



Health and Social Care Select Committee

Councillors on the Committee

Councillor Nick Denys (Chair)
Councillor Reeta Chamdal (Vice-Chair)
Councillor Tony Burles
Councillor Becky Haggar OBE
Councillor Kelly Martin
Councillor June Nelson
Councillor Sital Punja (Opposition Lead)

Date: TUESDAY, 22 JULY 2025

Time: 6.30 PM

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

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Published: Monday, 14 July 2025

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Terms of Reference

Health & Social Care Select Committee

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

STATUTORY COMMITTEE	<u>Statutory Healthy Scrutiny</u>
	<p>This Committee will also undertake the powers of health scrutiny conferred by the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013. It will:</p> <ul style="list-style-type: none"> • 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. <p><u>Duty of partners to attend and provide information</u></p> <p>The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013, imposes duties on 'responsible persons' to provide a local authority with such information about the planning, provision and operation of health services in the area of the authority as it may reasonably require to discharge its health scrutiny functions through the Health & Social Care Select Committee. All relevant NHS bodies and health service providers (including GP practices and other primary care providers and any private, independent or third sector providers delivering services under arrangements made by clinical commissioning groups, NHS England or the local authority) have a duty to provide such information.</p>

	<p>Additionally, Members and employees of a relevant NHS body or relevant health service provider have a duty to attend before a local authority when required by it (provided reasonable notice has been given) to answer questions the local authority believes are necessary to carry out its health scrutiny functions. Further guidance is available from the Department of Health on information requests and attendance of individuals at meetings considering health scrutiny.</p>
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Agenda

CHAIR'S ANNOUNCEMENTS

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Minutes

HEALTH AND SOCIAL CARE SELECT COMMITTEE

19 June 2025



Meeting held at Committee Room 5 - Civic Centre

	<p>Committee Members Present: Councillors Nick Denys (Chair), Reeta Chamdal (Vice-Chair), Tony Burles, Becky Haggar, Kelly Martin, June Nelson and Sital Punja (Opposition Lead)</p> <p>Also Present: Baljit Badesha, Chief Executive, Nucleus Legal Advice Centre Evelyn Cecil, Assistant Chief Executive Officer & Head of Mental Health Services, Hillingdon Mind Julian Lloyd, Chief Executive, Age UK Hillingdon, Harrow & Brent Gordon Milne, Employment Support Officer, Hillingdon Mind Jason Seez, Joint Chief Infrastructure & Redevelopment Officer for Chelsea and Westminster NHS Foundation Trust & The Hillingdon Hospitals NHS Foundation Trust / Hillingdon Hospital Redevelopment SRO, The Hillingdon Hospitals NHS Foundation Trust Nikki White, Social Worker, Hillingdon Mind</p> <p>LBH Officers Present: Gary Collier (Health and Social Care Integration Manager), Gavin Fernandez (Assistant Director, Immediate Response Service) and Nikki O'Halloran (Democratic, Civic and Ceremonial Manager)</p>
3.	<p>APOLOGIES FOR ABSENCE (<i>Agenda Item 1</i>)</p> <p>There were no apologies for absence.</p>
4.	<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>
5.	<p>MINUTES OF THE MEETING HELD ON 29 APRIL 2025 (<i>Agenda Item 3</i>)</p> <p>RESOLVED: That the minutes of the meeting held on 29 April 2025 be agreed as a correct record.</p>
6.	<p>MINUTES OF THE MEETING HELD ON 8 MAY 2025 (<i>Agenda Item 4</i>)</p> <p>RESOLVED: That the minutes of the meeting held on 8 May 2025 be agreed as a correct record.</p>
7.	<p>EXCLUSION OF PRESS AND PUBLIC (<i>Agenda Item 5</i>)</p> <p>RESOLVED: That all items of business be considered in public.</p>

8. **HILLINGDON HOSPITAL REDEVELOPMENT UPDATE** (*Agenda Item 6*)

The Chair welcomed those present to the meeting. Mr Jason Seez, Deputy Chief Executive at The Hillingdon Hospitals NHS Foundation Trust (THH) and Chief Infrastructure and Redevelopment Officer, advised that he was also the Senior Responsible Officer for the Hillingdon Hospital redevelopment. He noted that Hillingdon Hospital had been identified as one of the top eight new hospital schemes in 2021 (then known as Cohort 3) and had become a pathfinder. In 2024, a review of the New Hospitals Programme (NHP) had been undertaken and resulted in the Government announcement in January 2025 that the Programme would be delivered in three waves: 1) 2025-30; 2) 2030-35; and 3) 2035-39. It had been confirmed that Hillingdon Hospital would be included in Wave 1 which mostly comprised RAAC hospitals alongside Milton Keynes and Manchester.

Members were advised that the next stages were now being worked through and a design refresh would be undertaken to develop a Hospital 2.0 compliant design (this was NHP's standardised approach to design). All new builds needed to be a standardised design so that offsite construction could be undertaken and this had been a challenge with many iterations.

Although the hospital design had previously been approved, time had since passed and service requirements had been updated (for example, the previous design had included 73% single room accommodation whereas there was now a requirement for 100%). Single rooms were better for infection prevention and control (infections in staff and patients reduced capacity). However, as single rooms also reduced social interaction, communal spaces would need to be provided in the new build to enable this social connection.

Hillingdon Hospital had been recognised for the level of its clinical engagement during the process and this would need to continue. Communication would need to be undertaken within the local community in relation to the changes that would need to be made. Work would also continue in testing the patient perspective on the pioneering model of care at place level through Hillingdon Health and Care Partners. Three superhubs were being planned with partners and a new NHS Strategy and Plan was expected to deliver a "left shift" (the shift of activity out of hospitals to those delivered closer to home, largely provided by primary or community services and wider system partners).

Mr Seez advised that the Outline Business Case would be refreshed in October 2026 with a view to submitting the Full Business Case in March 2028 and starting the build in early 2028 (building would then take place between 2028 and 2032, with the new hospital opening to the public in early 2033). It was anticipated that the Hillingdon Hospital site would be cleared and ready to start building by the autumn of 2027.

