



HILLINGDON
LONDON



Health and Social Care Select Committee

Councillors on the Committee

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

Date: TUESDAY, 12 NOVEMBER
2024

Time: 6.30 PM

Venue: COMMITTEE ROOM 5 -
CIVIC CENTRE

**Meeting
Details:** The public and press are welcome
to attend and observe the meeting.

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Terms of Reference

Health & Social Care Select Committee

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

Cabinet Member Portfolios	<ul style="list-style-type: none">• Cabinet Member for Health & Social Care
Relevant service areas	<ol style="list-style-type: none">1. Adult Social Work2. Adult Safeguarding3. Provider & Commissioned Care4. Public Health5. Health integration / Voluntary Sector

Statutory Health Scrutiny

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

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

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

Duty of partners to attend and provide information

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

Cross-cutting topics

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

- Domestic Abuse services and support

Agenda

CHAIR'S ANNOUNCEMENTS

- 1 Apologies for absence
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Minutes

HEALTH AND SOCIAL CARE SELECT COMMITTEE

9 October 2024



Meeting held at Committee Room 5 - Civic Centre

	<p>Committee Members Present: Councillors Nick Denys (Chair), Reeta Chamdal (Vice-Chair), Tony Burles, Philip Corthorne, Scott Farley (In place of Sital Punja), Kelly Martin and June Nelson</p> <p>Also Present: Clinton Beale, Stakeholder Engagement Manager (North West), London Ambulance Service NHS Trust Claire Eves, Associate Director of Outer London Services, Central and North West London NHS Foundation Trust Dr Ritu Prasad, Chair, Hillingdon GP Confederation Chris Reed, Hillingdon Group Manager, London Ambulance Service NHS Trust Derval Russell, Harefield Hospital Site Director, Royal Brompton and Harefield Hospitals - Guy's and St Thomas' NHS Foundation Trust Jason Seez, Deputy Chief Executive, Director of Strategy and Senior Responsible Officer, Hospital Redevelopment Programme, The Hillingdon Hospitals NHS Foundation Trust Keith Spencer, Managing Director, Hillingdon Health and Care Partners (HHCP) Lisa Taylor, Managing Director, Healthwatch Hillingdon</p> <p>LBH Officers Present: Nikki O'Halloran (Democratic, Civic and Ceremonial Manager)</p>
29.	<p>APOLOGIES FOR ABSENCE (<i>Agenda Item 1</i>)</p> <p>Apologies for absence had been received from Councillor Sital Punja (Councillor Stuart Farley was present as her substitute).</p>
30.	<p>DECLARATIONS OF INTEREST IN MATTERS COMING BEFORE THIS MEETING (<i>Agenda Item 2</i>)</p> <p>Councillor Kelly Martin declared a non-pecuniary interest in Agenda Item 5 – Health Updates as he worked part time at Harefield Hospital, and remained in the room during the consideration thereof.</p>
31.	<p>MINUTES OF THE MEETING HELD ON 11 SEPTEMBER 2024 (<i>Agenda Item 3</i>)</p> <p>It was noted that, whilst the minutes were a verbatim record of the meeting and gave a gist of the discussion that took place, a sentence had been missed off at the end of the third paragraph of Minute Number 25 in the hard copy version of the agenda (the online versions of the minutes and agenda were correct). The missing sentence read: “<i>Mr Curry advised that he had spoken to Heathrow Airport about buying the hospice but that Heathrow had declined.</i>”</p> <p>RESOLVED: That the amended minutes of the meeting held on 11 September</p>

	2024 be agreed as a correct record.
32.	<p>EXCLUSION OF PRESS AND PUBLIC (<i>Agenda Item 4</i>)</p> <p>RESOLVED: That all items of business be considered in public.</p>
33.	<p>HEALTH UPDATES (<i>Agenda Item 5</i>)</p> <p>The Chair welcomed those present to the meeting. As Members of the Committee needed time to be able to read and digest the information to be able to fulfil their statutory health scrutiny responsibilities, health partners were reminded of the requirement to provide written reports by the deadline provided (this was usually at least six clear working days before the meeting). The receipt of information any later than this materially hindered the Committee in its ability to fulfil this role.</p> <p><u>The Hillingdon Hospitals NHS Foundation Trust (THH)</u> Mr Jason Seez, Deputy Chief Executive at THH, advised that the Trust had achieved 78.4% against its 4 hour A&E target in 2023/24 (compared to 76% in the previous year). However, it was recognised that there was still room for improvement and that there would be a focus on Type 1 performance (the more serious presentations). As at July 2024, the Trust had achieved 71.83% all-type performance against the national target of 76%. Although THH was currently below target, there were a number of improvement initiatives in place to support this.</p> <p>Mr Chris Reed, Hillingdon Group Manager at The London Ambulance Service NHS Trust (LAS), advised that the LAS had seen a 13% increase in the number of Category 1 calls with higher acuity so resolving this issue would need a joined up approach. Dr Ritu Prasad, Chair of Hillingdon GP Confederation, advised that Hillingdon had an ageing population with multi morbidities and that GPs were seeing an increase in the number of acute presentations. Mr Keith Spencer, Managing Director at Hillingdon Health and Care Partners, advised that Brunel University had been commissioned to undertake an investigation into why patients were going to A&E (e.g., were they more ill than previously?). Once this work had been completed, Mr Spencer would forward the results to the Democratic, Civic and Ceremonial Manager to share with Members of the Committee.</p> <p>Concern was expressed that there had been an increase in the number of patients presenting at A&E that were then admitted to hospital. It was queried whether residents were turning up at A&E as a last resort as they had no other options. Mr Spencer advised that this had been the topic of regular discussions. There may have been alternative pathways that these patients could have used but the data suggested that the majority of patients attending ED at weekends and after 5pm during the week were lower acuity which would suggest that it was because they were unable to get a convenient GP appointment.</p> <p>Although the winter pressure beds would usually help to accommodate demand during the increased winter activity, these tended to be open all year round. As such, a whole system approach was needed to address the demand. The hospital redevelopment plan would help to bring partners together to keep patients out of hospital through a place-based transformation strategy.</p> <p>During 2023/24, £34.6m had been invested into the capital programme, largely in relation to buildings related to the redevelopment project. There had been more than</p>

4k babies born at Hillingdon Hospital and the Trust had delivered the elective activity target. Whilst the planned care performance had been good, there was still work to do in relation to the cancer diagnostics and standards with 80.8% of cancer patients waiting less than two weeks for an urgent referral from the date that they were first seen.

Mr Seez advised that the Care Quality Commission (CQC) had inspected Hillingdon Hospital in July 2024 and Mount Vernon Hospital in August 2024 and had undertaken a well-led review of the Trust in September 2024. The well-led review would result in an updated overall rating – the current Trust rating had not been reviewed since about 2018. Staff had worked really hard to provide the information that had been required by the CQC.

Members queried whether the concerns raised by the CQC during their recent inspections of THH had materially affected the improvement work. Mr Seez advised that the CQC had recently changed the way that it conducted its well-led reviews and that THH staff had implemented a lot of improvement works since the rating was last reviewed in 2018. The concerns raised had been in relation to issues such as patients in A&E having observations, the effect of the poor estate on patients and infection prevention and control.

Work had continued in relation to the decant and enabling works for the hospital redevelopment. Wards had been moved into the new Modular North and Modular South blocks so there had been no reduction in the number of beds. The next steps would include finalising the plans for the Furze building to provide adult audiology, haematology, the education and training library and clinical admission services. A temporary carpark would be created and work continued on the separate power supply for the new hospital.

It had been noted in the media that the Government would be reviewing some of the proposed new hospitals, including Hillingdon Hospital which had been a little unsettling. Mr Seez advised that Mr Wes Streeting MP, had commented in June 2023 on how poor the Hillingdon estate was and had pledged that, if they won the election, a new Hillingdon Hospital would be built in the first term of a new Labour Government.

Hospital staff were commended for their work. Mr Seez advised that a People Strategy had been put in place to provide support to THH staff to do their jobs. The annual Staff Survey had also showed significant improvements across the board. Effort needed to continue to ensure that as many substantive staff were in place as possible at all times.

Central and North West London NHS Foundation Trust (CNWL)

Ms Claire Eves, Associate Director of Outer London Services at CNWL, advised that the Trust had been focussing on initiatives that would prevent hospital admissions by providing more support at home. CNWL's work to align its nursing teams with the neighbourhood teams had been progressing.

The Trust would be celebrating community services in November by showcasing its work in the community. Dates and venues for these events would be shared in due course.

Ms Eves advised that the Trust had been working closely with the local authority to coordinate children's services with the Family Hub and Stronger Families transformation. A new collaboration agreement had been put in place with the Council

which would ensure more integrated working to maximise resources and align priorities for children in the Borough.

NHS England had undertaken a review of childhood immunisations across London. As a result, the childhood immunisation service in Hillingdon had transferred from CNWL to Vaccination UK from 1 September 2024. The Trust had been working with this new provider to ensure the service was transferred safely with minimal impact on staff, children, families and schools.

Work continued in relation to support for adult mental health to accommodate system flow and pressures experienced on the crisis pathway. Schemes included Hillingdon Lighthouse which was a purpose built facility situated at the front end of A&E at Hillingdon Hospital. A meeting would be taking place the following week to establish whether or not funding would be available to continue the service into the next year.

Mr Spencer advised that the number of people with mental ill health in Hillingdon had been growing. Around 4-9 people were presenting at Hillingdon ED in crisis each day which meant that mental health was becoming an increasing priority. Although this was not a reflection of the quality of the services provided, consideration needed to be given to rethinking the offer that was available.

Hillingdon's Crisis House (The Retreat) had seen an increase in occupancy levels since moving to a 24/7 model in January 2024. Although funding had been secured to deliver the service for the next year, work was underway with North West London Integrated Care Board (NWL ICB) to evaluate CNWL's crisis alternatives and inform future funding decisions.

The Cove Café provided a safe space for individuals to reduce their levels of distress. Feedback provided in relation to the service had been very positive but Members queried whether services were reaching as many people as they could. Ms Eves advised that this data had been captured and she would share it with the Democratic, Civic and Ceremonial Manager for circulation to the Committee. The criteria for accessing services had been widened and work had been undertaken to look at community hubs supporting people in the community before they reached crisis. It was noted that there were a lot of non-residents presenting at Hillingdon A&E (e.g., from Bournemouth) and investigations were underway as to why they were coming to Hillingdon. It was agreed that much more detailed information on these issues be brought to the Committee's next meeting.

CNWL had been awarded the contract for the new Addictions, Recovery, Community, Hillingdon (ARCH) service in the summer. Since then, the focus had been on the mobilisation of the service. Members queried what was "new" about the service. Dr Ritu Prasad, Chair of Hillingdon GP Confederation, advised that ARCH had been undertaking physical health assessments and had also moved to a seven-day model. Ms Eves would send details to the Democratic, Civic and Ceremonial Manager for circulation to the Committee.

A key focus of the CAMHS transformation had been to ensure that children were seen at the right time, in the right place, by the right person, using a needs-led approach. To this end, work had been undertaken to develop the early intervention offer and expand the core offer to increase the number of children accessing CAMHS and significantly reduce waiting times.

Whilst early intervention and the KOOH service had been seen in a positive light, Members queried whether there had been any validation of service user numbers or the impact that it had had on service users. They questioned whether outcomes had been improved for service users and whether the provision of this service had prevented the use of other services through de-escalation. Ms Eves confirmed that the services were having an impact as part of a wider package of services rather than in isolation. She would provide Members with further information.

CNWL had been working closely with the local authority lead on obesity, getting children school ready and the delivery of early help. It was understood that the earlier interventions were put in place, the better the outcomes.

It was noted that an evaluation report in relation to the wellbeing bus pilot in Heathrow Villages had been circulated to Members earlier in the day. Although trying a new approach was commended, it was suggested that the design of the pilot had had significant issues which meant that it was never going to be successful (things such as the bus not being fitted out for medical use, lack of parking, etc). Members queried what would happen next.

Mr Spencer advised that he had discussed the wellbeing bus evaluation report with residents in the Heathrow Villages. It had been agreed that a fixed location for the delivery of health services would be preferable and, to this end, he had met with Heathrow Airport and identified 45 Holloway Road as a possible location. Mr Spencer and Councillor Jane Palmer, the Council's Cabinet Member for Health and Social Care, would be meeting with residents in Heathrow Villages on Thursday 10 October 2024.

As Members had only just received the wellbeing bus evaluation report, it was agreed that this issue be tabled for consideration at the Committee's next meeting on 12 November 2024.

Concern was expressed that the NHS had withdrawn speech and language therapy services from a school in Ruislip in May 2024. Ms Eves advised that CNWL had been working with the local authority and North West London Integrated Care Board (NWL ICB) to establish a way forward with regard to funding for the service. She would provide Members with an update at a future meeting.

Members asked that future reports provide clear and detailed information about those accessing the services provided by CNWL, the objectives of the services and the outcomes for service users.

Royal Brompton and Harefield Hospitals, Guy's and St Thomas' NHS Foundation Trust
Mrs Derval Russell, Harefield Hospital Site Director, advised that the volume of elective activity over the last three months had been adversely affected by a cyber-attack that had taken place on 3 June 2024. Following the attack, cross matching blood for patients having surgery had had to be undertaken manually for a number of weeks which had been very time consuming. There had since been a period of recovery. A full review of the incident would be undertaken and learning would be shared.

The Trust continued to use the Ortis platform to monitor patients who were waiting for surgery. The system detected any clinical deterioration of patients that indicated a further consultant review. Work continued to try to integrate Ortis with the EPIC patient management system.

The introduction of the EPIC system last year had provided patients and staff with challenges. Staff satisfaction with the system varied depending on which group you talked to. For example, whilst staff on the wards were happy with the more detailed level of information that they could access but consultants were not necessarily happy about the amount of time it took them to input that detail. Concerns from staff were being address in one-to-one sessions as well as in group sessions and information about various shortcuts was being disseminated. There had been some data quality issues but this was to be expected with the introduction of a new system and was expected to reduce over time. The system's reporting facility was expected to prove incredibly useful and had been used at a Multi-Agency Discharge Event in March 2024.

It was noted that there had been some downtime since the introduction of EPIC. A business continuity plan had been in place for such eventualities but this had still proved challenging when the system had gone down for the first time. It had subsequently gotten easier and contingencies had been put in place such as a number of machines around the hospital that could be used that would not be affected by downtime.

With regard to diagnostics, Members were advised that 95% of patients should receive their diagnostic test results within six weeks of referral. Whilst a lot of work had been undertaken to reduce waiting times for diagnostics in modalities such as imaging, meeting the standard for Echo and sleep studies had been a bigger challenge. A restructure had been undertaken with regard to Echo which was expected to have a positive impact. Sleep studies had been more of a struggle with the volume of patients and issues such as equipment not being returned.

Mrs Russell advised that cancer services had been performing well. However, in the last week, there had been 32 lung cancer patient referrals. These referrals had been made through the usual referral routes so it would need to be monitored to ensure that it was just a blip.

In April 2024, the Committee had been advised that there were some concerns around the number of critical care vacancies at that time. A critical care nursing recruitment drive had been undertaken and had resulted in the appointment of 29 WTE staff. It would be important to ensure that this level of substantive critical care staff was maintained. Mrs Russell noted that the success of this campaign had been largely resultant from the critical care team taking responsibility for the recruitment process (with support from HR) and having representation from various teams across the whole hospital at the recruitment day.

