

Minutes

HEALTH AND SOCIAL CARE SELECT COMMITTEE

13 September 2023



Meeting held at Committee Room 5 - Civic Centre

	<p>Committee Members Present: Councillors Nick Denys (Chairman), Philip Corthorne (Vice-Chairman), Kaushik Banerjee (In place of Adam Bennett), Tony Burles, Reeta Chamdal, June Nelson and Sital Punja (Opposition Lead)</p> <p>Also Present: Steve Curry, Chief Executive, Harlington Hospice & Michael Sobell Hospice / H4All Sue Jeffers, Joint Lead Borough Director, North West London Integrated Care Board (NHS NWL ICB) Vanessa Odlin, Managing Director for Hillingdon and Mental Health Services, Goodall Division, Central and North West London NHS Foundation Trust (CNWL) Dr Ritu Prasad, Chair, Hillingdon GP Confederation Chris Reed, Hillingdon Group Manager, London Ambulance Service NHS Trust Derval Russell, Harefield Hospital Site Director, Royal Brompton and Harefield Hospitals - Guy's and St Thomas' NHS Foundation Trust Keith Spencer, Managing Director, Hillingdon Health and Care Partners (HHCP) Lisa Taylor, Managing Director, Healthwatch Hillingdon Patricia Wright, Chief Executive, The Hillingdon Hospitals NHS Foundation Trust</p> <p>LBH Officers Present: Nikki O'Halloran (Democratic, Civic and Ceremonial Manager), Andy Goodwin (Head of Strategic Finance) and Chris Mayo (Assistant Director Financial Management)</p>
14.	<p>APOLOGIES FOR ABSENCE (<i>Agenda Item 1</i>)</p> <p>Apologies for absence had been received from Councillor Adam Bennett (Councillor Kaushik Banerjee was present as his substitute).</p>
15.	<p>DECLARATIONS OF INTEREST IN MATTERS COMING BEFORE THIS MEETING (<i>Agenda Item 2</i>)</p> <p>There were no declarations of interest in matters coming before this meeting.</p>
16.	<p>MINUTES OF THE MEETING HELD ON 20 JUNE 2023 (<i>Agenda Item 3</i>)</p> <p>RESOLVED: That the minutes of the meeting held on 20 June 2023 be agreed as a correct record.</p>
17.	<p>EXCLUSION OF PRESS AND PUBLIC (<i>Agenda Item 4</i>)</p> <p>RESOLVED: That all items of business be considered in public.</p>
18.	<p>HEALTH UPDATES (<i>Agenda Item 5</i>)</p> <p>The Chairman welcomed those present to the meeting.</p>

Central and North West London NHS Foundation Trust (CNWL)

Ms Vanessa Odlin, Managing Director – Goodall Division at CNWL, apologised that the update included in the report on the agenda had not been the current version. The correct document had been tabled for Members and would be updated on the Council website.

With regard to children's mental health, Ms Odlin noted that CAMHS had been meeting its response time targets in Hillingdon and no patients were going outside of the area for admission. However, the number of patients at Hillingdon Hospital that were waiting for a bed for more than 12 hours had become a concern. This was currently between one and nine patients each week and needed to be reduced to zero. Access to Improving Access to Psychological Therapies (IAPT) also needed more work.

Members were advised that the community mental health hubs had been set up, combining primary and secondary adult mental health services. This supported the "no wrong front door" approach which had also been included in training. Ms Odlin advised that there had been an increase of over 600 in the caseload at the community hubs between April and September 2023 which demonstrated that they were being accessed. Members asked that further information be provided in relation to the "no wrong front door" approach in relation to those in crisis and how this had been working.

The Lighthouse had been opened at Hillingdon Hospital in August 2023 to provide people with mental health issues with a range of therapeutic interventions in an appropriate space near to Hillingdon's Emergency Department (ED), seven days a week from 8am to 8pm with third sector support. Although CNWL had had the capital, it had not had the revenue to bolster this team to enable them to extend the service to 24/7. However, CNWL had submitted a bid to North West London Integrated Care Board (NWL ICB) to extend the service to 24/7 with the hope that it would be up and running by Christmas 2023.

Members questioned the impact that services such as The Lighthouse and Crisis House had had with regard to improved outcomes for individuals and easing the pressure on other services. Ms Odlin advised that The Lighthouse model would need to be reviewed to get it open 24/7 and take on more patients that were in crisis. Since its move, the Crisis House had seen a significant increase in access - 75%-80% now with only one patient admitted to hospital.

