



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, 25 FEBRUARY  
2025

**Time:** 6.30 PM

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

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

For safety and accessibility, security measures will be conducted, including searches of individuals and their belongings. Attendees must also provide satisfactory proof of identity upon arrival. Refusal to comply with these requirements will result in non-admittance.

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## Terms of Reference

### Health & Social Care Select Committee

Portfolio(s)	Directorate	Service Areas
Cabinet Member for Health & Social Care	Adult Services & Health	Adult Social Work (incl. Direct Care and Business Delivery, Provider & Commissioned Care)
		Adult Safeguarding
		Hospital & Localities
		Adult Learning Disabilities & Mental Health
		Adult Social Services transport and travel
		Health & Public Health (incl. health partnerships, health inequalities & Health Control Unit at Heathrow)
		Health integration / Voluntary Sector
	Homes & Communities	The Council's Domestic Abuse services and support (cross-cutting)
		Services to asylum seekers

<b>STATUTORY COMMITTEE</b>	<p><u>Statutory Healthy Scrutiny</u></p> <p>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:</p> <ul style="list-style-type: none"> <li>• Work closely with the Health &amp; Wellbeing Board &amp; Local Healthwatch in respect of reviewing and scrutinising local health priorities and inequalities.</li> <li>• Respond to any relevant NHS consultations.</li> </ul> <p><u>Duty of partners to attend and provide information</u></p> <p>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 &amp; 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.</p>
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	<p>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.</p>
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# Agenda

## **CHAIR'S ANNOUNCEMENTS**

- 1 Apologies for absence
- 2 Declarations of Interest in matters coming before this meeting
- 3 Minutes of the meeting held on 23 January 2025 1 - 10
- 4 Exclusion of press and public
- 5 Adult Social Care Early Intervention and Prevention - First Witness Session **TO FOLLOW**
- 6 Cabinet Forward Plan Monthly Monitoring 11 - 18
- 7 Work Programme 19 - 22

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## Minutes

### HEALTH AND SOCIAL CARE SELECT COMMITTEE

23 January 2025



HILLINGDON  
LONDON

Meeting held at Committee Room 5 - Civic Centre

	<p><b>Committee Members Present:</b> 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><b>Also Present:</b> Councillor Jane Palmer, Cabinet Member for Health &amp; Social Care Lesley Watts, Chief Executive Officer, THH &amp; Chelsea &amp; Westminster Hospital NHS Foundation Trust</p> <p><b>LBH Officers Present:</b> 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><b>APOLOGIES FOR ABSENCE</b> (<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><b>DECLARATIONS OF INTEREST IN MATTERS COMING BEFORE THIS MEETING</b> (<i>Agenda Item 2</i>)</p> <p>There were no declarations of interest in matters coming before this meeting.</p>
47.	<p><b>MINUTES OF THE MEETING HELD ON 12 NOVEMBER 2024</b> (<i>Agenda Item 3</i>)</p> <p><b>RESOLVED:</b> That the minutes of the meeting held on 12 November 2024 be agreed as a correct record.</p>
48.	<p><b>EXCLUSION OF PRESS AND PUBLIC</b> (<i>Agenda Item 4</i>)</p> <p><b>RESOLVED:</b> That all items of business be considered in public.</p>
49.	<p><b>UPDATED SELECT COMMITTEE REMITS</b> (<i>Agenda Item 8</i>)</p> <p>Consideration was given to the Committee's updated remit.</p> <p><b>RESOLVED:</b> That the Committee's updated remit be noted.</p>
50.	<p><b>CABINET FORWARD PLAN MONTHLY MONITORING</b> (<i>Agenda Item 9</i>)</p> <p>Consideration was given to the Cabinet Forward Plan.</p>

	<p><b>RESOVLED: That the Cabinet Forward Plan be noted.</b></p>
<p>51.</p>	<p><b>WORK PROGRAMME</b> (<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><b>RESOLVED: That the Work Programme, as amended, be agreed.</b></p>
<p>52.</p>	<p><b>THE HILLINGDON HOSPITALS NHS FOUNDATION TRUST - VERBAL UPDATE</b> (<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](mailto:nohalloran@hillingdon.gov.uk). Circulation of these minutes is to Councillors, officers, the press and members of the public.



## ADULT SOCIAL CARE EARLY INTERVENTION AND PREVENTION REVIEW - FIRST WITNESS SESSION

<b>Committee name</b>	Health and Social Care Select Committee
<b>Officer reporting</b>	Kelly O'Neill – Adult Social Care and Health, Hillingdon Council Gavin Fernandez – Adult Social Care and Health, Hillingdon Council Gary Collier – Adult Social Care and Health, Hillingdon Council
<b>Papers with report</b>	None
<b>Ward</b>	All

### HEADLINES

1. At its meeting on 12 November 2024, the Committee approved the terms of reference for the review of Adult Social Care Early Intervention and Prevention. This report provides the Committee with information about demand, approaches to prevention (early intervention is a form of prevention), describes the interface with health partners and expands on some of the preventative services commissioned by the Council.
  
