



HILLINGDON
LONDON



Health and Social Care Select Committee

Councillors on the Committee

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

Date: TUESDAY, 11 NOVEMBER
2025

Time: 6.30 PM

Venue: COMMITTEE ROOM 5 -
CIVIC CENTRE

**Meeting
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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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|---|-------------------------------------------------------------------------------------|---------|
| 1 | Apologies for absence | |
| 2 | Declarations of Interest in matters coming before this meeting | |
| 3 | Minutes of the meeting held on 16 September 2025 | 1 - 8 |
| 4 | Exclusion of press and public | |
| 5 | Review of Adult Social Care Early Intervention and Prevention - 4th Witness Session | 9 - 14 |
| 6 | Annual Performance Report 2024/25 | 15 - 48 |
| 7 | Cabinet Forward Plan Monthly Monitoring | 49 - 58 |
| 8 | Work Programme | 59 - 62 |

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Minutes

HEALTH AND SOCIAL CARE SELECT COMMITTEE

16 September 2025



Meeting held at Committee Room 5 - Civic Centre

	<p>Committee Members Present: Councillors Nick Denys (Chair), Reeta Chamdal (Vice-Chair), Tony Burles, Becky Haggart, Kelly Martin and Sital Punja (Opposition Lead)</p> <p>Also Present: Dr Alan McGlennan, Chief Medical Officer, The Hillingdon Hospitals NHS Foundation Trust Lesley Watts, Chief Executive Officer, The Hillingdon Hospitals NHS Foundation Trust / Chelsea & Westminster Hospital NHS Foundation Trust Councillor Jane Palmer, Cabinet Member for Health and Social Care LBH</p> <p>Officers Present: Gary Collier (Health and Social Care Integration Manager), Matt Davis (Director - Strategic & Operational Finance), Gavin Fernandez (Assistant Director, Immediate Response Service), Jan Major (Assistant Director Direct Care and Business Delivery), Graham Puckering (Assistant Director, Sustained Support Services), Martyn Storey (Head of Finance - Adult Social Care), Sandra Taylor (Corporate Director of Adult Services and Health) and Nikki O'Halloran (Democratic, Civic and Ceremonial Manager)</p> <p>Members in Public Gallery Councillor Peter Smallwood</p>
19.	<p>APOLOGIES FOR ABSENCE (<i>Agenda Item 1</i>)</p> <p>Apologies for absence had been received from Councillor June Nelson.</p>
20.	<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>
21.	<p>MINUTES OF THE MEETING HELD ON 22 JULY 2025 (<i>Agenda Item 3</i>)</p> <p>RESOLVED: That the minutes of the meeting held on 22 July 2025 be agreed as a correct record.</p>
22.	<p>EXCLUSION OF PRESS AND PUBLIC (<i>Agenda Item 4</i>)</p> <p>RESOLVED: That all items of business be considered in public.</p>
23.	<p>FUTURE OF MINOR INJURIES PROVISION (<i>Agenda Item 5</i>)</p> <p>The Chair welcomed those present to the meeting.</p>

Ms Lesley Watts, Chief Executive at The Hillingdon Hospitals NHS Foundation Trust (THH), noted that she had previously spoken to the Committee about the Minor Injuries Unit (MIU) at Mount Vernon Hospital. She advised that health services in Hillingdon, specifically the acute trust, had a history of overspending and not achieving great performance standards. Action was needed in relation to elective recovery whilst also looking after existing staff, attracting and developing new staff and building a new hospital, all within budget.

Discussions had been undertaken in relation to processes and the proposal had been considered by the Board in July 2025 where it had been agreed to transfer the MIU work from Mount Vernon Hospital to Hillingdon Hospital. Engagement had been undertaken with a range of people including colleagues in Hertfordshire and Berkshire, as well as residents associations and MPs. A meeting with residents had been held on Friday which had also been attended by the local MP and a consultation was currently underway with staff.

Dr Alan McGlennan, Chief Medical Officer and Managing Director at THH, advised that around 35-45 patients were seen each day at the MIU at Mount Vernon Hospital, whereas there were around 200 per day at the Urgent Treatment Centre at Hillingdon Hospital. Around 50% of the patients seen at the MIU were not Hillingdon residents and a large number of the presentations were minor illnesses or wound management issues which should be dealt with through primary care, social care or pharmacy care. It was anticipated that the move would initially see an additional 30 patients per day at Hillingdon Hospital but that this would reduce over time and productivity would increase.

Members queried how the MIU proposals would fit in with the NHS 10 year plan to shift more care into the community and whether the Pembroke Centre Hub in Ruislip would be able to cope with the resultant increase in demand. Dr McGlennan advised that around half of the patients presenting at the MIU needed an x-ray (for example, for a fractured finger or twisted ankle). A shuttle bus would still be available but half of the patients currently seen at the MIU could go to their GP. The proposals would fit in with the NHS 10 year plan.

The Ruislip Hub had been initiated and was still growing. Its availability had been well received by residents as it put the right care in the right place. Injuries requiring an x-ray would always need to be seen at Hillingdon Hospital but minor illnesses previously seen at the MIU should be going to their GP. Patient with things like urinary tract infections should go to their local pharmacy and chronic wounds and infections should be dealt with by the GPs. The Hubs would be developed so that they could deal with urgent care and some diagnostics.

Patients currently called NHS 111 and were given options on the places that they could attend. The MIU was not the only option given to patients when they called NHS 111 and MIU appointments tended to be the next day. Dr McGlennan was confident that there would be sufficient capacity within the system, with 98% of patients being seen, treated and discharged from Hillingdon within 4 hours. Ms Watts advised that Hillingdon Hospital performance was currently very good and one of the best in London. The need for change was about moving staff around to make best use of the resources available.

Concern was expressed that no consideration appeared to have been given to options

1 and 2 and it was queried whether the decision would be reversed if the pressure on other services became too high as a result. Dr McGlennan noted that the decision had been made in response to a deficit in healthcare in Hillingdon – there were no concessions and reviews were undertaken to resolve problems. It was recognised that the proposals would save the Trust around £1m but that Hillingdon's Emergency Department's (ED) performance was not good so the resources could be used to rebalance that. Currently, agency and bank staff were regularly used in the ED and moving the MIU staff to Hillingdon would help to reduce that reliance. Performance would be reviewed in April 2026 to establish whether or not there had been any improvements.

THH had not been operating within its means for a long time but the Trust had been on budget over the last couple of months. This performance needed to be sustainable but there was never going to be a good time to move the MIU. Hillingdon needed to invest in providing a good ED and being able to deal with patients with minor illnesses and injuries. Patients were also waiting too long for surgery. Hillingdon had well developed community working and the £1m would be able to underpin the work being undertaken in the acute units.

Ms Watts advised that it was important to address inequality of provision and resources and effort needed to be concentrated where it would have the biggest impact. Some of Hillingdon's most deprived residents did not get the good service that they wanted. As part of the process, THH had liaised with hospitals in neighbouring boroughs to talk about the possible impact on them.

A decision on this matter had not been made previously. A number of ideas had been put forward and this was one of 2-3 that were being taken forward. Although the residents using the MIU at Mount Vernon Hospital would not be happy with the change, there were a lot of people who did not use the MIU that would benefit from the change.

It had been proposed that the 9FTE MIU staff would transfer to Hillingdon Hospital. Ms Watts advised that this was part of a routine process of moving resources to where they were most needed and that a formal consultation was currently underway with the MIU staff. Decisions needed to be made about patient care but the staff involved would get to make their own decisions about the transfer. Ms Watts advised that a wider formal consultation would not be undertaken but that THH had engaged with various organisations over the proposals and had held an adjournment debate at the request of the local MP.

The MIU had been used by families booking online for their children or by pupils sent by schools. Dr McGlennan noted that consideration would be given to moving the equipment from Mount Vernon to Hillingdon Hospital. He recognised that people had preconceived ideas about the ED but reassured Members that Hillingdon's ED had been zoned and that the paediatric ED was secure and had a separate waiting area. Adults would be triaged on arrival and moved to another area if their injury was minor.

Ms Watts noted that work was currently underway to introduce a mobile diagnostics service which would also reduce the impact on the ED. Having been seen at Hillingdon Hospital, follow up clinics and physiotherapy would still be available from Mount Vernon. It was noted that the transfer of resources would take place at the end of September 2025 and that the Board would continuously review the resultant ED performance.

	RESOLVED: That the discussion be noted.
24.	<p>BUDGET AND SPENDING REPORT - SELECT COMMITTEE MONITORING (Agenda Item 7)</p> <p>Ms Sandra Taylor, the Council's Corporate Director of Adult Social Care and Health, advised that health and social care services were always challenged and that understanding demographic growth was hard with the level of complexity of residents' increasing over the last year. Although the total number of services users had not increased very much over the last ten years, the cost of care had increased significantly. The Council had to take proactive steps to manage the available resources to be able to provide and manage a good service at a good unit cost value.</p> <p>There were challenges in relation to managing demand and pressures. Demand drivers of increased costs included an increase in National Insurance (which would increase again in April 2026). Whilst officers did what they could to maintain fair prices and use brokerage services, they recognised that it was also a challenging time for care providers. Autism had also become an increased driver for services.</p> <p>Mr Martyn Storey, the Council's Head of Finance – Adult Social Care, advised that the bottom of Table 2 in the report had showed a £5.4m overspend on adult social care placements in the last year and that the pressure had been mitigated by holding vacancies. Table 5 showed that an £8.2m overspend in total services operating budgets had been forecast at Month 2 and that officers might be in a better position to comment on this at the next meeting.</p> <p>Members were advised that the combined effect of the living wage and National Insurance increases had increased the wage bill by just under 9%. Although providers with existing care placements understood that the Council was under financial pressure, new placements were costing more.</p> <p>Concern was expressed that there was always an overspend in social care as forecasting did not appear to be accurate and queried where the analysis was in the report that could give Members confidence in the forecasting. Mr Storey noted that the officers would be able to get better at forecasting by modelling using the data that was available.</p> <p>Ms Taylor advised that the Council had purchased its own care home to try to manage some of the pressures but that care packages for people with learning disabilities in supported living had the highest costs. These were also often long term costs as these residents tended to be younger when they first needed the support.</p> <p>The Council had had to look at things differently and work was being undertaken accordingly (although not yet at a stage where it could be reported to Members). Analytics were monitored and all local authorities were required to report annually so Hillingdon was able to benchmark its costs to ensure that the Council was achieving best value. It was agreed that further information on this would be brought to a future meeting.</p> <p>Members acknowledged the pressure faced by health and social care but noted that the Committee was only being given figures for Month 2 when Cabinet would be considering Month 4 later in the week. A request was also made that, as Members and residents were not necessarily finance experts, an explanation of terminology such as</p>

	<p>“underlying forecast” be included in all future reports. Mr Matt Davis, the Council’s Director of Strategic and Operational Finance, advised that the underlying forecast was effectively the debits and credits attributed to adult social care. Provisions were, for example, debts that were not collectable. Members were advised that, in 2017, councils had been permitted to use capital receipts for transformation projects that would deliver ongoing reductions in future expenditure.</p> <p>Mr Storey advised that he was very confident about the figures in the report. They had been build up on a person by person basis but based on dynamic data and a fairly consistent pattern had been developing. There had been no evidence to suggest that it would go out of control.</p> <p>Members queried the effects that the pandemic continued to have on the provision of health and social care and whether effort was being made to make residents less reliant on social care. Ms Taylor advised that the social care ethos was early intervention. There had been a flattening in the demand for services from older people but a rise in demand from people with mental health issues or learning disabilities. The pandemic had prevented a lot of elective surgery from taking place. While they were waiting for their operations, the condition of these residents might have worsened meaning that they needed social care support before the operation as well as after the operation from which they might take longer to recover. Patients with a learning disability were encouraged to do as much for themselves as possible and a range of interventions were available for those with mental ill health before they came to social care. It was important for the whole system to work together to build resilient communities and prevent things like falls. The early intervention and prevention work undertaken reduced overall costs.</p> <p>Table 3 showed that £1.2m had been banked in 2024/25. Members queried whether this had been rolled forward from the previous year. Ms Taylor advised that the banked savings in the previous year had been as a result of a budget reduction (with the exception of care diagnostics).</p> <p>Members were keen that more detailed information be included in future reports. They were asked to provide the Democratic, Civic and Ceremonial Manager with details of the information that they would like included in future budget reports so that it could be collated and sent to Finance.</p> <p>RESOLVED: That:</p> <ol style="list-style-type: none"> 1. the 2024/25 Outturn position be noted; 2. the 2025/26 Month 2 budget monitoring position be noted; 3. the Corporate Director of Adult Social Care and Health provide the Committee with further information on benchmarking value for money be brought to a future meeting of the Health and Social Care Select Committee; and 4. Members send details of the information that they would like included in future budget reports to the Democratic, Civic and Ceremonial Manager to collate and sent to Finance.
25.	<p>AUTISM UPDATE (<i>Agenda Item 6</i>)</p> <p>Mr Gary Collier, the Council’s Health and Social Care Integration Manager, advised that it had been some time since this issue had last been reported to committee. The report provided definitions about the prevalence of issues faced by those with autism</p>

as well as the development and achievements over the last three years. It was agreed that the draft Autism Strategy be brought to a future meeting to consult with the Committee.

Mr Graham Puckering, the Council's Assistant Director – Sustained Support, advised that there had been a dramatic increase in the number of people with autism that did not have an associated learning disability. It was thought that this had partly resulted from the pandemic which had prompted people to consider whether autism could be a factor in difficulties faced in managing day to day activities. Improvements in diagnostics was also highlighted to the Committee. The report showed that, in 2019/20, there had been 18 autistic adults supported with a package of care by adult social care. In 2025/26, this had risen to 374. These figures did not reflect the number of referrals that were being made, nor the amount of short intervention work that was undertaken which prevented the provision of more significant support.

There had been a restructure in adult social care which had created an autism specialism within the team. Previously, people with an autism and an associated learning disability had been dealt with by the Learning Disability Team.

Ms Sonal Sisodia, the Council's SEND Service Manager, noted that the Post 16 Team had been working with young people on their Education and Health Care Plans (EHCPs) to provide them with the skills to be able to look after themselves. Members queried whether the rise in autism only in adults had been reflected in children and young people. Ms Sisodia advised that 26% of those with EHCPs had autism and that this number had been rising over the last few years. Research had shown that the number of children and young people with autism had not increased but that the diagnoses had.

Members thanked the officers for the report and for providing case studies therein to illustrate the issues. They queried whether there was a breakdown available in relation to the level of support provided to the 374 autistic people in Hillingdon. Mr Puckering advised that, whilst all 374 had Care Act eligibility needs, their level of need was not broken down. There were people with autism in every sector of social care and an increasing number of people referring themselves (autism would have a profound effect on the lives of some of these people and not so much on others). Those with the highest needs would receive full time care and those with the lowest might receive two hours of support with things like reading their mail. The support that they were provided built up their skills and confidence. The cost of support could be up to £6k-7k per week per person.

Chart 1 in the report stated that there were 741 people with 'autism only' registered with a GP practice in Hillingdon. There did not seem to be a definitive way of counting the number of autistic people and concern was expressed that the number seemed to be growing. Mr Puckering noted that since the pandemic the numbers of people referred for an autism diagnosis had increased. The report showed the work being done to increase assessment capacity, but it was noted that the volume of referrals was high. The Committee was advised an autism diagnosis for an adult did not automatically mean that support would be provided by Adult Social Care. This was dependent on whether a person met the National Eligibility Criteria for Adult Social Care in the 2014 Care Act.

Members expressed concern that the report suggested that 1,468 young people who had had an initial assessment were still awaiting diagnosis. Mr Puckering advised that those were NHS figures and that they had reduced (the NHS had a pre-diagnosis

service) and that you did not have to have an autism diagnosis to be able to access support from the Council. Mr Collier advised that funding had been provided for three voluntary sector organisations to provide support and that he would forward this information on to the Democratic, Civic and Ceremonial Manager for circulation to the Committee.

It was queried whether there was the prevalence of autism had been mapped across the Borough to be able to determine where support was most needed. Mr Collier advised that officers were currently in the process of mapping this information.

The national picture showed that autism was highest amongst men and BAME groups. Mr Collier advised that data was not available in relation to how that matched the Hillingdon picture as the mapping process did not cover gender or ethnicity (although this could be considered in the future). Mr Puckering informed the Committee that services were not currently being developed for specific groups. Members asked that this be something that be considered when developing future services. Mr Collier noted that this was a gap that would be considered as part of the development of the Autism Strategy.

Ms Taylor advised that culturally sensitive services were commissioned by the Council but that there was currently nothing available for autism only. Workers were embedded in social care to help provide support and needed to be tied into the Strategy – the Family Hub service provided a ‘waiting well’ service which could be used by those who had had an early autism diagnosis but who were waiting for a complete diagnosis. The PFA team had also been looking at services that needed to be commissioned. The average expected wait time for diagnosis was 18-24 months even when using the independent sector. Mr Collier advised that Central and North West London NHS Foundation Trust was responsible for this and that a company, Oxford Autism had commissioned to assist with child and adolescent assessments. They were also supporting with adult assessments. Members queried how quickly support was provided once an assessment had been undertaken. Mr Puckering noted that the diagnosis assessment was undertaken at the end of the process and individuals were then referred on to other services with packages of care being implemented as soon as possible thereafter, for people eligible to receive support from the Council.

