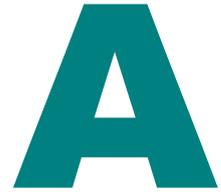




HILLINGDON  
LONDON



# 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:** THURSDAY, 26 MARCH  
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.

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Published: Wednesday, 18 March 2026

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## Terms of Reference

### Health & Social Care Select Committee

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

<b>STATUTORY COMMITTEE</b>	<p><u>Statutory Healthy Scrutiny</u></p> <p>This Committee will also undertake the powers of health scrutiny conferred by the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013. It will:</p> <ul style="list-style-type: none"> <li>• Work closely with the Health &amp; Wellbeing Board &amp; Local Healthwatch in respect of reviewing and scrutinising local health priorities and inequalities.</li> <li>• Respond to any relevant NHS consultations.</li> </ul> <p><u>Duty of partners to attend and provide information</u></p> <p>The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013, imposes duties on 'responsible persons' to provide a local authority with such information about the planning, provision and operation of health services in the area of the authority as it may reasonably require to discharge its health scrutiny functions through the Health &amp; Social Care Select Committee. All relevant NHS bodies and health service providers (including GP practices and other primary care providers and any private, independent or third sector providers delivering services under arrangements made by clinical commissioning groups, NHS England or the local authority) have a duty to provide such information.</p>
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	<p>Additionally, Members and employees of a relevant NHS body or relevant health service provider have a duty to attend before a local authority when required by it (provided reasonable notice has been given) to answer questions the local authority believes are necessary to carry out its health scrutiny functions. Further guidance is available from the Department of Health on information requests and attendance of individuals at meetings considering health scrutiny.</p>
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# Agenda

## **CHAIR'S ANNOUNCEMENTS**

<b>1</b>	Apologies for absence	-
<b>2</b>	Declarations of Interest in matters coming before this meeting	-
<b>3</b>	Minutes of the meeting held on 17 February 2026	1 - 8
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## Minutes

### HEALTH AND SOCIAL CARE SELECT COMMITTEE

17 February 2026



Meeting held at Committee Room 5 - Civic Centre

	<p><b>Committee Members Present:</b> Councillors Nick Denys (Chair), Reeta Chamdal (Vice-Chair), Labina Basit, Tony Burles, Becky Haggart, Kelly Martin and Sital Punja (Opposition Lead)</p> <p><b>Also Present:</b> Sean Bidewell, Assistant Director – Integration &amp; 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 &amp; Eating Disorders - Goodall Division, Central and North West London NHS Foundation Trust (CNWL) Keith Spencer, Managing Director, Hillingdon Health and Care Partners (HHCP)</p> <p><b>LBH Officers Present:</b> Nikki O'Halloran (Democratic, Civic and Ceremonial Manager)</p>
55.	<p><b>APOLOGIES FOR ABSENCE</b> (<i>Agenda Item 1</i>)</p> <p>There were no apologies for absence.</p>
56.	<p><b>DECLARATIONS OF INTEREST IN MATTERS COMING BEFORE THIS MEETING</b> (<i>Agenda Item 2</i>)</p> <p>There were no declarations of interest in any matters coming before this meeting.</p>
57.	<p><b>MINUTES OF THE MEETING HELD ON 20 JANUARY 2026</b> (<i>Agenda Item 3</i>)</p> <p><b>RESOLVED:</b> That the minutes of the meeting held on 20 January 2026 be agreed as a correct record.</p>
58.	<p><b>EXCLUSION OF PRESS AND PUBLIC</b> (<i>Agenda Item 4</i>)</p> <p><b>RESOLVED:</b> That all items of business be considered in public.</p>
59.	<p><b>COMMISSIONING MODEL FOR THE DELIVERY OF HEALTH AND SOCIAL CARE SERVICES</b> (<i>Agenda Item 5</i>)</p> <p>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 Manager would contact the Council's Assistant Director Direct Care and Business Delivery to establish which meeting this would be scheduled for.</p>

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<sup>2</sup> 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.

	<p>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.</p> <p>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.</p> <p>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.</p> <p>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).</p> <p><b>RECOMMENDATION: That:</b></p> <ol style="list-style-type: none"> <li>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</li> <li>2. the discussion be noted.</li> </ol>
62.	<p><b>CABINET FORWARD PLAN MONTHLY MONITORING</b> (<i>Agenda Item 8</i>)</p> <p>Consideration was given to the Cabinet Forward Plan.</p> <p><b>RESOLVED: That the Cabinet Forward Plan be noted.</b></p>
63.	<p><b>WORK PROGRAMME</b> (<i>Agenda Item 9</i>)</p> <p>Consideration was given to the Committee's Work Programme. It was noted that there</p>

	<p>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.</p> <p>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.</p> <p><b>RESOLVED: That:</b></p> <ol style="list-style-type: none"> <li><b>1. Councillors Denys, Chamdal and Punja provide the Committee with an update following the Mount Vernon Cancer Centre JHOSC meeting;</b></li> <li><b>2. the draft final report for the ASC EIP be considered at the Committee's next meeting on 26 March 2026; and</b></li> <li><b>3. the Work Programme be agreed.</b></li> </ol>
	<p>The meeting, which commenced at 6.30 pm, closed at 7.53 pm.</p>

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

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## HEALTH UPDATES

<b>Committee name</b>	Health and Social Care Select Committee
<b>Officer reporting</b>	Nikki O'Halloran, Democratic Services
<b>Papers with report</b>	Appendix A – Healthwatch Hillingdon Appendix B – Central and North West London NHS Foundation Trust Appendix C – Royal Brompton and Harefield Hospitals, Guy's and St Thomas's NHS Foundation Trust Appendix D – North West London Integrated Care Board
<b>Ward</b>	n/a

### HEADLINES

To enable the Committee to receive updates and review the work being undertaken with regard to the provision of health services within the Borough.

**RECOMMENDATION: That the Health and Social Care Select Committee notes the presentations.**

### SUPPORTING INFORMATION

#### **Hillingdon Health and Care Partners (HHCP)**

Hillingdon Health and Care Partners (HHCP) is the 'Place Based' alliance of health and care organisations that seeks, through collaboration and co-design, to make significant improvements to the quality and cost of care in Hillingdon. HHCP is made up of Hillingdon Hospitals NHS Foundation Trust, Central and North West London NHS Foundation Trust (CNWL), H4All (a partnership of voluntary sector health care providers) and Hillingdon's Confederation (which brings together all of Hillingdon's GPs). HHCP works together closely with the London Borough of Hillingdon and North West London Integrated Care Board (NWL ICB) to deliver 3 key strategic aims:

- Improving the outcomes for our population - delivering Hillingdon's Joint Health and Wellbeing Strategy
- Delivery of sustainable, person-centred, joined up models of care aligned to the new hospital plans and activity assumptions
- Delivering the NWL Integrated Care System (ICS) priorities through local care models building from a population health management approach

Shared delivery models are through 6 integrated Neighbourhood Teams and a range of joined up Borough wide teams across health and care.