Members thanked Mr Seez and his team for their hard work in getting Hillingdon Hospital to the front of the queue insofar as the NHP was concerned. The NHS's last big new hospital building programme had been undertaken 20-30 years ago and had been privately financed. This new programme was being delivered using public finance on a national level which had not been undertaken in a very long time.

Concern had been expressed about the Mount Vernon Hospital site. Mr Seez advised that THH was landlord to a lot of services at Mount Vernon that were provided by other organisations. For example, Mount Vernon Cancer Centre was run by East and North

	<p>Hertfordshire NHS Trust and proposals were being developed to move this service to a new site in Watford. In addition, services such as Human Resources, Finance and some clinical services had been temporarily decanted from Hillingdon Hospital to Mount Vernon as part of the site clearance and enabling works, ready for the new hospital build. That said, consideration would need to be given to the long-term plans for the Mount Vernon site.</p> <p>One key part of new hospital programme management would be to maintain momentum and consistency. It was noted that the main hospital building would remain operational during the building of the new hospital on the same site – the smaller buildings around the campus were being decanted. This meant that there would be backlog maintenance that would need to be addressed but hospital capacity during the build would not change.</p> <p>Although the decant works had not progressed as much as Mr Seez would have liked over the course of the last year, the site moves were now moving forward at pace. Work had been undertaken to install new power and sewer infrastructures on the site and work continued on a new substation. The support of stakeholders and partners had helped THH to maintain its pace.</p> <p>The NHP fragnet was all about locking down dates (a fragnet schedule referred to a smaller, detailed portion of a larger project timeline that focussed on a specific segment or group of activities within the overall project). One of the biggest milestones would be the appointment of a building contractor (which would be done at a national level).</p> <p>Mr Seez advised that it was important that the staff were not forgotten during the building process and that they were taken on the journey (even when they were busy). They would need to have time to familiarise themselves with the new building, once opened, before they were up to speed – at the new hospital in Brighton, staff had used virtual reality headsets to do this.</p> <p>Members were advised that the Trust had a research partnership with Brunel. An education and training agreement was also being finalised with the University in relation to innovative models of care.</p> <p>It was agreed that the Committee would receive an update on the new hospital development after the Outline Business Case had been submitted in October 2026. The Democratic, Civic and Ceremonial Manager would also liaise with Mr Seez to arrange a site visit to Hillingdon Hospital to see the works that had already been undertaken.</p> <p>RESOLVED: That:</p> <ol style="list-style-type: none"> 1. the Committee be provided with an update on the development of the new hospital following the submission of the Outline Business Case in October 2026; 2. the Democratic, Civic and Ceremonial Manager liaise with Mr Seez to arrange a site visit to Hillingdon Hospital to see the works that had already been undertaken; and 3. the discussion be noted.
9.	<p>ADULT SOCIAL CARE EARLY INTERVENTION AND PREVENTION - 3RD WITNESS SESSION (<i>Agenda Item 7</i>)</p> <p>Mr Gary Collier, the Council's Health and Social Care Integration Manager, noted that</p>

this was the Committee's third witness session in relation to its review of adult social care early intervention and prevention. At a previous meeting, Members had been advised that new service contracts were being let and representatives from two of those new contractors were in attendance to talk to the Committee about the services that they provided.

Mr Julian Lloyd, Chief Executive at Age UK Hillingdon, Harrow & Brent, noted that the Hillingdon Advice Partnership (HAP) had been formed to deliver the Information, Advice, Guidance and Wellbeing Support service in Hillingdon and comprised a consortium of partners including Age UK, Nucleus, Bell Farm Christian Centre, 3ST North West London, H4All, Hillingdon Health and Care Partners, DASH and the Council. The contract had been in place with HAP for three weeks and covered a range of issues, complementing services provided by the local authority, for those aged over 18. HAP aimed to empower residents to live good quality lives and was embedded into the local infrastructure and the wider third sector. Nucleus Legal Advice Centre provided expertise on issues such as housing, debt management and employment.

This partnership structure had been put in place to deliver a single coherent service and, as it was open access, high levels of demand were expected. Residents were able to access services via a webform direct to a Customer Relationship Management system. This system had been used by Nucleus elsewhere for about two years and had been working well (a robust training programme had been put in place for new staff). As some residents were keen for face-to-face contact, services could be delivered across the Borough through outreach and, for those that were happy to call, the Age UK national helpline picked up any overspill on incoming calls between 8am and 7pm, 365 days a year. When residents contacted HAP, a quick response was initially provided and they were then booked in for services quickly.

Consideration was currently being given to using alternative venues such as libraries for the face-to-face outreach service which could be rotated but, given the sensitivity of some of the discussions that would take place with users, this would need to be in a private space. With finite resources and increasing demand, it would be important to manage demand through the use of technology and artificial intelligence to reduce the administrative burden. It was thought that the increase in demand for HAP services had been driven (in part) by things like increasing fuel costs.

Mr Lloyd advised that Warm Homes funding had just been secured and 3ST had been looking at developing an outcomes framework to demonstrate the impact of their work. Furthermore, HAP would continue to work with the local authority to review its performance and outcomes during the course of the contract. Mr Collier advised that the Council would work collaboratively with partners to establish baselines and targets during the life of the contract. It was likely that these would change over time in response to feedback from service users. The Council would be particularly interested in the evidence of the impact of the services provided and would hold monthly meetings with HAP for the first six months of the contract.

Members asked about the maximum capacity of the service. Mr Lloyd advised that an estimate of the number of residents that would need to be supported by the service had been included in the specification. HAP would be looking to increase the number of users to build capacity in the service but would need to prioritise their needs using a waiting list process. Prioritisation would need to be done in a way that caused minimum impact and would likely be issues such as blue badges and attendance

payments. Building a good relationship with the Council would be key to helping residents.

The services provided by HAP would be delivered by lots of different partners. Members queried what measures had been put in place to ensure that nobody slipped through the cracks. Mr Lloyd advised that a single system would be used from the point of entry where individual consent was given for the service users' data to be shared with those deemed necessary. The organisation had good, established links with Mind and Hillingdon Carers too.

