



HILLINGDON  
LONDON



# Health and Social Care Select Committee

## Councillors on the Committee

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

**Date:** WEDNESDAY, 24 JULY  
2024

**Time:** 6.30 PM

**Venue:** COMMITTEE ROOM 5 -  
CIVIC CENTRE

**Meeting  
Details:** The public and press are welcome  
to attend and observe the 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 Health Scrutiny

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

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

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

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

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

#### Cross-cutting topics

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

- Domestic Abuse services and support

# Agenda

## **CHAIR'S ANNOUNCEMENTS**

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## Minutes

### HEALTH AND SOCIAL CARE SELECT COMMITTEE

22 May 2024



Meeting held at Committee Room 6 - Civic Centre,  
High Street, Uxbridge UB8 1UW

	<p><b>Committee Members Present:</b> Councillors Nick Denys (Chair), Reeta Chamdal (Vice-Chair), Tony Burles, Farhad Choubedar (In place of Kelly Martin), Philip Corthorne, June Nelson and Sital Punja (Opposition Lead)</p> <p><b>Also Present:</b> Clinton Beale, Stakeholder Engagement Manager (North West), London Ambulance Service NHS Trust Piers McCleery, Director of Strategy and Planning, Royal Brompton and Harefield Hospitals - Guy's and St Thomas' NHS Foundation Trust Chris Reed, Hillingdon Group Manager, London Ambulance Service NHS Trust Lisa Taylor, Managing Director, Healthwatch Hillingdon Patricia Wright, Chief Executive, The Hillingdon Hospitals NHS Foundation Trust</p> <p><b>LBH Officers Present:</b> Nikki O'Halloran (Democratic, Civic and Ceremonial Manager)</p>
3.	<p><b>APOLOGIES FOR ABSENCE</b> (<i>Agenda Item 1</i>)</p> <p>Apologies for absence had been received from Councillor Kelly Martin (Councillor Farhad Choubedar was present as his substitute).</p>
4.	<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>
5.	<p><b>MINUTES OF THE MEETING HELD ON 21 FEBRUARY 2024</b> (<i>Agenda Item 3</i>)</p> <p><b>RESOLVED:</b> That the minutes of the meeting held on 21 February 2024 be agreed as a correct record.</p>
6.	<p><b>MINUTES OF THE MEETINGS HELD ON 9 MAY 2024</b> (<i>Agenda Item 4</i>)</p> <p><b>RESOLVED:</b> That the minutes of the meeting held on 9 May 2024 be agreed as a correct record.</p>
7.	<p><b>EXCLUSION OF PRESS AND PUBLIC</b> (<i>Agenda Item 5</i>)</p> <p><b>RESOLVED:</b> That all items of business be considered in public.</p>
8.	<p><b>HEALTH UPDATES</b> (<i>Agenda Item 6</i>)</p> <p>The Chair welcomed those present to the meeting.</p>

### The Hillingdon Hospitals NHS Foundation Trust (THH)

Ms Patricia Wright, Chief Executive at THH, advised that she had provided the Committee with a comprehensive update at its meeting in January 2024. The Trust's 2022-2026 Strategy had set out six priorities and Ms Wright had spoken to Members about the objectives that the organisation had hoped to achieve during the current year. In the final quarter of 2023/2024, the Trust had rated its performance against its objectives for each area of the Strategy as follows:

- Quality - deliver consistent high quality, safe and compassionate care;
- People - be a great place to work and an exemplar employer;
- Performance - we will deliver the right care at the right time for our patients;
- Finance - maximise resources available for the benefit of patient care;
- Strategic Programme - progress delivery of our strategic programmes; and
- Partnerships - be an active system partner leading strategic change.

The focus for the year had been on staff and patients whilst not losing sight of performance. Ms Wright believed that the 2023/2034 Quality Account report had highlighted good performance in relation to falls and ulcers. However, it was noted that, following the CQC inspection in August 2023, the final inspection report in February 2024 had revised the rating for THH's maternity services from 'Good' to 'Requires Improvement'. It was noted that maternity services nationally had seen a change in the acuity of individuals having babies who needed more support for their complex health care needs. Furthermore, it had been recognised that THH had not been as sensitive to the local population's needs as they could have been. The growth of diversity in the community meant that there was more evidence on the difference in outcomes for black and minority ethnic (BAME) women and THH needed to be clearer about patient communication. Longer appointments were now regularly scheduled at the start of the maternity pathway. Work had started to address these needs as well as the issues raised in the Ockenden Maternity Review report and, to this end, a Maternity Voices Partnership had been set up. The level of scrutiny and the standard of care had been much higher since the Ockenden report.

Members were disappointed with the performance of maternity services and queried what had been learnt from the CQC inspection and what action was being taken to improve the service. Ms Wright assured the Committee that the CQC report had included a lot of positive messages and that the 'Safe' and 'Well Led' domains had been reviewed and an improvement plan had been put in place. Consideration was being given to what people needed to be able to improve the patient experience and conversations would be undertaken with a variety of individuals who had / would have contact with the service.

Ms Wright noted that, although the staff engagement response rate had increased by around 8%, the Trust's scores were not as good as would have been liked and should have been better. She felt that there had been an improvement at THH.

Members were advised that THH had ended the financial year in a balanced position but had declared a deficit due to a technical issue. THH had used learning from the introduction of Cerner at other Trusts in North West London (NWL) to effectively implement the new system. All four Acute Provider Collaborative (ACP) Trusts in NWL were now using the same patient record system and would have access across all records. The ACP had been in place since 2022 and work was progressing at pace in relation to things such as the strategy for working together. Ms Wright would bring this back to a future meeting of the Health and Social Care Select Committee.

It was noted that the new hospital programme had received full planning permission and was ready to go but had been delayed whilst the governance process had been worked through.

Although 78½% of patients in the Emergency Department (ED) had been seen within the four hour target (and this had been sustained during April 2024), this figure had dropped off during May 2024. A plan to maintain this level of performance had been put in place and Ms Wright was determined to stick to it and deliver the required results. It was noted that the number of complaints received by the Trust had also now dropped off.

The ED continued to see peaks and troughs in attendance figures. Although there were usually around 350 attendances per day, recently this had increased up to 500 per day. It was recognised that these increases had arisen for a variety of reasons including THH being a receiving hospital for Heathrow Airport (not just the local population).

With regard to partnerships, the work of Hillingdon Health and Care Partners (HHCP) had been progressing at pace. Ms Wright noted that HHCP had created two GP hubs which, it was hoped, would reduce the number of people attending the ED who thought that would mean that they would be seen quicker than if they waited for a GP appointment. Although she was unable to speak in detail about GPs, Ms Wright advised that they ensured that patients were seen in the most appropriate environment as quickly as possible. The GP hubs had created greater primary care capacity.

Since 2007, the national standard for Accident and Emergency (A&E) was that 95% of patients would wait no longer than 4 hours from arrival to admission, discharge or transfer for A&E treatment. This standard had been seen as a milestone towards returning to the 98% standard. Currently, the target for this national standard was 78%, although it was recognised that it was not always appropriate to move patients on within four hours.

Members asked that the information provided by witnesses / partners for discussion the meeting be provided earlier to give them a chance to read and digest it.

Ms Wright advised that THH had been regularly meeting with Healthwatch Hillingdon (HH) and noted that the organisation had a statutory right to enter the hospital and had been welcomed in to review issues such as patient experience in the ED. The patient experience leaflets had been checked by the Patient Experience Group (PEG) and catering and cleaning had been reviewed. There was much more that could be done including using incidents and complaints to improve the service received by patients but younger voices / perspectives were still needed on the PEG.

In the Trust's 2023/2024 Quality Account report, reference had been made to readmission with no target or comparison data. Ms Wright advised that the report could still be modified and noted that she would need to check why there were no figures from 2021/22 onwards on page 70 and why the DNA data was not available.

Complex health issues had been a thread that ran through Hillingdon Hospital and linked to issues such as demographics, lifestyle, diet and race specific illnesses. The Trust needed to change and adapt to meet patients' needs.

With regard to staffing, Ms Wright advised that there were strict rules specifying that

agencies had to be accredited and the staff that they provided had to be trained appropriately. To help fill any vacancies, THH had increased the number of bank staff that it had available. Over the last twelve months, the number of bank and agency staff that had been used had been high as they had been brought in to cover industrial action and staff training on the new patient record system. As there was currently a national shortage of midwives, this had been filled with agency staff where needed. Every effort had been made to ensure that no area was entirely staffed with agency staff and an active recruitment campaign was ongoing with 20 international midwives recently appointed. Theatre nurses worked in the maternity theatres (not midwives) and effort would be needed to recruit more maternity support workers to share the care of patients with midwives.

The Trust was in the process of rolling out DrDoctor within the maternity department. This patient engagement platform was used by clinicians to make data driven decisions, enable patients to book appointments and provide remote care. Ms Wright would provide the Democratic, Civic and Ceremonial Manager with further information about the rollout of DrDoctor for distribution to the Committee.

It was recognised that frailty affected people of all ages. Consideration had been given to how patients could be segmented so that the frailty service could target frail patients so that tests were undertaken in a more timely fashion. The interventions that had been put in place (e.g., rapid CT scan, etc) had been effective in getting patients home more quickly. A unit was available for those individuals who needed additional tests over a 72 hour period and very effective work had been undertaken with CNWL and the local authority to identify those individuals who did not need to be in hospital so that the system could be unblocked.

Members asked about patients being left in corridors at Hillingdon Hospital. Ms Wright advised that the Emergency Department (ED) was not big enough so there were times when patients were “cohorted” in the corridor under the supervision of a nurse or London Ambulance Service (LAS) staff. Mr Chris Reed, Hillingdon Group Manager at LAS, advised that Hillingdon did not use corridors as much as other hospitals in London and that patients were never left on their own, they always had a clinician with them.

Risk assessments were undertaken when wards were full to identify capacity in alternative wards or to change the bed configuration. This approach was often used during winter pressures. Complaints during the winter had increased from around 25 per month to 45 per month. Although these complaints were mostly in relation to ED (this level had now dropped), there had also been complaints in relation to the implementation of the electronic patient record system as it had had a slow start. Ms Wright recognised that the Trust needed to do more.

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

Mr Chris Reed, Hillingdon Group Manager at LAS, advised that he was proud of the performance of the LAS and of the Hillingdon Group staff who had produced good work which had resulted in positive outcomes. Members congratulated Mr Reed on the results of the annual staff survey which had improved on the previous year.

Mr Reed thanked the Chief Executive at THH as the Trust had been impacted by changes that had been made by the LAS in relation to things such as the stroke pathway and the 45 minute drop off target. Patients identified as FAST-positive had previously been transported to Northwick Park Hospital. However, an app had been



introduced in the last couple of weeks which had enabled LAS staff to talk directly to a consultant to determine the best course of action to be taken for an individual patient to ensure that the system was not clogged up unnecessarily. Mr Reed advised that he would provide an update on this initiative at a future meeting.

Although the LAS had been centralised, local managers had been given more autonomy so that bespoke care could be provided for patients. Members were advised that the LAS vehicles were out 24/7 and that intelligent resourcing had been used to ensure that staff weren't brought in on overtime unnecessarily when there were no vehicles available for them to use. The Hillingdon Group had vehicles on standby in strategic locations across the Borough, resulting in Hillingdon vehicles being the quickest in London to reach their destination, with a response time of 7 minutes and 5 seconds for Category 1 calls.

The frailty unit in Hillingdon had been receiving very positive feedback. Although the handover could sometimes take time, it was more important to ensure that patients received the most appropriate care.

Members asked about the impact on the LAS of the 'Right Care, Right Person' initiative introduced by the Metropolitan Police Service. Mr Reed advised that he was pleased overall with the support provided by the police. There were times when police presence could exacerbate a difficult situation but police officers were quick to attend when patients assaulted LAS staff. In the next couple of months, a new LAS mental health car would be located in Hanwell and staff were being asked for expressions of interest in manning it. Although the clinical hub had been created, the mental health car would be able to build on this experience. Mr Reed would provide Members with an update on the mental health car initiative at a future meeting.

Mr Reed noted that the LAS received a number of inappropriate calls from members of the public that could be diverted to alternative care pathways but that this did not detract from patients in their hour of need and that compassion and empathy continued to be paramount. However, where appropriate, patients could be diverted to alternative pathways including: the stroke unit, district nurse, midwife, rapid response team and frailty team. LAS staff had been provided with guidelines on what each service would take and training days were held every nine weeks to ensure that the LAS correctly referred patients to alternative pathways with clinician to clinician handovers.

The Committee was advised that staff sickness had recently been attributable mostly to stress and musculoskeletal issues. Since Covid, a wellbeing hub had been established with quotas for physiotherapy, psychotherapy, etc, and a robust sickness absence policy had been introduced. Sickness absence data was constantly monitored and the associated trends identified. With regard to recruitment and retention, turnover had stabilised somewhat and Mr Reed noted that there were more LAS staff available now and that he would provide the Democratic, Civic and Ceremonial Manager with the statistics for circulation to the Committee. Meetings were held twice each week to look at resourcing and vacancies / gaps could be covered using overtime (whilst ensuring that the working time directive was not breached). However, it was challenging to get the more experienced staff to stay in a particular role as there were now more career options available both within and outside of the LAS.

Mr Clinton Beale, Stakeholder Engagement Manager at the LAS, advised that the Trust had just changed to a new record management system which could read information from all of the hospital systems across London. Over the next couple of months, the

Transfer of Care project would be trialled, putting all LAS data into the hospital system.