As well as renovating the existing Health Based Place of Safety (HBPOS), an additional HBPOS had been opened at the Hillingdon Hospital site. The Crisis Café had also been moved to a more accessible location at the back of the Crisis House.

Ms Odlin advised that she had been liaising with Mrs Armelle Thomas who had laid down a challenge to get a wellbeing bus in place in the Heathrow Villages. This idea had been worked up and it was anticipated that it would be available by the end of September 2023. The bus could be whatever it needed to be. It was anticipated that an IAPT specialist would be available on the bus along with a practice nurse (who would be able to do things like blood pressure checks, basic health checks and possibly flu and Covid vaccinations). The focus would initially be providing the service once a week in the Heathrow Villages as it was recognised that there was a need there, but it would not be permanent as other areas would also need the services that the bus could provide. Once the service was up and running, consideration would need to be given to what other services were needed and could be provided on the bus

so that this could be developed further (the inclusion of a pharmacy could be investigated along with a GP). CNWL had sourced the bus from the Council as it met the service's resource needs. The Chairman asked that further information on the development, experience and coverage of the wellbeing bus be provided at the meeting on 23 January 2024. It was agreed that the Chairman and Labour Lead undertake a site visit once the wellbeing bus was in place.

It was noted that residents had seen another NHS bus located in the area which had been doing some ad hoc work. Ms Odlin had been made aware of this bus and had been looking into it as it had not been organised by her team. Ms Sue Jeffers, Joint Borough Lead Director at NWL ICB, advised that this bus had been commissioned to attend the Primary Care Network (PCN) roadshows.

There were three key areas of work which CNWL had been focusing on in its physical health services which aligned to Hillingdon Health and Care Partners (HHCP) key priorities: integrated community nursing at neighbourhood level; end of life services; and integrated musculoskeletal (MSK) services.

With regard to police attendance at non-life threatening mental health related calls, Ms Odlin advised that the start date for *Right Care, Right Place* had been deferred to 1 November 2023. Meetings between the NHS and police had been set up to establish what this would mean in practice so it was thought that Hillingdon would be in a good place once it started.

In January 2022, there had been 200 children waiting for their first appointment with a further 325 children having had their first appointment but waiting for their treatment to start. Significant work had been undertaken to reduce these figures to 41 children waiting for their first appointment (80% reduction), with 191 children waiting for treatment to start (41% reduction). Quality improvement work had been undertaken which had included offering evening and weekend appointments and providing group sessions. Ms Oldin would establish how long the 325 children were having to wait for their treatment to start and forward this on to the Committee.

It was noted that there continued to be a significant number of inappropriate referrals made to CAMHS which created additional pressure on the service and skewed the performance. A mental health summit had been held in September where there had been some discussion about how to get signposting out to those that needed it so that they could self-refer. It was anticipated that the presence of an IAPT officer on the wellbeing bus could help to generate more appropriate referrals. It was suggested that there might be a correlation between the number of inappropriate referrals and the availability / awareness of services offered and that perhaps this should be investigated further.

Hillingdon Health and Care Partners (HHCP)

Mr Keith Spencer, Managing Director of HHCP, advised that many of the HHCP partners were present at the meeting. The Integrated Neighbourhood Team Development had been tackling health inequalities from a population health approach and looked to move care closer to residents. Work had also been undertaken to provide a more integrated care for people that were at the end of their life. Progress had been made in implementing a new targeted operating model which had been introduced to change the models of care in relation to things such as early discharge and new hospital activity. It was anticipated that, by December 2023, the PCNs would have been built upon and six neighbourhood teams should be in place. This work

would see the integration of physical and mental health and would give it a common management structure. This was thought to be the first of this type of model in the country and would break down the silos that currently existed which forced residents to have to keep repeating their story. Members asked that further detail in relation to the effectiveness of the common management structure be brought back to the Committee at its meeting on 23 January 2024.

Adult social care teams would be aligning with the Integrated Neighbourhoods by December 2023 which would help with things like the coordination of services for Heathrow Villages. Effort would also be made to try to collocate teams so that they had the opportunity to have corridor conversations and build relationships with colleagues.

Members noted that social care had been included in the working arrangement and queried how this was being managed. Mr Spencer advised that breaking down barriers had been a challenge but that there had been significant proactive engagement from the local authority over the last six months which had been a game changer. Adult Social Care had been the first body to port staff onto the neighbourhood organisations and the management of social workers still sat with the local authority. Hillingdon had been the only local authority that had agreed to organise services around the neighbourhoods.

