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A

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, 11 SEPTEMBER 2024**

Time: **6.30 PM – PRIVATE WITNESS SESSION**

7 PM (OR CONCLUSION OF THE PRIVATE SESSION) – PUBLIC SESSION

Venue: **COMMITTEE ROOM 6 - CIVIC CENTRE, HIGH STREET, UXBRIDGE UB8 1UW**

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Terms of Reference

Health & Social Care Select Committee

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

Cabinet Member Portfolios	• Cabinet Member for Health & Social Care
Relevant service areas	1. Adult Social Work 2. Adult Safeguarding 3. Provider & Commissioned Care 4. Public Health 5. Health integration / Voluntary Sector

Statutory Healthy Scrutiny

This Committee will also undertake the powers of health scrutiny conferred by the Local Authority
(Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013. It will:

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

Duty of partners to attend and provide information

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

Cross-cutting topics

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

- Domestic Abuse services and support

Agenda

CHAIR'S ANNOUNCEMENTS

1	Apologies for absence	-
2	Declarations of Interest in matters coming before this meeting	-
3	Minutes of the meeting held on 24 July 2024	1 - 10
4	Exclusion of press and public	-
5	Hospice and End of Life Services in Hillingdon	11 - 20
6	2025/26 Budget Planning Report for Services Within the Remit of the Health and Social Care Select Committee	**TO FOLLOW**
7	Cabinet Forward Plan Monthly Monitoring	21 - 30
8	Work Programme	31 - 34

Minutes

HEALTH AND SOCIAL CARE SELECT COMMITTEE

24 July 2024

Meeting held at Committee Room 5 - Civic Centre

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

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

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

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

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

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

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

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

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

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

had worked closely with the Young Carers team at CT.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

HOSPICE AND END OF LIFE SERVICES IN HILLINGDON

Committee name	Health and Social Care Select Committee
Officer reporting	Steve Curry, Chief Executive Officer, Harlington Hospice
Papers with report	None
Ward	All

HEADLINES

To enable the Committee to get a better understanding of the needs of residents and the services that are provided with regard to hospice and end of life services in Hillingdon.

RECOMMENDATION

That the Health and Social Care Select Committee question those present about hospice and end of life services in Hillingdon.

SUPPORTING INFORMATION

1. Current Services

In the London Borough of Hillingdon, services traditionally provided by a hospice are shared between Harlington Hospice and Central and North West London NHS Trust (CNWL). The provision and development of end-of-life care are coordinated via the Hillingdon Health and Care Partnership (HHCP).

The details of the services and their providers are as follows:

Service	Location	Provider
Community Specialist Palliative Nursing Team	Based in Uxbridge, covering the entire Borough	CNWL
24-Hour Specialist Palliative Nursing Response Team, including night visits and a 2-hour daytime response (YLL Your Lifeline)	Based in Uxbridge, covering the entire Borough	CNWL
Personal Care service for individuals in the last phase of life, including respite care for carers and Continuing Health Care (CHC)-funded care (Harlington Care)	Based in Michael Sobell House, Northwood, covering the entire Borough	Harlington Hospice
Night Hospice Service (22:00–7:00) with a nurse or healthcare assistant available in people's homes (Harlington Hospice at Home)	Based in Michael Sobell House, Northwood, covering the entire Borough	Harlington Hospice
Inpatient Hospice Service 14 beds	Michael Sobell House, Northwood	Harlington Hospice

Service	Location	Provider
Enhanced Nursing Care Beds (commissioned beds in private nursing care facilities with additional hospice-level support) (Primrose beds)	Hayes Cottage Nursing Home (2 beds) and Park Field Nursing Home, Uxbridge (6 beds)	Managed by Harlington Hospice
24-Hour Advice Line (open to the public and providing out-of-hours professional support)	Michael Sobell House, Northwood	Harlington Hospice
Children and Young People Bereavement Support (pre- and post-death support) CABS team	Lansdowne House, Harlington, and Michael Sobell House, Northwood	Harlington Hospice
HPAL Website (information on palliative care and a directory for end-of-life services in North West London for clinical staff and carers, also accessible to the public)	Online	Harlington Hospice
Adult Bereavement Support	Lansdowne House, Harlington, and Michael Sobell House, Northwood	Harlington Hospice

Due to a change in the patient record system, it has only been possible to provide a breakdown by ward of Hillingdon residents using the Harlington Hospice services since 1 January 2024. Data below is 1 January 2024 – 31 August 2024:

Ward	Clinics	Hospice at Home	Inpatients	Lymphoedema	Primrose (Care Homes) *	Psychological and Emotional Support	Wellbeing	Grand Total
Belmore		2	5	14		15	7	38
Charville		6	4	13		5	2	30
Colham & Cowley		7	6	21		10	2	44
Eastcote		6	8	16		8	6	39
Harefield Village		5	7	10		3	1	24
Hayes Town		1	1	8		12	2	24
Heathrow Villages		5	2	17		6	3	31
Hillingdon East		10	10	27		10	3	71
Hillingdon West		1	4	15		2	1	23
Ickenham & South Harefield		7	10	23		13	6	56
Northwood		3	7	22		6	2	37
Northwood Hills	1	3	4	16		4	5	29
Pinkwell		4	6	16		19	2	44
Ruislip		6	13	27		14	1	59
Ruislip Manor		4	3	13		1	1	21
South Ruislip		3	2	13		1	2	20

Ward	Clinics	Hospice at Home	Inpatients	Lymphoedema	Primrose (Care Homes) *	Psychological and Emotional Support	Wellbeing	Grand Total
Uxbridge	1	5	6	26		13	1	51
West Drayton		9	5	26		19	5	59
Wood End		8	5	8		16	2	50
Yeading		7	3	6		15		31
Yiewsley		2	1	17		10	1	30
Grand Total	**2**	**104**	**111**	**353**	**39**	**202**	**55**	**808**

* Awaiting data

2. Need for Hospice and Palliative Care in Hillingdon

HHCP partners have identified end-of-life care as a priority area for improvement, based on health system data and feedback from patients, their families, and service staff. The North West London Integrated Care Board (NWL ICB) has conducted a review of community specialist palliative care, and the new service model is currently out for public consultation. HHCP has also conducted a broader systems review of end-of-life care, including primary, general community, and acute care for individuals with palliative care needs. This report draws on the findings of both reviews.

Identifying people who could benefit from palliative care has been challenging. All health provider records use primary diagnosis coding, with few records updated as people transition from active treatment to palliative care.

2.1. Patients and Carers Feedback

In 2023, HHCP commissioned Hillingdon Healthwatch to gather feedback on end-of-life care in the Borough. While there was positive feedback on many of the services, some areas were identified where services fell short. Healthwatch summarized the issues as follows:

> "There is a lack of appropriate, timely, coordinated, and equal access to palliative and end-of-life care services, resulting in a higher than necessary utilization of A&E and urgent care services, including hospital admissions. There is also no clear model to actively case manage patients to earlier identify holistic support to improve patient care and reduce inappropriate use of the system. For patients known to services, they generally have a positive experience."

2.2. Health System Data

Harlington Hospice worked with NWL ICB palliative care commissioners to develop a set of codes for the NWL ICB WISC database to better identify individuals with palliative care needs. These codes have been used to develop the End of Life WISC dashboard.

In August 2023, the HHCP business information lead used the End of Life dashboard data to back-test patient records for 2022/23. **The findings showed that the 3,064 individuals**

identified were over six times more likely to have an emergency admission to hospital and a longer-than-average hospital stay. Spot audits of the Hillingdon Hospital Palliative Care Team caseload revealed that 71% of patients did not have an advance care plan. Without an advance care plan, individuals are less likely to receive the end-of-life care they need in their preferred setting and are more likely to have unplanned hospital admissions.

Data from the End of Life Dashboard for 2023/24 indicated that 3,771 individuals in Hillingdon would benefit from palliative care. Emergency admissions to hospital from this group totalled 2,375, equating to an average of 63 people in hospital every day.

3. Service Improvement

Feedback and data clearly indicate a need to improve the model of care. Key areas for improvement include:

- Early identification of individuals who would benefit from palliative care.
- 24/7 active care coordination and support throughout the last phase of life.
- Support that extends beyond medical needs, emphasizing a truly holistic care plan.
- Reducing inappropriate hospital admissions and over-treatment through systematic advance care planning.
- Ensuring all residents receive the same level of support, regardless of their location.

4. New Model of Care

Based on feedback and data, HHCP partners have developed a new model for end-of-life care. The vision for the new model includes:

- Ensuring that individuals at the end of their lives receive the right care at the right time in the right place through coordination and signposting.
- Embedding a systematic, person-centred approach across various services to deliver coordinated care, including acute support and proactive care planning to prevent crises and respect the wishes of clients and carers.
- Allocating clinical and administrative time to support cases and coordinate with other services to avoid delays in service delivery and manage system capacity challenges.
- Developing clear pathways that work well for staff and patients by minimising repetition and handovers.