2. The importance of tackling prevention across health and social care and shifting away from treatment is one of the three priorities of the NHS 10 year forward plan, and the expectation is that, through health and care systems, we work together to invest in evidence-based prevention services, driven by building health education that leads to sustained behaviour change.
  
3. Local authorities are the place-makers of healthy communities, the local system provider organisation responsible for public health and the interventions and services that have the greatest impact on improving health, reducing the risk of long-term ill-health. Elected Members are the decision makers who influence health as a key outcome in all policy decisions. Whether this is through community development and inclusion, neighbourhood regeneration, new planning and infrastructure development where there is an overt focus on creating a healthy borough where the healthiest option is the easiest option.
  
4. The health impact of local authorities, through early years services, education, training and employment, is building the local economy to the benefit of residents to increase incomes, that leads to more affordable quality homes in safe areas, where residents have access to leisure and parks as safe spaces.
  
5. There are a broad range of interventions and services that are the responsibility of local authorities that make a greater contribution to prevention, early intervention and improving health and wellbeing of residents of all ages than any service provided by the NHS or wider health and care services. These include:
  - Universal services for families that protect the vulnerable and prevent children being at risk and coming into care services.
  - Taking action to prevent violence against individuals and communities.
  - Helping to reduce the risk of homelessness.

- Preventative action that delays the onset of frailty, through falls prevention programmes.
  - Funding of the voluntary, community and social enterprise (VCSE) sector to provide support for older people and preventing them becoming lonely, isolated and marginalised.
6. As the population ages, people are living longer lives but with more years being unhealthy, which increases demand on health and long-term care services. A key challenge is that, if action is not taken to support residents to live healthier, more independent lives, to prevent or delay the onset of ill-health, the cost of health and social care will be increasingly unaffordable.

## RECOMMENDATIONS

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

- a) notes the content of the report; and
- b) question officers on any aspect of the report.

## SUPPORTING INFORMATION

### Strategic Context

7. Table 1 shows the changes in Hillingdon’s population between 2011 and 2021 and projected to 2031.

<b>Table 1: Hillingdon’s Changing Population 2011 - 2031</b>			
<b>Age Range</b>	<b>2011</b>	<b>2021</b>	<b>2031</b>
All ages	273,936	305,910	341,709
18 - 64	172,638	193,369	214,109
65 +	35,178	41,175	48,194
80 +	9,871	11,677	13,813

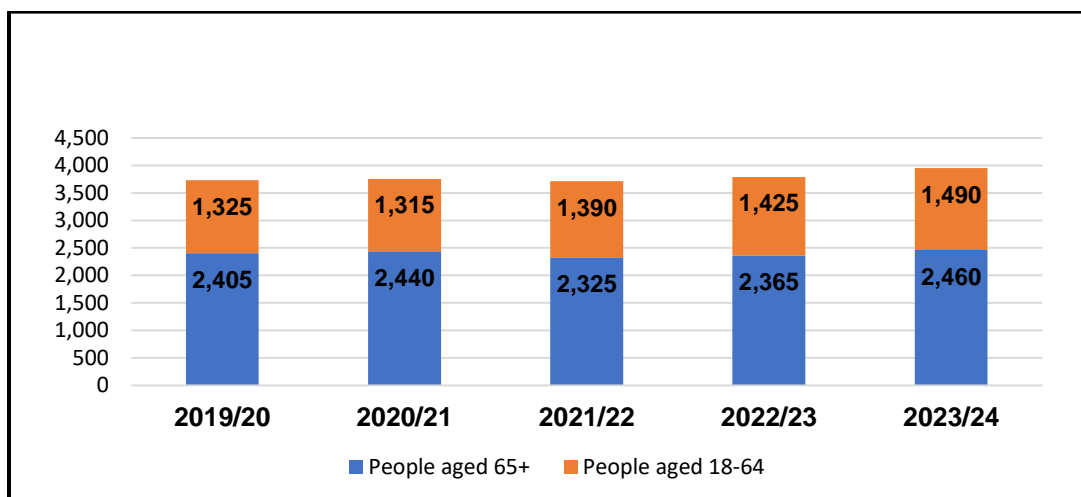
8. Some key headlines for the Committee’s information include:
- Health data shows that 48% (127,264) of the 18+ population registered with a Hillingdon GP are living with one or more long-term health conditions, which makes Hillingdon comparable with Harrow for having the highest weighted average percentage of people with long-term conditions in North West London (NWL)<sup>1</sup>.
  - The top five long-term health conditions in the Borough are hypertension, anxiety, depression, obesity and diabetes. Hypertension accounts for approximately 50% of all unplanned hospital admissions in older adults and 20% in adults of working age, which is increasing year on year. It is common to see people affected by more than one of these five conditions at the same time.
  - Data shows that people aged 65 and above account for approximately 13% of the resident Hillingdon population, and as higher health and care services users their activity makes up over 30% of GP and unplanned and urgent acute (Accident and Emergency) attendances and 40% of emergency hospital admissions.
  - 4,400 residents (approximately 1.4% of the population in 2023) account for 50% of

<sup>1</sup> NHS North West London’s Whole Systems Integrated Care (WSIC) database. Weighted average means that the calculation is based on data ‘weighted’ to its importance as a contributing factor.

all emergency admissions to hospital.

