



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: WEDNESDAY, 22 MAY 2024

Time: 6.30 PM

Venue: COMMITTEE ROOM 6 -
CIVIC CENTRE, HIGH
STREET, UXBRIDGE UB8
1UW

**Meeting
Details:** Members of the Public and
Press are welcome to attend
this meeting

**This agenda and associated
reports can be made available
in other languages, in braille,
large print or on audio tape.
Please contact us for further
information.**

Published: Tuesday, 14 May 2024

Contact: Nikki O'Halloran
Email: nohalloran@hillingsdon.gov.uk

This Agenda is available online at:

<https://modgov.hillingdon.gov.uk/ieListMeetings.aspx?Committeeld=421>

Lloyd White
Head of Democratic Services
London Borough of Hillingdon,
Phase II, Civic Centre, High Street, Uxbridge, UB8 1UW
www.hillingdon.gov.uk

Useful information for residents and visitors

Travel and parking

Bus routes 427, U1, U3, U4 and U7 all stop at the Civic Centre. Uxbridge underground station, with the Piccadilly and Metropolitan lines, is a short walk away. Limited parking is available at the Civic Centre. For details on availability and how to book a parking space, please contact Democratic Services. Please enter from the Council's main reception where you will be directed to the Committee Room.

Accessibility

An Induction Loop System is available for use in the various meeting rooms. Please contact us for further information.

Attending, reporting and filming of meetings

For the public part of this meeting, residents and the media are welcomed to attend, and if they wish, report on it, broadcast, record or film proceedings as long as it does not disrupt proceedings. It is recommended to give advance notice to ensure any particular requirements can be met. The Council will provide a seating area for residents/public, an area for the media and high speed WiFi access to all attending. The officer shown on the front of this agenda should be contacted for further information and will be available at the meeting to assist if required. Kindly ensure all mobile or similar devices on silent mode.

Please note that the Council may also record or film this meeting and publish this online.

Emergency procedures

If there is a FIRE, you will hear a continuous alarm. Please follow the signs to the nearest FIRE EXIT and assemble on the Civic Centre forecourt. Lifts must not be used unless instructed by a Fire Marshal or Security Officer.

In the event of a SECURITY INCIDENT, follow instructions issued via the tannoy, a Fire Marshal or a Security Officer. Those unable to evacuate using the stairs, should make their way to the signed refuge locations.



Terms of Reference

Health & Social Care Select Committee

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

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

Statutory Health Scrutiny

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

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

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

Duty of partners to attend and provide information

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

Cross-cutting topics

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

- Domestic Abuse services and support

Agenda

CHAIR'S ANNOUNCEMENTS

- 1 Apologies for absence
- 2 Declarations of Interest in matters coming before this meeting
- 3 Minutes of the meeting held on 21 February 2024 1 - 6
- 4 Minutes of the meetings held on 9 May 2024 7 - 8
- 5 Exclusion of press and public
- 6 Health Updates 9 - 22
- 7 Cabinet Forward Plan Monthly Monitoring 23 - 32
- 8 Work Programme 33 - 36

Minutes

HEALTH AND SOCIAL CARE SELECT COMMITTEE

21 February 2024



Meeting held at Committee Room 5 - Civic Centre

	<p>Committee Members Present: Councillors Nick Denys (Chair), Philip Corthorne (Vice-Chair), Adam Bennett, Tony Burles, Reeta Chamdal, June Nelson and Sital Punja (Opposition Lead)</p> <p>Also Present: Dr Sagar Dhanani, Lead on the Board of the Confederation Vanessa Odlin, Managing Director for Hillingdon and Mental Health Services, Goodall Division, Central and North West London NHS Foundation Trust (CNWL) Dr Ritu Prasad, Chair, Hillingdon GP Confederation Keith Spencer, Managing Director, Hillingdon Health and Care Partners (HHCP) Lisa Taylor, Managing Director, Healthwatch Hillingdon</p> <p>LBH Officers Present: Nikki O'Halloran (Democratic, Civic and Ceremonial Manager)</p>
49.	<p>APOLOGIES FOR ABSENCE (<i>Agenda Item 1</i>)</p> <p>There were no apologies for absence.</p>
50.	<p>DECLARATIONS OF INTEREST IN MATTERS COMING BEFORE THIS MEETING (<i>Agenda Item 2</i>)</p> <p>There were no declarations of interest in matters coming before this meeting.</p>
51.	<p>MINUTES OF THE MEETING HELD ON 23 JANUARY 2024 (<i>Agenda Item 3</i>)</p> <p>RESOLVED: That the minutes of the meeting held on 23 January 2024 be agreed as a correct record.</p>
52.	<p>EXCLUSION OF PRESS AND PUBLIC (<i>Agenda Item 4</i>)</p> <p>RESOLVED: That all items of business be considered in public.</p>
53.	<p>HEALTH SERVICE PROVISION IN HILLINGDON'S RURAL AREAS (<i>Agenda Item 5</i>)</p> <p>The Chair welcomed those present to the meeting. The Borough, whilst primarily urban, had areas with a more rural aspect in the north and south. To the north, Harefield felt very much like a village and, to the south, whilst the Heathrow Villages had a countryside feel, they were greatly impacted by the presence of Heathrow Airport.</p> <p>Mr Keith Spencer, Managing Director at Hillingdon Health and Care Partners (HHCP), advised that the Heathrow Villages provided a perfect example of the issues faced by rural communities, especially with regard to the challenges residents faced in</p>

accessing health services. Of the five Heathrow Villages (Cranford Cross, Harlington, Harmondsworth, Longford and Sipson), only Harlington had a GP practice and pharmacy in situ, although all of the villages were covered by GP practices located in other areas.

It was suggested that the work undertaken by the integrated neighbourhoods, a model that aimed to develop local solutions for big health challenges, would be critical to tackling these challenges. The preferred model was to implement local neighbourhoods and find local solutions to tackle deep rooted health inequalities. The model involved breaking the health service down into smaller parts that could work with the local communities and engage with residents. Mr Spencer advised that he had recently been involved in engagement activity with residents from the Heathrow Villages to identify what mattered to them and planned to meet with these residents again. It would be important to take services to where the residents were and not the other way around.

Mr Spencer and a number of colleagues had met with residents in Heathrow Villages around 6/7 months ago and had been asked to provide a mobile solution that went around the villages offering health services such as vaccinations and talking therapy services. A wellbeing bus had been launched on 3 October 2023 as a twelve week pilot. The wellbeing bus had faced a number of challenges in that it was not appropriate for clinical activity and its open plan layout meant that mental health issues could not be discussed in private, its availability varied from the agreed timings, and attendance was limited on some days. Most residents using the services of the wellbeing bus were over the age of 65, which suggested that younger, more mobile residents were getting their support from other parts of the community. Attendance had been higher when vaccinations had been offered on the wellbeing bus.

Members were advised that residents had been asked to provide feedback – 136 responses had been received. Of the 34% that said that they could not access the services that they needed, the majority had been from Harlington which already had a GP surgery and pharmacy in situ, so it was unclear what services these respondents felt they needed.

With regard to feedback, the highest response rates had been received from residents in Harlington, Sipson and Harmondsworth. It was noted that GP appointments, blood pressure checks, dental services and general support and signposting to the right services were seen as the main areas of deficit and that the North West London Integrated Care Board (NWL ICB) was responsible for the provision of these services.