#### **The Hillingdon Hospitals NHS Foundation Trust (THH)**

The Hillingdon Hospitals supplies services from two sites; Hillingdon Hospital and Mount Vernon Hospital and has an annual turnover of around £320 million, employing approximately 3,700 staff. We are proud to deliver services for our local borough of Hillingdon, and to those living in the surrounding areas of Ealing, Harrow, Buckinghamshire and Hertfordshire, giving us a total catchment population of over 350,000. Hillingdon Hospital is the only acute hospital in the London Borough of Hillingdon and offers a wide range of services, including accident and

emergency (A&E), inpatient care, day surgery, outpatient clinics and maternity services. The Trust's services at Mount Vernon Hospital include routine day surgery, an Urgent Care Nurse Practitioner service and outpatient clinics. The Trust hosts several other organisations that supply health services at the Mount Vernon site including East & North Hertfordshire NHS Trust's Cancer Centre.

### **Royal Brompton and Harefield Hospitals (RBH)**

The Royal Brompton & Harefield Hospitals merged with Guy's and St Thomas's NHS Foundation Trust (GSTT) in February 2021 and, from April 2022, joined with the cardiorespiratory services at GSTT to form a new Heart & Lung & Critical Care Group across the three sites. At the same time, the Evelina Children's Hospital took over the running of the paediatric services at Royal Brompton.

The merger of the two NHS foundation trusts was approved by the Boards and Councils of Governors of both organisations in December 2020 and came into effect on 1 February 2021. This merger saw the creation of a newly expanded Guy's and St Thomas' NHS Foundation Trust, with Royal Brompton and Harefield forming a new Clinical Group within the Trust.

Since 2017, Guy's and St Thomas' and Royal Brompton & Harefield NHS Foundation Trusts have been working together, and with colleagues across King's Health Partners, to develop plans to transform care for adults and children with heart and lung disease. This merger is a key step towards achieving these ambitions. To begin with, the merger will mean clinicians and teams working more closely together, building on the partnership work over the last three years, but generally providing services to the same patients and in the same places as they do now.

Subject to the necessary public consultation, children's services will move from the Royal Brompton Hospital site to an expanded Evelina London Children's Hospital at St Thomas' in around four to five years' time. Subsequently, and again subject to consultation, the Trust hopes to build a new centre for heart and lung services at St Thomas', which will be the home to adult heart and lung services from across the new Trust and potentially other partners as well. There are no plans to move services from Harefield Hospital, but these services will be an integral part of the integration across the new Trust.

### **Central and North West London NHS Foundation Trust (CNWL)**

CNWL is a large and diverse organisation, providing health care services for people with a wide range of physical and mental health needs. The Trust employs approximately 7,000 staff who provide integrated healthcare (more than 300 different health services) across 150 sites and in many other community settings. Types of services include:

- **Physical health:** Community treatment for physical conditions that do not require general hospital treatment or conditions that require long-term care. This includes district nursing, health visitors, stroke care and support for people in recovery.
- **Mental health:** Community and hospital treatment for children, adults and older people with mental health problems. Services range from counselling support for mild conditions to rehabilitation treatment for long and enduring mental health problems.
- **Learning disabilities:** Assessment and treatment for people with learning disabilities who also have complex mental health needs and/or challenging behaviour. Services are provided in the community or hospital.
- **Eating disorders:** Admission to hospital or appointment sessions are provided to support men and women with an eating disorder.

- **Addictions:** Community drug and alcohol treatment services are provided, as well as hospital admission when it is needed. Specialist services to address problem gambling, compulsive behaviour and club drug problems are also available.
- **Sexual health:** Appointment and walk-in services are available for anyone who needs them. This includes contraceptive choices, treatment of sexually transmitted infections and HIV testing and treatment.
- **Prison and offender care:** Full healthcare services, including primary healthcare, addictions and mental health support, are provided in a number of prisons. Mental health support is also provided in the community for people who have offended in the past or people at risk of offending.

### **North West London Integrated Care System (NWL ICS)**

In response to the NHS long term plan, which suggested that the number of CCGs will be significantly reduced to align with the number of emerging Integrated Care Systems (ICSs), North West London (NWL) CCGs launched a case for change for commissioning reform on 29 May 2019. The case for change recognised that there were questions on how the CCGs respond to the configuration issues raised by the long term plan which required exploration and resolution. Following the engagement period, the recommendation to governing bodies was to proceed to a formal merger of CCGs from 1 April 2021, using 2020/21 as a transition year to focus on the following:

- System financial recovery
- Development of integrated care at PCN, borough and ICS level
- Building closer working relationships with the local authorities
- The development of a single operating structure across the commissioning system, and meet the expectations of NHSE that the CCG would operate in 2020/21 under a single operating framework, with the associated reduction in management costs and streamlined governance
- To work with providers to develop alternative reimbursement structures from 2020/21 to support delivery of ICP/ICS

On 1 April 2021, the eight Clinical Commissioning Groups in North West London (NWL) became one organisation, and the ICS then came into being in 2022.

### **Healthwatch Hillingdon**

Healthwatch Hillingdon is a health watchdog run by and for local people. It is independent of the NHS and the local Council. Healthwatch Hillingdon aims to help residents get the best out of their health and social care services such as doctors, dentists, hospitals and mental health services and gives them a voice so that they can influence and challenge how health and care services are provided throughout Hillingdon. Healthwatch Hillingdon can also provide residents with information about local health and care services, and support individuals if they need help to resolve a complaint about their NHS treatment or social care.

Healthwatch Hillingdon is one of 152 community focused local Healthwatch. Together, they form the Healthwatch network, working closely to ensure consumers' views are represented locally and nationally led by Healthwatch England.

Healthwatch Hillingdon is all about local voices being able to influence the delivery and design of local services. Not just people who use them, but anyone who might need to in the future. By making sure the views and experiences of all people who use services are gathered, analysed and acted upon, Healthwatch can help make services better now and in the future.

To make sure that the voices of children and young people are heard, Healthwatch Hillingdon created Young Healthwatch Hillingdon (YHwH). YHwH is made up of volunteers who represent the views of children and young people living, working or studying in Hillingdon. They do this by:

- Sharing and promoting information about health issues and services that affect children and young people through events, social media updates and reports.
- Speaking to children and young people and gathering their views about what health issues and services are important to them.
- Working with health and social care services representatives to try to shape and improve services for children and young people.

## **Witnesses**

Representatives from the following organisations have been invited to attend the meeting:

1. The Hillingdon Hospitals NHS Foundation Trust (THH)
2. Central and North West London NHS Foundation Trust (CNWL)
3. Royal Brompton & Harefield Hospitals, Guy's and St Thomas' NHS Foundation Trust (RBH)
4. Hillingdon Health and Care Partners (HHCP)
5. Integrated Care Board (ICB)
6. Healthwatch Hillingdon (HH)
7. The Confederation Hillingdon CIC

## **Health & Care SELECT Committee – Healthwatch Hillingdon Update Report**

### **1. Overview**

This report provides an update on Healthwatch Hillingdon’s recent activity, focusing on three core areas of work:

- **The Patient Experience Programme**
- **The Enter & View (E&V) cycle for 2025/26**
- **The Hospital Discharge project - soon to commence**

The report summarises what has worked well, the challenges that continue to affect delivery, and areas where suggestions/support is requested from the Committee.

