



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 MARCH 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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Published: Monday, 17 March 2025

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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**

<b>1</b>	Apologies for absence	-
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## Minutes

### HEALTH AND SOCIAL CARE SELECT COMMITTEE

25 February 2025



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>LBH Officers Present:</b> Gary Collier (Health and Social Care Integration Manager), Gavin Fernandez (Head of Service - Hospital, Localities, Sensory &amp; Review), Kelly O'Neill (Director of Public Health) and Nikki O'Halloran (Democratic, Civic and Ceremonial Manager)</p>
55.	<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).</p>
56.	<p><b>DECLARATIONS OF INTEREST IN MATTERS COMING BEFORE THIS MEETING</b> (<i>Agenda Item 2</i>)</p> <p>Councillor Tony Burles declared a non-pecuniary interest in Agenda Item 5 – Adult Social Care EIP – First Witness Session, as he was on the management board at Citizens Advice Bureau, and stayed in the room during the consideration thereof.</p>
57.	<p><b>MINUTES OF THE MEETING HELD ON 23 JANUARY 2025</b> (<i>Agenda Item 3</i>)</p> <p>It was noted that the resolution in relation to the Adult Social Care digitisation agenda item had not included specific timescales in relation to the provision of additional information. It was agreed that any information available now should be circulated to Members outside of the meetings. Mr Collier, the Council's Health and Social Care Integration Manager, advised that a report was likely to be coming to the Committee in July 2025, after it had been considered by the Cabinet Member and Leader.</p> <p><b>RESOLVED: That:</b></p> <ol style="list-style-type: none"> <li>1. Mr Gary Collier forward information on the digitisation of Adult Social Care to the Democratic, Civic and Ceremonial Manager for circulation to the Committee Members;</li> <li>2. Mr Gary Collier provide a report on the digitisation of Adult Social Care for inclusion on the agenda for the meeting on 22 July 2025; and</li> <li>3. the minutes of the meeting held on 23 January 2025 be agreed as a correct record.</li> </ol>
58.	<p><b>EXCLUSION OF PRESS AND PUBLIC</b> (<i>Agenda Item 4</i>)</p> <p><b>RESOLVED: That all items of business be considered in public.</b></p>

59. **ADULT SOCIAL CARE EARLY INTERVENTION AND PREVENTION - FIRST WITNESS SESSION** (*Agenda Item 5*)

The Chair welcomed those present to the meeting. Ms Kelly O'Neill, the Council's Director of Public Health, advised that there was an interface between Adult Social Care and Public Health and health services. Prevention had been one of the three key priorities included in the NHS 10 Year Plan which would be published later this year.

Prevention was not just about social care but also included the social determinants of health such as housing and green spaces. As such the services and interventions provided by various Council teams had an impact on prevention which meant that prevention sat with the decision makers / Councillors.

It was important that effort was made to ensure that the healthiest option was the easiest option. This would mean that people would stay healthier for longer: health was wealth and wealth was health. As such, action was being taken to prevent a range of things including homelessness, violence against others and frailty. Projections had shown that Hillingdon would have a significant increase in the number of people aged over 65 but that their healthy life expectancy would not be extended and they would be living with one or more long term health conditions.

Hypertension (or high blood pressure (BP)) often went undetected and could lead to stroke and cardiovascular disease which were the biggest causes of death. Around 50% of emergency activity in the Emergency Department and 30% of GP time and unplanned care was in relation to high BP. Approximately 4,400 residents accounted for about 50% of hospital admissions. In addition, there were 22,465 unpaid carers in Hillingdon (29% of whom provided more than 50 hours of care each week), so it was important to keep them well. The challenge would be to drive the economy whilst tackling hypertension.

