Minutes

HEALTH AND SOCIAL CARE SELECT COMMITTEE

23 January 2024

Meeting held at Committee Room 5 - Civic Centre

	Committee Members Present: Councillors Nick Denys (Chair), Philip Corthorne (Vice-Chair), Adam Bennett, Tony Burles, Reeta Chamdal, June Nelson and Sital Punja (Opposition Lead) **Also Present**: Clinton Beale, Stakeholder Engagement Manager (North West), London Ambulance Service Richard Ellis, Joint Lead Borough Director, North West London Integrated Care System (NWL ICS) 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 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 Teresa Wirz, Head of Addictions Service, Central and North West London NHS Foundation Trust (CNWL) Patricia Wright, Chief Executive, The Hillingdon Hospitals NHS Foundation Trust **LBH Officers Present**: Andy Goodwin (Head of Strategic Finance), Jon Smith (Head of Finance - Adult Social Care) and Nikki O'Halloran (Democratic, Civic and Ceremonial Manager)
39.	**APOLOGIES FOR ABSENCE** *(Agenda Item 1)* There were no apologies for absence.
40.	**DECLARATIONS OF INTEREST IN MATTERS COMING BEFORE THIS MEETING** *(Agenda Item 2)* There were no declarations of interest in matters coming before this meeting.
41.	**MINUTES OF THE MEETING HELD ON 21 NOVEMBER 2023** *(Agenda Item 3)* **RESOLVED: That the minutes of the meeting held on 21 November 2023 be agreed as a correct record.**
42.	**EXCLUSION OF PRESS AND PUBLIC** *(Agenda Item 4)* **RESOLVED: That all items of business be considered in public.**
43.	**HEALTH UPDATES** *(Agenda Item 5)* The Chair welcomed those present to the meeting.

Healthwatch Hillingdon (HH)

Ms Lisa Taylor, Managing Director at Healthwatch Hillingdon (HH), advised that more than 250 residents had contacted the organisation's information and signposting service or provided feedback during the second and third quarter of 2023/2024. A new reporting system had been developed and implemented. The majority of enquiries had been related to primary care, specifically access to services, which had remained consistent over the past few years. There had also been a significant number of contacts in relation to hospital and acute care, encompassing issues like booking blood test appointments and guiding individuals to the Patient Advice and Liaison Service (PALS).

Concerns raised by residents had included long wait times, inadequate responses to complaints and challenges in keeping family and friends informed about inpatient progress. There had been a noticeable increase in enquiries related to community mental health services and transportation issues for those with mobility difficulties.

Social care issues had also seen an uptick, prompting the need for further examination. Although the number of contacts received in relation to social care issues had been increasing, there had been no identifiable theme to these contacts so a more detailed investigation would be needed.

Ms Taylor noted that there had been a decrease in dental care inquiries, which could indicate that there had been an improvement in accessing NHS appointments locally. It was suggested that there might also have been an increase in awareness that individuals could seek dental care beyond their local areas.

Digital outreach had been expanding through HH's Facebook and Instagram pages. Five new volunteers had been recruited in the last six months, which had meant that the support available for community outreach and social media communications had been expanded. There had been ongoing efforts in relation to community engagement and research with seven community sessions being held involving around 170 people (41 people had been referred to their GP for further investigations in relation to hypertension as a result of this engagement). Visits had also been made to Hillingdon Hospital and Harefield Hospital to gain a patient perspective on the environment and Ms Taylor had spoken with around 25 patients on mental health wards as part of an ongoing engagement initiative.

Priorities for the next six months would include a focus on patient experience with the launch of a survey, access to GP appointments and the enhancement of community health and wellbeing sessions. As access to primary care services had been most commonly raised by residents, it had been hoped that the survey would identify the barriers as well as what good access / practice looked like to then be able to break the feedback down for each GP practice.

With regard to the feedback loop with service providers, Ms Taylor advised that she continued to attend strategic meetings with providers. However, as HH started to collect more robust data with its new reporting system, it would be important to explore opportunities to share this information through a regular slot at these meetings.