The expansion of ULEZ into outer London boroughs had prompted a lot of discussions in August 2023. There had been some staff that had had to change their vehicles to achieve compliance but there had not been any real concerns raised recently. Although some staff had been using the back entrance to the car park, this had had to be closed as the open access had resulted in the theft of a generator and cabling.

With regard to the estate, Members were advised that Oak Ward and Acorn Ward continued to be the areas of the hospital in the worst condition and that there was unlikely to be any funding available in the near future to rebuild. Mrs Russell advised that the Trust was instead looking to sweat its assets in terms of things like using its available space for six days each week instead of five. Work was also underway on a new clinical strategy which would take effect from 2030 and would look at what was needed to deliver services over the subsequent 20+ years.

The London Ambulance Service NHS Trust (LAS)

Mr Chris Reed, Hillingdon Group Manager at LAS, advised that Hillingdon had taken ownership and accountability for actions that had previously been centralised by the Trust including localised scheduling, tethered equipment and localised fleet allocation.

The welfare of staff continued to be a huge priority for the Trust. To this end, action had been taken to ensure that all staff felt safe in the workplace including the introduction of the Trust's Sexual Safety Charter and the use of body worn cameras and CCTV in ambulances (which had helped with convictions). All staff in Hillingdon had been given training on how to report inappropriate conduct and how to access support. It was hoped that this direct action to support staff experiencing sexual and other harassment would be reflected in the staff survey. It was agreed that Members would get an update on the results of the survey at the next health updates meeting on 23 January 2025.

A wellbeing hub had been created for staff and continued to grow which included referrals for financial advice and a huge range of support was available for other matters such as menopause, etc. It was noted that most of the sickness absence in Hillingdon had been in relation to stress (sickness levels in the Borough were currently at around 7.2% for the previous 12 months). LAS staff had recently been given a pay award which had had a positive impact on morale.

It was important that the LAS workforce represented the people that it served. To this end, a Trust wide focus group had been set up to do what it could to ensure LGBTQ+ representation amongst the workforce. Mr Reed would bring further information on this to a subsequent meeting.

LAS staff worked a rotating 12-hour shift pattern with no more than four consecutive days and no more than three consecutive nights. It was unlikely that there would ever be a rota that pleased all staff.

The Trust continued to champion the use of alternative care pathways to reduce unnecessary conveyances to Hillingdon A&E and ensure that patients were getting the most appropriate care for their needs. To support this, training sessions had been planned for LAS frontline staff with the Urgent Care Centre team in order to increase referrals. Members were advised that only 52.1% of calls were conveyed to the ED. Newly qualified clinicians were able to identify alternative care pathways (ACPs) on their tablets to ensure that they were not missing any red flag conditions / symptoms or contact the clinical hub to gain advice from more experienced colleagues if they were thinking of using an ACP. Although the LAS was striving to identify the right pathways for patients, there was no magic figure for how many should / should not be conveyed to hospital as it depended on the individuals. A regular audit was undertaken and THH staff provided feedback to LAS staff about possible alternative pathways.

When conveying patients to A&E, LAS staff should be waiting no more than 45 minutes to hand over before they left. Although it was the right thing to do (as the risk to patients waiting for an ambulance was greater than those waiting in hospital), LAS staff knew that this posed some challenges for hospital staff. Mr Reed received a daily report on the breaches of this 45 minute standard.

Mr Reed advised that television cameras had been following LAS crews around for a BBC documentary ("Ambulance") and that the resultant programme would be aired in

October 2024. The programme highlighted the challenges faced by crews on a daily basis and the need to use the service appropriately.

Members were advised that there had been a slight increase of 7 seconds in Category 1 response times following a 13% increase in the number of calls for people in life threatening circumstances (the response time was now at 7 minutes 16 seconds). The average length of time on scene had decreased by half a minute to 36.4 minutes in the last six months (compared to the Trust average of 38.0 minutes).

“Right Care, Right Person (RCRP)” had been introduced in London just over a year ago. Mr Reed advised that the initiative had not adversely affected the Trust’s time and that, when the LAS crews requested a presence, the police attended. He noted that a police presence when someone was in mental health crisis would sometimes exacerbate the issue. Mr Reed regularly met with Chief Superintendent Wilson so would be able to raise any concerns if they arose.

The LAS had always had to navigate through roadworks in the Borough. The Trust was provided with details about roadworks but sometimes there was just too much information. Mr Reed had a good relationship with Council officers and was in regular contact. However, crews would sometimes end up out of the Borough and wouldn’t necessarily have information about roadworks there. There was an internal system for reporting any concerns.

Hillingdon Health and Care Partners (HHCP)

Mr Keith Spencer, Managing Director at HHCP, advised that there had been 8% more GP appointments available this year than there had been last year. Concern was expressed that the PATCHs patient access system was still not working as well as it could as there were some patients who were unable to use the system and get a GP appointment (even though there had been an increase in the number of appointment available). Dr Ritu Prasad, Chair of the Hillingdon GP Confederation, noted that there had been an increase in the use of digital technology and that receptionists were able to complete the online request form for those who were unable to use the technology. These patients were being identified and prioritised but it was initially largely trial and error. As every practice was different, it had proved difficult to standardise this support. A PATCHs training session for patients had been held in one surgery but some still struggled to understand the technology.

Dr Prasad advised that receptionists were essential to the smooth functioning of a practice but that good ones were difficult to find. The pressure and aggressive and abusive behaviour that these receptionists were subjected to by patients then made it difficult to retain them and resulted in a huge staff turnover.

Mr Spencer had provided Members with the North West London Integrated Care Board (NWL ICB) report on the organisation’s commitment to Integrated Neighbourhood Teams (INT). Three INTs had been created which were anchored by primary care with staff from various organisations being managed by one person. The INTs aimed to deliver more care closer to people’s homes by:

1. providing same day urgent primary care for people with noncomplex needs who regularly sought same day access to primary care (33% of all GP attendances) delivered through three Super Hubs. It was agreed that Mr Spencer would make arrangements for Committee Members to visit the Super Hubs as well as some of the GP practices. The three Super Hubs were not in ideal locations and not really big enough so alternative locations were currently being investigated;

2. delivering proactive care through risk stratification, case finding and enhanced case management for the 6,000 Hillingdon residents that were most at risk; and
3. implementing preventative and anticipatory care for a range of population health Joint Strategic Needs Assessment priorities such as hypertension and obesity.

Although the estate was deemed to be a disabler, progress had been made in areas such as the completion of a pathway for a single point of access for all place physiotherapy referrals. This had been rolled out to three GP practices in the north neighbourhoods with a view to tackling the more complex east and west neighbourhoods from October 2024.

Key to the success of integrated working was the collocation of teams in a single space. This had been quite a challenge. Mr Spencer had also been working with the Council and NWL ICB to get clarity on investment in the out of hospital estate but the ICB had no capital money - an estate option appraisal was essential. Members had requested a report on the use of s106 health related monies and the Democratic, Civic and Ceremonial Manager would see if this report could be brought to the next meeting on 12 November 2024.

Dr Prasad advised that it was important that people knew where the services were located. Neighbourhood Directors had been appointed (some had been in post for a couple of months and some for a couple of weeks) and were helping to develop integrated care teams to support the wrap around service around the patient to prevent GP time from being wasted doing referrals. The next step would be to enable self-referrals which would reduce the number of "Did Not Attends" (DNAs). It was agreed that further information on the work and impact of the Neighbourhood Directors would be presented at a future meeting.

Work was being undertaken with Hillingdon Hospital to bring specialist mental health and respiratory staff into the community. These pathways were currently being organised. It was hoped that a system would be put in place that enabled a resident to type in their postcode and for them to be provided with a list of services that were available to them.

Members recognised that there was an ambition to provide a seven day service. Mr Spencer advised that the focus was currently on the provision of a discharge service over seven days. Ms Eves was currently working on this with Ms Rachel Tunstall, Deputy Chief Operating Officer at THH, to get earlier discharge from the hospital. Ms Eves confirmed that the number of hospital discharges reduced over the weekends and that senior decision making was needed seven days a week (the Trust had seen a difference during the pandemic when senior decision makers had been in place seven days a week).

Healthwatch Hillingdon (HH)

Ms Lisa Taylor, Managing Director at HH, advised that the concerns raised by residents with HH had been reflected in the discussion: staff attitudes in primary care; digital services, e.g., blood tests and PATCHs; mental health in the community; and hospital waits. It was good to hear that mental health was being prioritised.

HH had undertaken a review of the Riverside inpatient units. Whilst there were lots of areas of good practice, there were also areas for improvement around things like security, privacy and motivation for physical activity. Arising from HH's findings, CNWL had developed an improvement plan. Ms Taylor would be looking to review progress

on the actions contained therein in twelve months time to establish what impact they had had.

A review of children and young people's mental health and wellbeing services had been undertaken which had highlighted the poorer outcomes related to health inequalities. HH had facilitated a number of workshops to try to understand the barriers. Lots of activity had been planned to hear from parents and schools (school support appeared to be inconsistent). The findings would be reported to North West London Integrated Care Board and it was hoped that it would influence service delivery. The spend on mental health services needed to be reviewed to front load it for early intervention and prevention initiatives. Conversations needed to be held earlier in schools and peer support and mentoring needed to be widely available. There also needed to be greater flexibility in the services that were provided and a culture change. Ms Taylor advised that one of the key deliverables had been to coproduce the report with the voluntary sector providers that were currently providing support to these young people. As HH was thought to be independent, it was best placed to organise an event early next year to come up with solutions and facilitate a change in mindset. This could result in the creation of a consortium.

A survey on GP access had commenced. Significant targeted engagement had been undertaken and more than 200 responses had been received to date.

RESOLVED: That:

- 1. Mr Keith Spencer forward the results of the investigations being undertaken by Brunel University around A&E attendance to the Democratic, Civic and Ceremonial Manager to share with Members of the Committee;**
- 2. Ms Claire Eves provide data on whether the Cove Café was reaching as many people as it could to the Democratic, Civic and Ceremonial Manager for circulation to the Committee;**
- 3. Ms Claire Eves provide more detailed information on community hubs supporting people in the community before they reached crisis and non-residents presenting at Hillingdon A&E with mental health issues at the Committee's next health updates meeting;**
- 4. Ms Claire Eves provide the Democratic, Civic and Ceremonial Manager with detailed information about what was new about the ARCH service for circulation to the Committee;**
- 5. Ms Claire Eves provide Members with information about how Kooth and the wider package of services had improved outcomes for service users and prevented the use of other services through de-escalation;**
- 6. Mr Keith Spencer and Ms Claire Eves attend the Committee's next meeting on 12 November 2024 to talk about the evaluation report of the wellbeing bus pilot that was undertaken in the Heathrow Villages;**
- 7. Ms Claire Eves provide Members with an update on the NHSs withdrawal of speech and language therapy services from a school in Ruislip in May 2024;**
- 8. Mr Chris Reed provide Members with an update on the LAS staff survey and whether or not it had been impacted by the direct action taken to support staff experiencing sexual and other harassment at the meeting on 23 January 2025;**
- 9. Mr Chris Reed provide Members with information about the work of the LGBTQ+ focus group to ensure that the LAS workforce represented the people that it served at the meeting on 23 January 2025;**

	<p>10. Mr Keith Spencer liaise with the Democratic, Civic and Ceremonial Manager to make arrangements for Committee Members to visit the Super Hubs as well as some of the GP practices;</p> <p>11. the Democratic, Civic and Ceremonial Manager establish whether or not a report on the use of s106 health related monies could be brought to the next meeting on 12 November 2024;</p> <p>12. Dr Ritu Prasad provide further information on the work and impact of the Neighbourhood Directors at the meeting on 23 January 2025; and</p> <p>13. the discussion be noted.</p>
34.	<p>CABINET FORWARD PLAN MONTHLY MONITORING (<i>Agenda Item 6</i>)</p> <p>Consideration was given to the Cabinet Forward Plan.</p> <p>RESOLVED: That the Cabinet Forward Plan be noted.</p>
35.	<p>WORK PROGRAMME (<i>Agenda Item 7</i>)</p> <p>Consideration was given to the Committee’s Work Programme. It was agreed that the following changes be made to the Programme:</p> <ul style="list-style-type: none"> • 12 November 2024 – move consideration of the scoping report of the major review of adult social care early intervention and prevention to 12 November 2024 and hold the witness sessions on 25 February, 19 March and June 2025, with the final report being considered in July / September 2025; • 12 November 2024 – hold a single meeting review of pharmacies on 12 November 2024; • 12 November 2024 – include an item to discuss the evaluation of the wellbeing bus pilot that had taken place in Heathrow Villages; • 12 November 2024 – receive a report on the use of Section 106 monies on health related projects at the meeting on 12 November 2024; and • 23 January 2025 – receive an update from the Cabinet Member for Health and Social Care and the Corporate Director for Adult Social Care and Health at the meeting on 23 January 2025 in relation to the CQC report and other matters. <p>It was noted that reports had been planned for consideration at the next meeting on 12 November 2024 on a range of issues such as the Older People’s Plan, 2024/25 BCF requirements and Autism Strategy consultation. The Democratic, Civic and Ceremonial Manager, in consultation with the Chair, would establish which reports needed to go to the next meeting and which could be deferred to a later date.</p> <p>RESOLVED: That the Work Programme, as amended, be agreed.</p>
	<p>The meeting, which commenced at 6.30 pm, closed at 8.57 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.

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SINGLE MEETING REVIEW: PHARMACY SERVICES IN HILLINGDON

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

HEADLINES

To enable the Committee to note discuss the effectiveness of the wellbeing bus pilot that was undertaken in the Heathrow Villages and the actions that are going to be taken to provide health services in that area going forward.

RECOMMENDATION

That the Health and Social Care Select Committee receives information about the provision of pharmacy services in Hillingdon and, where appropriate, makes recommendations to Cabinet in relation to these services.

SUPPORTING INFORMATION

At the Health and Social Care Select Committee meeting on 24 July 2024, Members of the Health and Social Care Select Committee requested that a single meeting review be undertaken in relation to 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. At the meeting on 9 October 2024, it was agreed that this single meeting review be held on 12 November 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.

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Health and Social Care Select Committee Review Scoping Report - 2024/2025

A Single Meeting Review of Pharmacy Services in Hillingdon

1. OBJECTIVES

Aim of the review

At its meeting on 9 October 2024, the Health and Social Care Select Committee elected to undertake a single meeting review of pharmacy services in Hillingdon at its next meeting. This review aims to consider ways in which pharmacy services can further help to alleviate pressure on GPs.

Terms of Reference

The following Terms of Reference are suggested for the single meeting review, subject to any changes agreed by the Committee:

1. to gain an understanding of the services currently provided by pharmacies in Hillingdon;
2. to understand how pharmacy services are commissioned and by which organisation;
3. to review the current availability of support for pharmacies;
4. to establish what services have already been commissioned from pharmacies to alleviate pressure from GPs and identify how successful this change has been in achieving its objective;
5. to explore the possibility of pharmacies providing additional services to alleviate the pressure on GP; and
6. subject to the Committee's findings, to make any conclusions, propose actions and make service and policy recommendations to the decision-making Cabinet (who may then refer formally to the relevant external body).

