

Minutes

HEALTH AND SOCIAL CARE SELECT COMMITTEE

23 January 2025

Meeting held at Committee Room 5 - Civic Centre



HILLINGDON
LONDON

	<p>Committee Members Present: Councillors Nick Denys (Chair), Adam Bennett (In place of Reeta Chamdal), Tony Burles, Philip Corthorne, Kelly Martin, June Nelson and Sital Punja (Opposition Lead)</p> <p>Also Present: Councillor Jane Palmer, Cabinet Member for Health & Social Care Lesley Watts, Chief Executive Officer, THH & Chelsea & Westminster Hospital NHS Foundation Trust</p> <p>LBH Officers Present: Richard Ennis (Corporate Director of Finance), Andy Goodwin (Head of Strategic Finance), Brent Nepl (Finance Business Partner), Sandra Taylor (Corporate Director of Adult Services and Health), Jayani Try (Finance Business Partner - Adult Social Care) and Nikki O'Halloran (Democratic, Civic and Ceremonial Manager)</p>
45.	<p>APOLOGIES FOR ABSENCE (<i>Agenda Item 1</i>)</p> <p>Apologies for absence had been received from Councillor Reeta Chamdal (Councillor Adam Bennett was present as her substitute). It was noted that Councillor Philip Corthorne would be arriving a little late.</p>
46.	<p>DECLARATIONS OF INTEREST IN MATTERS COMING BEFORE THIS MEETING (<i>Agenda Item 2</i>)</p> <p>There were no declarations of interest in matters coming before this meeting.</p>
47.	<p>MINUTES OF THE MEETING HELD ON 12 NOVEMBER 2024 (<i>Agenda Item 3</i>)</p> <p>RESOLVED: That the minutes of the meeting held on 12 November 2024 be agreed as a correct record.</p>
48.	<p>EXCLUSION OF PRESS AND PUBLIC (<i>Agenda Item 4</i>)</p> <p>RESOLVED: That all items of business be considered in public.</p>
49.	<p>UPDATED SELECT COMMITTEE REMITS (<i>Agenda Item 8</i>)</p> <p>Consideration was given to the Committee's updated remit.</p> <p>RESOLVED: That the Committee's updated remit be noted.</p>
50.	<p>CABINET FORWARD PLAN MONTHLY MONITORING (<i>Agenda Item 9</i>)</p> <p>Consideration was given to the Cabinet Forward Plan.</p>

	<p>RESOVLED: That the Cabinet Forward Plan be noted.</p>
<p>51.</p>	<p>WORK PROGRAMME (<i>Agenda Item 10</i>)</p> <p>Consideration was given to the Committee’s Work Programme. It was agreed that the Autism Strategy consultation report and update on the implementation of recommendations from the <i>Making the Council more autism friendly</i> review be moved from the meeting on 25 February 2025 to 19 March 2025.</p> <p>RESOLVED: That the Work Programme, as amended, be agreed.</p>
<p>52.</p>	<p>THE HILLINGDON HOSPITALS NHS FOUNDATION TRUST - VERBAL UPDATE (<i>Agenda Item 5</i>)</p> <p>The Chair welcomed Ms Lesley Watts, Chief Executive at both The Hillingdon Hospitals NHS Foundation Trust (THH) and Chelsea and Westminster NHS Foundation Trust (Chelwest), to the meeting. She had been at Chelwest for about ten years and had joined at the same time as the organisation had come together with West Middlesex. Ms Watts had previously been working with Hillingdon Hospital as a maternity advisor. She reassured Members that her responsibility to patients at THH would be equal to that of those at Chelwest – both were equally important.</p> <p>It was noted that Hillingdon Hospital had a number of challenges, including those relating to infrastructure and had some real strengths and fragilities which would be better supported through joined up working with Chelwest. The Government had announced that Hillingdon would be getting a new hospital. This had given staff a boost and infrastructure changes had already been made, including the move to using the Cerner system. It was noted that the new hospital development was now in phase one of acceptance but that work on the design was still needed. There would be a financial gap that would need to be bridged and the Trust would need to be as efficient as possible.</p> <p>Consideration was currently being given to the planning and structure of the proposed new hospital building. Ms Watts assured Members that there would not be any huge changes and that this was more about the interior design and layout. There had been an acceptance that the design was the right one but that the hospital needed to be made as efficient as possible. She suggested that Mr Jason Seez, THH’s Deputy Chief Executive, be invited to attend a future meeting to talk to the Committee about the hospital redevelopment.</p> <p>Ms Watts noted that hospitals received more money from their elective work. THH needed to get a better balance between its emergency and elective work. Consideration would also need to be given to the Trust’s governance arrangements and back office functions to identify economies of scale and ensure that they were as efficient as possible.</p> <p>Members noted that, in the past, the Committee had expressed concern about a number of performance issues at THH but these had never really improved. It was queried how improvements would be made at THH and whether the current set up would be part of a more permanent merger of the Trusts. Ms Watts advised that there were no plans around a merger at the moment as this could be a distraction as there was more to do. From a Chelwest perspective, action would need to be taken to address the quality of care, funding and performance at THH before this would be</p>