Mr Spencer noted that two same day urgent care hubs had been planned with a third likely in Uxbridge: Mead House had been opened in July 2023; and it was hoped that one would be opened in Hayes in October 2023. It was anticipated that these hubs would divert some patients away from using A&E and the London Ambulance Service. These hubs were being funded through NWL ICB as a trailblazer project. Dr Prasad advised that it was hoped that the final destination for the Hayes Hub would be on the Nestles site. The space would need to be multifunctional and all partners would need to be visible. The plan was to have three large hubs with diagnostic capabilities and three smaller sites. The Council's Chief Executive had been involved in collaborative working to look at the availability of estate in Hillingdon and affect a sea change in approach.

Mead House had two GPs working 10.30am to 6.30pm, providing 22 face-to-face appointments and 30 video appointments each day. There were also four 111 appointments and capacity for fourteen redirections from the Urgent Care Centre available each day. Currently, GPs would need to book appointments for patients in the hubs but consideration was being given to the possibility of residents booking appointments directly.

Action had been taken to providing services closer to home through primary care that had previously only been undertaken in hospitals. This included ECGs and phlebotomy. Services were being looked at across the piste and being brought together where possible to afford economies of scale on management so that savings could be reinvested in front line services.

The Hillingdon Joint Strategic Needs Assessment had identified that hypertension was a major source of ill health in the Borough. As such, action was being taken to increase the uptake of blood pressure screening – this would be a service that would be available on the wellbeing bus. Members congratulated partners on the work that had been undertaken to address hypertension and noted that a review was underway to establish why investment per head in outer London was less than in inner London.

Dr Prasad advised that action was being taken to actively find cases of hypertension through community roadshows and various projects had been undertaken in primary care to identify individuals with high blood pressure (BP). Collaborative work was also underway with the Council to do BP checks in libraries and a loan system had been set up for BP monitors. Social prescribers had been talking to patients about improving their diet and had been giving out leaflets. It was suggested that awareness raising and BP checks could be done in barber shops.

Insofar as reactive care was concerned, it was noted that there were a number of services that operated in silos. These services were being brought together in single teams with a view to preventing 999 calls and ED attendances. Progress was being made but it had been challenging as there was a restricted care home market in Hillingdon. This was possibly the most joined up piece of work that was being undertaken and a key focus but it was very hard to do.

On 15 May 2023, a new model had been introduced for end of life care. Mr Steve Curry, Joint Chief Executive at Harlington Hospice and the Michael Sobell Hospice Charity, noted that this model had been based around what the patients and their families needed and provided for families that were dealing with anxiety and wanted answers and guidance. Often people would not know what to do when they were discharged from a hospice. Healthwatch had undertaken a survey and action had been taken to ensure the early identification of people who would benefit from palliative care (this was around 3.3k people in the Borough at any one time). It seemed that those individuals that could easily be given a prognosis found that they received a smooth service but this was not necessarily the case when the prognosis was not straightforward.

Work had been undertaken to speak to family members before a crisis arose. These crises arose as a result of things like medical treatment, finances and anxiety so there had been some integration with third sector partners to support this. The aim was to keep people at home for as long as possible, which was what the majority of patients wanted. A 24/7 helpline was available for families to call if they were anxious about a patient that was at home.

It was noted that there had been an increase in the number of patients with a universal care plan. Mr Curry advised that the Hospices had been working with the hospital team to adopt a simple approach as there was only one chance to get end of life care right.

The Chairman noted that there had been an item on the recent NWL Joint Health Overview and Scrutiny Committee (JHOSC) about the Palliative Care Strategy and about standardising care. Mr Curry stated that the Strategy had been based on national guidance and had been similar to the approach that was already taken in Hillingdon. In fact, Hillingdon went that little bit further than the rest of NWL so had acted as a test area in ensuring that residents had as good a death as possible and that it was a positive experience for those that were left behind.

With regard to an individual's preference on where they wanted to die, Mr Curry noted that this would often change over time so it was important to deal with the psychological issues. The subject would need to be revisited time and again but he was fairly sure that most people did not want to die in hospital, even though that was where most people did die.

Members recognised that there was often a difference between what was planned and what actually happened and that parts of the vision were likely to change over time after contact with reality. Mr Spencer advised that the model had been put together as a design template by clinicians and other professionals and that it had been important to not overdesign things so that there was space to pragmatically implement the model. Dr Ritu Prasad, Chair of the GP Confederation, advised that they had kept the model simple and that district nurses and social care would therefore be able to get initiatives off the ground whilst also working on other elements of the model and addressing any issues at the same time.

