

Minutes

HEALTH AND SOCIAL CARE SELECT COMMITTEE

12 November 2024



Meeting held at Committee Room 5 - Civic Centre

	<p>Committee Members Present: Councillors Nick Denys (Chair), Adam Bennett (In place of Reeta Chamdal), Tony Burles, Philip Corthorne, Kelly Martin, June Nelson and Sital Punja (Opposition Lead)</p> <p>Also Present: Michael Levitan, Chief Executive Officer, The Middlesex Pharmaceutical Group of LPCs Vanessa Odlin, Managing Director for Hillingdon and Mental Health Services, Goodall Division, Central and North West London NHS Foundation Trust (CNWL) Keith Spencer, Managing Director, Hillingdon Health and Care Partners (HHCP) Lisa Taylor, Managing Director, Healthwatch Hillingdon</p> <p>LBH Officers Present: Kelly O'Neill (Director of Public Health), John Wheatley (Senior Policy Officer) and Nikki O'Halloran (Democratic, Civic and Ceremonial Manager)</p>
36.	<p>APOLOGIES FOR ABSENCE (<i>Agenda Item 1</i>)</p> <p>Apologies for absence had been received from Councillor Reeta Chamdal (Councillor Adam Bennett was present as her substitute).</p>
37.	<p>DECLARATIONS OF INTEREST IN MATTERS COMING BEFORE THIS MEETING (<i>Agenda Item 2</i>)</p> <p>There were no declarations of interest in matters coming before this meeting.</p>
38.	<p>MINUTES OF THE MEETING HELD ON 9 OCTOBER 2024 (<i>Agenda Item 3</i>)</p> <p>It was noted that the reference to Holloway Road under the Health Update item should have read "Holloway Lane". It was also noted that Councillor Scott Farley had substituted for Councillor Sital Punja (not Councillor Stuart Farley).</p> <p>RESOLVED: That the minutes of the meeting held on 9 October 2024 be agreed as a correct record.</p>
39.	<p>EXCLUSION OF PRESS AND PUBLIC (<i>Agenda Item 4</i>)</p> <p>RESOLVED: That all items of business be considered in public.</p>
40.	<p>OLDER PEOPLE'S PLAN UPDATE (<i>Agenda Item 6</i>)</p> <p>The Chair welcomed those present to the meeting. Mr John Wheatley, the Council's Senior Policy Officer, advised that he had worked with Age UK Hillingdon and Council</p>

colleagues to compile the report. The Older People's Plan had been informed by the Older People's Assembly which met three to four times each year. These meetings gave attendees access to the Cabinet Member for Health and Social Care and the Leader of the Council. They were well attended and received presentations on a range of subjects including unpaid carers, pavements, street lighting, etc. Information had also been made available about the Green Doctor which offered free items such as draft excluding strips for Hillingdon residents aged 60+ and was not means tested.

Changes had been made nationally to the eligibility criteria for winter fuel payments, which meant that the recipients needed to be in receipt of pension credits. This had had an impact on those who were just over the threshold for being able to claim pension credits and those who were eligible but did not claim. It had been proposed that the Council would commission a local charity to support residents in submitting a claim for pension credit (the current national application form was over 40 pages long).

Insofar as the Council's housing stock was concerned, older tenants were being prioritised on the authority's programme for replacement boilers and windows and a Pensioners' Support Fund had been created to support those in exceptional hardship. Members queried whether home owners would be eligible for support from the Council in relation to insulating their homes. Whilst Mr Wheatley was not sure about support from the Council, he was aware of various organisations that could provide advice.

The Council would continue to provide warm spaces around the Borough for residents to be able to spend some time in the warmth with a hot drink. It was hoped that Health Champions would also be available at each of the warm spaces venues to offer a range of support services. Health Champions were supervised by H4All and had initially been used to target residents in Hayes. However, because it was geographically isolated and because of its outlier health indicators, the focus had shifted to Harefield. A small number of Health Champions had been recruited to these voluntary positions and it would be their role to signpost residents to community groups. Ms O'Neil was unaware of the demographic makeup of these Champions but would find out and pass the information onto the Democratic, Civic and Ceremonial Manager for circulation to the Committee.

