



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

#### Statutory Healthy Scrutiny

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

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

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

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

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

#### **Cross-cutting topics**

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

Domestic Abuse services and support

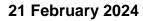
# Agenda

### **CHAIR'S ANNOUNCEMENTS**

1	Apologies for absence	
2	Declarations of Interest in matters coming before this meeting	
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#### <u>Minutes</u>

## HEALTH AND SOCIAL CARE SELECT COMMITTEE





#### Meeting held at Committee Room 5 - Civic Centre

	Committee Members Present: Councillors Nick Denys (Chair), Philip Corthorne (Vice-Chair), Adam Bennett, Tony Burles, Reeta Chamdal, June Nelson and Sital Punja (Opposition Lead)
	Also Present: Dr Sagar Dhanani, Lead on the Board of the Confederation Vanessa Odlin, Managing Director for Hillingdon and Mental Health Services, Goodall Division, Central and North West London NHS Foundation Trust (CNWL) Dr Ritu Prasad, Chair, Hillingdon GP Confederation Keith Spencer, Managing Director, Hillingdon Health and Care Partners (HHCP) Lisa Taylor, Managing Director, Healthwatch Hillingdon
	LBH Officers Present: Nikki O'Halloran (Democratic, Civic and Ceremonial Manager)
49.	APOLOGIES FOR ABSENCE (Agenda Item 1)
	There were no apologies for absence.
50.	DECLARATIONS OF INTEREST IN MATTERS COMING BEFORE THIS MEETING (Agenda Item 2)
	There were no declarations of interest in matters coming before this meeting.
51.	MINUTES OF THE MEETING HELD ON 23 JANUARY 2024 (Agenda Item 3)
	RESOLVED: That the minutes of the meeting held on 23 January 2024 be agreed as a correct record.
52.	EXCLUSION OF PRESS AND PUBLIC (Agenda Item 4)
	RESOLVED: That all items of business be considered in public.
53.	HEALTH SERVICE PROVISION IN HILLINGDON'S RURAL AREAS (Agenda Item 5)
	The Chair welcomed those present to the meeting. The Borough, whilst primarily urban, had areas with a more rural aspect in the north and south. To the north, Harefield felt very much like a village and, to the south, whilst the Heathrow Villages had a countryside feel, they were greatly impacted by the presence of Heathrow Airport.
	Mr Keith Spencer, Managing Director at Hillingdon Health and Care Partners (HHCP), advised that the Heathrow Villages provided a perfect example of the issues faced by rural communities, especially with regard to the challenges residents faced in

accessing health services. Of the five Heathrow Villages (Cranford Cross, Harlington, Harmondsworth, Longford and Sipson), only Harlington had a GP practice and pharmacy in situ, although all of the villages were covered by GP practices located in other areas.

It was suggested that the work undertaken by the integrated neighbourhoods, a model that aimed to develop local solutions for big health challenges, would be critical to tackling these challenges. The preferred model was to implement local neighbourhoods and find local solutions to tackle deep rooted health inequalities. The model involved breaking the health service down into smaller parts that could work with the local communities and engage with residents. Mr Spencer advised that he had recently been involved in engagement activity with residents from the Heathrow Villages to identify what mattered to them and planned to meet with these residents again. It would be important to take services to where the residents were and not the other way around.

Mr Spencer and a number of colleagues had met with residents in Heathrow Villages around 6/7 months ago and had been asked to provide a mobile solution that went around the villages offering health services such as vaccinations and talking therapy services. A wellbeing bus had been launched on 3 October 2023 as a twelve week pilot. The wellbeing bus had faced a number of challenges in that it was not appropriate for clinical activity and its open plan layout meant that mental health issues could not be discussed in private, its availability varied from the agreed timings, and attendance was limited on some days. Most residents using the services of the wellbeing bus were over the age of 65, which suggested that younger, more mobile residents were getting their support from other parts of the community. Attendance had been higher when vaccinations had been offered on the wellbeing bus.