Mr Baljit Badesha, Chief Executive at Nucleus Legal Advice Centre, advised that the HAP model provided access right at the start of the process and looked at prioritising based on the deadline, urgency, etc, of the issue. Expectations could then be managed and a plan put in place for when the resident would be contacted.

Although Nucleus had not previously worked in Hillingdon, the organisation had worked in West London for around fifty years and had achieved quality marks, with a similar model already running in Ealing. All Nucleus staff were CPD trained and staff were trained in certain areas before they were allowed to give advice on certain subjects to residents. Once trained, all advisors were supervised for a period to ensure that they were supported.

Mr Badesha was aware that some people were not able to access services over the phone so alternative ways to access services would be provided over time. Mr Lloyd noted that Bell Farm Christian Centre had been fundamental in providing support to those from groups such as the traveller community. Whilst HAP wanted to avoid queues by using a booking system, there would be nothing to stop resident from dropping in.

Members queried how residents would know about the services that were being offered by HAP and how the partnership ensured that the system was not overly complicated or mistaken for an emergency service. Mr Lloyd advised that consideration needed to be given to the delivery of the communication plan and how the new brand should be promoted. Effort would need to be made to communicate with the wider health partners to establish how they could refer residents to the services. Mr Collier advised that the contract had become operational on 2 June 2025 so the communications would need to be built incrementally. It was agreed that HAP would be asked to attend a Committee meeting in twelve months to provide Members with an update on their progress.

Ms Evelyn Cecil, Deputy Chief Executive Officer and Head of Mental Health Services at Hillingdon Mind, advised that the average length of staff service at Hillingdon Mind was currently about ten years. Hillingdon Mind was part of the National Mind Federated Network and supported around 5,000 local residents each year (not all of whom had a diagnosis). Residents were able to refer themselves to the service but not everyone would recognise when they had an issue. As such, referrals could also be made by the GP Confederation and Mind provided Carers Act needs assessments for social care. Once the referral had been made, someone from Hillingdon Mind would sit down with them to identify how they could be best supported before they used the services.

During the course of the current contract for the early intervention mental health service, Hillingdon Mind would work with the underserved population who were not currently accessing the services that they were entitled to. Work was being undertaken

to get out and target groups such as the LGBTQ+ community and young people to enhance the organisation's profile and help residents to access what was already available in the community. A lot of services were based in Uxbridge so it would be important to develop the outreach service in other parts of the Borough. There would also be a focus on partnership working, collaboration and private businesses.

Ms Cecil noted that consideration had been given to the social and economic determinants of health but advised that Mind was not there to diagnose or provided clinical treatment for mental health issues. The organisation was able to identify where cases needed to be referred on to colleagues and provided a step-down service. It aimed to help residents maintain their independence and reduce the demand on Council services.

It was noted that Hillingdon Mind recognised its limitations and the need to work with other organisations. When a service user was referred on to another organisation, it was explained to them that this other organisation was the best opportunity to address their issues.

Members were advised that Hillingdon Mind sat on a range of different panels and had been looking at training, interventions and signposting with local colleges and Brunel University. In addition, Hillingdon Mind continually looked for opportunities to go into the community to support small organisations with things like peer support training.

An innovative approach had been taken to early intervention and prevention which included nature-based innovations, digital and hybrid models. Consideration was being given to upskill service users but this was not just in relation to technology. There were volunteers available at Hillingdon Mind to help residents with things like employment support and universal credit.

A range of group activities were available for service users to use as a stepping stone to get back out into the community. Workshops and training could also be provided as a preventative measure and Mind's wider workforce was routinely being upskilled. Feedback had been positive. A measurement tool had been developed to track outcomes across ten life areas and opportunities had been put in place for service users to provide as well as for feedback to be provided to Mind nationally.

In terms of emerging opportunities, Ms Cecil noted that artificial intelligence provided the ability to analyse data. It was thought that this would help with regard to focussing on underserved groups. Opportunities to secure additional funding were being sought as well as investigating possible venues for collaborative work (maybe for clinics or face-to-face outreach).

Ms Cecil advised that the recent changes to benefits had impacted on a number of service users. As such, Hillingdon Mind had been promoting self-help to build resilience (as well as trying to build capacity).

Mr Collier advised that monitoring the Hillingdon Mind contract was slightly different because they were an established provider with an established delivery plan. As such, monitoring meetings were undertaken quarterly. That said, effort would be made to gather more operational staff feedback.

Mr Gordon Milne, Employment Support Worker at Hillingdon Mind, advised that he had started with the organisation as a volunteer before being appointed to a paid position

	<p>four years ago. He was mindful that people needed to talk about mental health without the fear of stigma so increased funding to get more people working would be ideal.</p> <p>Members queried what changes or interventions Hillingdon Mind would like to see in relation to early intervention and prevention that would have the biggest impact on mental health and asked for suggestions on how any associated savings could be evidenced. Ms Nikki White, Social Worker at Hillingdon Mind, suggested that a reduction in waiting lists for service across the board would be top of her wish list. Often, service users would come to Mind for support with their mental health because they were waiting to receive services provided by other partners. Members asked if they could be provided with evidence of which services had been delayed and had the biggest impact.</p> <p>Although solutions sometimes appeared simple, there were often barriers in the way. Ms Cecil noted that a greater sharing of resources such as venues across different organisations would help in resolving this.</p> <p>Ms Cecil noted that service user demographics were representative of the Borough but that there had been an increase in the number of asylum seekers from hotels in Hillingdon. As there were no additional resources for this increase and the challenges that it brought, Hillingdon Mind had had to liaise with national Mind colleagues to get support with issues such as translators as they had more money.</p> <p>Members queried where the biggest growth in mental ill health was in Hillingdon. Ms White advised that she had been the young person's lead on a project. Young people tended to be more difficult to motivate and engage and keep focussed. As such, it was important to be patient and work with schools on attendance and family issues whilst also recognising their strength (there was a lack of understanding in schools about issues such as self-harm and healthy ways of working). Ms Cecil advised that housing was also an issue that had proved difficult to support and the cost of living had also impacted on residents' stress levels. The pandemic had impacted people who had never dreamed that they would become unemployed and this had significantly impacted their confidence and mental health.</p> <p>Those present were asked to contact the Democratic, Civic and Ceremonial Manager with suggestions for recommendations for inclusion in the final review report.</p> <p>RESOLVED: That:</p> <ol style="list-style-type: none"> 1. HAP provide the Committee with an update in twelve months (June 2026); 2. the Committee be provided with evidence of the services that users were having to wait a long time for and the impact of this delay; 3. suggestions for possible recommendations for the final review report be forwarded to the Democratic, Civic and Ceremonial Manager; and 4. the discussion be noted.
10.	<p>CABINET FORWARD PLAN MONTHLY MONITORING (<i>Agenda Item 8</i>)</p> <p>Consideration was given to the Cabinet Forward Plan.</p> <p>RESOLVED: That the Cabinet Forward Plan be noted.</p>
11.	<p>WORK PROGRAMME (<i>Agenda Item 9</i>)</p> <p>Consideration was given to the Committee's Work Programme. It was confirmed that the next meeting would include a single meeting review of GP coverage across the</p>