Mr Puckering advised that all of the 374 individuals supported with autism only would be reported as part of the learning disability figures even though it was not the same. Twenty years ago, learning disabilities were treated differently. There would be some 18 year olds with autism that had significant health needs or someone with autism who didn't start to experience challenges until they were in their 20s. Costs associated with support for people in middle age tended to be higher as people were living longer.

RESOLVED: That:

- 1. the content of the report be noted;**
- 2. Mr Gary Collier provide information on the funding that had been made available to three voluntary sector organisation to provide support to the Democratic, Civic and Ceremonial Manager for circulation to the Committee; and**
- 3. officers consider gender and ethnicity when developing services and matching these with their location.**

26. GP COVERAGE IN HILLINGDON SINGLE MEETING REVIEW - DRAFT FINAL REPORT *(Agenda Item 8)*

Members agreed that any minor changes to the draft report be delegated to the

	<p>Democratic, Civic and Ceremonial Manager in consultation with the Chair and Labour Lead.</p> <p>RESOLVED: That the draft final report of the GP coverage single meeting review be agreed and any minor amendments be delegated to the Democratic, Civic and Ceremonial Manager in consultation with the Chair and Labour Lead.</p>
27.	<p>CABINET FORWARD PLAN MONTHLY MONITORING (<i>Agenda Item 9</i>)</p> <p>Members requested that the Committee be able to comment on the Technology Enabled Care Plan report before it was considered at the Cabinet meeting on 20 November 2025.</p> <p>RESOLVED: That:</p> <ol style="list-style-type: none"> 1. the Cabinet Forward Plan be noted; and 2. the Committee be able to comment on the Technology Enabled Care Plan report at its meeting on 11 November 2025.
28.	<p>WORK PROGRAMME (<i>Agenda Item 10</i>)</p> <p>Consideration was given to the Committee's Work Programme.</p> <p>RESOLVED: That the Work Programme be noted.</p>
	<p>The meeting, which commenced at 6.30 pm, closed at 8.26 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.

REVIEW OF ADULT SOCIAL CARE EARLY INTERVENTION AND PREVENTION - 4TH WITNESS SESSION

Committee name	Health and Social Care Select Committee
Officer reporting	Graham Puckering – Adult Social Care and Health, Hillingdon Council Gary Collier – Adult Social Care and Health, Hillingdon Council
Papers with report	Appendix 1 – Carer Support Service Performance Targets
Ward	All

HEADLINES

At the fourth witness session for the Committee’s review into early intervention and prevention services for adults, Members will have the opportunity to explore in more depth the Carer Support Service, which is intended to support children and adults who provide unpaid care to residents of the Borough. Cabinet awarded the contract for this service to Carers Trust Hillingdon and Ealing in their capacity as the lead organisation for the Hillingdon Carers Partnership (HCP), a consortium of local third sector providers that also includes the Alzheimer’s Society, Give Space, Harlington Hospice and Hillingdon Mind.

The fourth witness session will be attended by the following external witnesses:

Carers Trust Hillingdon & Ealing (lead provider)	Linda Andrew Chief Executive
Alzheimer’s Society	
Give Space	Rachel Irving & Becci Morris Lead Therapists
Harlington Hospice	Jane Wheeler Chief Executive
Hillingdon Mind	Angela Stango Chief Executive Evelyn Cecil Deputy Chief Executive

RECOMMENDATIONS

That the Health and Social Care Select Committee:

- questions witnesses on their presentations; and
- questions officers on any commissioning or contracting issues.

SUPPORTING INFORMATION

Strategic Context

1. The Committee is reminded that the 2021 census showed that 22,465 people identified themselves as unpaid carers and Table 1 below provides an age breakdown.

Table 1: Age Breakdown of Carers in Hillingdon (2021 Census)	
Carer Age Group	Number
5 - 18	660
19 - 24	1,215
25 - 64	16,625
65 +	3,965
TOTAL	22,465

2. Table 2 provides a breakdown of the number of hours of unpaid care being provided by people identifying themselves as unpaid carers in the census.

Breakdown of Unpaid Care Hours Provided 2021 Census		
Number of Unpaid care Hours Provided Per Week	% Hillingdon Population 2021	Number of Carers
• Up to 19 hours	4.1	11,015
• 20 to 49 hours	1.8	5,000
• 50 or more hours	2.5	6,450
TOTAL		22,465

3. At its meeting on 13 March 2025, Cabinet awarded a contract for the provision of the Carer Support Service to Carers Trust Hillingdon and Ealing as lead provider on behalf of the Hillingdon Carers Partnership. The contract award followed a competitive tender and was for a five-year period that started on 1 May 2025 at an annual value of £519k and a total value of £2,595k for the initial contract period. An option to extend for a further three years to 2033, i.e. maximum of eight years, was also agreed at a total additional cost of £1,557k.
4. The contract award was to the incumbent provider as they submitted the tender with the highest score, which was evaluated by social care, the Northwest London Integrated Care Board (ICB), a carer with lived experience and the transformation team. Five tenders were received and evaluated.
5. The Carer Support Service has a critical role in the delivery of outcomes within the draft Joint Carers Strategy shown in Table 3 below.

Table 3: Joint Carers Strategy Outcomes, 2025 – 2030	
1.	Carers are identified, recognised and listened to as expert care partners.
2.	Carers have access to quality information and advice at any point in their caring journey and know where to find this.
3.	The physical and mental health and wellbeing of carers is supported, and they have a life alongside caring.
4.	The financial impact of being a carer is minimised.
5.	Carers have the skills they need for safe caring.
6.	Young carers are supported from inappropriate caring and provided with the support they

Table 3: Joint Carers Strategy Outcomes, 2025 – 2030	
	need to learn, develop, and thrive and enjoy being a young person.

Service Dimensions

6. The dimensions of the Carer Support Service contract are summarised below.
 - 6.1 **Information, advice and support:** The focus of this part of the service is to enable carers to help themselves and make informed decisions.
 - 6.2 **Development and maintenance of a carer register:** This is intended to create the means for information to be targeted to carers and to provide the Council with an overview of the needs of carers being supported by the service.
 - 6.3 **Provision of a home-based short breaks (replacement care) service:** This is attending to the personal care needs of a cared for adult whilst the carer is taking a break, i.e., replacement care. The minimum period of the break would be approximately four hours a week and excludes people supported by Adult Social Care.
 - 6.4 **Access to recreational activities:** This includes activities that will support the physical and mental wellbeing of carers to help them in their caring role.
 - 6.5 **Provision of counselling and emotional support:** This includes facilitation of support groups that may be formal, informal or focus on specialist carer groups, e.g. carers of people living with dementia, carers of autistic people, carers of people with mental health needs.
 - 6.6 **Developing a young carers' programme:** This includes work with schools to identify young carers and support to young carers in their caring role, including the provision of information and advice.
 - 6.7 **Undertaking carers assessments:** This includes undertaking triage assessments on behalf of the Council under a trusted assessor model.
 - 6.8 **Empowering the carer voice:** This includes an engagement programme to demonstrate how feedback will be obtained from carers to inform service delivery and local strategic priorities for carers, and a communication programme that will help individuals to recognise themselves as carers, and find 'hidden' carers, and thereby enable them to access appropriate information, advice and support.
 - 6.9 **Securing external investment:** This is about contributing added value by securing additional funding external to the contract to increase the range of support services available to address the changing needs of carers in Hillingdon.

Hillingdon Carers Partnership Roles and Responsibilities

7. The respective roles and responsibilities of HCP members are summarised in Table 4 below.

Table 4: Summary of Roles and Responsibilities of Hillingdon Carers Partnership Members	
Organisation	Role and Responsibilities
Carers Trust Hillingdon & Ealing	<ul style="list-style-type: none"> • Information, advice and support. • Development and maintenance of a Carers Register. • Access to recreational activities that include promotion of good mental and physical health, therapeutic care, training in caring and social and leisure activities, including peer support. • An extensive support programme for young and young adult carers. • All-age carer assessments including triage. • A carer engagement and communication programme. • Leadership of the HCP.
Alzheimer's Society	<ul style="list-style-type: none"> • Provision of specialist dementia support to families living with a dementia diagnosis.
Give Space	<ul style="list-style-type: none"> • Tackling enduring mental health issues and growing carer resilience through specialist psychotherapeutic support and drama therapy.
Harlington Hospice (Harlington Care)	<ul style="list-style-type: none"> • Provision of a short-breaks (replacement care) service, which offers carers respite in the home by taking over the carers' duties to give carers a much-needed break.
Hillingdon Mind	<ul style="list-style-type: none"> • Provision of specialist support to carers of someone with an acute mental illness, as well as carers who are starting to develop their own low-level mental health issues.

Suggested Key Lines of Enquiry

8. Lines of enquiry that the Committee may wish to explore include:
 - 8.1 How does the consortium delivery model work in practice and what are the benefits for carers?
 - 8.2 What aspects of the service does the provider consider have the greatest impact on the largest number of carers?
 - 8.3 How does the provider propose to manage demand over the lifetime of the contract?
 - 8.4 How will new technology and other innovative approaches improve access, including to Hillingdon's most vulnerable residents?
 - 8.5 How does the provider intend to reach '*hidden*' carers, i.e., carers who do not recognise themselves as carers from harder to reach communities?
 - 8.6 What challenges and opportunities do the provider envisage arising during the lifetime of the contract?
 - 8.7 How will the effectiveness of the service be measured?

PERFORMANCE DATA

9. The targets under the contract are summarised in Appendix 1. These are expected to evolve during the lifetime of the contract as the needs of carers change and in response to national policy demands. There is a performance reporting framework in place that will be provided separately to the Committee. The Committee may wish to note that officers have sought to ensure that monitoring requirements are proportionate, i.e., do not divert more staffing capacity from delivery than is reasonable considering the value of the contract.
10. The Committee may wish to note that the percentage of carers on the carers register as a proportion of the total number of people identifying themselves as carers in the 2021 census is one of the key performance indicators within the draft Health and Wellbeing Strategy that will be considered by the Health and Wellbeing Board at its December 2025 meeting.

LEGAL IMPLICATIONS

11. There are no legal implications arising from this report.

FINANCIAL IMPLICATIONS

12. The contract-related costs of the contract is addressed in the body of the report. There are no direct financial implications arising from this report.

BACKGROUND PAPERS

None

Carer Support Service Performance Targets

Carers' Strategy Outcome	Provider Reporting Requirements
Outcome 1: Carers are identified, recognised and able to make a positive contribution.	<ul style="list-style-type: none"> • 25% of adult carer population as identified by the 2021 census on the Carer Register by the end of Year 1 of the Contract and rising to 40% by Year 3. • At least 800 new adult carers being supported in each year of the contract: <ul style="list-style-type: none"> ➢ Approx 150 should be carers of people with mental health needs. ➢ Approx 200 should be carers of people living with dementia. • Minimum of 2 forum meetings supported annually. • An annual carers' fair will be supported.
Outcome 2: Carers have access to quality information and advice at any point in their caring journey and know where to find this.	<ul style="list-style-type: none"> • 25% of adult carers access information and advice services and increase by at least 3% each year of the contract. • 15% of young and young adult carers access information and advice services and increase by at least 3% each year of the contract. • 95% of carers using information and advice services saying that they found it useful.
Outcome 3: The physical and mental health and wellbeing of carers of all ages is supported and have a life alongside caring.	<ul style="list-style-type: none"> • 500 adult carers to access emotional support annually. • 1,000 carers to access respite breaks, e.g., carer cafés, exercise classes, arts and culture activities, therapeutic care, carer training, Health MOT and pamper days per year.
Outcome 4: The financial impact of being a carer is minimised.	<ul style="list-style-type: none"> • At least £300k in carer-related benefits and allowances secured for carers in each year of the contract.
Outcome 5: Carers have the skills they need for safe caring.	<ul style="list-style-type: none"> • Number, range and utilisation of training opportunities for young, adult and parent carers during the reporting period.
Outcome 6: Young carers are supported from inappropriate caring and provided with the support they need to learn, develop and thrive and enjoy being a young person.	<ul style="list-style-type: none"> • 45% of young and young adult carer population as identified by the 2021 census on the Carer Register by the end of Year 1 of the Contract and rising to 55% by Year 3.

ANNUAL PERFORMANCE REPORT 2024/25

Committee name	Health and Social Care Select Committee
Officer reporting	Ian Kavanagh, Head of Business Intelligence
Papers with report	Appendix 1 - Annual Performance Report 2024/25
Ward	All

HEADLINES

This report presents Council's Annual Performance for 2024/25. It outlines the performance cycle and shows corporate performance for 2024/25 across Health and Social Care.

RECOMMENDATIONS

That:

- 1. the Annual Performance Report for 2024/25 be noted, as attached in Appendix 1; and**
- 2. comments are invited, and if received, will be presented to full Council in November alongside the Annual Performance Report for information**

Performance management is a critical function in local government, enabling councils to use data-driven insights to improve outcomes for residents. It supports accountability—both internally and externally—by demonstrating how public services respond to local needs and ensure value for money.

The Council's performance framework is aligned with the Hillingdon Council Strategy and incorporates a suite of reports accessible to services, senior management, the Corporate Management Team and Cabinet. This annual report draws on key performance indicators and monitoring data to assess progress against strategic objectives. Where applicable, it includes the most recent data available, including pre-2024/25 benchmarks.

Notably, the report integrates indicators from the newly proposed introduced Local Government Outcomes Framework (LGOF), which defines 15 priority outcomes and 115 measures - most of which are statutory and allow for regional and national comparison. Hillingdon will contribute to the development of the LGOF ahead of its formal launch in April 2026 and will assimilate its measures into the Council's performance management framework.

Following Cabinet's consideration of this Annual Report, all 4 select committees have scheduled consideration of this on their work programme in November to enable the monitoring of the performance of services within their respective remits. This ensures the Council can discharge its overview and scrutiny responsibilities effectively.

SUPPORTING INFORMATION

1. Performance management is about using data to drive evidence-based decision making to challenge current ways of working and service delivery models. It is an important tool for local government to take responsibility for its own performance and for the public and national

governments to hold local service providers to account, ensuring they respond to local needs and that public money is being spent wisely.

2. Performance management includes a range of processes and methods to identify shared goals and various measurements of progress towards these. Closely aligned to the concept of governance, it ensures arrangements are in place so an authority's objectives can be achieved.
3. Within Hillingdon, performance is aligned to the Council Strategy, where a suite of performance reports is available to services, senior management teams, our Corporate Management Team and the Leader and Cabinet. Monthly reports are presented to CMT and action logs completed.
4. This annual report uses key performance indicators and monitoring data to show performance on key services for Financial Year 2024/25 (or, in some cases, the latest data available as well as pre-financial year 2024/25).
5. The Annual Performance Report for 2024/25 presents a detailed and transparent account of how Hillingdon Council is performing across its core service areas, with a clear emphasis on putting residents first. The report reflects a council that is actively responding to significant challenges - rising demand, financial pressures, and evolving community needs - while maintaining a strong commitment to service quality, accountability, and resident wellbeing.

Adult Social Care and Health (ASC&H)

6. Adult Social Care and Health (ASC&H) continues to operate in a challenging environment shaped by demographic shifts, complex care needs and transitions from Children's Services. A growing cohort of individuals with autism-only diagnoses and co-occurring mental health needs is placing pressure on service design, workforce capability and long-term planning.
7. Legislative changes - including the Care Act, Better Care Fund (BCF) requirements, and updates to the Deprivation of Liberty Safeguards (DoLS) - have added further complexity. Despite this, ASC&H has maintained strong performance in service user satisfaction, quality of life and early intervention.
8. Digital tools and data analytics are improving access to information, enabling smarter care planning and supporting independent living. The extra care model remains central to early support, with further innovations underway to enhance service delivery. Key actions taken to manage demand include:
 - a. Transformation of the front door through the Single Point of Access (SPA) and Multi-Agency Safeguarding Hub (MASH), improving triage and safeguarding outcomes.
 - b. Expansion of reablement services to promote recovery and reduce long-term dependency.
 - c. Timely submission of the BCF Assurance document to secure funding.
 - d. Collaborative work with care providers to manage inflationary pressures and maintain market stability.
9. In July 2024, the Care Quality Commission (CQC) rated ASC&H as Good overall, highlighting strong leadership, effective service delivery and high levels of user satisfaction. The Council was recognised as one of the best performing nationally and in London, with care described as person-centred, safe, and well-coordinated.

PERFORMANCE DATA

Performance data is included throughout the report.

RESIDENT BENEFIT

This report enables residents, communities, and service users to understand how well services are performing, ensuring transparency, accountability and continuous improvement in meeting local needs.