Members were advised that residents had been asked to provide feedback – 136 responses had been received. Of the 34% that said that they could not access the services that they needed, the majority had been from Harlington which already had a GP surgery and pharmacy in situ, so it was unclear what services these respondents felt they needed.

With regard to feedback, the highest response rates had been received from residents in Harlington, Sipson and Harmondsworth. It was noted that GP appointments, blood pressure checks, dental services and general support and signposting to the right services were seen as the main areas of deficit and that the North West London Integrated Care Board (NWL ICB) was responsible for the provision of these services.

Mr Spencer and his colleagues would be meeting residents again on 26 February 2024 to discuss the evaluation that had been put together (this would subsequently be shared with the Committee) and to determine the lessons learnt and the next steps. The evaluation included comparisons between the prevalence of conditions such as asthma, anxiety, obesity, common mental health conditions and hypertension in the Heathrow Villages against the rest of Hillingdon.

It was noted that the integrated neighbourhood would be rolled out and a series of events would be run in the Heathrow Villages in the autumn of 2024 to provide local residents with vaccinations. Consideration was also being given to introducing community champions to work with local communities to develop service offers around their needs. Regular outreach GP provision was also being developed and investigations were underway to identify how pharmacies could extend their services to

bridge any gaps. Further needs might be identified by residents.

Dr Sagar Dhanani advised that a number of roadshows had been undertaken across the Borough to undertake health checks, etc. At the request of residents to hold a roadshow in the Heathrow Villages, one had taken place at the church in Harmondsworth to provide health promotion information on cervical screening, falls and bereavement and to undertake things like blood pressure checks. The event had been successful for those who had attended, but there had been challenges in finding a suitable venue and attracting a large number of attendees. Consideration would need to be given to the possibility of adjusting the timing of future events, looking at transportation routes to address inter-village transport issues and better communication and publicity.

Ms Lisa Taylor, Managing Director at Healthwatch Hillingdon (HH), advised that HH had gathered a lot of information about residents' experiences with health matters. She advised that, with regard to the rural areas, residents had reported a lack of primary care services in the Heathrow Villages, with the closest GP practice and pharmacies being in West Drayton, Harlington or at Heathrow Airport. These locations were not deemed to be within a reasonable walking distance for many residents, particularly those in Harmondsworth. For residents without their own transport, accessing a GP or pharmacist in Harlington or Hayes could mean a long bus journey, sometimes with two bus changes. The residents felt that there had been a lack of investment in the area, which was likely due to the ongoing issue of the third runway. They felt forgotten by services and in need of a more permanent solution to improve access.

In Harefield there was one GP practice that covered the Harefield ward. Under the NHS Choice Framework, patients had the right to choose their GP practice. However, this could be problematic for the residents in Harefield, especially where there had been a dispute between the GP and the patient that couldn't be resolved. The patient might be left feeling as if there was nowhere else for them to go. For example, if you were a resident in Uxbridge, you would have a choice of two or three local GPs. This was not the case in Harefield as the public transport infrastructure made it very challenging for some Harefield residents to access another surgery in the north of the Borough. The issues with regards to travelling to access primary care had recently been exacerbated by the expansion of ULEZ, with some residents in Harefield raising concerns around the potential cost of accessing primary care due to the need to drive, especially when public transport was not a great alternative or not an option for some.

Members suggested that NHS colleagues needed to be more proactive in thinking about the challenges that these areas faced and about what could be done to address them. It was noted that it would have been obvious that vaccinations would be a problem in the Heathrow Villages as there was no pharmacy in the area willing to give the vaccines to local residents. A more detailed plan was requested which detailed the challenges being faced in a way that they could be pinpointed and actions identified to resolve them. Mr Spencer acknowledged the need to be more proactive in making changes. He suggested that the implementation of integrated neighbourhoods, and the development of community champions to work with local communities to develop service offers around their needs, would help with this.