Concern was expressed that if there were 22,465 unpaid carers in Hillingdon and the Carers Trust provided one-to-one support for 2,867 carers, what support was available to the rest of the carers. Mr Collier advised that the Carers Trust provided a range of initiatives to reach out to carers as well as working in communities and working with partners. The Council had a statutory responsibility to identify carers so had been proactive in doing this. However, not all carers wanted support. Therefore, it was important to raise awareness of where carers could go if / when they wanted support.

Mr Gavin Fernandes, the Council's Assistant Director Immediate Response, advised that there had been 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 had been 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. Of the 3,967 people that had received Adult Social Care services between 1 April and 31 December 2024, 57% (2,256) had been aged 65 and above.

There had been a 450% increase in the number of referrals of those aged 18-64 with mental health needs between 2019 (285 referrals) and 2024 (1,286 referrals). A significant proportion of this could be attributed to the impact of the pandemic.

The Council provided care support for approximately 40 people a year with learning disabilities / autism who had transferred from children to adult social care services. There had been approximately a 20-fold increase in the number of people with an



autism only diagnosis that were supported by the Council (18 people in 2019 to 350 in 2024).

Empowering residents to look after their own health would reduce the need for Adult Social Care interventions. Issues such as hypertension and stroke were being looked at in the Plan which was being coproduced with drivers for change.

Mr Gary Collier, the Council's Health and Social Integration Manager, advised that the report had set out the preventative services that had been put in place but had not covered the interface with health services – this could be covered at a future witness session. Approximately £6.3m had been spent on preventative services and contracts were being introduced to replace the grants that had previously been issued to ensure some long-term stability to the organisations providing services in the Borough.

The tender process had been undertaken and smaller services had been brought together for a single provider to deliver which would avoid multiple small contracts. Partnership arrangements had been encouraged to provide a one stop approach which would be beneficial for residents. As Cabinet would be looking to award the contracts next month, Members were keen to invite representatives from the successful contractors to attend the witness session on 19 June 2025. It was agreed that information on technology-enabled care would also be presented at the June meeting as it was a means by which residents could access services as well as receive support.

Concern was expressed that combining lots of small services into bigger services would result in tenders only being submitted by larger organisations, thereby losing local knowledge and expertise. It was also queried whether larger organisations would subcontract out parts of the service to the smaller organisations that were unable to tender for the whole contract but on a much lower rate. Mr Collier advised that the Council had been very clear about the level of service provision required. Members would be able to question the new providers directly at the meeting on 19 June 2025.

Funding streams for the reablement service from within the Better Care Fund had been highlighted within the report. An increase had been seen in the number of older people discharged into reablement which had been helping to keep people living in their community for as long as possible.

It was agreed that the GP Confederation be invited to attend the next witness session on 25 March 2025 to talk about neighbourhood working and the development of the neighbourhood model in terms of early intervention and prevention and reducing need. Members also requested that arrangements be made for them to meet with service users and visit existing services that were providing early intervention and prevention initiatives on behalf of the Council.

Members queried how the performance of service providers was monitored and measured – with demand for services increasing, it was important to ensure that the services being provided were actually making a difference. Mr Collier advised that there were output requirements for each service provided and that additional resources were being provided in the Supplier & Contracts Relationship Team to ensure that the Council gathered sufficient information to adequately monitor performance. The reduction in the number of contracts would mean that it would be easier to work with fewer providers. In addition, operational managers were monitoring contracts on a daily basis through trackers and dashboards – technology had been giving officers more insight into service delivery so they were in a better position than ever before.

Evidence would need to be provided of what success looked like. Members were keen to undertake a deeper dive into performance monitoring and it was suggested that this could perhaps be undertaken by a couple of the Committee Members who could then report back to the Committee.