With regard to staffing, Ms Jeffers advised that real shortages of a number of clinical specialists had been identified such as pharmacists and podiatrists. These areas were now being focussed on to identify vacancy rates and to undertake recruitment campaigns to address the shortages. There were also opportunities in schools to increase the number of students training in these areas.

It had been recognised that a small proportion of the population accounted for the majority of the health and social care spend. To counter this, an ongoing training programme had been put together for carers and staff in care homes to help them to determine when it was appropriate to call an ambulance for an elderly resident that had fallen. The care home service saw matrons, doctors, occupational therapists, tissue viability nurses, etc, working together to prevent hospital admissions.

The Hillingdon Hospitals NHS Foundation Trust (THH)

Ms Patricia Wright, Chief Executive at THH, advised that the situation two years ago had not been very positive but that the Trust had since been on a long journey. THH had developed a 2023/24 Business Plan which had outlined its approach to delivering the national planning priorities and the NWL Acute Provider Collaborative priorities alongside delivering Year 1 of the Trust Strategy 2022-27. The Trust Strategy had been revisited during September 2022 and a six month update had been provided on the six strategic objectives with the big ticket items for 2023/24 being:

1. Cerner implementation Go live November 2023 – huge change programme;
2. Delivery of financial plan and reduction in financial deficit;
3. Increased efficiency and productivity within the Trust and working closely with partners (Mr Spencer had already highlighted some of this work);
4. Delivery of elective recovery targets and reduction in elective backlog;
5. Next phase of 'Decant and Enable' work towards to the new hospital; and
6. Focus on improving staff health and wellbeing.

The aim of the Trust's quality objective in 2023/24 was to provide high quality care that strove to achieve a 'Good' overall rating with no criteria being assessed as inadequate against the CQC criteria. The Trust was committed to delivering "consistent high quality, safe and compassionate care" but it was noted that the CQC rating would not change unless there was a full inspection undertaken. It was anticipated that the CQC would be visiting the maternity units in all Trusts by the end of October 2023. This inspection had already taken place at Hillingdon Hospital with a verbal update provided and the formal report expected in the next few weeks.

The new Patient Safety Incident Reporting Framework (PSIRF) was being introduced in tranches with a focus on all incidents, not just the worst ones. This phased approach would allow the Trust to review developments as they arose and put responses in place.

Ms Wright noted that the Trust had not had a positive staff survey response and that it had been deteriorating since 2016. This had been affected by a previous lack of stability in the senior management team, the advent of Covid and the introduction of ULEZ in outer London (which had had a particular impact on paediatrics). Staff turnover at THH was currently at about 11%, which was about the same as other Trusts, and the vacancy rate had been dropping.

Over the last six months, THH had continued to prioritise staff engagement and health and wellbeing by recognising staff and putting wellbeing packages in place. The staff awards had been reactivated and online "shout outs" had been initiated. Cultural change was needed so that staff would start recommending the Trust as a good place to work and a good place to get treatment (currently THH was rated as the worst in London in relation to these metrics).

It was suggested that the achievement of savings was likely to increase individual staff workloads and that this would impact on staff satisfaction levels. Furthermore, consideration would need to be given to the measures that were put in place to address this as each of the teams would be facing different issues (for example, there were fewer staff available at night on the paediatric ward to reassure parents). Ms Wright advised that the savings plan had been based on improving productivity and reducing wastage. There were some services which had been run with a lot of agency and locum support so the right things were now being put in place and things that had been ad hoc and higher cost were being substantiated. In addition, the National Safer Staffing Tool had been used and it had been recognised that there was a higher acuity in children so therefore there needed to be more investment in paediatric night staff.

Concern had been expressed by some residents about the reputation of Hillingdon Hospital in relation to some services and Members queried how the Trust would improve its performance in relation to being a good place to work or get treatment. Ms Wright advised that reducing the waiting time for appointments and diverting patients to their GPs would improve this situation. There had been examples of where the performance had improved that needed to be communicated more widely to demonstrate how the Trust had moved forward.

It was noted that the media had recently been highlighting allegations of sexual harassment in hospitals and Members queried how this was dealt with at THH. Ms Wright advised that no issues had been raised by female surgeons at the Trust but that it was important to continually monitor the situation. THH had a "Freedom to speak up" policy which encouraged staff to report any form of harassment and all related policies were being checked. There was also a "Freedom to speak up" guardian who was accessible to all staff and a lead from the senior executive team and one from the non-executives. With regard to anonymity, Ms Wright noted that it was often easier to deal with the issues if the person reporting was known. Consideration was given to whether to deal with concerns about patient care or staff treatment internally or externally on a case-by-case basis.