Harefield Hospital (Guy's and St Thomas' NHS Foundation Trust (GST))

Mr Piers McCleery, Director of Planning & Strategy at Harefield Hospital, advised that Royal Brompton and Harefield NHS Foundation Trust (RBH) had merged with GST three years ago to create economies of scale on sub-specialisation and was now part of a larger clinical group which had a £2.6bn turnover. Although it was a real challenge, sub-specialisation had resulted in better outcomes and attracted significant clinical talent. Coming together with GST had been a challenge but meant that the Trust now did over three thousand cardiac surgeries each year which provided a significant basis for research and attracted amazing clinicians. A strategy was being put together to reflect the unique selling point of having this depth of knowledge in relation to cardiac and critical care.

A new trial had been taking place at Royal Brompton Hospital using microwave energy to destroy lung cancers in hard-to-reach locations in the lungs. This had been a world first. Previously, when a biopsy had been taken manually, it had to be at least 20mm and had resulted in a 65% survival rate. The new robotic system was more precise meaning that tumours could be as little as 6mm and resulted in a 95% survival rate at 5 years. The business case was being concluded for the robot to be used for lung cancer surgery to be undertaken at Harefield Hospital. Proposals were also underway for the robot to be used for cardiac surgery in the next year, subject to the technology being approved for use in Europe for this purpose.

Over the last year, Harefield Hospital had undertaken the largest number of heart transplants. Work was also underway to look at the economies of increasing the number of lungs that could be accepted for transplant by introducing new technology. However, work would still need to be undertaken to establish how these development could be financed.

Members were advised that the wait list for cardiac surgery (P2) was currently at around 6-8 weeks due to the sheer number of referrals and their complexity (against a target of 4 weeks). However, patients on the wait list were provided with an app so that they could provide an update on their status during their wait. It was noted that, although the size of the wait list was a concern, this volume had been reflected nationally.

A new patient record system had been introduced at the Trust called Epic that would enable research to be undertaken in the future. Previously, around 50% of the data on a typical pathway had come from outside the Trust in the form of scanned letters, pdfs, etc. This data needed to have a structured form so that it could be combined with Epic. As staff were still learning the basics of Epic, it was taking longer to do things than before but this was expected to change in the near future.

With regard to resourcing, it was noted that there was not enough of a long term strategy for staffing to be able to get upstream. Further work was being undertaken with colleges to develop technical roles which could also go out into private practice. As it was so hard to recruit and retain staff, it was important to be more creative about portfolio activities. A lot of work had been undertaken at GST in relation to the recruitment of Allied Health Professionals (AHPs) technical roles but it was too early to determine the resultant numbers. This would need to be replicated at RBH, specifically targeting the cohorts where there were problems filling roles.

Members were advised that Harefield Hospital held an annual open day for sixth forms in the Borough but there was no methodical follow up undertaken afterwards. In addition, as it had been hard to recruit physiotherapists, work had been undertaken with Brunel University to set up an MSc on cardio physiology (Mrs Derval Russell had been involved in setting this up). It was hoped that these students would come to work at RBH once qualified.

Concern was expressed about the impact of RBH being absorbed into GST. Mr McCleery advised that there was a risk that RBH would be slower with its finances / invoice payments but that all of the clinicians were every bit as good as each other. However, the £1.7bn GST merger had brought with it a certain type of management where there was little encouragement for staff to show initiative. That said, GST's rules based approach had been a good thing to introduce at RBH and had proved enduring through audits.

Mr McCleery assured Members that Harefield Hospital was able to undertake surgery that others in the group were unable to with a scale that supported transplants. The hospital was able to have the space for beds that they couldn't get in central London. The Kings team had been looking at regenerating heart tissue and the clinician championing this would be invited to attend a future meeting of the Committee. Development at Harefield Hospital was also thought to be more economical as a refurb there would cost in the region of £3½-4k per m<sup>2</sup> whereas at Royal Brompton Hospital, it would cost £12-14k per m<sup>2</sup>. Harefield also had great transport links to the rest of the country.

Members were advised that GST had a huge amount of estate. A card ward at Harefield Hospital was a modular build which had been created in 2012 so was now overdue for replacement. A master plan had been developed which had identified all of the building works that were needed at Harefield Hospital. The financing for new ward replacements would likely come from a limited amount of capital, philanthropy and investment. GST could also sell the land and then lease it back over 40+ years, but this could be seen as a burden.

#### Healthwatch Hillingdon (HH)

Ms Lisa Taylor, Managing Director at HH, advised that the organisation had introduced a new reporting system and had started a TikTok account. Between January 2024 and May 2024, HH had received 161 enquiries / feedback through the information and sign posting system. The top three issues raised with HH were:

1. access to phlebotomy at Hillingdon Hospital;
2. access to GP appointments; and
3. admin and access to medical records.

Members were advised that some residents had been referred to POWER for advocacy advice. A campaign in relation to GP access was currently underway with more than one hundred responses received to date. Further work would be undertaken to increase this response rate.

Ms Taylor noted that HH had also been working with Central and North West London NHS Foundation Trust (CNWL) to interview Riverside patients over the last six months. Around 40 patients had been interviewed and feedback had been received from the carers focus group. An improvement plan had been developed and a review would be undertaken after a year to establish what progress had been made against this plan.

HH had been successful in bidding for funding in relation to improvements for children's mental health and wellbeing. More than 100 responses had been received and more targeted engagement work was being undertaken. Recommendations would be coproduced to help improve access to services.

Other work undertaken included HH supporting place inspections at THH. Community engagement and outreach work had been undertaken and the organisations had been working with Brunel in relation to research. Its social media presence was being developed as this format was increasingly being used by residents to engage with HH.

HH currently had 13 active volunteers but still needed active Board members. Ms Taylor would forward details of the Board member role / person specification and how to apply to the Democratic, Civic and Ceremonial Manager for circulation to the Committee for wider advertising. The HH shop in the Pavilions had closed and consideration was currently being given to locating the organisation at the Civic Centre as part of the long term plan. In the meantime, working remotely had offered Ms Taylor the opportunity to spend more time in the community and raise HH's profile.

Ms Taylor noted that HH was looking at undertaking a review of pharmaceutical services. In addition, further work would be undertaken on the maternity unit and ED at Hillingdon Hospital. Mental health would also continue to be a focus.

The Chair advised that, at the Committee's next meeting, consideration would be given to its work programme for the year and it was suggested that Ms Taylor provide further information on any topics that might tie in with the work of HH. With regard to GP access, it was suggested that this be focused around the issues that had been faced by some in relation to digital appointment bookings. There had been some residents who had requested a face-to-face appointment but been told that they had to have a digital appointment first. Some residents had said that there was "no point" in contacting their GP for an appointment (so where were they going instead?) or had ended up travelling to the surgery as they could not get through on the telephone. PATCHES had also proved difficult to use which had resulted in some patients attending the ED instead as they wanted to talk to someone face-to-face. Ms Taylor advised that the NHS had been very clear that there was patient choice but that there were concerns that GP practices were not necessarily giving that choice.

Concern was expressed that there were residents with complex health issues that had been struggling to get a GP appointment. Older people were more likely to give up trying to get an GP appointment if they were unable to access the GP more easily. It appeared that GPs seemed to prefer online appointments as they could see more patients using this format rather than seeing them in person. Ms Taylor advised that GPs often preferred face-to-face appointments and that Mr Richard Ellis, Joint Local Borough Director at North West London Integrated Care Board, might be able to provide data to support this.

It was noted that the new GP hub in Ruislip had relieved some pressure on the ED at Hillingdon Hospital but there were still problems with accessing GPs. Ms Taylor advised that the hub was still relatively new so it was difficult to know if it was making a significant difference (the hubs in Uxbridge and Hayes were not yet open). The NHS still needed to do more work in promoting the hubs and the services provided therein. It was important that feedback was solicited while plans for the Uxbridge and Hayes hubs were being developed so that the patient voice could influence the way that the hubs would work.

Although CNWL had not been able to send a representative to attend this meeting, the Trust had provided a report which had been included on the agenda. This report had indicated that there had been an improvement in CAMHS wait times. There had been a reduction in the number of enquiries received by HH in relation to CAMHS. Although the triage system had seemingly reduced the wait time, it was still unclear what the wait time was from triage to treatment. Ms Taylor noted that HH had received feedback from parents that services such as P3 had made a positive difference to their children. A second tranche of mental health practitioners had been introduced in schools in Hillingdon so there had been improvements made but there were also gaps that had been identified.

**RESOLVED: That:**

1. Ms Wright provide the Committee with an update on the progress of the ACP at a future meeting;
2. Ms Wright provide the Democratic, Civic and Ceremonial Manager with further information about the rollout of DrDoctor for distribution to the Committee;
3. Mr Reed provide an update on the stroke app initiative at a future meeting;
4. Mr Reed provide Members with an update on the mental health car initiative at a future meeting;
5. Mr Reed provide the Democratic, Civic and Ceremonial Manager with the statistics for total number of staff and recruitment / retention figures for circulation to the Committee;
6. RBH be asked to invite the Kings team to attend a future meeting of the Committee to talk about the initiative that they had been working on to regenerate heart tissue;
7. Ms Taylor forward details of the Board member role / person specification and how to apply to the Democratic, Civic and Ceremonial Manager for circulation to the Committee for wider advertising;
8. Mr Richard Ellis, Joint Local Borough Director at North West London Integrated Care Board, be asked to provide data to support the suggestion that GPs often preferred face-to-face appointments; and
9. the discussion be noted.

9.	<p><b>CABINET FORWARD PLAN MONTHLY MONITORING</b> (<i>Agenda Item 7</i>)</p> <p>Consideration was given to the Cabinet Forward Plan.</p> <p><b>RESOLVED: That the Cabinet Forward Plan be noted.</b></p>
10.	<p><b>WORK PROGRAMME</b> (<i>Agenda Item 8</i>)</p> <p>Consideration was given to the Committee's Work Programme. Members agreed that they would cancel the meeting on 19 June 2024 and schedule a new meeting for a date in October 2024.</p> <p>The Chair advised that he and the Labour Lead had recently met with Ms Sandra Taylor, the Council's Corporate Director of Adult Social Care, in relation to the upcoming CQC inspection. Ms Taylor would be providing the Chair and Labour Lead with information in relation to the CQC inspection which would then be shared with Members of the Committee.</p>

The CQC was currently at Westminster undertaking an inspection and it was likely that the Hillingdon inspection would take place around July 2024 with the resultant report being available within a couple of months. It was agreed that the Cabinet Member for Health and Social Care and the Corporate Director of Adult Social Care be asked to attend the Health and Social Care Select Committee in either October or November 2024.

Consideration was given to possible review topics. It was agreed that Members of the Committee would forward ideas for possible topics to the Democratic, Civic and Ceremonial Manager before the next Committee meeting (by 12 July 2024). The Committee would then look to shortlist one major review topic and up to three single meeting review topics.

**RESOLVED: That:**

- 1. the meeting schedule for 19 June 2024 be cancelled and the report due to be considered at that meeting be rescheduled for an alternative meeting;**
- 2. the information in relation to the upcoming CQC inspection be circulated to Members of the Committee;**
- 3. a new meeting date be scheduled for October 2024;**
- 4. the Cabinet Member for Health and Social Care and the Corporate Director of Adult Social Care be invited to provide an update at the meeting in October or November 2024;**
- 5. Members forward suggestions for review topics to the Democratic, Civic and Ceremonial Manager by 12 July 2024; and**
- 6. the Work Programme, as amended, be agreed.**

The meeting, which commenced at 6.30 pm, closed at 9.20 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.

## ADULT SOCIAL CARE MARKET POSITION STATEMENT

<b>Committee name</b>	Health and Social Care Select Committee
<b>Officer reporting</b>	Jan Major – Adult Social Care and Health Gary Collier – Adult Social Care and Health
<b>Papers with report</b>	<b>Appendix 1:</b> Draft Adult Social Care Market Position Statement
<b>Ward</b>	All

### HEADLINES

1. The purpose of this report is to give the Committee the opportunity to consider and comment on Hillingdon’s draft Adult Social Care Market Position Statement (MPS).
2. Local authorities with adult social care responsibilities are encouraged under statutory guidance issued under the Care Act, 2014, to develop one or more MPSs to inform an ongoing dialogue with providers of care and support services<sup>1</sup>. This is intended to support local authorities in meeting their market shaping obligations under section 5 of the Care Act, the objective of which is to ensure a sufficient supply of quality services to meet the assessed adult social care needs of local residents. The draft Hillingdon document also reflects the Council’s commitment to support early intervention and promotion of self-help and independence for all residents.
3. An MPS is intended to:
  - Provide information about the current demand for care and support services and describe how this is being met.
  - Give projections of future demand; and
  - Consider opportunities for the to develop to provide the range and level of support that will be required.
4. Hillingdon’s draft Adult Social Care MPS is attached as **Appendix 1** and its content reflects the Council’s current intentions for the period 2024 to 2027, which is based on the information currently available. It is intended to be a live document that will be updated in response to evolving circumstances, such as changes in legislation and national or local policies. It does not represent a commitment from the Council to take a particular course of action.
5. The MPS is intended to be read by:
  - Existing providers undertaking regulated activities under the *Health and Social Care Act, 2008 (Regulated Activities) Regulations, 2014*, of health and social care services in Hillingdon and the North West London sector.
  - Service providers and organisations not currently providing services to Hillingdon residents.
  - Voluntary and community organisations (also known as ‘third sector’).
  - People currently in receipt of adult social care services.

<sup>1</sup> Para 52 [Care and support statutory guidance - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/guidance/care-and-support-statutory-guidance)

6. Officers are currently consulting with stakeholders on the content of the draft MPS to gather feedback prior to publication.

## RECOMMENDATIONS

That the Health and Social Care Select Committee notes the content of the report and questions officers on any aspect.