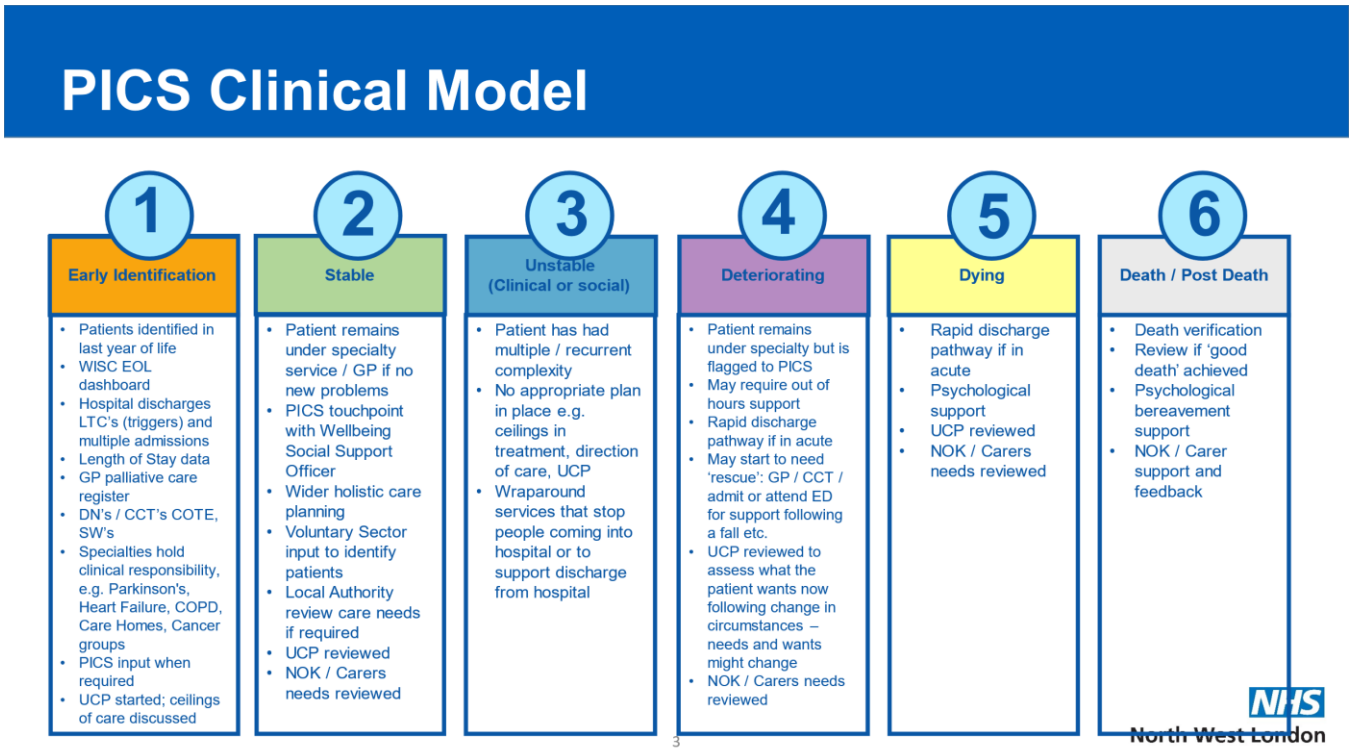
To implement this model, partners have agreed to integrate services into a single team called the Palliative Integrated Care Service (PICS). This will consolidate the individual services listed above into a single management structure to reduce duplication and maximize resource use. This will also include the Hillingdon Hospital Team. Harlington Hospice will be the lead partner responsible for the integrated services.