FINANCIAL IMPLICATIONS

There are no direct financial implications to the Council associated with the recommendations in this report.

LEGAL IMPLICATIONS

There are no direct legal implications that arise out of the recommendations set out in this report.

BACKGROUND PAPERS

None.

APPENDICES

Annual Performance Report, 2024/25

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London Borough Of Hillingdon

Performance Report 2024/25

Health & Social Care Select Committee

(Appendix 1)





For councils, performance management uses data to drive evidence-based decision making, challenging current ways of working and service delivery models. Our digital transformation investment has made this report efficient. It helps local government take responsibility for its performance and allows our residents to hold us to account, ensuring we are meeting local needs and spending their money wisely.

Performance management involves setting shared goals and measuring progress towards them. It ensures governance arrangements are in place to achieve an authority's objectives. In Hillingdon, performance is aligned with the Council Strategy, providing performance reports to services, senior management teams, the Corporate Management Team, and the Leader and Cabinet.

This annual report uses key performance indicators and monitoring data to show the performance of key services for the financial year 2024/25. Where possible, we have benchmarked these against comparable authorities

Leader of the Council: Cllr Ian Edwards



Council Strategy 2022-2026

Our ambition for residents

Hillingdon is a safe, inclusive, green, more digital borough with a strong economy.

We want all our residents to:

- Live active and healthy lives
- Enjoy access to green spaces, leisure activities, culture and arts
- Live in a sustainable borough that is carbon neutral
- Be/feel safe from harm
- Live in good quality, affordable homes in connected communities
- Stay living independently for as long as they are able
- Achieve well in education, with opportunities for learning at all ages
- Have opportunities to earn an income that supports their families

Our ambition for the council

We will strive to be an efficient, well-run, digital-enabled council working with partners to deliver services to improve the lives of all our residents.



HILLINGDON
LONDON

Safe and strong communities

Hillingdon is a safe place with resilient, strong communities with access to good quality, affordable housing.

We will:

- Work to keep residents safe from harm.
- Actively work in partnership with the Police, other partners and communities to prevent and tackle crime, including anti-social behaviour and drug-related crime.
- Support all residents across the Borough in their ability to have equal access to information, advice and services and to play an active role in resilient and respectful communities.
- Take enforcement action to protect residents and the environment.
- Enable more new homes to be available, in the appropriate places.
- Increase the number of affordable homes available each year.
- Work to prevent homelessness, including rough sleeping.

A thriving economy

We are actively working with local businesses and partners to create a borough where businesses grow within a strong economy and local people can improve their skills and enjoy good quality jobs.

We will:

- Work with partners and local businesses to promote investment and business growth, including attracting new companies to the borough.
- Procure services that supports local businesses and adds social value.
- Work in partnership with local employers and other stakeholders to provide opportunities for residents to learn new skills, to find local jobs and progress into better-quality jobs.
- Strengthen the digital infrastructure in the borough.
- Create opportunities for investment in sustainable local infrastructure to support economic growth.
- Work with partners to help tackle low pay.
- Support thriving multi-purpose, viable town centres, including estate regeneration, creating a new master plan for Uxbridge and exploring similar opportunities for other areas of the borough.
- Target support to help residents out of financial hardship.

Our commitments to residents



A digital-enabled, modern, well-run council

We are a well-run, sustainable council with sound financial management, achieving positive outcomes for residents.

We will:

- Be a strong leader of joined-up public services for Hillingdon residents.
- Continue to advocate on behalf of residents and businesses to promote and protect the best interests of the borough.
- Promote resident engagement across all communities.
- Embrace technology to be efficient and make it easier for residents to use council services, including supporting those who are unable to use technology.
- Continue to deliver a modern, responsive customer service.
- Make the best use of our land and buildings.
- Ensure value for money in the procurement and delivery of services.
- Continue to review and develop services to achieve the best possible outcomes for residents and communities.
- Develop a diverse, committed and skilled workforce in the borough.

Thriving, healthy households

Children, young people, their families and vulnerable adults and older people live healthy, active and independent lives.

We will:

- Work with partners, including schools and the voluntary sector, to deliver a range of innovative programmes that help improve the health of our residents and tackle differences in health outcomes.
- Support the most vulnerable residents in our communities to live independently.
- Develop housing options for vulnerable adults and older people that promotes active independent living.
- Develop innovative ways for residents to access early advice and support when they need it, to help prevent needs escalating.
- Work with the NHS and other partners to continue to develop joined-up services to meet the health, care and support needs of residents in the community, including the development of a new Hillingdon Hospital.
- Work with partners to ensure better access to healthcare in the community.
- Explore ways to work innovatively with the voluntary sector to help improve health and wellbeing outcomes for residents.
- Ensure every Hillingdon child has access to a school place, including children with additional needs.
- Improve educational outcomes with partners and work to reduce the achievement gaps for children, including those with vulnerabilities and special educational needs and/or disabilities (SEND) in a 'Good' and 'Outstanding' local education setting.
- Increasing supported employment and apprenticeships for vulnerable people.
- Develop opportunities to support children with social, emotional and mental health and wellbeing at an early stage.
- Improving digital access for all.
- Develop programmes that enrich the lives of young people and support them to move successfully into adulthood and be ready for work.

A green and sustainable borough

Hillingdon will be a sustainable, carbon-neutral borough, protecting Hillingdon's heritage, built environment and valued green spaces. Residents will live in pleasant neighbourhoods with access to sustainable waste management and transport.

We will:

- Work towards being a carbon-neutral organisation by delivering Hillingdon's Climate Action Plan with partners, including planting more trees and enabling investment in new sustainable infrastructure. Create opportunities to increase biodiversity across the borough.
- Protect the heritage, built environment, green belt, parks and open spaces.
- Promote sustainable transportation, including walking, cycling, the use of public transport and electric vehicles.
- Help residents and businesses to reduce waste and increase recycling.
- Help to improve the energy efficiency of homes.



Cabinet Member: Cllr Susan O'Brien
Portfolio: Children, Families and Education

Thriving, healthy households

Corporate Director: Julie Kelly – Children Services

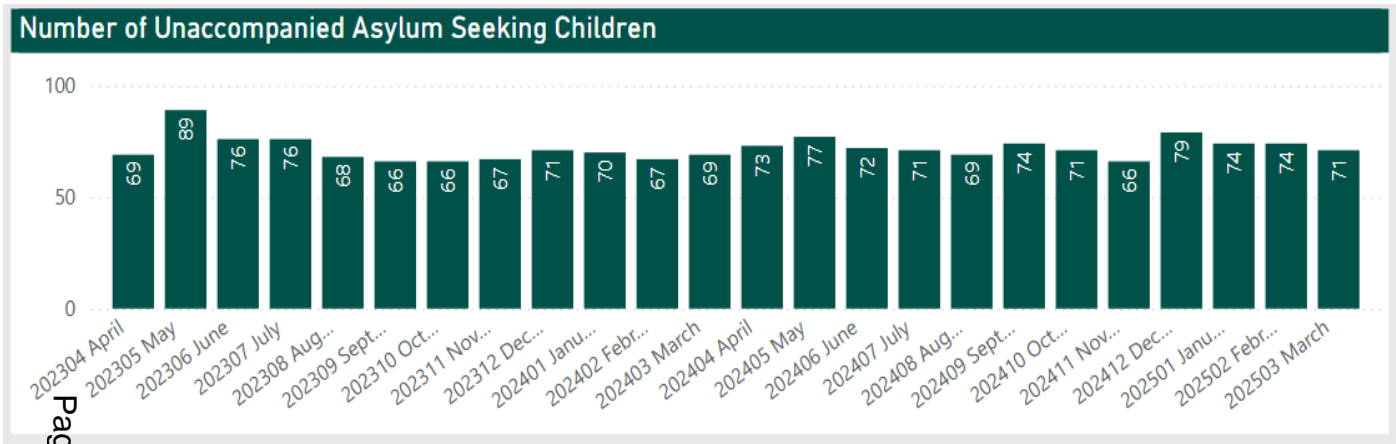
Children's Services has demonstrated a strong commitment to delivering safe, inclusive, and responsive support for children and families across Hillingdon. The service continues to operate in a complex and high-demand environment, shaped by national pressures, local demographics, and the borough's unique role as a port authority. Despite these challenges, there is clear evidence of progress and resilience across key areas of delivery.

The borough's role in supporting unaccompanied asylum-seeking children and care leavers adds further complexity to the landscape. These young people often present with significant vulnerabilities and require tailored, trauma-informed support. The service is committed to strengthening its care leaver offer, ensuring that young adults are equipped with the skills, stability, and opportunities they need to thrive.

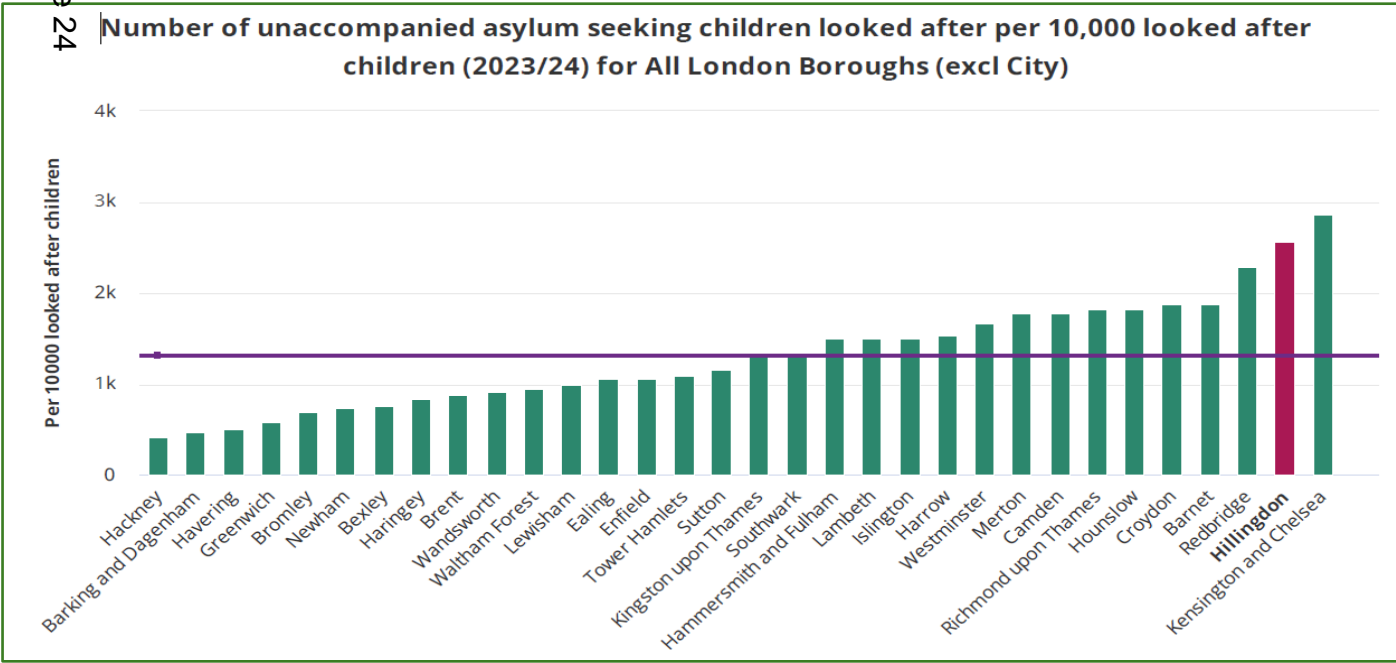
Overall, Children's Services is navigating a demanding operating environment with determination and strategic clarity. The alignment between performance data and service priorities is evident, and the focus on transformation, inclusion, and financial sustainability positions the service well for the future. Continued collaboration across the council and with partners will be essential to maintain momentum and deliver improved outcomes for Hillingdon's children and young people.

Performance information within this pack that benchmarks Hillingdon will be the latest available that has been a validated and normalised data set from national statutory returns to ensure fair and consistent reporting. There is always a delay due to the nature of collection, therefore you may see 2023/24's data as this is the most recent at time of publishing this report.

Children, Families and Education – Unaccompanied Asylum-Seeking Children



Page 24



As a port authority area, due to the presence of Heathrow Airport, Hillingdon continues to play a critical role in supporting Unaccompanied Asylum-Seeking Children (UASC). These young people arrive in the UK without a parent or guardian and therefore have significant vulnerabilities. Consequently, they require tailored support to ensure their safety, wellbeing and integration.

The top graph shows the number of UASC in Hillingdon's care at the end of each month. While these figures have remained relatively stable over the past year, 71 in March 2025 compared to 73 in April 2024, this stability is in part due to the operation of the National Transfer Scheme (NTS). The NTS enables the redistribution of UASC across local authorities to ensure a more equitable sharing of responsibility and to prevent disproportionate pressure on port authority areas like Hillingdon. Throughout the year, a number of UASC have been successfully transferred to other local authorities through this scheme, helping to manage local capacity while ensuring children continue to receive appropriate care.

The bottom graph shows the number of UASC supported by each London borough in 2023/24, adjusted per 10,000 looked after children. This allows for fair comparisons between boroughs of different sizes and highlights the continued importance of national coordination in supporting this vulnerable group.



Page 25

Cabinet Member: Cllr Jane Palmer
Portfolio: Health and Social Care

Our commitments to residents

Thriving, healthy households

Corporate Director: Sandra Taylor – Adult Social Care and Health

Adult Social Care is adapting to national pressures in the NHS. In Hillingdon there is a renewed focus on system-level collaboration to improve outcomes. Integrated neighbourhood models, digital care, and joint commissioning are streamlining pathways and reduce delays. Locally, timely interventions and smoother service transitions are emphasized, with a strong focus on community-based care to reduce hospital reliance. Equally, there is a strong emphasis on admission avoidance through reactive care initiatives in the community. Our urgent response teams, enhanced reablement offer, and third-sector partnerships are supporting residents to remain safely at home, reducing reliance on hospital-based care and improving recovery outcomes.

Adult Social Care and Health (ASC&H) continues to operate within a landscape of intensifying demand and evolving legislative frameworks. The 2024/25 performance narrative reflects a service under pressure but actively responding with innovation, transformation, and strategic partnerships. The year saw a marked increase in demand across ASC services, driven by:

- demographic changes, including an ageing population and increased complexity of needs
- transitions from Children's Services, particularly for young people with SEND and complex care requirements, which continue to place increasing pressure on Adult Social Care. We are seeing a growing cohort of individuals with autism-only diagnoses and co-occurring mental health needs, which do not align with traditional learning disability pathways. This presents challenges in service design, workforce capability, and long-term planning requiring tailored support and robust multi-agency coordination

These pressures are compounded by significant legislative shifts, including the implementation of the Care Act, Better Care Fund (BCF) requirements, and the evolving Deprivation of Liberty Safeguards (DoLS) framework. Despite these challenges, ASC&H has maintained strong performance in several key areas, including service user satisfaction and quality of life indicators remain high. Access to information and early intervention has improved. Digital tools are improving access to information, enabling smarter care planning, and supporting residents to live independently. The use of data analytics is helping us identify trends, target interventions, and monitor outcomes more effectively. Our extra care model is a core part of the early support offer which includes integrating digital solutions to support older adults with emerging and complex needs. We are exploring further innovations to enhance service delivery and resident experience.

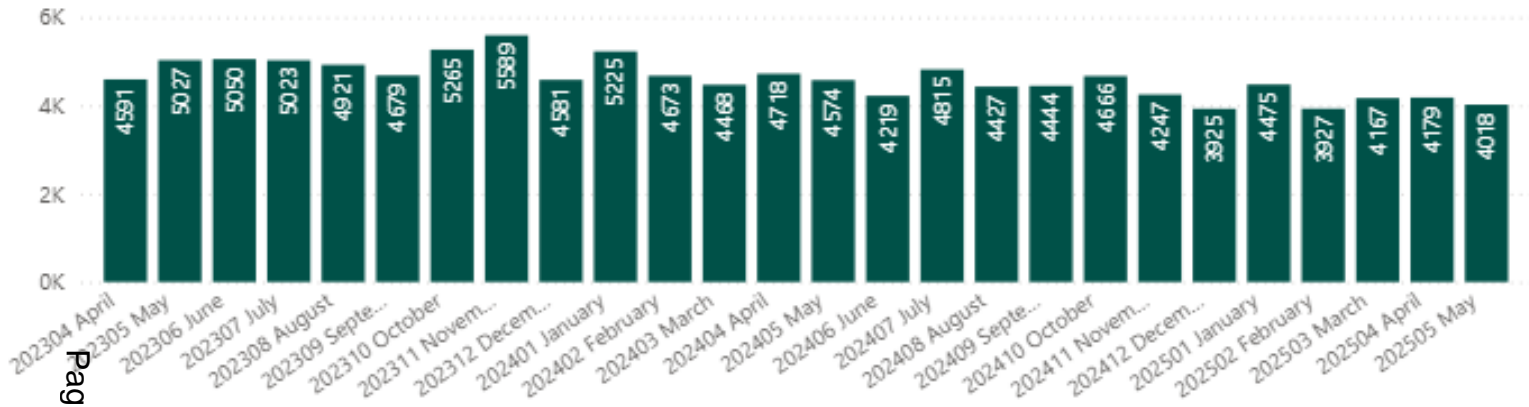
To manage demand and sustain performance, ASC&H has implemented a series of targeted actions:

- Transformation of the front door - The ASC&H Single Point of Access (SPA) and Multi-Agency Safeguarding Hub (MASH) have been instrumental in reshaping our front door. These services have strengthened early intervention, improved triage, and ensured timely safeguarding responses. The SPA has helped reduce unnecessary referrals into long-term care by connecting residents with community-based support and third-sector services. MASH continues to deliver robust safeguarding outcomes through multi-agency collaboration. Performance data shows a steady volume of referrals being managed effectively, with assessment timeliness improving and contact-to-referral ratios stabilising.
- Reablement remains our most effective intervention for supporting residents following a health or care crisis. It enables recovery, promotes independence, and reduces long-term dependency. Our expanded reablement offer is helping us intervene earlier and avoid escalation into long-term care, which is critical for sustainability.
- A fully completed BCF Assurance document has been submitted within required timelines, ensuring compliance and unlocking funding streams.
- To support a sustainable care market and manage inflationary pressures, ASC&H has worked closely with providers to maintain service quality and financial viability. The council has prioritised collaborative approaches that help providers absorb cost pressures, stabilise pricing, and continue delivering high quality care. This partnership model has proven effective in maintaining market resilience, ensuring continuity of care, and avoiding disruption to residents. Providers have responded positively, engaging in joint planning and resource alignment to support shared outcomes.