Dr Ritu Prasad, Chair of the Hillingdon GP Confederation, advised that roving teams had been introduced during the pandemic to visit housebound patients. As this service had continued post pandemic and now included flu vaccination, consideration could be

given to how this could be extended to patients in rural areas. Alternatively, a church in Harefield had been used to administer flu vaccinations and something similar could be done in the Heathrow Villages. Next steps would need to be discussed with the residents.

Members suggested that a detailed action plan be developed to address the health needs of the rural populations and that this be reported back to the Committee at a future meeting. It would be important to identify if specific groups of people were facing specific issues and to look at the nature of any problems and the underlying evidence and data. Mr Spencer advised that residents needed to be consulted before partners came up with solutions and the resultant action plan would be developed to meet residents' needs.

Ms Taylor noted that the development of integrated neighbourhoods would provide a range of opportunities to look at the wider socio-economic needs of residents as well as their health needs. Consideration needed to be given to residents' access needs to then provide a steer as to what services needed to be delivered.

Members raised concerns about the adequacy of the services provided in the Heathrow Villages. Better communication was needed to advertise planned initiatives to residents such as the wellbeing bus and more comprehensive facilities were needed. It was suggested that direct mail was sent out to residents in a targeted area to inform them of any upcoming services and initiatives (around 1,000 leaflets had been distributed around the Heathrow Villages in relation to the wellbeing bus pilot). Residents would be asked for feedback on the effectiveness of the communication on the wellbeing bus when health partners met with them on Monday.

Dr Dhanani agreed that more proactive engagement was needed with the community and suggested that a roving pharmacy could be a potential solution to the lack of access to medicines in the Villages. He recognised that residents faced transportation and parking issues when accessing healthcare services and suggested finding a car park where a roving bus or pharmacy could accommodate people.

It was queried whether or not consideration was still being given to identifying estate in the Heathrow Villages that could be used for a GP practice. Members suggested that, as they owned a lot of land in the Villages, Heathrow Airport be contacted and asked if they would be able to provide a site for a GP practice.

Consideration was given to innovative solutions for accessing GP services such as overflow hubs. It was acknowledged that providing services in a way that made sense to patients and met their specific needs provided challenges. Dr Prasad advised that superhubs had been developed, collocating services in one place to facilitate the development of neighbourhood teams that could work across partners to deliver a range of services. She noted that the NHS had no large estate in the Villages but that work was underway with the NWL ICB on the estate strategy. There had been difficulties in setting up a same-day urgent care service, which required clinical space that was CQC approved and required investment. There were also challenges in relation to the funding of these facilities, which were not cheap to develop and maintain.

Mr Spencer advised that he had worked in rural areas so had been able to use his experience to identify best practice in relation to the provision of services. Other delivery models were being investigated to apply best practice in a local context.

Members expressed concern that NHS staff had been issued with parking tickets when out in the community undertaking house calls. It was agreed that consideration needed to be given to finding a way for these staff to be exempt from a penalty charge notice when carrying out their jobs. Thought also needed to be given to allowing residents who were visiting a portable health solution to park in restricted areas without charge or penalty.

Members suggested that Section 106 monies be used to improve residents' access to health services in the rural areas of the Borough. Consideration could also be given to locating specific health services such as blood pressure clinics in existing spaces such as hotels, supermarkets and cinemas, and providing sponsored shuttle buses to address transport issues.

The Committee looked forward to hearing more about the solutions that were identified and implemented at a future meeting. Further consideration might also need to be given to estates.

#### **RESOLVED: That:**

- 1. Mr Spencer share the wellbeing bus evaluation document with the Committee after it had been discussed with residents on 26 February 2024;
- 2. Mr Spencer share the detailed action plan to address the health needs of the rural populations with the Committee; and
- 3. the discussion be noted.