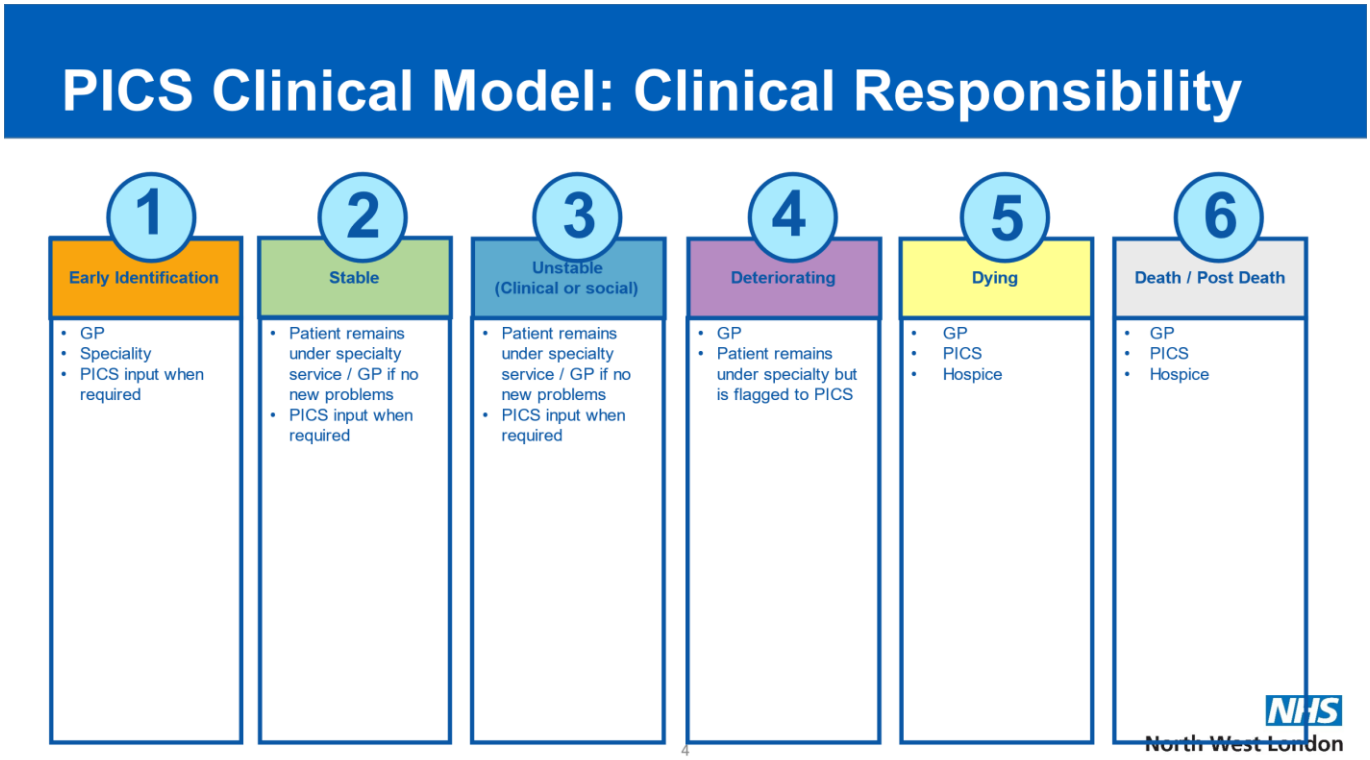
PICS will operate through a single coordination hub, with one telephone number for patients, their carers, and health and social care professionals. This will:

- Reduce time and resources spent on inter-service referrals.
- Coordinate active support for individuals needing palliative care.
- Proactively identify people who would benefit from palliative care early.
- Provide support for advance care planning and assist individuals in the last phase of life to receive care and die in their preferred setting.

This operational format is being developed alongside other HHCP integration priorities, particularly within the Neighbourhoods. A new patient pathway has been created to provide support from the PICS Hub at key points in individuals' lives.

The format of the clinical model and the assignment of clinical responsibility have been developed based on the phases of illness during the last stages of life. When there is an established relationship with a healthcare professional, this will be maintained to ensure continuity of care. PICS coordination will provide oversight and assurance that care is managed and will support and respond outside standard working hours.





5. Implementation to Date

The PICS Team has become operational, supporting patients and their families known to the Specialist Palliative Care services. This has enabled staff to train in new working patterns and test the model.

Harlington Hospice has transitioned to the same electronic patient record system used by CNWL. This change aims to enable record sharing, reduce the need for paper referrals, decrease the frequency with which individuals need to repeat their stories, and minimize administrative tasks and clinical risks associated with service transfers.

A Wellbeing & Social Support Officer has been employed by the Hospice to broaden the support offered by PICS, facilitating a whole-person and family-centred approach to care.

Project plans are in place to complete service integration before the end of the year.

6. Hospice Service Gaps

Data from Harlington Hospice shows that it currently has contact with 20% of individuals in the Borough who would benefit from end-of-life care and provides care to only 17% of Hillingdon residents who could benefit from its services. Hospice Trustees and the Executive Team are committed to expanding the services offered and have developed a new strategic vision to provide access to end-of-life care for all.

Key areas where the Hospice can enhance services in Hillingdon include increasing services that require hospice skills and expertise. The new strategy outlines plans to increase care for individuals who wish to remain and die at home and to expand hospice-managed community beds.