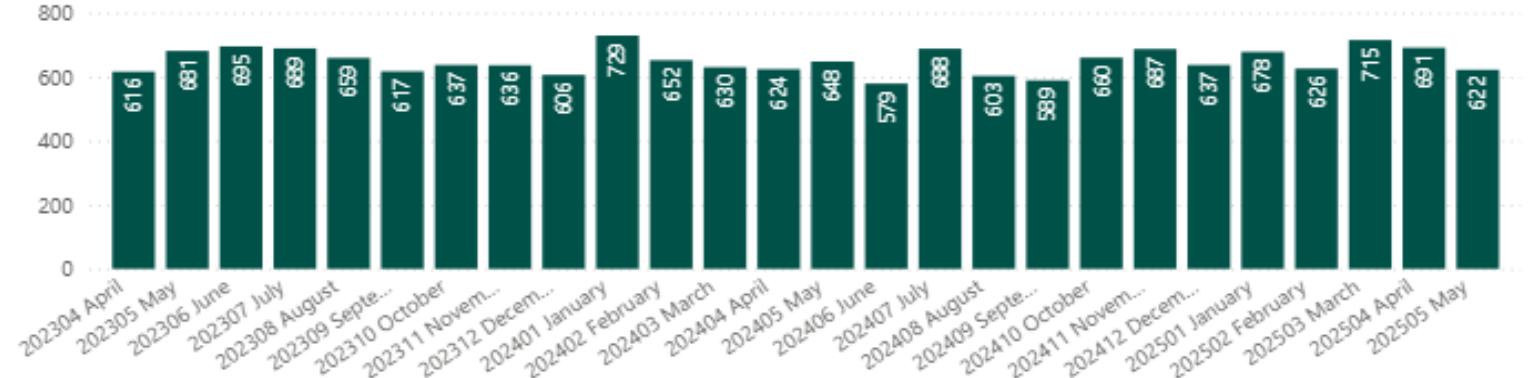
In July 2024, the Care Quality Commission (CQC) conducted a comprehensive inspection of ASC&H services rating us as Good overall. Their assessment of ASC&H evaluated how effectively the council is meeting its duties under Part 1 of the Care Act (2014). The inspection focused on the quality, accessibility, and responsiveness of adult social care services provided to residents. Key findings included outstanding performance and being rated as one of the best performing councils nationally and in London reflecting its strong leadership, effective service delivery, and commitment to continuous improvement. The report highlighted high levels of satisfaction among service users, with care described as person-centred, safe, and well-coordinated. The council demonstrated robust governance structures and clear accountability mechanisms, ensuring transparency and responsiveness in service provision.

Health and Social Care - Adult Social Care Demand

Number Of Contacts



Number Of Referrals



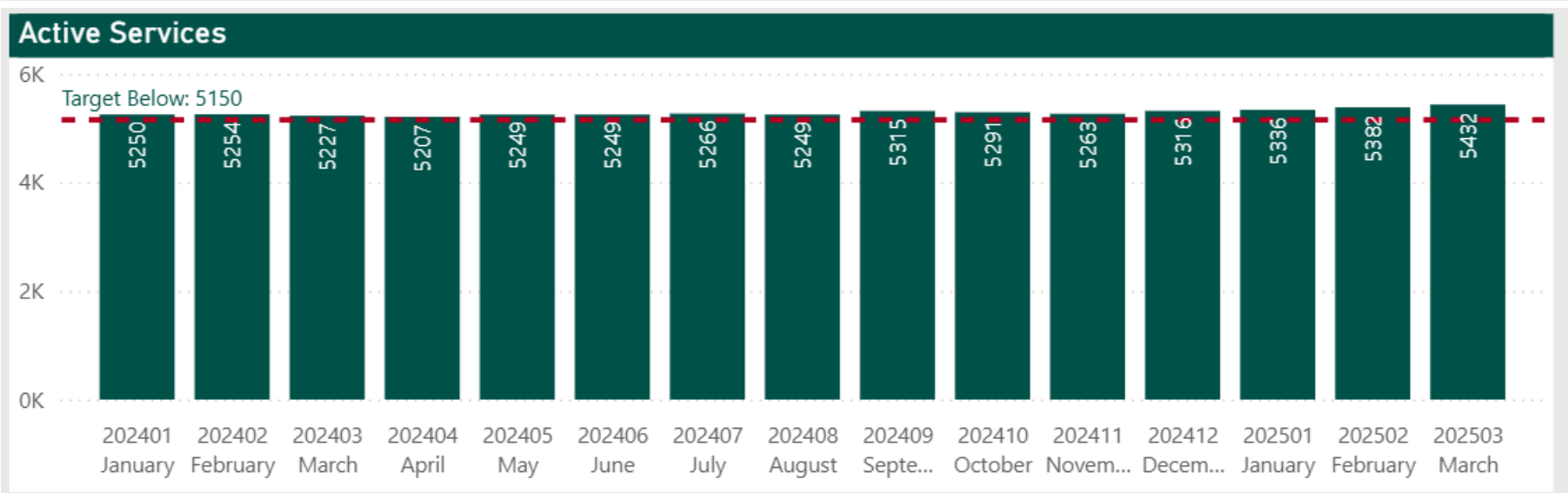
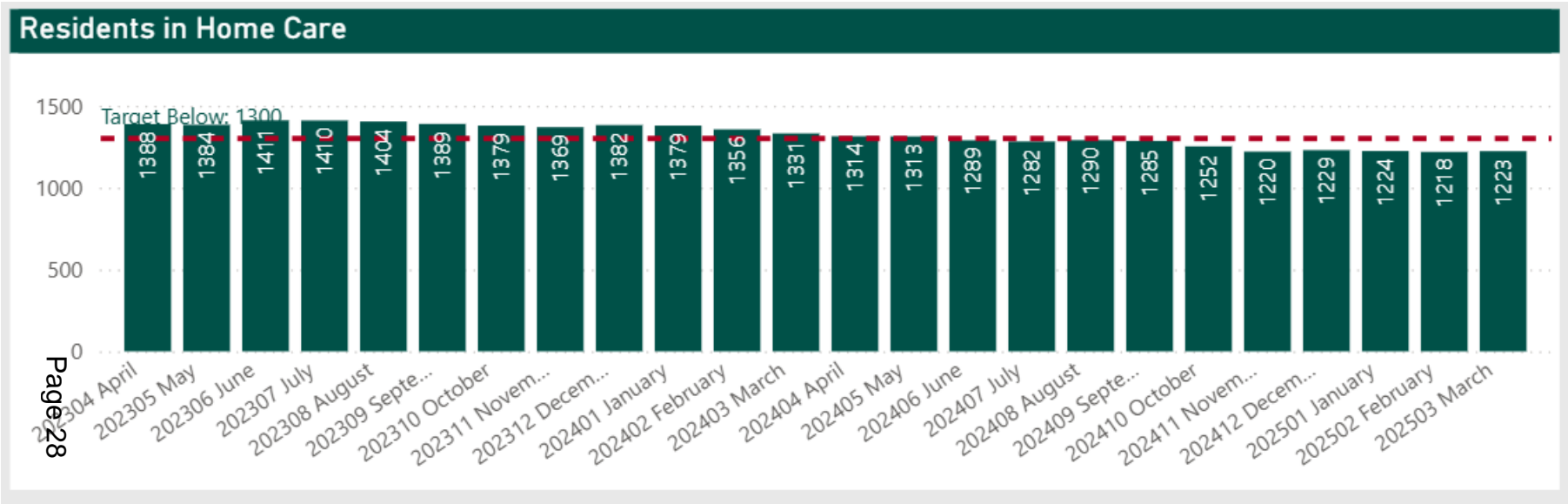
Contacts can be for any age and can be made via various methods by various persons (current clients, potential clients, care providers, police) and could be general enquiries, requests for assessments or safeguarding issues.

Contacts could lead to a referral, meaning that the person in question may receive an assessment.

This could be for adult social care, occupational therapy, sensory or property adaptations.

We have seen a slight decline in the number of contacts in the last few months. However, the number of referrals is fairly steady. This could suggest that the number of requests for support is the same, but the additional contacts are not needed as we are dealing with the needs of the resident faster than previously. This decline in contacts will lead to a lower burden on funds to support residents.

Health and Social Care - Adult Social Care Demand



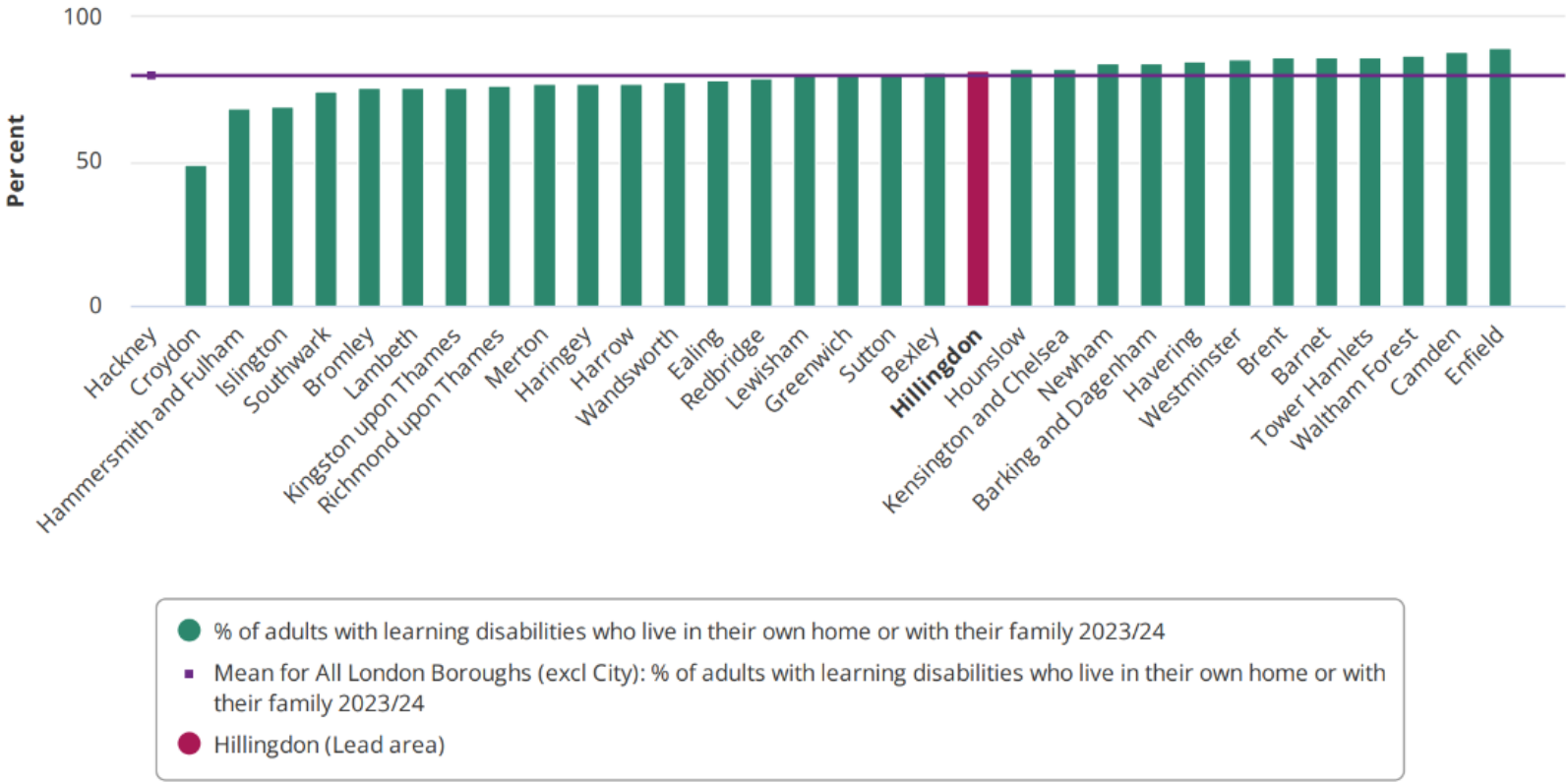
The top chart illustrates the number of unique clients receiving home care—whether in their own homes, supported living, or extra care settings—which has gradually declined during the past two years. In contrast, the bottom chart shows the total number of services provided to clients, which has steadily increased, reaching 5,432 as of March 2025. This reflects the growing complexity of need, where individuals often require multiple types of support, such as home care combined with outreach.

To respond to this increasing demand, the council has expanded its Reablement Services - short-term, targeted interventions designed to maximise independence and reduce reliance on long-term care. By offering reablement to more residents, the council is able to support individuals with complex needs earlier in their care journey, increasing the number of active services while helping to avoid unnecessary escalation into costly, long-term home care. This approach ensures that residents receive the right level of care at the right time, tailored to their evolving needs and promoting sustainable service delivery.

Health and Social Care - Adult Social Care – Learning Disability clients

Page 29

Proportion of adults with learning disabilities who live in their own home or with their family
(2023/24) for All London Boroughs (excl City)



It's important for everyone, particularly those with learning disabilities, to benefit from living independently and in stable environments.

- By doing so it:
- promotes personal growth and self-esteem
 - encourages social inclusion
 - improves mental health
 - supports customised living
 - fosters responsibility and accountability
 - leads to better long-term outcomes

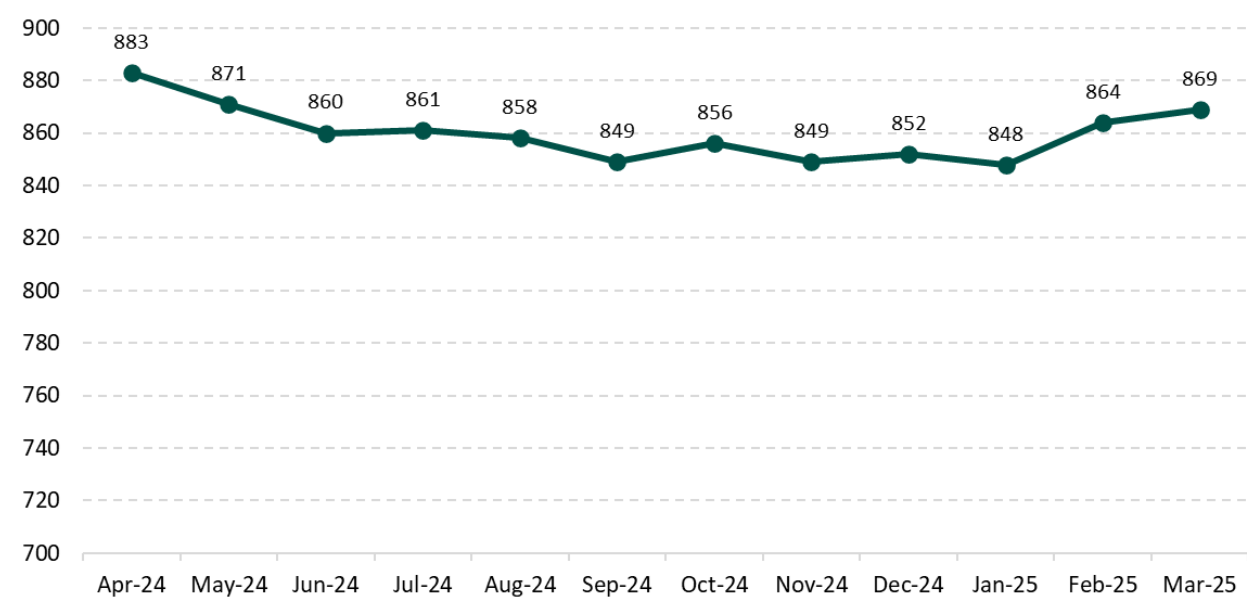
In 2023/24, the percentage of adults (aged 18-64), with a learning disability, who live in their own home or with their family in Hillingdon was 81.7%, higher than the London average (79.5%).