## SUPPORTING INFORMATION

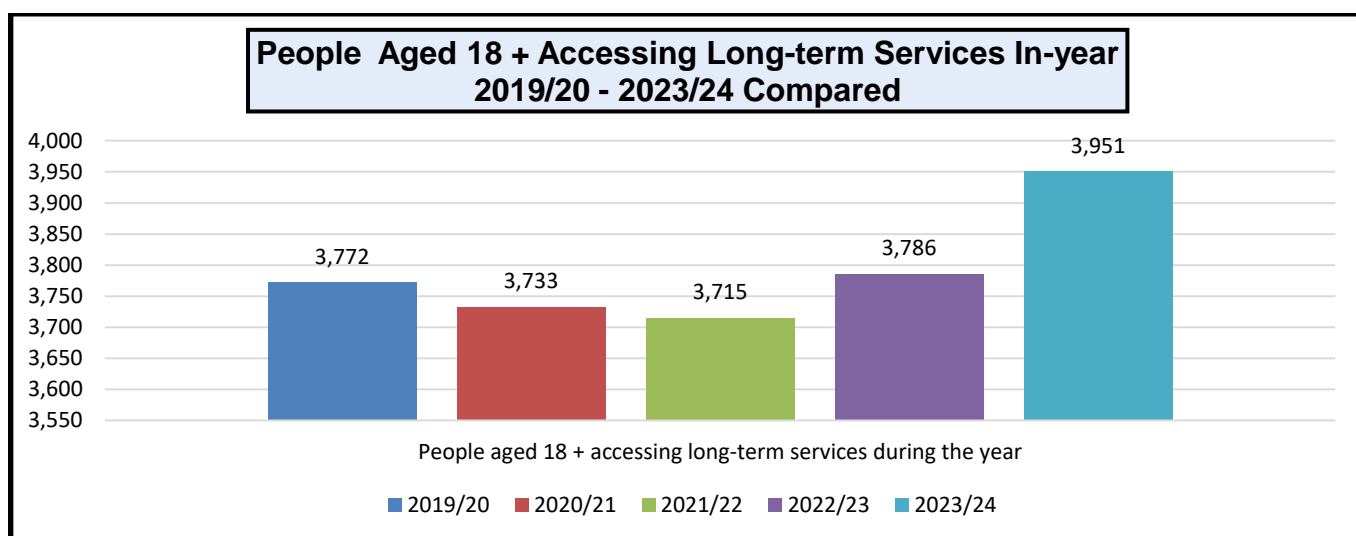
### Strategic Context

7. The MPS must be seen within the context of the vision within the Council’s Adult Social Care and Health Plan, *Independent and Fulfilled Lives*, shown below.

#### Adult Social Care and Health Plan Vision

*Care and support will be personalised and will prevent, reduce, and delay needs. Residents will be enabled to live independent and fulfilled lives, supported within and by their local networks wherever possible.*

8. During 2023/24 3,951 people were supported with long-term services and of these 1,492 were aged between 18 and 64 and 2,459 aged 65 +. The chart below shows the trend over the last five years in the number of people aged 18 + accessing long-term Adult Social Care services. 87% of the increase in numbers of people receiving long-term care services in 2023/24 compared to 2022/23 was attributed to people aged 65 and over with personal care needs attributed to physical disabilities. Adults of working age with physical disabilities and people with learning disabilities accounted for the remainder. 2020/21 and 2021/22 were the pandemic years, which influenced the willingness of families to accept the support offer from the Council, e.g., staff from homecare agencies coming into their homes.



Source: Short and Long-term Service (SaLT) (LBH Digital & Intelligence 10.07.24)

9. The Committee is reminded that access to support from the Council in meeting assessed care and support needs is subject to a person meeting the requirements of the National Eligibility Criteria for Adult Social Care and on the outcome of a financial assessment, i.e.,



people with income or capital valued at £223,250 or more must fund their own care support services.

10. As with most other local authorities in England with adult social care responsibilities, approximately 80% of the Council’s ASC spend is on services provided by the independent sector, i.e., ‘for profit’ and ‘not for profit’ organisations. This reflects a trend that started in the 1980s.

### Hillingdon’s People: Demand and Diversity

11. The chart below provides the Committee with information about the demographics of the borough that illustrates its diversity. Long-term projections are not due to be provided until 2025 but Hillingdon, as with many other local authorities, will be experiencing an expanding older people population. The percentage growth in the 65 + population referred to in the chart below was just over 7,200 people and the increase in the 55 to 59 age group nearly 5,000.

<b>Gender Mix</b>	In 2021 the census showed that 50.6% (155,000) of Hillingdon's population was female and 49% (151,000) was male.								
<b>Age Breakdown</b>	The age breakdown in 2021 was: <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="background-color: #fff9c4;"><b>0 - 17</b></td> <td>71,372</td> <td style="background-color: #fff9c4;"><b>65 - 79</b></td> <td>29,498</td> </tr> <tr> <td style="background-color: #fff9c4;"><b>18 -64</b></td> <td>193,370</td> <td style="background-color: #fff9c4;"><b>80 +</b></td> <td>11,680</td> </tr> </table>	<b>0 - 17</b>	71,372	<b>65 - 79</b>	29,498	<b>18 -64</b>	193,370	<b>80 +</b>	11,680
<b>0 - 17</b>	71,372	<b>65 - 79</b>	29,498						
<b>18 -64</b>	193,370	<b>80 +</b>	11,680						
<b>Diverse Population</b>	In 2021 48.2% of borough residents were of White ethnicity, 33.3% Asian, 7.8% Black, 4.4% Mixed and 7.8% other ethnicities. The Hayes and Harlington locality has the most diverse population and North Hillingdon the least.								
<b>Population Growth</b>	17.4% growth in 65+ population since 2011 and 27% growth in 90 + population. Highest growth in 65 + population in Hayes and Harlington locality. 34% increase in 55-59 population overall but 45% in Hayes and Harlington. 316,000 projected general population in 2025 & 46,683 65 +.								
<b>Languages</b>	Our residents (aged 3+) speak at least 85 different languages; 77.9% of our residents (aged 3+) have English as their main language, followed by Panjabi (4.6%), Romanian (1.8%), Polish (1.7%) and Tamil (1.6%).								
<b>Faith</b>	In 2021 39% of borough residents identified as Christian, 14.4% as Muslim, 10.8% as Hindu and 8.6% as Sikh. 19.4% of residents stated they had no religion. There higher proportions of residents aged 65+ with Jewish and Christian faiths, with higher proportions of younger residents with Muslim faith.								

### Hillingdon’s Care and Support Market: Key Issues

12. Some of the key issues facing Hillingdon’s care and support market now and over the lifetime of the draft MPS include:

- Changing demographics and impact on demand for services, e.g., ageing population that is increasingly diverse.
- Cost pressures, e.g., wage inflation and increasing utility costs.
- Care Quality Commission (CQC) regulatory change and resource implications, i.e., moving away from key lines of enquiry to quality statements linked to what matters most to people who use health and care services.
- Workforce, i.e., recruitment and retention in a high employment area.
- Public expectations and tensions between personalisation, critical mass, and economies of scale.
- Opportunities and challenges presented by new technologies.

## Adult Social Care Markets

13. The social care markets considered by the MPS include:

- Information, advice, and advocacy.
- Preventative and community services.
- Homecare.
- Supported housing.
- Care homes, i.e., residential care homes with and without nursing.
- Carer support

14. Spend on care homes, supported accommodation and homecare accounted for 83% of Adult Social Care expenditure in 2024/25.

## Overarching Messages for Hillingdon's Care and Support Market

15. The overarching messages to the market include:

- **Mixed market:** There is currently a mixed provider market in Hillingdon that includes a combination of services that the Council delivers directly and those provided by independent sector companies comprising of both for profit and third sector, '*not for profit*' organisations. It is proposed that this mix will continue.
- **Partnership-based relationship with providers:** The Council is seeking relationships with providers based on mutual trust and risk sharing. This means changing assumptions about the willingness and/or ability of providers to deliver better services at reduced costs. It also means moving away from assumptions that costs can and will be borne by the Council.
- **Different approaches to ensure a diverse market of quality services:** Our approach to securing services to ensure that residents have choice and control over how their needs are met and access to a range of support to address cultural diversity will be flexible. Where tendering is the most appropriate route to comply with the council's legal obligations, this will be undertaken using the procurement portal. Different approaches also includes working with the West London Alliance (WLA) where this will provide cost effective solutions to addressing local need, e.g., by securing critical mass and economies of scale.
- **Smaller number of more strategic providers rather than large numbers of lower value contracts:** This aids more effective contract management that reduces risk to residents and therefore safeguards their interests as well as giving the strategic providers some consistency, builds relationships and trust and allows for innovation development. It is the preferred approach.
- **Integrated commissioning:** Over the period of the MPS providers can expect to see examples of integrated commissioning between the Council, other councils within the North West London (NWL) sub-region, and the NHS where this approach will lead to better outcomes for residents. For the Committee's information, the other councils within the NWL sub-region include Brent, Ealing, Hammersmith & Fulham, Harrow, Hounslow, Kensington & Chelsea and Westminster.
- **Preference for long-term contracts:** Long-term contracts, e.g. up to eight years, give providers financial stability and allow for longer-term planning, which in turn can help

secure better service quality for residents. This is the proposed approach that will be taken going forward unless there is a good reason not to.

## Commissioning Intentions

16. The Council's proposed Adult Social Care and Health commissioning intentions for the 2024 – 2027 period of the MPS are detailed in **Appendix 1**. This section of the report provides examples of the range of commissioning intentions in the MPS for the Committee's consideration. The Committee is reminded that the intention is that new contracts offered to providers will be for a period of up to eight years, unless there is a good reason not to.

17. **Information and advice single point of access tender:** This is intended to combine a range of information and advice service contracts into a single service.

18. **Personal assistant (PA) market:** The Council will work with WLA partners to explore options for increasing the PA market to improve choice and control flexibilities for eligible people.

19. **Carer Support Service tender:** The model of provision for the single point of access for carers has been reviewed and will be tendered as required under procurement regulations.

20. **Supported housing strategy:** The Council will work with NHS partners and in liaison with users of services, their families, and service providers to develop a strategy that complies with requirements under the Supported Housing (Regulatory Oversight) Act, 2023.

21. **Nursing home provision:** The Council may explore options for directly managing a nursing care home.

22. **Care homes for people with learning disabilities:** The Council will develop two smaller care homes in compliance with updated CQC requirements to address limited local supply and provide in-borough solutions to addressing need.

## Market Sustainability

23. This section of the MPS states the Council's commitment to the sustainability of the market through the introduction of rates identified through the Fair Cost of Care exercise undertaken in 2022/23. This links to the Council's Market Sustainability Plan submitted in 2023, which can be found via the following link [Market sustainability and fair cost of care - Hillingdon Council](#). The Committee may wish to note that the Council has allocated the £4,554k provided via the Government's Market Sustainability and Improvement Fund (MSIF) to supporting fair rates for providers to maintain service supply and quality of provision. This is in accordance with grant conditions.

24. This part of the MPS also addresses the Council's approach to managing our relationship with contracted providers, e.g. frequency of contact meetings, which is based on a combination of risk factors such as contract value and performance, including quality of provision.

## PERFORMANCE DATA

### Current Performance Information

25. Tables 1 and 2 below provide comparative current CQC ratings for care home and domiciliary care providers across NWL and enables the Committee to see Hillingdon's position in the context of other boroughs within the sector. The Committee may wish to note that at 44 Hillingdon has the third highest number of care homes in the sector but the second highest number of care home beds after Ealing.

<b>Table 1: NWL Care Homes CQC Ratings Compared (Percentage)</b>					
<b>Borough</b>	<b>Outstanding</b>	<b>Good</b>	<b>Requires Improvement</b>	<b>Inadequate</b>	<b>TOTAL</b>
Brent	0%	84%	16%	0%	<b>100%</b>
Ealing	0%	60%	40%	0%	<b>100%</b>
Hammersmith & Fulham	11%	78%	11%	0%	<b>100%</b>
Harrow	2%	94%	4%	0%	<b>100%</b>
<b>Hillingdon</b>	<b>0%</b>	<b>84%</b>	<b>16%</b>	<b>0%</b>	<b>100%</b>
Hounslow	14%	69%	17%	0%	<b>100%</b>
Kensington & Chelsea	11%	89%	0%	0%	<b>100%</b>
<b>TOTAL</b>	<b>5%</b>	<b>80%</b>	<b>15%</b>	<b>0%</b>	<b>100%</b>

Source: CQC

<b>Table 2: NWL Domiciliary Care Providers CQC Ratings Compared (Percentage)</b>					
<b>Borough</b>	<b>Outstanding</b>	<b>Good</b>	<b>Requires Improvement</b>	<b>Indadequate</b>	<b>TOTAL</b>
Brent	0%	85%	15%	0%	<b>100%</b>
Ealing	2%	76%	21%	2%	<b>100%</b>
Hammersmith & Fulham	8%	64%	28%	0%	<b>100%</b>
Harrow	0%	90%	10%	0%	<b>100%</b>
<b>Hillingdon</b>	<b>0%</b>	<b>85%</b>	<b>15%</b>	<b>0%</b>	<b>100%</b>
Hounslow	4%	70%	24%	2%	<b>100%</b>
Kensington & Chelsea	7%	87%	7%	0%	<b>100%</b>
<b>TOTAL</b>	<b>3%</b>	<b>80%</b>	<b>17%</b>	<b>1%</b>	<b>100%</b>

Source: CQC

## RESIDENT BENEFIT

26. The MPS described in this report shows how the Council will ensure a sufficient supply of quality services to meet the assessed adult social care needs of local residents and prevent or delay the demand for more intensive care and support in more restrictive settings.

## FINANCIAL IMPLICATIONS

27. There are no direct financial implications arising from this report.

## **LEGAL IMPLICATIONS**

28. There are no direct legal implications arising from this report.

## **BACKGROUND PAPERS**

None.