Harlington Hospice is implementing this strategy in phases.

6.1. Phase One - Quick Wins with Current Resources

Fast Track Continuing Health Care at Home

A pilot project to provide personal care, supported and supervised by the Hospice's medical and nursing team, was successfully completed in July 2024. This project focused on delivering personal care packages to individuals being discharged from Hillingdon Hospital and offering support to their families. Given that the need for timely discharge becomes increasingly critical as individuals approach the last weeks of life, the service has been designed to assess care needs at home, allowing for discharge on the day of referral.

Once the individual is home, the service reassesses care needs over a month to ensure the care provided is appropriate and sufficient to keep the person at home for as long as possible. Although the initial pilot was limited in scope, it is now being expanded as additional staff are recruited. Feedback has been overwhelmingly positive; all participating families indicated that they would recommend the service to others.

Additional Nurse Led Beds

Over the past year four additional beds have been opened at Michael Sobell House. These are for people that qualify for Continuing Health Care funding for nursing home care. This has provided much needed resources for people that are not suitable for mainstream Nursing home care and has increase the number of people that the hospice has supported in the ten medical lead hospice beds.

6.2. Phase Two - Service Expansion with Additional Resources

As the PICS model of care is implemented with increasing numbers of people being identified early and wholistic advance care and support plans are agreed, it will be possible to identify people that would benefit from direct admission to hospice beds. This will reduce unplanned hospice admissions, expected to reduce length of stay and provide focused specialist palliative care.

To reduce the unplanned hospice admission there will be a need for additional hospice beds. The current model of small specialist unit with the majority of costs covered by charitable fundraising income, is not sustainable care at scale. Harlington Hospice has identified a new model which combines the strengths of Hospice care with the financial viability of private nursing home provides.

Initial work with social financing organisations and Brunel University have confirmed the principles of the model. Further work on the design of the new buildings and negotiation of capital grants and funding to build or redevelop the properties.

Revenue funding will largely be via Continuing Health Care funding. NWL ICB managers have confirmed that a block contract will be given.

Partnership with Burnel University has developed; it has been agreed to explore development of the new services as an Academic Hospice. This would be embedding the services with Medical, Nursing and other health related Schools in Brunel. Plans are to providing student placements, link education facilities across classrooms, hospice services and vertical. If achieved this would

be a first for the UK.

6.3. Phase Three – Development of Additional Hospice Beds

Building the additional bedspaces will the final stage of the strategy. Identification of sites, ideally in the south, centre and north of the Borough is expected to be the biggest challenge.

7. Hospice Finances and Lansdowne House Sale

Harlington Hospice is in a similar financial situation to most Hospices in the England. Following the impact of inflation on both costs and income Harlington Hospice currently has a significate deficit. Trustees and Executives are prioritising the protection of services whilst undertaking a full financial review.

Decision to sale Lansdowne House is part of the ongoing review to reduce costs and ensure resources are allocated to meet the charities objectives. The building is under used and cannot be developed into a bedded service due to planning restrictions. Sale and relocation of the service is part of ensuring the financial security of the services.

Lansdowne House has always been a Day Hospice and has never had inpatient beds on site. Currently two of the Hospice services are run from Lansdowne House; these are:

Lymphoedema Outpatient Clinics – NHS commissioned service for primary and secondary Lymphoedema. GP referrals with individual treatment, self-treatment and support groups.

Emotional and Psychological Services – Supporting children, young people and adults with pre and post bereavement counselling and psychotherapy. Individual, family sessions and support groups. Funded from charitable sources.

With the opening of Michael Sobell House, the Harlington Hospice started to provide both of these services on this site. Reason for providing a second site was to reduce travel time for patients living in the north of the Borough.

Negotiations on relocation sites for the Lansdowne House services are taking place with partner organisations in the Borough. Travel time to the new location for the all people using the services is a key factor in the areas being explored.

The Hospice will work to have the new location in place before the sale of Lansdowne House. If this is not possible, rooms will be hired in community building for the counselling and psychotherapy services and the lymphoedema service will be provided in people homes.

Funding released from the sale of Lansdowne House can only be used for the provision of hospice care in the Borough.

On a new location for the Lansdowne House services has been established, information on the relocation of services will be communicated individually with everyone that uses the services. GPs and other Hillingdon partners will also be informed directly by the hospice and via changes to the HHCP service pathways.

