Minutes

HEALTH AND SOCIAL CARE SELECT COMMITTEE

17 February 2026

Meeting held at Committee Room 5 - Civic Centre

	Committee Members Present: Councillors Nick Denys (Chair), Reeta Chamdal (Vice-Chair), Labina Basit, Tony Burles, Becky Haggar, Kelly Martin and Sital Punja (Opposition Lead) **Also Present**: Sean Bidewell, Assistant Director – Integration & Delivery / Acting Joint Borough Director, North West London Integrated Care Board (NWL ICB) Kim Rice, Associate Director for Transformation, The Confederation, Hillingdon CIC Andrea Shand, Service Director for CAMHS & Eating Disorders - Goodall Division, Central and North West London NHS Foundation Trust (CNWL) Keith Spencer, Managing Director, Hillingdon Health and Care Partners (HHCP) **LBH Officers Present**: Nikki O'Halloran (Democratic, Civic and Ceremonial Manager)
55.	**APOLOGIES FOR ABSENCE** *(Agenda Item 1)* There were no apologies for absence.
56.	**DECLARATIONS OF INTEREST IN MATTERS COMING BEFORE THIS MEETING** *(Agenda Item 2)* There were no declarations of interest in any matters coming before this meeting.
57.	**MINUTES OF THE MEETING HELD ON 20 JANUARY 2026** *(Agenda Item 3)* **RESOLVED: That the minutes of the meeting held on 20 January 2026 be agreed as a correct record.**
58.	**EXCLUSION OF PRESS AND PUBLIC** *(Agenda Item 4)* **RESOLVED: That all items of business be considered in public.**
59.	**COMMISSIONING MODEL FOR THE DELIVERY OF HEALTH AND SOCIAL CARE SERVICES** *(Agenda Item 5)* The Chair advised that this item had been withdrawn from the agenda. The commissioning plan relied on the formation of a revised commissioning team which required a departmental restructure that had not yet been completed. Once the necessary organisational changes had been implemented later in the year, a fully developed commissioning plan would be brought to the Committee. The Democratic, Civic and Ceremonial Manaher would contact the Council's Assistant Director Direct Care and Business Delivery to establish which meeting this would be scheduled for.

60. **HHCP TRANSFORMATION UPDATE** *(Agenda Item 6)*

The Chair welcomed those present to the meeting. Mr Keith Spencer, Managing Director at Hillingdon Health and Care Partners (HHCP), advised that the report provided an update on the progress against the HHCP transformation programme. The update focussed on two core areas of place-based delivery (Integrated Neighbourhood Teams (INTs) and Reactive Care) and set out the risks and priorities for the next six months.

It was noted that the place-based model had been demonstrating early signs of measurable system-wide improvements. Hillingdon had been the only London borough to see a reduction in emergency demand between June and December 2025 (4.9% compared to the same period in the previous year), despite demographic growth and sustained winter pressures. Insofar as the Emergency Department (ED) waiting times were concerned, Hillingdon Hospital had been either the best or second best performing borough in North West London (NWL) in the last quarter. Those patients that had not gone to the ED had attended alternative community settings which meant that they had waited less time than they would have if they had been in the ED and the 12 hour breaches had been reduced.

There had been a 34% reduction in the No Criteria to Reside (NC2R) delays (down to 33 per day from 55 per day which was below the new hospital development target of 34). By December 2025, fewer than 4% of Hillingdon Hospital beds were occupied by patients without a clinical need to remain, significantly outperforming the averages in NWL (14%) and London (12%).

Mr Spencer noted that emergency admissions amongst the 5,000 Borough residents with severe frailty had reduced by 36%, reflecting the impact of proactive neighbourhood case management and integrated community primary care and social care support. The three INTs were now fully established and had helped to reduce the number of emergency admissions for people with frailty and frailty case management would be expanded towards full population cohort coverage (10,000) by April 2026, using the new frailty dashboard to monitor admissions, falls and Multi Disciplinary Team follow up.