It was recognised that there would be a challenge in that everything was related to Public Health (PH). Ms O'Neill advised that the PH grant was ring fenced and spend against it had to meet very specific criteria. There were mandated services such as Healthy Child (£4.5m), Sexual Health (£3m), Drugs and Alcohol (£3m) and Health Checks (£500k) but the remainder could be used on addressing local priorities. The primary use of the PH grant had to be directly in relation to health and could not be used for things that were a statutory responsibility of the Council. £5.5m had been invested in non-statutory Council services, which were overseen by Ms O'Neill to ensure that they were linked to the eligibility criteria, and £6m had been invested in Adult Social Care. Money had also been invested in Children's Services. The use of these funds had to focus on the health outcomes and a six-monthly report was produced which needed to demonstrate that the criteria was being met.

The Council made a lot of decisions in relation to things such as resurfacing roads and Members queried how involved PH was in these decisions. As health and wellbeing was a fundamental consideration for all decisions, it would be good for PH to be more involved in them.

Members noted that 48% (127,264) of the 18+ population registered with a Hillingdon GP were living with one or more long-term health condition. With the top five long-term health conditions in the Borough being synonymous with deprivation, Members queried how PH could be seen to help make a difference through preventative measures. Ms O'Neill advised that the more deprived an area was, the poorer the health of those living there but that the creation of jobs and employment opportunities helped to improve health. The majority of work undertaken by PH was targeted in deprived areas, for example, cancer screening and oral health, as people in deprived areas were less likely to access health services. PH work had been weighted to those areas with a higher need. Ms O'Neill would provide the Democratic, Civic and Ceremonial Manager with illustrative exemplar case studies to circulate to the Committee.

The Index of Multiple Deprivation (IMD) datasets were small area measures of relative deprivation across the UK where areas were ranked from the most deprived area to the least deprived area. The PH contracts were not related to IMD and instead provided a tiered offer which provided more help to those that were most vulnerable. For example, although the Drugs and Alcohol contract supported a small number of people, these were very vulnerable individuals who were also more likely to be homeless and need mental health support. In addition, targeted work was being undertaken in relation to: sexually transmitted infections, which were currently on the rise and more prevalent in deprived communities; cancer screening; and health checks – although this was a universal service, specific communities were being targeted where there was a lower uptake and the population was deemed to be more at risk.

Although some good work had been undertaken in relation to smoking cessation and its prevalence had been linked to deprivation, levels were fairly low in Hillingdon in comparison to the rest of North West London so it was not deemed to be a top priority. That said, PH funding had been given to Central and North West London NHS Foundation Trust to provide the Drugs and Alcohol service and the Smoking Cessation service. A significant grant had also been secured to commission Smoking Cessation

officers to target quitters to quit within 28 days.

It was noted that vaping was used as a harm reduction measure rather than a way to help people to stop smoking. However, work was being undertaken in schools to stop children and young people from starting to vape when they had never smoked before.

It was noted that there had been some lunch clubs in operation around the Borough where, as well as a cooked meal, older residents were able to socialise, thus helping to prevent loneliness and isolation. Members queried how the Council was engaging with service users and communities to ensure that services were being co-produced. Mr Collier advised that the Council was looking to improve its engagement by coproducing the Plan to shape commissioning in the future through outreach and going into the community. A refresh of the Older People's Plan (OPP) was also needed as it set out a range of interventions to support residents. This could help the Cabinet Member for Health and Social Care who was looking at how Hillingdon could be transformed into an age-friendly Borough.

Members asked what action was being taken to raise awareness of social contact groups for older people. Mr Collier confirmed that information and advice was available to residents which signposted them to a range of resources in the community.

Around 55% of residents in Hillingdon had not been born in the UK and the Borough also had a large cohort of transient individuals and people who were otherwise socially isolated. Members queried how the Council engaged with these residents and what barriers they faced with this communication. Ms O'Neill advised that some communities had a more active presence in bringing residents together but that there were gaps. Those aged 65+ needed to be connected to someone who cared and there were gaps in: understanding about the level of need; mapping connections in communities; and how to engage with the transient population. It was agreed that the Committee would need to revisit issues such as the Council's communication and signposting, and how the Council responded to gaps in service provision.