Royal Brompton and Harefield Hospitals (RBH)

Mrs Derval Russell, Harefield Hospital Site Director at RBH (Guy's and St Thomas' NHS Foundation Trust), acknowledged that there had not been as much progress made with regard to elective recovery as would have been liked. The junior doctor

strikes had impacted on emergency services which had then affected elective progress. Despite challenges, there had been a downward trend in waiting lists. Different strategies had been investigated to maximise activity and regular weekend lists for thoracic and cancer surgery had been introduced to manage the demand.

The targeted lung health check program had been introduced to identify lung cancer at earlier stages through screening using GP records and aiming to bring patients into treatment sooner. This initiative was now being rolled out wider across London. The heart attack centre was one of the busiest in London and had been meeting its performance targets, and efforts were underway to enhance emergency heart attack care. Transplant activity at Harefield had dipped but there had been some improvement recently with a double lung and heart surgery undertaken at the hospital this week.

Mrs Russell noted that RBH had continued to experience challenges with regard to recruitment, with difficulties in retaining staff such as cardiac physiologists and critical care nurses. RBH had been working with universities and had introduced initiatives to address the career pathway to enable career progression. The shortage of critical care nurses had impacted on operations and surgeries but recruitment efforts had decreased the number of vacancies from 26 to 15. It was noted that a large percentage of staff had left to relocate outside of London for more affordable housing. Career progression had been highlighted as the other main reason for staff leaving the Trust but this had also been affected by the impact of COVID-19 on staff profiles, retirements and personal work-life balance evaluations.

A new electronic patient records (EPR) system had been introduced which would benefit research and performance. The critical care transformation programme had been in place for twelve months and had been able to identify and address different blockages in the system at the same time.

Capital investment continued to be a challenge, particularly in the context of the condition of buildings. Options would be considered over the next twelve months for initiatives to replace the portacabins with brick buildings and the provision of replacement equipment through private funding.

Mrs Russell advised that the Head of Patient Engagement had been talking to patients to get feedback on their experiences. Matrons had also been playing this informal quality checker role. Patient representatives had been involved on various committees and this had worked well with regard to transplant patients – effort was therefore being made to mimic this success in other services.

<u>London Ambulance Service (LAS)</u>
Mr Clinton Beale, Stakeholder Engagement Manager at LAS, advised that the transition to a teams based working model for paramedics had been working well and was being rolled out across the 70 London stations. Face-to-face briefings with supervisors continued to be available to staff and had resulted in improved communication. The dissemination of information to staff across multiple ambulance stations continued to be a challenge which reinforced the importance of the weekly meetings with supervisors.

The LAS staff survey had been undertaken, receiving its highest ever return – it was hoped that this would highlight positive work that had been undertaken. Staff morale appeared to have improved, which might have been as a result of them being better

informed, supported and engaged.

Staff retention in Hillingdon was currently good. There had been positive developments in staff engagement and support, and investment in the development of staff and junior managers. There had been improvements in mid range career opportunities and consideration was currently being given to the provision of contracts which allowed staff to rotate around different services such as the 999 and 111 service.

A 45 minute handover procedure had been implemented at Hillingdon Hospital which had been working well. This had been made possible through a lot of hard work by the LAS and the Hospital and had resulted in a significant reduction in waiting times.

The introduction of a feedback app (My Clinical App) had allowed paramedics to view the treatment given to patients at hospitals after they had been handed over. This had enabled better informed decision making in subsequent cases with a positive impact on patient care and paramedic development. The EPR systems being used by partners supported the app.

The LAS had taken part in Hillingdon's annual resilience exercise and the contract with RAF paramedics had been reviewed and updated to provide additional clinical support within the community.

