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HILLINGDON
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A

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, 9 OCTOBER 2024**

Time: **6.30 PM**

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

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

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

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

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Terms of Reference

Health & Social Care Select Committee

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

Cabinet Member Portfolios	• Cabinet Member for Health & Social Care
Relevant service areas	1. Adult Social Work 2. Adult Safeguarding 3. Provider & Commissioned Care 4. Public Health 5. Health integration / Voluntary Sector

Statutory Healthy 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

Minutes

HEALTH AND SOCIAL CARE SELECT COMMITTEE

11 September 2024

Meeting held at Committee Room 6 - Civic Centre, High Street, Uxbridge UB8 1UW

	Committee Members Present: Councillors Nick Denys (Chair), Reeta Chamdal (Vice-Chair), Tony Burles, Philip Corthorne, Kelly Martin, June Nelson and Sital Punja (Opposition Lead) **Also Present**: Michael Breen, Michael Sobell Hospice Charity Trustee, Michael Sobell Hospice Charity Steve Curry, Chief Executive Officer, Harlington Hospice & Harlington Care Keith Spencer, Managing Director, Hillingdon Health and Care Partners (HHCP) Dr Ros Taylor, Medical Director, Michael Sobell House / Harlington Hospice **LBH Officers Present**: Nikki O'Halloran (Democratic, Civic and Ceremonial Manager)
21.	**APOLOGIES FOR ABSENCE** *(Agenda Item 1)* Councillor Corthorne had advised that he would be attending the meeting but that he would be a little late.
22.	**DECLARATIONS OF INTEREST IN MATTERS COMING BEFORE THIS MEETING** *(Agenda Item 2)* There were no declarations of interest in matters coming before this meeting.
23.	**MINUTES OF THE MEETING HELD ON 24 JULY 2024** *(Agenda Item 3)* The Chair noted that the Adult Social Care Market Position Statement report on 24 July's agenda had stated, on page 31, that the capital/income ceiling for receiving financial support from the Council in meeting assessed Adult Social Care needs was £223,250 – this should have been £23,250. On page 54 of the same report, the capacity tracker had stated that 45% had been utilised by self-funders and 26% had been funded by local authorities and the NHS. For clarity, the report should have stated that the remaining 29% related to care home beds utilised by people referred by the Council. **RESOLVED: That the minutes of the meeting held on 24 July 2024 be agreed as a correct record.**
24.	**EXCLUSION OF PRESS AND PUBLIC** *(Agenda Item 4)* **RESOLVED: That all items of business be considered in public.**

25.	**HOSPICE AND END OF LIFE SERVICES IN HILLINGDON** *(Agenda Item 5)* The Chair welcomed those present to the meeting and noted that a number of the Committee Members had attended a site visit at Michael Sobell House on Monday 9 September 2024 where they had had the opportunity to speak to staff, service users and their families about the palliative care services that were available in Hillingdon. An anonymised set of notes from this visit, setting out positive experiences and areas for improvement, would be appended to the minutes. Mr Steve Curry, Chief Executive of Harlington Hospice and Michael Sobell House, recognised that the proposed sale of Lansdowne House had been the cause of public concern. Lansdowne House was located in Harlington; it had always been a day hospice and provided three main services: lymphoedema service; emotional support and complementary therapy. In addition, there were services such as the Friendship café and the Legs 11 club. Although the building was nice, Lansdowne House was being underutilised (around 30% of its capacity was being used). It cost around £100k to run the building which was worth about £3.5m. Mr Curry stated that many hospices were running deficit budget this year so it was important that the charity maximised the use of its assets. Savings had already been made in relation to staffing levels but there had been a commitment to not cut services. The proposed sale of Lansdowne House would free up resources to be able to protect services. Mr Curry advised that he had spoken to Heathrow Airport about buying the hospice but that Heathrow had declined. Members noted that residents had expressed concerns about the sale of Lansdowne House, how the money raised from the sale would be used and the withdrawal of hospice services in the Heathrow Villages. Mr Curry advised that interim options had been included in the report to the Committee which included renting space in community buildings and providing services in residents' own homes. Once the building had been sold, the charity would know what resources it would have to work with. A planning application process had previously been started before Michael Sobell House had temporarily closed. The planners had been approached again 12-18 months ago but they had not ben prepared to support the application. Reasons for refusal were complicated and included the proximity of Lansdowne House to a Grade 1 listed church, protected trees and its location on the edge of the green belt. The increase in the cost of living had meant that the cost of the materials and labour that would be needed for the development had increased significantly. Furthermore, if the third runway were ever to be agreed, the hospice would be within ¼ mile of the runway and under the flightpath which would not be conducive to the environment that a hospice needed. As such, it would need to be relocated. Mr Keith Spencer, Managing Director of Hillingdon Health and Care Partners, advised that Harlington Hospice was the lead organisation for end of life care in Hillingdon. He also noted that the issue of the building needed to be separated from the services that were provided. The services would continue to be provided in the broad locality so these services were not under threat. Although many individuals associated hospices with inpatient beds, it was noted that there were no beds at Harlington Hospice. It was suggested that end of life services in Hillingdon had been a huge success and that more money was going into these services than ever before. However, there were

a number of residents who were unhappy about the sale of Lansdowne House as there was already a lack of services in the south of the Borough and this action appeared to be further reducing those services. Mr Curry and Mr Spencer assured the Committee that services would continue and they both committed to attending future meetings to evidence the continued provision of services in the south of the Borough.