- Nearly 29% of the 22,465 unpaid carers (2021 census) provide 50 or more hours of care a week and therefore a greater risk to their health and wellbeing.

9. Figure 1 shows the increase in the numbers of people receiving long-term care by two age groups between 2019 and 2024. The activity data shows a 4.5% increase in people aged 18 -64 requiring long-term care between 2022/23 and 2023/24 and a 3% increase for residents aged 65 years and over. Overall, there was a 2.2% increase in the number of people aged 65 years plus requiring long-term care from 2019/20 to 2023/24 and a 13% increase for people aged 18 to 64.



Source: LG Inform – NHS England, Adult Social Care Activity and Finance Report

10. During the period 1 April to 31 December 2024, 3,967 people received Adult Social Care services. 57% (2,256) were people aged 65 and above. The demand for long-term Adult Social Care is driven by the needs of:
- *Older people living with dementia*: 21% of older people in long-term care have dementia as their primary need and 66% of their care needs are to manage physical health and activities of daily living.
  - *Working aged adults, aged 18-64 with mental health needs*: there has been a 450% increase in referrals between 2019 and 2024: from 285 referrals in 2019 to 1,286 in 2024.
  - *People with learning disabilities/autism*: the Council provides care support for approximately 40 people a year who transfer from children to adult social care services.
  - *People with an autism only diagnosis*: there has been approximately a 20-fold increase in the number of people supported from 18 people in 2019 to 350 in 2024.
11. The significant increase in referrals and care being delivered reflects not only an ageing population but an increasing number of people living with long-term conditions. Other factors are likely to include families being less available to provide support, people living longer without a carer and changing diagnoses.
12. This reinforces the importance of greater focus on prevention and early intervention to keep people healthier and independent for longer to maximise the opportunities for residents to live fulfilling lives and manage the unprecedented increased demand for health and social care services.

13. The Health and Wellbeing Board, which brings together health and care system leaders, is currently reviewing how partners within Hillingdon's health and care system can collectively achieve more investment into evidence-based prevention and early intervention. This is being done as part of the process of refreshing the statutory joint local health and wellbeing strategy, which will set out a joint approach to tackling the complex issues that affect Hillingdon's population both now and in the near future.
14. The focus of this report is on prevention and early intervention that supports residents to improve health, delay the onset of ill-health and frailty, and reduce demand on Adult Social Care.

## **Preventative Approaches**

15. Improving health and wellbeing that enables people to live independent lives and reduce the prevalence of long-term conditions such as hypertension, cancers, cardiovascular disease, diabetes and tackle the rising risk of frailty for older residents, thereby reducing demand for long-term social care services, is a priority. It is also one that will be the primary focus of the revision of the Hillingdon Older Person's Plan. Fundamental to keeping people living healthier lives for longer is the need for more ambitious approaches to prevention and early intervention, where all statutory public sector organisations understand their roles and responsibilities and how this contributes to that outcome. This will allow Hillingdon residents to be more engaged in taking responsibility for their own health and have the health education that leads to healthier choices. It will also give access to universal and targeted prevention services that risk assesses their health and wellbeing and is a gateway to early intervention services.
16. Prevention and early intervention services at population level target population groups at their most vulnerable based on risk – some are based on helping people to live healthier lives. Examples include:
  - Healthy eating and the programmes that support supplementation of women's diets during pregnancy and in the first stage of a child's life, promoting breast and infant feeding.
  - Infant non-cancer health screening, i.e., physical examination and newborn blood spot screening that screens for genetic conditions.
  - The universal vaccination programme for children and young people.
  - Cancer screening and NHS Health Checks for adults, which is a key screening programme for identifying risk of long-term conditions.
  - Seasonal vaccinations for older people.
  - Core strengths-based programmes to encourage older people to stay steady and active to reduce the risk of falls that can lead to access to long-term care.
17. In addition, there is the importance of tackling loneliness and social isolation, that supports inclusion and mental health, keeping people engaged with their neighbourhoods and communities, through the developing of carer networks that support people with dementia and other progressive diseases. The Council's investment into VCSE organisations provides focused support to enable people to lead better lives. The important action is to ensure that those who most need this service are accessing it, and this is achieved through localised teams of health and social care professionals working together as Integrated Neighbourhood Teams (INTs).

18. There are three INTs in Hillingdon that work in defined geographical areas and are working together to improve health and wellbeing outcomes; risk stratifying people most at risk of ill health and of associated hospital admission, at risk of increasing dependence as they become unable to self-care, which results in poorer lives and greater demand for costly care services is undertaken within the three INTs.
19. A partner from the Hillingdon Health and Care Partnership has been asked to attend the March witness session to explain this to the Committee in more detail.