#### 54. | CABINET FORWARD PLAN MONTHLY MONITORING (Agenda Item 6)

Consideration was given to the Cabinet Forward Plan.

RESOLVED: That the Cabinet Forward Plan be noted.

#### 55. **WORK PROGRAMME** (Agenda Item 7)

Consideration was given to the Committee's Work Programme. The Cabinet Member for Health and Social Care and the Executive Director for Adult Social Care and Health had been invited to attend the Committee's next meeting on 19 March 2024. Members would also be considered a report on the Council's Autism Strategy at that meeting.

It was noted that the April meeting had been cancelled and rescheduled for 22 May 2024.

**RESOLVED:** That the Work Programme be agreed.

The meeting, which commenced at 6.30 pm, closed at 7.57 pm.

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



#### CABINET MEMBER FOR HEALTH AND SOCIAL CARE UPDATE

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

#### **HEADLINES**

As a matter of good practice, the Cabinet Member for Health and Social Care is regularly invited to attend meetings of the Health and Social Care Select Committee to provide the Members with an update on relevant progress within their portfolio.

#### RECOMMENDATION

That the Health and Social Care Select Committee notes the presentation given by the Cabinet Member for Health and Social Care.

#### **SUPPORTING INFORMATION**

It is thought that there are fundamental principles of good scrutiny which are essential to make scrutiny effective:

- provide constructive 'critical friend' challenge;
- amplify the voice and concerns of the public;
- be led by independent people who take responsibility for their role; and
- drive improvement in public services.

At the London Borough of Hillingdon, the work of the Health and Social Care Select Committee largely falls within the portfolio of the Cabinet Member for Health and Social Care. To ensure that the Committee is able to provide constructive critical friend challenge, the Cabinet Member is asked to attend a meeting towards the end of each municipal year to provide Members with an update on the work that has been undertaken within their portfolio during the preceding year. Where possible, the Cabinet Member is also asked to provide the Committee with information about any future planned developments.

#### 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.

Health and Social Care Select Committee - 19 March 2024

Classification: Public

Legal Implications	
None at this stage.	
BACKGROUND PAPERS	
NIL.	

