Minutes

HEALTH AND SOCIAL CARE SELECT COMMITTEE

24 July 2024

Meeting held at Committee Room 5 - Civic Centre

	Committee Members Present: Councillors Nick Denys (Chair), Tony Burles, Philip Corthorne, Kelly Martin, June Nelson and Sital Punja (Opposition Lead) **Also Present**: Evelyn Cecil, Deputy Chief Executive, Hillingdon Mind Sally Chandler, Strategic Director, Hillingdon Carers Steve Curry, Chief Executive Officer, Harlington Hospice & Michael Sobell Hospice / H4All Jessamy Kinghorn, Head of Partnerships and Engagement, NHS England & Improvement - East of England Angela Stangoe, Chief Executive, Hillingdon Mind Taiyaba Zeria, Services Manager, Alzheimer's Society **LBH Officers Present**: Gary Collier (Health and Social Care Integration Manager), Jan Major (Assistant Director Direct Care and Business Delivery (Provider Services and Commissioning)) and Nikki O'Halloran (Democratic, Civic and Ceremonial Manager)
11.	**APOLOGIES FOR ABSENCE** *(Agenda Item 1)* Apologies for absence had been received from Councillor Reeta Chamdal.
12.	**DECLARATIONS OF INTEREST IN MATTERS COMING BEFORE THIS MEETING** *(Agenda Item 2)* There were no declarations of interest in matters coming before this meeting.
13.	**MINUTES OF THE MEETING HELD ON 22 MAY 2024** *(Agenda Item 3)* **RESOLVED: That the minutes of the meeting held on 22 May 2024 be agreed as a correct record.**
14.	**EXCLUSION OF PRESS AND PUBLIC** *(Agenda Item 4)* **RESOLVED: That all items of business be considered in public.**
15.	**CARERS STRATEGY DELIVERY UPDATE** *(Agenda Item 5)* The Chair welcomed those present to the meeting. Mr Gary Collier, the Council's Health and Social Care Integration Manager, advised that the report provided Members with an annual update on the delivery of the Carers' Strategy and would be considered by Cabinet at its meeting in September 2024. The

report included priorities for 2024/25 and case studies which made it more real for the Committee by illustrating the issues faced by carers as well as the support provided to them.

It was noted that the Carers' Strategy consultation had concluded and that it had received some positive feedback. This feedback had resulted in changes to some of the wording in the Strategy to make it more accessible. As it covered adult carers and young carers, the Strategy would need to be signed off by Councillor Jane Palmer, Cabinet Member for Health and Social Care, and Councillor Susan O'Brien, Cabinet Member for Children, Families and Education.

Mr Collier noted that there had been some deliberate repetition in this report from the last report to give Members a more rounded picture. This would not be continued in the next report to the Committee where reference would just be made to the last report.

The report stated that Kensington and Chelsea, Westminster and Hammersmith and Fulham had a higher number of carers supported by the local authority than in Hillingdon. However, it was noted that the SALT data did not include, for example, the carers supported by Hillingdon Carers Partnership (HCP) under the Carer Support Service contract. These higher numbers supported meant that there were also greater numbers of carers receiving carers assessments and Mr Collier informed the meeting that the Council continued to experience large numbers of carers declining an assessment. He stated that these local authorities would be contacted to identify whether there was any learning that could be applied in Hillingdon.

Ms Sally Chandler, Strategic Director at Carers Trust Hillingdon and Ealing (CT), advised that CT was the lead partner for HCP which provided a single point of access for carers. The meeting was informed that CT was a carer-led organisation with 67% of its board of trustees and staff team having lived experience as carers. HCP had been created 7-8 years ago and subcontracted a range of specialist support services such as dementia support from the Alzheimer's Society. Ms Chandler believed that the partnership worked really well and that the offer provided in Hillingdon was second to none, ensuring that the right services were wrapped around carers in one contact rather than multiple contacts.

It was noted that carers were required to fill in multiple assessments for a range of reasons. As they were able to access many of the services provided by HCP without filling one in, carers would often not want to complete the Carers Assessment (CA). This caused some tension as the Council needed to report on the number of CAs completed but the carers did not necessarily want to complete it (completion of the CA could take anything from half an hour to half a day depending on the complexity of needs).