### **2. What has worked well**

#### **2.1 Strong resident engagement**

Across GP practices, hospital settings, and care environments, residents have shown high willingness to participate.

#### **2.2 Clear themes from the Patient Experience Programme**

Feedback to date highlights consistent themes in both primary and acute care:

##### **GP Access:**

- Persistent telephone waits
- Difficulties using online consultation systems
- Limited clarity around appointment pathways
- Low awareness of the wider clinical team

##### **Hospital Experience:**

- Strongly positive feedback on staff attitude, communication, and quality of treatment
- Areas of pressure in A&E, particularly long waits and limited real time updates
- Need for realistic timelines for follow-up appointments

Participants have also described uncertainty about processes, expectations, and pathways, reinforcing the need for clearer communication end-to-end.

#### **2.3 Enter & View Programme well received by Providers**

The 2025/26 cycle in nursing homes and assisted living settings has been positively received. It has also enabled constructive conversations with staff and practical recommendations on

- Accessibility and signage

- Environment and cleanliness
- Activities, engagement, and communication
- Staff wellbeing

This has led to practical, provider-led recommendations that settings recognise as implementable.

## **2.4 Hospital Discharge Project – Ready to commence**

Fieldwork design is complete and ready to commence once operational access is confirmed. Focus areas include the quality and clarity of discharge information, continuity of care and how prepared people feel at home post-discharge.

## **3) Where challenges are still being faced**

### **3.1 Operational access barriers**

While strategic partners are supportive, achieving consistent operational-level access has been uneven. This is particularly evident in practice level participation in the Patient Experience Programme and site access for hospital-based work. This delays engagement, reduces coverage, and slows the pace at which borough-wide insights can be produced.

### **3.2 Misalignment with local priorities and limited awareness of the Healthwatch remit**

In some areas, the independent Healthwatch remit is not fully understood, and elements of our work (especially practice engagement) is perceived as duplicative rather than complementary. Where organisational priorities are tightly scoped, our requests being treated as optional affects response rates, even though residents show strong willingness to engage.

## **4) Closing reflection**

Over recent months, our Patient Experience Programme and Enter & View visits have generated valuable insight from residents with consistent themes around communication, access, pathway clarity and real-time updates, alongside highly positive feedback on staff care.

At the same time, operational access barriers are limiting the breadth and pace of data collection. Ensuring clarity of remit and facilitating smoother pathways for access will enable Healthwatch to deliver borough-wide insight more consistently and responsively.

We welcome the Committee's guidance on priority areas and support in strengthening operational access so that resident voice continues to inform quality improvement.

## Central and North West London NHS FT

March 2026

### **Integrated Neighbourhood Teams**

Our work on integrated neighbourhood teams in Hillingdon is receiving national recognition with visits from the Minister of State for Care, Stephen Kinnock MP and local MP Danny Beales in November, The Right Honourable Baron Lord Victor Adebawale, CBE, NHS Confederation Chair in September and Dr Minal Bakhai the Director for Primary Care, Community Transformation and Improvement (PCTI) SRO for the National Neighbourhood Implementation Programme in February.

A key component of neighbourhood working is the ability to share clinical information and jointly care plan between teams. An innovative software called Blinx is being trailed in Hillingdon which enables District Nurses to write directly into the GP clinical systems without duplication. If successful, the benefits would be wide reaching and would be a significant enabler for further joint working between teams.

Our current focus within neighbourhoods is expanding our frailty and proactive care approaches.

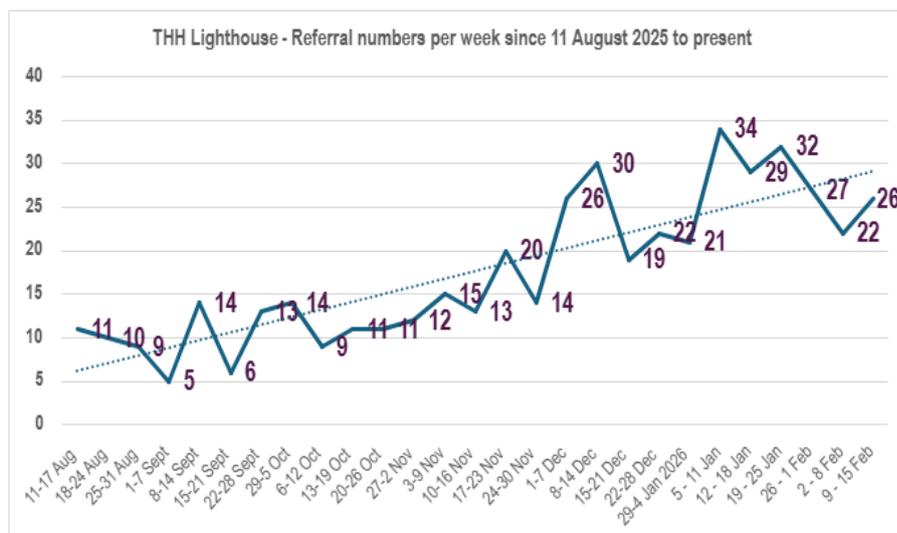
### **Community Services Expansion**

In late 2025, additional recurrent funding was provided across all eight North West London boroughs to expand our Urgent Community Response (UCR) teams, and establish a Hospital at Home function in each borough. The UCR expansion will support patients in a physical health crisis in under two hours to avoid A&E attendance or admission whilst the Hospital at Home will provide additional support for patients after UCR care between days 3 and 17. We have been working through mobilisation of this funding and recruitment is completing.

Additionally, we have secured additional for Palliative Care and Neurology Navigators which we are also recruiting into.

### **Lighthouse**

The Lighthouse is collocated behind THH A&E and aims to provide a therapeutic environment to support patients experiencing a mental health crisis. Capacity has now expanded so that it can support six patients at any one time. We are currently in the process of expanding the staffing model to support this, but initial data is positive with 70% more patients being seen than before this change.



### Children's Neurodevelopmental Assessments

We continue to focus on reducing on waiting lists for children requiring a neurodevelopmental assessment. Due to increasing demand we did have nearly 2,000 children in Hillingdon waiting for an assessment, with some waiting one to two years. In late 2025 we received non-recurrent investment from NWL ICB to reduce the waiting lists which needed to be actioned before the end of March. We therefore have invested in additional capacity including with independent sector providers and are on track to reduce the number waiting to 400 by the end of March. To ensure longer term stability of the pathway, we are also transformed our own assessment pathways to ensure they are as efficient, and safe, as possible whilst utilising new digital technologies such as ambient voice technology. Whilst there will still be a gap in capacity, these changes will enable us to double our productivity and the number of children we see.

### MHST (Mental Health Support Teams) – Wave 14 Rollout

Our MHST teams work with schools to support children with mental health concerns. It is a national model that is being rolled out in waves, and Hillingdon already has approximately 60% coverage. Wave 14 includes additional teams in Hillingdon and we have now recruited staff who are rolling out the model to additional schools.

### Musculoskeletal (MSK) Physiotherapy

The MSK Physiotherapy Transformation Programme has achieved improved DNA rates, delivered successful Community Access Days in January and February, and formalised support via a contract with Shaw Trust.