# Adult Social Care Market Position Statement 2024-2027





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# 1. Introduction

## 1.1 The Purpose

This Market Position Statement (MPS) describes the current market for care and support services in Hillingdon and the council's intentions to support the early intervention and promotion of self-help and independence of all residents, including those with adult social care needs. The content of this MPS reflects the council's intentions over the 2024 to 2027 period based on the information currently available. It does not represent a commitment from the council to take a particular course of action, which may need to change in response to national and local drivers, such as new legislation or market developments.

## 1.2 Who the Market Position Statement is for

This MPS is intended to be read by:

- Existing providers undertaking regulated activities under the Health and Social Care Act, 2008 (Regulated Activities) Regulations, 2014 of health and social care services in Hillingdon and the North West London sector.
- Service providers and organisations not currently providing services to Hillingdon residents.
- Voluntary and community organisations, also known as 'third sector' organisations.
  - People currently in receipt of adult social care services, sometimes referred to as 'eligible residents' or 'eligible people', and also people who may use adult social care services, including unpaid carers.

The sections in this document describe current demand and capacity as well as our expectations of future requirements and commissioning intentions.

This document is structured in sections addressing each market specialism in Hillingdon.

## 1.3 Engagement with Providers

The council has set out an overarching strategy for supporting residents and some key components of this include how residents will be supported to be safe, in strong communities; living in a thriving economy; thriving healthy households; in a green and sustainable borough that is digitally enabled, modern and well run.

Providers of social care services or third sector support to residents engage with the council to establish and build partnership arrangements, gain support and help with market shaping.

Engagement takes place through a variety of ways, including:

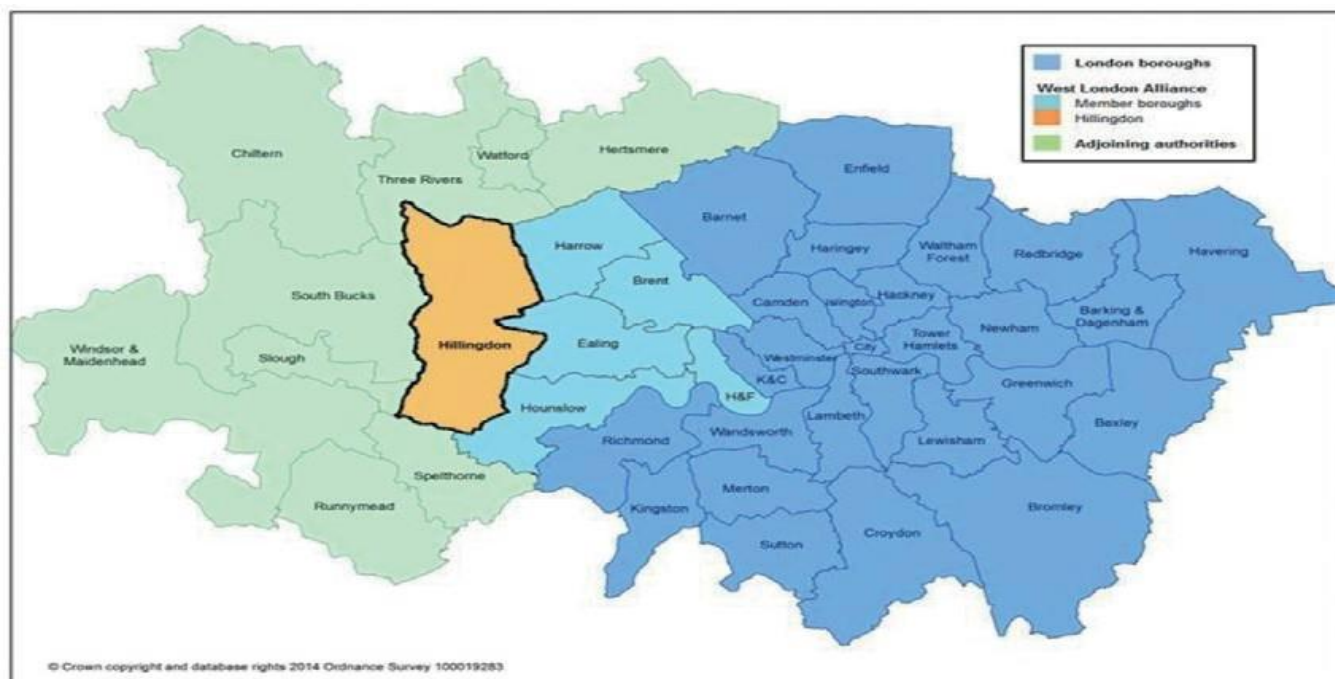
- Care Home Managers Forum
- Domiciliary Care Forum
- Supported Living Forum
- Registered Care Managers Group (includes reps from Skills for Care and CQC)
- Quarterly provider newsletter

Additionally, the Supplier Relationship Team will be hosting two provider events in 2024 to promote the council and social care priorities for the coming 12 months. This will be replicated for each year of this MPS.

The council currently uses Capital E-Sourcing as its procurement portal platform. This is used to publish Prior Information Notices (PINs), Invitations to Tender, communications with registered providers and auditable document exchanges.

## 1.4 About Hillingdon

Hillingdon is the second largest of London's 32 boroughs geographically and is home to an estimated population of 305,900 (Office of National Statistics (ONS) 2021) residents. It is the third least densely populated of the 32 London boroughs. The map below shows the location of Hillingdon in the context of its neighbours. This shows that the borough is the most westerly London borough. It adjoins London Heathrow airport to the southwest of the borough and East Berkshire to the west. Major transport links cross the borough; motorways, i.e. the M4, M25, and M40 (A40), rail services, including HS2 construction, and London Underground routes: the Metropolitan, Piccadilly, Elizabeth, and Central lines.



Hillingdon is part of a commissioning collaborative with other London boroughs called the West London Alliance and the map above shows the local authority members of this group.

Hillingdon is divided into three localities. In order of the proportion of the borough's population that live there, these are Hayes and Harlington (36%), North Hillingdon (33.3%), and Uxbridge and West Drayton (30.7%). Hillingdon's localities, wards, and the dissection points of the M4 and A40 are illustrated in **Appendix 1**.


As of December 2023, Hillingdon's adult social care service supported 2,963 adults with long-term care needs. Approximately 354 had a support reason of memory and cognition, 709 residents with learning disabilities, 1,544 residents with physical and sensory disabilities and 347 residents with mental health needs. We assess and review around 6,531 residents per year.

## 1.5 Hillingdon's Adult Social Care and Health Plan - Independent and Fulfilled Lives


Our vision for Adult Social Care is that care and support will be personalised and will prevent, reduce, and delay needs. Residents will be enabled to live independent and fulfilled lives, supported within and by their local networks wherever possible.

## 1.6 Overarching Messages for the Market

- **Mixed market:** The council supports the continuation of a mixed provider market in Hillingdon that includes a combination of services that it delivers directly and those provided by independent sector companies comprising of both for profit and third sector organisations. Approximately 70 per cent of Adult Social Care spend is on independent sector provided services.
- **Partnership-based relationship with providers:** The council wishes to have relationships with providers based on mutual trust and risk sharing. This means that we want to move away from assumptions being made that all costs will be borne by the council. Equally, we will move away from assumptions about the willingness and/or ability of providers to provide better services at reduced costs.
- **Different approaches to ensure a diverse market of quality services:** To ensure that residents have choice and control over how their needs are met and a range of support to address cultural diversity, our approach to securing services will be flexible. Where tendering is the most appropriate route to comply with the council's legal obligations, this will be undertaken using the procurement portal.
- **Smaller number of more strategic providers rather than large numbers of lower value contracts:** This is the council's continued preference as it aids more effective contract management that reduces risk to residents and therefore safeguards their interests as well as giving the strategic providers some consistency, builds relationships and trust and allows for innovation development.
- **Integrated commissioning:** Over the period of the MPS providers can expect to see examples of integrated commissioning between the council and the NHS where this approach will lead to better outcomes for residents.
- **Preference for long-term contracts:** The council recognises that long-term contracts, e.g. up to eight years, give providers financial stability and allow for longer-term planning, which in turn can help secure better service quality for residents. This is the approach that will be taken going forward unless there is a good reason not to.

The council has a register of Adult Social Care contracts. This shows what contracts we have in place and when they are due to expire. This information is publicly available and can be accessed at  [www.hillingdon.gov.uk/fair-cost-of-care](http://www.hillingdon.gov.uk/fair-cost-of-care)

## 1.7 Care and Support Directory

Hillingdon's local care and support directory covers council services and those provided by the independent sector, as well as local support groups. It can be accessed at  [careandsupport.hillingdon.gov.uk](http://careandsupport.hillingdon.gov.uk)

## 2. Information, Advice, Guidance and Advocacy

Access to information and advice is critical to empowering residents to understand the options available to them and to make informed decisions about their care and support needs. Advocacy services ensure that the voices of those less able to make their wishes known are heard.

### 2.1 Current Position

#### Information and Advice

The council has an information and advice contract with Hillingdon and Ealing Citizens Advice Bureau (CAB). A contract is also in place for the provision of information, advice, guidance, and wellbeing support with Bell Farm Christian Association based in Yiewsley.

Many third sector organisations provide information, advice, and guidance as part of a broader range of services that they are delivering. Organisations providing information, advice and guidance include the H4All third sector consortium, which comprises Age UK (Hillingdon, Harrow, and Brent), Carers Trust Hillingdon, Disablement Association Hillingdon (Dash) and Hillingdon Mind.

A specialist welfare benefits and debt advice service for people with mental health needs is provided by CAB through a contract that they have with the council.

#### Information, Advice and Guidance Explained

**Information:** Providing factual, current, and impartial information to our residents.

**Advice:** Presenting facts and ideas in an accessible form for our residents to consider and recommending a course of action.

**Guidance:** Defining and providing routes support which assist our residents to reach their requirements.

#### Advocacy

The council has a contract with POhWER for an Integrated Advocacy Service until 31 March 2025. This includes provision of the following statutory services: Independent Mental Capacity Advocacy (IMCA), Relevant Person's Paid Representative Service (RPPR), Independent Mental Health Advocacy (IMHA) and Care Act Advocacy (CAA). The Integrated Advocacy contract also includes non-statutory advocacy provision for residents with mental health issues, learning disabilities and/or physical disabilities. POhWER also deliver an advocacy service to support people making complaints against the NHS. This is under the pan-London NHS complaints advocacy consortium contract that ends in March 2025.

The council has a long history of supporting the Metropolitan Police in situations where they have a vulnerable person in custody and require the presence of an Appropriate Adult to comply with requirements under the Police and Criminal Evidence Act, 1984 to enable them to interview the person. A contract is in place with the Appropriate Adult Service that ends in March 2025. The provision of this service for adults is not statutory.

### 2.2 Issues

A key issue for residents is that they must go to different places to access information and advice about different things. It is often difficult for residents to know where to go to get what they need.

## 2.3 Commissioning Intentions

- **2024/25:** The council will tender for an information and advice single point of access. It is not expected that this would include carers, which will be subject to a separate contract.
- **2024/25:** The council will re-tender the Integrated Advocacy contract.
- **2024/25:** Appropriate Adult provision arrangements will be reviewed.

## 3. Preventative and Community-based Services

The Care Act, 2014 places a duty on local authorities with adult social care responsibilities to arrange for the provision of services, facilities, or resources to prevent or delay the need for care and support.

### 3.1 Current Position

There are a range of services that the council has in place intended to support the wellbeing and independence of our residents and prevent, delay, or reduce the need for care and support services.

#### Home-based Intermediate Care Services

The council contracts with Comfort Care Services to deliver its Reablement Service. Reablement is a short and intensive service, which is designed to help people progress their recovery after illness or disability, by learning or re-learning the skills necessary for daily living, whilst promoting maximum independence. This service works closely with the Community Rehabilitation Service provided by the Central and North West London NHS Foundation Trust (CNWL) and is generally provided for a very short period. Service users often meet their goals within the first four weeks, with an optional further two weeks if their aims and goals are achievable. The service supports approximately 900 people a year, 33 per cent of which are from the community. The other 67 per cent are people discharged from hospital. The contract for this service is in place until April 2026, but with the option to extend for up to two further years.

#### Assisted Independent Living

The council is part of the Pan-London Community Equipment Consortium, which includes 22 London boroughs and aligned Integrated Care Boards, and currently has a contract in place with NRS Healthcare Limited to deliver a community equipment service to support residents to live as independently as possible in their own homes. The service is funded jointly by the council with the ICB and the contract is in place until March 2028, but with the option to extend for up to two further years.

The council identifies the use of Assistive Independent Living Technology in the form of telecare as fundamental to maximising the independence of vulnerable residents in the community.

Telecare is basically a range of sensors, detectors and alarms linked to a control centre through the telephone system. Since 2018 the council has installed 50 to 70 units per month to our residents and there are currently 7,680 users of the service, 69 per cent of which are aged 75 and above.

Telecare is supported by an emergency responder service for people who do not have a family member or friend who can act as a first responder, or who may not be available when a crisis occurs, and this is delivered by Comfort Care Services. The equipment is purchased through a government framework agreement and the control centre is provided by Anchor Housing.

#### Wellbeing Services

The council has a contract in place with Age UK to deliver a wellbeing service to older residents until March 2025. This includes support to access community resources to address loneliness that can be associated with social isolation. In addition, the service seeks to assist older people in keeping active in the area where they live, and this can be through pursuing volunteering opportunities.



Hillingdon Mind delivers an early intervention and prevention programme service under contract with the council. The focus of this service is applying the Mental Health Recovery Star approach to wellbeing, i.e. managing mental health, physical health and self-care, daily living skills, social networks, relationships, responsibilities, identity and self-esteem, etc. This contract is in place until March 2025.