Ms Chandler advised that HCP had worked with the Council to develop a two tiered approach. The tier one assessment would fulfil the Government needs but, if certain triggers were met during its completion, a tier two assessment would need to be completed (or a joint needs assessment). Consideration would be given to the development of a young carers assessment in the near future.

Members were advised that, once partners had worked with a carer for a while, they were able to quickly build up a picture of their needs. A tick list had been developed to help prepare carers for completing the CA but it was noted that they were able to get benefits without completing the CA. It was agreed that the Committee be updated on

	the uptake of CAs in a year. The issue about receiving feedback from the Council following a referral was raised but the difficulties regarding GDPR were acknowledged. Limitations on the ability of the third sector to share information with the Council related to GDPR were also highlighted by Ms Chandler. Ms Chandler raised concerns about the significant increase in the number of carers with low level mental health issues as well as the increase in carers with more complex mental health needs. Ms Chandler advised that HCP had raised £1.5m in funding for carer related benefits in 2023-24 and £1.8m in grants for projects over eight years, which had been supported by evidence from carers about the need for the services. This had been achieved because HCP partners worked together and fed the carers' voice into the aims and objectives of everything that it did, including a multiagency strategy group. She noted that coproduction was in CT's DNA which meant that the limited resources available would not be wasted as services were not decided upon, designed and delivered without speaking to carers first. Feedback and opinions were solicited in a number of ways including through the five Carers Cafés across Hillingdon and through pre/post training assessments. Ms Angela Stangoe, Chief Executive at Hillingdon Mind (HM), advised that, as well as being part of HCP, HM was also part of H4All. She noted that carers often ended up with poor mental health and that HM provided them with a range of support services (including counselling and creative groups) as well as information about other services, which was a benefit of partnership working. It was noted that HM had secured Big Lottery funding for a five-year project to meet the increasing demand to support the psychological needs of carers. Ms Evelyn Cecil, Deputy Chief Executive at HM, noted that the joined-up approach of HCP meant that carers were able to get timely access to a range of services without having to repeat their story. However, the more complex nature of the cases coming through meant that each case was taking longer to address. All services provided by HM were coproduced with service users to ensure that the needs of carers were being identified and addressed and that they were provided with a holistic approach to their wellbeing. HM had access to a wide range of information and guidance and was able to signpost carers when needed. Mr Steve Curry, Chief Executive Officer at Harlington Hospice and Harlington Care (HHHC), advised that HHHC provided support so that carers were able to have short breaks. Harlington Care provided cover to enable carers to take a break of 2-4 hours funded under the Combined Carers Services contract - a large number of people using this service (around 70%) cared for someone with dementia. If they wanted to, a carer was able to 'bank' these hours over a period, and then use them all together for a big event such as a wedding. Wherever possible, the team tried to use the same support staff for a particular cared for person so that it provided continuity and enabled relationships to be built. Mr Curry advised that HHHC provided 'Caring with Confidence' courses as well as hospice services and pre-bereavement services. This support had been helpful for young carers, particularly those who were neurodiverse, and the team at Harlington

had worked closely with the Young Carers team at CT.

Members expressed concern about the availability of wrap around care when HHHC was selling Lansdowne House. Mr Curry noted that all hospices were facing financial challenges and that effort had been made to reduce costs at Harlington Hospice and Michael Sobell House (MSH) without reducing services. Centralised costs had been reduced and additional inpatient beds had been opened at MSH.

It was noted that Lansdowne House in Harlington provided two services (counselling and lymphoedema services) and that the building was only used for one third of the time, costing around £60k per year to run. Planning permission to develop the building had been refused and the existing configuration did not lend itself to conversion. Consideration had been given to selling the building to Heathrow Airport and renting it back and, although this had not happened, the property was now for sale on the open market.