considered, otherwise it could result in further instability. Ms Watts stated that she would ensure that the quality of care at THH was as good as it should be. Whilst operational performance at THH was good in some areas, this needed to be addressed in the Emergency Department.

Ms Watts advised that she took staff welfare very seriously and was data and evidence driven. If the staff were well looked after, they would look after the patients properly and deliver a good quality of care. Given the work that needed to be undertaken at THH, it was suggested that it might take a little while for the Trust to be operating within the required financial envelope and effort would be needed to ensure that the service areas understood the need to work within these parameters.

Members asked about the day-to-day experience of service users in areas such as ENT and rheumatology. Specialist services would be reviewed with a level of forensic detail. Furthermore, the 'ology' services were often not emergency services so consideration could be given to liaising with other hospitals to see if they had capacity to assist with the waiting lists, particularly in relation to those individuals on the lists that were from deprived communities.

It was noted that it was important for staff to call out inappropriate things. Ms Watts had been rightly challenged in a recent NWL ICB meeting that providers needed to be aware of their failings without needing a CQC report to point it out. Staff needed to speak up and be listened to.

Ms Watts recognised that THH had strong relations with the local authority and that they would continue to undertake engagement together as the Council had a better understanding of the local communities. THH would be able to learn from Chelwest with regard to its stakeholder engagement work. The Trust would be open and transparent and Ms Watts looked forward to working with the local authority.

The Chair noted that, in the past, the Committee had received a lot of PowerPoint presentations from the Trust. However, the Members were keen to ensure that, going forward, they received honest accounts of the challenges being faced and the action that was being taken to address this, as well as the positive work that was being undertaken. The Committee thanked Ms Patricia Wright, former THH Chief Executive, for her engagement with the Committee and looked forward to continuing its work with Mr Seez and Ms Watts. Ms Watts' honesty about the Trust's journey was appreciated.

RESOLVED: That the discussion be noted.

53. **ADULT SOCIAL CARE UPDATE** (*Agenda Item 6*)

Councillor Jane Palmer, the Cabinet Member for Health and Social Care, thanked the Committee for inviting her and Ms Sandra Taylor, the Council's Director of Adult Social Care and Health, to the meeting. Ms Taylor noted that this provided them with a good opportunity to talk to Members about the recent CQC inspection of Adult Social Care. New regulations had been introduced which had seen Hillingdon as one of the first twelve local authorities to have an inspection of its adult social care services. It was noted that all of the local authorities in North West London had been inspected, although some reports had not yet been published.

Hillingdon had been advised in 2023 that it would be inspected by the CQC in 2024. The Council received the templates and started to develop an action plan for

improvements and develop a self assessment document. The CQC contacted the Council on 19 February 2024 to request that a range of information be provided within the following two weeks. As progress had already been made, the self assessment had to be rewritten, identifying the service's strengths and weaknesses and included evidence to support the detail that had been included therein. 199 pieces of evidence were submitted to the CQC at the beginning of March 2024. Ms Taylor praised the diligent and focussed team that had pulled the information together to be submitted to the CQC within a very short time period.

On 14 June 2024, a three and a half hour leadership meeting was held with the inspectors to tell them what the Council thought was important. This meeting had been attended by Mr Dan Kennedy, Mr Keith Spencer, Ms Taylor and others to demonstrate leadership across the piste. An onsite inspection was also held.

