Public Document Pack

HILLINGDON
LONDON

A

Health and Social Care Select Committee

Councillors on the Committee

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

Date: **TUESDAY, 17 FEBRUARY 2026**

Time: **6.30 PM**

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

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

For safety and accessibility, security measures will be conducted, including searches of individuals and their belongings. Attendees must also provide satisfactory proof of identity upon arrival. Refusal to comply with these requirements will result in non-admittance.

This meeting may be broadcast on the Council's YouTube channel. You can also view this agenda online at www.hillingdon.gov.uk

Published: Monday, 9 February 2026

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

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

Useful information for residents and visitors

Travel and parking

Bus routes 427, U1, U3, U4 and U7 all stop at the Civic Centre. Uxbridge underground station, with the Piccadilly and Metropolitan lines, is a short walk away. Limited parking is available at the Civic Centre. For details on availability and how to book a parking space, please contact Democratic Services. Please enter from the Council's main reception where you will be directed to the Committee Room.

Accessibility

An Induction Loop System is available for use in the various meeting rooms. Please contact us for further information.

Attending, reporting and filming of meetings

For the public part of this meeting, residents and the media are welcomed to attend, and if they wish, report on it, broadcast, record or film proceedings as long as it does not disrupt proceedings. It is recommended to give advance notice to ensure any particular requirements can be met. The Council will provide a seating area for residents/public, an area for the media and high speed WiFi access to all attending. The officer shown on the front of this agenda should be contacted for further information and will be available at the meeting to assist if required. Kindly ensure all mobile or similar devices on silent mode.

Please note that the Council may also record or film this meeting and publish this online.

Emergency procedures

If there is a FIRE, you will hear a continuous alarm. Please follow the signs to the nearest FIRE EXIT and assemble on the Civic Centre forecourt. Lifts must not be used unless instructed by a Fire Marshal or Security Officer.

In the event of a SECURITY INCIDENT, follow instructions issued via the tannoy, a Fire Marshal or a Security Officer. Those unable to evacuate using the stairs, should make their way to the signed refuge locations.

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> This Committee will also undertake the powers of health scrutiny conferred by the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013. It will: • Work closely with the Health & Wellbeing Board & Local Healthwatch in respect of reviewing and scrutinising local health priorities and inequalities. • Respond to any relevant NHS consultations. <u>Duty of partners to attend and provide information</u> The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013, imposes duties on 'responsible persons' to provide a local authority with such information about the planning, provision and operation of health services in the area of the authority as it may reasonably require to discharge its health scrutiny functions through the Health & Social Care Select Committee. All relevant NHS bodies and health service providers (including GP practices and other primary care providers and any private, independent or third sector providers delivering services under arrangements made by clinical commissioning groups, NHS England or the local authority) have a duty to provide such information.

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

Agenda

CHAIR'S ANNOUNCEMENTS

This page is intentionally left blank

Minutes

HEALTH AND SOCIAL CARE SELECT COMMITTEE

20 January 2026

Meeting held at Committee Room 5 - Civic Centre

	Committee Members Present: Councillors Nick Denys (Chair), Reeta Chamdal (Vice-Chair), Tony Burles, Darran Davies (In place of Becky Haggar), Kelly Martin and Sital Punja (Opposition Lead) **LBH Officers Present**: Steve Muldoon (Corporate Director of Finance), Sharon Stoltz (Director of Public Health), 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)
45.	**APOLOGIES FOR ABSENCE** *(Agenda Item 1)* There were no apologies for absence.
46.	**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.
47.	**MINUTES OF THE MEETING HELD ON 3 DECEMBER 2025** *(Agenda Item 3)* **RESOLVED: That the minutes of the meeting held on 3 December 2025 be agreed as a correct record.**
48.	**EXCLUSION OF PRESS AND PUBLIC** *(Agenda Item 4)* **RESOLVED: That all items of business be considered in public.**
49.	**PUBLIC HEALTH IN HILLINGDON UPDATE** *(Agenda Item 5)* The Chair welcomed those present to the meeting. Ms Sharon Stoltz, the Council's Director of Public Health, advised that, although the Borough compared favourably to London and England, there were plans to improve the overall health of residents to address variation across Hillingdon: there were some pockets with far worse outcomes in relation to far shorter lives and higher rates of cardiovascular disease, respiratory disease and cancer. Action would be taken to narrow the gap but it was acknowledged that this would take time. Some things could be improved over a short period but other changes would take a generation to have an impact. A review of the services commissioned in Hillingdon had been identified as one of the short-term priorities, for example, heath visiting and smoking cessation. It was anticipated that the review would look a quality and outcomes and would ensure that the services were delivering what the Council needed them to deliver. Giving a child a

healthy start (from conception to two years old) would set them up well for life. Members asked that they be provided with an update on this review of services at a future meeting.

Consideration would also be given to how people of working age could be supported to be more healthy and how older people could be helped to be more active and prevented from being socially isolated. Ms Stoltz advised that those areas of focus would need to be targeted using national data alongside local intelligence.

Members were advised that the Public Health Strategy would be brought to the Committee in six months or so, once consultation on the development had been undertaken with partners and residents. The Strategy could look at a ten year period (although it could be three or five years) and would be able to identify small, medium- and long-term priorities underpinned by a local outcomes framework that set out indicators that measured progress. It was noted that not all indicators in the national framework were relevant to the local authority strategy. The Council would not be able to look at everything and would need to focus on the most relevant issues which, in Hillingdon, would include childhood obesity, cardiovascular disease, heart disease, stroke and cancer. Public Health would not be able to tackle these issues alone and would need to work in partnership with other teams from across the local authority, using Public Health grant and commissioning powers to achieve the greatest benefit. It was agreed that the Committee would like to have a full meeting to look at the Public Health Strategy once it had been developed.

With regard to proposals for the healthy integrated lifestyle offer, Ms Stoltz advised that there were currently separate services for different things like smoking cessation and weight management and separate referral processes to each of these services (which was fragmented and not necessarily helpful). As people had such busy lives, it would be useful for them to not have to go to different places for the various services that they required, but rather to host all of these services in one place and address all of their needs at once. Although it would be good to focus on this, it would require consultation with residents and service users to establish what would work best for Hillingdon residents.

It appeared that Hillingdon residents were 15.4% more overweight and less fit than residents in neighbouring boroughs. NHS Health Checks had been developed as an invitational national screening programme over a rolling five-year period. Ms Stoltz was aware that Hillingdon's performance had not met the required threshold but noted that there were no areas achieving 100% uptake. The way that the service was commissioned in Hillingdon had recently changed so that it was now with the Confederation Hillingdon CIC rather than individual GP practices. In addition, a new hypertension campaign was due to start which would encourage residents to get their blood pressure checked and, as not all residents appeared to know what the NHS Health Check was, it would be useful to raise the awareness and importance of attending these appointments. Although it was possible to identify the number of invitations that were sent out and the uptake, it was not currently possible to split this information by sex. Consideration could be given to whether this could be done in the future.