Mr Curry stated that, if the building was not sold, there would have to be a reduction in the services provided. However, if the building was sold, the services currently provided therein could be relocated elsewhere. Conversations were already taking place with organisations such as Brunel University, Stockley Park, the NHS and the local authority about alternative venues. It was agreed that the issue of hospice service provision across the Borough be considered at a future Committee meeting.

Ms Chandler advised that the HCP partners provided a number of support services in the Hayes and Harlington area that were well used. However, the provision of services in other parts of the Heathrow Villages had proved more challenging. A Carers Café had been piloted in Harmondsworth but only two or three people had attended.

Ms Taiyaba Zeria, Service Manager at Alzheimer's Society (AS), advised that she had been working with HCP to deliver dementia support. HCP offered a one stop shop for carers where they didn't have to repeat their story and where they were able to access a range of services from different providers in one place, for example, support in relation to anything from finances to mental health.

The biggest challenge being faced by AS was coming up with ways to meet the increasing demand for their services. The number of people being diagnosed with Alzheimer's or dementia had been increasing and managing this increase whilst still trying to deliver good quality services was a significant challenge.

The report stated that the main actions derived from the survey results were unchanged from the 2021/22 survey. Members queried whether this meant that respondents didn't actually care about things like exploring the expansion of Personal Budgets for carers (including Direct Payments), flexible short break options or social opportunities. Mr Collier advised that HCP had been successful in increasing the range of short break options available in response to feedback. However, bed-based respite had been more difficult as care home providers were reluctant to provide this for less than fourteen days. Work continued to try to address this.

Members were advised that Direct Payments were a way of using Personal Budgets and increasing uptake was a significant piece of work. Further work would be undertaken on this in 2024/25, including looking at the offer provided by inner London boroughs that had more people with Direct Payments. It was agreed that progress on increasing the number of carers in receipt of Direct Payments and bed-based respite

arrangements would be included in the next update report on the delivery of the Carers Strategy to the Committee in the summer of July 2025.

With regard to engagement, Ms Cecil advised that HM went out into the communities to hold specific awareness raising sessions and to look at how support could be tailored for specific communities. In addition, consideration could be given to the provision of childcare facilities at these events and generic resources were available in multiple languages. Interpreters were also available. Ms Zeria advised that, as AS was a national organisation, a range of information was available in multiple community languages and different formats online and effort was made to engage with marginalised groups in a way that was appropriate for them. A mapping exercise had been undertaken to identify and reach out to the hard-to-reach groups. For example, a dementia café had been set up in the Gurdwara Temple and the possibility of support being provided by the local Farsi Clinic was being considered.

Ms Chandler advised that HCP stretched resources as far as it could to get the best value for money and the best return on investment. For example, CT had trained carers so that they were able to run peer support groups (which were something that carers had said that they wanted), therefore avoiding the cost of them being run by paid staff. Consideration had also been given to Corporate Social Responsibility and identifying businesses that would be willing to get involved or to financially support the charity.

As a proportion of the cohort, it seemed that there were more young carers registered on the carers register than adult carers. Ms Chandler advised that their work in schools had led to improved awareness and a better identification rate of young carers with onward referral. Conversely, adult carers would often not recognise themselves as carers and saw what they were doing as being part of their role as a spouse, parent, etc. Strangely, the number of people that identified themselves as carers had decreased in the 2021 Census. It had been thought that this might have been as a result of a change in the wording used which had caused confusion and the fact that it had been conducted during the pandemic.

Given that keeping up with current demand was currently one of the biggest challenges faced by the partners, Members queried what action was being taken to keep pace with the continued increase in future demand. Ms Chandler advised that CT had achieved back office economies of scale between Hillingdon and Ealing and had had to be more careful about targeting resources to where they were most needed. For example, there were some young carers who were responsible for looking after their siblings and the household as well as providing significant support to their parent. Ms Cecil noted that better use of self care strategies and enabling people to independently navigate through the services that were available would free up resources.

Ms Zeria advised that AS had a strong reliance on volunteers to support staff. They worked with the memory clinic and dementia advisors, nurses, etc, and could provide individuals with information and advice at drop in sessions whilst they waited for appointments. Work was currently underway to automate the invitation to the drop in sessions once they were diagnosed so that they were not waiting around.