Mr Mike Levitan, Chief Executive Officer at the Middlesex Pharmaceutical Group of LPCs, advised that every pharmacy in Hillingdon was a Healthy Living Pharmacy and had champions. However, this facility had gone off of the NHS England agenda somewhat so had not been well used.

A range of dementia support, information and advice continued to be available to residents alongside preventative activities such as walking football. Ms Sarah Durner, the Council's Sport and Physical Activity Senior Officer, ran the Hillingdon Dementia Action Alliance (HDAA) and had established that around 1,000 people had made use of the website content. HDAA comprised representation from 38 organisations from across the Borough. Members were advised that the Admiral Nurse service was available to support individuals with dementia and their families.

A number of activities were available for older people to help with falls prevention including chairbics classes. Falls were the major cause of residents aged over 65 being admitted to hospital and then on to residential care; national evidence indicated that approximately 30% of older, frail residents who fell and were admitted to hospital, required long term care. The Falls Prevention Plan had been developed and included a programme which had been evaluated by Brunel University as providing value. The

chairobics classes were often full so action was being taken to produce a video of the sessions so that more people could get involved from home. However, concern was expressed that in-person activities such as chairobics provided social contact which was just not possible from a video. Mr Wheatley would establish what action was being taken to ensure social interaction for those that were unable to attend chairobics sessions in person. Walk Hillingdon had also attracted around 1,500 attendances, with 203 walks having been set up in the previous year over 18 different routes.

Members queried what steps were being taken to monitor the progress of those who engaged digitally rather than in person, for example, through the chairobics video. Ms O'Neill advised that resources for these services were finite and the reality was that Public Health grants were being used to fund mandated Public Health services and this left very limited discretionary spend for non-mandated interventions.

It was noted that the Beck Theatre would be closing for a time and Members were aware that many different community groups held their meetings at the Theatre during the day. It was queried whether there were any groups targeting older people that used the Beck Theatre that were therefore going to be homeless during its closure. Mr Wheatley advised that he would find out.

Whilst the Council had been looking to move to a digital service provision, Mr Wheatley advised that services would continue to be accessible to all. Concern was expressed in relation to those residents who were unable to access services digitally. Mr Wheatley advised that help was available for those who did not have devices and an assisted service would be available at the contact centre for those who needed it. A number of residents had already been identified as needing additional support.

The Council had previously given grants for dining centres across the Borough and, as costs for core services had increased, the ongoing funding of these services had become unsustainable and the service was no longer commissioned by the local authority. Members queried what had happened to the individuals that used to attend these dining centres now that they had closed and whether there had been an assessment of the impact of these closures. It was also queried whether the Council was aware of other organisations that were providing services to meet this need as it was important that support was joined up. Ms Kelly O'Neill, the Council's Director of Public Health, advised that most of the voluntary sector grants had come from public health funds and that there had been a review within the last 2 years to determine priority groups for funding based on need and the impact of this investment.

Whilst Members commended the action to provide activities that older residents loved, they asked that statistics and stories be provided to enable them to understand the actual benefits of this activity and the impact of the action. Ms O'Neill advised that the level of participation had been understood and the benefits had been demonstrated. However, this had been the tip of the iceberg and the scale and scope of the activity needed to be increased. How demand was met and resources tackled had been an issue and needed to be resolved collectively with partner organisations.

Age UK Hillingdon continued to undertake benefit entitlement checks for older residents, visited residents that had been admitted to hospital and provided blankets to those that were housebound. The organisation had signposted more than 2,000 people and secured around £1.7m in benefits for residents.

Telecare continued to be provided free to Hillingdon residents aged 65+, which was

particularly valued by those that lived on their own. A wide range of equipment was also available for residents. Concern was expressed that Telecare's use of landlines to provide the service was being phased out but that there had been challenges with marrying the internet based telephone system with the Telecare system. Mr Wheatley advised that the Telecare system was able to work with internet based phone systems and that the team dealing with the transition would be aware of any issues but that he would seek assurance.