Mr Spencer and his colleagues would be meeting residents again on 26 February 2024 to discuss the evaluation that had been put together (this would subsequently be shared with the Committee) and to determine the lessons learnt and the next steps. The evaluation included comparisons between the prevalence of conditions such as asthma, anxiety, obesity, common mental health conditions and hypertension in the Heathrow Villages against the rest of Hillingdon.

It was noted that the integrated neighbourhood would be rolled out and a series of events would be run in the Heathrow Villages in the autumn of 2024 to provide local residents with vaccinations. Consideration was also being given to introducing community champions to work with local communities to develop service offers around their needs. Regular outreach GP provision was also being developed and investigations were underway to identify how pharmacies could extend their services to

bridge any gaps. Further needs might be identified by residents.

Dr Sagar Dhanani advised that a number of roadshows had been undertaken across the Borough to undertake health checks, etc. At the request of residents to hold a roadshow in the Heathrow Villages, one had taken place at the church in Harmondsworth to provide health promotion information on cervical screening, falls and bereavement and to undertake things like blood pressure checks. The event had been successful for those who had attended, but there had been challenges in finding a suitable venue and attracting a large number of attendees. Consideration would need to be given to the possibility of adjusting the timing of future events, looking at transportation routes to address inter-village transport issues and better communication and publicity.

Ms Lisa Taylor, Managing Director at Healthwatch Hillingdon (HH), advised that HH had gathered a lot of information about residents' experiences with health matters. She advised that, with regard to the rural areas, residents had reported a lack of primary care services in the Heathrow Villages, with the closest GP practice and pharmacies being in West Drayton, Harlington or at Heathrow Airport. These locations were not deemed to be within a reasonable walking distance for many residents, particularly those in Harmondsworth. For residents without their own transport, accessing a GP or pharmacist in Harlington or Hayes could mean a long bus journey, sometimes with two bus changes. The residents felt that there had been a lack of investment in the area, which was likely due to the ongoing issue of the third runway. They felt forgotten by services and in need of a more permanent solution to improve access.

In Harefield there was one GP practice that covered the Harefield ward. Under the NHS Choice Framework, patients had the right to choose their GP practice. However, this could be problematic for the residents in Harefield, especially where there had been a dispute between the GP and the patient that couldn't be resolved. The patient might be left feeling as if there was nowhere else for them to go. For example, if you were a resident in Uxbridge, you would have a choice of two or three local GPs. This was not the case in Harefield as the public transport infrastructure made it very challenging for some Harefield residents to access another surgery in the north of the Borough. The issues with regards to travelling to access primary care had recently been exacerbated by the expansion of ULEZ, with some residents in Harefield raising concerns around the potential cost of accessing primary care due to the need to drive, especially when public transport was not a great alternative or not an option for some.

Members suggested that NHS colleagues needed to be more proactive in thinking about the challenges that these areas faced and about what could be done to address them. It was noted that it would have been obvious that vaccinations would be a problem in the Heathrow Villages as there was no pharmacy in the area willing to give the vaccines to local residents. A more detailed plan was requested which detailed the challenges being faced in a way that they could be pinpointed and actions identified to resolve them. Mr Spencer acknowledged the need to be more proactive in making changes. He suggested that the implementation of integrated neighbourhoods, and the development of community champions to work with local communities to develop service offers around their needs, would help with this.

Dr Ritu Prasad, Chair of the Hillingdon GP Confederation, advised that roving teams had been introduced during the pandemic to visit housebound patients. As this service had continued post pandemic and now included flu vaccination, consideration could be

given to how this could be extended to patients in rural areas. Alternatively, a church in Harefield had been used to administer flu vaccinations and something similar could be done in the Heathrow Villages. Next steps would need to be discussed with the residents.

Members suggested that a detailed action plan be developed to address the health needs of the rural populations and that this be reported back to the Committee at a future meeting. It would be important to identify if specific groups of people were facing specific issues and to look at the nature of any problems and the underlying evidence and data. Mr Spencer advised that residents needed to be consulted before partners came up with solutions and the resultant action plan would be developed to meet residents' needs.

Ms Taylor noted that the development of integrated neighbourhoods would provide a range of opportunities to look at the wider socio-economic needs of residents as well as their health needs. Consideration needed to be given to residents' access needs to then provide a steer as to what services needed to be delivered.

Members raised concerns about the adequacy of the services provided in the Heathrow Villages. Better communication was needed to advertise planned initiatives to residents such as the wellbeing bus and more comprehensive facilities were needed. It was suggested that direct mail was sent out to residents in a targeted area to inform them of any upcoming services and initiatives (around 1,000 leaflets had been distributed around the Heathrow Villages in relation to the wellbeing bus pilot). Residents would be asked for feedback on the effectiveness of the communication on the wellbeing bus when health partners met with them on Monday.

Dr Dhanani agreed that more proactive engagement was needed with the community and suggested that a roving pharmacy could be a potential solution to the lack of access to medicines in the Villages. He recognised that residents faced transportation and parking issues when accessing healthcare services and suggested finding a car park where a roving bus or pharmacy could accommodate people.

It was queried whether or not consideration was still being given to identifying estate in the Heathrow Villages that could be used for a GP practice. Members suggested that, as they owned a lot of land in the Villages, Heathrow Airport be contacted and asked if they would be able to provide a site for a GP practice.

Consideration was given to innovative solutions for accessing GP services such as overflow hubs. It was acknowledged that providing services in a way that made sense to patients and met their specific needs provided challenges. Dr Prasad advised that superhubs had been developed, collocating services in one place to facilitate the development of neighbourhood teams that could work across partners to deliver a range of services. She noted that the NHS had no large estate in the Villages but that work was underway with the NWL ICB on the estate strategy. There had been difficulties in setting up a same-day urgent care service, which required clinical space that was CQC approved and required investment. There were also challenges in relation to the funding of these facilities, which were not cheap to develop and maintain.

Mr Spencer advised that he had worked in rural areas so had been able to use his experience to identify best practice in relation to the provision of services. Other delivery models were being investigated to apply best practice in a local context.

	<p>Members expressed concern that NHS staff had been issued with parking tickets when out in the community undertaking house calls. It was agreed that consideration needed to be given to finding a way for these staff to be exempt from a penalty charge notice when carrying out their jobs. Thought also needed to be given to allowing residents who were visiting a portable health solution to park in restricted areas without charge or penalty.</p> <p>Members suggested that Section 106 monies be used to improve residents' access to health services in the rural areas of the Borough. Consideration could also be given to locating specific health services such as blood pressure clinics in existing spaces such as hotels, supermarkets and cinemas, and providing sponsored shuttle buses to address transport issues.</p> <p>The Committee looked forward to hearing more about the solutions that were identified and implemented at a future meeting. Further consideration might also need to be given to estates.</p> <p>RESOLVED: That:</p> <ol style="list-style-type: none"> 1. Mr Spencer share the wellbeing bus evaluation document with the Committee after it had been discussed with residents on 26 February 2024; 2. Mr Spencer share the detailed action plan to address the health needs of the rural populations with the Committee; and 3. the discussion be noted.
54.	<p>CABINET FORWARD PLAN MONTHLY MONITORING (<i>Agenda Item 6</i>)</p> <p>Consideration was given to the Cabinet Forward Plan.</p> <p>RESOLVED: That the Cabinet Forward Plan be noted.</p>
55.	<p>WORK PROGRAMME (<i>Agenda Item 7</i>)</p> <p>Consideration was given to the Committee's Work Programme. The Cabinet Member for Health and Social Care and the Executive Director for Adult Social Care and Health had been invited to attend the Committee's next meeting on 19 March 2024. Members would also be considered a report on the Council's Autism Strategy at that meeting.</p> <p>It was noted that the April meeting had been cancelled and rescheduled for 22 May 2024.</p> <p>RESOLVED: That the Work Programme be agreed.</p>
	<p>The meeting, which commenced at 6.30 pm, closed at 7.57 pm.</p>