8. Conclusion

Harlington Hospice is dedicated to providing comprehensive, compassionate end-of-life care for the residents of Hillingdon. Through the expansion of services, the implementation of new care models, and a commitment to continuous improvement, the hospice aims to ensure that all individuals in the borough have access to the care and support they need at the end of life.

By focusing on collaboration, innovation, and community engagement, Harlington Hospice is well-positioned to meet challenge of the growing needs of the community and to provide high-quality care for all who need it.

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CABINET FORWARD PLAN

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

HEADLINES

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

RECOMMENDATION

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

SUPPORTING INFORMATION

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

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

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

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

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

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

	Committee action	When	How
1	**To provide specific comments to be included in a future Cabinet or Cabinet Member report on matters within its remit.**	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. 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.	These would go within the standard section in every Cabinet or Cabinet Member report called "Select Committee comments". The Cabinet or Cabinet Member would then consider these as part of any decision they make.
2	**To request further information on future reports listed under its remit.**	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. 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.	This would be considered at a subsequent Select Committee meeting. Alternatively, information could be circulated outside the meeting if reporting timescales require this. Upon the provision of any information, the Select Committee may then decide to provide specific comments (as per 1 above).
3	**To request the Cabinet Member considers providing a draft of the report, if feasible, for the Select Committee to consider prior to it being considered formally for decision.**	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. 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.	Democratic Services would contact the relevant Cabinet Member and Officer upon any such request. 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.
4	**To identify a forthcoming report that may merit a post-decision review at a later Select Committee meeting**	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. 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.	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. Relevant service areas may be best to advise on the most appropriate time to review the matter once the decision is made.

BACKGROUND PAPERS

- Protocol on Overview & Scrutiny and Cabinet relations adopted by Council 12 September 2019
- Scrutiny Call-in App

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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							
Cabinet Member Decisions expected - September 2024										
SI	**Standard Items taken each month by the Cabinet Member**	Cabinet Members make a number of non-key decisions each month on standard items - details of these are listed at the end of the Forward Plan.	Various		All	TBC	**C - Democratic Services**	Various		Public
Cabinet meeting - Thursday 10 October 2024 (report deadline 23 September)										
079	**Carer Support Services**	Cabinet will consider a contract for Integrated Carer Support Services for adults and children. Such services support carers within the Borough, make it easier for them to access advice, information and support for the valued role they undertake.	N/A		Cllr Jane Palmer - Health & Social Care	Health & Social Care	**AS / R - Sandra Taylor / Gavin Fernandez / Sally Offin**			Private (3)
SI	**The Annual Report Of Adult and Child Safeguarding Arrangements**	This report provides the Cabinet with a summary of the activity undertaken by the Safeguarding Children Partnership Board and the Safeguarding Adults Board to address the identified local priorities. The Cabinet will consider this report and approve the activity and the local priorities for the two boards.	All		Cllr Susan O'Brien - Children, Families & Education / Cllr Jane Palmer - Health & Social Care	Health & Social Care / Children, Families & Education	**CS / AS - Alex Coman / Sandra Taylor**	Select Committees		Public
SI	**Public Preview of matters to be considered in private**	A report to Cabinet to provide maximum transparency to residents on the private and confidential matters to be considered later in Part 2 of the Cabinet meeting and agenda.	TBC		All Cabinet Members	All	**C - Democratic Services**			Public
Cabinet Member Decisions expected - October 2024										
SI	**Standard Items taken each month by the Cabinet Member**	Cabinet Members make a number of non-key decisions each month on standard items - details of these are listed at the end of the Forward Plan.	Various		All	TBC	**C - Democratic Services**	Various		Public
Cabinet meeting - Thursday 7 November 2024 (report deadline 21 October)										
SI	**Older People's Plan update**	Cabinet will receive its yearly progress update on the Older People's Plan and the work by the Council and partners to support older residents and their quality of life.	All		Cllr Ian Edwards - Leader of the Council / Cllr Jane Palmer - Health & Social Care	Health & Social Care	**C - Sandra Taylor**	Older People, Leader's Initiative		Public
SI	**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