The Trust had reduced its overall waiting list (even with industrial action) in support of its 2023/24 performance objective to improve waiting time performance. The reduction in long waiters was ahead of plan with an expectation that no patient would wait more than 65 weeks by the end of November 2023. The number of 52+ week waits had increased in the previous year and there had been a focus on reducing this. Progress had been made but, as with other Trusts, ENT tended to be the area with the longest

waits. By 31 July 2023, the Trust had provided first definite treatment to all but two patients that had been on elective care waiting lists for 78+ weeks. THH had managed to achieve 80% theatre utilisation and improvements had also been made in the Did Not Attend (DNA) rate. The average waiting time at month 4 was 20 weeks. However, emergency performance had been below expected rates which were currently around 70% but were expected to increase to 76% by March 2024 as a result of the introduction of improvements in triage, flow and discharge.

The Trust had delivered its financial plan for 2022/23 of a £5.6m deficit and the external audit of the Trust's annual accounts had been completed. The Trust had submitted a compliant break-even financial plan for 2023/24 and was on track to deliver planned savings of £18.5m. The Trust had received notification this month that NHS England had approved a move from National Oversight Framework (NOF) category 4 to NOF 3 and that all existing enforcement undertakings had been lifted. It was now being recognised that the deficit was a system deficit and not a Trust deficit.

With regard to strategic programmes, Ms Wright advised that the electronic patient record system (CERNER) would be going live on 6 November 2023. The system would provide a single electronic patient record for the Trust, incorporating a number of standalone systems and paper records that currently prevented the delivery of coordinated care. Once implemented at the Trust, there would be a single patient record across all four acute trusts in NWL which would then streamline patient pathways and reduce variability in care. Ms Wright would provide Members with an update at their meeting on 23 April 2024.

Although Members were really pleased that a more joined up approach had been taken to accessing patient records, it was disappointing that this system did not link up with all other systems across the country. However, it was possible to transfer data between the different systems. It was noted that some staff might find this system more difficult to navigate.

Members were advised that the new hospital development was on track to be built by 2030. The enabling and decant programme would be continuing at pace.

The Trust had committed to working in partnership with colleagues across NWL to provide the best care for residents. As part of a national agreement, the NWL Acute Provider Collaborative had been established and had an approved business plan that focussed on five Chief Executive led programmes of work: quality, infrastructure, digital, finance and people. In July 2023, a closer working relationship had also been developed between the senior leadership teams at THH and Chelsea and Westminster NHS Foundation Trust to share learning and deliver high quality care to the local population. This had created a much more positive message.

Ms Wright advised that THH worked closely with The London Ambulance Service NHS Trust (LAS) and that there were no massively high ambulance delays in Hillingdon. The Trust and LAS had worked closely to improve procedures and get patients into bays to release LAS staff as quickly as possible. As a result, the 15 and 30 minute handover performance had been pretty good.

Harefield Hospital

Mrs Derval Russell, Harefield Hospital Site Director, advised that a new electronic patient record system (EPIC) would be introduced on 5 October 2023 across all of the Guy's and St Thomas' (GST) and King's hospital sites to transform the way in which the

hospitals worked by replacing historic IT and paper records. The Apollo programme team had been working with the clinical and administration teams to configure the system, make sure that all staff were trained on the new system prior to 'go live' and ensure the safety of patients during the transition. The EPIC system would be great for research projects as it would provide a huge database of patients to help find solutions.

Mrs Russell noted that there had been a reduction in the number of patients on the cardiology waiting list (this was back to pre-pandemic levels) and that there were more than 150 waiting for cardiac surgery. However, although Harefield Hospital was now part of a much bigger group and was able to work across Trusts, the elective / emergency split had improved but was not yet back to previous levels. It was still unclear as to why this had flipped and was proving to be a challenge. There were also a lot of ablation cases so additional lists were being compiled.

It was noted that Royal Brompton Hospital and Harefield Hospital now reported into GST which could skew the figures and performance. Although Harefield Hospital was located in NWL, it was part of the South East London Integrated Care System (SEL ICS) which had proved to be a challenge. Around 25% of patients were from NWL with the remainder from elsewhere across the country.

Patients had been hesitant since the pandemic which had meant that transplant activity had dropped. With regard to lung transplants, it was suggested that this might have been partly due to the improvements in the drugs that were available which had reduced the need of patients to have transplants. This meant that there were lungs that were becoming available for transplant that were not needed by these patients so consideration was being given to who else would benefit from a lung transplant (for example, Chronic Obstructive Pulmonary Disease (COPD) patients). Support for the transplant unit had continued with events such as the fun run.