Mr Curry advised that Hillingdon compared very favourably with other London boroughs with regard to hospice and end of life care services. The charity worked in partnership with the Council and Mr Curry had been appointed as the Senior Responsible Officer for end of life care in Hillingdon. End of life care was all about fitting different types of care together so that individuals were able to "shape your care". Palliative Specialist Community Care services were provided by Central and North West London NHS Foundation Trust (CNWL) which included a 24 hour nursing team that had been in place for about seven years (this was not a service provided elsewhere in North West London (NWL)).

The services run by Harlington Hospice were the right services for carers and relatives (similar to those provided by Marie Curie) but also for patients in their final days of life. For example, they were able to talk frankly in relation to their thoughts and feelings about their situation.

Mr Curry advised that Michael Sobell House had increased its capacity to fourteen beds. Of these, ten were commissioned acute beds and four were long term nurse led beds. In the first four months of 2023/24, 53 patients had been admitted to Michael Sobell House and eight had passed away whilst waiting for a bed. During the same period in 2024/25, 96 patients had been admitted and one had passed away. There had also been an increase in the number of patients that were discharged home after a stay at Michael Sobell House.

In addition to the beds at Michael Sobell House, there were eight enhanced nursing home beds (two at Hayes Cottage Nursing Home and six at Park Field Nursing Home in Uxbridge). This provision had been so successful that it was being replicated across NWL. A 24 hour advice line was also available and a team had been created to provide support to children and young people who were impacted by the loss of someone close to them (the team also worked with neurodiverse children).

Mr Curry noted that the HPAL website had been developed and was available across NWL. This site highlighted the best resources relating to palliative and end of life care in an easily accessible way for clinicians and patients in NWL. An adult bereavement service was also provided. All of these services had been provided using a combination of charitable funds, and funding from the local authority and NHS. Although the NHS had contributed an additional £300k this year (on top of the £2.5m), the charity still needed to raise at least £2.5m through fundraising each year to maintain the services.

It was noted that end of life care had been a top priority in Hillingdon for the last 3-4 years. However, there continued to be issues with regard to the coordination of the different services and further work was needed for the earlier identification of those individuals who would benefit from services. The end of life dashboard had been developed, identifying around 3,700 people in Hillingdon that would benefit from palliative care. Currently, Harlington Hospice had contact with 20% of individuals in the Borough who would benefit from end of life care and provided care to only 17%.

With regard to the 80% of those who would benefit from end of life care but who had no contact with the hospice, Mr Curry advised that the majority of these individuals died in hospital despite them not wanting to die in that setting. Of those who were taken to A&E, 95% would be admitted to hospital and were then unable to get out for some time as they were too ill. Dr Ros Taylor, Medical Director at Michael Sobell House and Harlington Hospice, advised that, if patients were referred to palliative care early, they would have less pain, would experience less depression and would have a better end of life.

In terms of funding, a pilot was being undertaken to look at what action was needed to help move individuals out of hospital faster. The Council had also contributed funding to provide respite for carers.

A clinical model (PICS) had been developed for the delivery of end of life services. PICS coordination provided oversight and assurance that care was managed and would support and respond outside standard working hours. The hospice had been working closely with service providers in the Borough on this model.

Although there had been a focus on providing additional beds, there had also been a focus on improving the experience of patients and their families. It was important to maximise the resources available to deliver the most services possible.

Dr Taylor advised that, many years ago, palliative care only related to cancer and end of life care. Members had seen from their visit to Michael Sobell House on Monday that this was no longer the case as many patients were there for things like pain management. There were also patients with complications that could be better addressed by a hospice than by a hospital. As such, a lot of the work undertaken by the hospice was in relation to the coordination of services to best meet the patient's needs.

Members recognised that the work undertaken at Michael Sobell House benefitted the families as much as it benefitted the patients. There was often a lot of talk about healthcare but the focus tended to be on treatment (heath) rather than care. Patients at Michael Sobell House had described how lonely they had felt when they had been in hospital and how staff there had not had the time to be interested in their care. It was suggested that the provision of end of life and hospice services should be a fundamental part of the NHS and not something that was reliant on charitable fundraising.

Mr Spencer advised that the integration of care across boundaries continued to be a challenge and resulted in patients being kept in hospital for too long. Hospice resources had been used in hospital to help speed up discharge as this would free up resources there which could then be used for palliative care.

Mr Spencer noted that Mr Curry and colleagues had been working with the hospital to bring about the cultural change that was needed. Mr Curry had met twice with the hospital this week to try to move end of life care forward but these changes took time (there had been significant progress on elements of this over the last ten years). It was not about spending more money, it was about spending the existing money in the right place and should always deliver the best patient outcomes. Members queried why a cultural change was preferred over a directive to then be able to take the money away and put it where it was actually needed.

It was noted that there was a financial deficit in the NWL system. It would be important to bring clinical hearts and minds along on these changes (which were supported by the hospital leadership team). The challenge was that, on Saturdays and Sunday, clinicians made decisions about discharge and they needed to be encouraged to sort this out quicker.