It was recognised that prevention was obviously a better approach but there were still challenges when it came to Alzheimer's and dementia and the BAME community. Ms Zeria advised that digital and technological opportunities were being explored but that work had also been undertaken to get specific communities to identify how they would

	like to be engaged. For example, in Tower Hamlets, the Chinese community had requested that they be engaged in a totally different way that had never been done before and it had worked. **RESOLVED: That:** **1. progress against the carers strategy delivery plan activity for 2023/24 be noted;** **2. the carer support priorities for 2024/25 be noted;** **3. the Committee be updated on the uptake of Carers Assessments in July 2025;** **4. the Committee be updated on Direct Payments and bed-based respite in July 2025; and** **5. the issue of hospice service provision across the Borough be considered at a future Committee meeting.**
16.	**MOUNT VERNON CANCER CENTRE STRATEGIC REVIEW** *(Agenda Item 8)* Ms Jessamy Kinghorn, Head of Partnerships and Engagement at NHS England – East of England, stated that specialised commissioning had been delegated to Integrated Care Boards (ICBs) so she effectively also worked for the ICBs. Ms Kinghorn had been attending the Committee's meetings since 2019, with the last update being delivered at the meeting in January 2023. Members were advised that, in 2019, clinicians had asked that Mount Vernon Cancer Centre (MVCC) be looked at, which resulted in an independent clinical review being undertaken. The review identified a number of things that needed to be changed immediately as well as longer term objectives. Concerns were highlighted about the need to transfer patients who deteriorated from MVCC as the facilities were not available there to support them. MVCC needed to be run by a cancer specialist and needed to be moved to an acute hospital site. University College London Hospital had been appointed as the specialist provider but would not take full control of MVCC until it had moved to a new site. The current site had considerable issues with the state of the buildings. These issues combined meant that there were a lack of opportunities and the staff at MVCC were currently unable to take part in any trials because there was no critical care support available. Ms Kinghorn noted that a lot of patient engagement had already been undertaken as part of the review and various funding proposals had been put together. The best option had been to build an independent cancer centre in Watford linked to the hospital site. This would mean a slightly longer journey for come patients from Hillingdon but had still been deemed to be the best option. To address some of the concerns raised in relation to the longer travel times, it had been agreed that a new chemotherapy service would be incorporated into the new Hillingdon Hospital build project. Expressions of interest had been submitted for funding from the New Hospitals Programme but this bid had been unsuccessful. This had been largely a timing issue in that it had coincided with the deterioration of RAAC in hospital buildings that needed to be dealt with urgently. Ms Kinghorn had continued to work with the national team who had agreed that MVCC was a priority and that the alternatives did not provide a good enough option (and would cost almost as much as the new build option). Although the source of capital funding had not yet been identified, a number of short term decisions needed to be made.