#### **CABINET FORWARD PLAN**

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

#### **HEADLINES**

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

#### RECOMMENDATION

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

#### SUPPORTING INFORMATION

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

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

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

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

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

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Classification: Public

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

	Committee action	When	How
4			
1	To provide specific	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	These would go within the standard section in every Cabinet or Cabinet Member report called
	comments to be	the Cabinet or Cabinet Member before the decision is made.	"Select Committee comments".
	included in a future	and Capitot of Capitot Morrison soloto and addition to made.	Coloct Committee Committee
	Cabinet or Cabinet	This would usually be where the Committee has previously considered a draft	The Cabinet or Cabinet Member would then
	Member report on	report or the topic in detail, or where it considers it has sufficient information	consider these as part of any decision they
	matters within its remit.	already to provide relevant comments to the decision-maker.	make.
2	To request further	As part of its pre-decision scrutiny role, this would be where the Committee wishes	This would be considered at a subsequent
	information on future	to discover more about a matter within its remit that is listed on the Forward Plan.	Select Committee meeting. Alternatively,
	reports listed under its	Militar and a base of the second and a base of the second and the	information could be circulated outside the
	remit.	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	meeting if reporting timescales require this.
		various factors, including timescales or the status of the drafting of the report itself	Upon the provision of any information, the Select
		and the formulation of final recommendation(s). Ultimately, the provision of any	Committee may then decide to provide specific
		information in advance would be a matter for the Cabinet Member to decide.	comments (as per 1 above).
3	To request the Cabinet	As part of its pre-decision scrutiny role, this would be where the Committee wishes	Democratic Services would contact the relevant
	Member considers	to provide an early steer or help shape a future report to Cabinet, e.g., on a policy	Cabinet Member and Officer upon any such
$\perp$	providing a draft of the	matter.	request.
Page 10	report, if feasible, for the	Whilst not the default position, Select Committees do occasionally receive draft	If agreed, the draft report would be considered
ge	Select Committee to	versions of Cabinet reports prior to their formal consideration. The provision of	at a subsequent Select Committee meeting to
<del></del>	consider prior to it being	such draft reports in advance may depend upon different factors, e.g., the timings	provide views and feedback to officers before
1	considered formally for	required for that decision. Ultimately any request to see a draft report early would	they finalise it for the Cabinet or Cabinet
	decision.	need the approval of the relevant Cabinet Member.	Member. An opportunity to provide specific
			comments (as per 1 above) is also possible.
4	To identify a	As part of its post-decision scrutiny and broader reviewing role, this would be	The Committee would add the matter to its multi-
	forthcoming report that	where the Select Committee may wish to monitor the implementation of a certain	year work programme after a suitable time has
	may merit a post-	Cabinet or Cabinet Member decision listed/taken at a later stage, i.e., to review its effectiveness after a period of 6 months.	elapsed upon the decision expected to be made by the Cabinet or Cabinet Member.
	decision review at a	onconvences and a period of a months.	by the equilier of equilier member.
	later Select Committee	The Committee should note that this is different to the use of the post-decision	Relevant service areas may be best to advise on
	meeting	scrutiny 'call-in' power which seeks to ask the Cabinet or Cabinet Member to	the most appropriate time to review the matter
		formally re-consider a decision up to 5 working days after the decision notice has	once the decision is made.
		been issued. This is undertaken via the new Scrutiny Call-in App members of the	
		relevant Select Committee.	

#### **BACKGROUND PAPERS**

Scrutiny Call-in App	<u> 2019</u>	Overview & Scru			
	Scrutiny Call-	in App			
	,				

Health and Social Care Select Committee – 19 March 2024 Classification: Public



Scheduled
<b>Upcoming</b>
Decisions

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

Ref	Decisions	Further details	Ward(s)	Full Council	<b>\</b>	Committee	Lead Officer	to the decision	ITEM	reason)
Cok	singt Mambar D	•	ouncil Directorat	e/Service Areas: A	S = Adult Services & I	Health P = Place C	= Central Services R = I	Resources CS= Children's Serv	rices D = Dig	ital & Intelligence
	Service Provision for victims and those	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		Clir Ian Edwards - Leader / Jane Palmer - Health & Social Care	Health & Social Care	P - Danielle Davis / Richard Webb			Private (3)
SI	Standard Items taken each month by the Cabinet Member	Cabinet Members make a number of non-key decisions each month on standard items - details of these are listed at the end of the Forward Plan.	Various		All	TBC	CS - Democratic Services	Various		Public
Cak	oinet meeting -	Thursday 18 April 2024 (report deadline	2 April)							
र्वे 35b		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		Clir Jane Palmer - Health & Social Care	Health & Social Care	AS - Gary Collier			Private (3)
SI	Public Preview of matters to be considered in private	A report to Cabinet to provide maximum transparency to residents on the private and confidential matters to be considered later in Part 2 of the Cabinet meeting and agenda.	TBC		All Cabinet Members	All	C - Democratic Services			Public
SI	Reports from Select Committees	Reports, findings and recommendations for consideration by the Cabinet, when referred from the appropriate Committee.	Various		All	TBC	C - Democratic Services	Various		Public
Cak	oinet Member D	ecisions expected - April 2024								
SI		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.			All	TBC	C - Democratic Services	Various		Public
Cak	oinet meeting -	Thursday 23 May 2024 (report deadline 2	26 April)							
079	Carer Support Services	Cabinet will consider a contract for Integrated Carer Support Services for adults and children. Such services support carers within the Borough, make it easier for them to access advice, information and support for the valued role they undertake.	N/A		Cllr Jane Palmer - Health & Social Care	Health & Social Care	AS / R - Sandra Taylor / Gavin Fernandez / Sally Offin			Private (3)

