows the Cabinet Member to sign-off the response.	TBC		All	TBC	various			Public

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

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## WORK PROGRAMME

<b>Committee name</b>	Health and Social Care Select Committee
<b>Officer reporting</b>	Nikki O'Halloran, Democratic Services
<b>Papers with report</b>	Appendix A – Work Programme
<b>Ward</b>	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
<del>Tuesday 20 June 2023, 6.30pm (rescheduled from 15/06/23)</del>	CR5
<del>Thursday 20 July 2023, 6.30pm - CANCELLED</del>	CR5
<del>Wednesday 16 August 2023 (informal meeting)</del>	-
<del>Wednesday 13 September 2023, 6.30pm</del>	CR5
<del>Tuesday 10 October 2023, 6.30pm</del>	CR5
<del>Tuesday 21 November 2023, 6.30pm</del>	CR5
<del>Monday 18 December 2023, 6.30pm - CANCELLED</del>	CR6
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.



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