Access to and retention of employment is a key factor in supporting the wellbeing of people with mental health needs. There is a contract in place with CNWL to deliver an employment support service and this is in place until March 2025. There is an emphasis on building relationships with local employers and employment agencies. The service includes occupational therapist interventions during access to or return to work processes e.g. around stress management, self-management at work and managing concentration difficulties. The service is also part funded by CNWL.

#### Day Opportunity Services

The council seeks to support residents with adult social care needs to make best use of community assets and funds outreach support, where appropriate, to address personal needs when required to facilitate access to these services. However, where more specialist providers are required to meet assessed need then provision is spot purchased. The council is currently spot purchasing with 29 providers. This approach reflects the council's current and future direction.

The council retains one in-house specialist service to provide meaningful activities for people with learning disabilities and autistic people with complex needs and this is the Queens Walk Resource Centre.

#### Self-directed Support

With Direct Payments (DPs) the council's financial contribution to meeting assessed social care needs is paid directly to the eligible person usually in the form of a pre-paid card. DPs give the eligible person more flexibility and control to directly employ their own care workers or a personal assistant who will, for example:

- be the same person and be available when required
- speak the same language
- understand cultural and/or religious needs.

This is particularly pertinent to people living in the parts of the borough with more diverse populations, e.g. the Hayes and Harlington Locality (see **Appendix 1**). There are currently 618 people (including carers) in receipt of DPs.

To provide advice and support to people considering DPs about issues such as pay roll and rights and responsibilities as an employer, the council has a DP Support Service recommended list in place. Companies on this list have been checked by the council. Providers on the list are not in contract with the council and eligible residents are able to go to other companies for DP support if they wish.

### 3.2 Issues and Challenges

The following are among the issues and challenges identified:

- **Assistive living technology modernisation:** New digital technology is available that impacts on what is currently provided, as well as providing greater opportunities for supporting the independence of residents in the future. This also has to be linked to the prevention offer at a Neighbourhood Team level. There is a new project underway to review the current offer, i.e. telecare equipment and out of hours support. To inform this project the council has been



successful in a match funding application for Proactive Care Funding to start a pilot with the provider of 'Intelligent Lilli', an interactive assessment tool that monitors a resident's daily habits in their home environment to produce a 'pattern of life'.

- **Queens Walk Resource Centre:** The facility is under-utilised, and we would like to work with third sector and other partners to ensure best use of this resource, including evening and weekend usage.
- **Personal assistant market:** The availability of people willing to be personal assistants in Hillingdon is limited, which results in many eligible people on DPs having to go to established care agencies.
- **Personalised solutions and critical mass:** It is not always possible to meet the needs of eligible people in the way that they would wish where there is low volume demand. The council recognises that in a difficult market the absence of critical mass can make it uneconomic for suppliers to develop and provide what may be requested. There may, however, be a market development opportunity with neighbouring boroughs to address this.

### 3.3 Commissioning Intentions

- **2024/25: Assisted living technology pilot** – A trial will be undertaken using the Intelligent Lilli interactive assessment tool to determine its effectiveness and inform Hillingdon's future assisted living technology model.
- **2024/25: Wellbeing services** – The scope of the current wellbeing services will be reviewed and the future model determined. The outcome of the review will inform future provision options, which may include a competitive tender for a longer contract or contracts.
- **2025/26: Personal assistant (PA) market** – The council will work with its West London Alliance partners to explore options for increasing the PA market to improve choice and control flexibilities for eligible people.
- **Ongoing: Market development opportunities** – The council will identify a mechanism for capturing data about service preferences of eligible people that the local market has not been able to satisfy and explore with West London Alliance (WLA) partners scope for collaborative approaches to market development.

## 4. Homecare

Good quality homecare is a vital component of the care and support needed to enable residents to live independently in their own home. Homecare agencies must be registered with the Care Quality Commission and assist people with the tasks of daily living.

### 4.1 The Hillingdon Care Market

There are 60 registered providers in Hillingdon delivering (according to Capacity Tracker) approximately 337,642 hours of care a week. In February 2024, Capacity Tracker tells us that they were doing this with 2,740 staff.

The market comprises of a diverse range of providers with an overwhelming presence of single branch operations. Except for one small franchise, none of the national brands have a presence within the borough. The nature of the local market is such that there are companies with their registered offices in neighbouring boroughs that deliver homecare to Hillingdon residents. This is predominantly to self-funders and operates across boundaries with Ealing, Harrow, and Hounslow. There is no evidence of similar cross-borough activity on Hillingdon's western border.

The CQC ratings for borough-based providers are shown in the table below.

Hillingdon Based Homecare Providers CQC Ratings			
Rating	Provider Number	% Inspected	National Comparison
Outstanding	0	0%	4%
Good	40	85%	81%
Requires Improvement	7	15%	14%
Inadequate	0	0%	1%
Not Inspected	13	N/A	N/A
<b>Total</b>	<b>60</b>	<b>100%</b>	<b>100%</b>

From the above table it can be seen that the Hillingdon market is performing above the national average performance. It should be noted that the council's homecare contracts include a requirement for providers to have an overall CQC rating of a minimum of 'Good' for placements to be made under normal circumstances.

### 4.2 Commissioned Services

The council commissions approximately 1 million hours of homecare a year and expects this to remain reasonably static during the period of this MPS. To meet this demand, the council has put into place the following portfolio of commissioned homecare and outreach services to address the needs of our residents:

- **Lead Providers** – There are two lead providers - one covers the north of the borough and the other the south, with the A40 broadly being the dividing line. They are expected to accept 70 per cent of all new referrals within their area of operation, are paid a fixed fee for the service they deliver and are not block contracted service. They have a strategic relationship with the council due to the levels of demand expectations placed on them.
- **Dynamic Purchasing System (DPS)** – This is a framework of 10 providers that started in January 2023. Referrals to providers on the DPS are made electronically.

Council Contracted Homecare Providers	
Lead Providers	DPS Providers
<b>North:</b> Comfort Care Services <b>South:</b> Care Outlook	<ul style="list-style-type: none"> <li>• AMI Homecare</li> <li>• Kamil Education</li> <li>• Lalis Direct Care</li> <li>• London Quality Care Services</li> <li>• Oasis Care (OCTA)</li> <li>• Oasis Group London</li> <li>• Sahan Cares</li> <li>• S.C.S Hotline</li> <li>• Support Direct (Opportunity for All)</li> <li>• Thames Homecare</li> </ul>

The council also contracts with Comfort Care Services to deliver a Bridging Care Service to support early discharge from hospital as soon as possible after a person has been identified as no longer meeting the Criteria to Reside. Funding streams within Hillingdon's Better Care Fund pay for 500 hours care a week for an intended five-day length of stay in the service pending referral onto the Reablement Service, ongoing care or alternative support arrangements where ongoing care is not required.

### 4.3 Market Challenges

The following are among the issues faced by providers that they have reported to us:

- Challenges in the recruitment of new staff and are using the Health and Social Care Visa to recruit staff, which is now a significant focus for homecare providers.
- There are direct costs associated with international recruitment, for example, the cost of the sponsorship licence, skills surcharge, etc. There are also costs that can come from staff time managing the administration, providing pastoral support and support with other difficulties, such as finding accommodation.
- Hillingdon is also a high employment area with competition coming from retail and Heathrow Airport.

### 4.4 Commissioning Intentions

- **Annually:** We will continue to review uplift requests based on evidence of increased costs.
- **Ongoing:** We will continue to use electronic call monitoring systems (ECM) as the basis for payment based on actual hours provided rather than hours commissioned.
- **2025/26:** We will review the option to extend the Lead Provider (North) contract for up to two further years from April 2026.
- **2026/27:** We will review the option to extend the Lead Provider (South) contract for two further years from July 2027.

## 5. Supported Housing

'Supported housing' is an umbrella term and covers situations where accommodation is provided alongside support, supervision, or care to help people live as independently as possible in the community. Accommodation is under a lease or tenancy. Where accommodation is provided with care this is often referred to as supported living. The different types of supporting housing offer a range of options for addressing need that are less restrictive than moving into a care home.

### 5.1 The Hillingdon Market

Since 2012, the council has had an extensive supported accommodation programme that has included schemes it has developed itself as well as those developed with the independent sector. The council is now seeking to maximise the benefit of existing supported housing stock by ensuring that service users can step down to less supported environments and is open to considering benefit share options to incentivise this outcome.

#### Sheltered Housing (Rent)

There are currently 41 sheltered housing schemes in Hillingdon supporting a minimum of 1,484 people mainly aged 60 and above. Twenty-one schemes are owned and run by the council and support 840 tenants. The other 20 schemes are owned and run by a range of housing associations and support 644 tenants. Although there is some variation in service models across provider, generally all schemes have a scheme manager who will help with advice, information, or assistance including arranging for a GP to visit or putting tenants in touch with other local services.

#### Sheltered Housing (Leasehold)

In addition to sheltered housing for rent there are also six leasehold schemes in the borough owned by six housing associations and supporting a minimum of 247 people aged mainly over 60.

#### Extra Care

The council has invested in the development of three extra care schemes for rent in the borough for people aged 55 and above, which is intended to avoid admissions into care homes. A fourth scheme, Cottesmore House, is owned by The Guinness Trust. A nomination agreement with The Guinness Trust grants the council 100% nomination rights in perpetuity. These schemes are summarised below.

Extra Care Schemes in Hillingdon	
Scheme Name	Number of Apartments
Cottesmore House	48
Grassy Meadow Court	60
Parkview Court	88
Triscott House	57
<b>Total</b>	<b>243</b>

#### Supported Living and Supported Housing (Learning Disabilities, Autism and Mental Health Needs)

Council investment has seen the development of three (Church Road, Glenister Gardens and Swan House) new self-contained supported living schemes for people with learning disabilities since 2013 and one (Sessile Court) new self-contained supported housing scheme for people with

mental health needs. The table below summarises the total provision in the borough. Building ownership is split between local authority and registered providers, including housing associations.

Supported Accommodation for People with Learning Disabilities and/or Mental Health Needs Summarised		
Service User Group	Number of Schemes	Number of People Supported
Learning Disabilities	23	170
Learning Disabilities and Mental Health	32	195
Mental Health	27	154

Seven of the schemes for people with learning disabilities and five of those for people with mental health comprise of self-contained apartments. All of the other schemes comprise of shared accommodation.

The council also owns and manages two supported living schemes for people with learning disabilities (Chapel Lane and Goshawk Gardens) and these are shared houses and support 12 people between them.

#### Hillingdon Shared Lives

The Hillingdon Shared Lives (HSL) scheme offers a long-term placement in a family setting in the community as an alternative to living in a residential care home, a supported living scheme with several other people, a hospital or to living alone, where they may be at risk of social isolation and the loneliness that can be associated with it. This scheme is intended for adults and young people aged 16 and above who have a learning disability, and/or who have a mental health need and are in recovery, and/or a physical or sensory disability. It can also support older people who would prefer to live in a family setting rather than the alternative. The scheme is currently supporting 22 people and in the last 12 months has provided 236 nights of respite to 11 people, which has enabled their carers to take a break.

## 5.2 Commissioned Services

The council has a range of block contracts in place with three providers for the provision of care and/or support in supported housing schemes in the borough, and this is summarised in the table below. The contracts are based on a core and flexi model.

Building-based Block Contracts Summary			
Provider	Number of Schemes	Service User Group	Numbers Supported
Comfort Care Services	10	Complex Learning Disability	91
Ability Housing Association	3	Mental Health	43
Support for Living (Certitude)	6	Complex Learning Disability	45
<b>Total</b>	<b>19</b>		<b>179</b>

## Core and Flexi Model Explained

**Core cost:** Cost of meeting minimum safe staff required. This is subject to block contract.

**Flexi cost:** This additional cost for meeting assessed need over and above that met by core service.

The council also has a block contract with Ability Housing to deliver 350 hours a week floating support for people with mental health needs. An additional 32 hours a week has recently been commissioned to support the discharge from hospital to their usual place of residence of people with mental health needs. This is a pilot to test proof of concept and is funded through the Better Care Fund.

The council funds Shared Lives Carers and this is a cost-effective way of meeting need.

### 5.3 Demand

Between April 2023 and February 2024, there were 85 placements made in supported living provision made by the council's Brokerage Team and it is expected that there will be 100 placements by the end of 2023/24. Of placements made, 55 per cent were of people with learning disabilities and 45 per cent people with mental health needs. 49 per cent of placements were made in borough. Although some out of borough placements would have been appropriate to address specific need, there is an apparent mismatch between demand and supply.

The council does not currently have any plans to develop further supported living schemes comprising of self-contained flats for people with learning disabilities or people with mental health needs. However, provision of shared accommodation for people with complex needs in receipt of section 117 aftercare, i.e. 'dry house' for people alcohol and/or drug dependency, is insufficient to meet demand.

Projections suggest that the number of adults aged 18 to 64 living with moderate to severe (and including severe) learning disabilities will increase from approximately 1,506 in 2023 to 1,553 in 20301. New demand for Adult Social Care services will either come from people transferring from Children's Services or from new household migration into the borough.

### 5.4 Issues and Challenges

The following are among the issues and challenges identified:

- **Right support, right care, right culture guidance:** Under this statutory guidance the CQC has stated that it will not register new supported living services for people with learning disabilities or autistic people that have capacity for more than six people.
- **Supported Housing (Regulatory Oversight) Act, 2023:** This act will introduce the power for local authorities to introduce oversight regimes for supported housing schemes that are currently not part of a regulatory regime. It will also require local authorities to review supported housing supply and develop strategies. The publication of new regulations is awaited to provide clarity about the requirements for local oversight schemes and supported housing strategies.
- **Suitability of Shared Lives settings:** The council is seeking to recruit more Shared Lives Carers but one of the challenges is the mismatch between the needs of the people who would be suitable for the scheme and the accommodation that is available.