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

This page is intentionally left blank

Minutes

HEALTH AND SOCIAL CARE SELECT COMMITTEE

9 May 2024



HILLINGDON
LONDON

Meeting held at Council Chamber - Civic Centre,
High Street, Uxbridge UB8 1UW

	Committee Members Present: Councillors Nick Denys (Chair), Reeta Chamdal (Vice-Chair), Philip Corthorne, Kelly Martin, Sital Punja (Opposition Lead), Tony Burles and June Nelson
1.	ELECTION OF CHAIR (<i>Agenda Item 1</i>) RESOLVED: That Councillor Denys be elected as Chair of the Health and Social Care Select Committee for the 2024/2025 municipal year.
2.	ELECTION OF VICE-CHAIR (<i>Agenda Item 2</i>) RESOLVED: That Councillor Reeta Chamdal be elected as Vice-Chair of the Health and Social Care Select Committee for the 2024/2025 municipal year.
	The meeting, which commenced at 9.05 pm, closed at 9.10 pm.

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

This page is intentionally left blank

HEALTH UPDATES

Committee name	Health and Social Care Select Committee
Officer reporting	Nikki O'Halloran, Democratic Services
Papers with report	Appendix A – The London Ambulance Service NHS Trust Update Appendix B – Royal Brompton and Harefield Hospitals Update
Ward	n/a

HEADLINES

To enable the Committee to receive updates and review the work being undertaken with regard to the provision of health services within the Borough.

RECOMMENDATIONS:

That the Health and Social Care Select Committee notes the presentations.

SUPPORTING INFORMATION

Hillingdon Health and Care Partners (HHCP)

Hillingdon Health and Care Partners (HHCP) is the 'Place Based' alliance of health and care organisations that seeks, through collaboration and co-design, to make significant improvements to the quality and cost of care in Hillingdon. HHCP is made up of Hillingdon Hospitals NHS Foundation Trust, Central and North West London NHS Foundation Trust (CNWL), H4All (a partnership of voluntary sector health care providers) and Hillingdon's Confederation (which brings together all of Hillingdon's GPs). HHCP works together closely with the London Borough of Hillingdon and North West London Integrated Care Board (NWL ICB) to deliver 3 key strategic aims:

- Improving the outcomes for our population - delivering Hillingdon's Joint Health and Wellbeing Strategy
- Delivery of sustainable, person-centred, joined up models of care aligned to the new hospital plans and activity assumptions
- Delivering the NWL Integrated Care System (ICS) priorities through local care models building from a population health management approach

Shared delivery models are through 6 integrated Neighbourhood Teams and a range of joined up Borough wide teams across health and care.

The Hillingdon Hospitals NHS Foundation Trust (THH)

The Hillingdon Hospitals supplies services from two sites; Hillingdon Hospital and Mount Vernon Hospital and has an annual turnover of around £320 million, employing approximately 3,700 staff. We are proud to deliver services for our local borough of Hillingdon, and to those living in the surrounding areas of Ealing, Harrow, Buckinghamshire and Hertfordshire, giving us a total catchment population of over 350,000. Hillingdon Hospital is the only acute hospital in the London Borough of Hillingdon and offers a wide range of services, including accident and emergency (A&E), inpatient care, day surgery, outpatient clinics and maternity services. The Trust's services at Mount Vernon Hospital include routine day surgery, an Urgent Care Nurse

Practitioner service and outpatient clinics. The Trust hosts several other organisations that supply health services at the Mount Vernon site including East & North Hertfordshire NHS Trust's Cancer Centre.

Royal Brompton and Harefield Hospitals (RBH)

The Royal Brompton & Harefield Hospitals merged with Guy's and St Thomas's NHS Foundation Trust (GSTT) in February 2021 and, from April 2022, joined with the cardiorespiratory services at GSTT to form a new Heart & Lung & Critical Care Group across the three sites. At the same time, the Evelina Children's Hospital took over the running of the paediatric services at Royal Brompton.

The merger of the two NHS foundation trusts was approved by the Boards and Councils of Governors of both organisations in December 2020 and came into effect on 1 February 2021. This merger saw the creation of a newly expanded Guy's and St Thomas' NHS Foundation Trust, with Royal Brompton and Harefield forming a new Clinical Group within the Trust.

Since 2017, Guy's and St Thomas' and Royal Brompton & Harefield NHS Foundation Trusts have been working together, and with colleagues across King's Health Partners, to develop plans to transform care for adults and children with heart and lung disease. This merger is a key step towards achieving these ambitions. To begin with, the merger will mean clinicians and teams working more closely together, building on the partnership work over the last three years, but generally providing services to the same patients and in the same places as they do now.

Subject to the necessary public consultation, children's services will move from the Royal Brompton Hospital site to an expanded Evelina London Children's Hospital at St Thomas' in around four to five years' time. Subsequently, and again subject to consultation, the Trust hopes to build a new centre for heart and lung services at St Thomas', which will be the home to adult heart and lung services from across the new Trust and potentially other partners as well. There are no plans to move services from Harefield Hospital, but these services will be an integral part of the integration across the new Trust.

Central and North West London NHS Foundation Trust (CNWL)

CNWL is a large and diverse organisation, providing health care services for people with a wide range of physical and mental health needs. The Trust employs approximately 7,000 staff who provide integrated healthcare (more than 300 different health services) across 150 sites and in many other community settings. Types of services include:

- **Physical health:** Community treatment for physical conditions that do not require general hospital treatment or conditions that require long-term care. This includes district nursing, health visitors, stroke care and support for people in recovery.
- **Mental health:** Community and hospital treatment for children, adults and older people with mental health problems. Services range from counselling support for mild conditions to rehabilitation treatment for long and enduring mental health problems.
- **Learning disabilities:** Assessment and treatment for people with learning disabilities who also have complex mental health needs and/or challenging behaviour. Services are provided in the community or hospital.
- **Eating disorders:** Admission to hospital or appointment sessions are provided to support men and women with an eating disorder.

- **Addictions:** Community drug and alcohol treatment services are provided, as well as hospital admission when it is needed. Specialist services to address problem gambling, compulsive behaviour and club drug problems are also available.
- **Sexual health:** Appointment and walk-in services are available for anyone who needs them. This includes contraceptive choices, treatment of sexually transmitted infections and HIV testing and treatment.
- **Prison and offender care:** Full healthcare services, including primary healthcare, addictions and mental health support, are provided in a number of prisons. Mental health support is also provided in the community for people who have offended in the past or people at risk of offending.

North West London Integrated Care System (NWL ICS)

In response to the NHS long term plan, which suggested that the number of CCGs will be significantly reduced to align with the number of emerging Integrated Care Systems (ICSs), North West London (NWL) CCGs launched a case for change for commissioning reform on 29 May 2019. The case for change recognised that there were questions on how the CCGs respond to the configuration issues raised by the long term plan which required exploration and resolution. Following the engagement period, the recommendation to governing bodies was to proceed to a formal merger of CCGs from 1 April 2021, using 2020/21 as a transition year to focus on the following:

- System financial recovery
- Development of integrated care at PCN, borough and ICS level
- Building closer working relationships with the local authorities
- The development of a single operating structure across the commissioning system, and meet the expectations of NHSE that the CCG would operate in 2020/21 under a single operating framework, with the associated reduction in management costs and streamlined governance
- To work with providers to develop alternative reimbursement structures from 2020/21 to support delivery of ICP/ICS

On 1 April 2021, the eight Clinical Commissioning Groups in North West London (NWL) became one organisation, and the ICS then came into being in 2022.

