Minutes

HEALTH AND SOCIAL CARE SELECT COMMITTEE

11 November 2025

Meeting held at Committee Room 5 - Civic Centre

	Committee Members Present: Councillors Nick Denys (Chair), Reeta Chamdal (Vice-Chair), Tony Burles, Becky Haggar, Kelly Martin and Sital Punja (Opposition Lead) **Also Present**: Linda Andrew, Chief Executive, Carers Trust Hillingdon & Ealing (lead provider) Evelyn Cecil, Assistant Chief Executive Officer & Head of Mental Health Services, Hillingdon Mind Rachel Irving, Lead Therapist, Give Space Madhuri Kotecha, Senior Dementia Support Worker, Alzheimer's Society Becci Morris, Lead Therapist, Give Space Angela Stango, Chief Executive, Hillingdon Mind Jane Wheeler, Chief Executive, Harlington Hospice **LBH Officers Present**: Gary Collier (Health and Social Care Integration Manager), Ian Kavanagh (Head of Business Intellligence), Sandra Taylor (Corporate Director of Adult Services and Health) and Nikki O'Halloran (Democratic, Civic and Ceremonial Manager)
29.	**APOLOGIES FOR ABSENCE** *(Agenda Item 1)* Apologies for absence had been received from Councillor June Nelson.
30.	**DECLARATIONS OF INTEREST IN MATTERS COMING BEFORE THIS MEETING** *(Agenda Item 2)* There were no declarations of interest in matters coming before this meeting.
31.	**MINUTES OF THE MEETING HELD ON 16 SEPTEMBER 2025** *(Agenda Item 3)* **RESOLVED: That the minutes of the meeting held on 16 September 2025 be agreed as a correct record.**
32.	**EXCLUSION OF PRESS AND PUBLIC** *(Agenda Item 4)* **RESOLVED: That all items of business be considered in public.**
33.	**REVIEW OF ADULT SOCIAL CARE EARLY INTERVENTION AND PREVENTION - 4TH WITNESS SESSION** *(Agenda Item 5)* The Chair welcomed those present to the meeting. Mr Gary Collier, the Council's Health and Social Care Integration Manager, advised that this was the fourth and final witness sessions for the major review of Adult Social Care early intervention and prevention (EIP). The Carers Support Services had been a critical part of the offer

insofar as the contracts that had been put in place in relation to prevention.

Ms Linda Andrew, Chief Executive of Carers Trust Hillingdon and Ealing (CTHE), advised that she had been in post for about nine weeks. CTHE provided a single point of access for carers, with 70% of the Board, volunteers and trustees having lived experience. The Team provided a highly specialised support service and built strong relationships to deliver seamless referrals and coordinated wrap around care. A two tier assessment was undertaken to ensure streamlined access:

- Tier 1 was in relation to statutory requirements; and
- Tier 2 was in relation to anything triggered by Tier 1.

Ms Andrew advised that there were 6,156 adult carers, 1,343 young carers and 536 young adult carers (aged 18-25) in Hillingdon. In 2024/25, 1,017 new carers and 345 young and young adult carers had been registered and £1,671,540 had been secured in carer related benefits, increasing the household income for carers and contributing to the local economy. Over an eight year period, around £1.7m had been secured in grant funding through strong partnership working to meet carers' needs. It was noted that carers cafes were in place across the Borough and that further work was needed in relation to hard to reach carers, particularly in Ruislip, Northwood and Pinner. Around 40 families from the traveller community were currently being supported – undertaking visits with them had helped to overcome these families' mistrust of services.

Members queried how the partners identified where they would undertake outreach work. Consideration was given to the unmet need and it had been identified that a greater presence was needed in the north of the Borough. Community groups from across Hillingdon approached the partners to hold sessions where they could talk about caring and the carers' role and the toll it took. It was noted that the Somaliland community had been particularly hard to reach as these residents did not tend to ask for help and did not recognise themselves as carers.

The effectiveness of the services that were provided were measured through a range of things including key performance indicators (KPIs), the amount of money secured in grant funding, compliments and complaints and stakeholder feedback.