### **Current Prevention Services**

20. There are a range of services commissioned by the Council with the primary outcome to prevent or delay the need for care services, including more intensive (and therefore restrictive) levels of care and support. In 2024/25, the total cost of these services is £6,341,000. The main funding sources for these services are the Public Health Grant (PHG) and the Better Care Fund (BCF). The PHG is an annual grant from the Office of Health Improvement and Disparities (OHID) and the Department of Health and Social Care (DHSC) that supports non-statutory services where the primary function is improving health and wellbeing outcomes. The BCF is a Government initiative intended to facilitate local health and care systems to work closer together to enable people to remain independent in their own homes for as long as possible and to expedite discharge from hospital following an admission.
21. The Committee is advised that, over the last two years, there has been a proactive programme of moving services from being grant funded to contracts with clear deliverables that contribute to outcomes. This shift from an annual funding cycle to formal contracts gives providers more stability and it has particularly affected services delivered by VCSE organisations. For the Council, this has provided the opportunity to bring services together and to create partnerships that are more efficient. In 2024/25, competitive tenders have taken place for contracts with providers for up to eight years and Cabinet in March 2025 will be asked to approve contract award recommendations.

### **Information, Advice and Guidance (IAG)**

22. Access to IAG is critical to enabling residents to making informed choices about how they stay healthy and independent and has targeted those needing care and support and their carers.
23. There are currently four different third sector organisations (Age UK, Bell Farm Christian Association, Citizens' Advice Bureau and the Disablement Association Hillingdon) delivering IAG services through five separate contracts at a total cost of £1,020,000. These providers were previously funded through annual grants from the Public Health Grant. These budgets have been combined into a single service contract and, in March 2025, Cabinet will be asked to approve an award of contract to one provider. The new service model reinforces the need for outreach, going out to residents in their communities and improving access through technology. The new provider will be asked to attend the witness session at the Committee's June meeting to explain how the new model will work in practice and effectively reach neighbourhoods and communities who are the most vulnerable.

## **Community Equipment Service**

24. The Community Equipment Service (CES) provides the following services to children and adults:
- *Equipment loans service (ELS)*: This service supplies equipment ranging from raised toilet seats to electric profiling beds and hoists.
  - *Minor adaptations*: This provides adaptations to residents' homes, e.g., grab rails by a door or a toilet and/or bath, valued up to £1k.
  - *Door entry systems*: These facilitate authorised access to the homes of residents where the resident is unable to directly open their front door because of a disability.
25. The CES has a critical part in supporting the independence, safety and quality of life of Hillingdon's residents of all ages who are living with a physical disability and/or a sensory impairment. The service predominantly focuses on people aged 65 and over. The scope of the contract includes the supply, delivery fitting and installation, adjustment, servicing and testing, collection, refurbishment, recycling and disposal of items of equipment. The £2,202,000 budget for the service is funded from the BCF and, during the period April to December 2024, 9,944 Hillingdon people were supported.

## **Reablement Service**

26. Reablement, is a non-chargeable, goal-focused intervention that involves intensive, time-limited assessment and therapeutic work over a period of up to six weeks (but possibly for a shorter period), generally provided in the person's own home.
27. The service is delivered by Comfort Care Services Ltd and provides out of hours support for the telecare service (see below) where residents do not have a responder or where they cannot be contacted.
28. The service identifies and assesses a person's own strengths and abilities by focusing on what they can safely do instead of what they cannot do anymore. The service is funded by the NHS via the BCF and in 2024/25 the budget is £1,198,000. Between April and December 2024, the service supported 821 people, 74% (606) of whom were people discharged from hospital. The remaining 26% (215) were people referred from the community needing support to maintain independence and avoid hospital admission.
29. A key measure of the services' effectiveness is the extent to which recipients leave the service without need for long-term care and continue not to require care 90 days after discharge from the service. From April to December 2024, 548 people left the service without the need for ongoing care, and did not require care within 90 days: an estimated cost avoidance of £1,836,000.
30. The Adult Social Care Outcomes Framework (ASCOF) includes a national performance measure that applies to Reablement. The measure is: *Proportion of new service users that received a short-term service during the year where the sequel to service was either no ongoing support or support of a lower level (%)*. The goal is a high percentage and Hillingdon's score in 2023/24 was 89.1%, which compares to 77.6% for London and 79.4% and is an increase of 9.1% from 80% in 2022/23.

31. ASCOF includes a second performance measure which is: *Proportion of older people (aged 65 and over) who received reablement services after discharge from hospital*. As above, the goal is a high percentage and, in 2023/24, this was 2.4%, which was an improvement on the 2022/23 outturn of 1.9% but was below the London regional average of 4.3% as well as that for England, which was 3%.