It was recognised that a proportion of the calls that came through to the LAS were not in relation to an emergency. Mr Beale advised that triage systems were in place for managing calls which were directed through to alternative care such as pharmacies and GP appointments where appropriate. Senior clinicians / consultant level staff were also being brought into the control room to help with patients with more complex needs. The Universal Care Plan had also enabled LAS staff to access comprehensive information about a patient on site.

Mr Beale advised that the Right Care Right Place initiative had been introduced in September 2023. NHS England had been providing mental health teams with guidance about what the LAS would / would not be doing but the LAS continued to provide support.

<u>Central and North West London NHS Foundation Trust (CNWL)</u>
Ms Vanessa Odlin, Managing Director – Goodall Division at CNWL, advised that the Rapid Response Team had being doing well with regard to the 2 hour response time and occupancy at the Retreat crisis house had averaged at about 70%, with a median stay of 10 days (which met the intended objective). The Retreat service provided support for individuals dealing with addiction and mental health issues. An evaluation of the Retreat was now being undertaken to quantify the positive impact that it had had as funding for the initiative was due to end in April. As the initiative had diverted patients from A&E, CNWL had been working with colleagues from North West London Integrated Care Board (NWL ICB) to identify funding for the continuation of the service. Consideration was also being given to the provision of a similar service for younger client groups.

As CNWL had been using its own funds to support the Retreat, concerns were raised about the funding and sustainability of the service beyond April 2024. Ms Odlin assured Members that efforts were being made to gather data on the service's effectiveness to present a strong case for continued funding.

	Progress in meeting targets for children and young people's mental health services had shown a notable reduction in wait times both for initial appointments and treatment assessments. Currently, 49 children and young people were waiting for their first appointment (down from 200) and 167 were waiting for treatment after their first appointment. Ms Odlin would provide Members with further information to establish whether or not there had been a reduction in the total number of referrals that were rejected by Child and Adolescent Mental Health Services (CAMHS). Funding had been secured from NHS England for mental health support in schools from September 2024. It was noted that there were some mental health clinicians that were already linked to schools' mental health teams. However, they were not in all schools – Ms Odlin would provide the Committee with a list of schools and identify which ones were currently working with the mental health professionals and which ones were not. The importance of early intervention and support for children and young people was acknowledged but concerns were raised about the permanence and coverage of the service. It was agreed that planning and recruitment needed to start ahead of the funding allocation in September. Members asked that they be provided with an update once this service was fully operational. Progress had been made so that the IAPT target (Improving Access to Psychological Therapies) was now being met and an eating disorders day hospital for adolescents aged 13 to 18 had been opened to provide intensive support for both patients and their families through a six week intensive programme. An evaluation of the latter would be undertaken later in the year. Other work had included efforts to integrate palliative care teams across Hillingdon, with a focus on improving patient and family experiences. There had been challenges with the delivery of, and access to, the wellbeing bus pilot programme which had been set up for the Heathrow Villages. A meeting would be set up with local residents to undertake an evaluation of the situation. Members raised concerns about the coverage and reliability of the wellbeing bus service during the pilot period. Although it had been agreed that the bus would be available to residents from 10am to 4pm on one day each week in a different village, this had not happened. Plans for evaluating the trial period and gathering feedback from residents were discussed, and it was noted that consideration would need to be given to finding a robust solution that identified and met the community's needs. It was noted that the Select Committee would be looking at the provision of health services in the rural areas of the Borough at its meeting on 21 February 2024. This meeting would specifically look at the services provided in Heathrow Villages and Harefield. Ms Teresa Wirz, Head of Addictions Service at CNWL, advised that Hillingdon had been successful in securing grant funding to support its engagement and retention of clients and for its work with ex offenders regarding addictions. The Borough had been ranked second highest in London in relation to new admissions and in the top quarter for successful completions. Effort had been made to address clients' physical health needs, including liver and lung screenings, along with the achievement of hepatitis C micro-elimination ahead of the NHS England target for 2025. Collaboration with hepatology colleagues had been instrumental in achieving the micro-elimination goal. It was acknowledged that there were challenges associated with certain segments of