Mrs Russell noted that there had been about eight months of industrial action and that the different staff groups were now looking to coordinate and coincide their strike action. Although strike action by the consultants could be absorbed, strike action by the junior doctors had a significant impact on Harefield Hospital so it was hoped that there would be a resolution soon.

Members were advised that Harefield Hospital had been collaborating with Brunel University in relation to recruitment and education days. Mrs Russell suggested that cardiology be included on CNWL's wellbeing bus.

With regard to the issue of sexual harassment recently highlighted in the media, Mrs Russell advised that Royal Brompton and Harefield Hospitals had always been a flagship for human factors, promoting the fact that all members of staff had the same rights as those who were more senior. "More Civility in the Workplace" had been developed in collaboration with the aviation industry and a train the trainer initiative had been introduced. Although harassment and bullying had not been eliminated, areas where improvements could be made had been highlighted in the staff survey.

Although some facilities at Harefield Hospital needed a rolling programme of replacement and refurbishment, capital was tight in NWL and SEL. As such, the daily upkeep of the buildings was a little more challenging and innovative ways to maintain the facilities needed to be identified.

The London Ambulance Service NHS Trust (LAS)

Mr Chris Reed, Hillingdon Group Manager at LAS, advised that the Hillingdon group of

ambulance stations had implemented a Trust-wide initiative called Teams Based Working on 21 August 2023 and should be in place across the whole of London by the end of September 2023. This initiative changed the way that clinicians worked so that it was similar to the watch systems used by the police and fire service. Briefings were being held every week to facilitate discussions about issues such as welfare.

A new Hospital Withdrawal Procedure had gone live in June 2023. This procedure meant that, after 45 minutes of waiting to handover, ambulance crews had to leave their patient in the ED or within an ambulance-led cohort. This had led to reduced waiting times for ambulances.

Members were advised that Hillingdon LAS had continued to work with military paramedics. This was a mutually beneficial arrangement as colleagues from the RAF received on-the-job training, and the Trust received an increased resource. A new contract to continue this arrangement had recently been agreed.

New fully electric Mustangs had been rolled out as Fast Response Units across the Trust to respond to the sickest patients. This had been a big step towards having a zero emissions fleet by 2030.

A new app, London Care Record, had gone live on clinicians' tablets to enable them to access patients' care plans (for example, end of life or mental health care plans). This was in addition to the National Care Record which helped clinicians to have all of the relevant information that they would need to give the best possible care to patients.

Mr Reed advised that ambulance response times were always challenging when it was hot but Category 1 calls in Hillingdon had still achieved less than seven minutes. Data analysis and review had been undertaken to ensure that vehicles were positioned in the most effective places to ensure a speedy response.

41% of cardiac arrest patients attended by a Hillingdon crew had sustained a return of spontaneous circulation on arrival at hospital. This was the highest in NWL and compared favourably to the London average of 26% in June 2023.

Members were advised that there had been a slight increase in staff sickness rates. As it was thought that this might be as a result of Covid, staff had been reminded of the need to use PPE. In addition to sickness levels, recruitment and retention continued to be a challenge as the same people could work for organisations such as the police, prisons and GPs as well as the ambulance service. However, the LAS did provide opportunities to join as a driver and then train to become a paramedic (a three year degree could put some people off) and recruitment in Australia was quite successful. In terms of retention, challenges included staff wanting to progress in their careers and the job being very physical.

Dr Anna Jones had visited the ambulance station to give LAS staff a briefing about using alternative care pathways for frail patients where appropriate and possible. This would reduce the number of patients that did not need to be conveyed to hospital.

Members asked that an update on the implementation of these new initiatives be brought back to the Committee at its meeting on 23 April 2023.

North West London Integrated Care Board (NWL ICB)

Ms Sue Jeffers, Joint Borough Lead Director at NWL ICB, advised that, although some

work still happened across the whole of London, the budget and the responsibility for commissioning pharmacists, dentists and opticians had moved to the relevant ICBs. Liaison meetings had taken place with the Local Dental Committee, Local Pharmaceutical Committee and Local Optical Committee, representatives from which had now become members of the NWL Primary Care Board.

Members were advised that there were 42 GPs in Hillingdon, 37 dental practices (six acute dental and community dental practices), 28 ophthalmic practices and 62 pharmacies. Ms Jeffers advised that dental practices were still recovering from the pandemic so were behind in getting annual reviews. There were around 349k Units of Dental Activity commissioned from the 37 dental practices but these national contracts offered very little flexibility. Ms Jeffers had met with the Director of Public Health to discuss Hillingdon's priorities, especially children with oral health issues. Consideration was being given to shifting funding to underserved communities and providing a little more flexibility. Although it was a shame that the national contracts could not be delegated to a local level, Ms Jeffers believed that the local voice would help to shape the national conversations.