The Council had had to provide the CQC with the names of individuals that they wanted to interview including residents, representatives from the Select Committee, Cabinet Member, Chief Executive, partners such as Healthwatch Hillingdon and the third sector. The Council team had briefed each of these individuals face-to-face before their interviews. In July 2024, eight CQC inspectors came to Hillingdon and worked closely with staff who highlighted what Hillingdon did well for residents and the areas that were being worked on. In all, 133 meetings and conversations took place. The inspectors were also encouraged to go out and meet staff working in the community.

Ms Taylor advised that the Council had received the first draft of the CQC report in September 2024. Whilst the content of the report was good, the style had needed some work and factual inaccuracies had needed to be corrected. The CQC took on the Council's feedback and the updated report was sent to the Council in November 2024. The changes were then accepted by the Council and the final version of the report was published on 13 December 2024.

Ms Taylor was proud of the work that had been undertaken and the Council's achievements. Although she was disappointed with the score of 2 for *Equity in experience and outcomes*, it had been recognised that improvements were needed in equality and equity for residents. The CQC had also suggested that more information should be brought to the Health and Social Care Select Committee and that further work was needed in relation to *Expert by Experience* (the Council had previously been very good at this but it had fallen off so needed to be improved to give residents a voice). Members agreed that equity was important and suggested that consideration was needed to ensure that there were no digital barriers experienced by residents, especially those in deprived and diverse communities.

Thought would also be needed to ensure that measures were in place to include the issue of an ageing workforce in the improvement plans. Ms Taylor advised that a Workforce Strategy Action Plan had been developed which was good as long as it was kept up to date. It was predominantly the carers that were ageing but it would be important to retain skills so apprenticeships had been introduced. A copy of the Workforce Strategy and the initial Self Assessment document would be sent to the Democratic, Civic and Ceremonial Manager for circulation to the Committee.

Ms Taylor advised that there had been a number of people who had struggled with digital barriers so meetings had been held with the Council's Chief Operating Officer to look at how the Council could reach out and support them. The local authority had also

been working with voluntary sector partners on initiatives such as the provision of help for those that were eligible to apply for Pension Credits. It was noted that care providers produced care plans online but that there was also provision for these to be available in paper format. Tech-enabled care needed to be better used and communication around this needed to be improved.

Councillor Palmer advised that she attended the Older People's Forum and Disability Forum and had heard about the digital challenges being faced by residents. Ms Taylor and her team had been taking this feedback on board to ensure that the voices were not lost. It was important to ensure that support was available to those who were not digitally able.

Concern had previously been expressed that some residents had been struggling with the move towards digital access to information. However, no certainty had yet been provided about when measures would be in place to help these residents. Members requested that further information and evidence be provided at a future meeting in relation to improvements to digital access.

The Cabinet Member thanked the Committee for their valuable scrutiny of Adult Social Care and hoped that they would continue to work closely to help shape policy going forward. It was noted that the Health and Social Care Select Committee did feel valued and aimed to support Adult Social Care by acting as a critical friend. It was agreed that arrangements would be made for the Chair, Labour Lead, Cabinet Member and Ms Taylor to meet to discuss what information should be brought to the Committee in future to enable it to be as effective as possible. Ms Taylor suggested that the Action Plan could be brought to the Committee in a few months to demonstrate improvements that had been achieved.

Members congratulated and thanked Councillor Palmer, Ms Taylor and her team for their efforts in getting the information to the CQC. They also thanked the CQC for coming in and undertaking the inspection which had been useful for the Committee. The process had been quite intense but reflected the service well. It appeared that most residents were able to access services easily and were happy with the care that they received. The carers were being well supported, staff were valued and partners appreciated the good joint working relationships that had been built.

Ms Taylor advised that a lot of work had been undertaken. Government grant funding had been secured to get Health Inequalities Officers embedded in the team for a fixed term. It was anticipated that, if health inequalities was embedded in all of its work, Social Care would not be needed as much or could be introduced at a later stage. This would be a key driver for the forthcoming year. It was suggested that Ms Kelly O'Neill, the Council's Director of Public Health be invited to attend a future meeting to talk about health inequalities.