	<p>Borough. Members were advised that in-person budget scrutiny training had been scheduled for Members from 6pm on Wednesday 10 September 2025.</p> <p>To ensure that the Committee's review of adult social care early intervention and prevention included representation from the Carers Trust, it was agreed that an additional meeting be scheduled in October 2025. The Democratic, Civic and Ceremonial Manager would liaise with Members to identify the date that was most convenient for the majority. Consideration could also be given to moving some reports due for consideration at the September meeting to the new October meeting date.</p> <p>RESOLVED: That:</p> <ol style="list-style-type: none"> 1. the Democratic Civic and Ceremonial Manager liaise with Members to identify a meeting date in October 2025 for an additional witness session on the adult social care early intervention and prevention review; and 2. the discussion be noted.
	<p>The meeting, which commenced at 6.30 pm, closed at 8.32 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.

SINGLE MEETING REVIEW: GP COVERAGE IN HILLINGDON

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

HEADLINES

To enable the Committee to discuss GP coverage in Hillingdon and any action being taken to initiate improvements going forward.

RECOMMENDATION

That the Health and Social Care Select Committee receives information about GP coverage in Hillingdon and, where appropriate, makes recommendations to Cabinet in relation to this service.

SUPPORTING INFORMATION

At the Health and Social Care Select Committee meeting on 19 June 2025, Members of the Health and Social Care Select Committee requested that a single meeting review be undertaken in relation to GP coverage in Hillingdon.

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.

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Health and Social Care Select Committee Review Scoping Report - 2025/2026

A Single Meeting Review of GP Coverage in Hillingdon

1. OBJECTIVES

Aim of the review

At its meeting on 19 June 2025, the Health and Social Care Select Committee confirmed that it would like to undertake a single meeting review of GP coverage in Hillingdon at its next meeting. This review aims to consider the number and geographical location of GPs in the Borough as well as the adequacy in serving the local population.

Terms of Reference

The following Terms of Reference are suggested for the single meeting review, subject to any changes agreed by the Committee:

1. to gain an understanding of the services currently provided by GPs in Hillingdon.
2. to understand how GP services are commissioned and how this will be affected by the changes being faced by Northwest London Integrated Care Board.
3. to review the current availability of support for GPs.
4. to establish what services have already been commissioned from pharmacies and other providers to alleviate pressure from GPs and identify how successful this change has been in achieving its objective.
5. to explore the possibility of pharmacies providing additional services to alleviate the pressure on GP; and
6. subject to the Committee's findings, to make any conclusions, propose actions and make service and policy recommendations to the decision-making Cabinet (who may then refer formally to the relevant external body).

2. BACKGROUND

Context and Key Information

The system of General Practitioners (GPs) and primary care is the cornerstone of the NHS. They are often the first point of contact for anyone with a physical or mental health need and either treat patients or refer them on to the appropriate pathway for diagnosis and treatment.

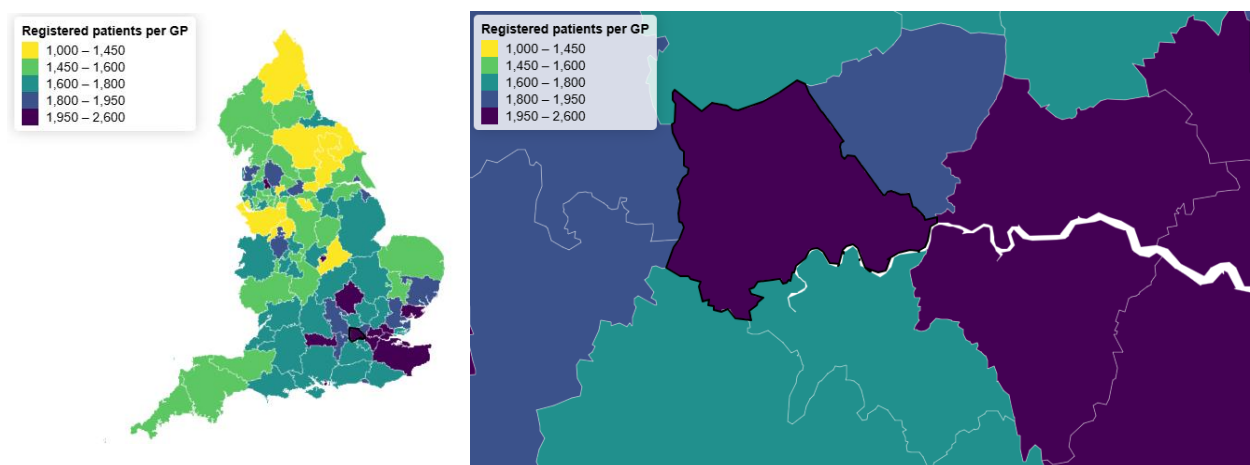
An NHS GP is a medical doctor who works in primary care and provides general healthcare services to patients within the NHS system. They are highly trained professionals who provide a broad range of services, from managing common illnesses to offering preventative care and coordinating more specialised treatments. At the end of September 2024, there were 38,421 NHS GPs in England (according to data from NHS Digital). This is measured on a full-time-equivalent basis (FTE) which considers whether GPs work full-time or part-time.