2. BACKGROUND

Context and Key Information

Pharmacies (also known as chemists) are healthcare facilities where medicinal drugs are prepared, dispensed and sold. These establishments serve as crucial points of access for individuals seeking medications, health advice and various pharmaceutical services. Managed by licensed pharmacists, pharmacies ensure the safe and effective use of medication, adhering to regulatory standards and professional guidelines.

Healthcare commissioning is the process by which the health needs of a population are assessed, the responsibility is taken for ensuring that appropriate services are available to meet these needs and the accountability for the associated health outcomes is established. Since April 2013, a number of commissioners have had a role in commissioning services from community pharmacies. The following general rules apply, but there are grey areas which may result in local variation on which commissioner takes a lead in commissioning a service:

- Local NHS England teams - commission all services in the NHS Community Pharmacy Contractual Framework (CPCF), i.e. Essential, Advanced and Enhanced Services. Other commissioners cannot commission these services from community pharmacies. Enhanced Services are those pharmaceutical services that are listed in [The Pharmaceutical Services \(Advanced and Enhanced Services\) \(England\) Directions 2013](#). Other commissioners may choose to commission some of these Enhanced Services from community pharmacies, but they would be classed as locally commissioned services and not Enhanced Services.
- Local Authorities - have responsibility for commissioning a wide range of services, including most public health services and social care services. The following public health services provided by community pharmacies would be commissioned by local authorities:
 - Supervised consumption;
 - Needle and syringe programme;
 - NHS Health Check;
 - EHC and contraceptive services;
 - Sexual health screening services;
 - Stop smoking;
 - Chlamydia testing and treatment;
 - Weight management; and
 - Alcohol screening and brief interventions.

LAs will use their own contracts or the standard public health contract to commission services from community pharmacies. There are a small number of circumstances where a public health service is commissioned by another organisation, e.g. NHS England commissions vaccination services from GPs, community pharmacies and other providers. There may also be circumstances where ICBs may wish to be involved in commissioning a public health service, due to the impact the service may have on the development or management of long-term conditions. This may involve co-commissioning a service, which is likely to happen on a more regular basis as a result of the full introduction of [the Better Care Fund](#) in 2015/16.

Community Pharmacy England believes that some public health services which are widely commissioned at a local level could be more effectively and efficiently commissioned within the national Community Pharmacy Contractual Framework (CPCF). However, the Government's localisation agenda and the current commissioning landscape, where NHS England commissions the CPCF but LAs hold funds for public health services, means that it is unlikely that such services could be commissioned via the national CPCF in the near future.

- Integrated Care Boards - the services that the ICB commissions include planned hospital care, rehabilitative care, urgent and emergency care (including out-of-hours and accident and emergency services), most community health services, maternity services, mental health and learning disability services. From community pharmacy, ICBs may wish to commission services such as minor ailments services and palliative care schemes.

What Services are Provided at Pharmacies?

Pharmacies offer a wide range of services beyond the mere dispensing of medications. Key services include:

- Prescription Dispensing: Preparing and providing prescribed medications to patients.
- Over-the-Counter (OTC) Sales: Supplying non-prescription medications and health products.
- Health Advice and Consultations: Providing guidance on the safe use of medications, managing minor ailments and preventive health measures.
- Vaccinations: Administering immunisations for flu, COVID-19 and other preventable diseases.
- Medication Reviews: Conducting thorough reviews of patients' medication regimens to ensure safety and efficacy.
- Health Screenings: Offering services such as blood pressure monitoring, cholesterol checks and diabetes screenings.
- Emergency Contraception: Providing access to morning-after pills.
- Smoking Cessation Programmes: Supporting individuals in their efforts to quit smoking through counselling and nicotine replacement therapies.

The cost of commissioning pharmacies can vary significantly based on the scope of services provided, the geographical location and the contractual agreements in place. In the UK, the NHS allocates a substantial budget to community pharmacies, covering dispensing fees, service payments and additional reimbursements for specific health programmes. Precise financial figures are often determined through detailed budget planning and negotiations between healthcare authorities and pharmacy representatives.

What is the Local Pharmaceutical Committee (LPC)?

The local organisation for community pharmacy is the Local Pharmaceutical Committee (LPC) – there are around 55 LPCs throughout England. The LPC is the focus for all community pharmacists and community pharmacy owners and is an independent and representative group. The LPC works locally with NHS England Area Teams, ICBs, local authorities and other healthcare professionals to help plan healthcare services.

The LPC negotiates and discusses pharmacy services with commissioners and is available to give advice to community pharmacy contractors and others wanting to know more about local pharmacy. LPCs liaise closely with their medical equivalent the Local Medical Committee so that GPs and pharmacists can work together to deliver services to patients. LPCs also work closely with Local Dental Committees (LDCs) and Local Optical Committees (LOCs).

What is a Pharmaceutical Needs Assessment?

Pharmaceutical Needs Assessments (PNAs) have been in place for 10+ years and provide a comprehensive evaluation process that determines the local needs for pharmaceutical services within a specific area or population. It aims to ensure that the provision of these services aligns with the healthcare needs of the community. PNAs are particularly crucial for healthcare planners, policymakers and service providers as they help in the strategic planning and development of pharmacy services, ensuring that resources are utilised effectively and efficiently.

One of the primary objectives of a PNA is to identify gaps in existing pharmaceutical services. This involves assessing the availability, accessibility and quality of current services and determining whether they meet the population's needs. By highlighting these gaps, PNAs provide a foundation for developing strategies to address unmet needs, improve service delivery and enhance patient outcomes. It should be noted that a gap in existing pharmaceutical services was identified some time ago in the Heathrow Villages as, although geographically close, the pharmacies located in the airport terminals are not accessible for residents.

A PNA serves as an essential tool for healthcare commissioners and providers, guiding the development and commissioning of new services or the modification of existing ones. It ensures that decisions are evidence-based, taking into account the specific needs of the population, demographic changes and emerging health trends. This targeted approach helps in optimising resource allocation and improving the overall efficiency of healthcare delivery.

How Do Pharmacies Alleviate Pressure on GPs and What Else Could be Done

Pharmacies play a critical role in alleviating demand pressures on GPs by:

- **Managing Minor Ailments:** Providing treatment and advice for minor health issues, reducing the need for GP consultations.
- **Offering Preventive Services:** Administering vaccinations and health screenings, thereby preventing more serious health issues that would require GP intervention.
- **Medication Management:** Conducting medication reviews and ensuring proper medication use, thus preventing complications that might necessitate a GP visit.
- **Health Education:** Educating the public on health maintenance and disease prevention, which helps reduce the incidence of illnesses that would burden GPs.

Pharmacies have the potential to further reduce the demand pressure on GPs by expanding their scope of services. Potential areas for enhancement include:

- **Chronic Disease Management:** Taking on a greater role in managing chronic conditions such as diabetes, hypertension and asthma through regular monitoring and patient education.
- **Advanced Clinical Services:** Providing more advanced clinical services such as minor injury treatment, thus diverting cases that do not require a GP's expertise.

- Telehealth Services: Implementing telehealth consultations to offer advice and support remotely, thereby increasing accessibility and convenience for patients.
- Collaborative Care Models: Working closely with GPs and other healthcare professionals to deliver integrated care plans that optimise patient outcomes and resource utilisation.

Executive Responsibilities

The portfolio Cabinet Member responsible is Councillor Jane Palmer.

3. EVIDENCE & ENQUIRY

Potential witnesses (including service users)

Witnesses will be identified by the Committee in consultation with relevant officers and may include:

- Service users
- Local Pharmaceutical Committee
- North West London Integrated Care Board
- Kelly O'Neill, Interim Director of Public Health, LBH
- Dr Ritu Prasad, Chair of Hillingdon GP Confederation
- Keith Spencer, Managing Director, Hillingdon Health and Care Partners
- Lisa Taylor, Managing Director, Healthwatch Hillingdon

Lines of Enquiry

Lines of enquiry can be expanded as the review progresses or included in relevant witness session reports. However, lines of enquiry may include:

1. What community pharmacy services are currently commissioned in Hillingdon?
2. How do services provided by pharmacies in Hillingdon alleviate the pressure on GPs?
3. Are the current pharmacy services being used as well as they could be by residents? If not, how could this be improved?
4. What additional services could be provided by pharmacies to alleviate pressure on GPs?
5. How is the quality of service provision monitored and what action is taken in response to concerns about quality and complaints?
6. What is the service user experience in relation to the availability / accessibility of services?
7. How is the scope of provision geographically located and does this meet

Surveys, site-visits or other fact-finding events

Such opportunities will be identified as the review progresses.

Future information that may be required

Further information may be identified as the review progresses.

4. REVIEW PLANNING & TIMETABLE

Proposed timeframe and milestones for the review:

Meeting Date	Action	Purpose / theme
12 November 2024	Agree Scoping Report / Single Witness Session	<ul style="list-style-type: none">• Information and analysis• To discuss key findings and identify potential recommendations
23 January 2025	Approval of draft final report	Proposals – agree recommendations and final draft report to Cabinet
13 March 2025	Final report to be presented to Cabinet	

Resource requirements

The review will be undertaken within existing resources.

Equalities impact

The 2010 Equality Act outlines the provisions of the Public Sector Equalities Duty which requires Public Bodies to have due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010.
- advance equality of opportunity between people from different groups.
- foster good relations between people from different groups.

The broad purpose of this duty is to integrate considerations of equality into day business and keep them under review in decision making, the design of policies and the delivery of services. There are no equality impact issues relating to the matters set out in this report. When analysing information on victims, offenders or location of crime and ASB generally, the protected characteristics are recorded, analysed and disproportionate trends identified when planning the appropriate strategic and operational intervention.

Background Papers / further reading

None.

OLDER PEOPLE'S PLAN UPDATE

Committee name	Health and Social Care Select Committee
Officer reporting	John Wheatley – Central Services Directorate
Papers with report	Draft Cabinet report – Older People's Plan Update
Ward	All

HEADLINES

The attached draft Cabinet report, a regular annual update, gives an overview of the comprehensive range of services for older residents provided by the Council and partner organisations.

RECOMMENDATIONS

That the Health and Social Care Select Committee:

- 1. notes the description of the support offered to Hillingdon residents aged 65 or over in line with the Council Strategy;**
- 2. comments on any aspect of the report; and**
- 3. identifies any comments it wishes to include in the report to Cabinet for December 2024.**

SUPPORTING INFORMATION

1. The draft Cabinet report is attached.

OLDER PEOPLE'S PLAN UPDATE

Cabinet Member(s)	Councillor Ian Edwards Councillor Jane Palmer
Cabinet Portfolio(s)	Leader of the Council Health and Social Care
Officer Contact(s)	John Wheatley – Central Services Directorate
Papers with report	None

HEADLINES

Summary	This report updates Cabinet on developments regarding services for older people and the Council's Older People's plan over the last year.
Putting our Residents First Delivering on the Council Strategy 2022-2026	This report supports our ambition for residents / the Council of: Live active and healthy lives This report supports our commitments to residents of: Safe and Strong Communities <ul style="list-style-type: none">• Council Strategy 2022-2026• Joint Health & Wellbeing Strategy 2022-2025• Better Care Fund plan 2023 - 2025
Financial Cost	There are no costs arising directly because of this report: services cited are covered through existing budget setting processes.
Relevant Select Committee	Health and Social Care Select Committee.
Relevant Ward(s)	All

RECOMMENDATION

That the Cabinet notes the activities underway across services and with partners to support older people in Hillingdon.

Reasons for recommendation

To provide Cabinet with oversight of activity particularly related to support for older people.

Alternative options considered / risk management

The alternative would be not to receive a report or update on such services, this would not provide Cabinet with the direct oversight of such activity.

Democratic compliance / previous authority

The last report to Cabinet on the Older People's plan was in September 2023.

Select Committee comments

SUPPORTING INFORMATION

Council Strategy 2022-2026

1. The Council Strategy 2022-2026 superseded the Older People's Plan which coordinated support for older people provided by the Council and by voluntary sector partners and had been in place for over 15 years.
2. The Council Strategy carries forward many of the actions contained within the Older People's Plan. Our vision for residents remains *Putting Residents First*. We will continue to engage with older residents and organisations that work with and represent older people, through partnership working and through engagement, including the regular consultation forum, the Older People's Assembly.
3. The following ambitions contained in the Council Strategy are particularly relevant to older people. We want all our residents to:
 - Live active and healthy lives
 - Be/feel safe from harm
 - Stay living independently for as long as they are able.
4. In addition, the new Strategy sets out the Council's commitments to residents including older people, it states that we will:
 - Work to keep residents safe from harm
 - Enable children, young people, their families and vulnerable people and older people to live healthy, active and independent lives.
 - Develop housing options for vulnerable adults and older people that promote active independent living.
 - Work with the NHS and other partners to continue to develop joined-up services to meet the health, care and support needs of residents in the community.
 - Work with partners to ensure better access to healthcare in the community.

- Explore ways to work innovatively with the voluntary sector to help improve health and wellbeing outcomes for residents.
- Improve digital access for all.

Developing the Older People's Plan

5. The Hillingdon Older People's Plan grouped activities under the following headings:

- Safety and Security
- Preventative Care
- Keeping Independent and Healthy
- Supporting Older People in the Community.

6. Many of the activities contained in the plan are ongoing and remain important parts of the offer for older people. We have included these in an assessment of activities under the seven commitments to residents (as in paragraph 4 above) within the new strategy and these are set out below, to form the basis of a revised, forward-looking Older People's Plan based on the Council's Strategy 2022-2026.

7. The Council Strategy commitments are:

Work to keep residents safe from harm

The Street Scene Enforcement team and Licensing team ensure pavements are kept clear from obstructions such as overgrowing hedges and tables or chairs outside cafes and restaurants so that pavement users are not forced to step off into the road to get by.

The Anti-Social Behaviour and Localities team investigate reports of issues affecting the quality of life in a local area and coordinate work across the Council's teams and with partners to tackle those problems.

The Environmental Protection team investigates reports of excessive noise disturbing residents in their homes, including operating a response service in the evening and night between Thursday and Sundays.

The Safer Communities team meet monthly with Police teams to agree joint action to tackle crime and disorder in the borough, including crimes which disproportionately impact on older people.

Trading Standards priorities include protecting vulnerable residents from rogue traders. Where an older resident is targeted by cold-callers, Trading Standards will respond and intervene to ensure the trader provides the legally required calling-off periods and that they do not mislead residents over the work required on their properties.

The Stronger Communities team work with the Police and other local organisations to promote good relationships between different parts of our community and to prevent hate crime. This includes delivering hate crime workshops to community groups, faith groups and local voluntary organisations, promoting the Hate Crime Upstanders scheme and supporting the Hillingdon Inter-Faith network.

Live monitored public space CCTV is provided across the borough to deter crime and aid the identification of persons involved in crime or anti-social behaviour. The CCTV network is also used to help locate people who go missing unexpectedly.

The Safer Communities team also support the Hillingdon Community Risk Multi-Agency Risk Assessment Conferences which brings together organisations from across the area to review the support being provided to people who may be at increased risk of harm. Support for vulnerable older people can be sought at these conferences and they are attended by Hillingdon Mind and Age UK so comprehensive support can be facilitated. They are also working with partners to strengthen our support for people who 'hoard' in their homes, bringing risks to themselves and others who visit their homes.