Concern was expressed that the vaccination rates in Hillingdon appeared to be low. Members asked whether or not it would be possible to identify specific areas where numbers were particularly low and to confirm whether or not the uptake in the Heathrow Villages was low. Ms Stoltz noted that vaccinations was an interesting area

	as it was the responsibility of the Integrated Care Board but the Council had a statutory duty to have an oversight of the health and wellbeing of its population. The maternity service delivered vaccinations to pregnant women and GPs did the early childhood vaccinations. Access did impact on uptake as vaccinations were a choice in the UK but, if they were not able to get to their GP, it was queried whether residents would be able to get their vaccinations from a pharmacy. It was agreed that health partners would be contacted and asked to provide information about vaccinations prior to the meeting on 26 March 2026 when they would be attending to provide updates. It was noted that social media had had an impact on the vaccination uptake. As such, it would be important to get evidence-based, reliable information out to parents to tackle the myths that had been raised in social media. It would also be important to ensure easy access to vaccinations such as flu and to look at how information could be communicated to residents. Concern was expressed about the number of parents that had not attended an early years appointment to have their child's ten month vaccination review. Ms Stoltz advised that the data included in the report had been based on GP registrations and related to 2023/24, so was not current and did not indicate whether or not the interventions that had been put in place had worked. As such, the Council needed to look at how it could work collaboratively with GPs and the NHS to get earlier and easier access to the most recent data. It was noted that it was important to have proactive health professionals as, if they were ambivalent, they would be less able to help someone to understand why vaccinations were important. These members of staff needed to be provided with training to help them to become more confident about educating and supporting parents to get their children vaccinated. As asylum seekers tended not to bring their vaccination history with them when they arrived in the UK, their vaccinations were started again from scratch and needed to be caught up (which might have had a small impact). The report noted that the overall health in Hillingdon was good, but that there was significant variation between communities. Ms Stoltz advised that it was possible to break this information down by Ward and that she would be able to pull a presentation together to share with Members of the Committee. **RESOLVED: That:** **1. Ms Sharon Stoltz provide the Committee with an update on the review of services commissioned in Hillingdon at a future meeting;** **2. Ms Sharon Stoltz attend a future meeting in relation to the Public Health Strategy once it had been developed;** **3. health partners be contacted and asked to provide information about vaccinations prior to the meeting on 26 March 2026 when they would be attending to provide updates;** **4. Ms Stoltz provide the Democratic, Civic and Ceremonial Manager with a breakdown of the Borough's health by Ward for circulation to the Committee Members; and** **5. the report be noted.**
50.	**BUDGET SETTING REPORT 2026/27** *(Agenda Item 6)* Consideration was given to the report. Members asked whether or not officers could

be confident that the proposed budget gave the best estimation of the budget that was needed for the next year. Ms Sandra Taylor, the Council's Corporate Director of Adult Social Care and Health advised that officers had spent months working through the growth model for the next five years to be able to set the 2026/27 budget, which included some catch up and rebasing. Consideration had also been given to the drivers for increased costs which included the increase in demand and the increase in the cost of care (which had risen exponentially). The detailed model had looked at every primary support reason but focussed on how costs and the market were expected to be managed over the next three years.

Members were advised that there had been a decrease in the number of older people needing a care home placement but that there had been an increasing number of younger people with special educational needs that would eventually need support from adult social care. The Burroughs nursing beds and other care services that had been developed in house would help to alleviate the cost pressure.

Mr Steve Muldoon, the Council's Corporate Director of Finance, advised that the starting point had been to understand the current position and to consider demand and deliverability. There had been ongoing costs that had not been included that should have been incorporated into the budget so funds had been put into the base to cover this expenditure. Insofar as modelling was concerned, officers had looked back over recent years at the different rates of growth, and how this had changed, to provide a more realistic position.

The savings proposals had been discussed and assumptions probed at the challenge sessions with Cabinet Members and Corporate Directors. Pressure would now need to be maintained to ensure that delivery of these savings retained momentum and detailed delivery plans had been developed for complex areas to ensure success.

Members expressed concern that delivery plans only worked if there was accountability. Mr Muldoon advised that the savings had been identified by the directorates themselves and had been supported and owned by the relevant Corporate Director and their team, with a specific person identified as responsible for the delivery of each project. To ensure that the responsible officer was held to account for delivering the savings, the higher risk projects would be discussed at monthly meetings and CMT would receive regular updates on the savings progress. An app had been developed which could be used by Heads of Service to monitor their savings performance and the onus would be on the Corporate Directors to ensure that the savings stayed on track (a high proportion of the savings within adult social care would be transformational).

Mr Martyn Storey, the Council's Head of Finance – Adult Social Care and Health, advised that he would need to work closely with the Corporate Director and her team to ensure that the proposed savings were delivered. The projects would look at how savings would be measured, when they would be delivered, etc, so that any slippage could be identified quickly.

Although cuts did not seem to be being made in adult social care, the increase in demand for services seemed to be relentless and Members queried whether there was any contingency in place. Ms Taylor advised that officers had looked back at the influences that had increased or decreased the numbers in the past. As the number of residents in Hillingdon aged 65+ had been growing, it was likely that demand for services from this group would also increase. The number of younger people with

complex mental health needs had also been growing. Demand had been scrutinised along with the average cost of support for this client group and consideration was now being given to transformational work that would impact / reduce costs. A lot of early intervention services had been purchased from suppliers which then prevented residents from needing to use the Council's more expensive services (lessons had also been learnt from ADASS and London ADASS). Contingencies had been put in place to help address seasonal fluctuations in demand.

Although it was recognised that some additional information had been available within the Cabinet report, concern was expressed that no narrative had been provided to support the suggested savings projects which made it difficult for Members to comment or provide them with confidence. A request was made that each line include an explanation of the likely impact of the savings on staff and service delivery and an explanation be included in relation to the Council's ability to respond agilely if any action being taken was not working.

Members requested an explanation as to which fees and charges would be increased as this information had not been included in the report. Ms Taylor noted that Hillingdon's fees and charges had always been on the low side when compared to neighbouring authorities. She would send further information in the increased fees and charges to the Democratic, Civic and Ceremonial Manager for circulation to the Committee.

Ms Taylor apologised that Members had not had the narrative that they had wanted and confirmed that this information was available. She would ensure that a narrative was put together for each savings proposal and pass this information to the Democratic, Civic and Ceremonial Manager for circulation to the Committee.

It was recognised that there had been an increase in demand for services when the Covid pandemic had started and Members queried when this would start to reduce. Ms Taylor advised that early intervention had been proactively applied in Hillingdon to help residents to live independent lives. The number of starters and leavers had stabilised in the last twelve months but there had been huge fluctuations in who these residents were during Covid. Furthermore, there had been residents that had not had appropriate daytime care activity whose needs had since increased.

Members noted that there had been an increase in the costs associated with SEND transportation. Ms Taylor advised that the SEND service had worked diligently to manage this and were now in a situation where they did not have to transport many children and young people out of the Borough (eligibility was assessed in relation to distance in the Borough).

The Council had previously been offering a gold standard service to everyone but increasing costs and demand had meant that careful consideration was now given to needs. Ms Taylor advised that Telecareline had been around for a long time and offered a good service in Hillingdon. However, the core offer needed to be improved to ensure that residents got what they needed rather than providing everyone with a gold service. Furthermore, as old equipment was being replaced, the new items being swapped in had been labelled with information about how the equipment could be returned when no longer needed.

RESOLVED: That:
1. Ms Sandra Taylor send further information in the increased fees and charges

	to the Democratic, Civic and Ceremonial Manager for circulation to the Committee; **2. Ms Sandra Taylor put together a narrative for each savings proposal and pass this information to the Democratic, Civic and Ceremonial Manager for circulation to the Committee;** **3. the draft revenue budget and Medium-Term Financial Strategy proposals for 2026/27 to 2030/31 relating to services within the Committee's remit be noted; and** **4. the Democratic, Civic and Ceremonial Manager be asked to draft comments on behalf of the Health and Social Care Select Committee based on their discussion to be agreed by the Chair of the Committee in consultation with the Labour Lead for submission to Cabinet for consideration as part of the final budget proposals to be presented to Council in February 2026.**
51.	**BUDGET AND SPENDING REPORT - SELECT COMMITTEE MONITORING** *(Agenda Item 7)* Consideration was given to the report. Although there had been a favourable move in the budget position since the last report to the Committee, there was still an overspend and Members queried future movement. Mr Martyn Storey, the Council's Head of Finance – Adult Social Care, advised that the overspend had been as a result of a mixture of things and had happened mostly at the end of 2024/25 after the budget had been set. It had resulted from some growth in demand during the year and partly through anticipated savings that had not been achieved. However, the current position was now relatively stable as officers had a good handle on what was happening and were addressing issues properly. Members queried whether the £7.2m pressure had been put into growth or whether this was being left to one side. Mr Storey advised that this had been put into growth and that the savings slippage was being dealt with separately. There had been a renegotiation around 2026/27 and Section 117 funding would be partly delivered in 2026/27 and partly in 2027/28. **RESOLVED: That the 2025/26 Month 7 budget monitoring position be noted.**
52.	**SIX MONTH PERFORMANCE MONITORING REPORT** *(Agenda Item 8)* Consideration was given to the report. Although it was recognised that Hillingdon benchmarked well in terms of a good quality service, Members queried how service user satisfaction rates could be increased. Ms Sandra Taylor, the Council's Corporate Director of Adult Social Care and Health, advised that she had been disappointed with only 35% of service users being satisfied as this was at odds with the responses saying that service users' quality of life was good. Consideration would need to be given to why this figure had been so low and undertake local engagement with residents (national data from 2024/25 had been used). It was noted that the Council was starting to see good data in relation to the residential and nursing home placements that it made. Statistically, the Council had previously been reporting its short and long term placements but other local authorities had only been reporting their long term placements (Hillingdon had now corrected this to only report long term placements). Adult Social Care Outcomes Framework (ASCOF) and Short and Long Term Services (SALT) data source indicators had also changed recently and needed to be investigated further as some of the data seemed weird.