The partnership had been experiencing challenges in relation to funding opportunities as an increasing number of organisations were competing for the same money and some eligibility requirements had changed (e.g., City Bridge Foundation). Members queried how partners worked collaboratively to ensure that they did not miss out on funding opportunities. Ms Andrew advised that discussions had already been undertaken between CTHE and HM regarding funding for 2028 to identify alignments, share information and source smaller pots of funding but the grant funders seemed to look differently at services that were deemed to be a statutory responsibility.

Ms Stango noted that this was a challenging time for funding in the third sector with some grants being reduced to as little as £10k which would not pay for a post and made it difficult when the organisations were trying to deliver something meaningful (Hillingdon Community Trust had reduced its grants to a maximum of £10k). Their approach needed to be flexible to work around the barriers and able to identify new carers.

There had also been challenges with providing support for the increasing number adult and young carers with their own mental health needs but it was hoped that better use

of technology (such as a pilot to develop enhanced digital services) would help. Ms Andrew advised that partners continued to look for improvements and, to this end, had reintroduced strategic development days.

Members queried how better use of technology would help to support carers when this was a largely people-based area. Ms Andrew advised that digital services would not be able to replace staff but that the pilot would help partners to engage with young adults who were more digitally enabled. Although they were not an emergency service, carers worked 24/7 so the use of technology would enable partners to provide additional support, enhancing rather than replacing what already existed.

Ms Angela Stango, Chief Executive at Hillingdon Mind (HM), noted that HM provided online counselling sessions over Zoom. The organisation had been working with Brunel University to research and develop an adaptation for Zoom that would make it feel more like a face-to-face meeting (which was the preferred method of communication). Members asked that HM provide the Committee with an update on this as it developed.

Ms Stango advised that HM's collaboration with CTHE stretched back a long way and that it had started with the provision of a drop in café for people with mental health issues. They had then secured £106k in lottery funding which had enabled them to provide additional services. The priority for carers seemed to be the ability to offload to a counsellor. These counsellors tended to work 25 hours each week and had an expert knowledge of mental health. Carers could also be provided with mental health first aid training to help them to look after themselves and work was underway with the Recovery College to deliver specific training for any carer on conditions such as schizophrenia, bipolar disorder and stress.

Ms Evelyn Cecil, Deputy Chief Executive at HM, advised that the organisation had supported more than 250 carers with their mental health in the previous year and had provided practical support to complement CTHE services and develop group activities.

Ms Rachel Irving, Lead Therapist at Give Space (GS), advised that GS was relatively new to the partnership. The organisation had been established as a Community Interest Company in 2020 and offered drama and movement therapy to young and adult carers. They went into schools to offer wellbeing workshops and provided case management support to observe emerging patterns as well as providing wellbeing workshops for the carers of those with Alzheimer's. Ms Becci Morris, Lead Therapist at GS, noted that working with young people in schools enabled them to address the real issues that these carers were facing. Their work brought carers together in groups which reduced their feelings of isolation and also reduced the stigma of being a carer. GS was able to liaise with schools and develop long and short term interventions (rather than taking a 'one size fits all' approach) and provided sessions during the summer and half term holidays.

The focus of carers was often on the person that they cared for rather than themselves. GS worked with small groups (they had worked with ages ranging from four to 97) and used drama therapy to help them to develop strategies to look after their own wellbeing. GS worked with multiple schools and colleges that had the highest number of young carers therein, and therefore the greatest need.

Give Space provided mental health and wellbeing support in schools and CTHE had also developed relationships with the schools. CTHE held monthly case management

meetings with GS to identify where the greatest need was.

Partners had been using a shared case management system (Charitylog) which stored information such as service user details, interactions, communications, workflows and outcomes.

Ms Jane Wheeler, Chief Executive at Harlington Hospice (HH), noted that HH had been involved in the partnership for a long time. They dealt with similar psychological safety and personalisation issues as the other partners and what was right for the carer was right for productivity. HH received statutory funding which had been focussed in the areas of most need. Carers' knowing that they had access to planned and urgent support, kept them going.

Ms Madhuri Kotecha, Senior Dementia Support Worker at Alzheimer's Society (AS), noted that referrals were made to AS after someone had been diagnosed with dementia and support was then provided to the carer for as long as they needed it. Although AS worked closely with HH with regard to respite, they also provided care.