Enable children, young people, their families and **vulnerable people and older people to live healthy, active and independent lives.**

- Financial advice and support

For the winter of 2024/25, winter fuel allowances and the Pensioner Cost of Living Payment for winter will be withdrawn from people of pension age unless they are in receipt of the means-tested Pension Credit. This change has increased the importance of income maximisation work. The Council is working with the voluntary sector in Hillingdon to provide a proactive enhanced support service to increase the take-up of Pension Credit and other financial support that older residents are eligible to receive – this programme commenced in October.

In response to the cut in winter fuel payments by the government, the Council has introduced 3 new initiatives using the Household Support Fund to support pensioners within Hillingdon. Information on our initiatives has been published on our website. We will commission a local charity or other third party to reach out to all pensioners in the borough and assist those that may be entitled to Pension Credit to submit a claim. Pensioners who may need support to navigate the online application system will receive help directly in their homes.

We are prioritising our pensioner tenants for an energy efficiency improvement plan. Properties with older tenants which have an Energy Performance Certificate of D and below, will be prioritised for the programme, which will include new boilers, double glazing and improved insulation. There is more information on this below, under improving council homes for older tenants.

The Council has also created a Pensioners' Support Fund, to help eligible older residents stay warm this winter. Further details of this scheme will be provided in due course.

Age UK Hillingdon's Information and Advice Service helped older residents to secure in total £1.72m in benefit income during 2023/24, helping to improve quality of life and preventing build-up of debt arising from the cost of living, particularly utilities, and prevent homelessness. Age UK's Warm Homes programme has increased capacity and has enhanced the incomes of older clients by an average of £6k per annum.

The Household Support Fund has been used to provide a food and meals support service to older residents, financial assistance for those that are eligible and funding for partner voluntary sector organisations, including Bell Farm Christian Centre (BFCC) – to provide early intervention and prevention support services. Older people support, the Doorway information advice service delivered

alongside the Yiewsley and West Drayton food bank, and social/recreational activities and training courses are all available to Hillingdon's older residents. In the first quarter of this year BFCC provided support to around 85 older people.

- Keeping Warm and Well

The Council's Public Health Team works with partners to provide a network of Warm Welcome Centres network. In 2023/24 more than 7,000 residents attended a variety of locations, including churches, community centres, libraries and leisure centres that offered a range of activities from coffee mornings to exercise classes, film screenings and game afternoons, as well as health talks, all with warm drinks and an opportunity to chat to others. 12 Health Champions were trained to provide winter wellness information to residents accessing the centres.

For winter 2024/25, Warm Welcome Centres across the Borough will provide as a minimum a weekly offer, free hot drinks, have a nominated health champion and a commitment to support the wider health offer that is being developed, including information and guidance about keeping well in the cold weather, signposting to local service, and the importance of accessing winter vaccinations.

The Council is also providing training for Health Champions in Warm Welcome Centres that will help the targeted work on falls prevention, training on Winter Wellness, Active Bystander Training, Mental Health First Aid, Safeguarding, and promoting winter vaccinations aligned to providers; GPs, pharmacists, and the NWL NHS roving vaccination team. There are also planned mini health pop-ups where residents can access information and mini health checks; blood pressure testing, atrial fibrillation readings, diabetes management, energy advice (Green Doctors) and financial advice supported with a published Winter Wellness Directory.

We have allocated funding for the purchase and distribution of warm blankets to those residents identified as living in fuel poverty and in receipt of financial support. Age UK and H4All are facilitating this programme.

In September 2024 the Council once again organised a Day of the Older Person event in Uxbridge town centre. There were 34 stalls providing information and advice alongside activities and entertainment, and 480 people attended and provided positive feedback.

Two Healthy Ageing events are being arranged, for men in November 2024 and for women in March 2025.

- Dementia support

Hillingdon has held Dementia Friendly Community Status since 2018. Many organisations work together as members of the Hillingdon Dementia Action Alliance to make Hillingdon a Dementia friendly Borough.

The Council website now includes an online dementia pathway to enable residents to access information on services and activities relating to dementia from point of diagnosis to end of life. The content was developed in conjunction with partners including Alzheimer's UK and Age UK Hillingdon and follows the model of the NHS Dementia and Wellbeing pathway. The pathway helps explain the journey of someone living with dementia and offers guidance to prevention, help and support, services and activities in Hillingdon. To date, the online dementia pathway has had around 2000

views with around 1000 people making use of the content.

Two dementia wellbeing days have been held, in Hayes in October 2023 and in Uxbridge in March 2024.

There are 7 Tovertafels in libraries. The 'magic tables' are used by dementia groups, with Care homes and the hospital Memory Service using them for their cognitive stimulation groups with residents living with dementia. The table in Uxbridge Library will be relocated to its own room in the new location.

- Falls prevention

A new Falls Prevention partnership was formed in January 2024, including Public Health, CNWL, H4ALL, Age UK Hillingdon and Adult Social Care to look at how to improve falls pathways for residents across the Borough. The partnership was awarded ICB funding to do a piece of work with the top ten Care Homes with A&E attendances related to falls. During 2024/25 the Public Health team will commission an exercise programme for Care Homes and a training programme for Care Home staff.

In the first round of the Strength and Balance 12-week programme, between June and August 2024, 277 residents attended sessions, with an average of 16 people per class. On average people attended 8 out of 12 possible classes. In addition to the classes, 18 filmed videos are to be made available to residents.

Brunel University undertook evaluation of the programme which showed that 74% of respondents reported an improvement in balance function and 80% reported an improvement in their perceived control over falling.

- Tea Dances

Dances are running monthly at 3 locations across the borough: Christchurch, Uxbridge; Botwell Leisure Centre and Winston Churchill Hall. The monthly attendance is 120 residents.

- Chairobics seated exercise

The seated exercise and Strength and Balance classes have been combined to create a 12-week programme for residents. This pathway has been set up to increase throughput, enabling more and new participants to join the sessions and for those who have attended the existing chairobics for some time to be given opportunities to progress to other available sessions. The classes are at full capacity in 11 libraries with 17 sessions running weekly. Figures show 255 residents are attending each week.

- Walk Hillingdon programme

Between April 2023 and March 2024 there were 1,561 attendances (this is 10% lower than pre-Covid. There have been 203 walks across the year with 18 different routes to choose from. The walks remain popular and continue to be led by local volunteers.

- Sport and Physical Activity Strategy

The Sport and Physical Activity Strategy will be replaced with a Healthy Lifestyle Framework. This Framework will incorporate a broader range of partnerships and interventions across Hillingdon Health and Care Partners, with a focus on prevention, early intervention and supporting vulnerable residents and the 'rising risk' group. Public Health remains committed to offering older residents with a range of physical activities to support people stay healthy and remain independent.

- Brown Badge preferential parking scheme

The Brown Badge Older Person's parking scheme continues to be popular with older residents. Between April 2023 and March 2024 (inclusive), a total of 1,028 new Brown Badges were issued, along with 417 replacement badges where they had been lost or misplaced. At the start of April 2024 there were a total of 13,936 active Brown Badge users.

- Free Allotment scheme

There are currently 374 allotment plots allocated to over 65s and 120 allotment plots allocated to over 60s and those that are disabled and receive benefits on the concessionary rate.

The drainage ditch at Church Hill Allotments in Harefield, which is always the site of severe flooding, has been cleared - this has alleviated the problems. The water tanks and waterpipes have been replaced at Field End Allotments in Ruislip.

The Council continues to carry out regular maintenance jobs, including repairing water leaks to troughs, repairs to fencing and gates along with any substantial waste being removed as required. The Spring borough wide communal area cut took place in July/August 2024 and the Autumn Cut started in October 2024.

- Age UK Hillingdon services

Age UK Hillingdon has been able to deliver a range of services to enable older people to live healthy active and independent lives. These include information and advice, exercise and social classes, befriending and Good Neighbours and Trusted Traders schemes along with domiciliary support services.

From this programme of support:

- 5,693 requests for information and advice, 2,200 signposted or referred, 1,395 supported with casework and 699 seen with intensive casework,
- £1.7m secured for older residents through benefit entitlement,
- 46 warm throws delivered to housebound residents with financial needs, funded by Hillingdon's Public Health programme,
- 1,544 face-to-face visits made by befriending volunteers, plus 1,570 phone calls,
- 412 participated in group activities,
- 255 Good Neighbours tasks completed
- 14,533 hospital patients supported
- 346 clients seen at home through the Help at Home scheme, with a total of 11,353 visits and
- 635 people signposted to the Trusted Traders scheme.

Develop housing options for vulnerable adults and older people that promote active independent living

- **Improving Council Homes for older tenants:** We are continuing to improve council owned homes, for our residents, including improvements for warmer and cheaper to run properties. This includes measures such as loft and cavity wall insulation, energy efficient gas boilers, new double-glazed windows and for some properties external insulation. 1 in 4 of our Council tenants are aged 65 years or older (2,593 tenants).
- Following improvement works 82% of properties have moved from lower energy-efficiency (EPC D-F) to the higher Band C energy efficiency rating. This helps to keep heating and hot water bills lower for our residents. The Council is accelerating the programme of works to ensure our tenants are benefitting from safe and warm homes, including those for older people, to help them keep warm and well this winter with lower energy bills.
- **Telecare:** This technology ranges from the traditional push button alarm to a variety of sensors and detectors that can help reduce risk and provide reassurance both to the older resident but also their relatives, especially those that may live far away. We have expanded our portfolio of Telecare equipment providers so we can keep future focused. Older people are the main beneficiaries of this service and are assessed on individual need as to the type of Telecare required to enhance their lives and support independence. The response service delivered by Comfort Care is particularly supportive to people who live on their own and means that they are less likely to suffer injuries or illnesses that can lead to hospitalisation or a decline in their overall health. This service is free to over 75s in Hillingdon.
- **Community equipment:** The community equipment service continues to support residents with the provision of daily living aids ranging from raised toilet seats to electric profiling beds and hoists. The service also provides adaptations to residents' homes, such as grab rails by a door or a toilet and/or bath, valued up to £1k, as well as door entry systems to facilitate authorised access to the homes of residents where the resident is unable to directly open their front door because of a disability. Currently, there are 22,662 Hillingdon residents benefiting from equipment in their homes.
- **Age UK Hillingdon Housing Options Service.** The service offers information, advice and practical support including on downsizing, moving into retirement housing or supported housing, or staying put with additional support put in place. 98 clients were supported to make Locata housing applications online as well as making referrals to other services, including income maximization.

Work with the NHS and other partners to continue to develop joined-up services to meet the health, care and support needs of residents in the community.

- **Neighbourhood working** The Neighbourhood working model has made significant progress with the establishment of neighbourhood and borough-level structures, and the realignment of community services in health. The approach involves multi-agency teams working at a neighbourhood level, i.e., clusters of GP practices covering populations of around 50,000 people, proactively identifying the top 2% of the population aged 18 and above most at risk of hospital admission and target support with the aim of preventing a loss of independence. Older people are the main beneficiaries of this approach. Social work teams are aligned to

the neighbourhood working model.

Key initiatives include the Hypertension Priority, which has seen the creation of a joined-up pathway, increased prevalence rates and the introduction of a library loan scheme. The Hypertension Priority initiative has been shortlisted for a Health Service Journal (HSJ) award and is transitioning to Business As Usual (BAU) within neighborhoods. Additionally, the Frailty initiative has trained staff to deliver retirement workshops, conducted a frailty pilot in supported living, and analysed findings from 50 assessments. There is an Anxiety and Depression initiative which has mapped mental health services and drafted a GIS map in collaboration with the Local Authority, with feedback currently being sought to layer neighbourhood services onto the map

- **End of life care** – a new coordination hub led by Harlington Hospice provides a single point of access to information, advice and support for people at end of life and those caring for them.

The Palliative Integrated Care Service (PICS) is designed to ensure that people at the end of their life receive the right care at the right time and in the right place. This is achieved through coordination and signposting to various services. The goal is to provide a systematic, person-centered approach that includes acute support and proactive care planning to avoid crises and respect the wishes of clients and their carers. Key achievements include the operationalisation of the PICS hub, training existing staff in new ways of working, recruiting new Wellbeing and Social Support Officers, and integrating teams to work with the same data and feedback to maximise service design and improvements. The service has also developed clear pathways to minimise repetition and handovers, ensuring that resources are moved to where they are needed in the system.

Residents benefit from this approach as it ensures they receive the right care when and where they need it, through a coordinated and person-centered approach. The integration of teams working with the same data and feedback maximizes service design and improvements, supporting stays with the patient and ensuring resources follow the patient. Additionally, the service provides psychological bereavement support and reviews the needs of next of kin (NOK) and carers, ensuring they receive the necessary support. This comprehensive approach enhances the quality of care for residents, ensuring a more coordinated and efficient delivery of end-of-life care.

- **Carer Support** - The Carer Support Service, funded by the Council and currently provided by Carers Trust Hillingdon on behalf of the Hillingdon Carers Partnership, continues to offer a range of information, advice, and support services to carers of all ages. The service provides a single point of access for both adult carers and young carers to support them in their caring roles. Adult carers, who are aged 18 and above, have the right to a carer's assessment to determine whether they meet the national eligibility criteria for Council-funded support.

The Carer Support Service aims to ensure that carers receive the necessary support to manage their responsibilities effectively. In 2023/24, the service provided 4,686 individual pieces of information, performed 1,382 benefits checks, and conducted 1,001 face-to-face appointments. Additionally, they handled 2,035 telephone consultations and conducted 953 one-on-one support sessions. The service also secured £1,590,549.10 for residents in carer-related benefits, significantly improving the household incomes of at least 233 carers. These

efforts demonstrate the extensive support provided to carers, ensuring they receive the necessary assistance to manage their responsibilities effectively.

- The Council has contracted with Central North West London NHS Foundation Trust to provide an **Admiral Nurse service**. Admiral Nurses, supported by Dementia UK, are specialist dementia nurses who offer clinical, practical, and emotional support to families affected by dementia. The Hillingdon Admiral Nurse service, established in 2003, assists carers of individuals with a confirmed dementia diagnosis residing in the London Borough of Hillingdon. Between April 2023 and March 2024, the service recorded 212 referrals, averaging 18 per month. The team supported an average of 143 people monthly, including new cases and ongoing ones. During this period, they delivered 1,924 activities through a mix of face-to-face and telephone contacts. The most common interventions included sharing knowledge and information, offering emotional support, and promoting physical well-being.

Resident feedback has been consistently positive, highlighting the invaluable support and expertise provided by the Admiral Nurse service to families dealing with dementia.

Improve digital access for all

- The Council's Digital Strategy 2024-2027 notes our commitment to be a digital-enabled, modern, well-run sustainable council with sound financial management, achieving positive outcomes for residents. The Digital Strategy sets out our vision to embrace technology to be efficient and make it easier for residents to use council services, including supporting those who are unable to use technology. This will be achieved using the principles of prioritising customer needs, using an agile approach to delivery, delivering new business models driven by data, and having a 'One Council' collaborative aim, facilitating cross-council project teams and sharing goals.

The Strategy confirms that the needs of residents will be prioritised through use of research and data to better understand what residents, including older people, need. This information will be used to build and develop products and services to meet those needs.