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	**Reports from Select Committees**	Reports, findings and recommendations for consideration by the Cabinet, when referred from the appropriate Committee.	All		**All**	**TBC**	**C - Democratic Services**	TBC		Public
Cabinet Member Decisions expected - November 2024										
SI	**Standard Items taken each month by the Cabinet Member**	Cabinet Members make a number of non-key decisions each month on standard items - details of these are listed at the end of the Forward Plan.	Various		**All**	**TBC**	**C - Democratic Services**	Various		Public
Cabinet meeting - Thursday 12 December 2024 (report deadline 25 November)										
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 - Richard Ennis / Iain Watters / Andy Goodwin**	Public consultation through the Select Committee process and statutory consultation with businesses & ratepayers		Public
SI	**Public Preview of matters to be considered in private**	A report to Cabinet to provide maximum transparency to residents on the private and confidential matters to be considered later in Part 2 of the Cabinet meeting and agenda.	TBC		**All Cabinet Members**	**All**	**C - Democratic Services**			Public
SI	**Reports from Select Committees**	Reports, findings and recommendations for consideration by the Cabinet, when referred from the appropriate Committee.	All		**All**	**TBC**	**C - Democratic Services**	TBC		Public
Cabinet Member Decisions expected - December 2024										
SI	**Standard Items taken each month by the Cabinet Member**	Cabinet Members make a number of non-key decisions each month on standard items - details of these are listed at the end of the Forward Plan.	Various		**All**	**TBC**	**C - Democratic Services**	Various		Public
Cabinet meeting - Thursday 9 January 2025 (report deadline 9 December 2024)										
SI	**Public Preview of matters to be considered in private**	A report to Cabinet to provide maximum transparency to residents on the private and confidential matters to be considered later in Part 2 of the Cabinet meeting and agenda.	TBC		**All Cabinet Members**	**All**	**C - Democratic Services**			Public
SI	**Reports from Select Committees**	Reports, findings and recommendations for consideration by the Cabinet, when referred from the appropriate Committee.	All		**All**	**TBC**	**C - Democratic Services**	TBC		Public
Cabinet Member Decisions expected - January 2025										

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	**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
Cabinet meeting - Thursday 13 February 2025 (report deadline 27 January 2025)										
SI	**The Council's Budget - Medium Term Financial Forecast 2025/26 - 2029/30 (BUDGET FRAMEWORK)**	Following consultation, this report will set out the Medium Term Financial Forecast (MTFF), which includes the draft General Fund reserve budget and capital programme for 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 - Richard Ennis / Iain Watters / Andy Goodwin**	Public consultation through the Select Committee process and statutory consultation with businesses & ratepayers		Public
SI	**Public Preview of matters to be considered in private**	A report to Cabinet to provide maximum transparency to residents on the private and confidential matters to be considered later in Part 2 of the Cabinet meeting and agenda.	TBC		All Cabinet Members	All	**CS - Democratic Services**			Public
SI	**Reports from Select Committees**	Reports, findings and recommendations for consideration by the Cabinet, when referred from the appropriate Committee.	All		All	TBC	**CS - Democratic Services**	TBC		Public
Cabinet Member Decisions expected - February 2025										
SI	**Standard Items taken each month by the Cabinet Member**	Cabinet Members make a number of non-key decisions each month on standard items - details of these are listed at the end of the Forward Plan.	Various		All	TBC	**CS - Democratic Services**	Various		Public
Cabinet meeting - Thursday 13 March 2025 (report deadline 24 February)										
SI	**Public Preview of matters to be considered in private**	A report to Cabinet to provide maximum transparency to residents on the private and confidential matters to be considered later in Part 2 of the Cabinet meeting and agenda.	TBC		All Cabinet Members	All	**CS - Democratic Services**			Public
SI	**Reports from Select Committees**	Reports, findings and recommendations for consideration by the Cabinet, when referred from the appropriate Committee.	All		All	TBC	**CS - Democratic Services**	TBC		Public
Cabinet Member Decisions expected - March 2025										
SI	**Standard Items taken each month by the Cabinet Member**	Cabinet Members make a number of non-key decisions each month on standard items - details of these are listed at the end of the Forward Plan.	Various		All	TBC	**CS - Democratic Services**	Various		Public
Cabinet meeting - Thursday 10 April 2025 (report deadline 24 March)										

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							
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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
Cabinet Member Decisions expected - April 2025										
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
Cabinet meeting - Thursday 22 May 2025 (report deadline 2 May)										
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
Cabinet Member Decisions expected - May 2025										
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
CABINET MEMBER DECISIONS: Standard Items (SI) that may be considered each month										
SI	**Release of Capital Funds**	The release of all capital monies requires formal Member approval, unless otherwise determined either by the Cabinet or the Leader. Batches of monthly reports (as well as occasional individual reports) to determine the release of capital for any schemes already agreed in the capital budget and previously approved by Cabinet or Cabinet Members	TBC		Cllr Martin Goddard - Finance (in conjunction with relevant Cabinet Member)	All - TBC by decision made	**various**	Corporate Finance		Public but some Private (1,2,3)
SI	**Petitions about matters under the control of the Cabinet**	Cabinet Members will consider a number of petitions received by local residents and organisations and decide on future action. These will be arranged as Petition Hearings.	TBC		All	TBC	**C - Democratic Services**			Public
SI	**To approve compensation payments**	To approve compensation payments in relation to any complaint to the Council in excess of £1000.	n/a		All	TBC	**R - Iain Watters**			Private (1,2,3)