It was noted that the referral rates to the mental health floating support service had increased despite limited funding and a low staff to service user ratio. Mr Collier noted that this service had proved to be quite a success and had coped well with the demand but would need to be kept under review. It would be retendered within the next 18 months so consideration would need to be given to the model to ensure that it was continued.

During 2023/24, the Admiral Nurse Service had received 212 new referrals each month. As they had an average of 143 open cases each month leading to 1,924 activities to support families affected by dementia, concern was expressed about there being sufficient staff available to support this many people. Mr Collier advised that investigations were currently underway to engage a company to alleviate pressure by transcribing assessments as it was not going to be possible to have more social workers.

Mr Fernandes advised that an officer had created a Pride Hub in Hillingdon, working on it in their own time. He would be happy to share further details if Members were interested in visiting the Hub.

Members queried at what point someone could proactively seek support. Ms O'Neill advised that BP machines were widely accessible across the Borough (including in

libraries and some gyms) and everyone aged over 40 would be invited to have a health check (PH paid £500k for GPs to undertake this work). However, it was noted that some people would show no signs before having a heart attack. A member of the PH team had been mapping the location of BP machines around Hillingdon and would be uploading this to the Council's website.

In terms of forward planning, Members asked what the assumptions were in relation to the next cohort of residents that were approaching 65 years old. Ms O'Neill advised that this group had been referred to as the Rising Risk Group, 20% of which would fall into the frailty category each year. As such, consideration needed to be given to how this number could be reduced - how could inactive people be encouraged to be a little bit active? Active travel (cycling and walking routes) would need to be considered as part of this work.

A lot of work was also needed in relation to unhealthy food and addressing associated advertising – consideration could be given to using planning controls to restrict advertising space. Thought would also need to be given to how residents could access healthy food in areas where there was no easy access to a supermarket.

The Rising Risk Group was a very big group so it would be important to create age-friendly communities. Members asked that they be provided with further information in relation to what the Rising Risk Group looked like and how they were being dealt with.

**RESOLVED: That:**

1. the interface between the Council's preventative services and health services be covered at a future witness session;
2. representatives from the successful contractors be invited to attend the witness session on 19 June 2025;
3. information on technology-enabled care be presented at the meeting on 19 June 2025;
4. the GP Confederation be invited to attend the next witness session on 25 March 2025 to talk about neighbourhood working and the development of the neighbourhood model in terms of early intervention and prevention and reducing need;
5. arrangements be made for Members of the Committee to meet with service users and visit existing services that were providing early intervention and prevention initiatives on behalf of the Council;
6. Ms O'Neill to provide illustrative exemplar case studies of PH work that had been weighted to those areas with a higher need, for circulation to the Committee;
7. Ms O'Neill provide Members with further information on what the Rising Risk Group looked like and how they were being dealt with; and
8. the discussion be noted.

60.	<p><b>CABINET FORWARD PLAN MONTHLY MONITORING</b> (<i>Agenda Item 6</i>)</p> <p>Consideration was given to the Cabinet Forward Plan.</p> <p><b>RESOLVED: That the Cabinet Forward Plan be noted.</b></p>
61.	<p><b>WORK PROGRAMME</b> (<i>Agenda Item 7</i>)</p> <p>Consideration was given to the Committee's Work Programme. It was noted that</p>

	<p>residents had advised Councillors that Estates Team at The Hillingdon Hospitals NHS Foundation Trust (THH) were looking to develop some parts of the Mount Vernon Hospital site. The Chair had spoken to the THH team about this matter. It was agreed that an item be included on the agenda for the Committee's meeting on 16 September 2025 to talk to THH about its estate as well as to other partners about the NHS estate more broadly.</p> <p><b>RESOLVED: That:</b></p> <ol style="list-style-type: none"> <li><b>1. NHS estates be included as an agenda item for the meeting on 16 September 2025; and</b></li> <li><b>2. the Work Programme be agreed.</b></li> </ol>
	<p>The meeting, which commenced at 6.30 pm, closed at 7.47 pm.</p>