Members queried how partners knew what carers wanted and how they delivered what was needed. Ms Andrew advised that partners always listened to the carers and wellbeing services were tailored to meet their needs (e.g., gardening or arts and crafts activities). CTHE provided carers with help to complete forms (e.g., Universal Credit application forms) and worked to ensure that young carers had a consistent social life (e.g., some had recently been taken on a camping trip).

It was important to ask carers "what matters to you?" rather than "what do you want?", which was more task orientated. Having listened to carers, it was important to ensure that the action being taken was working effectively. Partners needed to be flexible and not make assumptions about what carers needed. GS used creativity to explore feelings which tended to be less direct / confrontational.

Given that some were as young as eight years old, Members asked how young carers were identified as it was not something that they would necessarily recognise in themselves. Ms Andrew advised that these carers would often be identified by the schools as this was now a requirements of the Ofsted inspections. They also held carers awards and identified carers champions.

Members queried whether carers were more or less likely to be identified in stronger family units. Ms Wheeler advised that this was not an easy question to answer as strong family units manifested themselves in different ways and some of them preferred not to seek outside support.

Insofar as respite was concerned, the hours provided at Harlington Hospice were split between urgent and planned respite, with the urgent hours often being underused and therefore repurposed for planned respite. Generally, urgent respite could be organised within 24 hours.

Ms Stango advised that there had been an increase in the number of neurodiverse residents and mental health services had been overwhelmed by the increase in demand. As the NHS had been unable to meet this demand, HM had been dealing with increasingly complex cases and had been looking to recruit mental health social workers to deal with these complex needs.

Since the pandemic, people were not attending groups in the same way that they had before. There were also more people going to work now which meant that there had been an impact on the number of people that were able to volunteer their time. Conversely, this also meant that there were more people coming through to care work now.

Members queried how well partners were doing with regard to carers' assessments and the time it took to put a support package in place. Mr Collier advised that he would forward this information on to the Democratic, Civic and Ceremonial Manager for circulation to the Committee.

Ms Sandra Taylor, the Council's Corporate Director of Adult Social Care and Health, advised that the Council was pressed to the limit and would not be able to manage demand for adult social care if it had not had the support of the third sector and early intervention. She noted that these organisations needed to be provided with as much support as possible to prevent demand for adult social care services.

In terms of recommendations, it was suggested that collaborative working was a priority to ensure that families had a seamless experience. Finding appropriate venues for the various events and clubs was not always easy so support there would also be useful. It was suggested that a recommendation be included in the final report in relation to transformative interventions with a focus on positive outcomes and that consideration be given to whether there could be links with (or opportunities for) looked after children.

The Carers Support Contract was likely to evolve over the next eight years with partners continuing to be responsive to the needs of carers. The partners would welcome any additional support that was available to increase minimum grants or to help them be creative. It was suggested that consideration be given to the partnership working with Council departments such as the Library Service to facilitate creativity.

It was recognised that there had been a decrease in third sector funding. It was suggested that thought needed to be given to how the partnership could be helped with their business support structure, perhaps through initiatives like providing them with administrative support.

The partners were trying to engage with a range of communities, deal with a number of barriers and work with faith group leaders. As these communities and leaders seemed to be a common thread across a number of different topics, it was suggested that they be invited to attend a future meeting.

Ms Taylor noted that Hillingdon's core early intervention offer was vast. The 0-19 family service hubs were linked to the third sector and driven by Public Health. It was agreed that the Committee look at Public Health at a future meeting as this covered all third sector interventions across the board.

It was agreed that some draft recommendations be put together and tested with the Committee.