	However, dashboards were now available to enable data comparison. Ms Taylor noted that the cost per head per 100k population across all primary support groups provided very good value for money and Hillingdon had the fourth lowest net spend in London. The data could be broken down into groups to enable officers to identify where the costs for specifics was higher than the London average. It was queried whether the presence of Heathrow Airport in the Borough had impacted on the Council's performance. Ms Taylor advised that the low cost of services provided by the Council had been as a result of how the local authority had managed its contracts and how it had worked collaboratively. The airport had had had less of an impact on adult services and more of an impact on children and young people's services (although the repatriation of adults with significant health needs could be challenging). Heathrow Airport offered opportunities for employment and leisure. Members congratulated Adult Social Care on achieving 'Good' in its CQC inspection and queried how frequently these inspections would be undertaken. Ms Taylor advised that the inspection had been undertaken in July 2024 using the new framework and that almost all local authorities had now been inspected. Directors of Adult Social Care worked together to determine why some local authorities had performed well in the CQC inspection and help others to improve. It was anticipated that the CQC's next inspection in Hillingdon would take place at the end of this year / beginning of next and that it would be targeted at issues that the CQC felt were weaker (the outcome would not change the overall rating already achieved). It was suggested that the report include information about what actions and initiatives had worked and what had been learnt / not learnt from this work. For example, it would be useful to know what action was being taken to address high levels of obesity in places like Yiewsley and Hayes, the impact of this action and how it compared to the London average. Members queried how the overspend had been factored into the service area's performance. Ms Taylor advised that there had been a lag at the end of 2025/26 which had caused pressure and that the overspend had been factored into the pressures. She noted that there had been more detailed work undertaken for this year to put the growth in and ensure that there was an accurate figure for how much the services cost to run including the overspend. Consideration was also being given to how licensing and advertising impacted on the local population and how this could be reduced by working with public health to take actions such as asking retailers to advertise healthier options. Ms Taylor noted that the Council needed to celebrate its successes and that this would start with this report but would change all of the time. A set of indicators would be followed through the year and a report provided to the Committee with the narrative. **RESOLVED: That the six-month performance report for 2025/26 be noted.**
53.	**CABINET FORWARD PLAN MONTHLY MONITORING** *(Agenda Item 9)* Consideration was given to the Cabinet Forward Plan. **RESOLVED: That the Cabinet Forward Plan be noted.**

54.	**WORK PROGRAMME** *(Agenda Item 10)* Consideration was given to the Committee's Work Programme. **RESOLVED: That the Work Programme be agreed.**
	The meeting, which commenced at 6.30 pm, closed at 8.19 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.

Hillingdon Health and Care Partners

NHS North West London

HHCP Transformation Update

Report for Health and Social Care Select Committee – February 2026

Keith Spencer
Managing Director

Executive Summary

Purpose, Background and Overview

This report provides the Council's Overview and Scrutiny Committee with assurance on progress against the Hillingdon Health and Care Partnership (HHCP) transformation programme, delivered collectively by NHS organisations, the Council, primary care and voluntary sector partners. The programme is focused on improving outcomes for residents, reducing avoidable hospital use, and supporting the long-term sustainability of local health and care services in the context of rising demand and an ageing population.

The update focuses on two core areas of place-based delivery: **Integrated Neighbourhood Teams (INTs)** and **Reactive Care**, including urgent community response, discharge and reablement. The report supports Scrutiny's role in understanding progress, impact and risk across the local health and care system.

Evidence of Impact and Improvement

The place-based model is now demonstrating early signs of measurable, system-wide improvement:

- **Emergency demand is reducing:** A&E attendances decreased by **4.9%** between June–December 2025 compared with the same period in 2024, despite demographic growth and sustained winter pressures.
- **Hospital flow has improved materially**: Average daily **No Criteria to Reside (NC2R)** delays reduced by **34%**, from **50 to 33 per day below new hospital development targets**. By December 2025, fewer than **4% of Hillingdon hospital beds** were occupied by patients without a clinical need to remain, significantly outperforming the wider Northwest London and London averages (14% and 12% respectively).
- **Fewer frail residents are being admitted to hospital**: Emergency admissions among approximately **5,000 residents with severe frailty** reduced by **36%**, reflecting the impact of proactive neighbourhood case management and integrated community, primary care and social care support.
- **Earlier identification and better management of long-term conditions**: Hypertension prevalence has increased from **10% to around 14%**, with approximately **80% of patients achieving blood pressure control**, representing the strongest performance in Northwest London.

Taken together, these results demonstrate a system that is preventing crisis as well as responding to it, with care increasingly delivered earlier and closer to home.

What Is Driving the Improvement

The improvements set out above are linked to the deployment of specific interventions agreed through HHCP and implemented at pace.

- **Reductions in emergency admissions for people with frailty** reflect the roll-out of **Integrated Neighbourhood Teams**, with proactive case management, multidisciplinary working and earlier intervention helping to prevent escalation into crisis.
- **Reductions in Emergency Department demand** are being driven by the expansion of credible, same-day alternatives to hospital attendance, particularly for lower-acuity and mental health presentations. Expanded same-day urgent primary care, **Pharmacy First**, community IV therapy and **mobile diagnostics** are providing timely access to assessment and treatment in community settings, reducing the need for residents to default to A&E. In parallel, strengthened mental health crisis pathways, including the **Lighthouse service**, are diverting people experiencing mental health crisis away from Emergency Departments into more appropriate, therapeutic environments.
- **Sustained reductions in No Criteria to Reside (NC2R)** delays have been driven primarily by **improving end-to-end discharge processes and practice**, including clearer operational standards, daily multi-agency problem-solving, and a more consistent approach to identifying and addressing discharge barriers early. This has been strengthened by **Place Gold Command**, providing senior, cross-partner leadership oversight, a single agreed view of performance and actions, and a clear escalation route to resolve blockages at pace.

Executive Summary

Resident Impact – What This Means for People in Hillingdon

- For residents, these improvements translate into **fewer avoidable hospital visits, faster help when needs escalate, and more care delivered closer to home**. People living with frailty and multiple long-term conditions are increasingly being supported proactively by neighbourhood teams, reducing the likelihood of crisis admissions and helping residents remain independent for longer.
- When urgent health or care needs do arise, improved coordination across community health, mental health and social care services is enabling **quicker responses at home and smoother discharge from hospital**, reducing delays and disruption for residents and carers. Expanded access routes — including outreach general practice, Pharmacy First and community diagnostics — are making it easier for residents to receive timely care without defaulting to A&E.
- Targeted neighbourhood outreach, particularly in areas of higher deprivation, is also supporting **earlier identification and better management of long-term conditions**, helping to reduce health inequalities and improve outcomes over time.