NHS England has delegated its responsibilities for the direct commissioning of primary care services (primary medical, dental, ophthalmic and community pharmacy services) to Integrated Care Boards (ICBs). The responsibilities delegated are set out in the standard Delegation Agreement between NHS England and each ICB. This includes contractual management and supporting improvement and transformation of services¹.

Ratio of Patients Per GP

The maps below show the number of registered patients per full-time-equivalent GP in NHS areas. A lower ratio of patients per GP in an area indicates better provision of GPs and a higher number indicates worse provision. The analysis is based on data from NHS Digital.

The ratio of registered patients to GPs varies across England (left) and London (right) with the darker shading on the maps below indicating a higher number of registered patients per GP. It is worth noting that some areas have a higher need for GP services (for example if they have an older population), so some differences might reflect demographics.



The number of patients per GP is higher in North West London than the London or England average as shown in the table below. The ratio change for All GPs (including

¹ NHS England - <https://www.england.nhs.uk/commissioning/primary-care/>

GPs in training grades) can only be compared from June 2018 onwards at the sub-national level whereas the ratio change for fully qualified GPs is available from December 2016. These figures do not include other practice staff.

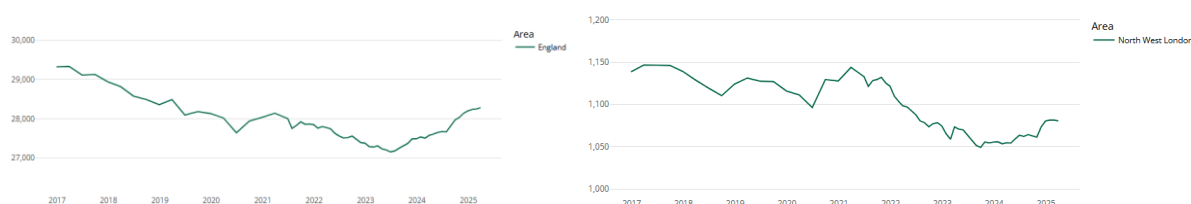
Area name	Patients per GP (all GPs)	Ratio change since June 2018 (all GPs)	Patients per GP (fully qualified GPs only)	Ratio change since Dec 2016 (fully qualified GPs only)
North West London	2,216	+213	2,696	+642
London NHS region	2,002	+83	2,497	+426
England	1,671	-88	2,255	+274

Number of GPs

The table below shows the number of GPs in NWL compared to London and England. The data is sourced from NHS Digital and represents full-time-equivalent (FTE) figures which consider whether GPs work full-time or part-time. These figures do not include other practice staff.

Area name	Fully qualified GPs	GPs in training grades	All GPs	Change in Fully qualified GPs since Dec 2016	Change in GPs in training grades since June 2018	Change in All GPs since June 2018
North West London	1,081	234	1,315	-58	+134	+96
London NHS region	4,455	1,102	5,557	-163	+489	+417
England	28,281	9,892	38,173	-1,039	+4,875	+4,581

The following two graphs show the trends with regard to Fully Qualified GPs in England and NWL.