The higher the score, the more people living independently and in a stable environment.

Source: NHS England, Measures from the Adult Social Care Outcomes Framework, England, [Proportion of adults with learning disabilities who live in their own home or with their family](#) , Data updated: 19 Dec 2024

Health and Social Care - Adult Social Care Demand

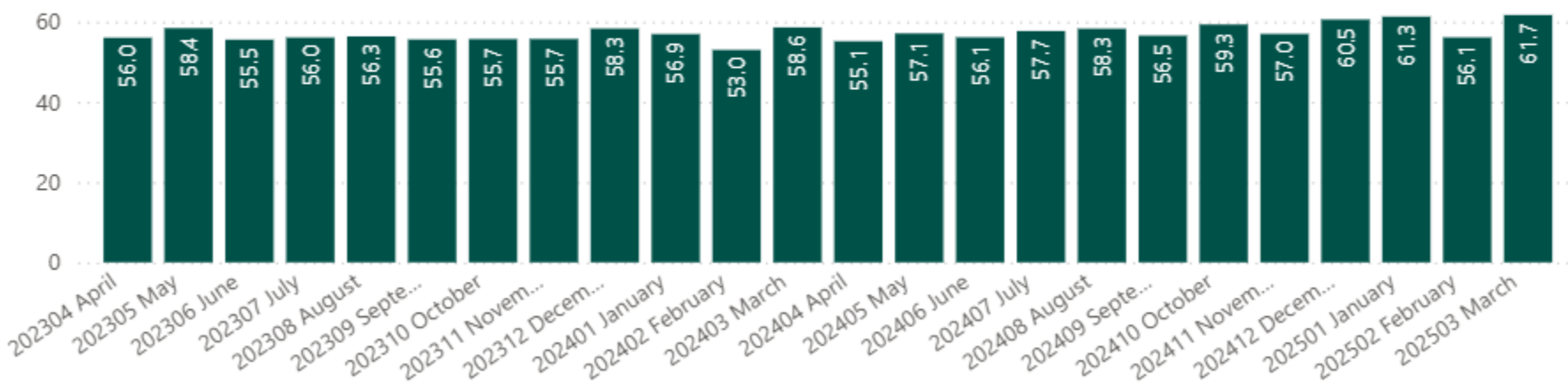
Number of residents in Residential or Nursing Placements



The top chart shows how many residents are in residential or nursing care each month. Overall, the number has slightly decreased over the year but has started to rise again in recent months. These placements are arranged or paid for by the council.

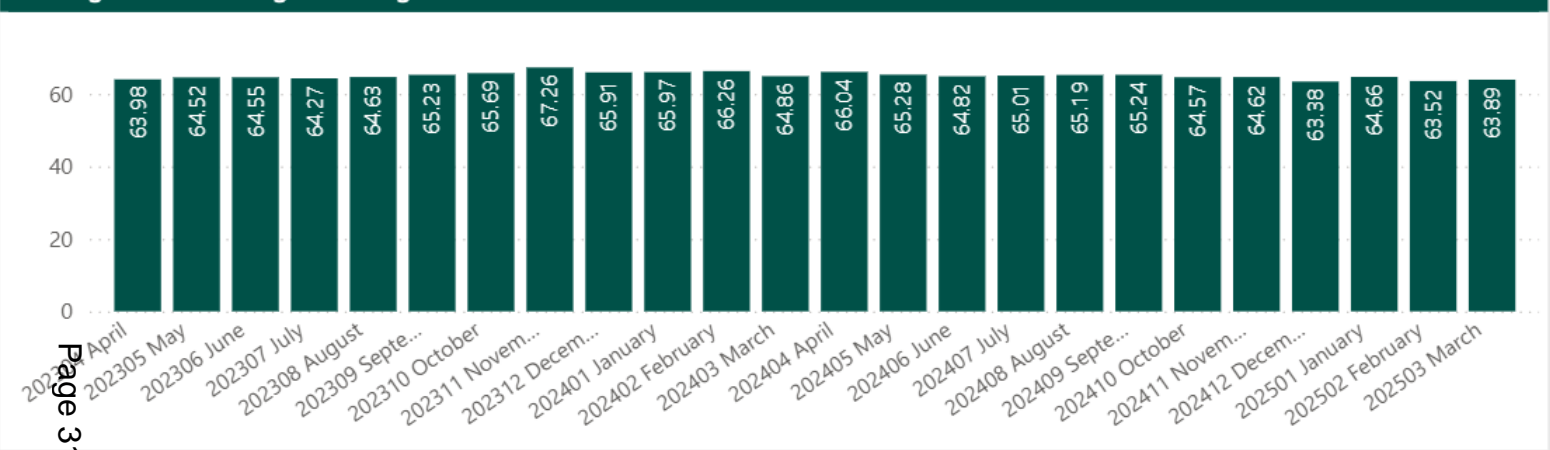
The lower chart shows the average number of support hours given to each resident with an Adult Support Plan. This has remained fairly stable, though there have been some small increases recently, suggesting a growing level of need among residents.

Number of hours support given

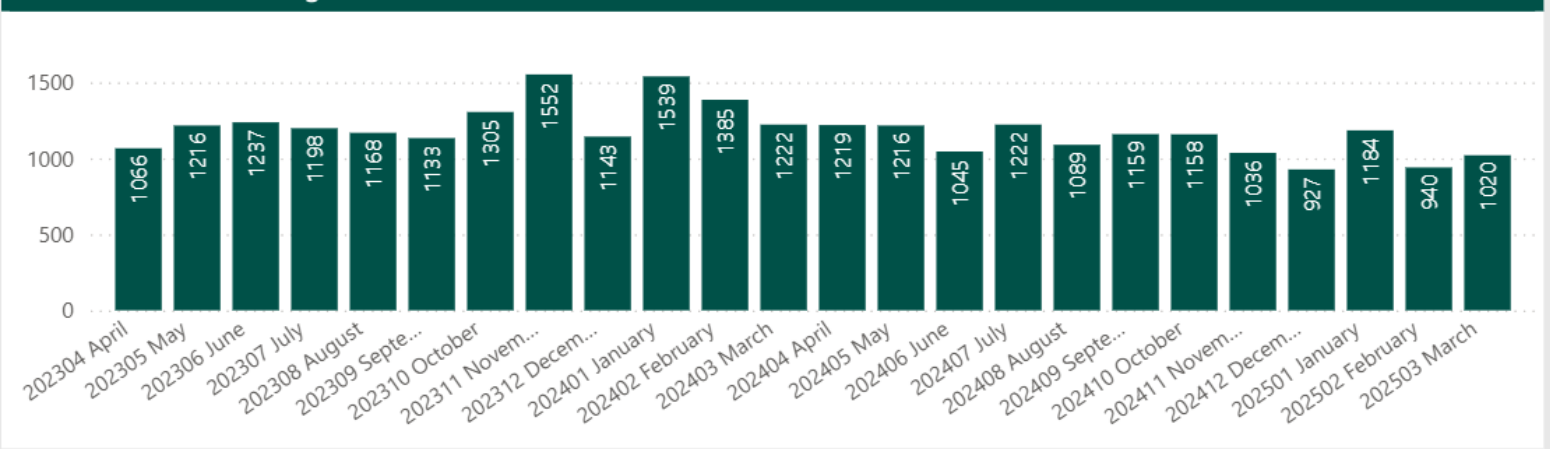


Health and Social Care - Adult Social Care Demand

Average Resident age coming into Adult Social Care



Number of Contacts aged over 85

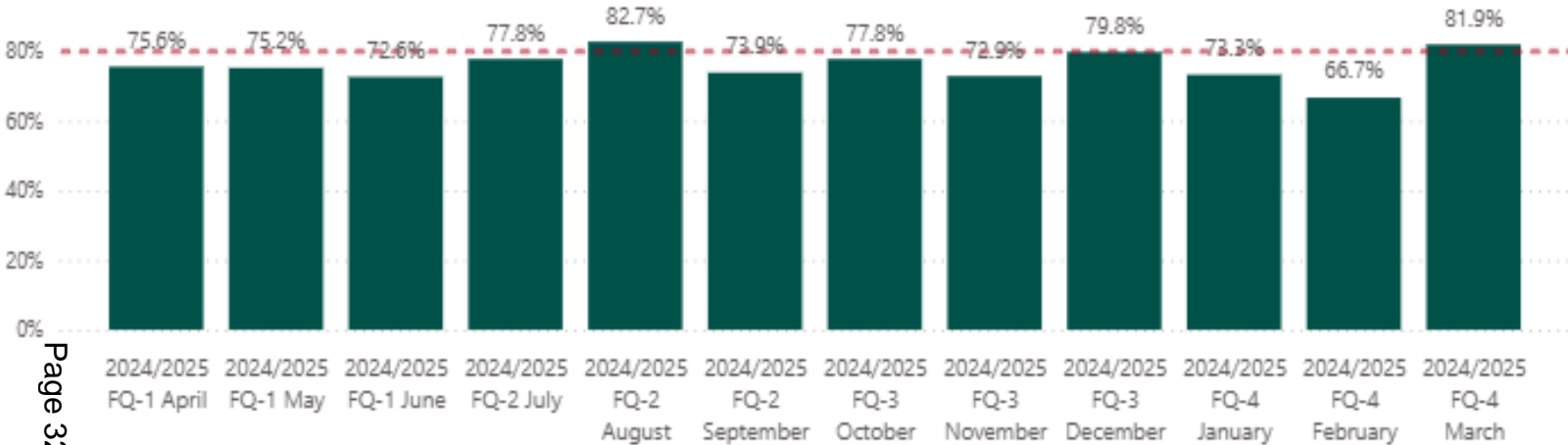


The top chart shows the average age of people starting to receive adult social care each month. This has stayed fairly steady over the year, generally between 63 and 66 years old. It helps us understand who is coming into the care system and how needs might change over time.

The bottom chart shows how many people aged over 85 have contacted adult social care services each month. These numbers go up and down, but we’ve seen some noticeable increases in certain months. This reflects the ongoing and often urgent needs of our older population, who are more likely to need support to stay safe and independent.

Health and Social Care - Adult Social Care Assessments

% On Time Completed Assessments



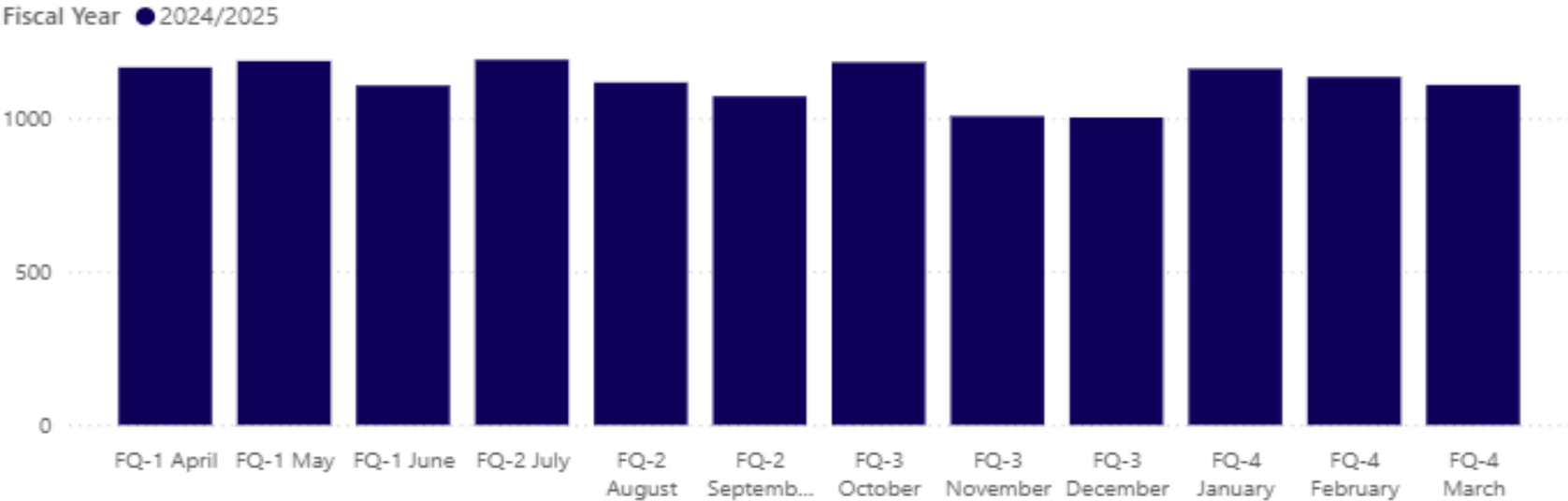
Adult Social Care has set an ambitious target of 80% to complete all new client assessments within 28 days of referral, ensuring timely engagement and reducing delays in care. This target supports early identification of needs and swift access to support, helping to minimise risk and improve outcomes for residents.

The graph indicates that whilst this has been achieved at times our work to achieve consistency is ongoing. Some assessments justifiably take longer due to complex needs, multi-agency coordination, or planned reviews. In these cases, professional judgement and triage ensure that care is prioritised appropriately, balancing performance with quality and safety. This reflects a person-centred approach that values responsiveness without compromising thoroughness.

The bottom graph shows the volume of Adult Social Care assessments completed each month, reflecting the sustained efforts of our social workers to respond to referrals and ensure residents receive the right level of support.

This activity highlights not only the scale of demand but also the dedication of teams working across complex and varied cases—balancing timeliness with quality to deliver person-centred care.

Completed Assessments



Health and Social Care - Adult Social Care Service User Survey Responses (1)



Source:
NHS England, Measures from the Adult Social Care Outcomes Framework, England, [Social care-related quality of life \(score out of 24\)](#) . Data updated: 19 Dec 2024

Every year, a survey is sent to randomly selected service users. This provides an excellent way for service users to feed back on a multitude of topics. It's also helpful for Hillingdon and the government to understand service users' views so that services can continue to be improved.

Eight of the questions within the survey are combined to give a 'Quality of life' score, relating to social care.

In 2023/24, Hillingdon scored 19.1 out of 24, based on responses to surveys sent to service users; the average for London was 18.4.

The higher the score, the better quality of life.

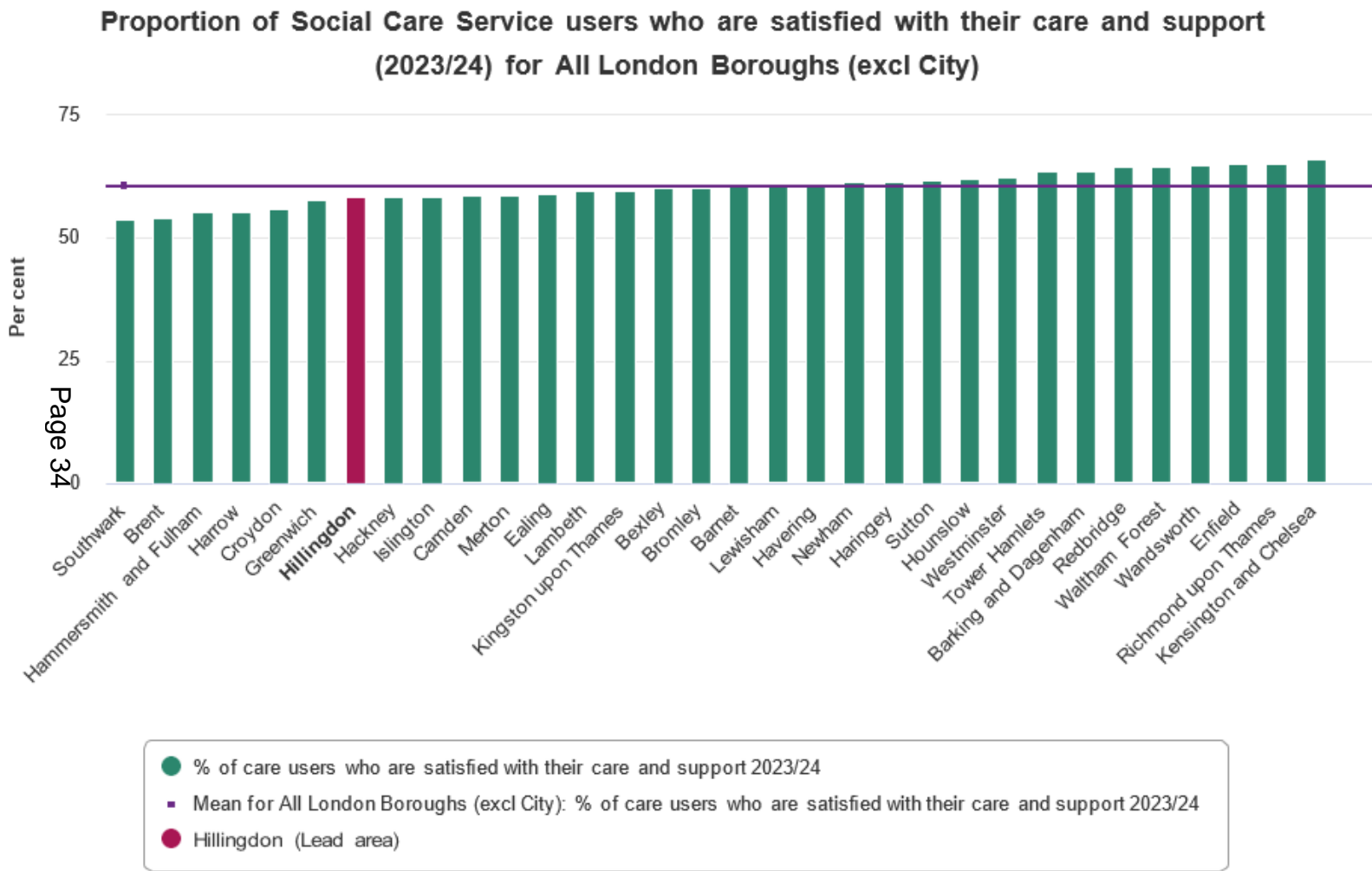
The score takes into consideration:

- control
- dignity
- personal care
- food and nutrition
- safety
- occupation
- social participation
- accommodation.