	Looking forward, Ms Kinghorn had been in discussions with Hertfordshire County Council (HCC) and with the health scrutiny officers of around a dozen other affected local authorities and it had been agreed that a Joint Health Overview and Scrutiny Committee (JHOSC) be set up. As HCC had the largest number of patients using MVCC each year, it would chair the JHOSC and Hillingdon (with the second largest number of patients) would be proposed as vice chair. It was noted that the scope of the consultation would include all services at MVCC but would not include inpatients at the DGHs who could not be treated at MVCC or haematology services in the north of the area. The Paul Strickland Scanner Centre and Lynda Jackson MacMillan Centre would be affected but Michael Sobell House and Hillingdon Hospital services on the site would not be affected. Members agreed for the Chair to be involved in the JHOSC and noted that he would report back to the Committee on progress. Ms Kinghorn advised that she would also be happy to attend future meetings of the Committee to provide Members with updates as required. **RESOLVED: That:** **1. the progress of the Mount Vernon Cancer Centre review and the plans to move forward to consultation be noted;** **2. Hillingdon's involvement in a Joint Health Overview and Scrutiny Committee (JHOSC) later this year be confirmed; and** **3. the Chair of Hillingdon's Health and Social Care Select Committee be considered for the role of Vice Chair on the JHOSC.**
17.	**ADULT SOCIAL CARE MARKET POSITION STATEMENT** *(Agenda Item 6)* Ms Jan Major, the Council's Assistant Director Direct Care and Business Delivery (Provider Services and Commissioning), advised that local authorities were encouraged to produce an Adult Social Care Market Position Statement (MPS) under statutory guidance issued under the Care Act 2014. The MPS set out the current demand for care and support services, projections for future demand and opportunities to develop / provide the support that would be required from 2024 to 2027. Consultation was currently underway and it was anticipated that document would be read by existing providers, potential providers, voluntary and community organisations and service users. The report stated that different approaches were being used to ensure a diverse market of quality services. Ms Major advised that residents had a range of choices and could purchase services through Direct Payments. The views of residents were also sought through groups such as the Disability Assembly and the Older People's Assembly. It was agreed that Ms Major provide the Democratic, Civic and Ceremonial Manager with examples and further detail of what this meant to residents in reality for circulation to the Committee. Members asked about the benefits of integrated commissioning for Hillingdon. Mr Gary Collier, the Council's Health and Social Care Integration Manager, advised that there were circumstances where there were low volume / high costs specialist services needed which meant it was difficult to give a personalised approach in Hillingdon. However, working with colleagues in North West London meant that economies of scale could be achieved when using the same specialist service providers. There might be times where Hillingdon would act as the lead commissioner.

With regard to personalised care and personal health budgets, Ms Major advised that some individuals would use this budget to employ a personal assistant. For example, a blind resident had been using their personal budget to employ a personal assistant who had been teaching them to cook. As such, as well as domiciliary care agencies, the Council now also signposted individuals to personal assistant recruitment providers.

It was noted that Hillingdon had a higher number of care homes than other local authorities (44) but it was queried whether these were of a high enough standard and fit for purpose. Ms Major recognised that the report had not provided that level of detail but advised that the Council had been working with the care homes to ensure that they met a minimum standard and would put measures in place where necessary to help them achieve this standard. Standards in Hillingdon were comparable with those in the rest of North West London.

Work had been undertaken with partners to ensure that residents were kept at home for as long as possible before moving into a care home. Interventions such as extra care provision and telecare (assisted living technology) had been developed to help achieve this objective. Ms Major advised that there were three extra care services in Hillingdon that the Council was responsible for and a fourth where the local authority had 100% nomination rights. This provision enabled residents to stay more independent for an average of 5½ years longer than they would otherwise.

The report stated that the Council would be exploring options to directly provide a nursing care home. Ms Major advised that this work was ongoing but that there were no firm timescales for this initiative.

The Council currently directly provided three care homes for people with learning disabilities but there had been changes to CQC requirements under the guidance of Right Support, Right Care, Right Culture. As such, the Council was now looking to develop two smaller care homes to address the local need in line with the guidance. A planning application would need to be submitted for these properties and action would need to be taken to ensure that it was compliant with the new CQC requirements.

It was noted that there had been 17.4% growth in the 65+ population and 27% increase in the 90+ population in Hillingdon since the 2011 census. Given that this significant increase was likely to continue into the future, Members asked whether there were enough care home places and staff to support the needs of this growing population and the resultant future increase in demand for care services. The Council's bed based strategy had been to support residents to remain in their community and independent as long as was possible and, with the Homecare and Extra Care provision (230) flats in the Borough, this was supporting the Council to ensure care provision was available to support a range of needs and reduce reliance on residential care.

Ms Major advised that the Council had been building close relationships through the Domiciliary Care Framework and the Dynamic Purchasing System Framework. The Quality Assurance Team in Social Care monitored and supported all care providers in the Borough and part of their monitoring included looking at the recruitment of staff and provider compliance with things such as UKVI sponsorship licences. To this end, the Provider Risk Panel and Governance Care Board held monthly meetings. The Council currently had 230 flats in its extra care provision but there were neighbouring local authorities that tried to place their residents in Hillingdon care homes.

When the extra care provision had been developed, it had been seen as a bold move.