Mr Michael Breen, Chair of the Board at Michael Sobell House and Harlington Hospice, advised that the charity was in a difficult position and needed to be clever with the money that it had. He noted that the charity had raised some funds by delivering on contracts for the NHS. When the Covid pandemic started in 2020, the charity had had to adjust the way that it handled and raised funds. The cost of living crisis had exacerbated this and had increased overheads such as utilities and salaries. In 2023/24, the charity had had a £500k deficit and roughly the same would be expected at the end of the current financial year. As such, it was important that the charity looked at its assets.

Mr Breen assured Members that the charity would not be reducing the services that it provided. The Board had established that the proposed sale of Lansdowne House would provide a cashflow reprieve and ensure continued services. Once the financial future of the charity had been secured, further investigations could be undertaken to increase the number of beds available - conversations had already started with Brunel University on a way forward but a liquid balance sheet was needed to be able to attract social fundraising to grow services.

Brunel University had land available in Hillingdon and was always on the lookout for placements for its students. Discussions had started in relation to the development of a hospice facility on the Brunel site with acute palliative beds plus longer term beds that would be funded differently (a total of around 60-70 beds). Brunel students would benefit from placements and the hospice would benefit from the students being able to help staff the facility. This initiative could not currently be progressed as funds needed to be raised for the project plans. There were no definite timeframes for deliverables at this stage.

Concern was expressed that some patients did not find out about the palliative care services that were available until far too late in their journey when this was information that should have been available to them right at the start. Mr Spencer advised that Mr Curry had been working with Hillingdon Hospital on the integrated management system and progress was being made, albeit slowly. The new system would help with data recording.

It was agreed that partners (including representatives from Hillingdon Hospital) attend a future meeting to provide Members with an update on the integration of palliative care services in Hillingdon.

Dr Taylor stated that an audit of around 100 hospice patients had been undertaken in the previous year across a number of hospitals. Most of these patients had had a very long wait before being referred to the hospice. Unfortunately, many consultants were not aware of the palliative care services that were available to patients. Dr Taylor had set up a roundtable with geriatricians and other specialist to talk to them about the benefits of early referral.

Members noted that inappropriate hospital admissions and over-treatment could be reduced through systematic advance care planning. These plans should be started

when GPs identified someone with a life limiting illness but they seemed to primarily be completed by palliative care staff. Conversations need to be undertaken with the patient and healthcare professionals needed to be recording the patient's wishes in their universal care plan but it was often too late / after they had been admitted to hospital.

Concern was expressed that NWL Integrated Care Board (NWL ICB) seemed to think that Hillingdon needed fewer hospice beds rather than more. Mr Curry advised that the NWL review had had a narrow remit in relation to specialised palliative care teams in the community. The consultants had looked at how many beds there were across the country and looked at a part of the system in isolation (high cost / small units that were mostly built 20-30 years ago and no longer met patients' needs).

Mr Spencer stated that he led on the work of the Better Care Fund in Hillingdon. The NWL ICB had advised that there should be a common offer across all eight of the NWL boroughs unless specific needs had been identified that needed a different approach. Hillingdon had been using data to illustrate the differences between Hillingdon's needs and those of the other seven NWL boroughs. It was noted that quite a lot of the NWL common model had been copied from what had been developed in Hillingdon.

In terms of representation, it was noted that the Chair sat on the NWL Joint Health Overview and Scrutiny Committee and took the approach that good people ought to be allowed to do good things. It was recognised that the health culture within the Borough was thought to be different to the other seven NWL boroughs and there was concern about having to "level down" in Hillingdon.

Mr Curry advised that H4All was about to start a consultation on end of life and hospice services. Despite the standardisation requirement in NWL, the ICB had agreed that Hillingdon could continue to deliver its current services, acting as a kind of experiment. The Chair advised that the Committee would be responding to this consultation.

Patients in need of palliative care were going to A&E and being admitted to hospital. Members queried how patients were signposted to stop them from going to A&E and how assurance could be made that there would be sufficient capacity in palliative care services to cope with this demand. Mr Spencer would be asked to provide a response to this. Dr Taylor advised that those in need of palliative care would benefit from the availability of a single telephone number to call so that they didn't go to A&E.

Mr Curry offered an open invitation for any Councillor to arrange a site visit to Michael Sobell House.

RESOLVED: That:

1. **partners (including representatives from Hillingdon Hospital) be invited to attend a future meeting to provide Members with an update on the integration of palliative care services in Hillingdon;**
2. **Mr Spencer provide Members with information about how patients were signposted to stop them from going to A&E and assurance that there would be sufficient capacity in palliative care services to cope with demand; and**
3. **the discussion be noted.**

26.	**2025/26 BUDGET PLANNING REPORT FOR SERVICES WITHIN THE REMIT OF THE HEALTH AND SOCIAL CARE SELECT COMMITTEE** *(Agenda Item 6)* The Chair advised that budgets were being reviewed by the newly appointed Corporate Director of Finance, who would also consider how future financial performance was reported to Members. As such, there would be no budget report this month.
27.	**CABINET FORWARD PLAN MONTHLY MONITORING** *(Agenda Item 7)* Consideration was given to the Cabinet Forward Plan. **RESOLVED: That the Cabinet Forward Plan be noted.**
28.	**WORK PROGRAMME** *(Agenda Item 8)* Consideration was given to the Committee's Work Programme. It was noted that Cabinet would now be considering the Annual Older People's Plan at its meeting on 12 December 2024. As such, the Health and Social Care Select Committee would be able to consider and comment on the report at its meeting on 12 November 2024. Councillor Corthorne suggested that adult social care be scrutinsed in line with the CQC framework. It was agreed that the Cabinet Member for Health and Social Care and the Corporate Director of Adult Social Care and Health be invited to a future meeting (possibly 9 October 2024 or 12 November 2024) once the CQC inspection report had been published. **RESOLVED: That:** **1. the Annual Older People's Plan be considered at the meeting on 12 November 2024;** **2. the Cabinet Member for Health and Social Care and the Corporate Director of Adult Social Care and Health be invited to a future meeting (possibly 9 October 2024 or 12 November 2024) once the CQC inspection report had been published; and** **3. the Work Programme, as amended, be agreed.**
	MICHAEL SOBELL HOUSE SITE VISIT NOTES - 9 SEPTEMBER 2024
	The meeting, which commenced at 7.00 pm, closed at 8.28 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.