## **Youth Justice**

Hillingdon's Youth Justice Service (HYJS) has been awarded the National Autistic Society (NAS) Inclusion Award. Making them the first service within the Clinical Justice System and first ever Youth Justice Service in the UK to be presented with this award.

HYJS works closely with CNWL to provide extra support to young people who are brought to the youth court. CNWL provides speech and language therapy and psychology to the young people and their families, and extra support to those who have additional needs, like autism

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### Update Paper for Hillingdon Health and Social Care Select Committee

#### Royal Brompton and Harefield Hospitals

March 2026

### 1.0 Performance

#### 1.1 Referral to Treatment (RTT) and Long Waiting Patients

Significant progress has been made to reduce the number of patients waiting 65-weeks for treatment, with recovery plans indicating that the Trust remains on track to achieve zero 65-week waits by the end of March 2026.

The Trust is also meeting its end of year trajectory for 52 week waits with the cardiology and respiratory services being the most challenged.

The Trust is embarking on a significant programme focussing on transforming outpatient care and making improvements to the non-admitted phase of the patient's pathway. This will incorporate the national requirement to implement 'Advice and Refer' for key identified specialities by October 2026. 'Advice and Refer' will be the receiving point for all GP referrals into hospital, with the outcome being either advice being provided back to the GP as to how they should manage the patient's condition in primary care, or the referral being directed into the hospital. This is one of the national initiatives to manage future demand for hospital care and to ensure patients receive appropriate care in an appropriate setting, delivered by the most appropriate healthcare professional.

Clinically urgent elective cardiac surgery continues to represent a significant operational and safety risk. The Trust currently has approximately 868 patients waiting for elective cardiac surgery, representing 50% of the pan London waiting list. This includes a large cohort of P2 category patients that require surgery within four weeks. As outlined at previous meetings, these patients are closely monitored through the Ortus platform to ensure early identification of deteriorating symptoms which triggers a prompt clinical review.

#### 1.2 Diagnostics (DMO1)

Diagnostic performance continues to represent an operational pressure for the Trust, with the DMO1 position remaining above the national six-week standard. Echocardiography performance is improving with the current Trust position being 18.82% against a target of 17.6%, equating to 219 patients waiting longer than six weeks. The other area of particular concern is sleep studies, which has seen a dramatic increase in referrals associated with the new weight loss injections and the fact that Obstructive Sleep Apnoea (OSA) is a key criterion for accessing these medications.

### 2.0 Cardiothoracic Transplant

Harefield Hospital is delighted to report that to date in 2025/26 they have undertaken 39 lung transplants with a 100% survival rate. This is an approximate 50% increase on the number of lung transplant performed the previous year. There has also been 29 heart transplants undertaken year to date.

### 3.0 Robotic Programme

The utilisation of robotic assisted thoracic surgery as an alternative to conventional video-assisted robotic surgery ('VATS') and open surgery for lung cancer resections has been steadily expanding worldwide. The Royal Brompton currently has a da Vinci robot, and we are awaiting delivery of a new da Vinci robot for use in Harefield Hospital.

The Royal Brompton currently offers navigational bronchoscopy with the Ion robot / cone beam CT for the diagnosis and treatment of lung cancers at an early stage of disease. Funding has recently been awarded to extend this service to Harefield Hospital along with a purpose-built facility. This will significantly improve access to early diagnostics and treatment care for lung cancer patients in NW London.

### **4.0 Cardiogenic Shock**

The Royal Brompton, Harefield and St. Thomas' hospital have all recently been visited by the Pan-London Cardiogenic Shock Board and these visits went very well. Cardiogenic shock is a sudden, life-threatening medical emergency where the heart is so severely damaged it cannot pump enough oxygen-rich blood to meet the body's demands. This leads to rapid organs failure and is fatal in approximately 30 – 50% of cases, even with modern treatment. Despite this service not yet being fully commissioned, our hospitals deliver this highly specialised care which includes the use of mechanical devices to take over the heart's pumping action. It is hoped that a Pan-London Cardiogenic Shock Network will be soon established.

### **5.0 Harefield Clinical Strategy and site development**

The vision for Harefield Hospital is:

*To be international leaders in the management of advanced heart and lung disease, whether acute or non-acute, delivered at scale through the most complete repertoire of treatment modalities, supported and aligned with cutting edge science.*

The ambition is utilise the space, clinical expertise and academic links to create a fully integrated life sciences campus on the Harefield hospital site in partnership with pharma and MedTech.

This development will provide modern facilities for the delivery of highly specialised health care with particular focus on Harefield being a leading centre for heart and lung transplantation, advanced cardiac and respiratory failure support and an acute Heart Attack Centre, with a national and international referral footprint.

The clinical strategy was endorsed by the Board in November 2025, and the programme has now moved into the planning / implementation phase.

## Hillingdon – Health & Wellbeing Narrative (For NWL Annual Report, and Hillingdon Health Select Committee)

### 1. Overall Health & Wellbeing focus for the borough

Hillingdon's draft Joint Health and Wellbeing Strategy sets out a clear, life-course approach to improving outcomes and reducing inequalities, structured around *Best Start in Life, Live Well, Age Well* and *Healthy Places*. The focus is on prevention, early intervention and integrated neighbourhood delivery, recognising rising long-term conditions, frailty, mental health need and the wider determinants of health impacting local communities, including environmental and access challenges. This aligns closely with the North West London Integrated Care Strategy and the shift towards proactive, place-based care, aligning with NWL ICB priorities and 2025/26 delivery.

**The system is stabilising and showing measurable improvement against The Hillingdon Hospital redevelopment baseline**, particularly in discharge performance, frailty management and mental health crisis flow. However, **performance remains above operational targets for ED attendances and bed days**, and the scale of change required to lock in sustainable improvement has not yet been fully delivered.

#### What has improved:

- **Flow and discharge:**  
No Criteria to Reside (NC2R) has reduced materially from pre-intervention levels (**~50/day**) to an average of **~37/day** in January, achieving the  $\leq 34$  target in December.
- **Frailty and preventative care:**  
Frailty case management now covers approximately **50% of the severe frailty cohort**, with early evidence of reduced emergency admissions. This is a critical foundation for reducing future bed-day demand.
- **Mental health crisis response:**  
The redesigned **Lighthouse** model has reduced length of stay by **52%**, increasing throughput and relieving pressure on ED, with most service users now returning home with support rather than being admitted.
- **Community alternatives to hospital:**  
The Reactive Care Coordination Hub is live and simplifying access to urgent community response, while **mobile diagnostics** are demonstrating strong early uptake and evidence of avoided hospital attendances.

### 2. Integrated Neighbourhood Teams (INTs)

The development of INTs directly supports NWL ICB priorities, including the establishment of neighbourhood teams, reducing inequalities through population health management, proactive care and prevention and improving access to high-quality community services.

By embedding proactive care within neighbourhood and primary care-led models, Hillingdon has supported earlier engagement, personalised care planning and better coordination between services. This contributes to wider system goals to reduce non-elective activity, improve quality of life for residents and make best use of finite health and care resources.