### **Carer Support Service**

32. The Carer Support Service contract aims to support both young carers and adult carers in Hillingdon and is currently delivered by the Carers Trust Hillingdon and Ealing, the lead provider for the Hillingdon Carers Partnership.
33. This contract provides information, advice and access to home-based replacement care and externally delivered short break opportunities. The annual update report was considered by the Committee as part of the Joint Carers Strategy on 24 July 2024. The report showed how successful the provider had been in securing additional income for carers and in generating externally funded carer-led activities outside of the contract. The report can be accessed via the following link:  
<https://modgov.hillingdon.gov.uk/ieListDocuments.aspx?CId=421&MId=4774&Ver=4>
34. Between April to September 2024, the Hillingdon Carers Partnership supported 492 new adult carers and 142 new, young and young adult carers, i.e., carers aged 16 to 24, and provided 1:1 support to 2,867 carers.
35. The Committee is advised that, in March 2025, Cabinet will be asked to approve an award of a new contract following a competitive tender. As with the IAG service referred to above, the successful provider will also be asked to attend the witness session at the Committee's June 2025 meeting to explain how the new model will work in practice.

### **Mental Health Early Intervention/Prevention Programme**

36. During the period April to December 2024, 91 new adults with mental health needs were referred into the service, 325 people were supported in group activities, there were 750 outreach contacts and 1,200 emotional support calls. During this reporting period, 66% people supported reported improved mental wellbeing, whilst 21% reported that their wellbeing had been maintained. 68% reported improvements in community engagement and 55% in their living skills.
37. This service has also been the subject of a competitive tender and Cabinet, in March 2025, will be asked to make an award of a contract decision.

### **Technology Enabled Care**

38. Technology enabled care (TEC) is the use of technology to provide health and care services to people in their own homes to assist them to live independently and safely. Telecare is an example of TEC. This is a monitoring and alert system that supports people to live independently in their own homes. It works through the telephone system and links alarms, sensors and equipment in a person's home to an adviser in a control centre. The funding for the service (£380,000) is from the BCF. There were 720 new installations between April and December 2024.

39. The Committee is asked to note that the Hillingdon service offer is currently under review and it proposed that the TEC plan be considered at a future witness session as part of a broader exploration of the opportunities presented by tech enabled care.

### **Mental Health Floating Support Service**

40. The mental health floating support service is provided by Ability Housing Association and the annual £323,000 cost funds the provision of 350 hours of support for people living with mental health needs who has been referred by a mental health professional and agreed with the Council's Service Manager for Mental Social Work. Support can be provided for up to two years and includes:
- Assistance in setting up and maintaining a home/tenancy, including support with maintenance, repairs, payment of rent and arrears.
  - Advice, advocacy and liaison, including support to access and secure other services, signposting to specialist advice services and community groups, developing self-advocacy skills.
  - Support with developing independent living skills, such as budgeting and paying bills, support to apply for benefits, support within funding and securing alternative accommodation and with moving home.
  - Wellbeing and general support, including emotional support and advice, support with monitoring own health and wellbeing and signposting to health services.
  - Prompting Service Users to take prescribed medication.

### **Hospital Discharge Mental Health Floating Support Service**

41. This service is delivered by Ability Housing and was established as a pilot to provide transitional support for 32 hours a week for a total of 8 people from the point of initial hospital discharge planning through to moving into their own accommodation in the community. The service is intended to provide support for up to three months,
42. The service supported 14 people between 1 April and 31 December 2024. This low number is due to service mobilisation issues related to recruitment of staff and the consequent delay in raising awareness of the service within Hillingdon Hospital and Riverside Mental Health in-patient unit. The annual cost of £50,900 is funded by the NHS through the BCF. The contract has been extended until 30 November 2025 and a review will be undertaken early in 2025/26 to determine whether the pilot will be continued and mainstreamed.

### **Admiral Nurse Service**

43. Admiral Nurses are specialist mental health nurses who support carers of people with dementia and their families, providing specialist advice and support that enables the carers of people living with dementia to maximise the amount of time they can continue in their caring role; to help carers attain and maintain their optimum health and welfare to support a person with dementia to continue to live in the community for as long as possible. The provision of this type of service is pivotal in preventing a breakdown in the relationship between the carer and the person being cared for which can result in the Council having to provide more expensive packages of care or placements into residential and nursing care.
44. The service costs £59,200 which provides one of two mental health nurses employed by the Central and North West London NHS Foundation Trust (CNWL), who deliver



the service under a licence issued by Dementia UK, who own the ‘Admiral Nurse’ brand.

45. During 2023/24, the service received 212 new referrals each month and there was an average of 143 open cases each month leading to 1,924 activities to support families affected by dementia.

### **Home from Hospital**

46. Home from Hospital Service supports older people to return to their usual home following a hospital admission where the person does not require a package of care. The support comes from Age UK volunteers visiting older people discharged from hospital three times a week for a six-week period and linking them into other support services based on their needs.
47. The service is part of a broader contract between North West London Integrated Care Board (ICB) and Age UK and is based in A & E at Hillingdon Hospital. The service aims to avoid hospital admission and support older people to return home following a hospital admission. 78% of the cost of the contract is funded by the ICB and the Council contribution is from funding within the BCF. Between April and December 2024, the service supported 155 residents to safely return home from hospital.