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MICHAEL SOBELL HOUSE SITE VISIT
2pm Monday 9 September 2024

ATTENDEES: Councillors Nick Denys, Philip Corthorne, June Nelson and Sital Punja, and Nikki O'Halloran

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- Harlington Hospice - provides clinics and daycare
- Michael Sobell House (MSH) – provides inpatient care

POSITIVE EXPERIENCES OF HOSPICE

- Patients and their families have been able to build up relationships with the staff and their consultant and have been able to text/WhatsApp the consultant with their concerns as they arise.
- MSH has given patients an extra lease of life before they pass away.
- Palliative staff offer a human factor that answers the patient's questions.
- The night nurses / sitters are the most valuable part of the service.
- It's not just about physical support, it's also about the emotional support that is provided.
- Pain relief / management is better understood in a hospice (than in a hospital).
- Staff in the hospice make time (where they can) to sit with patients to talk to them.
- Patients value the opportunity to speak to other patients who are have the same / similar experiences.
- Quieter and calmer at MSH than the hospital so able to get some much needed rest. Families are also able to stay over with patients.
- Communication with patients and families has been really good – they are not treated as numbers.
- There are no restrictions on visiting times.
- It's like a family.
- Palliative care team at the hospital liaised with the patient.

AREAS FOR IMPROVEMENT

- Food – although the head chef is always trying to accommodate everyone's preferences and tastes.
- Need to be given a point of contact for referral to hospice services if the offer is initially refused. And the different points of contact through a patient's journey should continually offer hospice services as an option. It was like staff in the hospital were reading from a manual but never really offered anything. It felt disconnected and there was no collaboration between the difference medical professionals (e.g., GP and consultant).
- MSH is rundown in comparison to places like the Marie Curie facility.
- More family space is needed at MSH.
- Palliative care nurse only started after the paperwork had come over from Charing Cross – this should have been earlier.
- Need more funding for MSH – they should not have to rely on fundraising to provide the services that they do.
- It would be good to have some continuity in hospital.
- When in hospital, it feels like you are on your own – it's very lonely.

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HEALTH UPDATES

Committee name	Health and Social Care Select Committee
Officer reporting	Nikki O'Halloran, Democratic Services
Papers with report	Appendix A – The Hillingdon Hospitals NHS Foundation 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

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The Hillingdon Hospitals NHS Foundation Trust

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

1.0 Care Quality Commission Inspection Update

The Care Quality Commission (CQC) carried unannounced inspections of Urgent and Emergency Care and Surgical Care core services at Hillingdon Hospital and Mount Vernon Hospital in July and August 2024. Inspections have been undertaken under the CQC's new single assessment framework.

The Trust received an extensive evidence information request following the inspections. The submission of all the requested evidence is now completed.

The Trust received high level feedback from the CQC which positively commented on the compassionate and kind care that they observed by our staff during the inspection. The CQC did however raise a series of concerns following the inspection which the Trust are immediately addressing. The Trust has developed a robust action plan for the issues raised by the CQC and established a series of biweekly meetings chaired by the Chief Nurse with representation from divisions and corporate functions to swiftly work through the actions identified further supported by strong Board oversight.

The CQC has also conducted a well-led inspection between the 24 and 26 September 2024.

2.0 Elective Performance

The Trust is best in the North West London Acute Provider Collaborative for its Referral to Treatment (RTT) performance with the following position at 31 August 2024:

- Zero patients waiting 104 weeks
- Zero patients waiting 78 weeks
- 9 patients waiting 65 weeks

The Trust aims to achieve zero patients waiting 65 weeks by the end of October 2024. In addition, the Trust has set an ambitious stretch target of zero patients waiting 52 weeks by 31 December 2024.

The Trust has outperformed our activity plan targets and is on trajectory to significantly outperform the activity target for 2024/25. The Trust is also the best in the North West London Acute Provider Collaborative against the diagnostic waiting times standard. The Trust achieved 88.6% against a target of 95% patients waiting 6 weeks for a diagnostic test.

APPENDIX A

The Trust achieved 80.5% against the Cancer Faster Diagnosis Standard (FDS) which means patients with suspected cancer who are referred for urgent cancer checks from a GP, screening programme or other route should be diagnosed or have cancer ruled out within 28 days. The Trust has now achieved the FDS performance target 6 months in a row.

The Trust aims to have below 53 patients with a length of stay in hospital of 21 days at any time. Latest validated data (August 2024) recorded 62 patients with a length of stay in hospital of 21 days and over.

3.0 UEC Performance, Discharge and Flow

The Trust performance in August 2024 remains challenged with all type performance unchanged compared to July 2024.