Our services will be accessible to all, with a range of measures to improve digital inclusion. Services will be tested to make sure they are simple and intuitive, and support those who are unable to go online.

Financial Implications

There are no direct financial implications arising from activities set out in the update on the older people's plan. All costs are covered in usual business planning and financial budgeting. *[to be confirmed by Finance team]*

RESIDENT BENEFIT & CONSULTATION

The benefit or impact upon Hillingdon residents, service users and communities?

The Older People's plan sets out activities across services and with partners that support older residents, and these are set out under the commitments of the Council's Strategy (paragraph 8 above).

Health and Social Care Select Committee – 12 November 2024

Classification: Public

Consultation carried out or required

The Council's strategy, which the Older People's plan delivers against, was widely consulted on before being adopted in 2022.

CORPORATE CONSIDERATIONS

Corporate Finance

Corporate Finance have reviewed this report and concur with the Financial Implications set out above, noting there are no direct financial implications associated with the recommendation included in this report. *[to be confirmed by Corporate Finance]*

Legal

Legal Services confirm that there are no specific legal implications arising from this report. Whenever necessary legal advice is given in relation to specific issues as they arise to ensure that the Council always meets its legal obligations.

Comments from other relevant service areas

The plan includes contributions from Public Health, Social Care, Green Spaces, Community Safety and from Age UK Hillingdon, Harrow and Brent.

BACKGROUND PAPERS

NIL

HEATHROW VILLAGES WELLBEING BUS PILOT - EVALUATION REPORT

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

HEADLINES

To enable the Committee to note discuss the effectiveness of the wellbeing bus pilot that was undertaken in the Heathrow Villages and the actions that are going to be taken to provide health services in that area going forward.

RECOMMENDATION

That the Health and Social Care Select Committee discuss the effectiveness of the wellbeing bus pilot and actions that will be taken to provide health services in Heathrow Villages going forward.

SUPPORTING INFORMATION

At the Health and Social Care Select Committee meeting on 13 September 2024, Ms Vanessa Odlin, Managing Director for Hillingdon and Mental Health Services, Goodall Division, Central and North West London NHS Foundation Trust (CNWL), advised that the idea of a wellbeing bus had been worked up and was expected to be operational in Heathrow Villages by the end of September 2023. CNWL had agreed to lead on a fifteen-week pilot on the Heathrow Villages to provide mobile health services to residents. An evaluation of the pilot has been undertaken and the resultant report has been appended to this report.

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.



Central and
North West London
NHS Foundation Trust

Heathrow Villages Wellbeing Bus Evaluation Report



Introduction

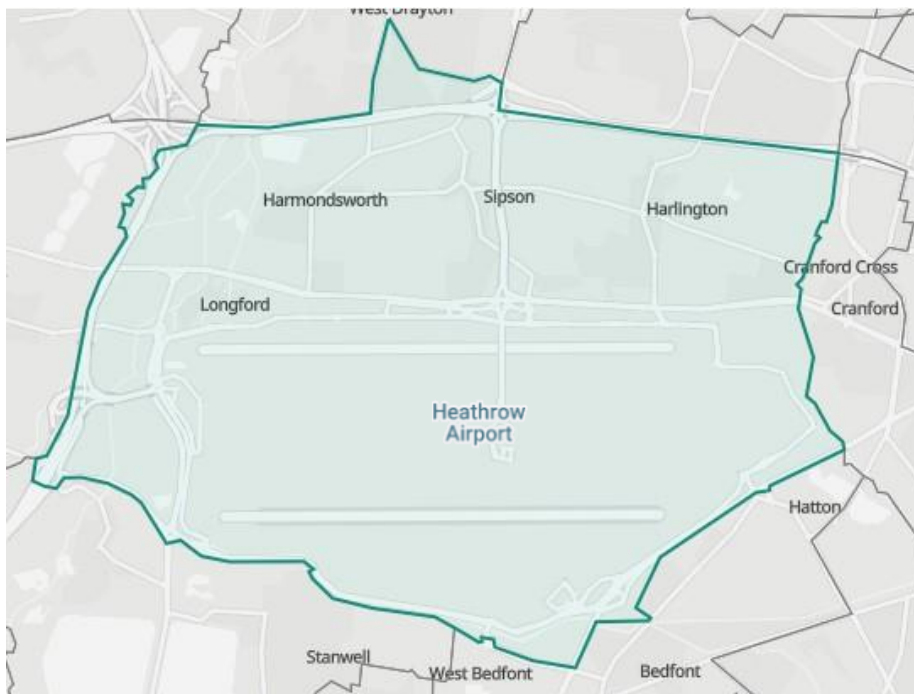
The Heathrow Villages Wellbeing Bus was a concept developed led by local residents. Following conversations with community leaders, CNWL and HHCP management gained an insight into the challenges that people immediately to the north of Heathrow Airport face when needing to access health services. Four of the five Heathrow villages (Longford, Harmondsworth, Sipson and Cranford Cross) have never had a GP surgery, dental practice or pharmacy. Harlington village does have services but public transport routes are not designed to link residents in the other villages to this location.

Initial communication with our local contacts highlighted a lack of community spaces where health care could be provided and easily reached by all villagers. A resident suggested a bus to bring in healthcare professionals as she had seen vehicles used in other parts of the country to provide other services. Consequently, CNWL agreed to lead on a 15-week pilot for a Wellbeing Bus to understand better the needs of residents in each of the villages and provide a mobile service offer. This report surmises the findings, and makes recommendations for next steps now the fifteen-week pilot has finished.

Heathrow Villages Background

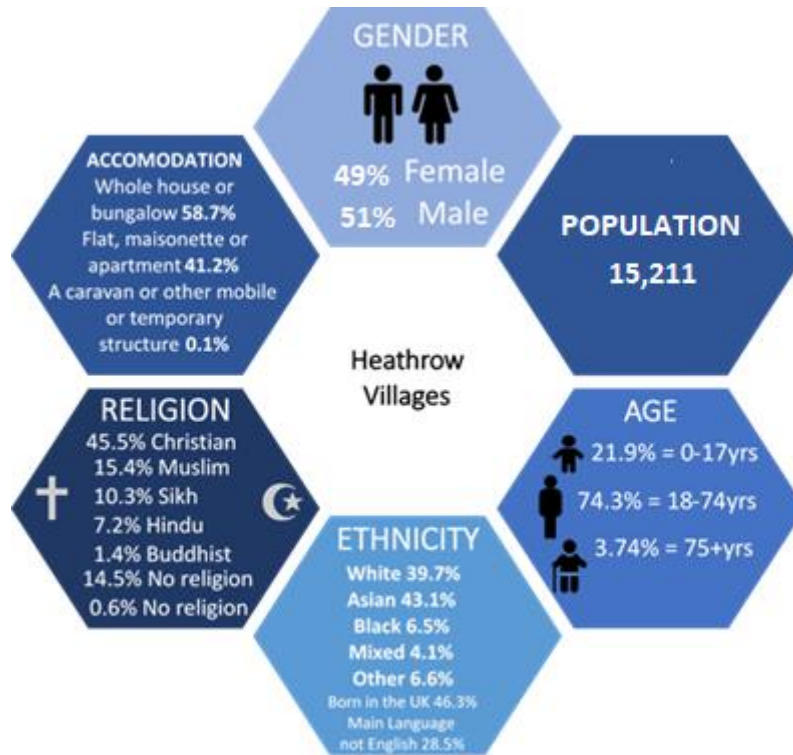
There are five historic villages at the very south of the borough of Hillingdon which are known as the Heathrow Villages and in the same named electoral ward. The five villages are Harmondsworth, Sipson, Longford, Harlington, and Cranford Cross.

Heathrow Villages sits alongside the Hillingdon electoral wards of Pinkwell and West Drayton as well as being bordered by the neighbouring areas of Slough, Hounslow and Spelthorne (Surrey).



Heathrow Villages Population

The Heathrow Villages population is growing with Census data indicating the population size has increased 14.7% from 2011 to 2021. This is greater than the overall increase across Hillingdon (11.7%) and in England (6.6%). Key population demographics from the recent census information are seen in the image below.



Population Density

This Heathrow villages area is often referred to as rural and it has large areas of green spaces, which are Green Belt land. Historically this area was known for its top-quality soil and many fields are still farmed or used for recreation, such as Cranford Park and Harmondsworth Moor. Open spaces are linked by footpaths and lanes rather than bus routes.

Some villages also retain a little rural charm with very old buildings, most famously The Great Barn at Harmondsworth in a Conservation Area. The villages also lack facilities that people might expect in urban or suburban wards, including the absence of a library, leisure centre, cinema, large supermarket, council-run community centre or state secondary school. Yet the villages do have a huge international airport on their doorstep and the accompanying development, such as hotels, which attract people looking for work.

While the airport site occupies a large area, there is no housing within its boundary. So, while the ward is large in hectares, it is seen as having low population density; the population is increasing and has to fit into the buildings that exist. Thus, we have offices converted into numerous small apartments, hotels and serviced apartments taken over for the homeless; family houses divided into flats; unregistered HMOs or unofficial hotels housing untold numbers; one-bed “starter” homes used for families with children, garages converted into living spaces and house extensions adding bedrooms. Gardens are also swallowed up for parking spaces. This is likely to feel like high-density living for many people. Official figures smooth out the reality by using averages. Information indicates there is “an average of 2.9 people per household, which is similar to the average across Hillingdon (2.8)”.

Heathrow Villages Area

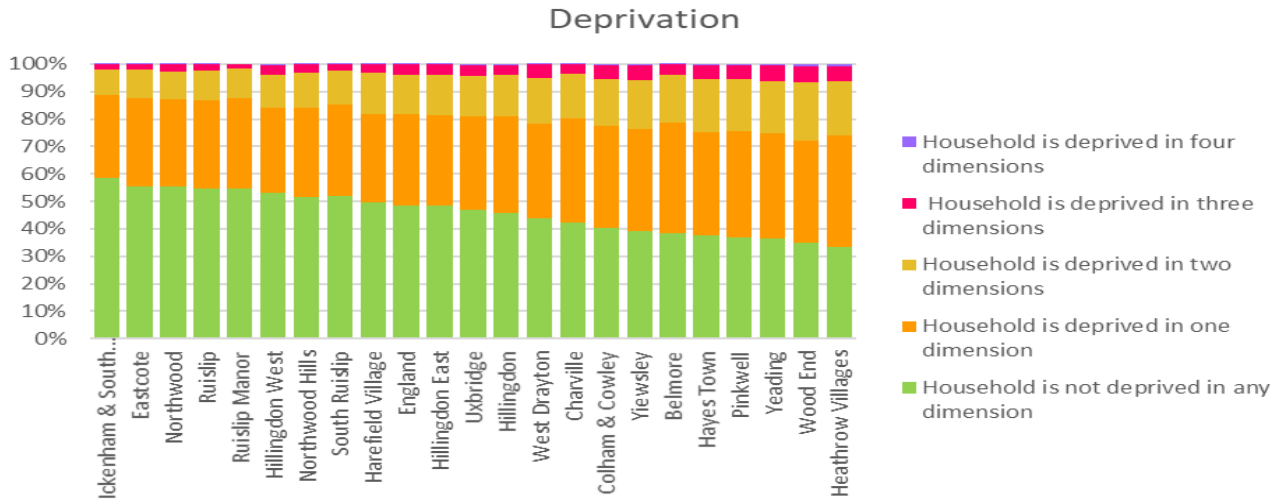
Local healthcare sites are centred around Harlington with no sites in other villages. There are two GP surgeries located in the area, Heathrow Medical Centre and Glendale Medical Centre and they are both located in Harlington. There is one pharmacy accessible which is also in Harlington. There is a second pharmacy at Heathrow Airport, although this is landside the provision is likely to service the airport population rather than local residents as it is difficult for residents to access as the location requires transport and a lengthy walk to get there from a bus stop. There is no direct walking or cycling route and driving into the airport is actively discouraged. (Boots has a pharmacy in Terminal 5 but this is airside.) No airport pharmacy is practical for sick patients in the villages.

It may be worth noting that in recent years Harlington Village Pharmacy halved in size, to one small shop, eliminating many product lines and focusing on prescriptions and over-the-counter medical items. It is constantly busy and serves a wide area but closes at 2pm on Saturday and is closed on Sunday.

There are several Churches found across the villages and two of these (one in Harmondsworth and one in Harlington) have church halls attached. There are also three primary schools, Harmondsworth, Heathrow and William Byrd Primary schools and two nurseries located across the villages and a number of listed buildings including the Great Barn at Harmondsworth.

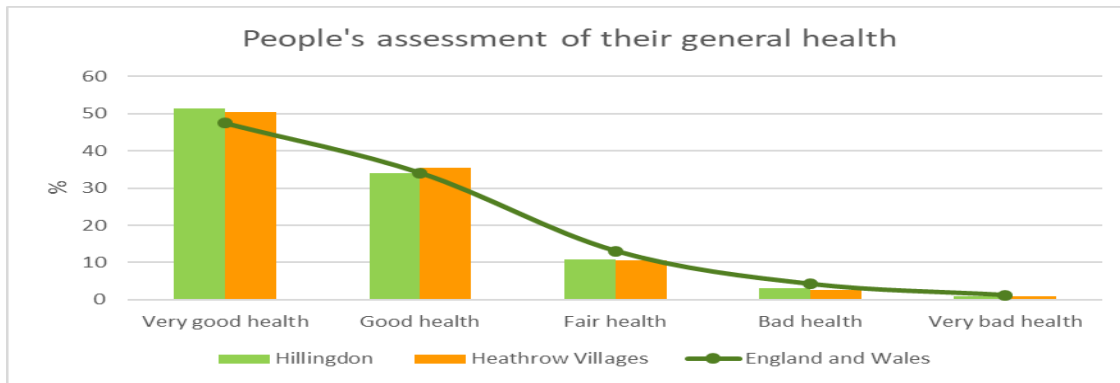
Household Deprivation

Deprivation in the area is variable in different locations and census data indicates that compared to the other Hillingdon electoral wards Heathrow Villages area has the lowest percentage of households that are not deprived in one or more dimensions. The four dimensions are employment, health and disability, education and household deprivation.



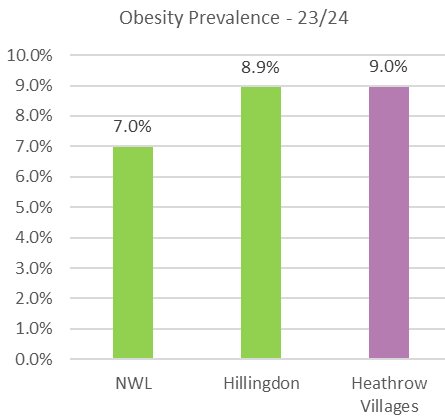
General health

From Census information people in Heathrow Villages assessed their own health. The figures are shown below and those reporting very good or good health are higher than the average in England and in line with the wider Hillingdon area.