Councillor Palmer noted that there should not be a north/south divide when talking about addressing health and social care issues. Harefield experienced poor air quality, high levels of suicide and large numbers of heart attacks and was second only to Botwell in terms of health inequalities in the Borough. It was important to look at the whole of the Borough to identify solutions.

Concern was expressed that staff had noted in the CQC inspection report that there had been instances where delays in safeguarding investigations being completed had been caused by delays of four weeks in providing a suitable advocate. Ms Taylor

advised that the inspectors had raised this with her in July 2024 and action had been taken immediately. The issue had been included in the action plan and contractual arrangements had been changed to ensure an appropriate response.

Ms Taylor noted that improvements were being made to the Council website with regard to language accessibility. Currently, the team had access to 'Big Word' translators but were also blessed with diversity which meant that many of the staff were able to step in to provide translation support when needed. There were plans to further improve this accessibility.

The CQC report had noted that the Council recognised the need to do further work to understand the diverse needs of the community, particularly to ensure services for the LGBTQIA+ community were accessible and appropriate to meet their needs in a person-centred way. Ms Taylor advised that the barriers faced by this community were not in relation social care but in general. There needed to be an equity of experience. Consideration needed to be given to how the individual was made to feel so that improvements could be made. Work was already underway with a Brunel University professor to look at whether the commissioning was right and what could be done differently.

Ms Taylor advised that Hillingdon had excellent supported living facilities but insufficient places in residential care for individuals with learning disabilities and mental ill health. A need had been identified for those with complex requirements who struggled in supported living so needed residential care. Plans had therefore been drawn up for accommodation and support to be provided locally and were currently with the Planning Department (many of these individuals wanted to stay in Hillingdon but were currently having to be placed out of Borough).

Direct payments was where the local authority paid money to people regularly (or someone acting on their behalf) so they could arrange their own support, instead of receiving social care services arranged by the local authority. Although Hillingdon had a lower uptake of direct payments than the England average of 26.22%, Ms Taylor advised that this was not something that needed to be increased as many residents did not want to use direct payments. As these were Council funds, the local authority did need to monitor the use of direct payments, some of which uses could be quite innovative - she advised that she would share information in the summer about the innovative use of direct payments. However, there were some providers that would only offer care paid for by direct payments. In the future, the Council would be looking to use direct payments as the first option unless the resident needed something else.

RESOLVED: That:

- 1. Ms Sandra Taylor send a copy of the Workforce Strategy and the initial Self Assessment document to the Democratic, Civic and Ceremonial Manager for circulation to the Committee;**
- 2. Ms Sandra Taylor provide further information and evidence at a future meeting in relation to improvements to digital access;**
- 3. a meeting be set up for the Chair, Labour Lead, Cabinet Member and Ms Sandra Taylor to discuss what information should be brought to the Committee in future to enable it to be as effective as possible;**
- 4. Ms Sandra Taylor bring the Action Plan to a future meeting to demonstrate improvements that had been achieved;**
- 5. Ms Sandra Taylor share information in the summer about the innovative use of direct payments; and**

6. the discussion be noted.

54.

2025/26 BUDGET PROPOSALS FOR SERVICES WITHIN THE REMIT OF HEALTH & SOCIAL CARE SELECT COMMITTEE (*Agenda Item 7*)

Mr Richard Ennis, the Council's Corporate Director of Finance, advised that these were challenging times for local government and that the London Borough of Hillingdon was no exception. The cost of providing Adult Social Care had increased as a result of an ageing population and more complex needs.

Members were advised that there had also been significant spend on things such as temporary accommodation and homelessness. The Government had set a target to build 1.5m new homes in the next five years.

The proposed budget had been considered by Cabinet on 6 December 2024 and had subsequently been out for consultation. The final budget would be considered by Cabinet on 13 February 2025 and Council on 27 February 2025.

It had been announced that local government would be getting a three year settlement but that the amounts would not be known until the summer of 2026. A three year settlement would provide more stability for local government than the current one year settlements. Mr Ennis advised that it was still unclear whether the settlement would take account of the change to the National Insurance threshold and the impact that this would also have on the private sector contractors commissioned by the Council (the contractors might want to pass the additional costs on to the Council but the authority would need to "hold the line").