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

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## REVIEW OF ADULT SOCIAL CARE EARLY INTERVENTION AND PREVENTION - 2<sup>ND</sup> WITNESS SESSION

<b>Committee name</b>	Health and Social Care Select Committee
<b>Officer reporting</b>	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

### RECOMMENDATION

**That the Members of the Health and Social Care Select Committee question witnesses on their presentations.**

### HEADLINES

1. At the first witness session for the Adult Social Care early intervention and prevention review on 25 February 2025, the Committee agreed that it wished to explore neighbourhood working and Integrated Neighbourhood Teams (INTs) and the relationship with the wider prevention agenda as well as the interface with Adult Social Care and the Council in more detail. The Committee also requested to have the opportunity to look in more detail at the Reablement Service as an example of a key preventative service.
2. The second witness session will be attended by the following external witnesses:
  - Neighbourhoods  
Edmund Jahn  
Chief Executive  
The Confederation Hillingdon CIC
  - Reablement Service  
Gee Bafhtiar  
Chief Executive  
Comfort Care Services Ltd  
  
Edward Subben  
Head of Homecare  
Comfort Care Services Ltd
3. The Committee is asked to note that the presentation on the Reablement Service will also include the Bridging Care Service, which is an integral part of the discharge pathway from hospital to a resident’s usual home.
4. This report identifies some suggested lines of enquiry that the Committee may wish to explore.

### SUPPORTING INFORMATION

#### **Suggested Key Lines of Enquiry: Neighbourhoods**

5. Lines of enquiry that the Committee may wish to explore include:

- a) What is meant by neighbourhood working?
- b) What are the Integrated Neighbourhood Teams? What is meant by '*integrated*'?
- c) What is the current stage of development and what is the direction of travel? What are the opportunities and challenges?
- d) How are the success measures defined?
- e) To what extent are Adult Social Care and the Council embedded within the Integrated Neighbourhood Teams?

### **Suggested Key Lines of Enquiry: Bridging Care and Reablement Services**

6. Lines of enquiry that the Committee may wish to explore include:
  - a) What are Bridging Care and Reablement Services and what needs are they seeking to address?
  - b) What are the referral routes into these services?
  - c) How long, on average, are residents supported by these services?
  - d) What is the relationship between these services and therapy and other services provided by health partners?
  - e) What is the range of skills required within the staff team to address the needs of residents referred into the services? Are there any issues with recruitment?
  - f) How effective are these services? How could effectiveness be improved?
  - g) What are the opportunities and challenges going forward?

### **LEGAL IMPLICATIONS**

There are no legal implications arising from this report.

### **FINANCIAL IMPLICATIONS**

There are no direct financial 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 10 April 2025 (report deadline 19 March)

281	<b>Services for the Drug &amp; Alcohol Treatment, Recovery &amp; Improvement Grant</b>	Cabinet will consider public health contractual arrangements in respect of services via the Drug & Alcohol Treatment, Recovery & Improvement Grant for 2025/26	N/A		<b>Cllr Jane Palmer - Health &amp; Social Care</b>	<b>Health &amp; Social Care</b>	<b>Kelly O'Neill / Sally Offin</b>	<b>Sandra Taylor</b>		<b>NEW ITEM</b>	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		<b>All Cabinet Members</b>	<b>All</b>	<b>Democratic Services</b>	<b>N/A</b>			Public
SI	<b>Reports from Select Committees</b>	Reports, findings and recommendations for consideration by the Cabinet, when referred from the appropriate Committee.	All		<b>All</b>	<b>TBC</b>	<b>Democratic Services</b>	<b>TBC</b>	<b>TBC</b>		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		<b>All</b>	<b>TBC</b>	<b>Democratic Services</b>	<b>TBC</b>	<b>Various</b>		Public
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### Cabinet meeting - Thursday 22 May 2025 (report deadline 30 April)