Focused work is on-going with Hillingdon Health and Care Partners to improve the Trust's discharge profile and manage length of stay. A place-based initiative was undertaken in July 2024 with a focus on improving discharges across medical wards. Through this work the Trust were able to demonstrate an improvement in the number of discharges delivered by 5pm during August.

Opportunities for improvement and further work include the implementation of an integrated therapy team across acute and community services, the implementation of an integrated Place based end of life service based on an agreed common pathway and re-appraising how community based active case management is undertaken for patients with complex needs.

4.0 Hillingdon Hospital Redevelopment Update

We have continued to make progress with our redevelopment plans, which have strong support from stakeholders - the new hospital will be a state-of-the-art facility, delivering first-rate care for our patients and providing the best place to work for our people.
Our enabling and decant programme to clear the western part of the Hillingdon Hospital site in preparation for the construction of the new hospital and multi-storey car park and to ensure that the existing hospital remains operational throughout construction has continued to progress:

- Construction works have commenced to modernise the Furze building in preparation for the provision of Adult Audiology, Haematology, the Education and Training Library and clinical administration services.
- Design, planning applications and commercial procurement activities are progressing for the remainder of the enabling and decant projects.
- Planning approval has been granted for future demolition work and a part demolition / extension to the hospital restaurant.
- Civil engineering works relating to the new hospital power supply are progressing.

- A number of our wards along the annexe corridor have been closed off and are being made ready for demolition.

We are particularly grateful to our stakeholders, especially to the Council and our political stakeholders, partners, staff colleagues, patients and local people for their support and cooperation while these important preparatory works take place.

At a national level, on the 29 July 2024 the Chancellor announced a review of the New Hospital Programme to ensure that it has a 'thorough, realistic and costed timetable for delivery'. The review excludes hospitals with reinforced autoclaved aerated concrete (RAAC) and those with Full Business Case approval for their main build phase, leaving 25 schemes in scope, including Hillingdon**.** The review will consider the possible timelines for delivery for each scheme and cost profiles and will feed into the Government's Spending Review process, so we expect to know the outcome in October 2024.

While the review takes place and we get the hospital site ready for construction, we are continuing to work closely with the national New Hospital Programme team. This has included progressing work to identify opportunities to modify and standardise elements of the new hospital design in line with emerging best practice – referred to as 'Hospital 2.0'. Hospital 2.0 is a standardised design for future hospitals which will benefit patients and staff through digital solutions and an optimised hospital layout and is mandated for new hospitals in the national programme. The outcome of this work will inform future engagement with our stakeholders.

Alongside this, we are continuing to engage with local people on the new hospital plans. Recent examples include attending the Hillingdon Business Expo 2024 (23 May 2024) and Hayes canal festival (23 June 2024) and running stalls at the Colne Union PCN Roadshow (31 July 2024) and the Hillingdon Family Play Day (7 August 2024). We also welcomed the new local MP for Uxbridge and South Ruislip to Hillingdon Hospital in July 2024 to receive an update on the redevelopment. Following this, a letter was submitted by the Trust's local MP to the Secretary of State for Health and Social Care describing the urgent case for a new hospital and the state of readiness, pace and progress that has already been achieved by the new Hillingdon Hospital Redevelopment Team.

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Royal Brompton and Harefield Hospitals

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

Elective activity

The volume of elective activity undertaken over the last 3 months has been adversely affected by the Synnovis ransomware cyber-attack which occurred on 3rd June 2024. This attack affected pathology services within community and hospital sites across all of Guy's and St. Thomas' NHS Foundation Trust and Kings' College Hospital NHS Trust.

Following the attack, the process for cross matching blood for a patient having surgery had to be undertaken manually which was very time consuming and required additional manual checks for safety purposes. Surgical and complex cardiology cases were all reviewed daily to ensure there were sufficient stocks of blood before they could proceed.

The Synnovis digital interfaces connecting the laboratories with hospital and community services had to all be rebuilt. The restoration of Blood Transfusion Services has been the final part of the recovery action plan and this was reconnected on 22nd September and full testing commenced.

There are currently 570 patients waiting for cardiac surgery at the Royal Brompton and Harefield Hospital which is less than the 600 reported in January 2024. Progress in reducing the volume of patients waiting has been affected by the Synnovis cyber attack as described above. The Trust continues to use the Ortis platform to closely monitor patients waiting for surgery and this detects any clinical deterioration of patients that indicates a further Consultant review.

With regards to Referral to Treatment (RTT) and long waiting patients, the Heart, Lung and Critical Care Clinical Group predict that there will be 8 vascular 78-week waiting patients at the end of September 2024 and 70 vascular/cardiology patients waiting 65 weeks at the end of September 2024.

Diagnostics

Hospitals are measured against a DM01 standard which covers 15 diagnostic tests and 95% of all patients should receive their diagnostic test within 6 weeks of referral.

A lot of work has been undertaken to reduce waiting times for diagnostics in modalities such as imaging (CT, MRI and Ultrasound) which are broadly compliant with the standard. Meeting the standard for Echo at Harefield has been challenging, primarily due to capacity restraints within the Echo department. The department space has recently been restructured and an additional clinical Echo room created. We are also introducing a bed side discharge echo service on the wards which will create additional capacity for outpatient echos, as well as improving the discharge process for patients.