There were also pressures in the economy with inflation being a bit "sticky". As it was unlikely that Government would invest a significant amount of money into local government, it would be up to the Council to come up with its own solutions.

Mr Ennis noted that Hillingdon residents were getting very good value for their Council Tax money. Of the fourteen outer London boroughs, Hillingdon had the lowest Council Tax. Furthermore, one of the neighbouring boroughs charged £400 more than Hillingdon for a Band D property.

Ms Sandra Taylor, the Council's Corporate Director of Adult Social Care and Health, advised that since the pandemic there had been a 7% increase in demand for Adult Social Care services each year. Increasingly, the demand had been for more complex, higher needs that required more support which meant that contractors were needing more money to provide the services to meet residents' needs. The cost of living crisis and the increase in the minimum wage had also impacted providers and their staff and there was a risk in relation to retention. As such, it was important that the Council work with providers to get through these challenges together.

The Adult Social Care placement budget was under significant pressure. This had been impacted by elective operations being delayed by years which had a negative impact on residents' ongoing health. It would be important to ensure that the whole system became more efficient, leaner and more agile. If the hospital performed well, demand would reduce.

Members were advised that residents were sometimes placed out of Borough due to a lack of local placements. Ms Taylor advised that Hillingdon would like to create more

beds locally, particularly for residents with dementia, as this would help the service to meet its savings targets. It was hoped that new opportunities would be coming onstream later this year - it was important to get best value as pricing had become extraordinary. Although Hillingdon had more care homes than most other boroughs, more than 50% of these beds had been taken by non-residents which meant that some residents had to be placed out of Borough. Members queried whether it would be possible to give a discount to Hillingdon First cardholders.

Mr Ennis noted that complete reliance on the private sector for placements would result in the Council not having any control over its response to demand. As such, there needed to be a balance in the provision. Significant investment had been made in technology to improve access to services but there was a concern that, if access was easier, demand might increase.

Members queried where the savings would have to come from if the implementation of technology did not deliver the savings that were expected. Mr Ennis advised that most of the savings would come from technology and that there was a need to modernise else achieving a balance would just get harder. It was acknowledged that there had to be an alternative and consideration could be given to raising income and looking at thresholds to determine which residents were eligible for which services. A cultural approach was needed whereby Corporate Directors needed to operate within their budgets whilst ensuring that access to, and delivery of, services was maintained. The Council did not need to be groundbreaking in everything it did but it did need to ensure that it helped itself as nobody else would be coming to its rescue.

Ms Taylor advised that the Adult Social Care frontline services were being restructured and that services were being recommissioned to ensure that the right support was available. Reablement services were also being used to their fullest to prevent unnecessary need for ongoing care. Ms Taylor was also working with Mr Dan Kennedy, the Council's Corporate Director of Homes and Communities, and Ms Julie Kelly, the Council's Corporate Director of Children's Services, to build community resource support to streamline processes and manage demand.

It was noted that Hillingdon's Adult Social Care services had been rated as 'Good' in a recent CQC inspection. Ms Taylor advised that the Council had scored 3 in all but one area inspected by the CQC (where it had scored 2) and challenged whether, in the current financial climate, the Council should be focussing resources on achieving 4s and 5s when maintaining a score of 3 across the board was still really very good and would allow staff to help residents to help themselves.

Members noted that there seemed to be a never ending demand for Social Care services but that there was a need to reduce costs whilst also meeting its statutory and moral responsibilities. Ms Taylor noted that the Council had confidence that it could meet the current demand and reduce it through early intervention. Tech-enabled care was also great for helping others, reduced staffing costs and increased independent living.

A number of dashboards had been developed which provided a raft of data and showed that demand for Adult Social Care services was stabilising. Each package of care helped to increase independence and reduce dependency. Although reablement and discharge were things that were already done well in Hillingdon and enabled cost avoidance, there was still room for improvement.

Councillor Jane Palmer, the Cabinet Member for Health and Social Care, advised that the Council did not want people to come into Adult Social Care so it was important to help residents to help themselves. However, as consideration needed to be given to the future needs of residents, it was useful that the NHS was now based at the Civic Centre in Uxbridge. It would be preferable to remodel services rather than cut them and technology would go a long way to supporting that move.