**All three INTs fully operational** embedding the care connection teams into the wider INT. Multidisciplinary teams are now active across all three neighbourhoods, providing a consistent neighbourhood model for prevention, proactive and coordinated care. (Combining the W&NL ICB model of Local Care Network and Integrated Neighbourhood team together into the neighbourhood)

- **Frailty case management progressing well.** Early work has commenced to develop a consistent borough-wide frailty operating model starting with a single-neighbourhood pilot and scaling up across all neighbourhoods by April 2026.
- **NNHIP** – Hillingdon is currently participating in the National Neighbourhood Implementation Programme, with delivery progressing well. As part of the pilot, a frailty cohort has been identified within the North Neighbourhood, focusing on patients classified as moderately and severely frail. Interventions are scheduled to commence from the end of February 2026, with outcome measures to be reported from March 2026 onwards
- **Hypertension and long-term conditions. Prevalence has increased to 14%**, the highest in NWL with **optimisation levels remaining stable at 78–80%** also the highest in NWL. Targeted recalls, community engagement events, and outreach activities — including mosque-based sessions — are underway to widen reach and drive further uptake.
- **Hospital to Community (left shift)** – The hospital redevelopment Community Pathway Programme is progressing well, with Phase One pathways (heart failure, cardiac rehab and community headache) advancing through business case development, quality impact assessments and planning for enhanced primary care diagnostics. The programme is also identifying pathways that could be more effectively delivered in community or primary care settings, supporting improved access, earlier intervention and care closer to home.
- **Enablers: Integrated Neighbourhood Hub;** the Estates workstream is progressing development of the three Neighbourhood Hubs, work streams and governance are being integrated to support business case development, including the procurement of legal, finance and design advisors. **Digital;** Hillingdon NNIP has been shortlisted to lead the digital and data workstream in the national programme. **Workforce;** The Hillingdon workforce Passport has been presented to the national NNIP programme and the DHSC, and may be a case study in the forthcoming NHSE 10 year workforce plan.

### 3. Borough-wide Integrated Reactive Care and Urgent Response

The integrated model enables rapid assessment, intervention and short-term support in people's own homes or community settings, helping to prevent unnecessary attendance at urgent treatment centres or emergency departments.

Reactive and urgent response services also play a critical role in supporting timely discharge from hospital, working alongside acute, community and social care partners to reduce delays

and improve transitions of care. This delivery supports NWL ICB priorities to optimise system flow, reduce non-elective admissions and improve discharge outcomes.

## Components of Reactive Care

- **Reactive Care Coordination Hub (Phase 1 – Dec 2025)**

Phase 1 of the Reactive Care Coordination Hub went live in December, providing single-call access for urgent community referrals (8am–8pm, 7 days). The Hub now acts as the single point of access for urgent referrals, crisis response and discharge support, and simplifying pathways for GPs, LAS and hospital teams. Senior Clinical Decision Makers (SCDMs) were embedded in Phase 1, strengthening real-time decision-making and supporting safe management at home. Improved pathways now operate with the Care Connection Teams in neighbourhoods, mobile X-ray Diagnostics and Same Day Access Hubs. Adult Social Care is now embedded into daily handovers/MDTs and strengthen links between the ICC Hub, SCDMs and wellbeing support. Phase 2 will expand to include frailty, mental health and end-of-life coordination.
- **Community IV Antibiotics**

The service continues to deliver **6–8 daily doses** (with 25% utilisation) of IV antibiotics in homes and community settings for conditions requiring intravenous treatment but not hospitalisation. This prevents unnecessary bed days and enables earlier discharge when clinically appropriate.
- **GP-to-SDEC Pathways**

GPs can now refer suitable patients directly to Same Day Emergency Care (SDEC), bypassing the Emergency Department. This pathway ensures faster specialist review and avoids standard ED attendance for conditions that can be managed on the same day. For reactive care, this offers a reliable diversion route for patients who do not require full admission. **GP referrals to SDEC units** has risen from 123 in April 2025 to 211 in November 2025 **over 90% increase in year.**
- **Mobile Diagnostics (X-ray)**

A mobile X-ray pilot is providing diagnostics for housebound and frail residents, preventing the need for hospital radiology attendance. Early activity shows good uptake, with **115 referrals received** (30.4% care homes, 63.5% GP, 4.3% Senior Clinical Decision Maker in the Reactive Care Coordination Hub, 0.9% hospice, 0.9% other). For the four residents and their families in the hospice the quality improvement and positive impact of mobile diagnostics in the hospice has been significant and the CQC has identified it as a quality innovation.
- **Lighthouse Mental Health Crisis Service**

The Lighthouse service provides an alternative to ED for residents experiencing mental health crisis. A new operating model went live in November 2025, increasing capacity from **4 to 6 patients at a time**, with a further expansion to 10 patients planned (following a review due to take place in February). The Lighthouse reduces psychiatric demand in ED and provides a calmer therapeutic setting with rapid access to follow-on support. Phase 2 is being planned to add GP to Lighthouse pathway.

#### 4. Children and Young People's Mental Health and Wellbeing

Improving outcomes for children and young people is a core priority within Hillingdon's Health and Wellbeing Strategy under *Best Start in Life*. During 2025/26, delivery has aligned closely with NWL ICB priorities to improve access to community-based mental health support and early intervention for children and young people.

System-wide focus has been placed on strengthening pathways between education, primary care, community services and specialist mental health provision, supporting earlier identification of need and reducing reliance on crisis-based responses.

Hillingdon Thrive Together! is a new website which has been launched in Hillingdon which brings together all early intervention services in one place. It includes:

- Service directories with clear descriptions of what each service offers.
- Referral processes for each service, making it easier to guide families.
- Self-care tools, videos, and resources for children, young people, parents/carers, and professionals.

Our aim is that the Thrive Framework will help:

- Signpost families confidently to appropriate services and resources.
- Reduce unnecessary CAMHS referrals by offering alternative support options.
- Empower families with tools to manage wellbeing while waiting for specialist help.

In the SW Neighbourhood we have implemented a Childrens Champion/CYP Co-ordinator who works directly with children, young people and their families/carers to discuss and agree the choice of service they may wish to access. Referrals are from GPs who have referred the CYP to CAMHS and the family is waiting for an appointment. The champion has been in post since September and has made significant progress in reducing CAMHS referrals and GP appointments for CYPMH. Since September 136 children and young people supported.

- Average **30% improvement in CYP ONS4 wellbeing scores**
- Average +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)
- **77 successful referrals** from SW neighbourhood GP Practices
- Positive qualitative feedback from families, with parents reporting increased confidence, clarity and feeling listened to.
- Release of **over 22 hours of GP practice**

## CABINET FORWARD PLAN

<b>Committee name</b>	Health and Social Care Select Committee
<b>Officer reporting</b>	Nikki O'Halloran, Democratic Services
<b>Papers with report</b>	Appendix A – Latest Forward Plan
<b>Ward</b>	As shown on the Forward Plan

### HEADLINES

To monitor the Cabinet's latest Forward Plan which sets out key decisions and other decisions to be taken by the Cabinet collectively and Cabinet Members individually over the coming year. The report sets out the actions available to the Committee.