Urgent same day primary care had been expanded and the mobile diagnostics service had been initiated in November 2025 and had been working well in places like care homes, reducing the need for residents to go to the ED. The mobile diagnostics service would be reviewed and it was anticipated that it would be rolled out across the Borough in the next few months.

The Lighthouse service capacity had been increased from six to ten patients each day following a review in December 2025, diverting people experiencing mental health crisis away from ED into more appropriate, therapeutic environments. Mr Sean Bidewell, Joint Borough Director for the Integrated Care Board (ICB), advised that, as the Lighthouse had been running for about two years, the review and redesign of the services had been undertaken to improve the treatment for patients and make the environment more comfortable. Subsequent improvements had included an increase in the number of patients going home sooner and the referrals from the ED were being initiated much faster. As a result, patients were being treated quicker and more effectively. Although the service had been using bank staff, permanent staff recruitment was underway.

	Members were advised that the reductions in the NC2R had been driven by improvements in the discharge processes and practice and strengthened by senior cross-partner leadership oversight. However, this level of oversight was not sustainable and an alternative would need to be established. Hillingdon had been outperforming other NWL boroughs on everything except P2 (P0 were patients that could go home without any support; P1 were patients that could go home with some support from a nurse or the local authority; P2 were patients that were waiting for an NHS rehabilitation / non-acute bed until they could return home; P3 were patients who were transferred to a new long term bed or usual residence and received complex support for their needs). Mr Spencer advised that, to some extent, Hillingdon had been the victim of its own success. Twelve months ago, 80% of the P2 patients had been from Hillingdon and 20% from other boroughs. Now, this was a 50/50 split and other boroughs would not necessarily prioritise their residents at Hillingdon Hospital over their residents that were in hospitals in their own boroughs. Hillingdon had little control over the discharge of patients from other boroughs. However, partners had been looking at data driven proposals and the time it took from being medically optimised to being discharged and reducing this from ten to seven days for Hillingdon residents. It took more than three months to turn performance around but things had been improving during this period. That said, winter pressures had created a fragile situation. Mr Spencer advised that the Hospital avoided adding contingency beds as this would mean adding additional beds to existing wards, which did not result in ideal care. It was also not preferred practice to keep wards free as a contingency as these beds would very easily fill up. Members had seen the journey that partners had been on and were encouraged by the service improvements but noted that one of the risks missing from the report was in relation to embedding these improvements, given that some of the drivers were territorial. Mr Spencer advised that the partners had worked well together to achieve most of the metrics needed on discharge ready for the new hospital in 2030 but that work needed to continue to deflect people from the front door. A lot had been learnt in the last 3-6 months and work was still needed to embed diagnostics and neighbourhoods. Mr Spencer advised that, with regard to the sustainability of improvements, partners had been working on five-year trajectories to new hospital viability and that they were on track against this. It was thought that around one third of the Hillingdon population had hypertension at any one time. If more of these people could be identified, it would help to reduce the number of associated strokes and heart attacks. Mr Spencer advised that it would be important to hold the current levels for ED attendances, length of hospital stays and NC2R so as not to peak too soon. Members were pleased to see that targeted outreach for Heathrow Villages had been included in the transformation programme and asked what would be done to ensure that it worked well. Mr Spencer advised that previous efforts had included the use of a portacabin and a bus but partners had recently been working closely with residents and those who managed community assets such as Harmondsworth Church to deliver services that would start in March 2026. Health Inequity Funding had also been secured to recruit a community champion to work with residents in the Heathrow Villages, particularly on mental health issues. Work on the three Integrated Neighbourhood Hubs continued and it was anticipated that the business cases would be completed by April 2026 to satisfy the Treasury if