The London Ambulance Service NHS Trust (LAS)

The London Ambulance Service (LAS) answers more 999 and NHS 111 calls than any other ambulance service in the UK. LAS crews go to more than 3,000 emergencies each day and handle over two million 999 calls a year.

Its 24-hour 111 integrated urgent care services in north east and south east London answer more than 1.2 million calls a year. The LAS has recently been awarded a three-year contract to provide the NHS 111 service to the two million people who live in North West London, beginning on Thursday 17 November 2022. The organisation will also take on responsibility for running the North West London Clinical Assessment Service (CAS) which helps to decide where patients who call-in would be best cared for.

The LAS is the only NHS provider trust to serve the whole of London and the nine million people who live in, work in or visit the city. The Trust covers an area of 620sq miles and its average response time to the most serious emergencies is less than seven minutes.

The LAS has 8,000 people who work or volunteer for it and together they are striving to ensure patients receive the right response, in the right place, at the right time. The Trust works closely with its NHS partners including: NHS England (which commissions the LAS); hospitals; specialist trusts; and the five Integrated Care Systems (ICS).

The LAS plays a leading role in integrating access to emergency and urgent care in the capital. Its collaboration with the Metropolitan Police Service, London Fire Brigade, London's Air Ambulance and London's Resilience Forums means that the Trust is ready and prepared to respond to major incidents and ensure that they keep Londoners safe.

By integrating the 999 and 111 services, the LAS is able to treat more patients over the phone; in their home; or refer them to appropriate care in their own community. This is key in achieving the LAS' strategic ambition of reducing the number of unnecessary trips to hospital and should mean 122,000 fewer patients a year being taken to emergency departments.

Healthwatch Hillingdon

Healthwatch Hillingdon is a health watchdog run by and for local people. It is independent of the NHS and the local Council. Healthwatch Hillingdon aims to help residents get the best out of their health and social care services such as doctors, dentists, hospitals and mental health services and gives them a voice so that they can influence and challenge how health and care services are provided throughout Hillingdon. Healthwatch Hillingdon can also provide residents with information about local health and care services, and support individuals if they need help to resolve a complaint about their NHS treatment or social care.

Healthwatch Hillingdon is one of 152 community focused local Healthwatch. Together, they form the Healthwatch network, working closely to ensure consumers' views are represented locally and nationally led by Healthwatch England.

Healthwatch Hillingdon is all about local voices being able to influence the delivery and design of local services. Not just people who use them, but anyone who might need to in the future. By making sure the views and experiences of all people who use services are gathered, analysed and acted upon, Healthwatch can help make services better now and in the future.

To make sure that the voices of children and young people are heard, Healthwatch Hillingdon created Young Healthwatch Hillingdon (YHwH). YHwH is made up of volunteers who represent the views of children and young people living, working or studying in Hillingdon. They do this by:

- Sharing and promoting information about health issues and services that affect children and young people through events, social media updates and reports.
- Speaking to children and young people and gathering their views about what health issues and services are important to them.
- Working with health and social care services representatives to try to shape and improve services for children and young people.

Witnesses

Representatives from the following organisations have been invited to attend the meeting:

1. Hillingdon Health and Care Partners (HHCP)
2. The Hillingdon Hospitals NHS Foundation Trust (THH)

3. Royal Brompton & Harefield Hospitals, Guy's and St Thomas' NHS Foundation Trust (RBH)
4. Central and North West London NHS Foundation Trust (CNWL)
5. North West London Integrated Care Board (NWL ICB)
6. The London Ambulance Service NHS Trust (LAS)
7. Healthwatch Hillingdon (HH)
8. Hillingdon GP Confederation

This page is intentionally left blank

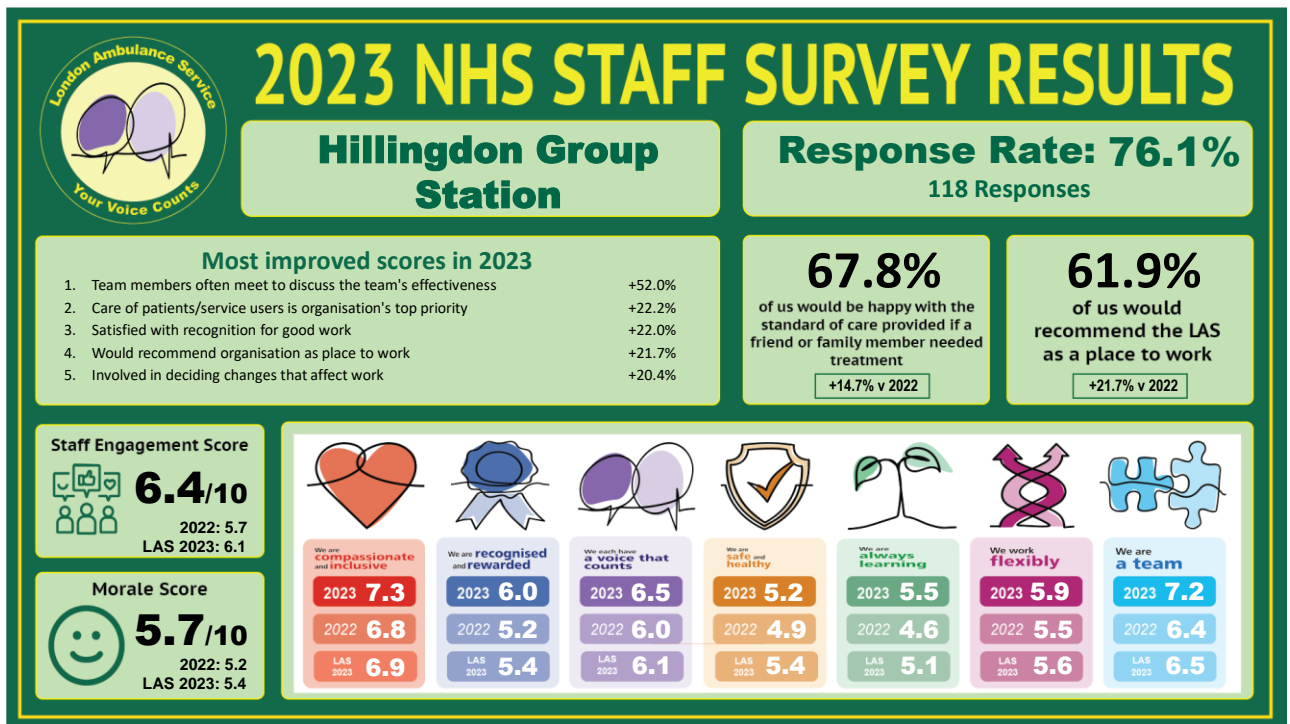


Update for Hillingdon Health and Social Care Select Committee – 22nd May 2024

London Ambulance Service – Hillingdon Group

Work that the organisation has undertaken over the last six months:

1. Staff survey results have now been published for the Trust as well as individual groups. Overall we are very pleased with the improvements seen, especially on a local level and this reflects the work that has taken place over the last year.