Partnership Delivery and System Working

- Progress to date reflects **collective delivery through HHCP**, with NHS organisations, the Council, primary care and voluntary sector partners working together around neighbourhoods and shared outcomes. Neighbourhood teams, urgent community services, mental health crisis pathways, discharge arrangements and reablement operate as part of a single place-based system, with partners contributing their respective expertise, workforce and resources. Continued progress depends on maintaining this collaborative approach as changes are embedded into routine practice.

Priorities for the Next 3–6 Months

The next phase of delivery focuses on consolidation and embedding:

- **Scaling proactive frailty and anticipatory care** through neighbourhood teams, supported by shared population health dashboards.
- **Embedding improved discharge practice** and maintaining Place Gold Command oversight to sustain NC2R performance at or below **33–34 per day**.
- **Fully embedding Reactive Care**, including urgent community response, coordinated discharge and rehabilitation/reablement.
- **Sustaining and optimising the Lighthouse mental health crisis pathway**, with capacity expanded in Quarter 4 from **six to ten places per day**, and monitoring its impact on mental health-related Emergency Department attendances.
- **Developing the Neighbourhood Estate Hub business cases** and reviewing the impact of **mobile diagnostics**, with a view to informing decisions on **full roll-out in 2026/27**.
- **Targeted Heathrow Villages outreach**: between **March and May**, neighbourhood teams, working with **outreach general practice**, will deliver services from **local community facilities including Harmondsworth Parish Hall and the church**, including outreach GP appointments, health checks, hypertension case-finding and proactive follow-up for residents with long-term conditions.

Overall Assurance Statement

The HHCP transformation programme is demonstrating **clear, data-backed improvement** in resident outcomes and system performance, particularly in hospital flow, frailty admissions, mental health crisis response and access to care closer to home. The programme now enters a consolidation phase, where continued partnership working, disciplined operational practice and ongoing Scrutiny oversight will be important to ensure improvements are sustained, equitable and embedded across the local health and care system.

Executive Summary

4. Key Risks

As we enter Q4 2025/26, several system risks require active management to consolidate progress and maintain winter resilience.

Risk	Impact	Mitigation
High ED attendances	Increased pressure on A&E, overcrowding, missed targets	Strengthen same-day alternatives: Pharmacy First, **same-day urgent primary care**, UCR 2-hour response, GP-to-SDEC, **Coordination Hub triage and Lighthouse diversion**
NC2R relapses	Bed shortages, delayed discharges, ED backups	Embed improved end-to-end discharge practice, maintain **Place Gold Command oversight and escalation**, commission step-down/home care if required
Rising long-term condition demand	Increased avoidable admissions, higher pressure on INTs	Scale proactive care: hypertension, frailty, COPD, diabetes; strengthen anticipatory care
Winter pressures	System-wide strain from flu/COVID/norovirus	Full Winter Plan, surge protocols, expanded 7-day services, use of intermediate and contingency beds

5. Summary

As we enter the final quarter of 2025/26, the focus must now be on consolidating early progress and operationalising key changes made in Q3. While the transformation programme is showing early signs of impact—particularly in hospital flow, frailty management and access—sustained delivery through winter will require continued collective attention to system risks, workforce capacity, and the consistent embedding of new models across Neighbourhoods and Reactive Care.

By continuing to embed these changes through Q4 and into 2026, the system is on track to shift more care upstream, reduce pressure on acute services, and deliver more equitable, joined-up support across Hillingdon."

Purpose, Background and Overview

1. Purpose, Background and Overview

This paper provides the Committee with an update on the progress of the Hillingdon Health and Care Partnership (HHCP) Transformation Programme across three core areas:

Key Metrics – A summary of performance against agreed strategic indicators

Integrated Neighbourhood Teams (INTs) – Current status and forward implementation plan for Quarter 4 2025/26, including:

- Expand frailty case management toward full population cohort coverage (10,000) by April 2026, using the new WSIC frailty dashboard to monitor admissions, falls, and MDT follow-up.
- Review impact of Mobile Diagnostics on ED, Non-Elective admissions and planned care for people with frailty by March 2026
- Adopt and implement the Hypertension Strategy, intensify outreach in high-inequality areas, and continue toward the year end 16% prevalence target.
- Develop and implement INT-level performance dashboards to track activity, outcomes, and inequalities by January 2026
- Complete Integrated Neighbourhood Hub business cases by March 2026.

Reactive Care Programme – Current status and forward implementation plan for Quarter 4 2025/26, including:

- Fully mobilise Phase 1 of **the Coordination Hub (live Dec 2025),** providing single-call access (8am–8pm, 7 days/week) and begin planning for Phase 2 expansion.
- **Fully mobilise UCR staffing from January 2026 and align model with Virtual Wards** to enable up to 17 days of community-based care for frailty and heart failure to reduce inappropriate admissions and ED attendances to the new Hospital target
- **Expand Lighthouse capacity to 10 patients** following December review, with additional staffing and environmental adjustments.
- **Launch Integrated Rehabilitation & Reablement Service** in January , with NHS and Council staff delivering seamless post-discharge support.
- **Sustain NC2R inpatients at or below 34/day through daily multi-agency reviews,** operational discharge model, and system Gold oversight.

Place Transformation Programme AND Key Outcome Metrics

We are implementing a new 7 day Place Operating Model through 2 key transformation programmes for 25/26

1. Integrated Neighbourhoods :

Implement 3 co-located multi agency Integrated Neighbourhood Teams with 3 core functions:

- **Same Day Urgent Primary Care through 3 Neighbourhood Super hubs** to reduce demand pressure on Primary Care and the THH Urgent Treatment Centre and Emergency Department
- **Proactive Care** through risk stratification, case finding and enhanced case management to prevent the onset of non elective crises **for people with severe frailty** (9,840)
- **A Preventative and Anticipatory Care Programme** for those people with mild to moderate hypertension

2. Reactive Care:

Implement a new Borough wide Integrated Reactive Care Service to prevent unnecessary non elective episodes for patients with complex needs and to promote rapid recovery and prompt discharge after acute inpatient stay:

- **Implement a new Urgent Response Service**: a coordinated, community based urgent response service designed to support people who experience sudden deterioration in their health or social care needs close to their own home (frail elderly, people with acute functional decline, some mental health crises, and palliative (End of life) episodes)
- **Implement a new Active Recovery Service** to promote rapid recovery and discharge after acute inpatient stay reducing delays across all D2A pathways.

Key Metrics :

Tackle the short and long term root cause of population ill health, challenged UEC operational performance and ensure that we deliver the activity assumptions set out in the new hospital redevelopment plan.

1. Reduce UTC Attendances to a daily average of <= 180 by 2025
2. Reduce ED attendances to a daily average of <= 164 by 2025
3. Reduce non elective admissions to hospital by 10% over 2019/20 baseline
4. Increase the percentage of people on the carers register over 2021 census
5. Increase the proportion of people who use Reablement and who require no ongoing support over the 2024/25 baseline
6. Flatline permanent admissions to care homes based on 2025/26 baseline.
7. Enable THH to operate within a target bed base of <= 412 beds by reducing patients without criteria to reside to a daily average of <= 34 by 2025 and reducing discharge delays across all pathways to national norms by 2025
   - P1: <=2 days delay
   - P2: <=5 days delay
   - P3: <=7 days delay
8. Deliver a 30% reduction in associated non elective admissions/long term care for (hypertension) over the 2019/20 baseline by 2028 by:
   I. Increasing prevalence rates for hypertension amongst adults to 24% by 2028
   II. Ensuring that at least 80% of patients with diagnosed hypertension have their Blood Pressure under control by 2028