	Members queried whether the extra care occupancy levels were high enough and whether this provision had delivered on expectations. Ms Major advised that there had been some voids but that officers held weekly meetings to review and decide which residents would be able to move in. Mr Collier advised that the extra care provision had provided other opportunities such as hospital step down beds during the pandemic. Although this use had stopped last year, consideration was being given to reinstating the facility as it also gave residents the opportunity to experience what it would be like to live there when the time came. Further work was also being undertaken to develop a waiting list for the extra care provision. **RESOLVED: That:** **1. Ms Major provide the Democratic, Civic and Ceremonial Manager with examples and further detail of the different approaches that were being used to ensure a diverse market of quality services for circulation to the Committee; and** **2. the report be noted.**
18.	**ASC CQC INSPECTION - VERBAL UPDATE** *(Agenda Item 7)* The Chair provided an update on the CQC inspection of Hillingdon's Adult Social Care services. He noted that the inspection was due to be completed by the end of this week and that the process had included conversations with a range of stakeholders including himself and Councillor Punja. The Chair would circulate information that he had received in relation to the inspection to Members of the Committee on Thursday 25 July 2024. It was anticipated that the CQCs final report would be available in approximately three months. This report would provide the Committee with a valuable resource in terms of its role of scrutinising social care. Councillor Corthorne suggested that the CQC assessment framework could be used to form the basis of future reporting to Committee on adult services so that Members were sighted on issues in advance which might help them discharge the Committee's statutory scrutiny function. The Chair stated that using the CQC assessment framework to structure the Committee's scrutiny of Adult Social Care might be useful but that more would be known once the CQC's report had been published. During the CQC process, the Chair and Labour lead had been briefed on the inspection and the Council's engagement with it. **RESOLVED: That:** **1. the Chair circulate supporting information to Members of the Committee; and** **2. the discussion be noted.**
19.	**CABINET FORWARD PLAN MONTHLY MONITORING** *(Agenda Item 9)* Consideration was given to the Cabinet Forward Plan. **RESOLVED: That the Cabinet Forward Plan be noted.**
20.	**WORK PROGRAMME** *(Agenda Item 10)* Consideration was given to the Committee's Work Programme. It was agreed that the hospice service provision in the Borough be included on the agenda for the

	Committee's next meeting on 11 September 2024 and that the health updates item that had been scheduled for that meeting be moved to 9 October 2024. It was suggested that contact be made with some service users that would be affected by the proposed changes to establish their thoughts. The witness sessions for the major review would be moved back in the Work Programme to start on 12 November 2024. The Cabinet Member for Health and Social Care and the Corporate Director for Adult Social Care and Health would be invited to attend this meeting to provide Members with an update on what had been going well and what improvements were being introduced. With regard to the major review topic, it was agreed that the Committee review early intervention and prevention and that the Chair and Democratic, Civic and Ceremonial Manager draft and share the terms of reference for the review with the Committee Members for their comments over the summer. It was suggested that there be a focus on the changing demographics in the Borough and enabling residents to access services without prompting significant cost burdens (the impact of language barriers and the digitisation of services). Members were reminded that a scrutiny review of digitisation had been undertaken by another Select Committee in the last few years. It was agreed that the following be the subject of single meeting reviews: - pharmacies and the delivery of front-line services. As the services provided by pharmacies had an impact on GPs, it was agreed that this single meeting review be undertaken first; and - GP coverage across the Borough. **RESOLVED: That:** **1. hospice provision be the subject of a single meeting review on 11 September 2024;** **2. the Chair and Democratic, Civic and Ceremonial Manager draft and circulate the terms of reference to the Committee for a major review of early intervention and prevention with the first witness session taking place on 12 November 2024;** **3. the health updates item previously scheduled for 11 September 2024 be moved to 9 October 2024;** **4. the Cabinet Member for Health and Social Care and the Corporate Director for Adult Social Care and Health be invited to attend the meeting on 12 November 2024 to provide the Committee with an update;** **5. single meeting reviews be undertaken in relation to pharmacies and GP coverage; and** **6. the Work Programme, as amended, be agreed.**
	The meeting, which commenced at 6.30 pm, closed at 8.24 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.