The Health and Social Care Select Committee had undertaken a review of children's dental health. Ms Jeffers advised that very little had happened to implement change since this review had taken place but that conversations had been had with the Director of Public Health. During 2022/23 and 2023/24, population health funding had been received in NWL and children oral health had been considered to be one of the future priorities. Members requested an update on the implementation of the recommendations from the Select Committee review.

It was noted that consideration needed to be given to pharmacies taking on additional responsibilities for issues such as hypertension, minor ailments and contraception. Some pharmacies were already providing emergency cover for when patients ran out of prescribed medication over the weekend (through NHS 111). A new medication service was also being provided by pharmacies where the pharmacist would follow up with a patient after they had been prescribed new medication to make sure that they were OK and link back to the patient's GP if there were any issues. It was still early days but these initiatives were proving to be very positive. The suggested expansion of community pharmacy services would require financial and management resources from NWL ICB.

Healthwatch Hillingdon (HH)

Ms Lisa Taylor, Managing Director at HH, advised that she had been reassured by the work that had been undertaken by partners. Over the last six months, in addition to those individuals who had engaged with the organisation during outreach work, around 400 residents had contacted Healthwatch Hillingdon. Face-to-face GP appointments and dental appointments were the most prevalent issues raised by residents and concerns about communication had been raised by residents and families.

Ms Taylor advised that Healthwatch Hillingdon was just about to publish its 10th annual report which would be forwarded to the Committee once ready. Work had been undertaken on falls and frailty and place inspections had been undertaken at Hillingdon Hospital by children and young people. Although a lot of work had been undertaken on Thrive, this had faltered and now needed to be restarted.

Healthwatch Hillingdon had undertaken a five-year strategy consultation on behalf of the LAS. Around 400 responses had been received with 81% of respondents stating

that the service was good or excellent. However, there had been some concerns about the public misuse of the service and hospital handover times. Consideration was being given to service integration and looking at alternative pathways as well as ongoing patient engagement.

It was noted that there had been a focus on winter wellness with the Warm Welcome Centres and the flu vaccination uptake. Effort had been made to target the seldom heard communities.

Members were advised that the number of volunteers had increased and that there were now ten adult and ten young volunteers. However, new Board members were still needed so a recruitment campaign was underway. In the meantime, Ms Taylor continued to represent residents' views in discussions.

Changes were being made to Healthwatch's reporting system to bring it in line with Healthwatch England. All engagement feedback was being reported back into the services.

Members were advised that Healthwatch still had a presence in the Pavilions on Wednesday and Thursday each week. As resources to keep the shop open any longer than this were a challenge, consideration might be given to having drop in sessions. However, the digital offer had been embraced which had helped gain feedback in relation to the LAS consultation. Platforms such as Facebook, Instagram and social media channels were all being utilised. Podcasts had been introduced for young people and adults with a focus on local services.

RESOLVED: That:

- 1. Ms Odlin provide further information in relation to the effectiveness of the "no wrong front door" approach for those in crisis;**
- 2. Ms Odlin provide further information on the development, experience and coverage of the wellbeing bus at the meeting on 23 January 2024;**
- 3. the Chairman and Labour Lead undertake a site visit once the wellbeing bus was in place;**
- 4. Ms Oldin establish how long the 325 children were having to wait for their treatment to start and forward this on to the Committee;**
- 5. Mr Spencer report back on the effectiveness of the common management structure in PCNs to the Committee at its meeting on 23 January 2024;**
- 6. Ms Wright provide Members with an update on the implementation of the new patient record system (CERNER) at their meeting on 23 April 2024;**
- 7. Mr Reed provide an update on the implementation of new initiatives introduced by the LAS at the meeting on 23 April 2023;**
- 8. Ms Jeffers provide an update on the implementation of the recommendations from the Select Committee review of children's dental services at a future meeting;**
- 9. Ms Taylor forward the Healthwatch Hillingdon annual report to the Committee once ready; and**
- 10. the report and discussion be noted.**

19. 2024/25 BUDGET PLANNING REPORT FOR SERVICES WITHIN THE REMIT OF THE HEALTH AND SOCIAL CARE SELECT COMMITTEE (Agenda Item 6)

Mr Chris Mayo, the Council's Assistant Director Financial Management, advised that this was the first of two opportunities for Members of the Select Committee to consider

issues relating to budget planning for 2024/25 and beyond. At its meeting on 23 January 2024, the Committee would receive a further report presenting specific budget proposals for the relevant services within its remit (which would have already been to Cabinet on 14 December 2023). Feedback from the Committee would then be included in the final budget report that would be considered by Cabinet at its meeting on 15 February 2024.