### RECOMMENDATION

**That the Health and Social Care Select Committee notes the Cabinet Forward Plan.**

### SUPPORTING INFORMATION

The Cabinet Forward Plan is published monthly, usually around the first or second week of each month. It is a rolling document giving the required public notice of future key decisions to be taken. Should a later edition of the Forward Plan be published after this agenda has been circulated, Democratic Services will update the Committee on any new items or changes at the meeting.

As part of its Terms of Reference, each Select Committee should consider the Forward Plan and, if it deems necessary, comment as appropriate to the decision-maker on the items listed which relate to services within its remit. For reference, the Forward Plan helpfully details which Select Committee's remit covers the relevant future decision item listed.

The Select Committee's monitoring role of the Forward Plan can be undertaken in a variety of ways, including both pre-decision and post-decision scrutiny of the items listed. The provision of advance information on future items listed (potentially also draft reports) to the Committee in advance will often depend upon a variety of factors including timing or feasibility, and ultimately any such request would rest with the relevant Cabinet Member to decide. However, the 2019 Protocol on Overview & Scrutiny and Cabinet Relations (part of the Hillingdon Constitution) does provide guidance to Cabinet Members to:

- Actively support the provision of relevant Council information and other requests from the Committee as part of their work programme; and
- Where feasible, provide opportunities for committees to provide their input on forthcoming executive reports as set out in the Forward Plan to enable wider pre-decision scrutiny (in addition to those statutorily required to come before committees, *i.e. policy framework documents – see paragraph below*).

As mentioned above, there is both a constitutional and statutory requirement for Select Committees to provide comments on the Cabinet's draft budget and policy framework proposals after publication. These are automatically scheduled in advance to multi-year work programmes.

Therefore, in general, the Committee may consider the following actions on specific items listed on the Forward Plan:

	<b>Committee action</b>	<b>When</b>	<b>How</b>
1	<b>To provide specific comments to be included in a future Cabinet or Cabinet Member report on matters within its remit.</b>	<p>As part of its pre-decision scrutiny role, this would be where the Committee wishes to provide its influence and views on a particular matter within the formal report to the Cabinet or Cabinet Member before the decision is made.</p> <p>This would usually be where the Committee has previously considered a draft report or the topic in detail, or where it considers it has sufficient information already to provide relevant comments to the decision-maker.</p>	<p>These would go within the standard section in every Cabinet or Cabinet Member report called "Select Committee comments".</p> <p>The Cabinet or Cabinet Member would then consider these as part of any decision they make.</p>
2	<b>To request further information on future reports listed under its remit.</b>	<p>As part of its pre-decision scrutiny role, this would be where the Committee wishes to discover more about a matter within its remit that is listed on the Forward Plan.</p> <p>Whilst such advance information can be requested from officers, the Committee should note that information may or may not be available in advance due to various factors, including timescales or the status of the drafting of the report itself and the formulation of final recommendation(s). Ultimately, the provision of any information in advance would be a matter for the Cabinet Member to decide.</p>	<p>This would be considered at a subsequent Select Committee meeting. Alternatively, information could be circulated outside the meeting if reporting timescales require this.</p> <p>Upon the provision of any information, the Select Committee may then decide to provide specific comments (as per 1 above).</p>
3	<b>To request the Cabinet Member considers providing a draft of the report, if feasible, for the Select Committee to consider prior to it being considered formally for decision.</b>	<p>As part of its pre-decision scrutiny role, this would be where the Committee wishes to provide an early steer or help shape a future report to Cabinet, e.g., on a policy matter.</p> <p>Whilst not the default position, Select Committees do occasionally receive draft versions of Cabinet reports prior to their formal consideration. The provision of such draft reports in advance may depend upon different factors, e.g., the timings required for that decision. Ultimately any request to see a draft report early would need the approval of the relevant Cabinet Member.</p>	<p>Democratic Services would contact the relevant Cabinet Member and Officer upon any such request.</p> <p>If agreed, the draft report would be considered at a subsequent Select Committee meeting to provide views and feedback to officers before they finalise it for the Cabinet or Cabinet Member. An opportunity to provide specific comments (as per 1 above) is also possible.</p>
4	<b>To identify a forthcoming report that may merit a post-decision review at a later Select Committee meeting</b>	<p>As part of its post-decision scrutiny and broader reviewing role, this would be where the Select Committee may wish to monitor the implementation of a certain Cabinet or Cabinet Member decision listed/taken at a later stage, i.e., to review its effectiveness after a period of 6 months.</p> <p>The Committee should note that this is different to the use of the post-decision scrutiny 'call-in' power which seeks to ask the Cabinet or Cabinet Member to formally re-consider a decision up to 5 working days after the decision notice has been issued. This is undertaken via the new Scrutiny Call-in App members of the relevant Select Committee.</p>	<p>The Committee would add the matter to its multi-year work programme after a suitable time has elapsed upon the decision expected to be made by the Cabinet or Cabinet Member.</p> <p>Relevant service areas may be best to advise on the most appropriate time to review the matter once the decision is made.</p>

## BACKGROUND PAPERS

- [Protocol on Overview & Scrutiny and Cabinet relations adopted by Council 12 September 2019](#)
- [Scrutiny Call-in App](#)

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Ref	Business Item	Further information	Ward(s)	NEW ITEM	Decision-Maker				Cabinet Member Lead & Officers				Status
					CABINET meeting	Cabinet Member	Shareholder Committee	Full COUNCIL	Cabinet Member(s) Responsible	Relevant Select Committee	Report Author	Corporate Director Responsible	
<b>APRIL 2026</b>													
SI	<b>Public Preview of matters to be considered in private</b>	A report to Cabinet to provide maximum transparency to residents on the private and confidential matters to be considered later in Part 2 of the Cabinet meeting and agenda.	TBC		23 April				TBC	TBC	Democratic Services		Public
SI	<b>Reports from Select Committees</b>	Reports, findings and recommendations for consideration by the Cabinet, when referred from the appropriate Committee.	All		23 April				TBC	TBC	Democratic Services		Public
<b>BOROUGH LOCAL ELECTIONS - 7 MAY 2026</b>													
<b>MAY 2026</b>													
SI	<b>Corporate Disposals Programme 2026/27</b>	As part of the Corporate Disposal programme, Cabinet will consider recommendations on property and land disposals for the financial year 2026-2027 and make the necessary decisions on sites to be declared surplus and provide delegated authority to enable the implementation of any decisions made.	Various		28 May				TBC	TBC	Andrew Low / Richard Mortimer	Dan Kennedy	Private (3)
SI	<b>Minor Property Transactions</b>	This monthly standing report to Cabinet covers operational property matters requiring approval. These may include: granting discounted leases to voluntary organisations; approving easements, wayleaves, or utility leases supporting capital projects; authorising academy school property issues; and agreeing leases for temporary housing or other service-related property needs.	All		28 May				TBC	TBC	Andrew Low	Dan Kennedy	Private (3)
SI	<b>Reports from Select Committees</b>	Reports, findings and recommendations for consideration by the Cabinet, when referred from the appropriate Committee.	Various		28 May				TBC	TBC	Democratic Services		Public
SI	<b>Public Preview of matters to be considered in private</b>	A report to Cabinet to provide maximum transparency to residents on the private and confidential matters to be considered later in Part 2 of the Cabinet meeting and agenda.	TBC		28 May				TBC	TBC	Democratic Services		Public