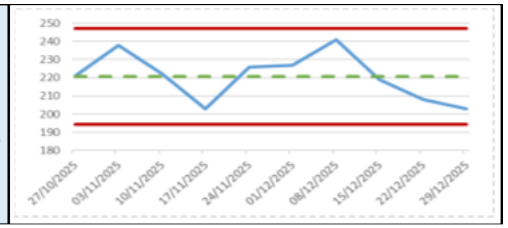
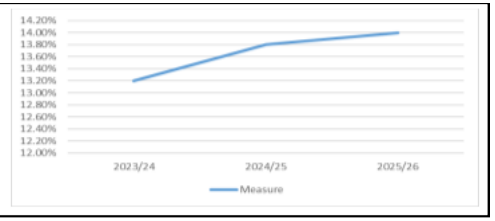
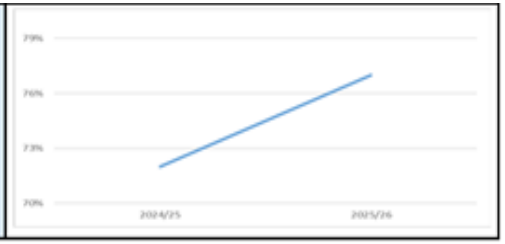
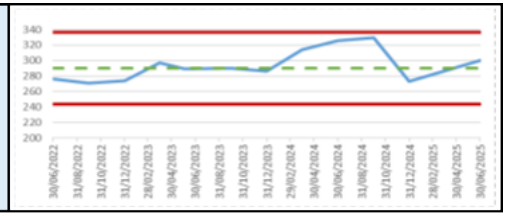
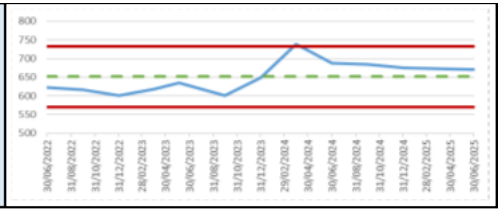
North West London Integrated Care System
Working together for better health and care

Hillingdon Health and Care Partners

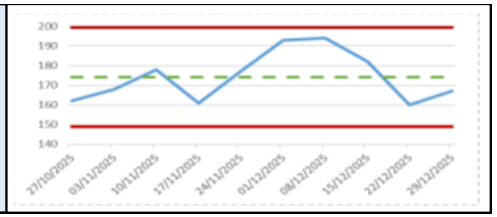
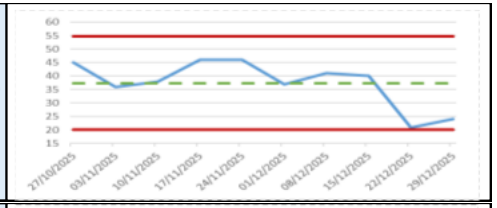
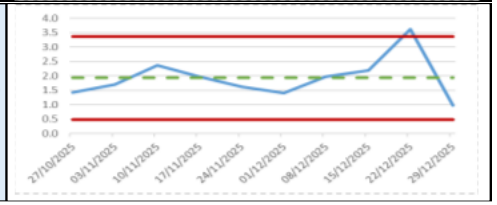
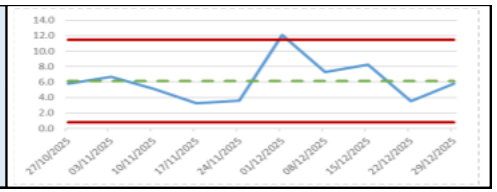
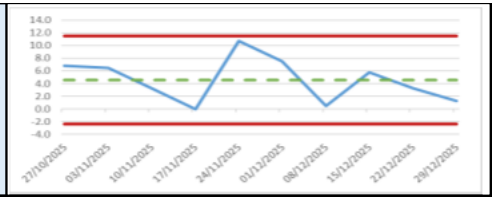
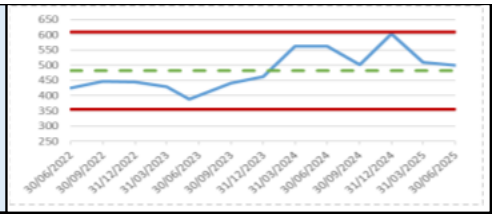
NHS North West London

NHS North West London

Neighbourhood Key Metrics

						Narrative / Likely Cause	Actions to Remedy	Timeline	Accountability
UTC Activity Reduction (Traffic light measured against 10 wk Avg)		Monthly Actual **220**	Target 180 10 wk Average 221 Trajectory 176	Graph Trendline for last 10 wks		The 10 week average is currently at 221 attendances per day with a December average of 220. This has remained pretty static compared to November activity levels and we continue to see lower levels of Type 1 activity suggesting more redirections to UTC.	Revised delivery plan incorporating stronger front door diversion & capacity improvement for community alternatives	Phased Rollout from Q3 25/26	SRO Neighbourhoods
Increase Hypertension Prevalence for 18+ population		YTD Actual **13.9%**	Target 16% Previous Year 13.2% Trajectory 16%	Yearly Trendline		Good progress has been made in scaling up from 10% baseline to 13.9%. However the scaling is slower than required to meet the 16% target by March 26.	In order to meet the trajectory, acceleration is needed in Pharmacy, General Practice and INT outreach with a borough campaign.	Accelerated rollout from Q3 25/26	SRO Neighbourhoods
Controlled Blood Pressure for 80% of Hypertensive cohort		YTD Actual **77%**	Target 80% Previous Year 72% Trajectory	Yearly Trendline		Good progress has been made towards achieving the 80% controlled blood pressure target, driven by strong primary care management. Although performance is improving, it remains just below the target, and as prevalence increases this level of optimisation will need continued focus to ensure we reach and sustain 80%	Strengthen and standardise optimisation approaches across all practices, including 24-hour BP monitoring and pharmacist-led medication reviews. Reinforce call-and-recall systems to ensure regular follow-up for patients with uncontrolled or borderline readings	Ongoing	SRO Neighbourhoods
Reduce NEL Adm Rate for patients with Moderate Frailty		Quarterly Actual **242**	Target 285 Yearly Average 279 Trajectory N\A	Graph Trendline Quarters		Hillingdon have one of the best outcomes for admission avoidance within NWL. Case management is effective. Launch of WSIC frailty radar to support case finding and management of frail patients	Sustain INT scaling of enhanced case management to 10,000 residents and expand anticipatory care to 16%.	Full coverage by Apr 26	SRO Neighbourhoods
Reduce NEL Adm Rate for patients with Severe Frailty		Quarterly Actual **671**	Target 694 Yearly Average 675 Trajectory N\A	Graph Trendline Quarters		Meeting the quarterly target and yearly average is almost on target. Which shows the early impact of the frailty programme. Currently supporting 50% case management to patients with severe frailty.	Full rollout of case management to 100% severe frailty cohort.	By April 2026	SRO Neighbourhoods

Reactive Care Key Metrics

						Narrative / Likely Cause	Actions to Remedy	Timeline	Accountability
A&E Activity Reduction (Traffic light measured against 10 wk Avg)		Monthly Actual **180**	Target 164 10 wk Average 174 Trajectory 187	Graph Trendline for last 10 wks		The 10 week average is currently 174 attendances per day with an December average of 180. Just to note the rolling 30 day average from beginning of January shows attendances at 176 per day. Type 1 attendances have decreased significantly in the last few months and more patients have been redirected to UTC & SDEC	Expansion of UCR along with the launch of the co-ordination hub, mobile diagnostics and the implementation of the new Lighthouse diversion from November 25.	Phased Rollout from Q3 25/26	SRO Reactive Care
No Criteria to Reside Reduction (Traffic light measured against 10 wk Avg)		Monthly Actual **33**	Target 34 10 wk Average 37 Trajectory	Graph Trendline for last 10 wks		Significant progress has been made in the reduction of No Criteria to Reside over the last month; with the monthly average currently sitting at 33, this is a 34% reduction from the average of 50 at the start of the NC2R Reduction programme in October	Sustain process improvements through continued oversight by Place Gold Command	Ongoing	SRO Reactive Care
Discharge Pathway Delays (P1) (Traffic light measured against		Monthly Actual **2.2**	Target 2 10 wk Average 1.9 Trajectory	Graph Trendline for last 10 wks		Overall we are meeting the discharge delay targets for P1 and P3 patients. But over 2 days off for P2 patients. Bottlenecks especially in the time to place P2 patients, with referral process delays across all pathways (D2A, District Nursing, Family Choice delays, Capacity constraints) and longer than expected LOS in community led services.	Integrated Bridging care and therapy D2A P1 services in place by December 2025	Phased Rollout from Q4 25/26	SRO Reactive Care
Discharge Pathway Delays (P2) (Traffic light measured against		Monthly Actual **6.1**	Target 5 10 wk Average 6.1 Trajectory	Graph Trendline for last 10 wks					
Discharge Pathway Delays (P3) (Traffic light measured against		Monthly Actual **3**	Target 7 10 wk Average 4.6 Trajectory	Graph Trendline for last 10 wks					
Reduce Rate of unplanned adms from Care Homes per 100k pop >65		Quarterly Actual **500**	Target 747.65 Yearly Average 529 Trajectory	Graph Trendline Quarters		Variable Care Home capability in managing pts who have behaviours that challenge and also recognising signs of deterioration. Not all CHs have routine Pharmacy input to ensure pts at highest risk have a medication review.	Specialist dementia support from CNWL now available to support CH with pts who have behaviours that challenge, PCN pharmacies being trained to undertake SMRs for most complex frail pts in CHs. CH being digitally enabled so they can access UCPs.	Phased Rollout from Q4 25/26	SRO Reactive Care