'Service users' definition:

People receiving partly or wholly supported care from their local authority and not wholly private, self-funded care.

Health and Social Care - Adult Social Care Service User Survey Responses (2)



Every year, a survey is sent to randomly selected service users. This provides an excellent way for service users to feed back on a multitude of topics. It's also helpful for Hillingdon and the government to understand service users' views so that services can continue to be improved.

It's important that service users' satisfaction with care and support is as high as possible.

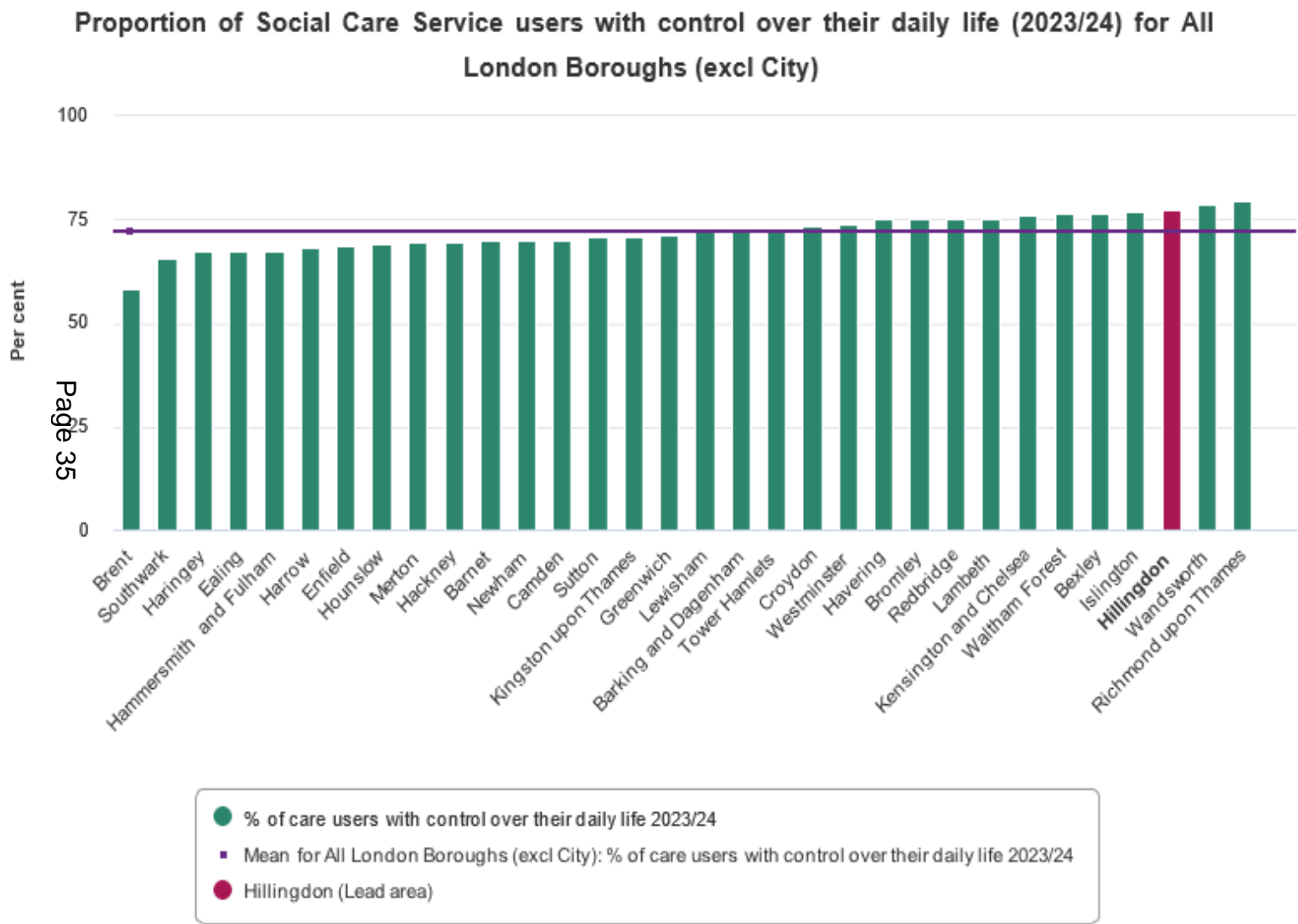
In 2023/24, Hillingdon scored 58.4%, for social care-related satisfaction with care and support, based on responses to surveys sent to service users; the average for London was 60.5%.

The higher the score, the more satisfied.

Score based on those responding:
'I am extremely satisfied' or
'I am very satisfied'
to 'Overall, how satisfied or dissatisfied are you with the care and support services you receive'
and those responding:
'I am very happy with the way staff help me, it's really good'
to 'How happy are you with the way staff help you?'

'Service users' definition:
People receiving partly or wholly supported care from their local authority and not wholly private, self-funded care.

Health and Social Care - Adult Social Care Service User Survey Responses (3)



Every year, a survey is sent to randomly selected service users. This provides an excellent way for service users to feed back on a multitude of topics. It's also helpful for Hillingdon and the government to understand service users' views so that services can continue to be improved.

It's important that service users have as much control over their daily life as possible.

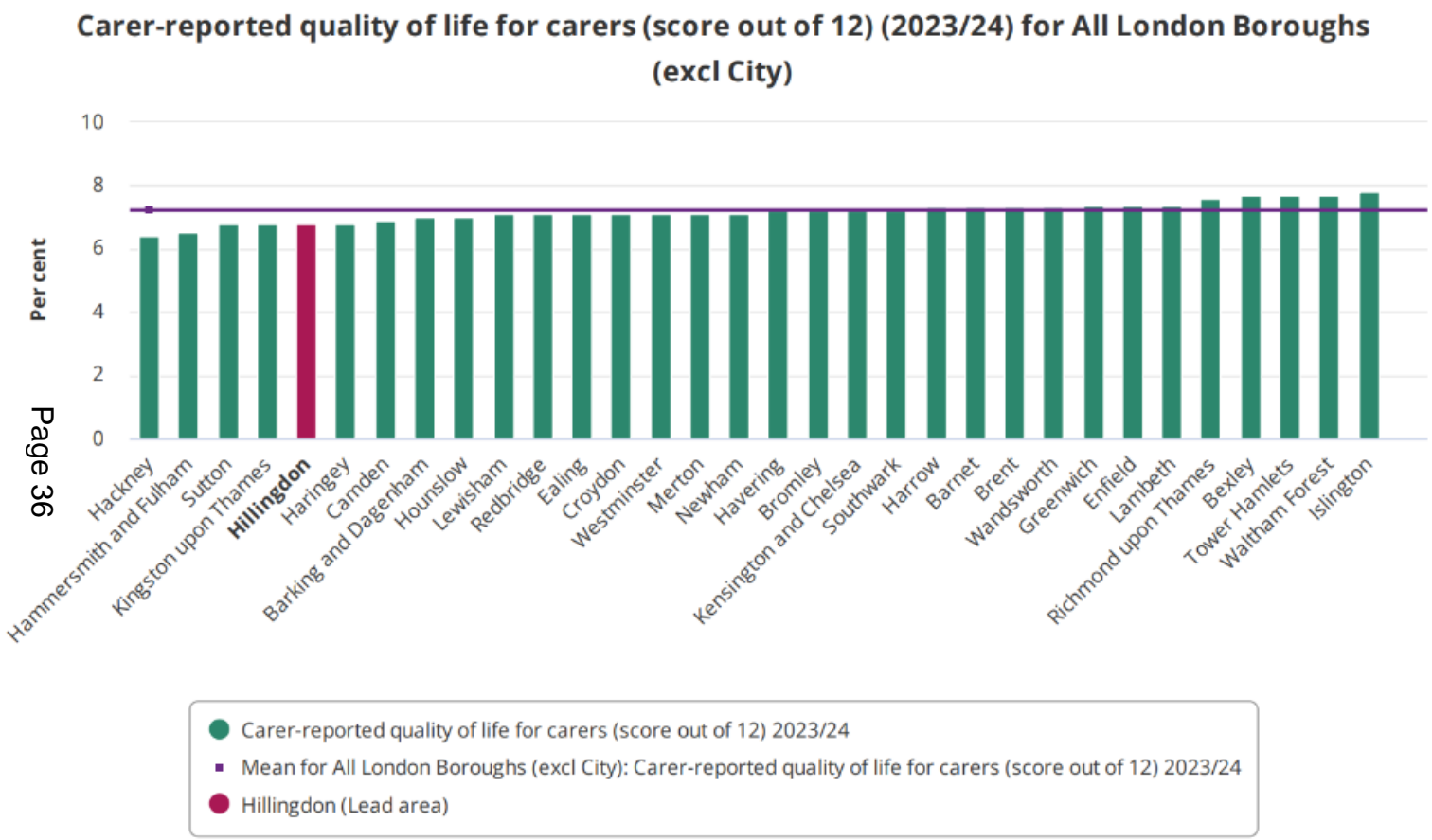
In 2023/24, Hillingdon scored 77.0%, for those service users who reported having control over their daily life, based on responses to surveys sent to service users, higher than the London average of 71.8%.

The higher the score, the more service users had control.

Score based on those responding:
'I have as much control over my daily life as I want' or
'I have adequate control over my daily life' to: 'Which of the following statements best describes how much control you have over your daily life?'

'Service users' definition:
People receiving partly or wholly supported care from their local authority and not wholly private, self-funded care.

Health and Social Care - Adult Social Care Carer Survey Responses (1)



Every two years, a survey is sent to randomly selected carers. This provides an excellent way for carers to feed back on a multitude of topics. It's also helpful for Hillingdon and the government to understand carers' views so that services can continue to be improved.

In 2023/24, Hillingdon scored 6.8 out of 12, for carer-related quality of life, based on responses to surveys sent to carers, lower than London (7.2).

The higher the score, the better quality of life.

The score takes into consideration:

- occupation
- control
- personal care
- safety
- social participation
- encouragement/support.

'Carer' definition:

Person providing unpaid support, where they have:

- received ongoing support during the year, even if no review of those arrangements took place

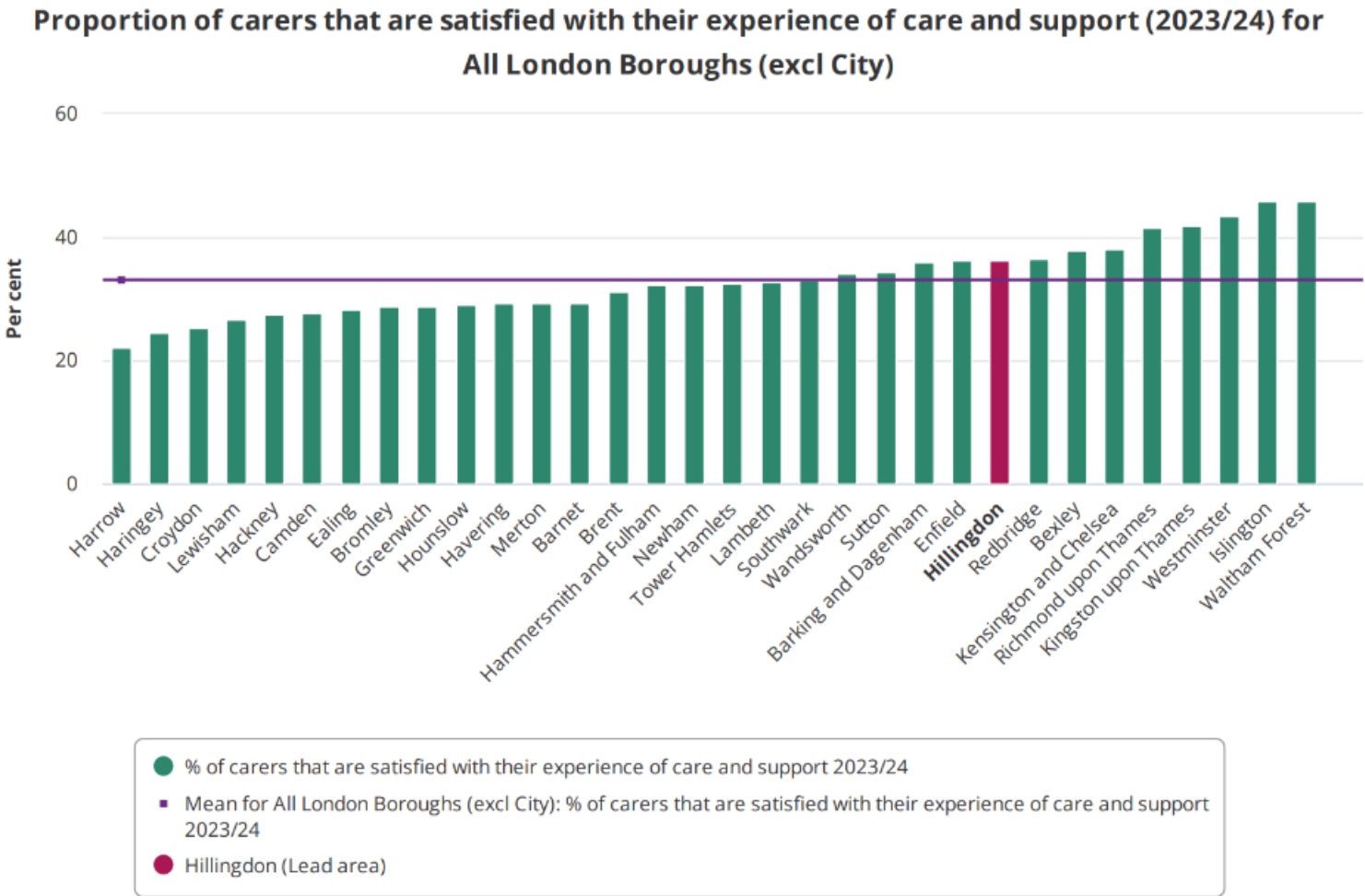
And/or

- have been assessed or reviewed for support during the year, even if no support was provided.