The DM01 performance for sleep studies is currently the biggest concern for Brompton and Harefield Hospitals with neither meeting the 95% standard. Harefield performance is currently 81% and Brompton is at 45% but with considerable work being undertaken on the validation of the latter's waiting list.

The purchase of additional sleep equipment has helped reduce the sleep waiting time but there remains some way to go. There are several GSTT hospital sites providing sleep studies so there is also work is being undertaken to review waiting lists and explore how the capacity issues can be best resolved.

Cancer
Both Royal Brompton and Harefield Hospital sites are involved in the targeted Lung Heath 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.

Regarding cancer performance, the 62-day lung cancer pathway remains one of the most challenging. However, performance has improved with the number of breaches in late July being approximately 70 and by early September this had reduced to 43.

Recruitment
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 specialised 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. The last of these new recruits has commenced employment and is currently in their supernumerary period.

Electronic Patient Record (EPR)
Following the GSTT and King's EPIC rollout in October 2023, the Trust is now moving into a period of optimisation and benefit realisation.

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 years due to deterioration of the current prefabricated building.
Work is continuing to develop the Harefield Clinical Strategy which will inform what the Harefield Hospital estate is going to need to look like in the future.

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.**	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. 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.	These would go within the standard section in every Cabinet or Cabinet Member report called "Select Committee comments". The Cabinet or Cabinet Member would then consider these as part of any decision they make.
2	**To request further information on future reports listed under its remit.**	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. 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.	This would be considered at a subsequent Select Committee meeting. Alternatively, information could be circulated outside the meeting if reporting timescales require this. Upon the provision of any information, the Select Committee may then decide to provide specific comments (as per 1 above).
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.**	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. 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.	Democratic Services would contact the relevant Cabinet Member and Officer upon any such request. 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.
4	**To identify a forthcoming report that may merit a post-decision review at a later Select Committee meeting**	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. 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.	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. Relevant service areas may be best to advise on the most appropriate time to review the matter once the decision is made.

BACKGROUND PAPERS

- Protocol on Overview & Scrutiny and Cabinet relations adopted by Council 12 September 2019
- Scrutiny Call-in App

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Ref	Scheduled Upcoming Decisions	Further details	Ward(s)	Final decision by Full Council	Cabinet Member(s) Responsible	Relevant Select Committee	Directorate / Report Author	Consultation related to the decision	NEW ITEM	Public or Private (with reason)
		SI = Standard Item each month/regularly	Council Directorate/Service Areas: AS = Adult Services & Health P = Place C = Central Services R = Resources CS= Children's Services D = Digital & Intelligence							
Cabinet 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)										
SI	**Public Preview of matters to be considered in private**	A report to Cabinet to provide maximum transparency to residents on the private and confidential matters to be considered later in Part 2 of the Cabinet meeting and agenda.	TBC		All Cabinet Members	All	**C - Democratic Services**			Public
SI	**Reports from Select Committees**	Reports, findings and recommendations for consideration by the Cabinet, when referred from the appropriate Committee.	All		All	TBC	**C - Democratic Services**	TBC		Public
Cabinet Member Decisions expected - November 2024										
SI	**Standard Items taken each month by the Cabinet Member**	Cabinet Members make a number of non-key decisions each month on standard items - details of these are listed at the end of the Forward Plan.	Various		All	TBC	**C - Democratic Services**	Various		Public
Cabinet meeting - Thursday 12 December 2024 (report deadline 25 November)										
SI	**Older People's Plan update**	Cabinet will receive its yearly progress update on the Older People's Plan and the work by the Council and partners to support older residents and their quality of life.	All		Cllr Ian Edwards - Leader of the Council / Cllr Jane Palmer - Health & Social Care	Health & Social Care	**C - Sandra Taylor**	Select Committee / Older People, Leader's Initiative		Public
SI	**The Council's Budget - Medium Term Financial Forecast 2025/26 - 2029/30 (BUDGET FRAMEWORK)**	This report will set out the Medium Term Financial Forecast (MTFF), which includes the draft General Fund reserve budget and capital programme for 2025/26 for consultation, along with indicative projections for the following four years. This will also include the HRA rents for consideration and Council Tax Reduction Scheme proposals following consultation.	All	**Proposed Full Council adoption - 20 February 2025**	Cllr Martin Goddard - Finance	All	**R - Richard Ennis**	Public consultation through the Select Committee process and statutory consultation with businesses & ratepayers		Public
SI	**Public Preview of matters to be considered in private**	A report to Cabinet to provide maximum transparency to residents on the private and confidential matters to be considered later in Part 2 of the Cabinet meeting and agenda.	TBC		All Cabinet Members	All	**C - Democratic Services**			Public
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