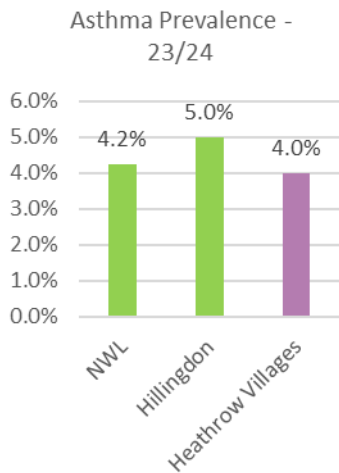
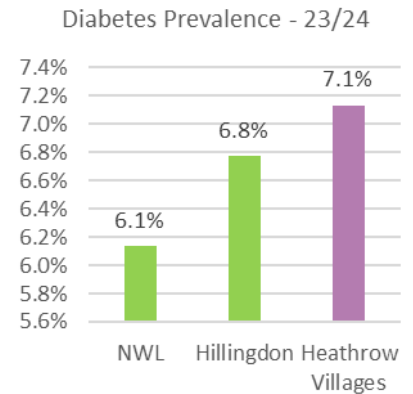
Health Insights

Information from the whole systems integrated care unit (WSIC) is shown below to look at prevalence of key health indicators in the Heathrow Villages gather from available GP data. It is worth cautioning that accessibility to GP practices for local residents in the Heathrow Villages might be skewing this data, and prevalence levels may be higher than reported.



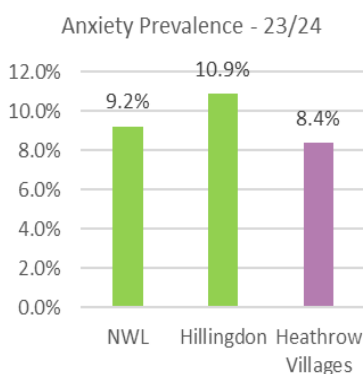
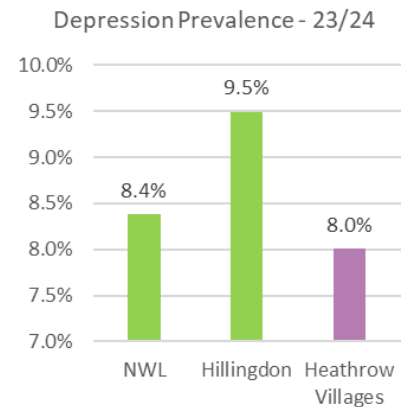
The prevalence of Obesity within Heathrow Villages is 9%, this is in line with the wider Hillingdon area, but both Hillingdon and Heathrow Villages are higher than North West London averages.

The prevalence of Diabetes within Heathrow Villages is 7.1%, this is higher than Hillingdon and North West London.



The prevalence of Asthma within Heathrow Villages is 4%, this is lower than Hillingdon and lower than North West London.

The prevalence of Depression within Heathrow Villages is 8%, this is lower than Hillingdon and North West London but higher than the majority of other North West London boroughs



The prevalence of Anxiety within Heathrow Villages is 8.4%, this is lower than Hillingdon and North West London.

Wellbeing Bus Pilot

The community themselves held valuable insights into their own circumstances and what they wanted and local community leaders developed a proposal for a mobile wellbeing bus to provide services within the villages. CNWL agreed to lead on a fifteen-week pilot of a wellbeing bus to understand better what the needs of the residents were and provide a mobile service offer in each of the five villages. Discussions with key residents led to a listening event in Harmondsworth to get a further indication of the sorts of services that the villagers would like to see on the bus.

In collaboration with local partners a bus was identified to support this local offer. The bus identified is owned by the London Borough of Hillingdon (LBH) and was used when it's not scheduled for its usual role, going out in the evening to support youths who are at risk of anti-social behaviour.

Pilot Outline

A 15-week pilot plan was developed, starting 3rd October with a break for the Christmas period with each of the five villages visited in turn on Tues 10am-4pm.

Alongside the bus, the London borough of Hillingdon was contracted by CNWL to provide a bus driver for the duration of the pilot. A community engagement lead was on the bus each week ensuring that it always offered an informal opportunity for residents to share what matters to them. A survey was also designed to get the feedback and views of all local residents including those not accessing the bus during the timeframe.

Before the bus launched local residents had expressed the need for locally available Covid and flu vaccinations and CNWL coordinated with the NWL ICB Roving Vaccination Team who agreed to support for some dates. Other services offered to attend on different weeks based their availability, community insights and requests. Residents also felt that its strong community network, combined with a definable village centre for the bus and no parking restrictions, made it a suitable starting point.

The offer



Launch

The bus was launched on the 3rd October in Harmondsworth. The bus was officially launched by local community leaders. Local residents attended throughout the day. Partner agencies including Healthwatch and Stronger Families were also in attendance.



Engagement Activity

Date	Village	Service Offer	No. of attendees
3rd October	Harmondsworth	Covid-19 and flu vaccinations, Community engagement team, Stronger Families team	51
10th October	Sipson	Community engagement team, Stronger Families team	11
17th October	Longford	Community engagement team, Talking Therapies	3
24th October	Harlington	Covid-19 and flu vaccinations, Blood pressure checks, Community engagement team	28
31st October	Cranford	Community engagement team, Blood pressure checks, Talking Therapies	6
7th November	Harmondsworth	Community engagement team, Blood pressure checks.	15
14th November	Sipson	Community engagement team, Covid-19 and flu vaccinations, Talking Therapies	11
21st November	Longford	Community engagement team, Blood pressure checks.	2
28th November	Harlington	Community engagement team, Blood pressure checks.	5
5th December	Cranford	Community engagement team, Blood pressure checks.	0
12th December	Harmondsworth	Community engagement team, Blood pressure checks.	3
19th December	Sipson	Community engagement team, Blood pressure checks.	1
2024			
9th January	Longford	Community engagement team, Blood pressure checks.	Did not operate
16th January	Harlington	Community engagement team, Blood pressure checks.	Did not operate
23rd January	Cranford	Community engagement team, Blood pressure checks.	Did not operate

Posters were created for distribution in the local area and over 1,000 leaflets were posted through people's doors when the bus was in their villages advising of future dates and times. The bus also had a website page that was updated on an going basis throughout the pilot and the vaccination offer was published on the NWL ICB vaccinations page. However, numbers declined throughout the buses operation. This could be related to communications and the need to have a consistent communication stream to villages so that residents were aware of the bus coming, and what services

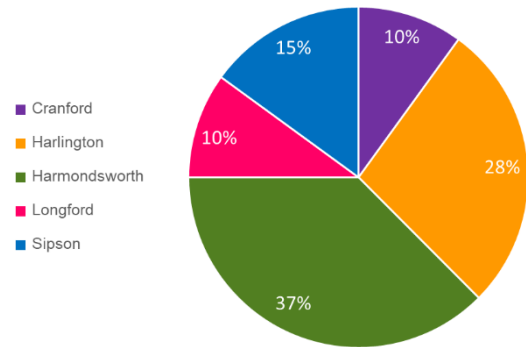
were available for them to access on the bus. There were also issues around location for parking the bus which meant it was not as central in some of the villages as we would have ideally liked, meaning it did not have passing footfall that we would have hoped.

Community Insights

Over the course of the pilot, there were 136 residents who attended the wellbeing bus. 85% of those who attended the bus lived within the Heathrow Villages area. The numbers of people varied between the different villages as broken down below.

The attendees not resident in the villages lived nearby in Hayes and West Drayton with only one living outside of Hillingdon borough.

Ten people also completed the community insights survey available without visiting the bus. They were asked if there was a reason they did not visit, however no one provided an answer to identify potential barriers.

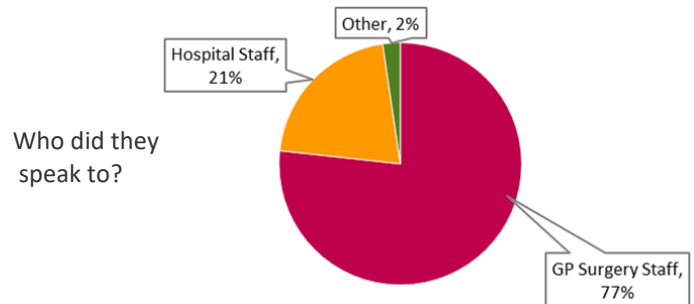


Health needs

Throughout the activity on the bus insights were gathered about residents' experience and views on health services and their access which are highlighted below. It's worth noting that the 136 people who responded to the survey represent less than 1% of the population in the villages so this may not be completely representative of all residents views and experiences.

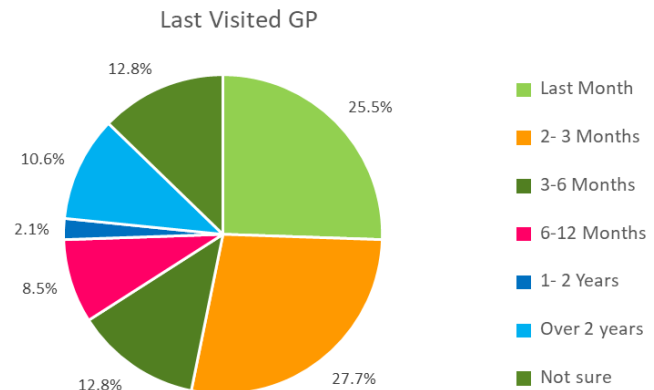
When did you last speak to someone about your health?

Last Month	38.3%
2- 3 Months	27.7%
3-6 Months	2.1%
6-12 Months	6.4%
1- 2 Years	10.6%
Over 2 years	4.3%
Not sure	10.6%

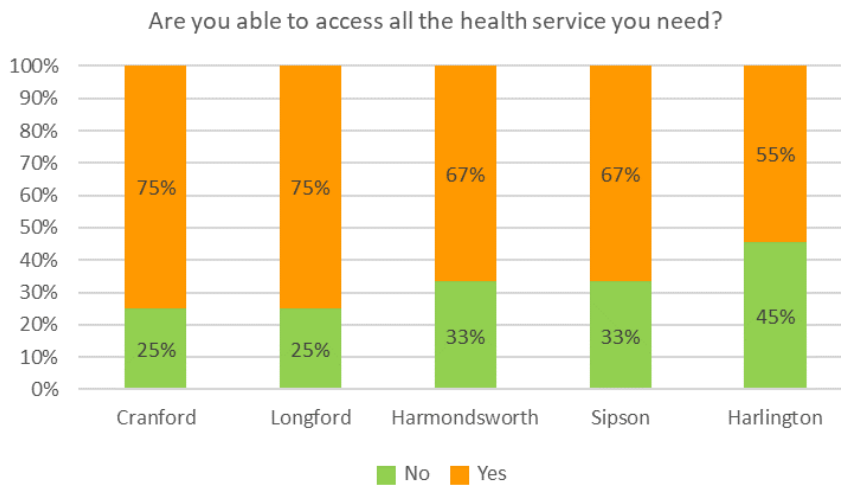


The majority of the 136 people who visited the bus had spoken to someone about their health in the last 6 months with the majority of people speaking to their GP.

When asked when they last visited their GP over 65% stated they had visited their GP in the last 6 months and over 50% in the last 3 months.



66% of people reported they were able to access all the health services they needed with 34% reporting they were unable to. This did have some variation between the villages as shown with residents of Harlington expressing they were unable to access all the services. Harlington has the only health provision available within the villages with a pharmacy and 2 GP surgeries. When asked about services that they could not access, the most common concern raised was the ability to access GP appointments and appointment availability at the time or delivered in the format needed.



Of the twelve people who said they struggled to access a GP, half were from Harmondsworth. Others area identified were difficulty accessing Covid vaccination, finding a dentist where they could register, and getting care packages and support with dementia.

What health services are wanted by residents?

We asked people what services they wanted to see either on the bus or in the local area. The responses varied with the suggestions below. Several residents wanted greater local access to basic healthcare checks (blood pressure, cholesterol, blood sugar, heart rate monitoring)

Other issues raised by two or less residents were easier access to physiotherapy, peak flow checks, dental, ear checks, dementia support, glaucoma care and menopause support.



What was accessed on the bus

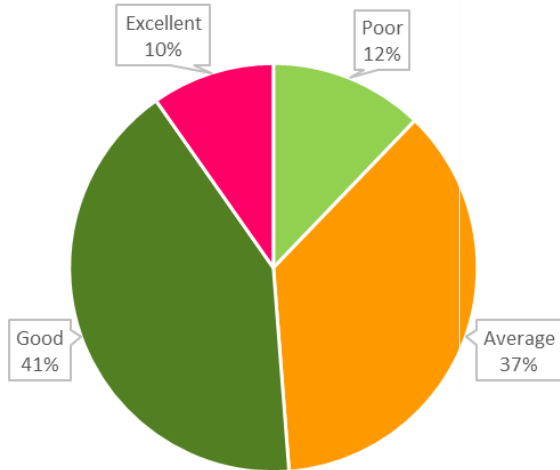
A variety of health activities were carried out on the bus. The NWL ICB roving team gave out 47 Covid-19 vaccinations and 21 Flu vaccinations. There were 16 blood pressure and basic health checks completed by either the roving team or the CNWL Care Connection Team. Other services that were sporadically on the bus include members of our Talking Therapies service and the Local Authorities Stronger Families team.

The rest of the attendees came to share their views or were signposted to local support that met the concerns they had. This included signposting to mental health services, local councillors' surgeries and their own GP practices.

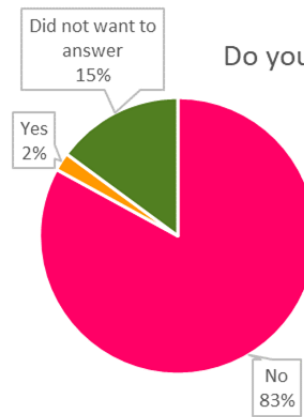
Resident's views on their own health

Of the 136 attendees, 88% of those who rated their health rated as average or above with 51% rating themselves excellent or good. The majority of those who visited the bus reported that they were active in taking care of their health by not smoking and exercising regularly but some declined answering these questions. Many let us know the physical activity they enjoyed with the majority enjoying walking, gardening or Zumba.

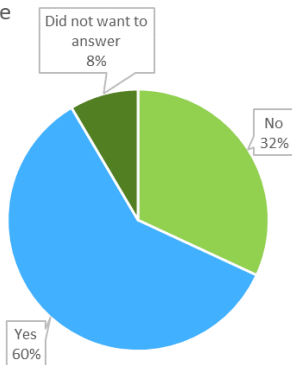
Rating of health currently



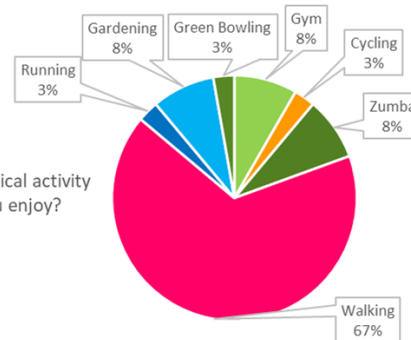
Do you currently smoke



Do you exercise regularly?