A marginal underspend of £23k had been reported against General Fund revenue budget normal activities as of May 2023. Almost £2.4m of savings had been identified within the Health and Social Care portfolio in 2023/24 with none identified as being amber status. However, inflation had added almost £60m to the budget gap and assumptions were being made about the pay awards.

Demographic growth was at more than 2%, putting additional pressure on services, and an additional £0.7m had been identified in Public Health as service pressure. However, this was funded within the Public Health Grant ringfence. Budgeted capital investment in the current programme was the key driver of a £6.5m growth in debt financing and repayment costs over the medium term. The remaining balance of Corporate Items related to movements in the TfL Concessionary Fare Levy (£4.1m) and use of capital receipts to finance transformation activity (£1,029k), alongside moving the Council Tax Older People's Discount to being funded from base budget rather than Earmarked Reserves, with funding coming in from Hillingdon First Limited from 2023/24 and 2024/25.

Five ways of identifying savings had been mentioned in the report to achieve best value for money. As preventative interventions were often best placed to deliver savings later on, Members asked officers to provide the Committee with more detail on how these five initiatives had saved the Council money. Members also queried how assistive technology would help the Council to make savings.

Concern was expressed that the inflation levels that officers were working with in forecasting might not be a true reflection and Members asked what would happen if inflation costs were even higher than anticipated. Mr Andy Goodwin, the Council's Head of Strategic Finance, advised that inflation was being reviewed across a range of sources and that finance officers worked with procurement officers to see what negotiations were coming through. Between now and Cabinet on 14 December 2023, action would be honed for any shocks in the market. The approach had been to assume that inflation was running high so that the reserves were the back up.

Insofar as earmarked reserves were concerned, Mr Goodwin advised that, at the start of the pandemic, the Council's underspend had been allocated to Covid but there had been flexibility for this to be spent on whatever the Council wanted. The Council had used the Government Covid grants it had received first before using its own funds. There had been around £1.5m of reserves in 2022/23 and £50k left in Covid reserves which was not a material figure.

Officers would continue to work on assessing the budget gap and exploring ways in which expenditure could be reduced.

RESOLVED: That the financial context in which the 2024/25 budget setting process will take place in advance of detailed savings proposals being developed and approved at Cabinet in December 2023 be noted.

20.	<p>CABINET FORWARD PLAN MONTHLY MONITORING (<i>Agenda Item 7</i>)</p> <p>RESOLVED: That the Cabinet Forward Plan be noted.</p>
21.	<p>WORK PROGRAMME (<i>Agenda Item 8</i>)</p> <p>The Committee discussed the draft recommendations for its review of the CAMHS referral pathway and it was agreed that they be circulated to Members of the Committee after the meeting for comment.</p> <p>It was agreed that the Cabinet Member for Health and Social Care be invited to attend the meeting on 19 March 2024 to provide the Committee with an update on issues within her portfolio.</p> <p>It was agreed that further information in relation to the Drug and Alcohol Partnership Board be included as part of the health updates at the meeting on 23 January 2024.</p> <p>Members discussed possible topics for a single meeting review on 21 February 2024 and were asked to contact the Democratic, Civic and Ceremonial Manager with further topics to be included in the list for consideration. Broad information on the topics identified would be brought to the meeting on 21 November 2023 to enable Members to choose a topic and would include:</p> <ol style="list-style-type: none"> 1. How the Council provides services to communities; 2. Care home services; and 3. Palliative care. <p>RESOLVED: That:</p> <ol style="list-style-type: none"> 1. the draft review recommendations be circulated to Members of the Committee for comment after the meeting; 2. the Cabinet Member for Health and Social Care be invited to attend the meeting on 19 March 2024 to provide an update on her portfolio; 3. information on the Drug and Alcohol Partnership Board be included in the health updates being provided at the meeting on 23 January 2024; 4. Members provide the Democratic, Civic and Ceremonial Manager with possible single meeting review topics for consideration at the meeting on 21 November 2023; and 5. the Work Programme be noted.
	<p>The meeting, which commenced at 6.30 pm, closed at 9.52 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@hillington.gov.uk. Circulation of these minutes is to Councillors, officers, the press and members of the public.