Ref	Business Item	Further information	Ward(s)	NEW ITEM	Decision-Maker				Cabinet Member Lead & Officers				Status
					CABINET meeting	Cabinet Member	Shareholder Committee	Full COUNCIL	Cabinet Member(s) Responsible	Relevant Select Committee	Report Author	Corporate Director Responsible	
SI	<b>Review of Council Constitution</b>	The Council may reviews it's Constitution on a regular basis and may make changes at any Council meeting. The Annual Council meeting in May also provides an opportunity for such reviews at the start of the new Municipal Year, if any changes are required.	N/A					14 May (AGM)	N/A	N/A	Lloyd White		Public
SI	<b>Annual Report of the Select Committees</b>	This annual report sets out the important work undertaken by the Council's Select Committees during the previous Municipal Year. The Select Committee are responsible for monitoring and scrutinising council services and the Cabinet, holding to account external bodies and making recommendations on policy to the decision-making Cabinet.	N/A					14 May (AGM)	N/A	All	Mark Braddock		Public
<b>JUNE 2026</b>													
120 Page 30	<b>Age Friendly Plan</b>	Following Cabinet's consideration of a draft Age Friendly Delivery Plan for older people in December 2025 and further consultation and engagement on this, Cabinet will consider approval of the Plan and consider annual updates on its progress each May.	N/A	NEW ITEM	25 June				TBC	TBC	Sarah Durner / Gary Collier	Sandra Taylor	Public
82b	<b>West London Waste Plan (policy framework)</b>	Following consultation, Cabinet will consider regulation 19 consultation to commence on the Joint Waste Plan. This Plan forms part of the Council's development plan documents, therefore it is policy framework.	N/A	NEW ITEM	25 June			26 November	TBC	TBC	Gavin Polkinghorn	Dan Kennedy	Public
45a	<b>Housing Strategy (Policy Framework)</b>	The Housing Strategy is a key policy framework document and provides the borough's strategic direction and priorities for housing services. Cabinet will approve commencement of formal consultation process. This is policy framework document under the Council's Constitution so it will be subject to statutory public consultation including by the relevant select committee, before further Cabinet, and ultimately full Council, consideration.	All		25 June			26 November	TBC	TBC	Debbie Weller	Dan Kennedy	Public

Ref	Business Item	Further information	Ward(s)	NEW ITEM	Decision-Maker				Cabinet Member Lead & Officers				Status
					CABINET meeting	Cabinet Member	Shareholder Committee	Full COUNCIL	Cabinet Member(s) Responsible	Relevant Select Committee	Report Author	Corporate Director Responsible	
84a	<b>Local Plan - Draft for consultation (policy framework)</b>	To seek Cabinet agreement to undertake a public consultation on the Local Plan at Draft Plan stage in line with Regulation 18 of the Town and Country Planning (Local Planning) (England) Regulations. This is policy framework document under the Council's Constitution so it will be subject to statutory public consultation including by the relevant select committee, before further Cabinet, and ultimately full Council, consideration.	All		25 June			Date TBC	TBC	TBC	Gavin Polkinghorn	Dan Kennedy	Public
26	<b>Biannual Performance Report</b>	Cabinet will receive its biannual report performance report for the current year, looking back on how the Council is delivering on key service metrics and the Council Strategy - and looking ahead at planned actions.	All		25 June				TBC	TBC	Ian Kavanagh	Matthew Wallbridge	Public
63	<b>Carers Strategy Update</b>	Cabinet will receive a progress report on the Carers Strategy and Delivery Plan and the priorities going forward.	N/A		25 June				TBC	TBC	Gary Collier	Sandra Taylor	Public
63	<b>Budget Outturn 2025/26</b>	Cabinet will review the Council's budget outturn position for the previous financial year.	All		25 June				TBC	TBC	Andy Goodwin	Steve Muldoon	Public
SI	<b>Corporate Disposals Programme 2026/27</b>	As part of the Corporate Disposal programme, Cabinet will consider recommendations on property and land disposals for the financial year and make the necessary decisions on sites to be declared surplus and provide delegated authority to enable the implementation of any decisions made.	Various		25 June				TBC	TBC	Andrew Low / Richard Mortimer	Dan Kennedy	Private (3)
SI	<b>Minor Property Transactions</b>	A regular report to Cabinet on minor property matters that may arise during the course of the year that require a Cabinet decision. These will relate to discounted leases to voluntary sector organisations and/or any easements, wayleaves and leases relating to utilities in order to support the Council's capital programmes and other such similar matters.	All		25 June				TBC	TBC	Andrew Low	Dan Kennedy	Private (3)
66	<b>Reports from Select Committees</b>	A report from the Select Committee into Homelessness and the customer journey	All		25 June				TBC	TBC	Democratic Services	N/A	Public

Ref	Business Item	Further information	Ward(s)	NEW ITEM	Decision-Maker			Cabinet Member Lead & Officers				Status	
					CABINET meeting	Cabinet Member	Shareholder Committee	Full COUNCIL	Cabinet Member(s) Responsible	Relevant Select Committee	Report Author		Corporate Director Responsible
SI	<b>Public Preview of matters to be considered in private</b>	A report to Cabinet to provide maximum transparency to residents on the private matters to be considered later in Part 2 of the Cabinet meeting and agenda.	TBC		25 June				TBC	TBC	Democratic Services	TBC	Public
93	<b>Stronger Families / Family Help Strategy</b>	The Cabinet Member will consider a strategy that aligns with emerging national reforms and strengthens the delivery of early help and family support across the borough. The strategy aims to modernise practice, improve operational effectiveness, and ensure services remain responsive to the diverse and evolving needs of children and families. A central element of this transformation is the redesign of the Stronger Families Early Help service in line with the Family Help model. This model emphasises earlier, more effective intervention; seamless multi agency collaboration; and the empowerment of families to build resilience and reduce the need for statutory involvement. It also seeks to improve access to the right support at the right time, while embedding a child centred and whole family approach within all areas of practice.	All			June			TBC	TBC	Antony Madden / Vali Danciu / Tehseen Kauser	Julie Kelly	Public
<b>JULY 2026</b>													
104	<b>Landlord Service Annual Complaint &amp; Service Improvement Report 2025/26</b>	Cabinet will review the Landlord Service Annual Complaints and Service Improvement report before submission to the Housing Ombudsman.	N/A	NEW ITEM	23 July				TBC	TBC	Sam Strong / Debbie Weller	Dan Kennedy	Public
94	<b>Hillingdon Parking Strategy</b>	The Cabinet will consider a Parking Strategy following public consultation. A parking strategy will seek to establish a framework through which the Council will provide a fair, accessible, and sustainable parking service that supports residents, local businesses, and visitors, while contributing to Hillingdon's wider transport, economic, environmental, and land use goals.	All		23 July				TBC	TBC	Richard Webb	Dan Kennedy	Public