	the community due to the stigma of addiction. Work was also needed to address alcohol misuse, particularly amongst middle-aged women and alcohol related hospital admissions were still a concern. Although the proportion of men misusing alcohol continued to be higher than for women (70/30), there had been a steady rise in the number of women. Ms Wirz would provide Members with more detailed information in relation to the demographics. With regard to alcohol consumption trends, there had been a reported increase in the sale of low or no alcoholic drinks, particularly among younger generations. Whilst there was optimism about potential changes in drinking habits, there was also recognition of the need for further data and analysis to understand the impact on addiction services. <u>The Hillingdon Hospitals NHS Foundation Trust (THH)</u> Ms Patricia Wright, Chief Executive at THH, advised that the Trust had made progress in delivering its business plan and there had been a focus on improving the quality of patient experience, particularly regarding language translation services. Following concerns raised by residents in relation to communication, 24/7 language translation services were now offered to patients. Although handover times to the LAS had improved, the Trust continued to face challenges in relation to emergency performance and overcrowding in the Emergency Department (ED). The Trust continued to work with Hillingdon Health and Care Partners (HHCP) to manage and improve the flow of patient discharges and improvements had been made in reducing the elective and diagnostic backlog. Work was also needed in relation to outpatients. Ms Wright advised that the number of delayed discharges at Hillingdon Hospital was relatively low compared to other hospitals. This had been largely due to collaborative efforts with social services and community partners to provide appropriate care packages for patients. With regard to 7 day discharge, weekends continued to remain a challenge, and ongoing work was being undertaken to address the issue. Part of the issue related to patients that were resident in other boroughs and the challenge of working with their social care teams to ensure that care packages were in place to be able to discharge them. The Care Quality Commission had introduced a new inspection regime which had started in January. The new process would provide the opportunity for quicker rating adjustments based on specific service evaluations. It was anticipated that Mount Vernon Hospital would be inspected during the current quarter. Ms Wright raised the issue of single sex accommodation within the hospital, recognising the importance of privacy and dignity for patients. She reassured the Committee that, even with outdated facilities, there were very few instances where sexes were mixed and that the Trust adhered to the guidance provided about the matter, letting patients know if this happened. It was noted that single sex accommodation did not include the ED or critical care. The number of patients seen in Accident and Emergency (A&E) within the 4 hour target period, had been dropping and had impacted on the patients that were most in need. Actions put in place to address this had included redirecting patients to appropriate services but the impact had not yet been seen. To reduce the number of patients attending A&E inappropriately, the Urgent Treatment

	Centre (UTC) had been placed at the front door and triaged approximately 50% of patients out of the ED. The UTC could signpost patients back to their GPs, to Hubs or other services. There were also bookable services at Mount Vernon Hospital (which also provided telephone advice). A new electronic patient record system (Cerner) had been implemented at the Trust. This system had been introduced across all of the acute hospitals in NWL to enable all clinicians to see patients' records. As the system had already been installed in some other Trusts, THH had been learning from their experience. It was confirmed that patients would have access to their records, but that there were concerns about patients being able to access their test results on the system before they had had their consultation with a clinician. The Trust aimed to optimise the system through standardising clinical pathways and improving communication. It was noted that Trust staff would often say that working environment at THH was like a family and that it was a nice place to work. However, responses to the staff survey had indicated that a lower than expected number of staff would recommend Hillingdon Hospital as a good place to work or receive treatment. To get to the root of this, a staff networks had been developed and effort was being made to increase the survey response rate. Effort was also being made to address concerns related to bullying and harassment and consideration was being given to the provision of more opportunities for personal development. Members raised concerns about the persistent issue of bullying and harassment at THH which had had a negative impact on staff retention and patient care and questioned the Trust's efforts to address the root causes, build safe relationships with staff and encourage reporting. Ms Wright advised that bullying occurred between staff and between staff and patients. The hospital had implemented a zero-tolerance policy to bullying and harassment and had engaged a supportive team and conducted courses on de-escalation. The Trust had a Freedom to Speak Up policy and encouraged staff to report concerns. External investigators were brought in when needed, and efforts were being made to address the issue across the Trust. It was hoped that the staff survey (due for publication in March 2024) would reflect an improvement in the situation. The staff vacancy rate had dropped, overseas recruitment had been undertaken and staff turnover was currently at about 12%. It was noted that future recruitment would be undertaken to align with the turnover rate rather than the vacancies. Ms Wright provided an update on the Trust's financial situation. She explained that efforts had been directed towards efficiency and productivity, with a focus on reducing excess costs. The hospital had succeeded in certain areas, such as recruiting actively to lower the vacancy rates, but challenges persisted, including increased bank and agency spending due to new services and staff undertaking Cerner training. Plans for the upcoming year involved further efficiency improvements, in depth service reviews and exploring collaborations with other trusts. Mr Keith Spencer, Managing Director at HHCP, advised that THH was part of an integrated care system. As such, out of hospital services needed to help reduce the demands on the hospital. Ms Wright advised that full planning permission had been granted for the new hospital development. Decant and enabling works continued.