These two graphs show the trend in terms of All GPs in England and NWL

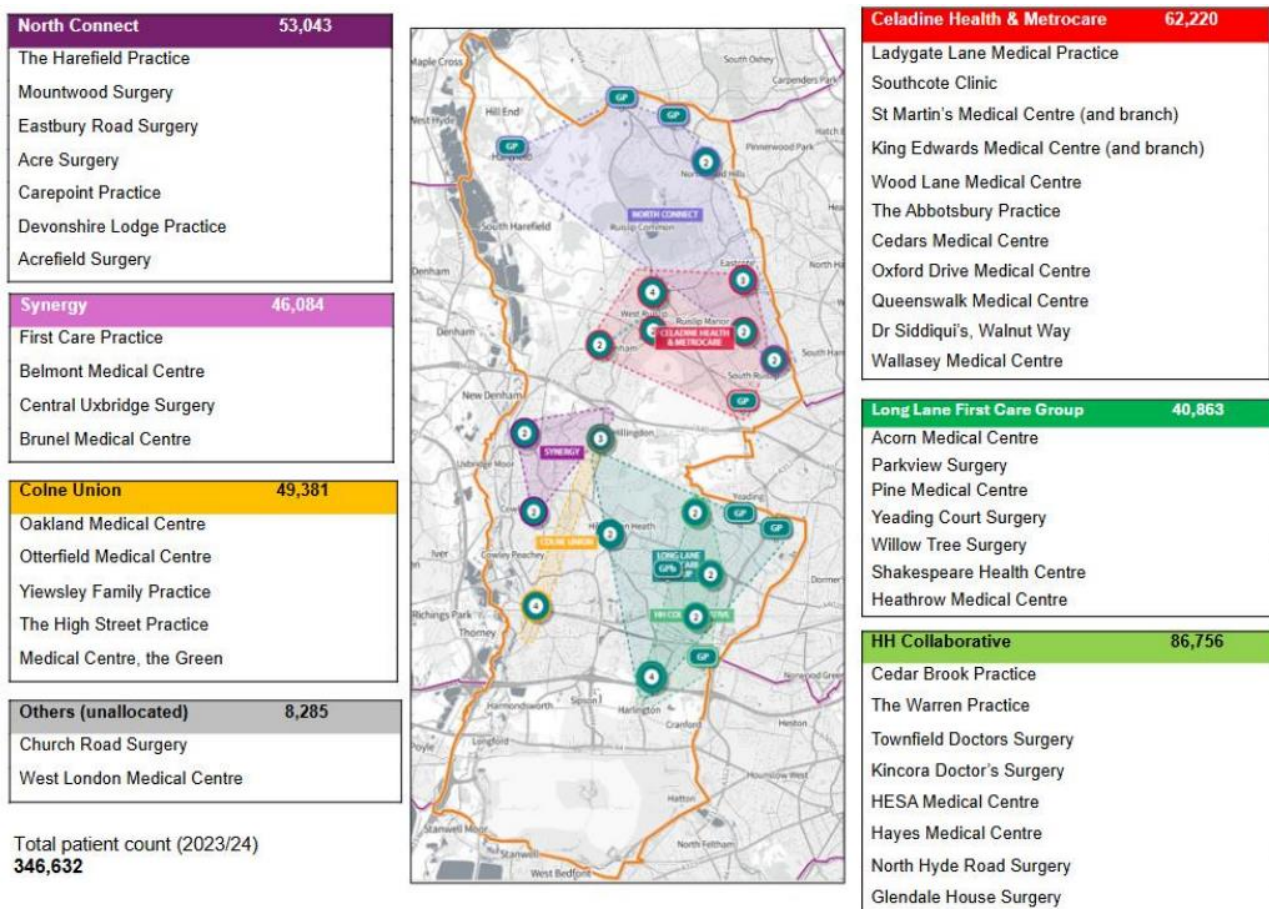


The Local Situation

Hillingdon has 42 GP surgeries organised into six Primary Care Networks (PCNs), with two GP practices that have made the decision not to be allocated to a PCN. Hillingdon has no GPs in Ruislip Manor or Hillingdon West wards². A PCN is a group

² Draft Pharmaceutical Needs Assessment 2025 - https://www.hillingdon.gov.uk/media/16706/Draft-PNA-2025/pdf/s8Hillingdon_DRAFT_PNA_2025.pdf?m=1750254962493

of general practices and other health and care providers that come together to provide health and care services for their community. PCNs are a key aspect of the NHS Long Term Plan, allowing services to be developed locally in response to the needs of patients in their area. The table and map below show the PCNs in Hillingdon aligned to GPs³.



Enhanced Access

NHS England implemented new requirements implemented from 1 October 2022 that all PCNs would be required to provide Enhanced Access appointments between the hours of 6.30pm to 8pm Mondays to Fridays and between 9am and 5pm on Saturdays. The new arrangements aimed to remove variability across the country by putting in place a more standardised and better understood offer for patients. It provides an opportunity to develop a better blend of appointment modes including taking advantage of a more digitally enabled offer, facilitating convenient access for patients and flexible working for staff. Introducing a more multidisciplinary offer means patients can access a broader set of services including screening and vaccination.

Same Day Urgent Care Services

In Hillingdon, GP hubs have been set up to support practices by providing same day appointments for patients who have an urgent need on the day. GP and ANP (Advanced Nurse Practitioner) appointments are available face-to-face and by telephone, depending on the patient's needs. GP practices may book patients into the

³ Constituency data: GPs and GP practices - <https://commonslibrary.parliament.uk/constituency-data-gps-and-gp-practices/#:~:text=This%20interactive%20dashboard%20allows%20you%20to%20explore%20data,radio%20of%20patients%20to%20GPs%20in%20each%20area.>

hub they need a same day appointment but the practice is unable to see them. Appointments are available for all ages but the hubs are not suitable for routine appointments (which should be booked with the patient's own GP).

Executive Responsibilities

The portfolio Cabinet Member responsible is Councillor Jane Palmer.

3. EVIDENCE & ENQUIRY

Potential witnesses (including service users)

Witnesses will be identified by the Committee in consultation with relevant officers and may include:

- Sean Bidewell, North West London Integrated Care Board / Hillingdon Health and Care Partners
- Edmund Jahn, Chief Executive, Hillingdon GP Confederation / Hillingdon Health and Care Partners
- Lisa Taylor, Managing Director, Healthwatch Hillingdon

Lines of Enquiry

Lines of enquiry can be expanded as the review progresses or included in relevant witness session reports. However, lines of enquiry may include:

1. Is the service provided by each GP the same at all practices?
2. Are the services provided by pharmacies in Hillingdon alleviating the pressure on GPs?
3. What additional services could be provided by pharmacies to alleviate pressure on GPs?
4. How is the quality of service provided by each practice monitored and what action is taken in response to concerns about quality and complaints?
5. What is the service user experience in relation to the availability/accessibility of appointments?
6. How are the waiting times for appointments monitored and managed?
7. How is the scope of provision geographically located and does this meet residents' needs?
8. Are complaints and compliments managed centrally to enable practices to share best practice? Do the PCNs produce a "*You Said, We Did*" to close the feedback loop?
9. How is the enhanced access being promoted and applied?
10. What the issues concerning the recruitment and retention of GPs to support Hillingdon residents and how are they being addressed?
11. What action has been taken / is being taken to increase the number of GPs practicing in the Borough to address the high GP/patient ratios?
12. What action is taken to ensure that there is a consistent approach taken by all GP practices to referring patients to the Hubs?
13. What are the implications for GP coverage and practice in Hillingdon arising from the NHS 10-year plan?

Surveys, site-visits or other fact-finding events

Such opportunities will be identified as the review progresses.

Future information that may be required

Further information may be identified as the review progresses.

4. REVIEW PLANNING & TIMETABLE

Proposed timeframe and milestones for the review:

Meeting Date	Action	Purpose / theme
22 July 2025	Agree Scoping Report / Single Witness Session	<ul style="list-style-type: none">• Information and analysis• To discuss key findings and identify potential recommendations
16 September 2025	Approval of draft final report	Proposals – agree recommendations and final draft report to Cabinet
23 October 2025	Final report to be presented to Cabinet	

Resource requirements

The review will be undertaken within existing resources.

Equalities impact

The 2010 Equality Act outlines the provisions of the Public Sector Equalities Duty which requires Public Bodies to have due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010.
- advance equality of opportunity between people from different groups.
- foster good relations between people from different groups.

The broad purpose of this duty is to integrate considerations of equality into day business and keep them under review in decision making, the design of policies and the delivery of services. There are no equality impact issues relating to the matters set out in this report. When analysing information on victims, offenders or location of crime and ASB generally, the protected characteristics are recorded, analysed and disproportionate trends identified when planning the appropriate strategic and operational intervention.

Background Papers / further reading

None.