Insofar as the equipment was concerned, Members queried how efficient Hillingdon was in terms of getting medical and care equipment back once it was no longer needed. Mr Keith Spencer, Managing Director of Hillingdon Health and Care Partners, advised that Hillingdon was one of the most cost effective boroughs in North West London with an average cost of £37 per person for community equipment versus around £100 per person elsewhere. He would share further data in relation to the use and reuse of community equipment with the Democratic, Civic and Ceremonial Manager for circulation to the Committee.

Members queried how the initiatives set out in the report, notably the physical activity interventions, fit with Public Health priorities in Hillingdon and whether the Council was satisfied that those residents who needed the services were aware of (and using) the services that were provided. Ms Kelly O'Neill, the Council's Director of Public Health, advised that there were gaps in service provision for those residents who were housebound and socially isolated as the offer was based on those who were able to access activity services outside of their home and therefore already active. Further consideration needed to be given to how people who were housebound could be more active. The services needed to tackle living well to age well.

Ms O'Neill advised that thought needed to be given to how a rising risk group, those people with one or more long term conditions who were at risk of further health risk, could be encouraged to live a healthier lifestyle when they got older. The local and national situation was that people were living longer but in poorer health. Health and social care resources needed to be targeted upstream on prevention and early intervention but effort also needed to be made to ensure that the right people were being targeted locally. Communities, neighbourhood groups, etc, played an important role in mitigating loneliness and isolation. In the new Annual Public Health Report, there would be a focus on loneliness and social isolation. Ms O'Neill believed that a greater understanding was needed of who was doing what for whom and how positive practices could be magnified.

RESOLVED: That:

- 1. the description of the support offered to Hillingdon residents aged 65 or over in line with the Council Strategy be noted;**
- 2. Ms Kelly O'Neil forward information about the demographic makeup of the Health Champions to the Democratic, Civic and Ceremonial Manager for circulation to the Committee;**
- 3. Mr John Wheatley establish what action was being taken to ensure that those who were unable to attend chairobics sessions in person were still afforded opportunities for social interaction;**
- 4. Mr John Wheatley establish whether there would be any groups targeting older people that would be displaced by the temporary closure of the Beck Theatre;**
- 5. Mr John Wheatley seek assurance that the Telecare system was able to work with internet-based phone systems;**

- 6. Mr Keith Spencer share data in relation to the use and reuse of community equipment with the Democratic, Civic and Ceremonial Manager for circulation to the Committee; and
- 7. the Committee's comments be fed into the Cabinet report for consideration in December 2024.

41. **SINGLE MEETING REVIEW: PHARMACY SERVICES IN HILLINGDON** (*Agenda Item 5*)

Ms Lisa Taylor, Managing Director at Healthwatch Hillingdon, advised that community pharmacy services were highly valued by residents and often meant that they did not have to wait for a GP appointment. The outreach services were also really well received. Although Healthwatch tended not to receive complaints about (or be told about) issues with community pharmacy, Ms Taylor was aware that there had been issues with the communication between GP surgeries and pharmacies, particularly in relation to repeat prescriptions, which could be frustrating for the resident.

There had also been some issues with services being commissioned from some community pharmacies, but not all. For example, some community pharmacies had been commissioned to provide free blood pressure checks but residents would be charged for the service in others. There was a need for transparency in the communications about the services that were provided by community pharmacies. It was noted that there had also been a shortage of some medicines in some areas which had led to the situation being referred to as "pharmacy bingo".

Ms Taylor noted that the cost of running a pharmacy had increased and had contributed to 50% more community pharmacies closing in 2024 than had closed in 2023. This had had an impact and resulted in increased pressure on the remaining pharmacies and, because the cost of delivering some services was prohibitive, these services were being avoided or stopped (such as dosage boxes with prefilled medications) to prevent complete closure of the pharmacy.

Hillingdon residents had raised concerns about the disparity in the services delivered by each pharmacy. To get a better understanding of what the issues were, Healthwatch Hillingdon had launched a survey of the Pharmacy First scheme and would be undertaking some targeted engagement.