Hillingdon Health and Care Partners (HHCP) / North West London Integrated Care Board (NWL ICB)

Mr Keith Spencer, Managing Director at HHCP, advised that the place partnership in Hillingdon had been strengthened by the Council playing a full role in the partnership. He noted that there had been three main priorities for 2023/2024:

1. To develop a new place based operating model for health and care services;
2. To commence the implementation of three key priority aspects of the new operating model for health and care services:
    a. 3 integrated and collocated multi agency Neighbourhood Teams anchored by 6 Primary Care Networks (PCNs) to focus on preventative work and improve access to urgent primary care;
    b. An Active Recovery Service; and
    c. A 24/7 Integrated End of Life Service; and
3. To ensure best use of resources to address the Hillingdon health place based financial deficit.

Fundamental changes were needed to the way that care was delivered, especially out-of-hospital care, as the current system was deemed unfit for purpose. It was proposed that a new care model and operating model be implemented to match service availability with how patients wanted to access services.

Mr Spencer stressed the importance of making the money balance and to ensure that good care and quality care were cost-effective. In the next twelve months, action would be taken to integrate 34 existing services into nine larger ones to break down barriers, improve patient focus and drive productivity opportunities. Currently, there was a mismatch between when patients accessed services and the availability of out-of-hospital services. The plan would be to integrate services into superhubs to better match service availability with patient demand.

It was noted that three collocated multi-agency Hubs were being implemented which would each comprise one superhub with one associated spoke hub. The superhubs would have access to diagnostics and HHCP had worked closely with the Council to fast track the development of same day urgent care for superhubs. The Hayes Hub (Mead House) had gone live in July 2023, the Ruislip Hub (Pembroke House) would be going live that week and it was anticipated that the Uxbridge Hub (Beaufort House) would go live in 2024/25 (the health centre would move here from the Uxbridge Medical Centre). The integration of services into superhubs would provide additional primary care capacity of around 1.4m additional appointments in the Borough each year.

It was noted that a lot of progress had been made in relation to the Hub model in a short space of time but concern was expressed regarding action being taken communicate these changes and educate the wider community to help them understand the new system and how to use services effectively. Members were advised that consideration would be given to the terminology used and plans were in place for community events and engagement activities to address this.

Members were advised that GPs, the UTC and 111 service were currently able to refer residents to the Hubs. Consideration was being given to expanding this further at some point in the future.