RESOLVED: That:

1. **Hillingdon Mind provide the Members with an update at a future meeting on the work being undertaken with Brunel University on the use of Zoom for counselling;**

	2. **Mr Gary Collier forward information about carers' assessments and putting support packages in place to the Democratic, Civic and Ceremonial Manager for circulation to the Committee;** 3. **community representatives and faith group leaders be invited to attend a future meeting to talk about engagement;** 4. **the topic of Public Health be considered at a future meeting; and** 5. **the discussion be noted.**
34.	**ANNUAL PERFORMANCE REPORT 2024/25** *(Agenda Item 6)* Mr Ian Kavanagh, the Council's Head of Business Intelligence, advised that it had appeared that the Council had not previously had the highest levels of transparency with regard to performance. Moving forward, the Committee would receive performance update reports every six months. Ms Sandra Taylor, the Council's Corporate Director of Adult Social Care and Health, noted that the information included in the report had been gathered from a range of sources including surveys, Association of Directors of Adult Social Services and the Adult Social Care Outcomes Framework. Some of the data included had been from 2023/24 whilst other data was more recent. The survey results could be a little tricky (new data was expected in December 2025) and the staff turnover had proved to be way below the London average (lower was better). Demand for social care services seemed to be relentless with increases in learning disability mental health services and older adults needing nursing dementia support. Although the contracts were being stabilised and the number of older people being supported was flattening, the number of people being supported with complex mental health needs was significant. Safeguarding referrals were also still very high but the number converting to Section 42 enquiries had been steady and reasonable, indicating that partners had been referring correctly. Artificial Intelligence tools were being used to help manage demand and Power BI dashboards had been created to provide insights into the data. It was noted that learning disability (LD) mental health clients started using social care services from a young age and for the duration of their life which then proved quite costly. There were currently around 5½k active services in adult social care being received by about 3½k individuals (which was quite stable). There tended to be lower numbers receiving home care and higher numbers receiving direct payments whereby they were able to choose their own care (home care and reablement would always be the local authority's first choice wherever possible). Investigations were currently underway to identify the reason as to why there was such a high number of LD clients in the Borough compared to other authorities. Members were advised that after triage was undertaken, there were around 1,000 assessments completed each month (with a 28 day target). Whilst most of these did not need to be provided with any adult social care services, they might be referred to third sector partners for additional support. Where services were needed, reablement was often the most appropriate intervention. Ms Taylor noted that reablement was a very effective tool for cost avoidance and had been funded through the discharge grant work that had been undertaken with the NHS. Reablement was classed as intermediate care and around 30% of referrals came from the community (e.g., GPs, self, referral, etc) so it was free to these individuals until 'aim

	achieved'. Ms Taylor advised that she was the Senior Responsible Officer for the reactive care programme on the Hillingdon Health and Care Partners partnership which aimed to prevent hospital admission. This was particularly important in relation to residents in care homes as, once admitted, older frail people tended to need to spend longer in hospital and would then need longer periods of rehabilitation (this would be helped by the introduction of mobile diagnostics). It was noted that direct payments were self-directed support. Officers made assessments and individuals might then be given a personal budget allocated for their care needs. They might then choose to have their care delivered by an agency that the Council did not use or appoint a Personal Assistant that would meet their needs. They were provided with a monthly pre-paid card (plus contingency) and were offered advice and support with regard to things like HMRC and payroll. The carer element was needed for those not able to arrange these things for themselves. Members were pleased with the format of the report but noted that it had stated "The council demonstrated robust governance structures and clear accountability mechanisms, ensuring transparency and responsiveness in service provision." This was contrary to the information that the Committee had received at a previous meeting in relation to accountability and governance. This information had stated that the structures were adequate but not fully mature or fully embedded and therefore consistent performance data and embedding of learning from reviews needed improvement. If this performance management tool had been developed to help the local authority take responsibility for its performance, then it would be important to reflect this. Ms Taylor acknowledged that this needed to be as clear as possible and would ensure that it was corrected. **RESOLVED: That:** **1. the Annual Performance Report for 2024/25 be noted; and** **2. the Committee's comments be drafted and presented to full Council in November alongside the Annual Performance Report for information.**
35.	**CABINET FORWARD PLAN MONTHLY MONITORING** *(Agenda Item 7)* Consideration was given to the Cabinet Forward Plan. **RESOLVED: That the Cabinet Forward Plan be noted.**
36.	**WORK PROGRAMME** *(Agenda Item 8)* Consideration was given to the Committee's Work Programme. **RESOLVED: That the Work Programme be noted**
	The meeting, which commenced at 6.30 pm, closed at 8.11 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.