Mr Mike Levitan, Chief Executive Officer at the Middlesex Pharmaceutical Group of Local Pharmaceutical Committees (MPG of LPCs), advised that MPG of LPCs provided support, guidance and advice to community pharmacies in nine Middlesex borough areas via the statutory LPCs in Barnet, Enfield & Haringey; Brent & Harrow; Ealing, Hammersmith & Hounslow and Hillingdon. He noted that the themes raised by Ms Taylor were common across community pharmacy nationally but were magnified in London.

A number of initiatives had been discussed to help improve the uptake of community pharmacy services. As a result of the pressures faced by GP surgeries, repeat prescriptions were taking 48-96 hours to process which meant that emergency prescriptions were increasingly being used because the regular pathway was not working quickly enough. In addition, there had been a shortage of some medicines over the last few years which had been getting worse. It was noted that the NHS drug tariff exceeded what patients were actually paying for prescriptions. Pharmacists were therefore spending a lot of time trying to find the medicines needed by patients at a

reasonable cost so that they were not left out of pocket.

Mr Levitan advised that community pharmacies were independent contractors, similar to optometrists, dentists and GPs. Community pharmacies were commissioned by NHS England through a five-year Community Pharmacy Contractual Framework, which covered advanced services such as the flu and vaccination service. However, this five-year contract was now in its sixth year and negotiations for new terms had not yet started which meant that community pharmacies were now working under an outdated contract. Concern was expressed that an increase in National Insurance contributions for staff working in pharmacies would put further pressure on resources.

Local authorities commissioned services from community pharmacies such as emergency contraception, smoking cessation, needle exchange and supervised consumption (class A drugs). Ms Kelly O'Neill, the Council's Director of Public Health advised that it had been difficult for Public Health to commission some services as community pharmacies did not want to provide them, for example, sexual health services. However, there was a good geographical spread of other Public Health services provided across the Borough.

Integrated Care Boards also commissioned services such as out of hours palliative care support to enable access to medication at home to prevent hospital admission. There was also a service to make "hard to obtain" medication easier to get hold of at specific pharmacies during normal opening hours.

Members queried which national organisation would be responsible for commissioning community pharmacy services in areas where there was no community pharmacy available. Mr Levitan advised that the legislation had changed. Local authorities were responsible for producing the Pharmaceutical Needs Assessment (PNA) which set out the pharmaceutical needs of the Borough, as well as things like the adequacy of the current provision (number of community pharmacies per 1,000 population), dispensing rates and access to a pharmacy within a 20 minute walk. The relevant LPCs had been consulted during the creation of the document.

Ms O'Neill advised that the three-year PNA was produced on behalf of the NHS and had been published in September 2022. The next iteration would be due for publication in September 2025. The Hillingdon Health and Wellbeing Board would need to ensure that there was adequate community pharmacy provision within the Borough as part of the PNA process – currently, there was a slight over provision in the north of the Borough and a slight under provision in the south of the Borough. Mr Keith Spencer, Managing Director at Hillingdon Health and Care Partners, advised that it was ultimately NHS England's responsibility to ensure that any service provision gaps were filled. Members asked that those present identify who would need to be contacted at NHS England to make representations about service gaps.

In Hillingdon, it was not thought that there were any large gaps in the provision of community pharmacy services. There had been some discussion some time ago about the provision in the Heathrow Villages but it had been determined that there had not been enough population / demand for a community pharmacy at that time. Small pharmacies would often close if there was not a big enough population / demand in the geographical area. Mr Levitan advised that Heathrow Villages faced specific challenges. Seven community pharmacies had closed in the last 2½ years so the PNA position might have changed. Small pharmacy business grants were available from NHS England but the eligibility criteria for these grants had been getting higher and

harder to achieve. Consideration would also be given to the fact that pharmacy services were now being provided from a variety of outlets including supermarkets. Concern was expressed that most of the residents in the Heathrow Villages did not currently have access to community pharmacy services and it was queried whether anything could be done about this.