Ref	Scheduled Upcoming Decisions	Further details	Ward(s)	Full Council	Member(s) Responsible	Relevant Select Committee	Directorate / Lead Officer	Consultation related to the decision	NEW ITEM	Public or Private (with reason)
SI	matters to be	SI = Standard Item each month/regularly C 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	e/Service Areas: A	All Cabinet Members	All	C - Democratic Services	Resources CS= Children's Serv	rices D = Dig	Public
Cal	oinet Member D	ecisions expected - May 2024								
SI	each month by the	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		AII	TBC	C - Democratic Services	Various		Public
Cal	oinet meeting - 2	27 June 2024 (report deadline 10 June)								
SI	Public Preview of matters to be	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
Cal	oinet Member D	ecisions expected - June 2024								
Opage 14	each month by the	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		AII	TBC	C - Democratic Services	Various		Public
Cal	pinet meeting -	Thursday 25 July 2024 (report deadline 8	3 July)							
SI	Public Preview of matters to be	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.	ТВС		All Cabinet Members	All	C - Democratic Services			Public
SI		Reports, findings and recommendations for consideration by the Cabinet, when referred from the appropriate Committee.	All		AII	All	C - Democratic Services	TBC		Public
Cal	oinet Member D	ecisions expected - July 2024								
SI	Standard Items taken each month by the	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
AU	GUST 2024 - NC	CABINET MEETING			•				,	
SI	each month by the	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		AII	TBC	C - Democratic Services	Various		Public

	Scheduled Upcoming			Final decision by	Cabinet Member(s)	Relevant Select	Directorate /	Consultation related		Public or Private (with
Ref	<b>Decisions</b>	Further details	Ward(s)	The second secon	Responsible	Committee	Lead Officer	to the decision		reason)
Co	hingt mosting				S = Adult Services & I	Health P = Place C	= Central Services R =	Resources CS= Children's Servi	ces D = Digi	tal & Intelligence
SI	Older People's Plan	Thursday 12 September 2024 (report dea Cabinet will receive its yearly progress update on the Older	All	August)	Clir lan	Health &	C - Sandra Taylor	Older People, Leader's		Public
	update	People's Plan and the work by the Council and partners to support older residents and their quality of life.	,		Edwards - Leader of the Council / Cllr Jane Palmer - Health & Social Care	Social Care		Initiative		
SI	Public Preview of matters to be considered in private	A report to Cabinet to provide maximum transparency to residents on the private and confidential matters to be considered later in Part 2 of the Cabinet meeting and agenda.	TBC		All Cabinet Members	All	C - Democratic Services			Public
SI	Reports from Select Committees	Reports, findings and recommendations for consideration by the Cabinet, when referred from the appropriate Committee.	All		All	TBC	C - Democratic Services	TBC		Public
Ca	binet Member D	ecisions expected - September 2024								
<u>0</u> 35	each month by the	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		AII	TBC	C - Democratic Services	Various		Public
Ca	binet meeting -	Thursday 10 October 2024 (report deadli	ne 23 S	eptember						
SI	The Annual Report Of Adult and Child Safeguarding Arrangements	This report provides the Cabinet with a summary of the activity undertaken by the Safeguarding Children Partnership Board and the Safeguarding Adults Board to address the identified local priorities. The Cabinet will consider this report and approve the activity and the local priorities for the two boards.	All		CIIr Susan O'Brien - Children, Families & Education / CIIr Jane Palmer - Health & Social Care	Health & Social Care / Children, Families & Education	CS / AS - Alex Coman / Sandra Taylor	Select Committees		Public
SI	Public Preview of matters to be considered in private	A report to Cabinet to provide maximum transparency to residents on the private and confidential matters to be considered later in Part 2 of the Cabinet meeting and agenda.	TBC		All Cabinet Members	All	C - Democratic Services			Public
Ca	binet Member D	ecisions expected - October 2024								
SI	each month by the	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		AII	TBC	C - Democratic Services	Various		Public