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](#)

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Ref	Business Item	Further information	Ward(s)	NEW ITEM	Decision-Maker			Cabinet Member Lead & Officers				Status
					CABINET meeting	Cabinet Member	Full COUNCIL	Cabinet Member(s) Responsible	Relevant Select Committee	Report Author	Corporate Director Responsible	
JULY 2025												
SI	Reports from Select Committees	Reports, findings and recommendations for consideration by the Cabinet, when referred from the appropriate Committee.	All		24 July			TBC	TBC	Democratic Services	N/A	Public
SI	Public Preview of matters to be considered in private	A report to Cabinet to provide maximum transparency to residents on the private matters to be considered later in Part 2 of the Cabinet meeting and agenda.	TBC		24 July			TBC	TBC	Democratic Services	TBC	Public
AUGUST 2025												
SI	Cabinet decisions by the Leader of the Council	As there is no Cabinet meeting in August, the Leader of the Council may take decisions on behalf of the Cabinet. These will be notified and reported for ratification and public record.	Various			Aug-25		Cllr Ian Edwards - Leader of the Council	TBC	Democratic Services		Public / Private - TBD
SEPTEMBER 2025												
Page 21	Social Care Catering Services	Cabinet will consider contracts for the award of Social Care Catering Services, within the Extra Care Services.	N/A	NEW ITEM	18 September			Cllr Jane Palmer - Health & Social Care	Health & Social Care	Tanya Bedoyian . Jan Major	Sandra Taylor	Private (3)
26	Contracts for supported living for those with mental health support needs	Cabinet will consider the relevant procurement decisions in respect of care and support services in supported living for those with mental health support needs.	All		18 September			Cllr Jane Palmer - Health & Social Care	Health & Social Care	Graham Puckering / Sally Offin	Sandra Taylor	Public
SI	Carers Strategy Update	Cabinet will receive a progress report on the Carers Strategy and Delivery Plan and the priorities going forward.	All		18 September			Cllr Jane Palmer - Health & Social Care	Health & Social Care	Gary Collier	Sandra Taylor	Public
SI	Better Care Fund Section 75 Agreement	Cabinet will be asked to agree the agreement under section 75 of the National Health Service Act, 2006, between the Council and North West London Integrated Care that will give legal effect to the financial and partnership arrangements under the 2025/26 Better Care Fund Plan. This plan aims to support the independence of residence and prevent escalation of health and care needs.	All		18 September			Cllr Jane Palmer - Health & Social Care	Health & Social Care	Gary Collier	Sandra Taylor	Public

Ref	Business Item	Further information	Ward(s)	NEW ITEM	Decision-Maker			Cabinet Member Lead & Officers				Status
					CABINET meeting	Cabinet Member	Full COUNCIL	Cabinet Member(s) Responsible	Relevant Select Committee	Report Author	Corporate Director Responsible	Public or Private (with reason)
SI	Reports from Select Committees	Reports, findings and recommendations for consideration by the Cabinet, when referred from the appropriate Committee.	All		18 September			TBC	TBC	Democratic Services		Public
SI	Public Preview of matters to be considered in private	A report to Cabinet to provide maximum transparency to residents on the private matters to be considered later in Part 2 of the Cabinet meeting and agenda.	TBC		18 September			TBC	TBC	Democratic Services		Public
OCTOBER 2025												
SI	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		23 October			Cllr Susan O'Brien - Children, Families & Education / Cllr Jane Palmer - Health & Social Care	Health & Social Care / Children, Families & Education	Alex Coman / Susan-Sidonia Gladish	Sandra Taylor	Public
SI	Reports from Select Committees	Reports, findings and recommendations for consideration by the Cabinet, when referred from the appropriate Committee.	All		23 October			TBC	TBC	Democratic Services		Public
SI	Public Preview of matters to be considered in private	A report to Cabinet to provide maximum transparency to residents on the private matters to be considered later in Part 2 of the Cabinet meeting and agenda.	TBC		23 October			TBC	TBC	Democratic Services	TBC	Public
NOVEMBER 2025												
SI	Reports from Select Committees	Reports, findings and recommendations for consideration by the Cabinet, when referred from the appropriate Committee.	All		20 November			TBC	TBC	Democratic Services		Public
SI	Public Preview of matters to be considered in private	A report to Cabinet to provide maximum transparency to residents on the private matters to be considered later in Part 2 of the Cabinet meeting and agenda.	TBC		20 November			TBC	TBC	Democratic Services	TBC	Public
DECEMBER 2025												
35	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		18 December			Cllr Ian Edwards - Leader of the Council / Cllr Jane Palmer - Health & Social Care	Health & Social Care	John Wheatley	Sandra Taylor	Public

Ref	Business Item	Further information	Ward(s)	NEW ITEM	Decision-Maker			Cabinet Member Lead & Officers				Status
					CABINET meeting	Cabinet Member	Full COUNCIL	Cabinet Member(s) Responsible	Relevant Select Committee	Report Author	Corporate Director Responsible	Public or Private (with reason)
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		18 December			TBC	TBC	Democratic Services		Public
SI	Reports from Select Committees	Reports, findings and recommendations for consideration by the Cabinet, when referred from the appropriate Committee.	All		18 December			TBC	TBC	Democratic Services		Public
SI	2026/27 Budget and Future Medium-Term Financial Strategy (BUDGET FRAMEWORK)	This report will set out the Medium Term Financial Strategy (MTFS), which includes the draft General Fund reserve budget and capital programme for 2026/27 for consultation, along with indicative projections for the following four years. This will also include the HRA rents for consideration and may include Council Tax Reduction Scheme proposals.	All		18 December		26 February 2026 - adoption	Cllr Martin Goddard - Finance & Transformation	All	Andy Goodwin		Public
JANUARY 2026												
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		15 January			TBC	TBC	Democratic Services		Public
SI	Reports from Select Committees	Reports, findings and recommendations for consideration by the Cabinet, when referred from the appropriate Committee.	All		15 January			TBC	TBC	Democratic Services		Public
FEBRUARY 2026												
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		19 February			TBC	TBC	Democratic Services		Public
SI	Reports from Select Committees	Reports, findings and recommendations for consideration by the Cabinet, when referred from the appropriate Committee.	All		19 February			TBC	TBC	Democratic Services		Public