Source: NHS England, Measures from the Adult Social Care Outcomes Framework, England, [Carer-reported quality of life for carers \(score out of 12\)](#) , Data updated: 19 Dec 2024

Health and Social Care - Adult Social Care Carer Survey Responses (2)

Page 37



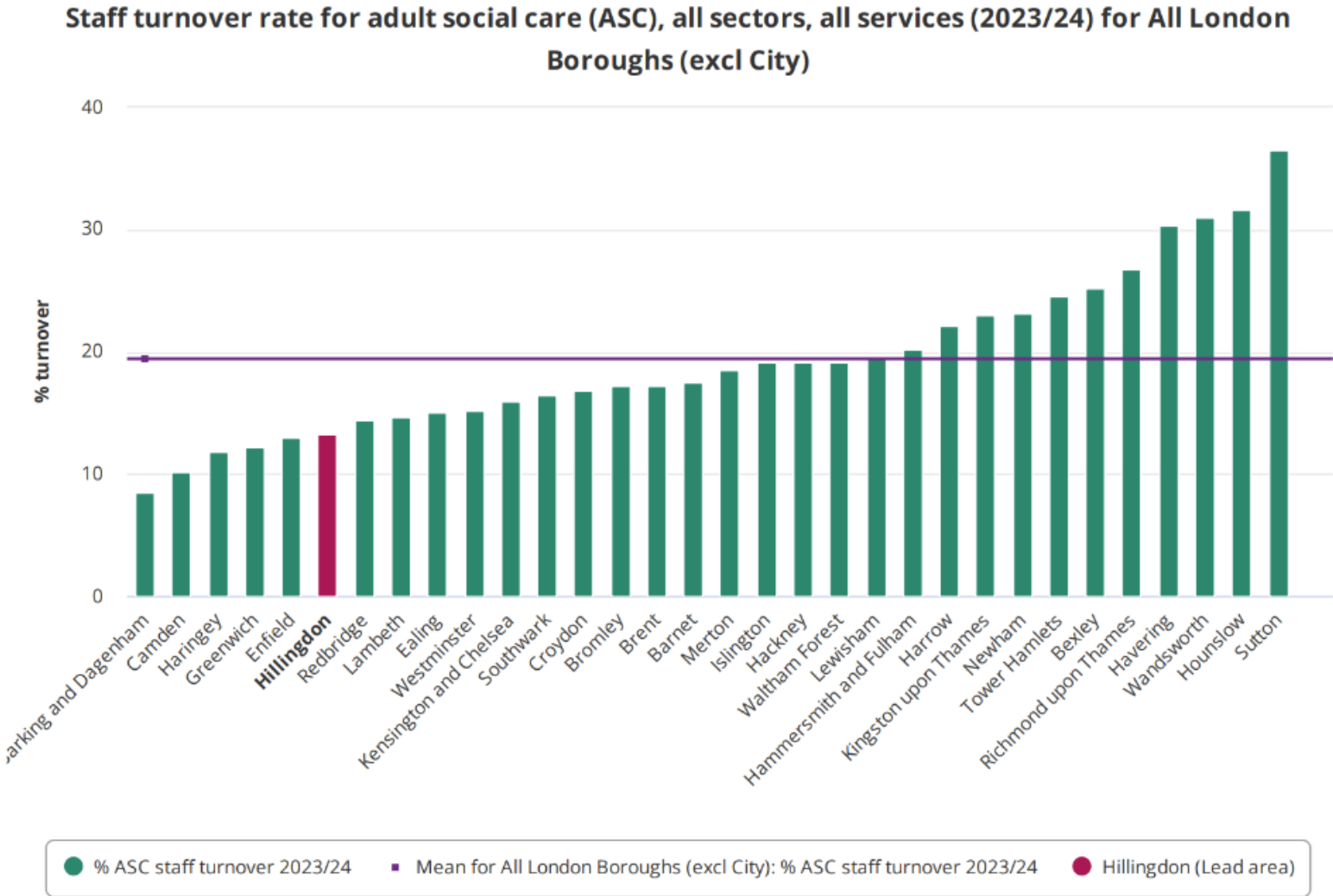
In 2023/24, Hillingdon achieved a carer satisfaction score of **36.3%** for care and support services—based on survey responses from carers. This is **above the London average of 33.1%**, indicating relatively higher satisfaction among local carers.

The score reflects those who responded with '**extremely satisfied**' or '**very satisfied**' to the question: *“Overall, how satisfied or dissatisfied are you with the support or services you and the person you care for have received from Social Services in the last 12 months?”*

The term '*carer*' refers to individuals providing unpaid support who either received ongoing support during the year (even without a formal review) or were assessed or reviewed for support (even if no support was ultimately provided).

Source: NHS England, Measures from the Adult Social Care Outcomes Framework, England, [Proportion of carers that are satisfied with their experience of care and support](#), **Data updated:** 19 Dec 2024

Health and Social Care - Adult Social Care Staff Turnover



In 2023/24, Hillingdon’s Adult Social Care staff turnover rate was **13.2%**, well below the **London average of 19.4%**. This figure covers employees across both the independent and local authority sectors, spanning all service areas—community care, day care, domiciliary care, and residential care.

A lower turnover rate reflects greater workforce stability and consistency, which supports better outcomes for residents. The rate is calculated by expressing the **number of leavers during the year as a percentage of employees**, with both leavers and employees referring to **permanent and temporary staff only**.

Source: Skills for care, Adult social care workforce estimates, [Staff turnover rate for adult social care \(ASC\), all sectors, all services](#) , Data updated: 21 Jan 2025

Health and Social Care – Public Health, prevalence of overweight (including obesity) in Reception aged children

Page 39

Area ▲▼	Recent Trend	Count ▲▼	Value ▲▼	
England	↓	123,709	22.1	
London region (statistical)	↓	17,335	20.9	
Hackney	→	520	26.3*	
Westminster	–	225	25.4	
Lambeth	–	530	25.1	
Greenwich	–	745	25.0	
Haringey	–	495	24.0	
Barking and Dagenham	–	765	24.0	
Enfield	–	810	24.0	
Southwark	–	575	23.4	
Kensington and Chelsea	–	125	23.4	
Hammersmith and Fulham	–	225	22.4	
Croydon	–	890	21.5	
Bexley	–	620	21.3	
Evesham	–	635	21.3	
Islington	–	310	21.2	
Hounslow	–	640	21.0	
Havering	–	670	21.0	
Newham	–	880	20.6	
Tower Hamlets	–	600	20.5	
Wandsworth	–	465	20.5	
Camden	–	245	20.2	
Ealing	–	710	20.1	
Barnet	–	750	20.0	
Merton	–	380	19.1	
Waltham Forest	–	565	18.9	
Brent	–	615	18.8	
Bromley	–	635	18.8	
Hillingdon	–	675	18.7	
Redbridge	–	665	18.1	
Kingston upon Thames	–	270	17.8	
Sutton	–	355	17.7	
Harrow	–	465	17.3	
Richmond upon Thames	–	285	17.2	
City of London	–	-	*	

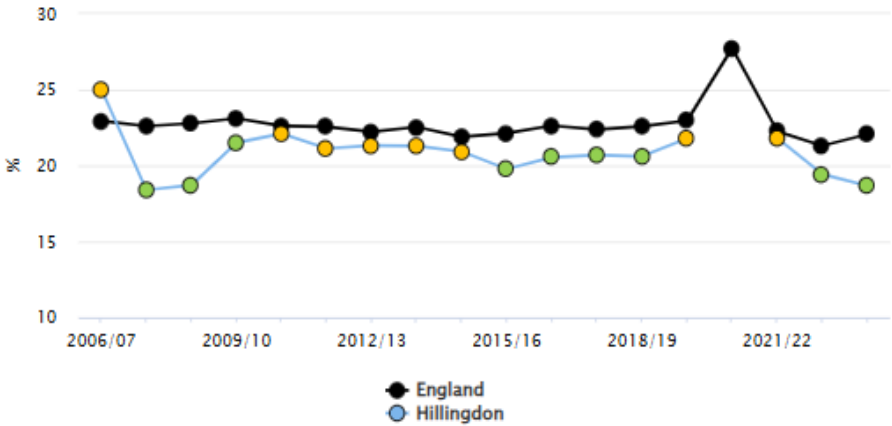
Source: NHS England, National Child Measurement Programme

There is concern about the rise of **childhood obesity** and the implications of obesity persisting into adulthood.

The risk of obesity in adulthood and risk of future obesity-related ill health are greater as children get older. Studies tracking child obesity into adulthood have found that the probability of children who are overweight or living with obesity becoming overweight or obese adults increases with age.

The health consequences of childhood obesity include Type 2 Diabetes, hypertension and the exacerbation of conditions such as asthma and psychological problems such as social isolation, low self-esteem, teasing and bullying.

18.7% of **Reception** children were overweight or living with obesity in 2023/24, lower than both London and England.



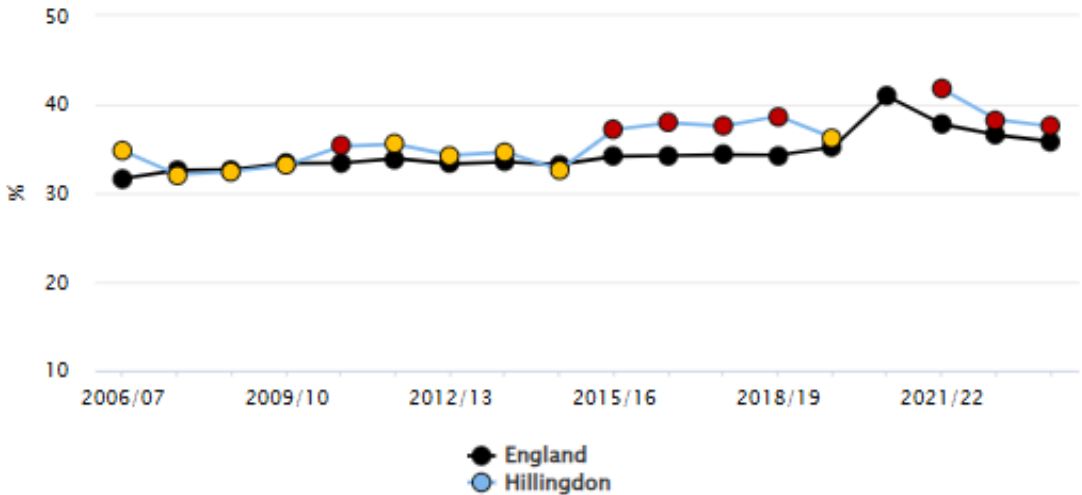
Health and Social Care – Public Health, prevalence of overweight (including obesity) in Year 6 children

Area	Recent Trend	Count	Value	
England	↗	217,532	35.8	
London region (statistical)	↘	33,550	37.8	
Barking and Dagenham	–	1,585	44.2	
Newham	↗	1,825	42.5	
Southwark	–	1,120	41.9	
Tower Hamlets	↗	1,290	41.7	
Hackney	↗	915	41.4*	
Lambeth	–	990	41.3	
Enfield	–	1,585	41.2	
Greenwich	–	1,365	40.9	
Brent	–	1,365	39.6	
Eden	–	1,280	39.5	
Westminster	–	380	38.8	
Leisham	–	1,200	38.6	
London	–	1,655	38.6	
Havering	–	1,255	38.4	
Redbridge	–	1,515	38.4	
Haringey	–	855	38.0	
Waltham Forest	–	1,085	37.7	
Hillingdon	–	1,370	37.5	
Harrow	–	1,095	37.5	
Ealing	–	1,375	36.7	
Bexley	–	1,135	36.5	
Islington	–	565	36.5	
Camden	–	445	36.3	
Hammersmith and Fulham	–	395	35.7	
Barnet	–	1,425	34.4	
Kensington and Chelsea	–	210	33.9	
Wandsworth	–	730	33.3	
Merton	–	655	33.1	
Bromley	–	1,125	31.9	
Sutton	–	820	31.8	
Kingston upon Thames	–	465	27.1	
Richmond upon Thames	–	480	25.5	
City of London	–	-	*	

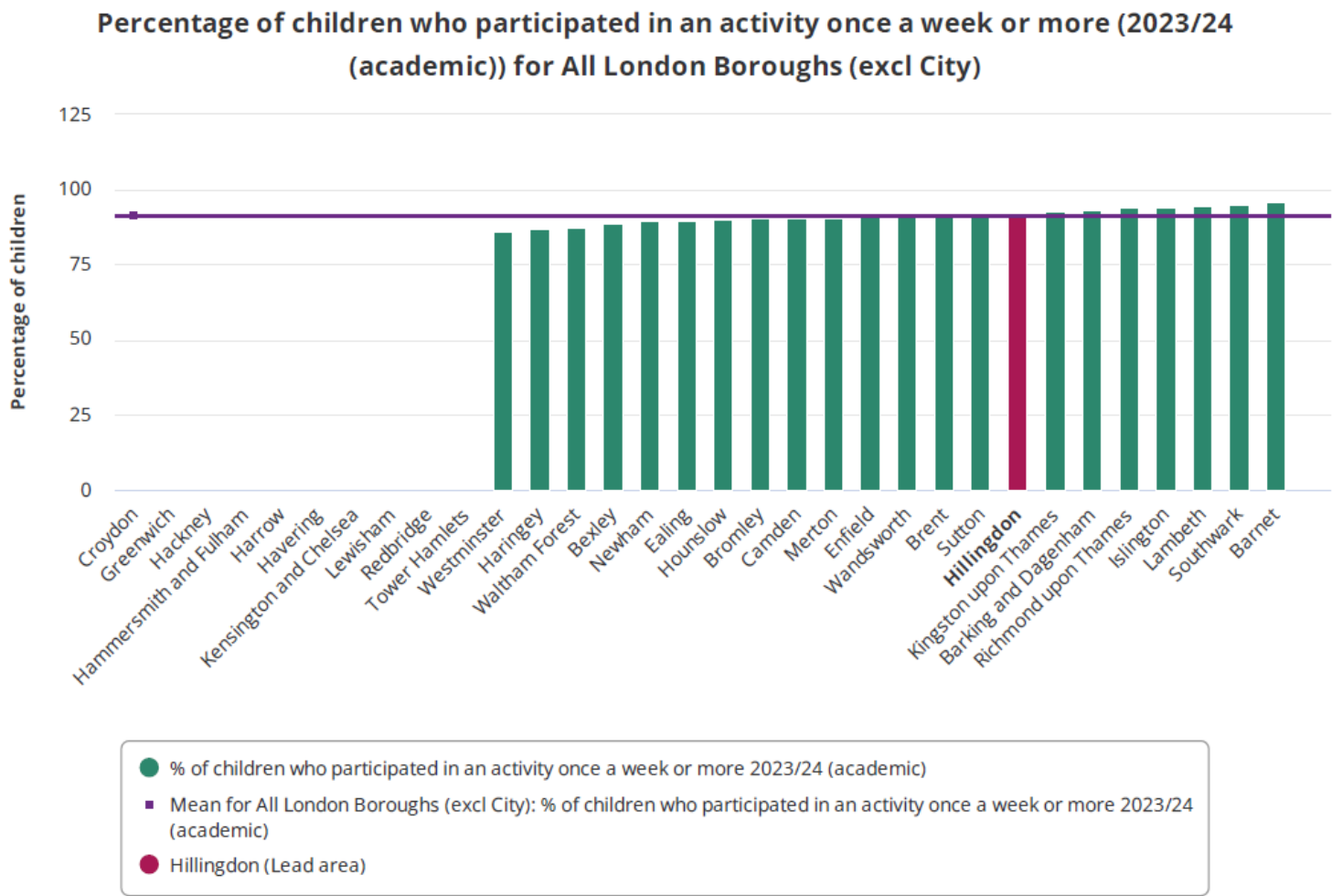
Source: NHS England, National Child Measurement Programme

Year 6 prevalence of overweight (including obesity) is 37.5% in 2023/24; this represents a difference of 18.8 percentage points from Reception to Year 6, which is higher than the London and England differences (16.9 and 13.7).

Hillingdon's trend is below England for Reception but above England for Year 6. Reducing childhood obesity is a strategic priority for Hillingdon's Health & Wellbeing Board throughout 2025-28.



Health and Social Care – Public Health, physical activity (children)

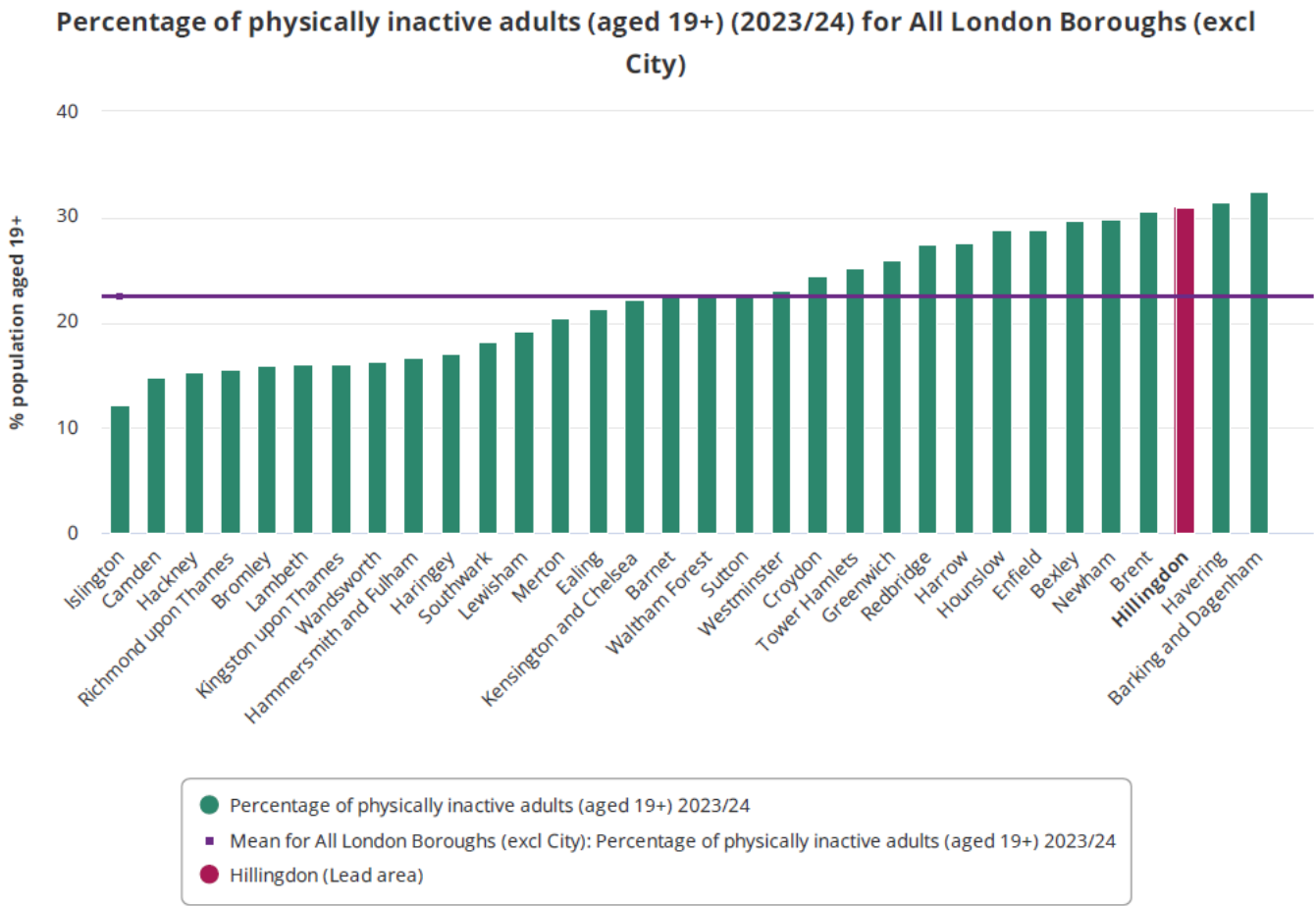


This is the estimated percentage of children aged 5 to 16 (Year 1 to 11 pupils) who participated in an activity once a week or more, in the last seven days when the survey was completed.