### **Contract Monitoring**

48. The ASC Contracts and Supplier Relationship Team are responsible for monitoring contracted providers. The Council is currently in the process of strengthening its Adult Social Care commissioning infrastructure to include increasing contract management capacity. This will be funded in part from income streams within the BCF. A combination of increased capacity and a reduction in the number of contracts will facilitate proportionate monitoring and whether services are meeting the intended outcomes stated for residents.

### **RESIDENT BENEFIT**

49. The approach and related services addressed in this report are intended to support the continued independence of residents, prevent ill-health and reduce or delay the demand for more intensive, restrictive and expensive types of care.

### **FINANCIAL IMPLICATIONS**

Table 2 below summarises the income streams within the BCF that are referred to elsewhere in this report. An update on the BCF will be provided to the Committee in due course.

<b>Table 2: Summary of Better Care Fund Income Streams 2024/25</b>	
<b>Income Stream</b>	<b>Value (£)</b>
Minimum NHS Contribution	24,164,009
Additional NHS Contribution	3,096,967
ICB Discharge Fund	2,590,881
<b>NHS TOTAL</b>	<b>29,851,857</b>

Minimum LBH Contribution	13,042,692
Additional LBH Contribution	55,385,658
LBH Discharge Fund	1,744,957
<b>LBH TOTAL</b>	<b>70,173,307</b>
<b>TOTAL BCF VALUE</b>	<b>100,025,164</b>

There are no direct financial implications arising from this report.

## **LEGAL IMPLICATIONS**

There are no legal implications arising from this report.

## **BACKGROUND PAPERS**

None.

## CABINET FORWARD PLAN

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

### HEADLINES

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

### RECOMMENDATION

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

### SUPPORTING INFORMATION

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

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

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

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

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

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

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

## BACKGROUND PAPERS

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

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**Scheduled  
Upcoming  
Decisions**

Further details

Ref

Ward(s)

Final decision by Full Council	Cabinet Member(s) Responsible	Relevant Select Committee	Report Author	Corporate Director Responsible	Consultation related to the decision	NEW ITEM	Public or Private (with reason)
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SI = Standard Item each month/regularly

Cabinet meeting - Thursday 13 March 2025 (report deadline 19 February)											
271	<b>Award of Contracts: Statutory Advocacy and Best Interest Assessments</b>	Cabinet will consider procurement arrangements for statutory adult social care services, in particular in respect of advocacy which provides support to individuals in understanding and exercising their rights and making informed decisions and Best Interest Assessments which evaluate whether it is in the best interests of a person lacking capacity to be deprived of their liberty for their safety and well-being.	N/A		Cllr Jane Palmer - Health & Social Care	Health & Social Care	Gavin Fernandez / Sally Offin	Sandra Taylor		NEW ITEM	Private (3)
262	<b>Social Care Support Services to Residents</b>	Cabinet will consider a strategic report on social care support services for residents, and contractual arrangements for the following services: Carer Support Services; Mental health in the community; Information, Advice, Guidance and Wellbeing; Healthwatch Services; Homestart early years support and related services.	N/A		Cllr Jane Palmer - Health & Social Care / Cllr Susan O'Brien - Children, Families & Education	Health & Social Care	Gavin Fernandez / Sally Offin / Sarah Baker	Sandra Taylor			Private (3)
SI	<b>Public Preview of matters to be considered in private</b>	A report to Cabinet to provide maximum transparency to residents on the private and confidential matters to be considered later in Part 2 of the Cabinet meeting and agenda.	TBC		All Cabinet Members	All	Democratic Services	N/A			Public
SI	<b>Reports from Select Committees</b>	Reports, findings and recommendations for consideration by the Cabinet, when referred from the appropriate Committee.	All		All	TBC	Democratic Services	TBC	TBC		Public
Cabinet Member Decisions expected - March 2025											
SI	<b>Standard Items taken each month by the Cabinet Member</b>	Cabinet Members make a number of non-key decisions each month on standard items - details of these are listed at the end of the Forward Plan.	Various		All	TBC	Democratic Services		Various		Public
Cabinet meeting - Thursday 10 April 2025 (report deadline 19 March)											
SI	<b>Public Preview of matters to be considered in private</b>	A report to Cabinet to provide maximum transparency to residents on the private and confidential matters to be considered later in Part 2 of the Cabinet meeting and agenda.	TBC		All Cabinet Members	All	Democratic Services	N/A			Public
SI	<b>Reports from Select Committees</b>	Reports, findings and recommendations for consideration by the Cabinet, when referred from the appropriate Committee.	All		All	TBC	Democratic Services	TBC	TBC		Public
Cabinet Member Decisions expected - April 2025											
SI	<b>Standard Items taken each month by the Cabinet Member</b>	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	Democratic Services	TBC	Various		Public
Cabinet meeting - Thursday 22 May 2025 (report deadline 30 April)											
SI	<b>Reports from Select Committees</b>	Reports, findings and recommendations for consideration by the Cabinet, when referred from the appropriate Committee.	Various		All	TBC	Democratic Services	N/A	Various		Public
SI	<b>Public Preview of matters to be considered in private</b>	A report to Cabinet to provide maximum transparency to residents on the private and confidential matters to be considered later in Part 2 of the Cabinet meeting and agenda.	TBC		All Cabinet Members	All	Democratic Services	TBC			Public