As well as reablement and discharge, Hillingdon was really good at falls prevention. Councillor Palmer noted that, when she attended ICB meetings, the Hillingdon stood out as the best at a North West London level and managed to achieve that at a minimal cost. Ms Taylor confirmed that the unit cost in Hillingdon was low and the quality was high. Efforts were being undertaken to maintain this performance despite the pressure on the budget. Statutory needs would continue to be met.

Members noted that the officers delivering the services were silent but dedicated. It was recognised that there was sometimes a disparity between what residents wanted and what the Council had to spend money on.

Mr Andy Goodwin, the Council's Head of Strategic Finance, advised that the Month 7 monitoring position for the Adult Social Care showed a £4.1m overspend. The 2024/25 savings programme attributed £1.5m to Health and Social Care.

A combination of exceptional demand pressures within Social Care and Homelessness support, together with capital investment plans, was projected to generate a £111.4m uplift in service expenditure across the five-year term. In order to address this differential, to date, a savings programme of £65.2m had been developed, leaving a residual budget gap of £3.1m across the five-year MTF period, with £32.6m of savings being proposed for 2025/26 increasing throughout the later years of the MTF period.

Mr Goodwin advised that Health & Social Care savings proposals were forecast to deliver £7.8m in 2025/26, with a further £1.1m in 2026/27 taking the total savings to £8.9m. These proposals included an increase in the use of artificial intelligence (AI) in the operation of social work practices which was forecast to secure £0.5m of efficiencies without impacting on frontline services.

Members thanked the Cabinet Member and officers for putting the budget together during very difficult times. It was noted that the vast majority of residents would never come into contact with Adult Social Care despite it being the biggest cost to the Council.

Staffing underspend in the service had reduced the overall pressure on the portfolio budget from £4.5, to £4.1m. Members queried how long this underspend could be sustained and whether there would be an impact on residents with the use of AI reducing the number of staff. Ms Taylor advised that the use of AI had only recently been introduced into social work and it was thought that this technology would enable the Council to act quicker, undertake more assessments and control demand. The vacancies that had arisen had been absorbed but it was recognised that social workers would still be needed to operate the technology. Every London borough had digitised the way that they carried out assessments, with more being done each day. It was agreed that progress, impact and outcomes of the increasing use of AI would need to be reported back to the Committee in the future.

It was recognised that Adult Social Care had been doing more with less for many years. Members queried the extent to which the savings targets were linked to the digital offer and how the look and feel of the services would change as a result. Mr Ennis advised that the investment had been positive as it had increased the productivity of the staff with little impact on residents. Although the Council was a traditional organisation, consideration needed to be given to unit costs and productivity to avoid the need to reduce services.

A lot of the savings proposals had been linked to transformation and some linked to capital receipts. A number of boroughs had overinvested in transformation and had not seen adequate returns so it would be important to monitor the situation in Hillingdon carefully. The Council's Chief Operating Officer would need to be held to account for the delivery but the Corporate Management Team would need to work closely to ensure its success.

Mr Goodwin advised that the Council was able to manage and mitigate the financial impact of in-year unbudgeted pressures and risks by the holding of adequate reserves and contingency provisions. Such reserves could be "earmarked" and held for specific purposes or "general" against non-specific risks. The budget proposals included an increase in general contingency.

Members recognised that the increasing cost of delivery and the increasing demand were today's reality but that the Council was driven by the provision of good services. Whilst cutting costs was the environment, this was not the motivation. It was agreed that the Democratic, Civic and Ceremonial Manager be asked to draft the Committee's comments for inclusion in the Cabinet report in conjunction with the Chair and in consultation with the Labour Lead.

RESOLVED: That:

- 1. that progress, impact and outcomes of the increasing use of AI be reported back to a future Committee meeting; and**
- 2. the Democratic, Civic and Ceremonial Manager be asked to draft the Committee's response to the budget in conjunction with the Chair and in consultation with the Labour Lead.**

The meeting, which commenced at 6.30 pm, closed at 8.54 pm.

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