## 5.5 Commissioning Intentions

- **2024/25: Supported Living and Floating Support for people with Mental Health Needs** – The council will re-tender this contract to establish new arrangements for up to eight years.
- **2024/26: 'Dry house' for people alcohol and/or drug dependency** – The council will explore options for addressing current gap in capacity.
- **2025/26: Supported housing strategy** – Working with NHS partners and in liaison with users of services, their families, and providers we will develop a strategy in accordance with national requirements.
- **2026/27: Care and Wellbeing Service in Supported Living for Adults with Learning Disabilities and/or Autism and Mental Health Needs. Champion Close, Cedar House, Silver Birches, Sweetcroft Lodge, Thornhill Road** – The council will re-tender this contract to establish new arrangements for up to eight years.
- **2026/27: Care and Wellbeing Service in Supported Living for Adults with Learning Disabilities Church Road, Swan House, Glenister Gardens, Honeycroft Hill** – The council will re-tender this contract to establish new arrangements for up to eight years.



## 6. Care Homes

Feedback from our residents is that for most people admission to a care home is the option of last resort. Community-based alternatives to supporting independence in people's own homes means that future demand for care home placements is likely to be from people with higher levels of need. This impacts on the future shape of Hillingdon's care home market.

### 6.1 The Hillingdon Care Market

There are currently 44 active registered care homes providing 1,365 beds. There is a mix of small and national providers, both 'for profit' and third sector. The seven largest care home providers in the borough account for 45.9 per cent of all beds.

Of the current 44 active homes, 26 are Older People's Residential and Nursing Care homes and 18 are working age residential care homes (focused on mental health or learning-disabled residents). These are detailed in the following tables:

Registered Beds – Older People Care Homes (65 +)					
Type	Number of Homes	Nursing Beds	Residential Beds	Flexible Beds	Total
Dual Home	8	249	160	31	440
Nursing Homes	7	330	0	0	330
Residential Homes	11	0	435	0	435
<b>Total</b>	<b>26</b>	<b>579</b>	<b>595</b>	<b>31</b>	<b>1,205</b>
%		<b>48%</b>	<b>49%</b>	<b>3%</b>	<b>100%</b>

Source: Capacity Tracker

Registered Beds – Care Homes (18-64)					
Type	Number of Homes	Nursing Beds	Residential Beds	Flexible Beds	Total
Residential Homes	18	0	160	N/A	160
<b>Total</b>	<b>18</b>	<b>0</b>	<b>160</b>		<b>160</b>
%		<b>0</b>	<b>100%</b>		<b>100%</b>

Source: Capacity Tracker

Analysis in November 2023 confirmed a 2019 study that showed that 45 per cent of Hillingdon's older people care home provision was utilised by self-funders, thus leaving the remaining 26 per cent to be funded by other local authorities and the NHS.

The following table summarises the current position of CQC ratings for Hillingdon as of December 2023, whilst national statistics are taken from the State of Care report published in October 2023.

Hillingdon Borough Homes Residential and Nursing Care Homes CQC Ratings			
CQC Rating	Nos	%	National Comparison
Outstanding	0	0	5%
Good	38	86%	74%
Requires Improvement	6	14%	20%

Inadequate	0	0	1%
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<b>Total</b>	<b>44</b>	<b>100%</b>	<b>100%</b>
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Source: CQC

## 6.2 Commissioned Services

The council currently has a block contract with two providers for 15 short-term nursing and nursing dementia beds across two settings to support timely discharge from hospital for people no longer meeting the Criteria to Reside. A tendering process is intended to establish longer-term block arrangements (see Commissioning Intentions below).

The council currently owns two care homes for people with learning disabilities that it manages directly. These are 3 Colham Road (13 beds) and Hatton Grove (20 beds) In December 2023, the council was spot purchasing 600 long term placements of which 361 (60 per cent) in Hillingdon and 239 (40 per cent) out of borough. Beds purchased in the borough represented 29 per cent of the bed-base for older people. In the period between April 2023 and January 2024, the council made 117 spot short-term placements to support hospital discharge.

## 6.3 Demand

The council expects demand from the self-funder market to expand due to the increase in the older people population and the fact that Hillingdon is a relatively prosperous borough as suggested by us being ranked 23rd most deprived out of London's 32 boroughs and at 77 per cent, high levels of owner occupation amongst the 65 and over population. Although ONS population projections based on the 2021 census will not be available until 2025, the census showed a 34 per cent i.e. 4,607 residents, increase (45per cent i.e. 1,943 residents, in the Hayes and Harlington locality) in the 55 to 59 age group, thereby indicating a significant increase in the older people population over the next 15 years.

The council anticipates that during 2024/25 it will purchase approximately 330 long term residential and 150 nursing home beds for older people and 50 long term beds for people of working age.

The development of options support people longer in the community means that the demand for residential provision for older people, i.e., without dementia, from the council is likely to continue to decline. There will be a continuing need for residential dementia beds but the greatest demand is likely to be for people requiring placements in care home settings registered to support nursing and nursing dementia needs.

## 6.4 Market Issues and Challenges

The following are among the issues and challenges identified:

- **High occupancy levels:** Capacity Tracker shows that the average occupancy level for Hillingdon Care Homes is 96 per cent. However, when taking into consideration the provision focussed on the self-funder market and specialist provision, i.e. retired actors and nuns, the occupancy level is higher. The average occupancy level across the NWL sector is 89 per cent and the average for London is 88 per cent.
- **Duration of placements** impacts occupancy levels and an analysis of council long-term placements undertaken in December 2023 showed an average length of stay across all bed types of 2.25 years and as expected, a shorter period of just under two years for provision supporting people living with dementia.

- **Proportion of older people care home beds owned by national providers:** 36 per cent of registered beds in care homes for older people in the borough are owned by national providers. As commercial decisions for homes owned by national companies will usually be made centrally, this leaves local managers with limited autonomy and impacts on the scope for bilateral discussions.
- **Care homes for people with learning disabilities/autistic people:** Limited existing capacity in the borough can necessitate out of borough placements. Changes to CQC requirements and the publication of their new guidance for registration in the spring of 2022 'Right Support Right care Right culture' meaning that new homes should be smaller in size and able to evidence services can provide person-centred care in line with current best practice. This means that the council needs to look at options to ensure that compliant capacity is in place.

## 6.5 Commissioning Intentions

- **Ongoing: NHS London Care Record (LCR)** – We will continue to work with the ICB to support care homes to complete the Digital Security and Protection Toolkit to ensure to maximise the number of homes able to access and utilise the LCR.
- **2024/25: Short-term nursing beds** – Working jointly with the ICB and the Borough-based Partnership, the council will tender for 15 short-term nursing beds located in the borough to support hospital discharge.
- **2024/25: Nursing home provision** – The council will explore options for directly managing a nursing care home.
- **2024/25: West London Alliance (WLA) Residential and Nursing Homes DPS** – The WLA has updated the contractual documentation used for its DPS which will be based on quality and this will become operational in September 2024.
  - **2024/27: Care homes for people with learning disabilities** – The council will develop two smaller care homes that are compliant with updated CQC requirements.

## 7. Carer Support

Carers say that supporting someone to live an independent life at home, in the community they know, can be very rewarding. However, the cost to carers in terms of their own health, financial situation, employment position and independence can be considerable. Not supporting carers can have a detrimental impact on their health and wellbeing as well as the people they are caring for and increase costs for the health and care system.

Who can be a carer?

In a nutshell: Anyone providing care and/or support to another person not under a contract of employment.

Types of Carers

- Young Carer: Aged under 18 caring for another person.
- Parent Carer: An adult caring for a disabled child.
- Adult Carer: An adult caring for another adult.

### 7.1 Current Position

The Carer Support Service contract is critical to the delivery of the local strategy for supporting carers. This includes access to information, advice, and guidance as well as facilitation of peer support groups and short break opportunities. The contract is currently held by Carers Trust Hillingdon as the lead organisation for the Hillingdon Carers Partnership, and through this model carers can access replacement care as well as specialist mental health support via Hillingdon Mind and the Alzheimer's Society. Carer's assessments under the Care Act are also undertaken on behalf of the council under the contract.

There are a range of options currently offered to carers in need of a break from their caring role these include:

- The council directly own and deliver a nine bedded respite service (Merriman's House) and a day resource service (Queens Walk Resource Centre) for adults with learning disabilities, physical disabilities, complex health needs and autism.
- The council spot purchases respite for older adults or people with disabilities within a registered nursing or registered care home setting (dependent on the cared for person's needs).
- Spot purchase of specialist building-based respite for those with very complex needs, such as challenging behaviour/autism.
- Home care provision for those wishing to remain within their own home.
- Day provision for older adults with dementia (Dementia Resource Service at Grassy Meadow Court extra care scheme).
- Direct Payments (DP): The council's identified financial contribution to meeting the needs of adult carers as identified from a carer's assessment undertaken as required under the Care Act in the form of a DP, which would ordinarily be paid through a pre-paid card. This would give a carer more flexibility about how a carer wishes to take a break, e.g. a holiday with support for the cared for person instead of a building-based service.

### 7.2 Demand

Unpaid carers represent both a source of demand for support services as well as a means of controlling demand from people who would otherwise need Adult Social Care services, or

increased levels of support from the council. The 2021 Census showed that 22,465 residents identified themselves as unpaid carers. The census showed 74 per cent of people identifying themselves as carers were aged between 25 and 64 and nearly 18 per cent aged 65 and over. Young carers aged five to 18 accounted for nearly 3 per cent of all carers and young adult carers aged 18 to 24 5.4 per cent. The age of carers is significant because it influences the type and nature of the support required to meet their needs.

Carers Trust Hillingdon is required to maintain a register of carers under the Carer Support Service contract. As of 30 September 2023, there were 1,287 young carers and 4,962 adult carers registered. In 2022/23, 3,970 carers were provided with respite or another carer service. This included bed-based respite and home-based replacement care funded and arranged via the council as well as that provided through the Carer Support Service contract and other third sector services. This suggests that the demand for carer support is much greater than the number currently accessing it, which provides opportunities for the market.

### 7.3 Issues and Challenges

The following are among the issues and challenges identified:

- **'Hidden' carers:** The number of people identifying themselves as carers in the 2021 census fell compared to the 2011 census and despite increases in the older people population expected to require the support of a carer. This suggests that there is an issue with people not identifying themselves as carers who may therefore not be aware that they can access support to assist in avoiding potential crises situations in the future
- **Bed-based respite and flexibility:** Bed-based respite for older adults is commissioned on a spot contract basis with external care home providers. This model of commissioning presents a challenge as providers are reluctant to support short stay respite due to the additional administration work and costs involved and will only accept respite stays of a minimum of two to four weeks. This does not provide flexibility and means that the council is not always able to source placements when carers need to take a break, which impacts on their wellbeing and that of the person or people they are caring for.

### 7.4 Commissioning Intentions

- **2024/25:** Review the respite offer to carers, including provision in bedded settings, replacement care and short break opportunities outside of the home. What is needed to support individual carers will be influenced by the age of the carer.
- **2024/25: Carer Support Service contract service model** – We will review the current service with carers, the current provider, and partners.
- **2024/25: Carer Support Service contract** – Working in partnership with the ICB and Borough-based Partnership, the council will re-tender this contract for a period of up to eight years.

## 8. Market Sustainability

### 8.1 Market Sustainability

The council has moved towards the Cost of Care rates identified from the Fair Cost of Care exercise undertaken in the summer of 2022 to ensure the ongoing financial sustainability of its providers.

Responsibility for managing the interface between providers and the council sits with the Supplier Relationship Team. Under the council's supplier relationship process all providers are allocated to one of three tiers based on a combination of spend, risk and performance. Providers may transition between tiers depending on circumstances. The regularity and basis of contact with a provider will be determined by their tier allocation:

- **Tier 1** - Quarterly meetings with an annual review involving a cross functional team e.g. Finance, Quality Assurance, Brokerage, etc.
- **Tier 2** - Six-monthly meetings involving a cross functional team.
- **Tier 3** - Annual contact which may be face to face or via telephone (this is mainly for transactional providers).

### 8.2 Quality Monitoring

A key objective of the council is to work with providers and the CQC to address quality issues where they arise. Support to achieve this can come from the council's own Quality Assurance Team and/or specialist advice and/or training via local NHS partners. Intelligence about quality and performance issues comes from a variety of sources, including:

- complaints or concerns from services users and/or their relatives
- safeguarding alerts/concerns
- reports from care managers or other professionals
- Healthwatch Hillingdon
- CQC reports
- other councils
- West London Commissioning Alliance
- outcomes of visits by the council's Quality Assurance Team
- customer/service users' satisfaction surveys
- elected members of the council.

The quality aspect of service provision is overseen by the Provider Risk Panel who report to the Care Governance Board, chaired by the Corporate Director Adult Social Care and Health, which meets monthly.

### 8.3 Workforce

The care sector generally in Hillingdon and the social care sector specifically face similar issues to those experienced nationally, i.e. recruitment, retention and attracting younger people into the field.

As illustrated in the table below, in care homes since March 2022 the total number of staff employed has increased by 23 per cent, but the number of agency staff has increased by 153 per cent. The significant increase in the numbers of agency nurses being employed is extremely concerning.

Care Home Staffing Non-Agency v Agency					
Staff	Mar 2022	Jan 2023	Jul 2023	Jan 2024	Percentage Change
Nurses	127/19	133/29	141/33	164/48	29%/100%
Carers	1,040/98	1,042/123	1,137/127	1,165/144	12%/46%
Non-Care Staff	429/11	423/26	430/30	471/32	10%/190%
<b>Total</b>	<b>1,596/128</b>	<b>1,607/178</b>	<b>1,708/190</b>	<b>1,800/324</b>	<b>13%/153%</b>

Skills for Care (SfC) data for all Adult Social Care staff in Hillingdon identified that workers aged over 55 represented 27 per cent of all care staff. Given this age profile, approximately 1,500 people will be reaching retirement age in the next 10 years. This indicates the need for an Adult Social Care Workforce Strategy.