2. Hillingdon Group are taking part in a new trial involving staff who report sick. Historically, an external company were involved in this process and after feedback we are looking at ways to improve this process.
3. Our fleet of vehicles are now 'tethered' to each group, moving away from the previous flexible fleet model. This gives staff greater ownership and accountability towards the vehicles and equipment within it. Vehicle and staff resourcing now involves local management (rather than just a centralised department) which means it can be more intelligence led.
4. The Trust has introduced 132 brand new double crewed ambulances, with new equipment to ease manual handling tasks. A further 83 awaiting delivery (expected by July 24). Staff are being trained to use these vehicles as quickly as possible to provide more cover for the community.

5. Hillingdon Group are also involved two clinical trials in line with the Clinical Audit and Research Unit (CARU) that help shaped and develop future practice. These are the Spinal Immobilisation Study and Paramedic 3 trial.

What target your organisation has been working towards

The LAS launched its 2023-2028 Strategy in September 2023. The full document is available online at [Our plans for the future - London Ambulance Service NHS Trust](#). This strategy was the result of extensive engagement both inside our organisation, with our partners and with our patients on how they would like to see us develop. The strategy sets out three missions:

1. Our Care: Delivering outstanding emergency and urgent care whenever and wherever needed.
2. Our Organisation: Being an increasingly inclusive, well led and highly skilled organisation people are proud to work for.
3. Our London: Using our unique pan-London position to contribute to improving the health of the capital.

Your organisation's performance against these targets during the last year and how this compares to recent years

- In North West London, the average response time to category 1 patients since 1/1/24 was 7 mins 05 seconds. This is 15 second improvement from the previous report.
- The Trust is currently operating at REAP (Resource Escalation Action Plan) level 3 (Major Pressure).

The Resource Escalation Action Plan is to support a consistent ambulance sector approach to strategic escalation pressure levels that provide alignment with the NHS Operational Pressures Escalation Framework (OPEL) whereby the symbolising of pressure levels is consistent and understood across the wider NHS. REAP provides NHS Ambulance Services with a consistent and coordinated approach across the organisation to the management of its response in situations where demand or other significant factors within the ambulance service see an increase and a challenge to the capacity to manage it.

- Staff sickness rates within the Hillingdon Group have increased slightly from 6.09% to 6.12%.
- The average on scene times for our time critical patients is 36.9 minutes since 1/1/24. This is compared to a Trust average of 39.4 minutes and the quickest group within the Trust. This means that we are getting our sickest patients to definitive care quicker than any other LAS group of stations.
- We continue to champion the use of Alternative Care Pathways (ACPs) within the Hillingdon Group and to reduce the conveyance of patients to the Emergency Department and ensure our patients are getting the most appropriate care for their needs. The LAS recently conducted an audit into the appropriateness of LAS conveyances to Hillingdon Hospital and are addressing any areas of learning that have arisen from this audit. Since the 1/1/24, 51.2% of patients in Hillingdon were taken to an Emergency Department.

- Clinical Quality continues to be reviewed within the Hillingdon Group and is measured in a number of different ways including Clinical Performance Indicators (CPIs), Cardiac and Stroke Care bundles and Cardiac Arrest Care bundles. This is achieved by reviewing the care provided by our clinicians and ensuring that the appropriate care has been delivered. Some key highlights from recent reports:
 - 97% of staff within the Hillingdon Group have received Clinical Performance Indicator feedback within the last six months.
 - 55% of cardiac arrest patients attended by a Hillingdon Crew sustained a return of spontaneous circulation (ROSC) on arrival at hospital. Downloads of the Defib used in all cardiac arrest patients take place to provide feedback and assurance that all guidelines are followed with cardiac arrest management (Feb 2024 report).
 - 100% of Stroke patients received the appropriate and full care bundle (Jan 2024 report)

This page is intentionally left blank

Royal Brompton and Harefield Hospitals

Briefing Report for the Health and Social Care Select Committee July 2024

Elective activity

The various periods of industrial action have continued to adversely affect the volume of elective activity at all hospital sites to allow focus on delivering emergency work and providing safe care to inpatients already in hospital.

The junior doctors have recently voted to extend the period over which they can take industrial action, but with no further strike dates yet announced.

In January 2024 we reported that 555 patients were awaiting an elective cardiac surgery procedure at the Royal Brompton and Harefield Hospitals. Unfortunately, this volume has increased to 600. The two main reasons for this are an increase in the number of referrals received and an increase in the number of complex cardiac surgery cases requiring a full day theatre session rather than the normal half day slot.

The number of waiting patients remains higher than pre-pandemic volumes which would have been approximately 400. All patients on the waiting lists are categorized according to clinical priority and we continue to monitor patients for risk of harm whilst they await treatment and escalate patients should any deterioration in condition be noted.

We continue to run additional weekend theatre and cath lab lists to and are also running additional weekend lists for cancer patients awaiting specialist diagnostic tests or surgical treatment. Work continues with partner organizations to ensure cancer patients requiring diagnostic and treatment interventions reach us as soon in their pathway as possible.

In March 2024 all GSTT hospital sites participated in a Multi-Agency Discharge event (MADE) which focused on the timely discharge of patients from hospital and focused attention on both identifying and resolving issues that arose on the day relating to patient discharge. This has allowed us to identify further work we can do to improve patient flow further and these will feed into our transformation / improvement programmes.

Cancer

Both Royal Brompton and Harefield Hospital sites are involved in the targeted Lung Health Check programme that aims to find lung cancer early, sometimes before symptoms are even experienced. Harefield Hospital are leading the West London scan review meetings where all patient scans are triaged and signposted for onward investigation and treatment where appropriate. This group reviews more than 100 patient scans a month.

An exciting new trial is taking place at Royal Brompton Hospital using microwave energy to destroy lung cancers in hard-to-reach locations in the lungs. A new device, Microblate Flex, is fed through a tube through the patient's mouth directly to the site in their lungs where a suspected cancer is identified from a CT scan. Microwave energy is administered to the cancerous tissue in the lungs which precisely kills the cells in the treatment area, ablating the tumour. In the first

patient treated as part of the study, the medical team was able to ablate the tumour measuring 11mm within three minutes.

Patients on this study are not eligible for cancer surgery, which is regarded as the gold standard for lung cancer treatment. For them, their current treatment option would be radiotherapy, something which can lead to several side effects including developing inflammation of the lung which leads to breathlessness.

This new method of treating lung cancers with microwave energy has the potential to offer benefits over radiotherapy by reducing the number of side effects.

Heart Attack Centre

The Heart Attack Centre at Harefield Hospital remains one of the busiest centres in London and our performance against BCIS (British Cardiovascular Intervention Society) standards continue to be excellent.

The below graphs show two performance standards that are measured for Heart Attack Centres. The top graph shows the ‘Door-to-Balloon’ time that Harefield Hospital (identified by the dark blue column) is achieving. Harefield Hospital is well above the national standard for the percentage of patients with a high-risk STEMI heart attack undergoing Primary Percutaneous Intervention (PPCI) within 90 minutes of arrival at hospital.

The bottom graph shows that Harefield Hospital is the 2nd highest performing hospital nationally when looking at the percentage of patients having their PPCI within 60 minutes of arrival at hospital.

The new 60-minute Door-To-Balloon targets challenges hospitals to improve their systems and processes so as to shorten time to treatment



While the long-standing Door-To-Balloon (DTB) target time to treat higher-risk STEMI heart attack patients requiring primary percutaneous coronary intervention (PCI) is 90 minutes, the current ambition is to achieve this in 60 minutes from arrival at hospital.

Accepting that some patients will by necessity require care prior to a PCI procedure (e.g. related to initial diagnostic uncertainty or the potential safety of treatment), the aim is for 70% of patients to be treated within the target times.

Thirteen hospitals failed to meet the 90-minute target and 45 hospitals the 60-minute target.