Ref	Scheduled Upcoming Decisions	Further details	Ward(s)	Final decision by Full Council	Cabinet Member(s) Responsible	Relevant Select Committee	Directorate / Report Author	Consultation related to the decision	NEW ITEM	Public or Private (with reason)
SI = Standard Item each month/regularly			Council Directorate/Service Areas: AS = Adult Services & Health P = Place C = Central Services R = Resources CS= Children's Services D = Digital & Intelligence							
Cabinet Member Decisions expected - December 2024										
SI	**Standard Items taken each month by the Cabinet Member**	Cabinet Members make a number of non-key decisions each month on standard items - details of these are listed at the end of the Forward Plan.	Various		All	TBC	C - Democratic Services	Various		Public
Cabinet meeting - Thursday 9 January 2025 (report deadline 9 December 2024)										
SI	**Public Preview of matters to be considered in private**	A report to Cabinet to provide maximum transparency to residents on the private and confidential matters to be considered later in Part 2 of the Cabinet meeting and agenda.	TBC		All Cabinet Members	All	C - Democratic Services			Public
SI	**Reports from Select Committees**	Reports, findings and recommendations for consideration by the Cabinet, when referred from the appropriate Committee.	All		All	TBC	C - Democratic Services	TBC		Public
Cabinet Member Decisions expected - January 2025										
SI	**Standard Items taken each month by the Cabinet Member**	Cabinet Members make a number of non-key decisions each month on standard items - details of these are listed at the end of the Forward Plan.	Various		All	TBC	C - Democratic Services	Various		Public
Cabinet meeting - Thursday 13 February 2025 (report deadline 27 January 2025)										
SI	**The Council's Budget - Medium Term Financial Forecast 2025/26 - 2029/30 (BUDGET FRAMEWORK)**	Following consultation, this report will set out the Medium Term Financial Forecast (MTFF), which includes the draft General Fund reserve budget and capital programme for 2025/26 for consultation, along with indicative projections for the following four years. This will also include the HRA rents for consideration.	All	**Proposed Full Council adoption - 20 February 2025**	Cllr Ian Edwards - Leader of the Council / Cllr Martin Goddard - Finance	All	R - Richard Ennis	Public consultation through the Select Committee process and statutory consultation with businesses & ratepayers		Public
SI	**Public Preview of matters to be considered in private**	A report to Cabinet to provide maximum transparency to residents on the private and confidential matters to be considered later in Part 2 of the Cabinet meeting and agenda.	TBC		All Cabinet Members	All	CS - Democratic Services			Public
SI	**Reports from Select Committees**	Reports, findings and recommendations for consideration by the Cabinet, when referred from the appropriate Committee.	All		All	TBC	CS - Democratic Services	TBC		Public
Cabinet Member Decisions expected - February 2025										
SI	**Standard Items taken each month by the Cabinet Member**	Cabinet Members make a number of non-key decisions each month on standard items - details of these are listed at the end of the Forward Plan.	Various		All	TBC	CS - Democratic Services	Various		Public
Cabinet meeting - Thursday 13 March 2025 (report deadline 24 February)										

Ref	Scheduled Upcoming Decisions	Further details	Ward(s)	Final decision by Full Council	Cabinet Member(s) Responsible	Relevant Select Committee	Directorate / Report Author	Consultation related to the decision	NEW ITEM	Public or Private (with reason)
		SI = Standard Item each month/regularly	Council Directorate/Service Areas: AS = Adult Services & Health P = Place C = Central Services R = Resources CS= Children's Services D = Digital & Intelligence							
SI	**Public Preview of matters to be considered in private**	A report to Cabinet to provide maximum transparency to residents on the private and confidential matters to be considered later in Part 2 of the Cabinet meeting and agenda.	TBC		All Cabinet Members	All	**CS - Democratic Services**			Public
SI	**Reports from Select Committees**	Reports, findings and recommendations for consideration by the Cabinet, when referred from the appropriate Committee.	All		All	TBC	**CS - Democratic Services**	TBC		Public
Cabinet Member Decisions expected - March 2025										
SI	**Standard Items taken each month by the Cabinet Member**	Cabinet Members make a number of non-key decisions each month on standard items - details of these are listed at the end of the Forward Plan.	Various		All	TBC	**CS - Democratic Services**	Various		Public
Cabinet meeting - Thursday 10 April 2025 (report deadline 24 March)										
SI	**Public Preview of matters to be considered in private**	A report to Cabinet to provide maximum transparency to residents on the private and confidential matters to be considered later in Part 2 of the Cabinet meeting and agenda.	TBC		All Cabinet Members	All	**C - Democratic Services**			Public
SI	**Reports from Select Committees**	Reports, findings and recommendations for consideration by the Cabinet, when referred from the appropriate Committee.	Various		All	TBC	**C - Democratic Services**	Various		Public
Cabinet Member Decisions expected - April 2025										
SI	**Standard Items taken each month by the Cabinet Member**	Cabinet Members make a number of decisions each month on standard items - details of these standard items are listed at the end of the Forward Plan.	Various		All	TBC	**C - Democratic Services**	Various		Public
Cabinet meeting - Thursday 22 May 2025 (report deadline 2 May)										
SI	**Reports from Select Committees**	Reports, findings and recommendations for consideration by the Cabinet, when referred from the appropriate Committee.	Various		All	TBC	**C - Democratic Services**	Various		Public
SI	**Public Preview of matters to be considered in private**	A report to Cabinet to provide maximum transparency to residents on the private and confidential matters to be considered later in Part 2 of the Cabinet meeting and agenda.	TBC		All Cabinet Members	All	**C - Democratic Services**			Public
Cabinet Member Decisions expected - May 2025										
SI	**Standard Items taken each month by the Cabinet Member**	Cabinet Members make a number of decisions each month on standard items - details of these standard items are listed at the end of the Forward Plan.	Various		All	TBC	**C - Democratic Services**	Various		Public
CABINET MEMBER DECISIONS: Standard Items (SI) that may be considered each month										