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		<b>Cllr Jane Palmer - Health &amp; Social Care</b>	<b>Health &amp; Social Care</b>	<b>Graham Puckering / Sally Offin</b>	<b>Sandra Taylor</b>			Private (3)
SI	<b>Reports from Select Committees</b>	Reports, findings and recommendations for consideration by the Cabinet, when referred from the appropriate Committee.	Various		<b>All</b>	<b>TBC</b>	<b>Democratic Services</b>	<b>N/A</b>	<b>Various</b>		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		<b>All Cabinet Members</b>	<b>All</b>	<b>Democratic Services</b>	<b>TBC</b>			Public

### Cabinet Member Decisions expected - May 2025

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)
Ref											
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
SI = Standard Item each month/regularly											
<b>Cabinet meeting - 26 June 2025 (report deadline 4 June)</b>											
SI	Annual Performance Report	Cabinet will receive an annual report performance report, setting out how the Council is delivering on key service metrics and the Council Strategy.	All		All Cabinet Members	All	Ian Kavanagh	Matthew Wallbridge	Select Committees will also consider the annual report at their meetings.	NEW ITEM	Public
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	C - Democratic Services	TBC	Various		Public
<b>Cabinet meeting - 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 meeting - Thursday 18 September 2025 (report deadline 27 August)</b>											

## 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)

SI = Standard Item each month/regularly

SI	<b>Carers Strategy Update</b>	Cabinet will receive a progress report on the Carers Strategy and Delivery Plan and the priorities going forward.	All		Cllr Jane Palmer - Health & Social Care	Health & Social Care	Gary Collier	Sandra Taylor			Public
SI	<b>Better Care Fund Section 75 Agreement</b>	Cabinet will be asked to agree the agreement under section 75 of the National Health Service Act, 2006, between the Council and North West London Integrated Care that will give legal effect to the financial and partnership arrangements under the 2025/26 Better Care Fund Plan. This plan aims to support the independence of residence and prevent escalation of health and care needs.	All		Cllr Jane Palmer - Health & Social Care	Health & Social Care	Gary Collier	Sandra Taylor			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	N/A	TBC		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 matters to be considered later in Part 2 of the Cabinet meeting and agenda.	TBC		All Cabinet Members	All	Democratic Services	TBC			Public

### Cabinet Member Decisions expected - September 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
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### Cabinet meeting - Thursday 23 October 2025 (report deadline 1 October)

SI	<b>The Annual Report Of Adult and Child Safeguarding Arrangements</b>	This report provides the Cabinet with a summary of the activity undertaken by the Safeguarding Children Partnership Board and the Safeguarding Adults Board to address the identified local priorities. The Cabinet will consider this report and approve the activity and the local priorities for the two boards.	All		Cllr Susan O'Brien - Children, Families & Education / Cllr Jane Palmer - Health & Social Care	Health & Social Care / Children, Families & Education	Alex Coman / Susan-Sidonia Gladish	Sandra Taylor	Select Committees		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	N/A	TBC		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 matters to be considered later in Part 2 of the Cabinet meeting and agenda.	TBC		All Cabinet Members	All	Democratic Services	TBC			Public