Mr Levitan advised that the support service for over the counter and repeat medication initiated by the North West London Clinical Commissioning Group in 2017 had been withdrawn but had resurfaced during the pandemic for a while and then stopped again. Although it had previously been a free service, it was unclear whether the associated costs could be absorbed.

Members queried whether the number of referrals through to community pharmacies for the nationally commissioned Pharmacy First services was lower than for neighbouring boroughs. Mr Levitan advised that most of North West London (NWL) had low referral rates when compared to North East London and other parts of the country. Investigations were underway to try to establish why but, anecdotally, it was thought that this might be because GPs were busier. This seemed ironic as the purpose of Pharmacy First was to alleviate the pressure on GPs.

Challenges were also experienced with regard to community pharmacies not always being able to update patient records. GP Connect was a new platform that had been introduced which allowed pharmacists to update GP records themselves. However, some GPs had switched the facility off, thus withdrawing community pharmacy access to their patients' records (this access was not a statutory requirement). It was hoped that this could be resolved and community pharmacy access reinstated.

Mr Levitan advised that community pharmacy had been facing its own workforce crisis. A large number of professionals had left community pharmacy to join GP practices as well as other organisations. Although it was hoped that the planned pharmacy schools would alleviate pressure in the long term, the short-term pressure was likely to increase especially as there was an expectation that NHS England would be looking to commission more services from community pharmacy.

Members queried how the quality of community pharmacy service provision was monitored and how complaints were dealt with. Mr Levitan advised that complaints were investigated at a local level in the first instance but that this could be escalated to NHS England / the service commissioner. Although the majority of complaints that were submitted were not upheld, there were occasions where there were grounds for the complaint. Pharmacies and pharmacists were required to register with the General Pharmaceutical Council which undertook announced and unannounced inspections. NHS England also included regulations within its rigid contractual framework and monitored adherence to the contract (which could result in follow up inspections).

In terms of improvements to service provision, Mr Levitan suggested that it would be good for those residents in receipt of Universal Credit to obtain medication free of charge. A similar initiative had been working well in another borough where it had been commissioned by the relevant Integrated Care Board. Furthermore, the provision of translation services would be useful for community pharmacies to communicate with everyone who needed help. Ms Taylor was aware of an organisation that had trained people to provide translation services and would put Mr Levitan in touch with them.

Although this item had been included on the agenda as a single meeting review,

Members agreed that the discussion had prompted a lot of additional questions. As such, Members would reflect on the information that they had received, review the notes taken at the meeting and seek out additional information before bringing this subject back to a future meeting.

RESOLVED: That:

- 1. those present provide the Democratic, Civic and Ceremonial Manager with the contact details of an officer at the organisation that would need to be contacted to make representations about gaps in community pharmacy provision in Hillingdon;**
- 2. Ms Taylor put Mr Levitan in touch with an organisation that could provide translation services;**
- 3. the issue of community pharmacies be brought back to a future meeting; and**
- 4. the discussion be noted.**

42.

HEATHROW VILLAGES WELLBEING BUS PILOT - EVALUATION REPORT
(Agenda Item 7)

Ms Vanessa Odlin, Managing Director – Goodall Division at Central and North West London NHS Foundation Trust, advised that the wellbeing bus pilot had provided partners with significant insight into the needs of the residents in the Heathrow Villages. Partners had learnt the value and importance of engaging with residents when considering possible interventions.

Mr Keith Spencer, Managing Director at Hillingdon Health and Care Partners, advised that a survey had been undertaken with residents in the Heathrow Villages to establish whether or not they were able to access the services that they needed. Despite having access to some services (which other parts of the Villages did not have), residents in Harlington had been most likely to state that they did not have access to the services that they needed. However, it was recognised that access was still an issue.

A meeting had been held with residents following the conclusion of the pilot and their feedback had been included in the evaluation report. The core priorities had been identified as access to GP outreach and pharmacies to be able to get services such as blood pressure checks and weigh management interventions.