Selecting a country or Cardiac Network below shows the hospitals in that area which reported data.

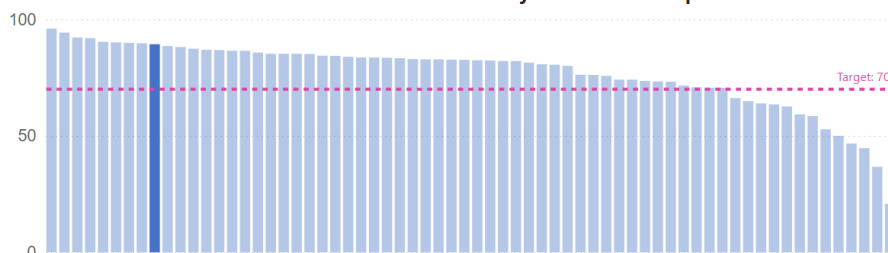
Select country or Cardiac Network

All

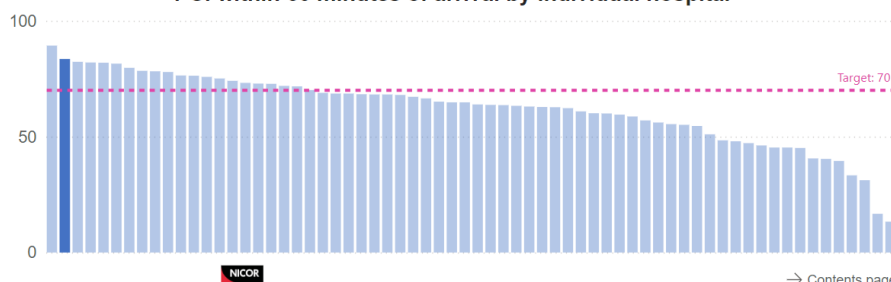
Select hospital

All

Percentage of patients with higher-risk STEMI heart attacks who undergo primary PCI within 90 minutes of arrival by individual hospital



Percentage of patients with higher-risk STEMI heart attacks who undergo primary PCI within 60 minutes of arrival by individual hospital



NICOR

→ Contents page

Transplant Service

The Harefield Hospital Transplant Service carried out significantly more heart and lung transplants in 2023/24 than in the previous year. The breakdown of activity across the two years is illustrated below:

	Volume undertaken in 2022/23	Volume undertaken in 2023/24
Heart transplants	38	44
Lung transplants	16	28
Heart & Lung transplants	0	1
Total	54	73

In 2023/24, Harefield carried out the highest volume of heart transplants of all the cardiothoracic transplant centres in the UK and the second highest number of lung transplants.

We have recently also seen a new world record met with the longest surviving heart transplant patient in the world celebrating over 39 years of a new heart. Bert Janssen, a 57 year old father of two living in the Netherlands, has been recognized by the Guinness World Records and is still living with his transplanted heart having been transplanted in Harefield Hospital by Professor Magdi Yacoub in June 1984.

Recruitment

Back in April, it was reported that there was concern around the number of critical care nurse vacancies at that time, given so much of the specialized activity undertaken relies on critical care capacity. A very successful critical care nursing open day was held in February which resulted in 29 WTE nurses being recruited. This model of recruitment is now planned for other areas with high vacancy rates with a cardiology open day currently being planned.

Better links are also being forged with our local universities especially with regards to apprenticeships.

Electronic Patient Record (EPR)

Following the GSTT and King's EPIC rollout in October 2023, we are currently in a period of stabilization and validation. The following phase will be optimization and in time, this new EPR system will facilitate much higher quality and sophisticated reports.

Capital investment

The concern regarding the constraint on NHS capital expenditure continues, particularly given the cardiology unit (ACCU) delivering level 1 (ward) and level 2 (high dependency) care will require replacements in the next 4/5 years due to deterioration of the current prefabricated building.

This page is intentionally left blank

CABINET FORWARD PLAN

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

HEADLINES

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

RECOMMENDATION

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

SUPPORTING INFORMATION

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

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

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

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

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

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

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

BACKGROUND PAPERS

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

This page is intentionally left blank

Scheduled Upcoming Decisions

Ref

Further details

Ward(s)

Final decision by Full Council	Cabinet Member(s) Responsible	Relevant Select Committee	Directorate / Lead Officer	Consultation related to the decision	NEW ITEM	Public or Private (with reason)
--------------------------------	-------------------------------	---------------------------	----------------------------	--------------------------------------	----------	---------------------------------

SI = Standard Item each month/regularly Council Directorate/Service Areas: AS = Adult Services & Health P = Place C = Central Services R = Resources CS= Children's Services D = Digital & Intelligence

Cabinet meeting - 27 June 2024 (report deadline 10 June)

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	C - Democratic Services			Public
----	--	---	-----	--	---------------------	-----	-------------------------	--	--	--------

Cabinet Member Decisions expected - June 2024

SI	Standard Items taken each month by the Cabinet Member	Cabinet Members make a number of non-key decisions each month on standard items - details of these are listed at the end of the Forward Plan.	Various		All	TBC	C - Democratic Services	Various		Public
----	--	---	---------	--	-----	-----	-------------------------	---------	--	--------

Cabinet meeting - Thursday 25 July 2024 (report deadline 8 July)

SI	Public Preview of matters to be considered in private	A report to Cabinet to provide maximum transparency to residents on the private and confidential matters to be considered later in Part 2 of the Cabinet meeting and agenda.	TBC		All Cabinet Members	All	C - Democratic Services			Public
----	--	--	-----	--	---------------------	-----	-------------------------	--	--	--------

Page 2 of 2	SI	Reports from Select Committees	Reports, findings and recommendations for consideration by the Cabinet, when referred from the appropriate Committee.	All	All	All	C - Democratic Services	TBC		Public
-------------	----	---------------------------------------	---	-----	-----	-----	-------------------------	-----	--	--------

Cabinet Member Decisions expected - July 2024

SI	Standard Items taken each month by the Cabinet Member	Cabinet Members make a number of non-key decisions each month on standard items - details of these are listed at the end of the Forward Plan.	Various		All	TBC	C - Democratic Services	Various		Public
----	--	---	---------	--	-----	-----	-------------------------	---------	--	--------

AUGUST 2024 - NO CABINET MEETING

SI	Standard Items taken each month by the Cabinet Member	Cabinet Members make a number of non-key decisions each month on standard items - details of these are listed at the end of the Forward Plan.	Various		All	TBC	C - Democratic Services	Various		Public
----	--	---	---------	--	-----	-----	-------------------------	---------	--	--------

Cabinet meeting - Thursday 12 September 2024 (report deadline 23 August)

SI	Older People's Plan update	Cabinet will receive its yearly progress update on the Older People's Plan and the work by the Council and partners to support older residents and their quality of life.	All		Cllr Ian Edwards - Leader of the Council / Cllr Jane Palmer - Health & Social Care	Health & Social Care	C - Sandra Taylor	Older People, Leader's Initiative		Public
----	-----------------------------------	---	-----	--	--	----------------------	-------------------	-----------------------------------	--	--------

SI	Public Preview of matters to be considered in private	A report to Cabinet to provide maximum transparency to residents on the private and confidential matters to be considered later in Part 2 of the Cabinet meeting and agenda.	TBC		All Cabinet Members	All	C - Democratic Services			Public
----	--	--	-----	--	---------------------	-----	-------------------------	--	--	--------