SfC also highlighted that the average pay rate for care workers in the borough was £9.58 per hour, which is below the regional rate of £9.70 per hour. This is a particular issue in Hillingdon, which is a high employment area with retail and the presence of Heathrow Airport in the south of the borough presenting alternative employment options.

Data from the NHS Capacity Tracker recorded that in February 2024 domiciliary care agencies in Hillingdon employed 2,740 staff. It should be noted that this data does not include data for those providers who deliver their Hillingdon contracts from operational branches outside of the borough, a notable absence being one of the Lead Providers.

Their performance data supplied to the council identified that they employed approximately 100 staff in the borough.

The Lead Providers (Comfort Care Services and Care Outlook) have reported challenges in the recruitment of new staff and were using the Health and Social Care Visa to recruit staff, which was a significant focus for home care providers. During 2023, the Home Office identified issues with recruitment using this route, including the potential for abuse. This has resulted in increased regulatory scrutiny from UK Border Force and increased bureaucracy that is deterring providers from using this recruitment channel. The council has developed an Adult Social Care Workforce plan, the focus of which is initially about securing and maintaining a sufficient level of suitably qualified staff to deliver adult social work responsibilities and directly provided services. It is intended that the scope will be expanded during the period of this MPS to include the wider Adult Social Care market.

## 9. Conclusion and Feedback

The trajectory for meeting the social care needs of adults in Hillingdon set out in this document shows that there are many commercial opportunities for providers during the period 2024/25 onwards. This is expected to be a live document that will be subject to amendment to reflect evolving circumstances.

The council will advise providers of changing priorities and new opportunities through the engagement routes identified in section 1.3 but also via the Capital E-sourcing portal.

Any feedback on the content of this document would be welcome, and any comments or queries should be sent to:

✉ Jan Major, Assistant Director, Direct Care and Business Delivery, Adult Social Care and Health,

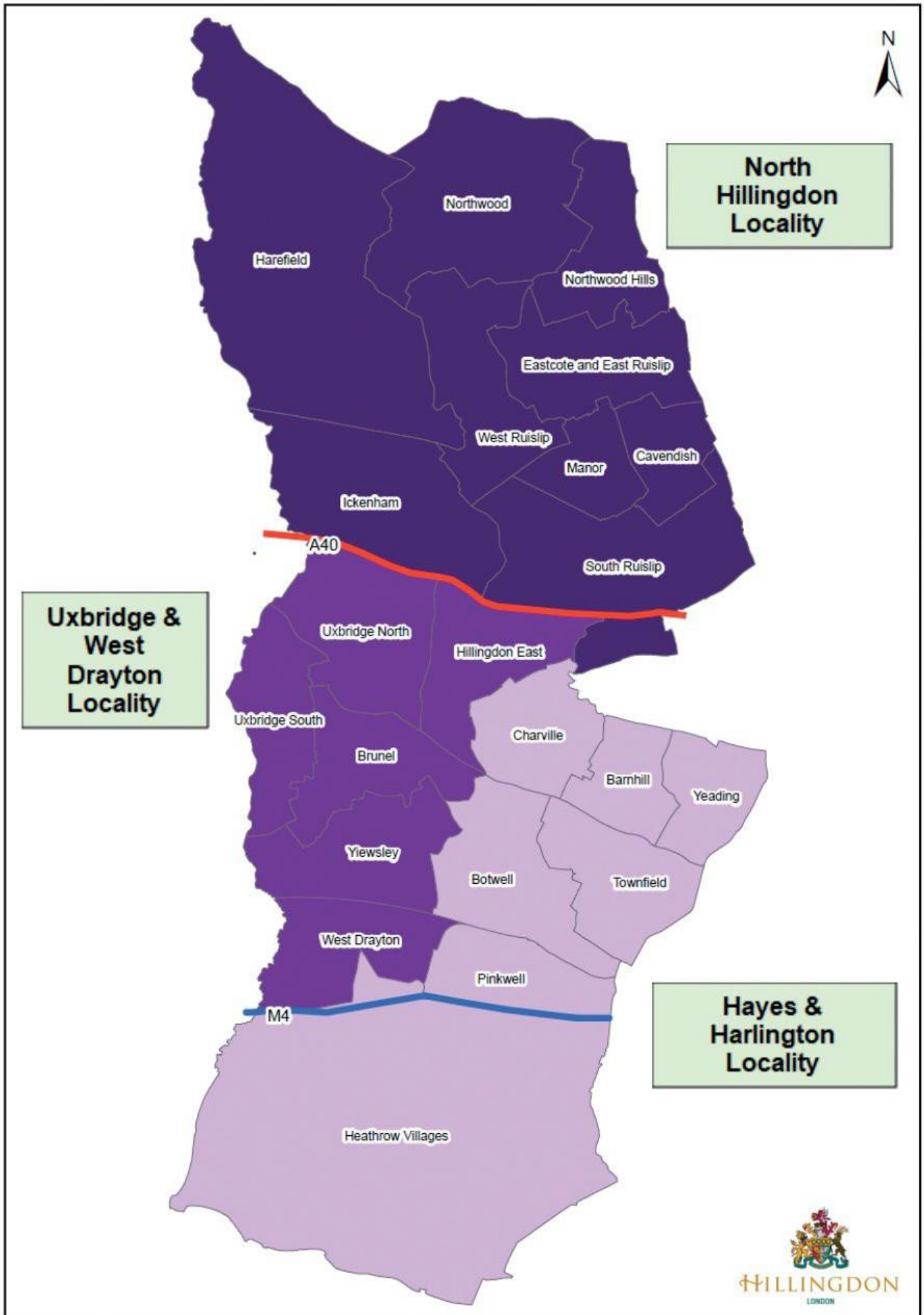
Civic Centre, Uxbridge,

UB8 1UW @

[jmajor1@hillingdon.gov.uk](mailto:jmajor1@hillingdon.gov.uk)

## Appendix 1: Hillingdon's Geography (Localities and Wards)







## MOUNT VERNON CANCER CENTRE STRATEGIC REVIEW

<b>Committee name</b>	Hillingdon Health and Social Care Select Committee
<b>Officer reporting</b>	Jessamy Kinghorn, Head of Partnerships and Engagement, NHS England
<b>Papers with report</b>	Appendix A – Work Programme
<b>Ward</b>	All

### HEADLINES

To remind and update Committee Members on proposals for changes to Mount Vernon Cancer Centre services, and what this might mean for Hillingdon patients.

To update the Committee with proposals to proceed to public consultation on plans for the future of Mount Vernon Cancer Centre (MVCC) services.

This follows a number of previous papers to this Committee (and its predecessor) that have provided early briefings on the case for change, the development of proposals and the involvement of patients and the public.

### RECOMMENDATIONS

**That the Health and Social Care Select Committee:**

1. **notes the progress of the Mount Vernon Cancer Centre review and the plans to move forward to consultation;**
2. **considers how it wishes to be involved in this process and confirm it wishes to participate in a Joint Health Overview and Scrutiny Committee (JHOSC) later this year; and**
3. **considers the role of vice chair on the JHOSC.**

### SUPPORTING INFORMATION

#### 1. Background

NHS England has been working jointly with the NHS and other partners in Hertfordshire, North West London, Bedfordshire, Buckinghamshire, East Berkshire and North Central London, to lead a review of Mount Vernon Cancer Centre services. This followed the report of a 2019 Independent Clinical Advisory Group which stated:

*“There is increasing concern as to whether high quality, safe and sustainable oncology services can continue to be delivered within the existing organisational framework and there is an urgent need to address this concern.”*

They made several findings, including:

- Maintaining safety of patients cannot be guaranteed in the near future – status quo is not an option – there is a need for urgent action.

NHS England



- To provide modern oncology care, comprehensive medical and surgical support services including ITU are needed – this is not now available at MVCC.
- Deskilling of existing inpatient nursing staff as acutely unwell patients transferred out. Loss of ability to undertake practical interventions on site, e.g., draining ascites.
- Need for an inpatient integrated service in order to manage acutely unwell patients (due to unpredictable toxicities of immunotherapies, intensive chemotherapy / radiotherapy regimens and comorbidities). Concern about the quality of integrated care for patients currently transferred out to non-specialist district general hospitals (DGHs) impacting upon patient management
- Dividing up the existing catchment to surrounding providers would be unacceptable due to disrupted patient flows, insufficient capacity and access concerns, loss of workforce cohesion and commitment.

## **2. Response to the independent clinical review**

The response to the report culminated in the development of a proposed solution to relocate the Mount Vernon Cancer Centre to an acute hospital site, with Watford being identified as the preferred solution. This followed a significant amount of patient and public involvement and has been presented to this committee previously. However, at that time no source of capital had been identified and there was no agreement to move towards public consultation.

The independent panel also recommended the cancer centre should be run by a specialist cancer provider and not a DGH as at present. Following a process, UCLH was identified as the preferred future provider to manage the service once capital had been identified to proceed with the relocation. UCLH is working with commissioners and East and North Hertfordshire NHS Trust (the current provider) to develop proposals for the future.

## **3. Clinical Senate**

The East of England Clinical Senate reviewed the proposals in 2021. Their subsequent report supported the recommendation for a new, single-site specialist cancer centre on the Watford Hospital site, as well as improved local access to services such as chemotherapy and radiotherapy at linked sites.

The Clinical Senate made recommendations around IT, access to services and transport, and the addressing of social and health inequalities which have been taken forward by the programme team. This has included:

- An IT workstream looking at the digital infrastructure;
- The launch of a chemotherapy at home service to improve access;
- A transport pilot in Luton; and
- Extensive work to understand and identify and response to health inequalities, such as the inclusion of a heavily weighted criteria to reduce health inequalities as part of the decision making process on networked radiotherapy.

## **4. Capital Funding**

During the summer of 2021, the Department of Health and Social Care announced that all new hospital capital requests were to be made through the New Hospital Programme and invited Expressions of Interest from schemes. In September 2021, UCLH submitted an expression of



interest which, after 18 months of consideration, was unsuccessful when the additional schemes were announced in May 2023.

Discussions have continued with national colleagues. These have included a thorough assessment of potential alternatives and of the implications of not proceeding. The capital costs associated with the relocation, including networked radiotherapy, are in the region of £400m at 2024 prices. Assessment of the costs of dispersing the service to cancer centres in Cambridge, Oxford and London showed a similarly high level of capital would be required as the capacity is not currently available elsewhere.

Capital funding routes for the preferred option continue to be explored and a national planning committee has now agreed that this is a priority and that the proposals should be consulted on in public so that detailed planning can take place on urgent short-term and long-term changes to the services whilst the capital issue is resolved.

## 5. About the Cancer Centre

The Mount Vernon Cancer Centre in Northwood, Middlesex provides non-surgical specialist cancer care for patients across Hertfordshire, North London, Bedfordshire and parts of Buckinghamshire and East Berkshire. The main services it provides are radiotherapy, including brachytherapy and Systemic Anti-Cancer Therapies (SACT), which is mainly chemotherapy and immunotherapy.

The services are run by East and North Hertfordshire NHS Trust, which is a district general hospital trust within the Mount Vernon catchment area. They cover a population of more than two million people with approximately 13,000 patients attending the centre each year.

## 6. Impact on Hillingdon

The North West London Integrated Care Board (NWL ICB) is a significant partner in the development of the proposals, with around 32% of the total MVCC patient population (4,147 NWL patients in 2023/24). The majority of these patients received chemotherapy (849 patients), radiotherapy (1,359 patients) or outpatient appointments (4,028 patients).

Service	NWL number of patients	NWL activity	MVCC total patients	MVCC total activity
Chemotherapy	849	5,583	2,706	17,940
Radiotherapy	1,359	18,634	4,623	58,825
Outpatient - attendance	2,635	9,115	8,224	25,918
Outpatient – telephone appointment	3,428	14,011	10,519	44,093
Outpatient – procedure	399	2,119	1,053	5,277
<b>Total</b>	<b>4,147</b>	<b>63,290</b>	12,958	178,022

The majority of these patients are from the former Hillingdon and Harrow CCG areas, with 1,866 Hillingdon patients and 1,089 Harrow patients attending MVCC. In 2023/24, the 1,866 Hillingdon patients, had 29,084 interactions with MVCC between them.



North West London has seen a notable increase (12%) in radiotherapy activity since 2019, against a marginal increase elsewhere in the catchment (with the exception of an increase of 19% in Buckinghamshire and decrease of 17% in Bedfordshire, Luton and Milton Keynes).

The table below shows patient figures from all areas for the 2023/24 financial year.

<b>Region:</b>	<b>Number of patients 2023/24 (former CCG footprints)</b>	
Hertfordshire and West Essex ICB		5,549
West and South Hertfordshire	3,682	
East and North Hertfordshire	1,862	
Bedfordshire, Luton and Milton Keynes ICB		1,491
Bedfordshire	790	
Luton	685	
North West London ICB		4,147
<b>Hillingdon</b>	<b>1,866</b>	
Harrow	1,089	
Brent	648	
Ealing	509	
North Central London ICB		139
Barnet	106	
Frimley Health ICB		397
East Berkshire	392	
Buckinghamshire, Oxfordshire and Berkshire ICB		967
Buckinghamshire	930	
All other areas	345	
<b>TOTAL</b>		<b>12,972</b>

## 7. Care Closer to Home

Watford General Hospital is the closest hospital site to the current Northwood site and the most central to the catchment overall. In evaluation it was the only site that met all of the criteria for clinical co-location and patient access.