Only activity of at least moderate intensity is included. This is taken from one or more broad activity categories of active travel, walking, cycling, riding a scooter, active play/informal activity, fitness, dance, and sporting activities.

In 2023/24, the percentage of children who participated in an activity once a week or more in Hillingdon was 92.1%, which is slightly better than the London average of 91.2%.

Health and Social Care – Public Health, physical activity (adults)



This is the percentage of respondents aged 19 and over, doing less than 30 moderate intensity equivalent (MIE) minutes' physical activity per week in bouts of 10 minutes or more in the previous 28 days expressed as a percentage of the total number of respondents aged 19 and over.

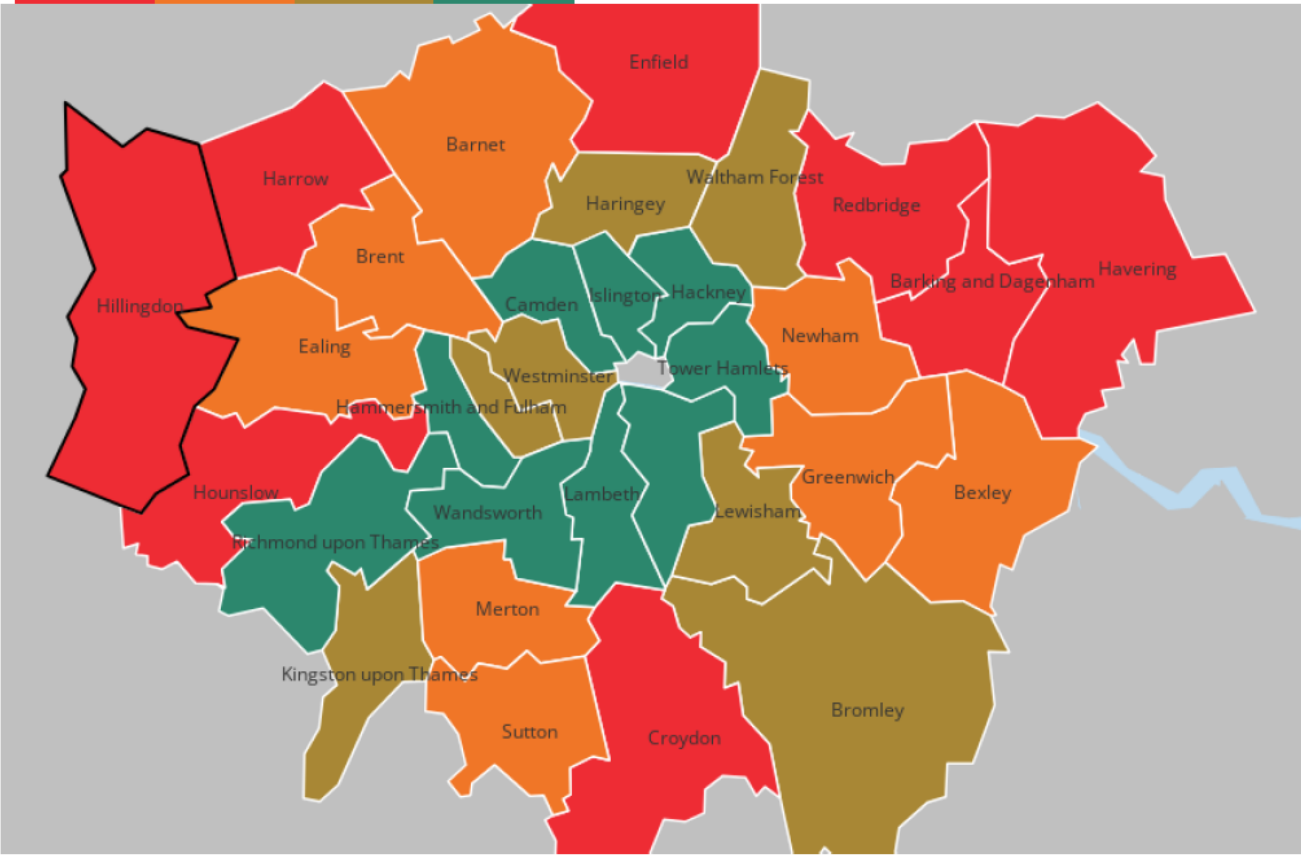
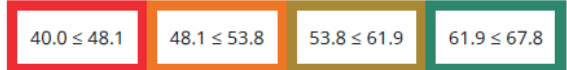
In 2023/24, the percentage of **physically inactive** adults in Hillingdon was 30.9%, above the London average of 22.5%.

Source: Office for Health Improvement and Disparities (OHID), Public Health Outcomes Framework, [Percentage of physically inactive adults \(aged 19+\)](#) . Data updated: 07 May 2025

Health and Social Care – Public Health, physical activity

Proportion of adults who do any walking or cycling, for travel purposes at least once per week (2023) for All London Boroughs (excl City)

Quartiles for All London Boroughs (excl City)



This is the proportion of adults who do any walking or cycling, for travel purposes at least once per week.

Data is gathered from two surveys - the National Travel Survey (NTS) and the Active Lives Survey (ALS); results are grouped according to the area where respondents live, which may not be the same as the area where they walk or cycle.

In 2023, the proportion of adults who do any walking or cycling for travel purposes at least one per week in Hillingdon was 40%, which is below the London mean proportion of 54.8%.

The Annual Performance Report for 2024/25 provides a transparent account of Hillingdon Council's performance across core service areas, emphasizing putting residents first. The council is addressing significant challenges such as rising demand, financial pressures, and evolving community needs while maintaining a commitment to service quality, accountability, and resident wellbeing.

Adult social care services are adapting to demographic shifts and higher expectations, focusing on early intervention, reablement, and resident independence. The council has maintained strong performance in service user satisfaction, quality of life, and access to information while managing increasing demand and complexity in care provision.

Financially, the council operates under considerable strain due to reduced central funding, inflationary pressures, and demand-led costs. Risk management processes have been strengthened, and counter fraud efforts have delivered significant recoveries. Digital transformation continues to progress, with improvements in broadband coverage and online service usage.

Overall, the report demonstrates Hillingdon's commitment to continuous improvement, resident-centred service delivery, and strategic resilience. The council's data-driven approach, investment in transformation, and focus on outcomes position it to navigate the road ahead with purpose and clear objectives.

The **Local Government Outcomes Framework (LGOF)** is a new national system that will help councils across the country measure and improve the way they deliver services for residents. Due to launch in April 2026, the LGOF aims to create a clearer and more consistent picture of how well councils are supporting their communities by focusing on results that matter most to local people.

What is the LGOF?

The LGOF sets out 15 priority outcomes, such as health, housing, community safety, education, and the local environment supported by 115 individual measures. The vast majority of these are statutory indicators, meaning councils already collect and report this information to government. By bringing this data together in one place, the framework allows councils to see how they compare with others regionally and nationally, helping to identify areas for improvement and share what works.

The LGOF isn't just about collecting data; it's designed to promote a culture of **data-driven self-improvement** and encourage councils to learn from each other. This should lead to better decision-making, more effective services, and improved outcomes for residents.

What does it mean for Hillingdon?

Hillingdon will contribute to the development of the LGOF as it takes shape over the next year, sharing our experience and helping to shape the final framework. Once it goes live, we will align our annual reporting and performance management to the LGOF's outcomes and measures, ensuring residents and stakeholders can see how Hillingdon is performing in all key areas.

Most of the information needed for the LGOF will come from statutory data returns that are already published. However, this also highlights the importance of having accurate and high-quality data in our systems. As part of our preparations, we will be prioritising improvements to data quality and carrying out audits in key service areas, so our reporting is reliable and reflects the real picture for our residents.

By working towards the LGOF, Hillingdon is committed to being transparent about our performance, learning from best practice, and driving continuous improvement, helping us to deliver better services and outcomes for everyone in the borough.

Headline priority outcomes

Homelessness and rough sleeping	Prevent and reduce homelessness and rough sleeping
Housing	Everyone has access to a decent, safe, secure, and affordable home
Multiple disadvantage	Improve the lives of adults experiencing multiple disadvantages
Best start in life	Improve early child health, family support and early education to give every child the best start in life
Every child achieving and thriving	Support all children and young people to achieve and thrive in school, at home and in their communities
Keeping children safe and family security (Children's Social Care)	Keep children safe in secure and loving homes and help more families to thrive together
Health and wellbeing	People live healthier lives for longer and health inequalities are reduced
Adult Social Care – Quality	Care users and carers experience high quality adult social care that is provided by a skilled workforce
Adult Social Care – Independence	Care users are supported to stay independent in their homes where possible, and have choice and control over their support
Adult Social Care - Neighbourhood health / integration	Care users are supported by joined up health and social care services at a neighbourhood level
Neighbourhoods	People feel safe and included in their local community and are satisfied with their local area as a place to live
Environment, Circular Economy and climate change	Support a healthier, more resilient natural and built environment, including responding to the risks and impacts of climate change to the benefit of communities
Transport and local infrastructure	Communities are connected with improved, healthier and greener public transport, enabled by well maintained, enhanced and delivered transport infrastructure
Contextual metrics	
Economic prosperity and regeneration	Foster local economic growth and prosperity
Child poverty	Reduce and alleviate child poverty to improve children's lives and life chances

Much of the data used in this report is from council systems.

External data sources have been used to allow benchmarking to London and England; these data sources include:

[LG Inform](#), Local Government Association; many graphs used in this report detail outputs from:

- Ministry of Housing, Communities and Local Government (MHCLG)
- Department for Levelling Up, Housing and Communities (DLUHC)
- Department for Digital, Culture, Media and Sport
- Department for Environment, Food and Rural Affairs (DEFRA)
- NHS England
- Office for Health Improvement and Disparities (OHID)

[Local Government Outcomes Framework](#) (LGOF)

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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	Shareholder Committee	Full COUNCIL	Cabinet Member(s) Responsible	Relevant Select Committee	Report Author	Corporate Director Responsible	
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		Public
73	Rural Activities Garden Centre	Following Cabinet's decision to close retail operations on 26 June, following further consultation and engagement with those in receipt of assessed social care services and those who attend the RAGC as volunteers on proposals to relocate services, under delegated authority the Cabinet Member will make a decision on the future of the RAGC site and relocation of service provision accordingly.	Colham & Cowley			November			Cllr Eddie Lavery - Community & Environment	Residents' Services / Health & Social Care	Steve Brown	Dan Kennedy	Public
91	The Hillingdon Care Company Ltd. (THCC) Reporting	The Shareholder Committee, comprising relevant Cabinet Members, will receive relevant reports relating to the Council's care services and trading company.	N/A	NEW ITEM			20 November		Shareholder Committee Members	Health & Social Care	Sandra Taylor	Sandra Taylor	Private (3)
DECEMBER 2025													
26	Biannual Performance Report	Cabinet will receive its biannual report performance report for the current year, looking back on how the Council is delivering on key service metrics and the Council Strategy - and looking ahead at planned actions.	All	NEW ITEM	18 December				Cllr Martin Goddard / All Cabinet Members	All	Ian Kavanagh	Matthew Wallbridge	Public
91	Award of contracts for Lot 1: Deprivation of Liberties Service Lot 2: Advocacy Services	Cabinet will consider procurement arrangements for statutory adult social care services, in particular in respect of advocacy which provides support to individuals in understanding and exercising their rights and making informed decisions and Best Interest Assessments which evaluate whether it is in the best interests of a person lacking capacity to be deprived of their liberty for their safety and well-being.	N/A		18 December				Cllr Jane Palmer - Health & Social Care	Health & Social Care	Graham Puckering / Sally Offin	Sandra Taylor	Private (3)

Ref	Business Item	Further information	Ward(s)	NEW ITEM	Decision-Maker				Cabinet Member Lead & Officers				Status
					CABINET meeting	Cabinet Member	Shareholder Committee	Full COUNCIL	Cabinet Member(s) Responsible	Relevant Select Committee	Report Author	Corporate Director Responsible	Public or Private (with reason)
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	Sandra Taylor	Sandra Taylor	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		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. Cabinet will also consider the outcome of consultation on proposed mid-year changes to fees and charges.	All		18 December			26 February 2026 - adoption	Cllr Martin Goddard - Finance & Transformation	All	Andy Goodwin	Steve Muldoon	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
SI	Audit Committee Annual Report	The Audit Committee is required to submit an annual report to Council outlining the Committee's activities over the previous year. This report summarises the work of the Audit Committee and how it has undertaken its responsibilities in respect of: Internal Audit, External Audit, Counter Fraud, Risk Management and the Financial reporting process of the Statement of Accounts.	N/A					22 January 2026	N/A	N/A	Democratic Services / Claire Baker	Steve Muldoon	Public

Ref	Business Item	Further information	Ward(s)	NEW ITEM	Decision-Maker				Cabinet Member Lead & Officers				Status
					CABINET meeting	Cabinet Member	Shareholder Committee	Full COUNCIL	Cabinet Member(s) Responsible	Relevant Select Committee	Report Author	Corporate Director Responsible	Public or Private (with reason)
SI	Programme of Meetings for the next Municipal Year	Each year the full Council agrees the programme of meetings for the ensuing Municipal Year, setting out the dates and times of Council, Cabinet and Committee meetings.	N/A					22 January 2026	N/A	N/A	Lloyd White		Public
SI	Council Tax-Base and Business Rates Forecast 2026/27	This report sets out the proposed Council Taxbase and Business Rates Forecast for the forthcoming financial year and in accordance with the legislation for approval by the full Council. The Council is required to calculate both its Council Taxbase as at 30 November 2023 and the Business Rates forecast for the forthcoming year by the end of January.	All					22 January 2026	NA	N/A	Andy Goodwin	Steve Muldoon	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
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	Steve Muldoon	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

Ref	Business Item	Further information	Ward(s)	NEW ITEM	Decision-Maker				Cabinet Member Lead & Officers				Status
					CABINET meeting	Cabinet Member	Shareholder Committee	Full COUNCIL	Cabinet Member(s) Responsible	Relevant Select Committee	Report Author	Corporate Director Responsible	Public or Private (with reason)
97b	The Hillingdon Care Company Ltd. (THCC) Reporting	The Shareholder Committee, comprising relevant Cabinet Members, will receive relevant reports on the Council's care company.	N/A	NEW ITEM			19 March		Shareholder Committee Members	Health & Social Care	Sandra Taylor	Sandra Taylor	Private (3)
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-decisions)													
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)

Ref	Business Item	Further information	Ward(s)	NEW ITEM	Decision-Maker				Cabinet Member Lead & Officers				Status
					CABINET meeting	Cabinet Member	Shareholder Committee	Full COUNCIL	Cabinet Member(s) Responsible	Relevant Select Committee	Report Author	Corporate Director Responsible	
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)
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													

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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
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 – CANCELLED	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 CANCELLED	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	CANCELLED October 7	November 11	NEW December 3	January 20	February 17	March 26	CANCELLED April 21	May No meeting	June	July
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	Findings		Final report	Cabinet (19th)				
Review B: Pharmacies										
Review C: GP Coverage		Cabinet (20th)								
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
One-off information items Autism Update Supporting Carers Update Commissioning Model for delivery of health and social care services BCF Update Minor Injuries Unit Update Hospice and End of Life Services in the Borough Hillingdon Advice Partnership Update CAMHS Update Updated Select Committee Remits				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		
Past review delivery Review of Children's Dental Services 2021/22 (outside of meetings) CAMHS Referral Pathway 2023/24	X				X					

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