Ref	Business Item	Further information	Ward(s)	NEW ITEM	Decision-Maker				Cabinet Member Lead & Officers				Status
					CABINET meeting	Cabinet Member	Shareholder Committee	Full COUNCIL	Cabinet Member(s) Responsible	Relevant Select Committee	Report Author	Corporate Director Responsible	
24	<b>Temporary Accommodation Action Plan Monitoring</b>	Cabinet will receive a quarterly update, or at a frequency as determined by the Cabinet Member, on progress on the delivery of the Temporary Accommodation Strategy and Action Plan presented to Cabinet in February 2025. This will be aligned with the Homelessness Prevention and Rough Sleeping Strategy and the Medium-Term Financial Strategy, which is to include details of actions taken to bring empty homes across the Borough back into occupation.	All		23 July				TBC	TBC	Debbie Weller	Dan Kennedy	Public
SI	<b>Corporate Disposals Programme 2026/27</b>	As part of the Corporate Disposal programme, Cabinet will consider recommendations on property and land disposals for the financial year and make the necessary decisions on sites to be declared surplus and provide delegated authority to enable the implementation of any decisions made.	Various		23 July				TBC	TBC	Andrew Low / Richard Mortimer	Dan Kennedy	Private (3)
SI	<b>Minor Property Transactions</b>	This monthly standing report to Cabinet covers operational property matters requiring approval. These may include: granting discounted leases to voluntary organisations; approving easements, wayleaves, or utility leases supporting capital projects; authorising academy school property issues; and agreeing leases for temporary housing or other service-related property needs.	All		23 July				TBC	TBC	Andrew Low	Dan Kennedy	Private (3)
SI	<b>Consideration of setting a licensed deficit budget for any schools in the Borough</b>	A standard report each year, where Cabinet may consider whether it is required to set any licensed deficit budget for any schools that have applied.	TBC		23 July				TBC	TBC	Luisa Hansen	Steve Muldoon / Julie Kelly	Public
SI	<b>Monthly Council Budget - monitoring report</b>	The Cabinet receives a monthly report setting out in detail the Council's revenue and capital position.	All		23 July				TBC	TBC	Andy Goodwin	Steve Muldoon	Public
SI	<b>Reports from Select Committees</b>	Reports, findings and recommendations for consideration by the Cabinet, when referred from the appropriate Committee.	All		23 July				TBC	TBC	Democratic Services	N/A	Public

Ref	Business Item	Further information	Ward(s)	NEW ITEM	Decision-Maker			Cabinet Member Lead & Officers				Status	
					CABINET meeting	Cabinet Member	Shareholder Committee	Full COUNCIL	Cabinet Member(s) Responsible	Relevant Select Committee	Report Author		Corporate Director Responsible
SI	<b>Public Preview of matters to be considered in private</b>	A report to Cabinet to provide maximum transparency to residents on the private matters to be considered later in Part 2 of the Cabinet meeting and agenda.	TBC		23 July				TBC	TBC	Democratic Services	TBC	Public
<b>Schedule of Individual Cabinet Member Decisions that may be taken each month (standard items non key-decisions)</b>													
SI	<b>Urgent Cabinet-level decisions &amp; interim decision-making (including emergency decisions)</b>	The Leader of the Council has the necessary authority to make decisions that would otherwise be reserved to the Cabinet, in the absence of a Cabinet meeting or in urgent circumstances. Any such decisions will be published in the usual way and reported to a subsequent Cabinet meeting for ratification. The Leader may also take emergency decisions without notice, in particular in relation to the COVID-19 pandemic, which will be ratified at a later Cabinet meeting.	Various						Cllr Ian Edwards - Leader of the Council	TBC	TBC		Public / Private
SI Page 34	<b>Release of Capital Funds</b>	The release of all capital monies requires formal Member approval, unless otherwise determined either by the Cabinet or the Leader. Batches of monthly reports (as well as occasional individual reports) to determine the release of capital for any schemes already agreed in the capital budget and previously approved by Cabinet or Cabinet Members	TBC						Cllr Eddie Lavery - Finance & Transformation (in conjunction with relevant Cabinet Member)	All - TBC by decision made	various		Public but some Private (1,2,3)
SI	<b>Petitions about matters under the control of the Cabinet</b>	Cabinet Members will consider a number of petitions received by local residents and organisations and decide on future action. These will be arranged as Petition Hearings.	TBC						All	TBC	Democratic Services		Public
SI	<b>To approve compensation payments</b>	To approve compensation payments in relation to any complaint to the Council in excess of £1000.	n/a						All	TBC	various		Private (1,2,3)
SI	<b>Acceptance of Tenders</b>	To accept quotations, tenders, contract extensions and contract variations valued between £50k and £500k in their Portfolio Area where funding is previously included in Council budgets.	n/a						Cllr Ian Edwards - Leader of the Council OR Cllr Eddie Lavery - Finance & Transformation / in conjunction with relevant Cabinet Member	TBC	various		Private (3)

Ref	Business Item	Further information	Ward(s)	NEW ITEM	Decision-Maker			Cabinet Member Lead & Officers				Status	
					CABINET meeting	Cabinet Member	Shareholder Committee	Full COUNCIL	Cabinet Member(s) Responsible	Relevant Select Committee	Report Author	Corporate Director Responsible	Public or Private (with reason)
SI	<b>All Delegated Decisions by Cabinet to Cabinet Members, including tender and property decisions</b>	Where previously delegated by Cabinet, to make any necessary decisions, accept tenders, bids and authorise property decisions / transactions in accordance with the Procurement and Contract Standing Orders.	TBC			Cabinet Member Decision - date TBC			All	TBC	various		Public / Private (1,2,3)
SI	<b>External funding bids</b>	To authorise the making of bids for external funding where there is no requirement for a financial commitment from the Council.	n/a			Cabinet Member Decision - date TBC			All	TBC	various		Public
SI	<b>Response to key consultations that may impact upon the Borough</b>	A standard item to capture any emerging consultations from Government, the GLA or other public bodies and institutions that will impact upon the Borough. Where the deadline to respond cannot be met by the date of the Cabinet meeting, the Constitution allows the Cabinet Member to sign-off the response.	TBC			Cabinet Member Decision - date TBC			All	TBC	various		Public
SI	Standard Item that may be considered each month/regularly												

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## WORK PROGRAMME

<b>Committee name</b>	Health and Social Care Select Committee
<b>Officer reporting</b>	Nikki O'Halloran, Democratic Services
<b>Papers with report</b>	Appendix A – Work Programme
<b>Ward</b>	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	CR6
Wednesday 30 September 2026, 6.30pm	CR6
Wednesday 11 November 2026, 6.30pm	CR6

<b>Meetings</b>	<b>Room</b>
Tuesday 12 January 2027, 6.30pm	CR6
Tuesday 16 February 2027, 6.30pm	CR6
Tuesday 16 March 2027, 6.30pm	CR5
Tuesday 20 April 2027, 6.30pm	CR6

### **Implications on related Council policies**

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

### **How this report benefits Hillingdon residents**

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

### **Financial Implications**

None at this stage.

### **Legal Implications**

None at this stage.

### **BACKGROUND PAPERS**

NIL.



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