Travel mapping shows that Watford was the site with the fewest journey times over 45 minutes and that, on average, Hillingdon residents would have travel times of under 30 minutes, one of the shortest in the Mount Vernon Cancer Centre catchment. However, this is longer than the average journey time to the current site and so plans have been developed to increase options for care closer to home and reduce the need to visit the new site.

For patients from Hillingdon, this includes:

- A new chemotherapy at home service. This was launched for appropriate patients on one of four chemotherapy treatments in 2023 with the potential to roll out further.
- A new chemotherapy unit at Hillingdon Hospital to enable Hillingdon residents to have non-complex chemotherapy and some immunotherapy treatments at Hillingdon Hospital instead of MVCC.
- Additional radiotherapy at Hammersmith Hospital for patients in the South of Hillingdon who would find Hammersmith easier to access than Watford.

NHS England



- Arrangements to ensure blood tests for MVCC patients can be carried out at Hillingdon Hospital to reduce the need for patients to travel long distances for minor tests and procedures. This will involve shared care arrangements between the two organisations and improvements to digital patient records.

## 8. Summary of Proposals

The key proposals of the Mount Vernon Cancer Centre review are summarised below.

- From 2024/25\*: Increased chemotherapy facilities at Northwick Park so that more patients can have chemotherapy nearer to where they live;
- From 2024/25\*: Increased radiotherapy capacity at Hammersmith Hospital to extend choice of treatment provider to patients in Brent, Ealing and the South of Hillingdon;
- From 2027/28\*: An additional networked radiotherapy unit serving the north of the area – at either Luton or Stevenage, opening ahead of the new MVCC when the next Linear Accelerators are due to be replaced;
- From 2030\*: A new chemotherapy service at Hillingdon Hospital – upon opening of the new Hillingdon Hospital;
- Proposal for the preferred option of relocation of the specialist cancer centre into a purpose-built facility on a main hospital site in Watford as soon as funding is made available; and
- Bringing the haematology service for the population back into the area (to Watford from UCLH), once a new MVCC is constructed, and creating an acute haematology ward within MVCC for Watford General Hospital patients

*\*Best current estimate. Dates are subject to range of external factors and the availability of capital.*

## 9. Plans for Public Consultation

An engagement and consultation planning group has been established with three regional sub-groups to plan public consultation. These include involvement from a broad range of partners. Throughout the consultation, a wide range of activities will take place across the Mount Vernon Cancer Centre catchment area. This will include:

- Face to face and virtual public meetings
- Consultation hearings where people can present evidence to the panel
- Events and focus groups
- Roadshows at the cancer centre
- Consultation documents and surveys at public libraries, hospitals, etc.
- Videos and other digital material to support information and decision making
- Individual or organisational responses and submissions
- MVCC review website

A dedicated resource is to be sought to support the consultation, which will also be subject to a Quality Assurance process from the Consultation Institute. Some further pre-consultation engagement will take place following the general election and prior to the start of the public consultation which is anticipated to be November 2024. The pre-consultation engagement began with a meeting of the patient reference group on Monday 8 July 2024. Consultation documents and materials are currently being drafted.

NHS England





## 10. Health Scrutiny

A Joint Health Scrutiny Committee is being established and councils in former CCG areas referring more than 100 patients to MVCC will be asked to consider how they would like to be consulted through the public consultation. There are 13 scrutiny committees that fit this criteria:

- 4 in the East of England
- 4 in the South East
- 5 in London

This includes the London Borough of Hillingdon.

An initial meeting with officers has been held, with 11 of 13 scrutiny committees represented, including Hillingdon Health and Social Care Select Committee. Hertfordshire County Council will chair the Joint HOSC as more than half the patients are from Hertfordshire. The local authority with the next largest number of patients is Hillingdon, who, subject to agreement of the Council, will take on the role of vice-chair.

The Hertfordshire Head of Scrutiny has proposed an approach that would see the JHOSC meet to discuss different themes, with the possibility that some local authorities opting in to participate in individual themes that are of interest to them without having to attend every meeting. Such themes could include radiotherapy and transport and access.

Smaller numbers of patients come from authorities across England and beyond (for example, Yorkshire and the Isle of Wight). There will be formal communication with these authorities although they will not be asked to participate in the JHOSC.

## 11. Patient and Public Engagement

Various surveys and more than 100 focus groups have been held in the development of these proposals. This has been reported previously to this Committee. Further information can be found here: <https://mvccreview.nhs.uk/6506/widgets/19100/documents/60532>.

There will be further opportunities for Hillingdon residents to get involved before, during and after the consultation.

A patient reference group has been running for a number of years with regular attendance from Hillingdon representatives, and Healthwatch Hillingdon has been involved both on the Programme Board and the Engagement and Communications Group.

Further information about the background to the review, why things need to change, what is happening, and how to get involved, can be found at [www.mvccreview.nhs.uk](http://www.mvccreview.nhs.uk).

## 12. Recommendations

Hillingdon Health and Social Care Select Committee is asked to note the progress of the Mount Vernon Cancer Centre review and the plans to move forward to consultation. The Committee is also asked to consider how it wishes to be involved in this process and confirm it wishes to participate in a Joint Health Overview and Scrutiny Committee (JHOSC) later this year. The Committee is further asked to consider the role of Vice Chair on the JHOSC.

NHS England





## 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

Ref

Further details

Ward(s)

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

## Cabinet meeting - Thursday 25 July 2024 (report deadline 8 July)

221	<b>Award of contracts: short-term care home beds</b>	Cabinet will be asked to approve an award of contract for the provision of short-term nursing care home beds to support hospital discharge for a period of three years.	N/A		Cllr Jane Palmer - Health & Social Care	Health & Social Care	AS - Gary Collier			Private (3)
SI	<b>Carers Strategy Update</b>	Cabinet will receive a progress report on the Carers Strategy and Delivery Plan and the priorities going forward.	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 - July 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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## AUGUST 2024 - NO CABINET MEETING

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 12 September 2024 (report deadline 23 August)

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
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## Scheduled Upcoming Decisions

Ref

### Further details

Ward(s)

				Final decision by Full Council	Cabinet Member(s) Responsible	Relevant Select Committee	Directorate / Lead Officer	Consultation related to the decision	NEW ITEM	Public or Private (with reason)
SI = Standard Item each month/regularly Council Directorate/Service Areas: AS = Adult Services & Health P = Place C = Central Services R = Resources CS = Children's Services D = Digital & Intelligence										
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	AS - 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
<b>Cabinet Member Decisions expected - September 2024</b>										
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
<b>Cabinet meeting - Thursday 10 October 2024 (report deadline 23 September)</b>										
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)
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
<b>Cabinet Member Decisions expected - October 2024</b>										

Ref	Scheduled Upcoming Decisions	Further details	Ward(s)	Final decision by Full Council	Cabinet Member(s) Responsible	Relevant Select Committee	Directorate / Lead Officer	Consultation related to the decision	NEW ITEM	Public or Private (with reason)
<p style="text-align: center;">SI = Standard Item each month/regularly Council Directorate/Service Areas: AS = Adult Services &amp; Health P = Place C = Central Services R = Resources CS= Children's Services D = Digital &amp; Intelligence</p>										
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 7 November 2024 (report deadline 21 October)</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	TBC	C - Democratic Services	TBC		Public
<b>Cabinet Member Decisions expected - November 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 12 December 2024 (report deadline 25 November)</b>										
SI	The Council's Budget - Medium Term Financial Forecast 2025/26 - 2029/30 (BUDGET FRAMEWORK)	This report will set out the Medium Term Financial Forecast (MTFF), which includes the draft General Fund reserve budget and capital programme for 2025/26 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 - 20 February 2025	Cllr Martin Goddard - Finance	All	R - Andy Evans	Public consultation through the Select Committee process and statutory consultation with businesses & ratepayers		Public
SI	Public Preview of matters to be considered in private	A report to Cabinet to provide maximum transparency to residents on the private and confidential matters to be considered later in Part 2 of the Cabinet meeting and agenda.	TBC		All Cabinet Members	All	C - Democratic Services			Public
SI	Reports from Select Committees	Reports, findings and recommendations for consideration by the Cabinet, when referred from the appropriate Committee.	All		All	TBC	C - Democratic Services	TBC		Public
<b>Cabinet meeting - Thursday 9 January 2025 (report deadline 9 December 2024)</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	TBC	C - Democratic Services	TBC		Public

Ref	Scheduled Upcoming Decisions	Further details	Ward(s)	Final decision by Full Council	Cabinet Member(s) Responsible	Relevant Select Committee	Directorate / Lead Officer	Consultation related to the decision	NEW ITEM	Public or Private (with reason)
SI = Standard Item each month/regularly Council Directorate/Service Areas: AS = Adult Services & Health P = Place C = Central Services R = Resources CS= Children's Services D = Digital & Intelligence										
<b>Cabinet Member Decisions expected - January 2025</b>										
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
<b>Cabinet meeting - Thursday 13 February 2025 (report deadline 27 January 2025)</b>										
SI	<b>The Council's Budget - Medium Term Financial Forecast 2025/26 - 2029/30 (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 2025/26 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 - 20 February 2025	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
<b>Cabinet Member Decisions expected - February 2025</b>										
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
<b>Cabinet meeting - Thursday 13 March 2025 (report deadline 24 February)</b>										
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
<b>Cabinet Member Decisions expected - March 2025</b>										
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
<b>Cabinet meeting - Thursday 10 April 2025 (report deadline 24 March)</b>										

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Ref	Scheduled Upcoming Decisions	Further details	Ward(s)	Final decision by Full Council	Cabinet Member(s) Responsible	Relevant Select Committee	Directorate / Lead Officer	Consultation related to the decision	NEW ITEM	Public or Private (with reason)
SI = Standard Item each month/regularly Council Directorate/Service Areas: AS = Adult Services & Health P = Place C = Central Services R = Resources CS= Children's Services D = Digital & Intelligence										
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
<b>Cabinet Member Decisions expected - April 2025</b>										
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 - Thursday 22 May 2025 (report deadline 2 May)</b>										
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
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
<b>Cabinet Member Decisions expected - May 2025</b>										
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 MEMBER DECISIONS: Standard Items (SI) that may be considered each month</b>										
SI	Urgent Cabinet-level decisions & interim decision-making (including emergency decisions)	The Leader of the Council has the necessary authority to make decisions that would otherwise be reserved to the Cabinet, in the absence of a Cabinet meeting or in urgent circumstances. Any such decisions will be published in the usual way and reported to a subsequent Cabinet meeting for ratification. The Leader may also take emergency decisions without notice, in particular in relation to the COVID-19 pandemic, which will be ratified at a later Cabinet meeting.	Various		Cllr Ian Edwards - Leader of the Council	TBC	C - Democratic Services	TBC		Public / Private

# Scheduled Upcoming Decisions

Ref

## Further details

Ward(s)

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

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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:**

- 1. considers the report and agrees any amendments; and**
- 2. agrees one major review topic and up to three single meeting review topics.**

### SUPPORTING INFORMATION

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

Meetings	Room
<del>Wednesday 19 June 2024, 6.30pm - CANCELLED</del>	<del>TBA</del>
Wednesday 24 July 2024, 6.30pm	CR5
Wednesday 11 September 2024, 6.30pm	CR6
Wednesday 9 October 2024, 6.30pm*	CR5
Tuesday 12 November 2024, 6.30pm	CR5
Thursday 23 January 2025, 6.30pm	CR5
Tuesday 25 February 2025, 6.30pm	CR5
Wednesday 19 March 2025, 6.30pm	CR5
Tuesday 29 April 2025, 6.30pm**	CR5

At the Health and Social Care Select Committee meeting on 22 May 2024, it was agreed that the Democratic, Civic and Ceremonial Manager liaise with the Chair to schedule a new meeting date in October 2024\*. This meeting has been arranged for Wednesday 9 October 2024. Furthermore, it has been suggested that the meeting scheduled for Wednesday 23 April 2025 be rearranged for Tuesday 29 April 2025\*\*.

### Future Review Topics

At the meeting on 22 May 2024, Members were asked to identify possible review topics. It was agreed that ideas for possible topics be forwarded to the Democratic, Civic and Ceremonial Manager before the next Committee meeting so that they could look to shortlist one major review topic and up to three single meeting review topics at this meeting.

### **Implications on related Council policies**

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

### **How this report benefits Hillingdon residents**

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

### **Financial Implications**

None at this stage.

### **Legal Implications**

None at this stage.

### **BACKGROUND PAPERS**

NIL.

# MULTI-YEAR WORK PROGRAMME

2024/25

2025/26

Health & Social Care Select Committee	May 22	June (CANCELLED) 19	July 24	August No meeting	September 11	October 9	November 12	December No meeting	January 23	February 25	March 19	April 29	May No meeting
<b>Review A: ???</b> Topic selection / scoping stage Witness / evidence / consultation stage Findings, conclusions and recommendations Final review report agreement Target Cabinet reporting	Topic Selection		Selection		Scoping Report	Witness Session	Witness Session		Findings	Final report	Cabinet		
<b>Review B: ???</b>									Single Meeting Review				
<b>Review C: ???</b>												Single Meeting Review	
<b>Regular service &amp; performance monitoring</b> 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		X		X	X	X		X	X	X	X	X
<b>One-off information items</b> 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 Adult Social Care Market Position Statement							X						
<b>Health External Scrutiny</b> Police & Mental Health Attendance at A&E Mount Vernon Cancer Centre Strategic Review Update Hillingdon Hospital Redevelopment Update Health Updates Quality Accounts (outside of meetings)	X		X		X				X				X
<b>Past review delivery</b> Review of Children's Dental Services 2021/22 Making the Council more autism friendly 2020/21 CAMHS Referral Pathway 2023/24							X	X				X	

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