Integrated Neighbourhood Teams – Proactive Care

Integrated Neighbourhood Teams – Proactive Care

- ✓ Integrated Neighbourhood Teams (INTs) drive Hillingdon's **preventative and personalised care** agenda at the community level.
- ✓ These teams integrate GPs, community nurses, social care, mental health, therapists, and voluntary sector partners within three locality-based "neighbourhoods."
- ✓ The proactive care program focuses on **keeping people healthy and independent**, managing long-term conditions (frailty and hypertension) to **prevent crises and avoid hospital admissions**.

Key Achievements to Date

- ✓ **3 INTs launched**, covering the whole borough, with co-located teams
- ✓ **Community Nursing and Care Home Support Teams** successfully merged
- ✓ **Severe frailty case management for ~50%** of identified cohort – achieved a **36% drop in emergency admissions** for those patients
- ✓ **Hypertension case-finding drive**: raised recorded prevalence from **10% to 13.9%** (highest in NWL), with **77% of known hypertensive patients under control**
- ✓ **Community Diagnostics have gone live;** this will initially be for X-rays and will provide both mobile and clinic based services for Frail/complex/housebound/Care Home patients.
- ✓ **Community outreach pilot ("Living Well")**: 25% of attendees had undiagnosed high BP and were escalated for treatment
- ✓ **Health Check drive**: Working with practices with low level health check uptake to case-find and proactive target patients. **350 patients** targeted to date

Upcoming Priorities Q4

- Expand frailty case management toward full population cohort coverage (10,000) by April 2026, using the new WSIC frailty dashboard to monitor admissions, falls, and MDT follow-up.
- Review impact of Mobile Diagnostics on ED, Non-Elective admissions and planned care for people with frailty by March 2026
- Adopt and implement the Hypertension Strategy, intensify outreach in high-inequality areas, and continue toward the year end 16% prevalence target.
- Strengthen mental health integration with a named practitioner in each INT and improved links to community mental health teams by March 2026
- Develop and implement INT-level performance dashboards to track activity, outcomes, and inequalities by January 2026
- Complete Integrated Neighbourhood Hub business cases for Hayes, Ruislip, and Uxbridge by March 2026.

Reactive Care

Reactive Care Programme:

The **Reactive Care Programme** is the redesign of Hillingdon's urgent and crisis care system to ensure residents receive the *right care, in the right place, at the right time* when health or social care needs escalate.

It brings together our **Integrated Urgent Response**, **hospital avoidance services**, and **discharge support**, creating a single, seamless pathway for unplanned care delivered outside the acute hospital. The goal is to establish a **7/7 community-based urgent care system** capable of responding to crises within two hours, providing short-term treatment and monitoring at home, and coordinating a safe, timely return to routine or planned care.

This transformation is vital to:

- Reduce pressure on A&E and 999 services
- Prevent unnecessary hospital admissions
- Enable faster, safer discharges reducing patients
- Improve patient experience, outcomes, and system flow

Hillingdon's Reactive Care model is built around three core components:

- Integrated Urgent Community Response
- Supporting Discharge
- Proactive Support for Reactive Care – bridging prevention with urgent response

The intended outcome is a **single, borough-wide Integrated Reactive Care Service**, consolidating previously separate teams — including rapid response nursing, admission avoidance, discharge, and reablement — into one coordinated system.

Projects within the Reactive Care Programme include:

- Reactive Care Coordination Hub
- Urgent Community Response (UCR)
- Lighthouse Mental Health Crisis Pathway
- Integrated Rehabilitation and Reablement
- No Criteria to Reside (NC2R) Reduction Plan

Reactive Care – Strategic Intent

The **Reactive Care Programme** aims to create a single, integrated system for managing crises outside hospital and enabling faster, safer discharge.

It brings together urgent community, mental health and social care teams through a **Community Coordination Hub** providing a rapid two-hour response.

The programme introduces a **seven-day discharge and recovery model**, improving patient flow, reducing avoidable admissions, and supporting care closer to home.

Expected Outcome:
Reduce ED attendances by 30 per day
Reduce non elective admissions by 10%
Reduce Patients with NC2R to <=34 per day

Key Achievements to Date

- ✓ **The Coordination Hub** launched December 2025,
- ✓ **UCR now has daily Senior Clinical Decision Maker coverage days per week enabling UCR to hold highr risk patients**
- ✓ **Lighthouse capacity** has expanded to divert mental health demand from A&E
- ✓ **Mobile Diagnostics to Care Homes and People with Frailty went** live in November.
- ✓ **NC2R 8 week reduction plan concluded** having reduced NC2R by 35% to below the required target of <=34 daily average

Upcoming Priorities: Next 6 months

- Fully mobilise Phase 1 of the Coordination Hub (live Dec 2025), providing single-call access (8am–8pm, 7 days/week) and begin planning for Phase 2 expansion.
- Fully mobilise UCR staffing from January 2026 and align model with Virtual Wards to enable up to 17 days of community-based care for frailty and heart failure to reduce inappropriate admissions and ED attendances to the new Hospital target
- Expand Lighthouse capacity to 10 patients following December review, with additional staffing and environmental adjustments.
- Launch Integrated Rehabilitation & Reablement Service in January , with NHS and Council staff delivering seamless post-discharge support.
- Sustain NC2R inpatients at or below 34/day through daily multi-agency reviews, operational discharge model, and system Gold oversight.

This page is intentionally left blank

HEALTH & SOCIAL CARE SELECT COMMITTEE - UPDATE ON THE IMPLEMENTATION OF RESOLUTIONS FROM PAST REVIEWS OF THE COMMITTEE

Committee name	Health and Social Care Select Committee
Officer reporting	Nikki O'Halloran, Democratic Services
Papers with report	Appendix A - Update on previous review
Ward	n/a

HEADLINES

The attached paper provides a brief summary of progress with regard to the implementation of resolutions agreed by Cabinet on the following review:

- Child and Adolescent Mental Health (CAMHS) Pathway Review: System-wide Update on Children and Young People's Mental Health and Emotional Wellbeing

RECOMMENDATION

That the Health and Social Care Select Committee notes the updates provided in Appendix A.

SUPPORTING INFORMATION

Hillingdon's Select Committees have a vital responsibility in monitoring Council and other public services in the Borough, influencing policy and engaging residents and local organisations in this important work. Over the years, Committees have undertaken successful in-depth reviews of local services and issues. This has resulted in a number of positive changes locally, with some also affecting policy at a national level. Such Committees engage Councillors in a wide range of Council activity and make recommendations to the decision-making Cabinet. This report provides Members with an update on the progress made in implementing scrutiny recommendations that have previously been accepted by the Executive.

The Committee is invited to review the action (detailed in Appendix A) taken to implement recommendations previously accepted by the Executive in relation to the following completed scrutiny activities:

- CAMHS Referral Pathway – this review was considered by Cabinet on 21 March 2024.