Cabinet meeting - Thursday 7 November 2024 (report deadline 21 October)

Ref	Scheduled Upcoming Decisions	Further details  SI = Standard Item each month/regularly C	Ward(s)	Full Council	Member(s) Responsible	Relevant Select Committee	Directorate / Lead Officer	Consultation related to the decision  Resources CS= Children's Serv	NEW ITEM	Public or Private (with reason)
SI	Section 75 Agreement	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	e/Service Areas. A	Clir Jane Palmer - Health & Social Care	Health &	AS - Sandra Taylor / Gary Collier	Resources C3= Children's Serv	ices D = Digi	Public
SI	matters to be	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.	ТВС		All Cabinet Members	AII	C - Democratic Services			Public
SI	<u>-</u>	Reports, findings and recommendations for consideration by the Cabinet, when referred from the appropriate Committee.	All		All	TBC	C - Democratic Services	TBC		Public
Cal	binet Member De	ecisions expected - November 2024								
Öpage 16	Standard Items taken each month by the	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		AII	ТВС	C - Democratic Services	Various		Public
CA	BINET MEMBER	DECISIONS: Standard Items (SI) that m	ay be co	onsidered	each mor	nth				
SI	Urgent Cabinet-level decisions & interim decision-making (including emergency decisions)	The Leader of the Council has the necessary authority to make decisions that would otherwise be reserved to the Cabinet, in the absence of a Cabinet meeting or in urgent circumstances. Any such decisions will be published in the usual way and reported to a subsequent Cabinet meeting for ratification. The Leader may also take emergency decisions without notice, in particular in relation to the COVID-19 pandemic, which will be ratified at a later Cabinet meeting.			Cllr lan Edwards - Leader of the Council	TBC	C - Democratic Services	TBC		Public / Private
SI		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		CIIr Martin Goddard - Finance (in conjunction with relevant Cabinet Member)	All - TBC by decision made	various	Corporate Finance		Public but some Private (1,2,3)

	<b>Scheduled</b>									Public or
	Upcoming					Relevant Select	Directorate /	Consultation related	NEW	Private (with
Ref	<b>Decisions</b>	Further details	Ward(s)		<b>*</b> /	Committee	Lead Officer	to the decision	ITEM	reason)
	1			e/Service Areas: A				Resources CS= Children's Serv	vices D = Dig	
SI	matters under the	Cabinet Members will consider a number of petitions received by local residents and organisations and decide on future action. These will be arranged as Petition Hearings.	TBC		All	TBC	C - Democratic Services			Public
SI	To approve compensation payments	To approve compensation payments in relation to any complaint to the Council in excess of £1000.	n/a		All	TBC	R - Iain Watters			Private (1,2,3)
S Page		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.	t n/a		Cllr lan Edwards - Leader of the Council OR Cllr Martin Goddard - Finance / in conjunction with relevant Cabinet Member		various			Private (3)
<b>*</b> SI	Decisions by Cabinet to Cabinet Members,	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		To authorise the making of bids for external funding where there is no requirement for a financial commitment from the Council.	n/a		All	ТВС	various			Public
SI	consultations that may impact upon the Borough	A standard item to capture any emerging consultations from Government, the GLA or other public bodies and institutions that will impact upon the Borough. Where the deadline to respond cannot be met by the date of the Cabinet meeting, the Constitution allows the Cabinet Member to sign-off the response.	TBC		All	TBC	various			Public
			Th	ne Cabinet's	Forward Plan	n is an offici	al document by	the London Boroug	h of Hilli	ngdon, UK