Ref	Scheduled Upcoming Decisions	Further details	Ward(s)	Final decision by Full Council	Cabinet Member(s) Responsible	Relevant Select Committee	Directorate / Lead Officer	Consultation related to the decision	NEW ITEM	Public or Private (with reason)
SI = Standard Item each month/regularly Council Directorate/Service Areas: AS = Adult Services & Health P = Place C = Central Services R = Resources CS= Children's Services D = Digital & Intelligence										
SI	Reports from Select Committees	Reports, findings and recommendations for consideration by the Cabinet, when referred from the appropriate Committee.	All		All	TBC	C - Democratic Services	TBC		Public
Cabinet Member Decisions expected - September 2024										
SI	Standard Items taken each month by the Cabinet Member	Cabinet Members make a number of non-key decisions each month on standard items - details of these are listed at the end of the Forward Plan.	Various		All	TBC	C - Democratic Services	Various		Public
Cabinet meeting - Thursday 10 October 2024 (report deadline 23 September)										
079	Carer Support Services	Cabinet will consider a contract for Integrated Carer Support Services for adults and children. Such services support carers within the Borough, make it easier for them to access advice, information and support for the valued role they undertake.	N/A		Cllr Jane Palmer - Health & Social Care	Health & Social Care	AS / R - Sandra Taylor / Gavin Fernandez / Sally Offin			Private (3)
SI Page 28	The Annual Report Of Adult and Child Safeguarding Arrangements	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	CS / AS - Alex Coman / Sandra Taylor	Select Committees		Public
SI	Public Preview of matters to be considered in private	A report to Cabinet to provide maximum transparency to residents on the private and confidential matters to be considered later in Part 2 of the Cabinet meeting and agenda.	TBC		All Cabinet Members	All	C - Democratic Services			Public
Cabinet Member Decisions expected - October 2024										
SI	Standard Items taken each month by the Cabinet Member	Cabinet Members make a number of non-key decisions each month on standard items - details of these are listed at the end of the Forward Plan.	Various		All	TBC	C - Democratic Services	Various		Public
Cabinet meeting - Thursday 7 November 2024 (report deadline 21 October)										

Ref	Scheduled Upcoming Decisions	Further details	Ward(s)	Final decision by Full Council	Cabinet Member(s) Responsible	Relevant Select Committee	Directorate / Lead Officer	Consultation related to the decision	NEW ITEM	Public or Private (with reason)
SI = Standard Item each month/regularly Council Directorate/Service Areas: AS = Adult Services & Health P = Place C = Central Services R = Resources CS= Children's Services D = Digital & Intelligence										
SI	Better Care Fund Section 75 Agreement	A standard annual report to Cabinet regarding the agreement under section 75 of the National Health Service Act, 2006, that will give legal effect to the Better Care Fund plan, including financial arrangements. The Better Care Fund supports local systems to successfully deliver the integration of health and social care in a way that supports person-centred care, sustainability and better outcomes for people and carers.	All		Cllr Jane Palmer - Health & Social Care	Health & Social Care	AS - Sandra Taylor / Gary Collier			Public
SI	Public Preview of matters to be considered in private	A report to Cabinet to provide maximum transparency to residents on the private and confidential matters to be considered later in Part 2 of the Cabinet meeting and agenda.	TBC		All Cabinet Members	All	C - Democratic Services			Public
SI	Reports from Select Committees	Reports, findings and recommendations for consideration by the Cabinet, when referred from the appropriate Committee.	All		All	TBC	C - Democratic Services	TBC		Public
Cabinet Member Decisions expected - November 2024										
SI	Standard Items taken each month by the Cabinet Member	Cabinet Members make a number of non-key decisions each month on standard items - details of these are listed at the end of the Forward Plan.	Various		All	TBC	C - Democratic Services	Various		Public
Cabinet meeting - Thursday 12 December 2024 (report deadline 25 November)										
SI	Carers Strategy Update	Cabinet will receive a progress report on the Carers Strategy and Delivery Plan and new draft strategy going forward.	All		Cllr Jane Palmer - Health & Social Care	Health & Social Care	AS - Sandra Taylor / Gary Collier			Public
SI	The Council's Budget - Medium Term Financial Forecast 2025/26 - 2029/30 (BUDGET FRAMEWORK)	This report will set out the Medium Term Financial Forecast (MTFF), which includes the draft General Fund reserve budget and capital programme for 2025/26 for consultation, along with indicative projections for the following four years. This will also include the HRA rents for consideration.	All	Proposed Full Council adoption - 20 February 2025	Cllr Martin Goddard - Finance	All	R - Andy Evans	Public consultation through the Select Committee process and statutory consultation with businesses & ratepayers		Public
SI	Public Preview of matters to be considered in private	A report to Cabinet to provide maximum transparency to residents on the private and confidential matters to be considered later in Part 2 of the Cabinet meeting and agenda.	TBC		All Cabinet Members	All	C - Democratic Services			Public
SI	Reports from Select Committees	Reports, findings and recommendations for consideration by the Cabinet, when referred from the appropriate Committee.	All		All	TBC	C - Democratic Services	TBC		Public
Cabinet meeting - Thursday 9 January 2025 (report deadline 9 December 2024)										

Scheduled Upcoming Decisions

Ref

Further details

Ward(s)

				Final decision by Full Council	Cabinet Member(s) Responsible	Relevant Select Committee	Directorate / Lead Officer	Consultation related to the decision	NEW ITEM	Public or Private (with reason)
SI = Standard Item each month/regularly Council Directorate/Service Areas: AS = Adult Services & Health P = Place C = Central Services R = Resources CS= Children's Services D = Digital & Intelligence										
SI	Public Preview of matters to be considered in private	A report to Cabinet to provide maximum transparency to residents on the private and confidential matters to be considered later in Part 2 of the Cabinet meeting and agenda.	TBC		All Cabinet Members	All	C - Democratic Services			Public
SI	Reports from Select Committees	Reports, findings and recommendations for consideration by the Cabinet, when referred from the appropriate Committee.	All		All	TBC	C - Democratic Services	TBC		Public
Cabinet Member Decisions expected - January 2025										
SI	Standard Items taken each month by the Cabinet Member	Cabinet Members make a number of non-key decisions each month on standard items - details of these are listed at the end of the Forward Plan.	Various		All	TBC	C - Democratic Services	Various		Public
Cabinet meeting - Thursday 13 February 2025 (report deadline 27 January 2025)										
SI	The Council's Budget - Medium Term Financial Forecast 2025/26 - 2029/30 (BUDGET FRAMEWORK)	Following consultation, this report will set out the Medium Term Financial Forecast (MTFF), which includes the draft General Fund reserve budget and capital programme for 2025/26 for consultation, along with indicative projections for the following four years. This will also include the HRA rents for consideration.	All	Proposed Full Council adoption - 20 February 2025	Cllr Ian Edwards - Leader of the Council / Cllr Martin Goddard - Finance	All	R - Andy Evans	Public consultation through the Select Committee process and statutory consultation with businesses & ratepayers		Public
SI	Public Preview of matters to be considered in private	A report to Cabinet to provide maximum transparency to residents on the private and confidential matters to be considered later in Part 2 of the Cabinet meeting and agenda.	TBC		All Cabinet Members	All	CS - Democratic Services			Public
SI	Reports from Select Committees	Reports, findings and recommendations for consideration by the Cabinet, when referred from the appropriate Committee.	All		All	TBC	CS - Democratic Services	TBC		Public
Cabinet Member Decisions expected - February 2025										
SI	Standard Items taken each month by the Cabinet Member	Cabinet Members make a number of non-key decisions each month on standard items - details of these are listed at the end of the Forward Plan.	Various		All	TBC	CS - Democratic Services	Various		Public