	required. Mr Spencer advised that these three superhubs had been planned for the Nestle site, Civic Centre and Pembroke Centre. It would provide about 2,500m^2 of development and would need around £30m in capital as well as consideration of the revenue consequences. HHCP had been working with the ICB to make this a reality in the next three years, with each superhub providing services such as musculoskeletal, pharmaceutical and occupational therapy from smaller sub-hubs. **RESOLVED: That the discussion be noted.**
61.	**UPDATE ON THE IMPLEMENTATION OF RESOLUTIONS FROM PAST REVIEWS - CAMHS REFERRAL PATHWAY** *(Agenda Item 7)* Mr Keith Spencer, Managing Director at Hillingdon Health and Care Partners, advised that, unfortunately, Ms Vanessa Odlin and Mr John Beckles, the subject matter experts had been unable to attend this meeting. Mr Sean Bidewell, Joint Borough Director for the Integrated Care Board (ICB), advised that a new website had been developed for Thrive (which was an integrated, person-centred approach to delivering mental health services for children, young people and their families and provided support for their wellbeing). The website provided links to Council services as part of the Stronger Families programme and a digital directory of services that would go live in March 2026. It included information about referral routes and crisis contacts and provided support for children, young people and their families whilst they waited for specialist input. The Thrive framework and website had been developed following engagement with families and professionals (more than 200 partners had been involved in one engagement event) and had been co-produced with children, young people and their families. The concept had been based on a 'no wrong front door' approach so that, even if the service that had been contacted was not an appropriate pathway, the child or young person was not redirected elsewhere without support. An ongoing feedback loop had also been put in place. The sections on the website included: 1. Self Care: providing practical tips for children and young people for a range of issues; 2. Parent and Carer Support: providing around 35 links to different organisations or bodies that might be able to provide help; and 3. I Need Urgent Help: providing a range of telephone numbers for different organisations. The website provided information about how Thrive could help with different conditions such as anxiety, explaining what caused it, what the symptoms were, etc. It also included the contact details for more than 100 'Helpful Organisations' and could be filtered by age group (under 13, 13-18 and parent/carer). It was queried whether contacts and information were available on the website to help deescalate when a child or young person was thinking about suicide or self-harm, especially out of hours. Ms Andrea Shand, Service Director for CAMHS & Eating Disorders at Goodall Division, Central and North West London NHS Foundation Trust (CNWL), advised that one of the Thrive quadrants related to risk support and provided links to things like NHS111 and telephone numbers to 24 hour urgent care services (no chat services were provided as these were potentially risky). The web content was

considered by a working group and went through a process and the material was nationally accredited or signed off by a professional. Service user stories had been included on the site and, as the Thrive contract would be in place for three years, the information therein would be kept up to date as part of that agreement.

Ms Shand advised that GPs had been very supportive of the new approach to children and young people's mental health. A two-hour online CAMHS masterclass had been set up for GPs and had resulted in streamlined changes to the GP CAMHS referral form which was now being used as a blueprint for other boroughs.

Members congratulated partners for the development of what appeared to be a really good website but queried how it would be advertised to children and young people. Mr Bidewell advised that he would find out how the website would be publicised once live and pass this on to the Democratic, Civic and Ceremonial Manager to share with the Committee. Members suggested that schools would be a good place to advertise the website.

Ms Shand noted that CNWL worked across five different London boroughs and that, of these, Hillingdon's Thrive work was at the most advanced stage. Thrive was a national model to support children and young people's health and wellbeing which required services to work collaboratively in everyone's best interest.

Ms Kim Rice, Associate Director of Transformation at The Confederation Hillingdon CIC, advised that a Mental Health Coordinator had been appointed for the south west of the Borough. Data had been considered alongside local intelligence and reports to Healthwatch Hillingdon and an increase in the cohort of children and young people with mental health challenges had been identified in the area. A scoping exercise had been undertaken with organisations that wanted to join up and work together to improve services for these residents. A workshop had been held to look at how services could be aligned to Thrive and how help could be provided to those children, young people and families that struggled to navigate the system. One output from the workshop had been the need to create a role that could increase GP capacity and support people to get to the right services at first contact.

A one-year pilot proof of concept for a Children and Young People's Coordinator role was subsequently created with the appointee starting in June/July 2025 (they saw their first patients in August 2025). This person had been able to contribute towards the design of their role and to identifying and addressing any gaps or needs (with 26 services to support young people in Hillingdon, there should not have been any gaps for them to fall through). It had been recognised that children and young people did not want to be seen as being different so did not want to be pulled out of classes at school to have an appointment. They did not want clinical spaces and often wanted to be able to find out information on their own.