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#### **WORK PROGRAMME**

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

#### **HEADLINES**

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

#### RECOMMENDATION

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

#### SUPPORTING INFORMATION

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

Meetings	Room
Tuesday 20 June 2023, 6.30pm (rescheduled from 15/06/23)	CR5
Thursday 20 July 2023, 6.30pm - CANCELLED	CR5
Wednesday 16 August 2023 (informal meeting)	-
Wednesday 13 September 2023, 6.30pm	CR5
Tuesday 10 October 2023, 6.30pm	CR5
Tuesday 21 November 2023, 6.30pm	CR5
Monday 18 December 2023, 6.30pm - CANCELLED	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 - CANCELLED	CR5
Wednesday 22 May 2024, 6.30pm (rescheduled from 23/04/24)	CR6

At the Health and Social Care Select Committee meeting on 23 January 2024, it was agreed that the meeting on 23 April 2024 be cancelled and rescheduled for a date after the Annual Council meeting in May 2024. After Members of the Committee provided their availability, the new meeting date has been set for Wednesday 22 May 2024.

The meeting dates for the 2024/2025 municipal year were agreed by Council on 18 January 2024 and are as follows:

Health and Social Care Select Committee – 19 March 2024

Classification: Public

Meetings	Room
Wednesday 19 June 2024, 6.30pm	TBA
Wednesday 24 July 2024, 6.30pm	TBA
Wednesday 11 September 2024, 6.30pm	TBA
Tuesday 12 November 2024, 6.30pm	TBA
Thursday 23 January 2025, 6.30pm	TBA
Tuesday 25 February 2025, 6.30pm	TBA
Wednesday 19 March 2025, 6.30pm	TBA
Wednesday 23 April 2025, 6.30pm	TBA

#### 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.

Health and Social Care Select Committee – 19 March 2024 Classification: Public

#### MULTI-YEAR WORK PROGRAMME 2

2023/24 2024/25

	ZOLULT ZOLULT																
Health & Social Care Select Committee	<b>May</b> No meeting	June 20	July (CANCELLED)	August No meeting	September	October	November 21	December (CANCELLED)	January 23	February 21	March	April (CANCELLED) 23	<b>May</b> 22	<b>June</b> 19	July 24	August No meeting	September
Review A: CAMHS Referral Pathway Topic selection / scoping stage Witness / evidence / consultation stage Findings, conclusions and recommendations Final review report agreement Target Cabinet reporting		Witness Session	1 MOVED TO SEPTEMBER		Findings	Findings	1		Final report	Cabinet			Topic Selectio	n			
Review B: GPs										Single Meeting Review							
Regular service & performance monitoring Quarterly Performance Monitoring Annual Report of Adult and Child Safeguarding Arrangements Carers Strategy Update (prior to Cabinet) Older People's Plan Update (prior to Cabinet) Mid-year budget / budget planning report (July/September) Cabinet's Budget Proposals For Next Financial Year (Jan) Cabinet Member for Health and Social Care Cabinet Forward Plan Monthly Monitoring		X	MOVED TO SEPTEMBER		X X	x x	X		X X	X	X	3	Х	l X	[ X	1	X
One-off information items Public Health Update Autism Strategy Consultation Crisis Recovery House Update Family Hubs Carer Support Services - Cabinet report (079) Commissioning Model for delivery of health and social care services		Х	MOVED TO OCTOBER				Х						X				
Health External Scrutiny Police & Mental Health Attendance at A&E Moder Vernon Cancer Centre Strategic Review Update Hillingdon Hospital Redevelopment Update Health Updates Quality Accounts (outside of meetings)		Х	MOVED TO SEPTEMBER		х	1			Х			х	Х	Х	1		х
Past review delivery Review of Children's Dental Services 2021/22 Making the Council more autism friendly 2020/21 GP Pressures Assisted Living Technologies Review 2021/22 (dealt with offline)			MOVED TO OCTOBER MOVED TO OCTOBER MOVED TO OCTOBER MOVED TO OCTOBER										X	3			

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