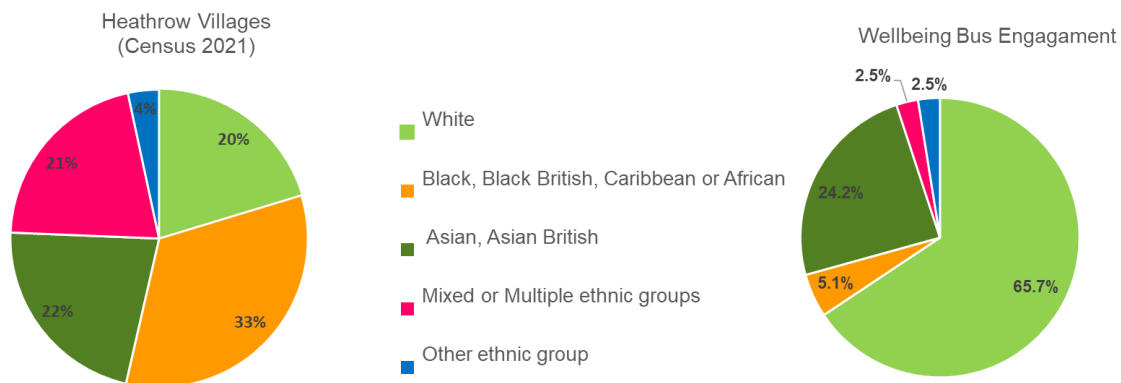
What physical activity do you enjoy?



Demographic Breakdown

There were equal amounts of males and females who engaged with the bus. The average age of residents who we spoke to was 66 years old with only one person visiting who was under 50 years old and no one under 40 years old. ONS data suggests that 58% of the Heathrow Village population is under 50 years of age and 73% under 40 years of age, suggesting the bus was not successful in reaching a certain cohort of the population.

The ethnicity of those attending can be seen below compared to available census information indicating that the wellbeing bus reached only certain cohorts of the local population.



There are many reasons why the bus did not access certain elements of the population including:

1. The bus operation hours.

Census data indicates that Heathrow villages has a higher percentage of people in employment than seen on average in Hillingdon. It may be that the working age population were out at work during the times the bus was in operation and this may have impacted the demographics of those attending.

2. Services on the bus

Covid and Flu vaccination as offered in the earlier weeks are available to specific cohorts of people. Without an underlying health condition or other need, they are only universally available to those over 65 years old and this may have affected the age demographics of those attending the bus. Alongside evidence is available wider to indicate disparity between ethnicity and vaccination uptake that may have affected the profile of those attending.

Financial Evaluation

The NHS Long Term Plan was launched in 2018 and sets out priorities for the NHS across the next ten years. To support implementation and expansion of mental health services, organisations have received Mental Health Investment Standard (MHIS) funding. In 2022/23 CNWL received £148,000 of recurrent funding to deliver a One Stop Shop in Hillingdon. The aspiration was one location from which mental health services from the NHS, Local Authority and voluntary sector could be based to

support people’s holistic needs. Despite efforts we were unable to source a location to deliver this from and instead developed the idea of a mobile offer which services based on a bus delivering across the borough. The conversations in Heathrow Villages have allowed us to use this funding to pilot a wellbeing bus in this community.

The costs of running the bus, and the driver’s salary totals £295 if the bus runs 10am to 4pm. There have been no staff costs directly incurred from the services being delivered on the bus as staff have been pulled from other service delivery to be on the bus. This does mean however that there have been gaps and impacts on services elsewhere when staff members are on the bus.

In order to financially evaluate the bus, we have estimated costs below if we had employed additional staff (Band 5 Agenda For Change salary scale) when they were on the bus.

Date	Location	Engagement	Staff on bus	Hours Open	Cost per attendee
3rd October	Harmondsworth	51	4	4	£10.20
10th October	Sipson	11	2	4	£32.73
17th October	Longford	3	2	4	£120.00
24th October	Harlington	28	4	4	£18.57
31st October	Cranford Cross	6	2	4	£60.00
7th November	Harmondsworth	15	3	4	£29.33
14th November	Sipson	11	4	5	£59.09
21st November	Longford	2	2	4	£180.00
28th November	Harlington	5	3	6	£132.00
	Cranford	1	3	6	£660.00
12th December	Harmondsworth	3	2	6	£180.00
19th December	Sipson	1	2	6	£540.00

Challenges and Learning

New initiatives can require a lot of effort, patience, and understanding from all parties involved and community engagement can be a complex process, involving building trust, collaboration, and communication among community members, community stakeholders and partner organisations. Understanding and overcoming challenges is crucial as we strive to learn and build programmes that work in collaboration with our local communities.

The wellbeing bus has had significant challenges in its delivery. Firstly, finding a bus that was suitable to deliver the wellbeing service from. CNWL talked to various private and voluntary sector organisations before sourcing the bus from the London Borough of Hillingdon. The bus that was sourced is the Hillingdon Transporter youth bus and is not specifically designed for a health offer and gave significant challenges to deliver services from.

Many features of the bus were broken including the sink and the ramp on the bus to enable those with limited mobility to gain access. CNWL alongside practitioners and the local community raised concerns regarding the cleanliness of the bus and general state of repair with an injury to the bus driver one day due to part of the bus becoming loose and falling. The bus was unable to maintain a warm temperature with the onboard heater and additional heaters were required to be sourced by CNWL from local outlets. The bus eventually suffered a major mechanical issue to its engine which meant the last three scheduled events in January were not able to be delivered.

The original bus driver identified who normally operates the transporter was unexpectedly unavailable and this created challenge with sourcing an agency driver who was available for the times of the bus operation. This also impacted on the Local Authorities Youth Bus offer which was not able to be delivered whilst the bus driver was not available, and no back-up driver sourced. The pilot was required to operate around the agency driver's availability and this caused the hours to be limited through most of its operation. This also caused an issue on the first session when the agency bus driver, who had not driven the bus previously, was not able to reverse the bus and it got stuck when trying to park. CNWL staff, and local residents, had to help push the bus backwards into a parking spot. The

The frequent changing of the times the bus could operate, caused by the agency bus drivers' availability, also potentially caused a lack of trust within the local community and community partners as the bus schedule was not able to be confirmed until the last-minute causing frustration and limiting the ability to promote the service offer and communicate it to local residents.

Communication of the service offer could have been improved. Local residents supported and shared the bus offer through mediums such as social media forums, websites and village notices and CNWL posted over 1,000 leaflets through local letterboxes targeting several days before the bus was scheduled in villages. Local residents did their best to communicate the service offer using local notice boards and social media. There could have however been a more coordinated communication programme in place to advertise the bus offer and a dedicated resource to provide more extensive communications would have been beneficial alongside considering how updates could be provided with the challenges to the last-minute changes in timings and service offer.

The bus was identified as a potential solution to deliver services within the area due to the limited buildings available. However, the buses environment provided only one large open plan area with no facility for private or confidential conversations onboard. This was particularly challenging on days when mental health practitioners were on the bus and wanted to have conversations with residents within a confidential area.

There were significant challenges with access beyond the broken ramp due to the layout of the bus. Vaccinations were only possible in one area and this limited access on these days to the whole space of the bus alongside there was no waiting area available for people who may be waiting for services onboard. This was highlighted when Storm Debi and associated torrential rain hit during the bus's visit to Sipson on the 14th November. There was no dry and warm area for residents to queue for vaccination and the road the bus was parked on became flooded. The bus layout was challenging to

navigate both for residents and practitioners as there was a narrow walkway before seating area that was up steps. This was challenging for those with mobility concerns and for the aim of offering a multi-service offer as if people were required to pass each there was limited space for this to take place.

It was challenging to find locations for the bus to park within the villages as some were residents or restricted parking or were inaccessible for the bus on the day. The village locations also differed in the accessibility to local resident's as there is no simple way to travel on public transport between the five villages and parking restrictions reduced the opportunity to travel by car to the different locations.

Length of operation time and limited local resources created challenges for practitioners staffing the bus as there were limited availability of publicly accessible toilets or break facilities for them to use as required.

CNWL is one of a number of local providers. Many of the resident's concerns expressed and feedback were regarding challenges in accessing services outside of CNWL. Practitioners supported where possible in liaison with other services such as primary care and pharmacy teams however a more system led approach in collaboration with other local providers would help identified needs be supported and a more cohesive offer to local residents.

As an NHS Trust there were also several challenges in CNWL being the host of the pilot due to the governance required to meet internal standards to set up the pilot. This included risks assessment from both health and safety and infection control and the ordering of specialist equipment including lone worker devices and spill kits alongside the development of resuscitation procedures and a risk assessment if as CNWL offer the bus needed to have a grab bag resuscitation kit. This may be mitigated if the service offer had been managed by an alternative provider.

Staffing for the pilot was provided by staff being diverted from their usual service provision and certain visits or clinics not taking place in order to staff the bus. This would not be sustainable in the longer term and a plan would need to be developed for staffing moving forward alongside the coordination of the bus which would benefit from a dedicated resource who has the skills and expertise required.

Summary

The wellbeing bus was a pilot designed with local residents to understand better what the needs of the residents were in each of the villages, and provide a mobile service offer. The pilot commenced in October 2023 and run for twelve weeks, visiting each of the five villages at least once. It offered a range of services including Covid-19 and flu vaccinations, general nursing support including blood pressure checks, mental health support and children's services.

Over the 12 weeks, 136 residents visited the bus receiving 47 Covid-19 vaccinations, 21 flu vaccinations and 16 blood pressure / basic health checks. All attendees were surveyed on their health needs which showed that:



- The majority of those who visited the bus had spoken to someone about their health in the last six months with the majority of people speaking to their GP.
- When asked when they last visited their GP over 65% stated they had visited their GP in the last six months and over 50% in the last 3 months.
- 66% of people reported they were able to access all the health services they needed with 34% reporting they were unable to.
- Harlington reported the greatest difficulty accessing healthcare services, and Harmondsworth reported the greatest issues accessing primary care
- 88% of those who rated their health rated as average or above with 51% rating themselves excellent or good.
- The average age of attendees was 66 years old with only one person visiting under 50 and no one under 40. ONS data suggests that 58% of the Heathrow Village population is under 50 years of age and 73% under 40 years of age. Furthermore 66% of attendees on the bus were of white ethnicity, whereas only 20% of residents are white, suggesting the bus was not successful in reaching a certain cohort of the population.
- Several residents wanted greater local access to basic healthcare checks (blood pressure, cholesterol, blood sugar, heart rate monitoring) and other issues raised by two or less residents were easier access to physiotherapy, peak flow checks, dental, ear checks, dementia support, glaucoma care and menopause support

There were a number of challenges with the bus and the provision it provided. These can be surmised as:

- Issues with the bus itself including the appropriateness of the environment for clinical activity, the condition of the bus and availability of a bus driver impacting on the times the bus could operate on
- Number of attendees visiting the bus, particularly in the smaller villages. This is despite CNWL leafletting over 1,000 houses and residents supporting communications through social media outlets.
- Availability of suitable parking locations for the bus
- Capacity of staff members to support the bus. Clinicians on the bus were diverted from other services, meaning visits and clinics had to be cancelled and rearranged impacted on services already struggling for capacity.
- Suitability of CNWL to deliver the service offer as a provider of only some of the services required on the bus, and the governance arrangements which needed to be agreed as an NHS Trust.

Overall the pilot identified the impact that limited service provision based in the area was having, particularly on access to primary care and pharmacy services. There are two particular concerns around accessing primary care and pharmacy services; getting primary care appointments which are consistent with feedback from other areas in the borough and nationally, and secondly that residents in the western villages, namely Harmondsworth can face journey times of over an hour on

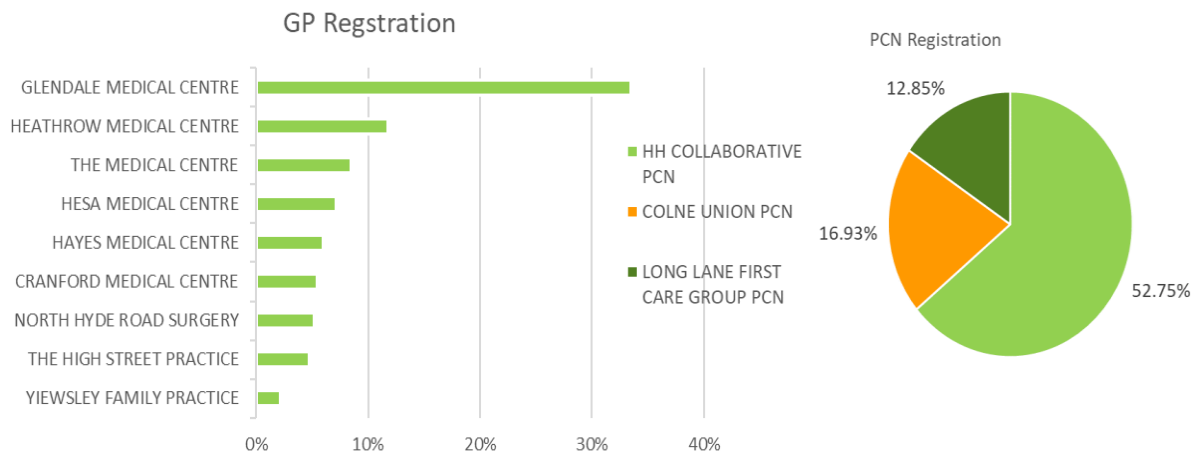
public transport to access primary care or pharmacy. Half of people reporting they struggled to access a GP was in Harmondsworth.

Recommendations and Next Steps

The findings of this report require a discussion with local residents to review the wellbeing bus pilot and consider what the next steps might look like. Some initial thoughts arising from the pilot however are:

1. Local neighbourhood teams

Within the villages NHS Digital data shows that residents are located in the majority across three Primary Care Networks although due to the location of the Heathrow villages area over 10% of the population are registered with GP's outside of Hillingdon.

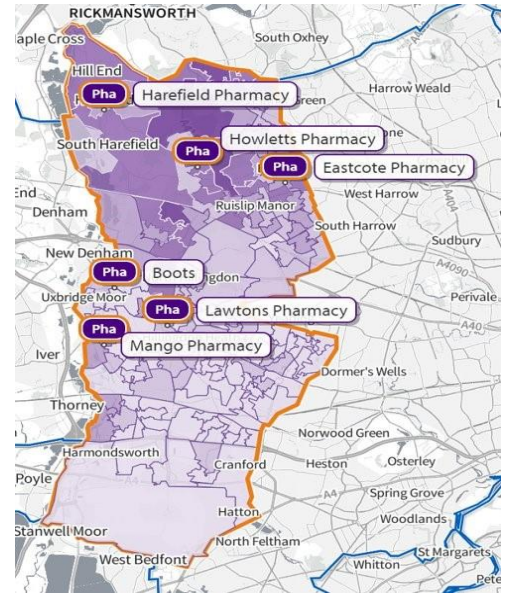


Many services within the integrated neighbourhood teams already deliver services from patient homes, including District Nursing, Community Rehabilitation, Care Connection Teams and Rapid Response. Our Talking Therapies service offer support for residents with psychological treatment for depression and anxiety disorders. This has a large virtual offer meaning residents can access from their own homes through a phone or computer.

Hillingdon is currently in the process of developing neighbourhood teams in line with the recommendations from the Fuller Stocktake. These will be integrated teams from different organisations supporting populational health management and tackling health inequalities. These teams aspire to ensuring that clinical teams are well engaged with local communities and design offers around their needs. It is recommended that any future offer needs to be embedded within the neighbourhood offer and drawing on support from all teams within the partnership.

2. Vaccination Availability

Covid-19 and flu vaccinations were requested from the local population. The map attached identify the fixed locations in Hillingdon where Covid vaccination has been available for the Autumn 2023/24 campaign and as can be seen access within the south of the borough including the Heathrow Villages area requires a significant journey. Residents have expressed that GP practices and pharmacies that offer the vaccination are long journeys on public transport, and residents unable to find available slots to be vaccinated.