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

Scheduled Upcoming Decisions

Ref

Further details

Ward(s)

				Final decision by Full Council	Cabinet Member(s) Responsible	Relevant Select Committee	Directorate / Lead Officer	Consultation related to the decision	NEW ITEM	Public or Private (with reason)
SI = Standard Item each month/regularly Council Directorate/Service Areas: AS = Adult Services & Health P = Place C = Central Services R = Resources CS= Children's Services D = Digital & Intelligence										
SI	Urgent Cabinet-level decisions & interim decision-making (including emergency decisions)	The Leader of the Council has the necessary authority to make decisions that would otherwise be reserved to the Cabinet, in the absence of a Cabinet meeting or in urgent circumstances. Any such decisions will be published in the usual way and reported to a subsequent Cabinet meeting for ratification. The Leader may also take emergency decisions without notice, in particular in relation to the COVID-19 pandemic, which will be ratified at a later Cabinet meeting.	Various		Cllr Ian Edwards - Leader of the Council	TBC	C - Democratic Services	TBC		Public / Private
SI	Release of Capital Funds	The release of all capital monies requires formal Member approval, unless otherwise determined either by the Cabinet or the Leader. Batches of monthly reports (as well as occasional individual reports) to determine the release of capital for any schemes already agreed in the capital budget and previously approved by Cabinet or Cabinet Members	TBC		Cllr Martin Goddard - Finance (in conjunction with relevant Cabinet Member)	All - TBC by decision made	various	Corporate Finance		Public but some Private (1,2,3)
SI	Petitions about matters under the control of the Cabinet	Cabinet Members will consider a number of petitions received by local residents and organisations and decide on future action. These will be arranged as Petition Hearings.	TBC		All	TBC	C - Democratic Services			Public
SI	To approve compensation payments	To approve compensation payments in relation to any complaint to the Council in excess of £1000.	n/a		All	TBC	R - Iain Watters			Private (1,2,3)
SI	Acceptance of Tenders	To accept quotations, tenders, contract extensions and contract variations valued between £50k and £500k in their Portfolio Area where funding is previously included in Council budgets.	n/a		Cllr Ian Edwards - Leader of the Council OR Cllr Martin Goddard - Finance / in conjunction with relevant Cabinet Member	TBC	various			Private (3)
SI	All Delegated Decisions by Cabinet to Cabinet Members, including tender and property decisions	Where previously delegated by Cabinet, to make any necessary decisions, accept tenders, bids and authorise property decisions / transactions in accordance with the Procurement and Contract Standing Orders.	TBC		All	TBC	various			Public / Private (1,2,3)

Page 31

Scheduled Upcoming Decisions

Ref

Further details

Ward(s)

Ref	Scheduled Upcoming Decisions	Further details	Ward(s)	Final decision by Full Council	Cabinet Member(s) Responsible	Relevant Select Committee	Directorate / Lead Officer	Consultation related to the decision	NEW ITEM	Public or Private (with reason)
SI = Standard Item each month/regularly Council Directorate/Service Areas: AS = Adult Services & Health P = Place C = Central Services R = Resources CS= Children's Services D = Digital & Intelligence										
SI	External funding bids	To authorise the making of bids for external funding where there is no requirement for a financial commitment from the Council.	n/a		All	TBC	various			Public
SI	Response to key consultations that may impact upon the Borough	A standard item to capture any emerging consultations from Government, the GLA or other public bodies and institutions that will impact upon the Borough. Where the deadline to respond cannot be met by the date of the Cabinet meeting, the Constitution allows the Cabinet Member to sign-off the response.	TBC		All	TBC	various			Public

The Cabinet's Forward Plan is an official document by the London Borough of Hillingdon, UK

WORK PROGRAMME

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

HEADLINES

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

RECOMMENDATION

That the Health and Social Care Select Committee considers the report and agrees any amendments.

SUPPORTING INFORMATION

The meeting dates for the 2023/2024 municipal year were agreed by Council on 23 February 2023 and are as follows:

Meetings	Room
Tuesday 20 June 2023, 6.30pm (<i>rescheduled from 15/06/23</i>)	CR5
Thursday 20 July 2023, 6.30pm - CANCELLED	CR5
Wednesday 16 August 2023 (<i>informal meeting</i>)	-
Wednesday 13 September 2023, 6.30pm	CR5
Tuesday 10 October 2023, 6.30pm	CR5
Tuesday 21 November 2023, 6.30pm	CR5
Monday 18 December 2023, 6.30pm - CANCELLED	CR6
Tuesday 23 January 2024, 6.30pm	CR5
Wednesday 21 February 2024, 6.30pm	CR5
Tuesday 19 March 2024, 6.30pm - CANCELLED	CR5
Tuesday 23 April 2024, 6.30pm - CANCELLED	CR5
Wednesday 22 May 2024, 6.30pm (<i>rescheduled from 23/04/24</i>)	CR6

At the Health and Social Care Select Committee meeting on 23 January 2024, it was agreed that the meeting on 23 April 2024 be cancelled and rescheduled for a date after the Annual Council meeting in May 2024. After Members of the Committee provided their availability, the new meeting date has been set for Wednesday 22 May 2024.

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

Meetings	Room
Wednesday 19 June 2024, 6.30pm	TBA
Wednesday 24 July 2024, 6.30pm	TBA
Wednesday 11 September 2024, 6.30pm	TBA
Tuesday 12 November 2024, 6.30pm	TBA
Thursday 23 January 2025, 6.30pm	TBA
Tuesday 25 February 2025, 6.30pm	TBA
Wednesday 19 March 2025, 6.30pm	TBA
Wednesday 23 April 2025, 6.30pm	TBA

Implications on related Council policies

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

How this report benefits Hillingdon residents

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

Financial Implications

None at this stage.

Legal Implications

None at this stage.

BACKGROUND PAPERS

NIL.

MULTI-YEAR WORK PROGRAMME

	2024/25												2025/26
Health & Social Care Select Committee	May 22	June 19	July 24	August No meeting	September 11	October No meeting	November 12	December No meeting	January 23	February 25	March 19	April 23	May No meeting
Review A: ??? Topic selection / scoping stage Witness / evidence / consultation stage Findings, conclusions and recommendations Final review report agreement Target Cabinet reporting	Topic Selection												
Review B: GPs													
Regular service & performance monitoring Quarterly Performance Monitoring Annual Report of Adult and Child Safeguarding Arrangements Carers Strategy Update (prior to Cabinet) Older People's Plan Update (prior to Cabinet) Mid-year budget / budget planning report (July/September) Cabinet's Budget Proposals For Next Financial Year (Jan) Cabinet Member for Health and Social Care Cabinet Forward Plan Monthly Monitoring												X	
			X							X			
	X	X	X		X		X		X	X	X	X	
One-off information items Public Health Update Autism Strategy Consultation Crisis Recovery House Update Family Hubs Carer Support Services - Cabinet report (079) Commissioning Model for delivery of health and social care services Adult Social Care Market Position Statement							X						
									X				
		X			X				X				
												X	
Health External Scrutiny Police & Mental Health Attendance at A&E Mount Vernon Cancer Centre Strategic Review Update Hillingdon Hospital Redevelopment Update Health Updates Quality Accounts (outside of meetings)					X								
									X				
									X				
Past review delivery Review of Children's Dental Services 2021/22 Making the Council more autism friendly 2020/21 CAMHS Referral Pathway 2023/24									X				
									X				

This page is intentionally left blank