Ref	Scheduled Upcoming Decisions	Further details	Ward(s)	Final decision by Full Council	Cabinet Member(s) Responsible	Relevant Select Committee	Report Author	Corporate Director Responsible	Consultation related to the decision	NEW ITEM	Public or Private (with reason)
SI = Standard Item each month/regularly											
<b>Cabinet Member Decisions expected - May 2025</b>											
SI	Standard Items taken each month by the Cabinet Member	Cabinet Members make a number of decisions each month on standard items - details of these standard items are listed at the end of the Forward Plan.	Various		All	TBC	Democratic Services	TBC	Various		Public
<b>Cabinet meeting - Thursday 26 June 2025 (report deadline 4 June)</b>											
SI	Reports from Select Committees	Reports, findings and recommendations for consideration by the Cabinet, when referred from the appropriate Committee.	All		All	TBC	Democratic Services	N/A	TBC		Public
SI	Public Preview of matters to be considered in private	A report to Cabinet to provide maximum transparency to residents on the private matters to be considered later in Part 2 of the Cabinet meeting and agenda.	TBC		All Cabinet Members	All	Democratic Services	TBC			Public
<b>Cabinet Member Decisions expected - June 2025</b>											
SI	Standard Items taken each month by the Cabinet Member	Cabinet Members make a number of non-key decisions each month on standard items - details of these are listed at the end of the Forward Plan.	Various		All	TBC	Democratic Services	TBC	Various		Public
<b>Cabinet meeting - Thursday 24 July 2025 (report deadline 2 July)</b>											
SI	Reports from Select Committees	Reports, findings and recommendations for consideration by the Cabinet, when referred from the appropriate Committee.	All		All	TBC	Democratic Services	N/A	TBC		Public
SI	Public Preview of matters to be considered in private	A report to Cabinet to provide maximum transparency to residents on the private matters to be considered later in Part 2 of the Cabinet meeting and agenda.	TBC		All Cabinet Members	All	Democratic Services	TBC			Public
<b>Cabinet Member Decisions expected - July 2025</b>											
SI	Standard Items taken each month by the Cabinet Member	Cabinet Members make a number of non-key decisions each month on standard items - details of these are listed at the end of the Forward Plan.	Various		All	TBC	Democratic Services	TBC	Various		Public
<b>AUGUST 2025 - NO CABINET MEETING</b>											
SI	Standard Items taken each month by the Cabinet Member	Cabinet Members make a number of non-key decisions each month on standard items - details of these are listed at the end of the Forward Plan.	Various		All	TBC	Democratic Services	TBC	Various		Public
<b>CABINET MEMBER DECISIONS: Standard Items (SI) that may be considered each month</b>											
SI	Urgent Cabinet-level decisions & interim decision-making (including emergency decisions)	The Leader of the Council has the necessary authority to make decisions that would otherwise be reserved to the Cabinet, in the absence of a Cabinet meeting or in urgent circumstances. Any such decisions will be published in the usual way and reported to a subsequent Cabinet meeting for ratification. The Leader may also take emergency decisions without notice, in particular in relation to the COVID-19 pandemic, which will be ratified at a later Cabinet meeting.	Various		Cllr Ian Edwards - Leader of the Council	TBC	TBC		TBC		Public / Private



## Scheduled Upcoming Decisions

Ref

### Further details

Ward(s)