### Cabinet Member Decisions expected - October 2025

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	<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
SI = Standard Item each month/regularly											
<b>Cabinet meeting - Thursday 20 November 2025 (report deadline 29 October)</b>											
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	N/A	TBC		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 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 - November 2025</b>											
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	C - Democratic Services		Various		Public
<b>Cabinet meeting - Thursday 18 December 2025 (report deadline 26 November)</b>											
SI	<b>Older People's Plan update</b>	Cabinet will receive its yearly progress update on the Older People's Plan and the work by the Council and partners to support older residents and their quality of life.	All		Cllr Ian Edwards - Leader of the Council / Cllr Jane Palmer - Health & Social Care	Health & Social Care	John Wheatley	Sandra Taylor	Select Committee / Older People, Leader's Initiative		Public
SI	<b>2026/27 Budget and Future Medium-Term Financial Strategy (BUDGET FRAMEWORK)</b>	This report will set out the Medium Term Financial Strategy (MTFS), which includes the draft General Fund reserve budget and capital programme for 2026/27 for consultation, along with indicative projections for the following four years. This will also include the HRA rents for consideration and Council Tax Reduction Scheme proposals following consultation.	All	Proposed Full Council adoption - 26 February 2026	Cllr Martin Goddard - Finance & Transformation	All	Andy Goodwin	Richard Ennis	Public consultation through the Select Committee process and statutory consultation with businesses & ratepayers		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	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
<b>Cabinet Member Decisions expected - December 2025</b>											



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											
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 15 January 2026 (report deadline 12 December 2025)</b>											
SI	Public Preview of matters to be considered in private	A report to Cabinet to provide maximum transparency to residents on the private and confidential matters to be considered later in Part 2 of the Cabinet meeting and agenda.	TBC		All Cabinet Members	All	Democratic Services	N/A			Public
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	TBC	TBC		Public
<b>Cabinet Member Decisions expected - January 2026</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 19 February 2026 (report deadline 28 January 2026)</b>											
SI	2026/27 Budget and Future Medium-Term Financial Strategy (BUDGET FRAMEWORK)	Following consultation, this report will set out the Medium Term Financial Strategy (MTFS), which includes the draft General Fund reserve budget and capital programme for 2026/27 for consultation, along with indicative projections for the following four years. This will also include the HRA rents for consideration.	All	Proposed Full Council adoption - 26 February 2026	Cllr Ian Edwards - Leader of the Council / Cllr Martin Goddard - Finance & Transformation	All	Andy Goodwin	Richard Ennis	Public consultation through the Select Committee process and statutory consultation with businesses & ratepayers		Public
SI	Public Preview of matters to be considered in private	A report to Cabinet to provide maximum transparency to residents on the private and confidential matters to be considered later in Part 2 of the Cabinet meeting and agenda.	TBC		All Cabinet Members	All	Democratic Services	N/A			Public
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	TBC	TBC		Public
<b>Cabinet Member Decisions expected - February 2026</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 19 March 2026 (report deadline 25 February 2026)</b>											

**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)

SI = Standard Item each month/regularly

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 2026**

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
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**Cabinet meeting - Thursday 23 April 2026 (report deadline 1 April 2026)**

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 2026**

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
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**CABINET MEMBER DECISIONS: Standard Items (SI) that may be considered each month**

SI	<b>Urgent Cabinet-level decisions &amp; interim decision-making (including emergency decisions)</b>	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
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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)				
SI = Standard Item each month/regularly											
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

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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

<b>Meetings</b>	<b>Room</b>
Thursday 26 March 2026, 6.30pm	TBA
Tuesday 21 April 2026, 6.30pm	TBA

It is proposed that a report be brought to each meeting for Members to keep track of progress on the spending / savings targets of the Cabinet Portfolio that the Committee covers (except those meetings in September and January when a budget related report is already scheduled for consideration).

### **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 having taken place on 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	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	December No meeting	January 20	February 17	March 26	April 21
<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		Witness Session	Witness Session			Witness Session	Findings		Final report	Cabinet						
<b>Review B: Pharmacies</b>																
<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) Health & Social Care Budget & Spending Report 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
<b>One-off information items</b> Autism Update Carer Support Services - Cabinet report (079) Commissioning Model for delivery of health and social care services BCE Update NHSEstates (including Mount Vernon Hospital) Hospice and End of Life Services in the Borough Updated Select Committee Remits						X	X		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
<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							X	X	X

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