The NWL Roving Vaccination Team, who delivered the vaccinations on the bus, have commissioned their own bus which is much more suitable for the deliver of immunisations including appropriate internal space and a fridge to store the vaccinations in. The team have committed to providing a robust vaccination programme into the area next autumn in preparedness for winter.

3. Communications

We heard several examples of patients who were housebound or with complex multi-comorbidities struggling to navigate the system to access vaccination. Considering how these populations are potentially identified and communicated with may also support them in accessing vaccination when required. There is consideration for the wider system on how it makes sure that residents are aware of the services available to them and how to access.

4. Sharing and Raising Awareness

There are many insights gathered from both the quantitative data and qualitative information shared by local residents. This data resource needs to be shared with partner organisations for them to consider how they better support the Heathrow Village area.

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

BACKGROUND PAPERS

- [Protocol on Overview & Scrutiny and Cabinet relations adopted by Council 12 September 2019](#)
- [Scrutiny Call-in App](#)

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Ref	Scheduled Upcoming Decisions	Further details	Ward(s)	Final decision by Full Council	Cabinet Member(s) Responsible	Relevant Select Committee	Directorate / Report Author	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 meeting - Thursday 7 November 2024 (report deadline 21 October)										
225	Increasing capacity of nursing care beds in the Borough.	Cabinet will consider the acquisition of nursing care beds in the Borough to support hospital discharge and long term placements for Hillingdon residents locally.	N/A		Cllr Jane Palmer - Health & Social Care / Cllr Jonathan Bianco - Property, Highways and Transport	Health & Social Care	AS - Sandra Taylor / Jan Major / Jayne Cowan		NEW ITEM	Private (3)
SI	Public Preview of matters to be considered in private	A report to Cabinet to provide maximum transparency to residents on the private and confidential matters to be considered later in Part 2 of the Cabinet meeting and agenda.	TBC		All Cabinet Members	All	C - Democratic Services			Public
SI	Reports from Select Committees	Reports, findings and recommendations for consideration by the Cabinet, when referred from the appropriate Committee.	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	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	Select Committee / Older People, Leader's Initiative		Public
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 and Council Tax Reduction Scheme proposals following consultation.	All	Proposed Full Council adoption - 20 February 2025	Cllr Martin Goddard - Finance	All	R - Richard Ennis	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

Ref	Scheduled Upcoming Decisions	Further details	Ward(s)	Final decision by Full Council	Cabinet Member(s) Responsible	Relevant Select Committee	Directorate / Report Author	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 - 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)										
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	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										
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	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

Ref	Scheduled Upcoming Decisions	Further details	Ward(s)	Final decision by Full Council	Cabinet Member(s) Responsible	Relevant Select Committee	Directorate / Report Author	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	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)										
SI	Public Preview of matters to be considered in private	A report to Cabinet to provide maximum transparency to residents on the private and confidential matters to be considered later in Part 2 of the Cabinet meeting and agenda.	TBC		All Cabinet Members	All	C - Democratic Services			Public
SI	Reports from Select Committees	Reports, findings and recommendations for consideration by the Cabinet, when referred from the appropriate Committee.	Various		All	TBC	C - Democratic Services	Various		Public
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

Ref	Scheduled Upcoming Decisions	Further details	Ward(s)	Final decision by Full Council	Cabinet Member(s) Responsible	Relevant Select Committee	Directorate / Report Author	Consultation related to the decision	NEW ITEM	Public or Private (with reason)
<p style="text-align: center;">SI = Standard Item each month/regularly Council Directorate/Service Areas: AS = Adult Services & Health P = Place C = Central Services R = Resources CS= Children's Services D = Digital & Intelligence</p>										
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	Urgent Cabinet-level decisions & interim decision-making (including emergency decisions)	The Leader of the Council has the necessary authority to make decisions that would otherwise be reserved to the Cabinet, in the absence of a Cabinet meeting or in urgent circumstances. Any such decisions will be published in the usual way and reported to a subsequent Cabinet meeting for ratification. The Leader may also take emergency decisions without notice, in particular in relation to the COVID-19 pandemic, which will be ratified at a later Cabinet meeting.	Various		Cllr Ian Edwards - Leader of the Council	TBC	C - Democratic Services	TBC		Public / Private
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 - Richard Ennis			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 / Report Author	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 Appendix B – Adult Social Care Early Intervention and Prevention Draft Scoping Report
Ward	All

HEADLINES

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

RECOMMENDATIONS

That the Health and Social Care Select Committee:

1. considers its Work Programme for the year and agrees any amendments; and
2. comments on and agrees the draft scoping report for the major review of early intervention and prevention in adult social care (attached to the report at Appendix B).

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

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. At the meeting on 9 October 2024, it was agreed that this single meeting review be held on 12 November 2024; and
2. GP coverage across the Borough.

The Committee has agreed to undertake a major review in relation to adult social care early intervention and prevention with the first witness session provisionally rescheduled for 25 February 2025. Members are asked to comment on and agree the draft terms of reference for this review which are attached to this report at Appendix B.

Implications on related Council policies

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

How this report benefits Hillingdon residents

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

Financial Implications

None at this stage.

Legal Implications

None at this stage.

BACKGROUND PAPERS

NIL.

MULTI-YEAR WORK PROGRAMME

2024/25

2025/26

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

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Health and Social Care Select Committee Review Scoping Report - 2024/2025

A Review of Adult Social Care Early Intervention and Prevention in Hillingdon

1. OBJECTIVES

Aim of the review

At its meeting on 24 July 2024, the Health and Social Care Select Committee elected to undertake a major review of adult social care early intervention and prevention work in Hillingdon. This review aims to consider ways in which the current service user experience could be improved to better meet their needs (and those of their families). The scope of the Select Committee's review is limited to:

- *Hospital discharge - bridging care and reablement - physio & OT support in the community*
- *Technology led support - pre & post social care interventions - telecare & Lilli project*
- *Third sector - voluntary services support - grants/providers*
- *Public health - prevention programmes including healthy child programmes & family hubs 0-19/25 for those with SEND*
- *Mental health support - Crisis House/Cove Cafe/Lighthouse*
- *Positive behaviour support service - PBST*

Terms of Reference

The following Terms of Reference are suggested for the review, subject to any changes agreed by the Committee:

1. to gain an understanding of the early intervention and prevention (EIP) initiatives that are currently available in adult social care;
2. to understand how the Council identifies and prioritises need;
3. to review the current availability of support and how these options are communicated to services users and their carers;
4. to establish how the Council works with its voluntary sector partners;

5. to explore the effectiveness of the different services in communicating with each other as well as the effectiveness of their communication with the service users;
6. to establish how the Council and its partners measure the effectiveness of EIP; and
7. subject to the Committee's findings, to make any conclusions, propose actions and make service and policy recommendations to the decision-making Cabinet (who may then refer formally to the relevant external body).

2. BACKGROUND

Context and Key Information

Adult social care is a vital component of the welfare system, providing necessary support and services to adults who require assistance due to age, disability, or other circumstances. Among the various approaches employed in adult social care, early intervention and prevention stand out as proactive strategies designed to improve the quality of life for individuals while reducing long-term care needs. This document explores what early intervention and prevention in adult social care entail and how these approaches lead to better outcomes for individuals.

What is Early Intervention and Prevention?

Early intervention refers to the process of identifying and addressing potential issues before they escalate into more serious problems. In the context of adult social care, early intervention involves timely actions and services aimed at preventing the deterioration of an individual's physical, mental, or social well-being.

Prevention focuses on reducing the likelihood of problems occurring in the first place. This involves promoting healthy lifestyles, providing education and resources, and implementing community-based programs that support individuals in maintaining their independence and well-being.

Components of Early Intervention and Prevention

There are many components of early intervention and prevention which include:

- Health and wellbeing assessments - regular health and well-being assessments are crucial for identifying individuals at risk of developing significant care needs. These assessments can detect early signs of health issues, enabling timely intervention and appropriate support.
- Personalised care plans - personalised care plans are tailored to the specific needs and preferences of individuals. These plans outline the necessary support and services required to maintain or improve their wellbeing, ensuring that care is proactive and responsive to changing circumstances.
- Community support services – these play a vital role in early intervention and prevention and include social activities, support groups, and access to local amenities, fostering social connections and reducing isolation.
- Educational programmes - educational programs aimed at promoting healthy living and self-care are essential components of prevention strategies. These programs provide individuals with the knowledge and skills needed to manage their health and well-being effectively.
- Technology and Innovation – this is increasingly being used in adult social care to facilitate early intervention and prevention. Tools such as telecare, remote monitoring and digital care planning enable more efficient and

effective support for individuals.

How Early Intervention and Prevention Improves Outcomes

Early intervention and prevention strategies significantly enhance the quality of life for individuals by addressing issues before they become severe. Timely support helps individuals maintain their independence, participate in social activities, and enjoy a higher standard of living.

By preventing the escalation of health and social issues, early intervention and prevention reduce the need for long-term care. This not only benefits the individuals by allowing them to remain in their homes and communities but also alleviates the pressure on healthcare and social care systems.

Proactive health and well-being assessments lead to early detection and treatment of health conditions, resulting in improved health outcomes. Individuals receive the necessary medical care and support promptly, preventing complications and promoting recovery. Preventive measures and early interventions are cost-effective compared to the expenses associated with long-term care and hospital admissions. Investing in early intervention and prevention can result in substantial savings for healthcare systems and better resource allocation.

Early intervention and prevention empower individuals to take control of their health and wellbeing. By providing education, resources and support, individuals are encouraged to make informed decisions and adopt healthier lifestyles, enhancing their independence and self-esteem.

In many communities, fall prevention programmes have been implemented as part of early intervention and prevention strategies. These programmes include exercises to improve balance and strength, home modifications to reduce fall hazards and education on fall prevention techniques. Participants in these programs have shown a significant reduction in fall-related injuries and hospital admissions, improving their overall quality of life.

Early intervention and prevention in dementia care involves timely diagnosis, personalised care plans and support for caregivers. By providing early access to medical treatment, cognitive therapies and community support, individuals with dementia can maintain their independence longer and experience a better quality of life. Carers also benefit from training and respite services, reducing their stress and enhancing their ability to provide care.

Chronic disease management programmes focus on early intervention and prevention of conditions such as diabetes, heart disease and respiratory illnesses. These programmes provide individuals with regular health assessments, education on disease management and access to healthcare professionals. As a result, participants experience better health outcomes, reduced complications and fewer hospitalisations.

Early intervention and prevention in adult social care is an essential strategy for enhancing the quality of life for individuals, reducing the need for long-term care and promoting cost-effective healthcare solutions. By adopting proactive approaches, partners can address potential issues before they escalate, empower individuals to take control of their wellbeing and create a healthier and more independent population. The success of early intervention and prevention relies on continuous

collaboration between healthcare providers, social care professionals, communities, and individuals themselves.

Areas identified for improvement

The Committee hopes to identify areas for improvement in relation to adult social care early intervention and prevention initiatives. The improvements should help residents and their families to access the help they need sooner. The earlier that individuals can get the support that they need, the better the outcomes for those residents and partners.

Current data, best practice and research

A Reablement and Homecare project has been set up to assess the effectiveness of the services that are provided in Hillingdon and the outcomes achieved, with the ultimate objective of ensuring that homecare is a suitable outcome of the reablement intervention. It also seeks to explore all possible avenues to enhance the residents' independence. To achieve this, the project will conduct a thorough analysis of the results of reablement interventions, identifying areas for improvement. By doing so, the project strives to enhance the service's effectiveness and provide the highest quality care possible to residents. Through this approach, the project endeavours to improve individuals' quality of life, ensuring that they receive the appropriate care and intervention at the right time.

The Reablement programme has been effective in reducing costs throughout the year, with a consistent percentage of clients (63%) not requiring service 90 days post reablement across all quarters. There have also been a range of non-financial benefits realised through reablement including:

- Empowerment
 - Residents regain independence and confidence in daily tasks
 - Fosters autonomy and self confidence
 - Improves mental and emotional wellbeing
- Physical health improvement
 - Strengths based focus on rehabilitation and skill-building
 - Enhances physical strength, mobility and endurance
 - Improves overall health outcomes and quality of life for residents

Executive Responsibilities

The portfolio Cabinet Member responsible is Councillor Jane Palmer.

3. EVIDENCE & ENQUIRY

Potential witnesses (including service users)

Witnesses will be identified by the Committee in consultation with relevant officers and may include:

- Carers of service users (local residents)
- Service users
- Lisa Taylor, Managing Director, Healthwatch Hillingdon
- Sandra Taylor, Executive Director of Adult Social Care and Health, LBH
- Voluntary sector
- Kelly O'Neill, Interim Director of Public Health, LBH

- Dr Ritu Prasad, Chair of Hillingdon GP Confederation
- Keith Spencer, Managing Director, Hillingdon Health and Care Partners

Lines of Enquiry

Lines of enquiry can be expanded as the review progresses or included in relevant witness session reports. However, lines of enquiry may include:

1. What EIP services are currently provided in Hillingdon?
2. How have these services improved outcomes for Hillingdon residents?
3. What percentage of eligible residents currently use EIP services? How can the percentage of eligible residents using EIP services be increased?
4. How does the use of EIP improve outcomes for residents?
5. How are EIP services monitored?

Surveys, site-visits or other fact-finding events

Such opportunities will be identified as the review progresses.

Future information that may be required

Further information may be identified as the review progresses.

4. REVIEW PLANNING & TIMETABLE

Proposed timeframe and milestones for the review:

Meeting Date	Action	Purpose / theme	Witnesses / officers attending
12 November 2024	Agree Scoping Report	Information and analysis	
TBA	Informal Witness Session 1	Information and analysis	Carers / Service Users
25 February 2025	Witness Session 1	Information and analysis - Public health strategy and implementation: identifying and prioritising need.	
19 March 2025	Witness Session 2	Information and analysis - Deep dive into some of the services, which incorporate the themes of technology, mental health and PBST.	
June 2025	Witness Session 3	Information and analysis - Voluntary sector – how we work	

Appendix B

Meeting Date	Action	Purpose / theme	Witnesses / officers attending
		with our partners in this area to achieve the best outcomes for residents.	
Outside the committee – workshop / survey / networking session / consultation / informal meeting with users, etc...			
July 2025	De-brief and emerging findings	To discuss key findings and identify potential recommendations	
September 2025	Approval of draft final report	Proposals – agree recommendations and final draft report to Cabinet	
October 2025	Final report to be presented to Cabinet		

Resource requirements

The review will be undertaken within existing resources.

Equalities impact

The 2010 Equality Act outlines the provisions of the Public Sector Equalities Duty which requires Public Bodies to have due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010.
- advance equality of opportunity between people from different groups.
- foster good relations between people from different groups.

The broad purpose of this duty is to integrate considerations of equality into day business and keep them under review in decision making, the design of policies and the delivery of services. There are no equality impact issues relating to the matters set out in this report. When analysing information on victims, offenders or location of crime and ASB generally, the protected characteristics are recorded, analysed and disproportionate trends identified when planning the appropriate strategic and operational intervention.

Background Papers / further reading

None.