Mr Spencer advised that the most recent GP contract that had been let in Hillingdon had included a requirement to provide GP outreach in the Heathrow Villages but a venue still needed to be identified. CNWL had offered to provide a small second-hand modular building to deliver services from the hardstanding at 45 Holloway Lane which Heathrow Airport would provide for a maximum of five years. Consideration had also been given to running transport to the venue from the other villages.

The Cabinet Member for Health and Social Care had gone with Mr Spencer to meet the residents in Heathrow Villages and had received the plans for the modular building. However, although the site and building would be provided for free, indicative costs for connecting services and kitting the building out had been estimated at around £1m (this would include facilities such as ventilation). Mr Spencer would need to look at bringing those costs down and had been speaking to large local companies about making a contribution towards the cost through their corporate social responsibility teams (this action went beyond his formal remit). He aimed to have a solution on how the funding gap would be addressed by the end of November 2024. In the interim, consideration

	<p>was being given to using the church hall to deliver services.</p> <p>It was noted that estate had never been an easy issue to deal with in the NHS as there were rules around capping expenditure. However, Mr Spencer was determined that this would be resolved as it was a big issue for residents.</p> <p>As Heathrow Airport had been clear that the use of 45 Holloway Lane would only be available for the next five years, Members queried what longer term plans would be put in place. Mr Spencer advised that the neighbourhood leads had been asked to work with Public Health leads to develop forward neighbourhood plans to meet the needs of their local populations. This work would be quite labour intensive and needed to be undertaken much closer to the delivery level, empowering communities locally.</p> <p>Action would need to be taken to ensure that the lessons learnt from the wellbeing bus pilot were addressed in any service provided in the future (for example, privacy, toilets, etc). The service would need to provide patients with privacy and dignity and the risks would need to be managed. It was recognised that when the risk appetite changed, different options became acceptable (for example, it had been acceptable to provide Covid vaccinations in school halls during the pandemic), but the biggest risk would be having no service at all.</p> <p>It was noted that CNWL was holding a community services open day on Wednesday 20 November 2024. Members queried whether there would be other opportunities to attend similar events or whether there would be a benefit in Members of the Committee receiving a briefing note on the services that were being provided. Ms Odlin advised that the focus tended to be on mental health services so the open day would be an opportunity to showcase the work undertaken in community health services. She noted that, if Members of the Committee were unable to attend the open day, they would be welcome to visit some other time. Ms Odlin would provide the Democratic, Civic and Ceremonial Manager with possible dates for a visit to community services.</p> <p>RESOLVED: That:</p> <ol style="list-style-type: none"> 1. Ms Odlin for provide the Democratic, Civic and Ceremonial Manager with possible dates for a visit to community services; and 2. the discussion be noted.
43.	<p>CABINET FORWARD PLAN (<i>Agenda Item 8</i>)</p> <p>Consideration was given to the Cabinet Forward Plan.</p> <p>RESOLVED: That the Cabinet Forward Plan be noted.</p>
44.	<p>WORK PROGRAMME (<i>Agenda Item 9</i>)</p> <p>Consideration was given to the Committee's Work Programme. Members agreed the scoping report for the major review of adult social care early intervention and prevention.</p> <p>The Chair advised that the representatives from the various local authorities affected by the Mount Vernon Cancer Centre (MVCC) proposals had met informally on Friday 8 November 2024. It had been agreed that Hillingdon would have three representatives on the MVCC Joint Health Overview and Scrutiny Committee (JHOSC). The Chair of the Health and Social Care Select Committee (HSCSC) had been appointed to the</p>

	<p>MVCC JHOSC by Council at its meeting on 11 July 2024 and delegated authority had been given to the Head of Democratic Services to appoint additional Members and substitutes as required. The HSCSC Vice Chair and Opposition Lead had been appointed to fill Hillingdon's remaining two places on the MVCC JHOSC. It had been proposed that the HSCSC Chair be appointed as the Vice Chair of the MVCC JHOSC and this would be determined at the Committee's first meeting.</p> <p>RESOLVED: That the Work Programme be agreed.</p>
	<p>The meeting, which commenced at 6.30 pm, closed at 8.34 pm.</p>

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