Ref	Business Item	Further information	Ward(s)	NEW ITEM	Decision-Maker			Cabinet Member Lead & Officers				Status
					CABINET meeting	Cabinet Member	Full COUNCIL	Cabinet Member(s) Responsible	Relevant Select Committee	Report Author	Corporate Director Responsible	Public or Private (with reason)
SI	2026/27 Budget and Future Medium-Term Financial Strategy (BUDGET FRAMEWORK)	Following consultation, this report will set out the Medium Term Financial Strategy (MTFS), which includes the draft General Fund reserve budget and capital programme for 2026/27 for consultation, along with indicative projections for the following four years. This will also include the HRA rents for consideration and any proposals for the Council Tax Reduction Scheme.	All		19 February		26 February 2026 - adoption	Cllr Ian Edwards - Leader of the Council / Cllr Martin Goddard - Finance & Transformation	All	Andy Goodwin		Public
SI	Members' Allowances 2026/27	The Council is required to undertake an annual re-adoption of its Allowances Scheme and, in doing so give due regard to the recommendations made by the report of the Independent Panel on the Remuneration of Councillors in London.	All				26 February 2026	N/A	N/A	Lloyd White		Public
MARCH 2026												
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		19 March			TBC	TBC	Democratic Services		Public
SI	Reports from Select Committees	Reports, findings and recommendations for consideration by the Cabinet, when referred from the appropriate Committee.	All		19 March			TBC	TBC	Democratic Services		Public
APRIL 2026												
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		23 April			TBC	TBC	Democratic Services		Public
SI	Reports from Select Committees	Reports, findings and recommendations for consideration by the Cabinet, when referred from the appropriate Committee.	All		23 April			TBC	TBC	Democratic Services		Public
Schedule of Individual Cabinet Member Decisions that may be taken each month (standard items non key-												

Ref	Business Item	Further information	Ward(s)	NEW ITEM	Decision-Maker			Cabinet Member Lead & Officers				Status
					CABINET meeting	Cabinet Member	Full COUNCIL	Cabinet Member(s) Responsible	Relevant Select Committee	Report Author	Corporate Director Responsible	Public or Private (with reason)
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			Cabinet Member Decision - date TBC		Cllr Ian Edwards - Leader of the Council	TBC	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			Cabinet Member Decision - date TBC		Cllr Martin Goddard - Finance & Transformation (in conjunction with relevant Cabinet Member)	All - TBC by decision made	various		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			Cabinet Member Decision - date TBC		All	TBC	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			Cabinet Member Decision - date TBC		All	TBC	various		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			Cabinet Member Decision - date TBC		Cllr Ian Edwards - Leader of the Council OR Cllr Martin Goddard - Finance & Transformation / in conjunction with relevant Cabinet Member	TBC	various		Private (3)

Ref	Business Item	Further information	Ward(s)	NEW ITEM	Decision-Maker			Cabinet Member Lead & Officers				Status
					CABINET meeting	Cabinet Member	Full COUNCIL	Cabinet Member(s) Responsible	Relevant Select Committee	Report Author	Corporate Director Responsible	Public or Private (with reason)
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			Cabinet Member Decision - date TBC		All	TBC	various		Public / Private (1,2,3)
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			Cabinet Member Decision - date TBC		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			Cabinet Member Decision - date TBC		All	TBC	various		Public
SI	Standard Item that may be considered each month/regularly											

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 its Work Programme for the year and agrees any amendments.

SUPPORTING INFORMATION

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

Meetings	Room
Thursday 19 June 2025, 6.30pm	CR5
Tuesday 22 July 2025, 6.30pm	CR6
Tuesday 16 September 2025, 6.30pm	CR5
Tuesday 7 October 2025, 6.30pm	CR6
Tuesday 11 November 2025, 6.30pm	CR5
Tuesday 20 January 2026, 6.30pm	CR5
Tuesday 17 February 2026, 6.30pm	CR5
Thursday 26 March 2026, 6.30pm	CR5
Tuesday 21 April 2026, 6.30pm	CR5

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

Review Topics

The Committee has agreed to undertake a major review in relation to adult social care early intervention and prevention with the first witness session having taken place on 25 February 2025. Members agreed the terms of reference for this review at the meeting on 12 November 2024.

Implications on related Council policies

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

How this report benefits Hillingdon residents

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

Financial Implications

None at this stage.

Legal Implications

None at this stage.

BACKGROUND PAPERS

NIL.

MULTI-YEAR WORK PROGRAMME

2026/27

Health & Social Care Select Committee	July 22	August No meeting	September 16	October 7	November 11	December No meeting	January 20	February 17	March 26	April 21	May No meeting	June
Review A: ASC Early Intervention & Prevention Topic selection / scoping stage Witness / evidence / consultation stage Findings, conclusions and recommendations Final review report agreement Target Cabinet reporting			Witness Session	Witness Session	Findings		Final report	Cabinet				
Review B: Pharmacies												
Review C: GP Coverage	Single Meeting Review		Final report		Cabinet							
Regular service & performance monitoring Annual Performance Monitoring Annual Report of Adult and Child Safeguarding Arrangements Older People's Plan Update (prior to Cabinet) Health & Social Care Budget & Spending Report Mid-year budget / budget planning report (July/September) Cabinet's Budget Proposals For Next Financial Year (Jan) Cabinet Member for Health and Social Care Cabinet Forward Plan Monthly Monitoring					X							
					X							
					X			X	X	X		X
			X									
			X				X					
			X	X	X		X	X	X	X		X
	X		X	X	X		X	X	X	X		X
One-off information items Autism Update Carer Support Services - Cabinet report Commissioning Model for delivery of health and social care services BCF Update NHS Estates (including Mount Vernon Hospital) Hospice and End of Life Services in the Borough Updated Select Committee Remits			X	X	X			X				
			X					X				
			X					X				
			X					X				
							X					
Health External Scrutiny Mount Vernon Cancer Centre Strategic Review Update Hillingdon Hospital Redevelopment Update Health Updates Quality Accounts (outside of meetings)					X					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				X		X		

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