				Final decision by Full Council	Cabinet Member(s) Responsible	Relevant Select Committee	Report Author	Corporate Director Responsible	Consultation related to the decision	<b>NEW ITEM</b>	Public or Private (with reason)
SI	<b>Release of Capital Funds</b>	The release of all capital monies requires formal Member approval, unless otherwise determined either by the Cabinet or the Leader. Batches of monthly reports (as well as occasional individual reports) to determine the release of capital for any schemes already agreed in the capital budget and previously approved by Cabinet or Cabinet Members	TBC		Cllr Martin Goddard - Finance & Transformation (in conjunction with relevant Cabinet Member)	All - TBC by decision made	various		Corporate Finance		Public but some Private (1,2,3)
SI	<b>Petitions about matters under the control of the Cabinet</b>	Cabinet Members will consider a number of petitions received by local residents and organisations and decide on future action. These will be arranged as Petition Hearings.	TBC		All	TBC	Democratic Services				Public
SI	<b>To approve compensation payments</b>	To approve compensation payments in relation to any complaint to the Council in excess of £1000.	n/a		All	TBC	various				Private (1,2,3)
SI	<b>Acceptance of Tenders</b>	To accept quotations, tenders, contract extensions and contract variations valued between £50k and £500k in their Portfolio Area where funding is previously included in Council budgets.	n/a		Cllr Ian Edwards - Leader of the Council OR Cllr Martin Goddard - Finance & Transformation / in conjunction with relevant Cabinet Member	TBC	various				Private (3)
SI	<b>All Delegated Decisions by Cabinet to Cabinet Members, including tender and property decisions</b>	Where previously delegated by Cabinet, to make any necessary decisions, accept tenders, bids and authorise property decisions / transactions in accordance with the Procurement and Contract Standing Orders.	TBC		All	TBC	various				Public / Private (1,2,3)
SI	<b>External funding bids</b>	To authorise the making of bids for external funding where there is no requirement for a financial commitment from the Council.	n/a		All	TBC	various				Public
SI	<b>Response to key consultations that may impact upon the Borough</b>	A standard item to capture any emerging consultations from Government, the GLA or other public bodies and institutions that will impact upon the Borough. Where the deadline to respond cannot be met by the date of the Cabinet meeting, the Constitution allows the Cabinet Member to sign-off the response.	TBC		All	TBC	various				Public

SI = Standard Item each month/regularly

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## WORK PROGRAMME

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

### HEADLINES

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

### RECOMMENDATIONS

**That the Health and Social Care Select Committee considers its Work Programme for the year and agrees any amendments.**

### SUPPORTING INFORMATION

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

Meetings	Room
<del>Wednesday 19 June 2024, 6.30pm – CANCELLED</del>	TBA
<del>Wednesday 24 July 2024, 6.30pm</del>	CR5
<del>Wednesday 11 September 2024, 6.30pm – PRIVATE</del>	CR6
<del>Wednesday 11 September 2024, 7pm</del>	CR6
<del>Wednesday 9 October 2024, 6.30pm</del>	CR5
<del>Tuesday 12 November 2024, 6.30pm</del>	CR5
<del>Thursday 23 January 2025, 6.30pm</del>	CR5
<del>Tuesday 25 February 2025, 6.30pm</del>	CR5
<del>Wednesday 25 March 2025, 6.30pm</del>	CR5
<del>Tuesday 29 April 2025, 6.30pm</del>	CR5

The meeting dates for the 2025/2026 municipal year were agreed by Council on 16 January 2025 and are as follows:

Meetings	Room
Thursday 19 June 2025, 6.30pm	TBA
Tuesday 22 July 2025, 6.30pm	TBA
Tuesday 16 September 2025, 6.30pm	TBA
Tuesday 11 November 2025, 6.30pm	TBA
Tuesday 20 January 2026, 6.30pm	TBA
Tuesday 17 February 2026, 6.30pm	TBA

Meetings	Room
Thursday 26 March 2026, 6.30pm	TBA
Tuesday 21 April 2026, 6.30pm	TBA

### **Future Review Topics**

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 scheduled for 25 February 2025. Members agreed the terms of reference for this review at the meeting 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.

# MULTI-YEAR WORK PROGRAMME

2025/26

Health & Social Care Select Committee	October 9	November 12	December No meeting	January 23	February 25	March 25	April 29	May No meeting	June 19	July 22	August No meeting	September 16	October No meeting	November 11
<b>Review A: ASC Early Intervention &amp; Prevention</b> Topic selection / scoping stage Witness / evidence / consultation stage Findings, conclusions and recommendations Final review report agreement Target Cabinet reporting		Scoping Report			Witness Session	Witness Session			Witness Session	Findings		Final report	Cabinet	
<b>Review B: Pharmacies</b>		Single Meeting Review												
<b>Review C: GP Coverage</b>										Single Meeting Review				
<b>Regular service &amp; performance monitoring</b> Quarterly Performance Monitoring Annual Report of Adult and Child Safeguarding Arrangements Older People's Plan Update (prior to Cabinet) Mid-year budget / budget planning report (July/September) Cabinet's Budget Proposals For Next Financial Year (Jan) Cabinet Member for Health and Social Care Cabinet Forward Plan Monthly Monitoring		X		X X X	X	X	X		X	X		X		X
<b>One-off information items</b> Autism Update Carer Support Services - Cabinet report (079) Commissioning Model for delivery of health and social care services BOB Update Hospice and End of Life Services in the Borough Updated Select Committee Remits						X X X								
<b>Health External Scrutiny</b> Mount Vernon Cancer Centre Strategic Review Update Hillingdon Hospital Redevelopment Update Health Updates Quality Accounts (outside of meetings)	X X								X X X					X
<b>Past review delivery</b> Review of Children's Dental Services 2021/22 Making the Council more autism friendly 2020/21 CAMHS Referral Pathway 2023/24						X X	X							

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