It was noted that the Mental Health Support Team had been provided in some schools but had not covered all schools in Hillingdon, despite demand being greater than supply. Ms Shand advised that this initiative had been rolled out in waves. CNWL had been awarded two additional services in wave 14. Wave 11 had been completely rolled out across Hillingdon and, with the introduction of wave 14, gave 61% coverage of the Borough's schools, which was one of the highest coverages in London (working towards the national 100% target by 2029). Monthly multi-disciplinary meetings were held in Hillingdon to discuss complex cases and signposting.

	In a four-month period, 136 young people had been supported and had reported a 30% average improvement in how they were feeling (this equated to a wellbeing value of around £600k over a twelve-month period). Most of these referrals had come from the south west part of the Borough with the GP practices in the two Primary Care Networks involved taking different approaches to triage (both of which had worked well and had posed no risk). This new post had released over 22 hours of GP practice administration time and around 80 hours of GP time during the four-month period. Consideration was now being given to working with CAMHS in relation to those children and young people that did not meet the criteria to receive services (this was about one third of those who presented at CAMHS) so that they were immediately referred to the Children and Young People Coordinator. Given its impact, the post would be funded by the south west Neighbourhood going forward and the learning would be used to develop the Heathrow Villages Coordinator role. Work was underway to expand this initiative out to other areas in the Borough with a final report on the proposal being drafted ready for August 2026. Concern had previously been expressed that children, young people and their families had been having to repeat their stories over and over again to various service providers as they were passed around the system. Ms Rice advised that each service provider had their own statutory information systems that they had to use which didn't interact with each other and which made information sharing more difficult. However, a children and young people's passport was being developed which would have the young person's details and which they would be able to physically take to their appointments. Mr Bidewell advised that a new system had been introduced which would enable many computer systems to talk to each other with regard to different organisations being able to gain access to clinical notes. During the review, Members had heard some distressing stories and learnt about the frustrations of families trying to navigate the system, including the poor communication from service providers. Ms Shand advised that the majority of complaints still tended to be in relation to communication and mistakes were still being made. That said, the language and format of letters had been looked at and clinical language was still needed but further improvements could be made. In CNWL's two-year business plan, communication had been identified as one of the five key priorities and young people were being included in the work on this priority as it was important to ensure that the correct language was used (including on the CAMHS website). **RECOMMENDATION: That:** **1. Mr Bidewell pass information about how the Thrive website would be publicised to the Democratic, Civic and Ceremonial Manager to share with the Committee; and** **2. the discussion be noted.**
62.	**CABINET FORWARD PLAN MONTHLY MONITORING** *(Agenda Item 8)* Consideration was given to the Cabinet Forward Plan. **RESOLVED: That the Cabinet Forward Plan be noted.**
63.	**WORK PROGRAMME** *(Agenda Item 9)* Consideration was given to the Committee's Work Programme. It was noted that there

	had been some movement with regard to the Mount Vernon Cancer Centre proposals so Councillors Denys, Chamdal and Punja would be attending a meeting of the associated Joint Health Overview and Scrutiny Committee (JHOSC) in the near future. They would be able to provide Members with an update following that JHOSC meeting. It was noted that, once the recommendations had been agreed, the Democratic, Civic and Ceremonial Manager would draft the final report of the Adult Social Care Early Intervention and Prevention (ASC EIP) review for consideration by the Committee at its next meeting on 26 March 2026. **RESOLVED: That:** **1. Councillors Denys, Chamdal and Punja provide the Committee with an update following the Mount Vernon Cancer Centre JHOSC meeting;** **2. the draft final report for the ASC EIP be considered at the Committee's next meeting on 26 March 2026; and** **3. the Work Programme be agreed.**
	The meeting, which commenced at 6.30 pm, closed at 7.53 pm.

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