Ref	Scheduled Upcoming Decisions	Further details	Ward(s)	Final decision by Full Council	Cabinet Member(s) Responsible	Relevant Select Committee	Directorate / Report Author	Consultation related to the decision	NEW ITEM	Public or Private (with reason)
		SI = Standard Item each month/regularly	Council Directorate/Service Areas: AS = Adult Services & Health P = Place C = Central Services R = Resources CS= Children's Services D = Digital & Intelligence							
SI	**Urgent Cabinet-level decisions & interim decision-making (including emergency decisions)**	The Leader of the Council has the necessary authority to make decisions that would otherwise be reserved to the Cabinet, in the absence of a Cabinet meeting or in urgent circumstances. Any such decisions will be published in the usual way and reported to a subsequent Cabinet meeting for ratification. The Leader may also take emergency decisions without notice, in particular in relation to the COVID-19 pandemic, which will be ratified at a later Cabinet meeting.	Various		Cllr Ian Edwards - Leader of the Council	TBC	**C - Democratic Services**	TBC		Public / Private
SI	**Release of Capital Funds**	The release of all capital monies requires formal Member approval, unless otherwise determined either by the Cabinet or the Leader. Batches of monthly reports (as well as occasional individual reports) to determine the release of capital for any schemes already agreed in the capital budget and previously approved by Cabinet or Cabinet Members	TBC		Cllr Martin Goddard - Finance (in conjunction with relevant Cabinet Member)	All - TBC by decision made	**various**	Corporate Finance		Public but some Private (1,2,3)
SI	**Petitions about matters under the control of the Cabinet**	Cabinet Members will consider a number of petitions received by local residents and organisations and decide on future action. These will be arranged as Petition Hearings.	TBC		All	TBC	**C - Democratic Services**			Public
SI	**To approve compensation payments**	To approve compensation payments in relation to any complaint to the Council in excess of £1000.	n/a		All	TBC	**R - Richard Ennis**			Private (1,2,3)
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)

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

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WORK PROGRAMME

Committee name	Health and Social Care Select Committee
Officer reporting	Nikki O'Halloran, Democratic Services
Papers with report	Appendix A – Work Programme Appendix B – Adult Social Care Early Intervention and Prevention Draft Scoping Report
Ward	All

HEADLINES

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

RECOMMENDATION

That the Health and Social Care Select Committee:

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

SUPPORTING INFORMATION

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

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

At the Health and Social Care Select Committee meeting on 22 May 2024, it was agreed that the Democratic, Civic and Ceremonial Manager liaise with the Chair to schedule a new meeting date in October 2024. This meeting has been arranged for Wednesday 9 October 2024. Furthermore, it was agreed that the meeting scheduled for Wednesday 23 April 2025 be rearranged for Tuesday 29 April 2025.

Future Review Topics

At the meeting on 24 July 2024, Members agreed to undertake single meeting reviews in relation to:

1. pharmacies and the delivery of front-line services. As the services provided by pharmacies had an impact on GPs, it was agreed that this single meeting review be undertaken first; and
2. GP coverage across the Borough.

The Committee has agreed to undertake a major review in relation to adult social care early intervention and prevention with the first witness session provisionally scheduled for 12 November 2024. Members are asked to comment on and agree the draft terms of reference for this review which are attached to this report at Appendix B.

As it had been agreed that hospice and end of life care services in the Borough be discussed at the Committee's meeting on 10 September 2024, it was agreed that the health updates item that had been scheduled for that meeting be moved to the meeting on 9 October 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

Health & Social Care Select Committee	2024/25											2025/26		
	May 22	June (CANCELLED) 19	July 24	August No meeting	September 11	October 9	November 12	December No meeting	January 23	February 25	March 19	April 29	May No meeting	June	July
Review A: ASC Early Intervention & Prevention															
Topic selection / scoping stage	Topic Selection		Selection			Scoping Report									
Witness / evidence / consultation stage							Witness Session		Witness Session	Witness Session					
Findings, conclusions and recommendations											Findings				
Final review report agreement														Final report	
Target Cabinet reporting															Cabinet
Review B: Pharmacies											Single Meeting Review				
Review C: GP Coverage														Single Meeting Review	
Regular service & performance monitoring															
Quarterly Performance Monitoring												X			
Annual Report of Adult and Child Safeguarding Arrangements															
Carers Strategy Update (prior to Cabinet)		MOVED TO JULY	X												
Older People's Plan Update (prior to Cabinet)							X								
Mid-year budget / budget planning report (July/September)															
Cabinet's Budget Proposals For Next Financial Year (Jan)									X						
Cabinet Member for Health and Social Care							X								
Cabinet Forward Plan Monthly Monitoring	X		X		X	X	X		X	X	X	X			
One-off information items															
Autism Strategy Consultation							X								
Carer Support Services - Cabinet report (079)		MOVED TO JULY	X												
Commissioning Model for delivery of health and social care services									X						
2024/25 BCF Planning Requirements							X								
Adult Social Care Market Position Statement		MOVED TO JULY	X												
Hospice and End fo Life Services in the Borough					X										
Health External Scrutiny															
Mount Vernon Cancer Centre Strategic Review Update			X												
Hillingdon Hospital Redevelopment Update						X			X						
Health Updates	X					X			X			X			
Quality Accounts (outside of meetings)												X			
Past review delivery															
Review of Children's Dental Services 2021/22							X								
Making the Council more autism friendly 2020/21							X								
CAMHS Referral Pathway 2023/24												X			

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