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	**Acceptance of Tenders**	To accept quotations, tenders, contract extensions and contract variations valued between £50k and £500k in their Portfolio Area where funding is previously included in Council budgets.	n/a		Cllr Ian Edwards - Leader of the Council OR Cllr Martin Goddard - Finance / in conjunction with relevant Cabinet Member	TBC	various			Private (3)
SI	**All Delegated Decisions by Cabinet to Cabinet Members, including tender and property decisions**	Where previously delegated by Cabinet, to make any necessary decisions, accept tenders, bids and authorise property decisions / transactions in accordance with the Procurement and Contract Standing Orders.	TBC		All	TBC	various			Public / Private (1,2,3)
SI	**External funding bids**	To authorise the making of bids for external funding where there is no requirement for a financial commitment from the Council.	n/a		All	TBC	various			Public
SI	**Response to key consultations that may impact upon the Borough**	A standard item to capture any emerging consultations from Government, the GLA or other public bodies and institutions that will impact upon the Borough. Where the deadline to respond cannot be met by the date of the Cabinet meeting, the Constitution allows the Cabinet Member to sign-off the response.	TBC		All	TBC	various			Public

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WORK PROGRAMME

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

HEADLINES

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

RECOMMENDATION

That the Health and Social Care Select Committee:

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
~~Wednesday 19 June 2024, 6.30pm - CANCELLED~~	~~TBA~~
~~Wednesday 24 July 2024, 6.30pm~~	~~CR5~~
Wednesday 11 September 2024, 6.30pm - PRIVATE	CR6
Wednesday 11 September 2024, 7pm	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 was agreed that the meeting scheduled for Wednesday 23 April 2025 be rearranged for Tuesday 29 April 2025.

Future Review Topics

At the meeting on 24 July 2024, Members agreed to undertake single meeting reviews in relation to:

1. pharmacies and the delivery of front-line services. As the services provided by pharmacies had an impact on GPs, it was agreed that this single meeting review be undertaken first; and
2. GP coverage across the Borough.

A major review would be undertaken in relation to adult social care early intervention and prevention with the first witness session taking place on 12 November 2024. It was also agreed that hospice and end of life care services in the Borough be discussed at the Committee's next meeting (and that the health updates therefore be moved to the meeting on 9 October 2024).

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

Health & Social Care Select Committee	2024/25											2025/26
	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
Review A: : ASC Early Intervention & Prevention													
Topic selection / scoping stage	Topic Selection		Selection			Scoping Report							
Witness / evidence / consultation stage							Witness Session		Witness Session				
Findings, conclusions and recommendations										Findings			
Final review report agreement											Final report		
Target Cabinet reporting												Cabinet	
Review B: Hospice & EOL Services					Single Meeting Review								
Review C: ???											Single Meeting Review		
Regular service & performance monitoring													
Quarterly Performance Monitoring												X	
Annual Report of Adult and Child Safeguarding Arrangements													
Carers Strategy Update (prior to Cabinet)		MOVED TO JULY	X										
Older People's Plan Update (prior to Cabinet)													
Mid-year budget / budget planning report (July/September)					X								
Cabinet's Budget Proposals For Next Financial Year (Jan)									X				
Cabinet Member for Health and Social Care							X				X		
Cabinet Forward Plan Monthly Monitoring	X		X		X	X	X		X	X	X	X	
One-off information items													
Public Health Update													
Autism Strategy Consultation							X						
Crisis Recovery House Update													
Family Hubs													
Carer Support Services - Cabinet report (079)		MOVED TO JULY	X										
Commissioning Model for delivery of health and social care services							X						
Adult Social Care Market Position Statement		MOVED TO JULY	X										
Health External Scrutiny													
Mount Vernon Cancer Centre Strategic Review Update			X										
Hillingdon Hospital Redevelopment Update						X			X				
Health Updates	X					X			X			X	
Quality Accounts (outside of meetings)												X	
Past review delivery													
Review of Children's Dental Services 2021/22							X						
Making the Council more autism friendly 2020/21							X						
CAMHS Referral Pathway 2023/24												X	

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