CAMHS Referral Pathway

Resolutions	January 2026 Updates
Context and scope of this update Whilst this report is presented as an update against the CAMHS Referral Pathway Review agreed by Cabinet in March 2024, the actions taken in response have driven wider system transformation across children and young people's mental health and emotional wellbeing services in Hillingdon. The response extends beyond CAMHS alone and reflects a whole-system approach involving health, education, local authority and voluntary sector partners, underpinned by the THRIVE Framework. This update therefore describes progress across the wider system in improving early intervention, access, navigation and collaboration, while continuing to address the original recommendations of the CAMHS Referral Pathway Review. **RECOMMENDATION 1** **That Cabinet ask the North West London Integrated Care Board (NWL ICB) to:**	
a) provide a comprehensive action plan by 28 March 2024 detailing how and when the Thrive mapping strategy will be completed.	Significant progress has been made in implementing the THRIVE Framework across Hillingdon, supported by a system-wide action plan focused on early intervention, shared responsibility and improved navigation of emotional wellbeing support. A multi-agency professional event was held in April 2025 at the Winston Churchill Theatre to support the implementation of the THRIVE Framework across the borough. The event was attended by approximately 200 professionals from health, education, local authority and voluntary sector organisations and established a shared understanding of THRIVE as a needs-led approach, shifting focus from crisis response to earlier, preventative support. Delivery of this programme of activity involved coordinated programme management across health, local authority and voluntary sector partners, including stakeholder engagement, communications, development of resources, and structured evaluation of feedback to inform ongoing implementation.

		In parallel, work has progressed to map the full local THRIVE offer through the development of Hillingdon Thrive Together!, a new online platform bringing together early intervention and prevention services in one place. The website will include: • a comprehensive service directory with clear descriptions of provision, • referral routes and access information for each service, • self-care tools, videos and resources for children, young people, parents/carers and professionals, • guidance on support available while waiting for specialist input, including peer support, youth services, digital platforms (e.g. Kooth) and crisis contacts. The website has been developed through research into good practice THRIVE e-directories nationally, engagement with service providers, collaboration with the Local Authority to ensure alignment with existing digital platforms, and structured involvement of children, young people, families and carers to ensure accessibility and relevance. The Hillingdon Thrive Together! website is scheduled to launch in March 2026.
	b) complete and implement the Thrive mapping strategy by the end of January 2025.	The mapping of the wider THRIVE offer is being delivered through the Hillingdon Thrive Together! website, providing a single, accessible point of reference for families, professionals and partners, and supporting consistent use of the THRIVE Framework across the system. To support implementation and awareness, a programme of engagement and outreach has been delivered, including: • a borough-wide Play Day focused on children's mental health at Hillingdon Athletics Track (August 2025), attended by approximately 1,900 families, • a Children's Mental Health and Wellbeing Fun Day at South Ruislip Family Hub (August 2025), attended by 659 families.

		Feedback from families highlighted the value of learning about the THRIVE Framework and the usefulness of QR-code access to the developing directory.
	c) provide Hillingdon's Health and Social Care Select Committee with 6-monthly updates on the progress being made on implementing this action plan.	A January 2026 update is included within this report. Further updates will continue to be provided to the Committee at agreed intervals, ensuring transparency and oversight of progress.
	d) initiate a "No Wrong Door" policy for parents / children and young people who seek support.	The THRIVE Framework provides a strong foundation for implementing a "No Wrong Door" approach in Hillingdon. It moves away from rigid thresholds and diagnostic gatekeeping and instead focuses on understanding need, offering choice and sharing responsibility across services. Under THRIVE: • needs replace thresholds as the basis for access to support, • multiple access points are recognised as valid, • every contact results in support, advice or guidance, • the voices of children, young people and families are central to decision-making. This approach ensures that families are not redirected between services without support and that responsibility for helping them navigate the system is shared.
	e) ensure that all children and young people's services in Hillingdon are asked to adopt the Thrive philosophy/model to ensure there is "No Wrong Door" for children, young people and their families to access mental health and emotional wellbeing support, and	Hillingdon has adopted the THRIVE Framework as a shared, whole-system model across health, education, social care, early help and the voluntary and community sector. Support is organised around four THRIVE groupings: • Getting Advice, • Getting Help, • Getting More Help, and

	that support is provided based on children and young people's needs and preferences.	• Getting Risk Support. This enables services to respond flexibly to need, escalate support appropriately, and plan transitions collaboratively. A key example of this approach is the work of People Potential Possibilities (P3), a voluntary sector organisation supporting young people aged 13–25. P3 provides early intervention support for mental health and emotional wellbeing and works closely with CAMHS, helping to reduce demand on clinical services by addressing needs at the right time and in the right place. Under THRIVE, every service is a valid point of access, and the first service contacted remains involved until appropriate support is in place. Emotional wellbeing is recognised as a shared responsibility, improving partnership working and outcomes for children and young people.
	f) consider how parents can be offered early support on how to navigate the system including the provision of information about where to get this support to schools and GPs (as they are often the first place parents go to).	Schools and GPs are recognised as key first points of contact for parents seeking support for their children's mental health and emotional wellbeing. Under the THRIVE Framework, early advice, guidance and information are recognised as legitimate and valuable forms of support, helping to reduce escalation into specialist services. To support parents to navigate the system effectively, the following arrangements are in place: • The development of the Hillingdon Thrive Together! online directory, which will provide clear, accessible information for children, young people, families, carers and professionals about available early intervention and prevention services, referral routes and self-help resources. • Delivery of a CAMHS Masterclass for all GPs in the borough, aimed at increasing awareness of the local mental health and emotional wellbeing offer and improving confidence in supporting children and young people presenting in primary care.

		• Expansion of Mental Health Support Teams (MHSTs) in schools, providing early intervention for children and young people with common mental health issues such as anxiety and depression. Wave 11 national funding has been implemented, with Wave 14 funding going live in January, increasing coverage to approximately 60% of schools. Plans are in place to achieve 100% coverage by 2029/30. • A multi-agency MHST Steering Group, bringing together early intervention and prevention services to coordinate support, align provision and target activity based on deprivation and areas of greatest inequality. In addition, the Children and Young People (CYP) Co-ordinator role works directly with families to discuss support options, agree preferences, and complete referrals where appropriate. This role supports parents to navigate the system confidently and ensures warm handovers between services rather than families being redirected. These arrangements are supported by regular multi-agency forums and steering groups, ensuring consistent messaging to parents, shared understanding of local pathways, and alignment of early intervention activity across schools, primary care and community services.
	RECOMMENDATION 2 **That Cabinet ask that the Health and Wellbeing Board ensure that all commissioners of CYP mental health services are asked to include requirements in their service provider contracts that:**	
	a) parents be given a realistic description of the assessment / treatment process, including estimated timelines and information on where they can direct their feedback if the expectations set are not met.	CNWL CAMHS services acknowledge and confirm referrals in writing when they are received. Depending on presenting risk, families are contacted within 24 hours to offer initial triage, brief assessment and collaborative safety planning to support children and young people while waiting for full assessment. During assessments, clinicians explain the assessment and treatment process and agree next steps with children, young people and families. Following assessment, families receive written correspondence outlining the outcome, agreed actions and indicative waiting times. CAMHS services also provide online videos introducing

		service environments and explaining what families can expect from assessment and treatment. Mental Health Support Teams provide a welcome call prior to initial assessment to introduce the service and provide early information. CNWL CAMHS also operates a "waiting well" programme, with regular contact to review risk and wellbeing while families await assessment. Where risk escalates, urgent assessments are arranged. Families are encouraged to provide feedback through the Friends and Family Test, and clinicians signpost families to CNWL's feedback and complaints processes where expectations are not met. These expectations are overseen through existing commissioning, contract management and quality assurance arrangements.
	b) all communications sent to parents be reviewed to make sure that the information and tone is sensitive to their situation, not overly medicalised and contains accurate information on other places they can look for support.	CNWL CAMHS information materials, including leaflets and standard communications, are subject to an approval process involving clinicians, managers and children and young people. Letters and reports to families are reviewed by qualified clinicians to ensure tone and content are appropriate, sensitive and not overly medicalised. Communications routinely include signposting to trusted sources of support, including local voluntary sector services, online self-help resources and crisis helplines. This ensures that parents and carers are aware of alternative sources of support while waiting for CAMHS assessments or interventions. These approaches support consistent, compassionate and transparent communication with families and contribute to improved experience and trust in services.

	RECOMMENDATION 3 **That the Cabinet Member for Health and Social Care asks CAMHS to develop a service-user involvement strategy that provides opportunities for scrutiny and coproduction of services and includes the formation of a parents/Young People Board so that they can hold the organisation to account for the communications and service they provide.**	Hillingdon and system partners have strengthened service-user involvement and co-production across children and young people's (CYP) mental health services, with a particular focus on place-based impact, early intervention and accountability. The role also provides a visible and accountable point of leadership within the neighbourhood, strengthening local engagement and supporting transparency and scrutiny of service experience. As part of this approach, the Children and Young People Mental Health Co-ordinator role has been implemented within the South West neighbourhood. This non-clinical role provides a single, trusted access point within primary care, supporting integration across health, education and the local authority. The role was established in response to high demand for CYP mental health support in the South West neighbourhood and is supported through Health Inequalities Transformation (HIT) funding. Operating under the THRIVE Framework, the service uses a needs-based approach and offers holistic assessment, risk screening, safety planning and navigation across more than 26 local CYP mental health services. Referrals are primarily received from GP practices, the Local Authority Family Help Team and rejected CAMHS referrals, supporting earlier intervention and reducing avoidable escalation to specialist services. Key achievements (September–December 2025): • 136 children and young people supported • Average 30% improvement in ONS4 wellbeing scores • +2.41-point improvement in ONS Life Satisfaction, equating to an indicative £0.69m wellbeing value over 12 months (HM Treasury Green Book WELLBY methodology) • Positive qualitative feedback from families, with parents reporting increased confidence, clarity and feeling listened to

		• Release of over 22 hours of GP practice administrative capacity and avoidance of approximately 80 GP consultations Next steps for the role include a school outreach pilot, strengthened alignment with Mental Health Support Teams to ensure continuity of care following programme completion, and a phased extension into the North neighbourhood to test scalability. Funding for the role is currently in place until August 2026, with options under consideration to support longer-term sustainability. At system level, the North West London Integrated Care Board has drafted a Children and Young People's Mental Health and Wellbeing Strategy, due for publication in early 2026. The Strategy has been co-designed with children and young people across all boroughs, supported by Young Minds, ensuring priorities reflect lived experience and local need. Within CNWL, a CAMHS Transformation Board oversees service change, supported by both a Young People's Transformation Board and a Parent/Carer Transformation Board. These forums provide structured opportunities for scrutiny, co-production and accountability, ensuring services reflect the needs and expectations of children, young people and families.

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~~
~~Wednesday 3 December 2025, 6.30pm~~	~~CR6~~
~~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). As there was no report to Cabinet in January 2026, the next report to the Select Committee will be considered at its meeting on 26 March 2026.

The meeting dates for the 2026/2027 municipal year were agreed by Council on 20 January 2026 and are as follows:

Meetings	Room
Thursday 18 June 2026, 6.30pm	TBA
Tuesday 21 July 2026, 6.30pm	TBA
Wednesday 30 September 2026, 6.30pm	TBA
Wednesday 11 November 2026, 6.30pm	TBA

Meetings	Room
Tuesday 12 January 2027, 6.30pm	TBA
Tuesday 16 February 2027, 6.30pm	TBA
Tuesday 16 March 2027, 6.30pm	TBA
Tuesday 20 April 2027, 6.30pm	TBA

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	February 17	March 26	CANCELLED April 21	May No meeting	June 18	July 21	August No meeting	September 30	October No meeting	November 11	December No meeting	January 12
Review A: ASC Early Intervention & Prevention												
Topic selection / scoping stage												
Witness / evidence / consultation stage												
Findings, conclusions and recommendations	Findings											
Final review report agreement		Final report										
Target Cabinet reporting			Cabinet (23rd)									
Review B: Pharmacies												
Regular service & performance monitoring												
Bi-Annual Performance Monitoring					X					X		X
Annual Report of Adult and Child Safeguarding Arrangements												
Older People's Plan Update (prior to Cabinet)												
Health & Social Care Budget & Spending Report		X			X	X		X		X		X
Mid-year budget / budget planning report (July/September)												
Cabinet's Budget Proposals For Next Financial Year (Jan)								X				X
Cabinet Member for Health and Social Care												
Cabinet Forward Plan Monthly Monitoring	X	X			X	X		X		X		X
One-off information items												
Autism Update												
Commissioning Model for delivery of health and social care services	X											
BCF Update												
Minor Injuries Unit Update												
Hospice and End of Life Services in the Borough												
Hillingdon Advice Partnership Update					X							
CAMHS Update												
HHCP Place Based Service Delivery	X											
Health External Scrutiny												
Mount Vernon Cancer Centre Strategic Review Update												
Hillingdon Hospital Redevelopment Update												
Health Updates		X						X				
Public Health Update												
Quality Accounts (outside of meetings)			X									
Past review delivery												
Review of Children's Dental Services 2021/22 (outside of meetings)												
CAMHS Referral Pathway 2023/24	X											

This page is intentionally left blank

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~~
~~Wednesday 3 December 2025, 6.30pm~~	~~CR6~~
~~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). As there was no report to Cabinet in January 2026, the next report to the Select Committee will be considered at its meeting on 26 March 2026.

The meeting dates for the 2026/2027 municipal year were agreed by Council on 20 January 2026 and are as follows:

Meetings	Room
Thursday 18 June 2026, 6.30pm	TBA
Tuesday 21 July 2026, 6.30pm	TBA
Wednesday 30 September 2026, 6.30pm	TBA
Wednesday 11 November 2026, 6.30pm	TBA

Meetings	Room
Tuesday 12 January 2027, 6.30pm	TBA
Tuesday 16 February 2027, 6.30pm	TBA
Tuesday 16 March 2027, 6.30pm	TBA
Tuesday 20 April 2027, 6.30pm	TBA

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	February 17	March 26	CANCELLED April 21	May No meeting	June 18	July 21	August No meeting	September 30	October No meeting	November 11	December No meeting	January 12
Review A: ASC Early Intervention & Prevention												
Topic selection / scoping stage												
Witness / evidence / consultation stage												
Findings, conclusions and recommendations	Findings											
Final review report agreement		Final report										
Target Cabinet reporting			Cabinet (23rd)									
Review B: Pharmacies												
Regular service & performance monitoring												
Bi-Annual Performance Monitoring					X					X		X
Annual Report of Adult and Child Safeguarding Arrangements												
Older People's Plan Update (prior to Cabinet)												
Health & Social Care Budget & Spending Report		X			X	X		X		X		X
Mid-year budget / budget planning report (July/September)												
Cabinet's Budget Proposals For Next Financial Year (Jan)								X				X
Cabinet Member for Health and Social Care												
Cabinet Forward Plan Monthly Monitoring	X	X			X	X		X		X		X
One-off information items												
Autism Update												
Commissioning Model for delivery of health and social care services	X											
BCF Update												
Minor Injuries Unit Update												
Hospice and End of Life Services in the Borough												
Hillingdon Advice Partnership Update					X							
CAMHS Update												
HHCP Place Based Service Delivery	X											
Health External Scrutiny												
Mount Vernon Cancer Centre Strategic Review Update												
Hillingdon Hospital Redevelopment Update												
Health Updates		X						X				
Public Health Update												
Quality Accounts (outside of meetings)			X									
Past review delivery												
Review of Children's Dental Services 2021/22 (outside of meetings)												
CAMHS Referral Pathway 2023/24	X											

This page is intentionally left blank