Mr Spencer advised that the Palliative Integrated Care Service (PICS) had gone live in November 2023. The initiative had brought together staff from CNWL, Harlington

	Hospice and the THH palliative care team to provide coordinated end of life care services. Mr Spencer noted that the clinical, management and administration teams were currently located in different buildings. To improve placed based working and to be able to build better relationships with each other, as well as the residents that they served, these teams needed to be collocated. Concern was expressed with regard to patients' access to GPs whereby residents ended up in long telephone queues which resulted in a high rate of lost calls (where the patient would often hang up and resort to calling emergency services). Dr Ritu Prasad, Chair of Hillingdon GP Confederation, advised that Hillingdon practices had transitioned to a cloud-based telephony system, which had introduced a callback option to manage the overwhelming volume of calls (a medium sized surgery received around 300-500 calls per day). It was noted that effort was being made to streamline access to GPs through online platforms such as PATCHS, allowing digitally enabled individuals, particularly the younger population, to quickly address their healthcare needs without GP involvement. The aim would be to divert non-urgent cases from GPs to Hubs, creating a more efficient and responsive system. A significant portion of calls to GPs were from people with no underlying conditions, seeking episodic care (around one third of calls). The proposed Hub arrangement would aim to cater to this group more effectively, while those with underlying conditions requiring continuity of care would still be managed by GPs. Concern was expressed regarding the duplication of services among various groups and whether efforts had been made to bring specialised groups together or disband redundant ones. Mr Spencer acknowledged that there was some overlap between different healthcare teams, and the goal would be to create a more flexible and efficient workforce by pooling resources. It was noted that there had been some challenges with getting GP and healthcare staff buy-in for such transformative changes due to the disruption of established workflows. Lessons had been learned from this process including the importance of engaging with frontline staff early on, ensuring they understood the reasons behind the changes, and providing a clear vision of the benefits for the people they served. **RESOLVED: That:** **1. Ms Odlin provide Members with further information on the trajectory of referrals that had been rejected by CAMHS;** **2. Ms Odlin provide the Committee with information on the schools currently working / not working with the mental health professionals;** **3. Ms Odlin provide the Committee with an update on the work undertaken by the mental health professionals in schools once the service was fully operational;** **4. Ms Wirz provide Members with more detailed information in relation to the demographics around alcohol misuse; and** **5. the discussion be noted.**
44.	**2024/25 BUDGET PROPOSALS FOR SERVICES WITHIN THE REMIT OF HEALTH AND SOCIAL CARE SELECT COMMITTEE** *(Agenda Item 6)* The Chair thanked officers for attending the meeting. Mr Andy Goodwin, the Council's Head of Strategic Finance, introduced the report and noted that this was the officers'

second appearance before the Health and Social Care Select Committee during this municipal year. It was noted that the Council's revenue monitoring for 2023/24 indicated a net underspend of £22,000 and that services within the Committee's remit were forecasted to underspend by £1 million, which had been attributed to staffing underspend due to recruitment difficulties. Adult social care placements had projected an overspend which would be funded by a one-off release from the balance sheet provisions.

The medium-term financial forecast and the budget strategy had highlighted a saving requirement of £51m for 2028/29, with identified saving programmes of £33.4m, leaving a residual gap of £17.6m. Inflation, particularly in adult social care placements, had been a significant factor, contributing £48.1m to the budget gap within the Committee's remit.

Mr Goodwin advised that service pressures were being forecast at approximately £24m, with demographic growth accounting for £4.6m and support for adult social care demand adding another £4.2m. Corporate items were adding around £14m to the saving requirement.

The consultation budget had proposed a saving programme of £33.4m, with £15.8 million required to balance the 2024/25 budget. Significant savings included £1m for mental health recovery and post-pandemic reablement.

Of the proposed £218m capital budget, £20m sat within the Committee's remit and included a £1m investment in social care equipment and £6m for the Council to set up its own care home, supporting a saving of £550,000 per annum from 2025/26. Concern was expressed about the potential risks associated with purchasing a care home. Mr Goodwin advised that, along with the reducing cost of energy, the cost drivers had showed a lower exposure than the open market and the Council had a low level of indebtedness.

Health and Social Care was continuously looking to innovate and develop new ways of working and service provision to help manage pressures. This was evident in the savings within this area that were linked to investment in digital solutions - Members queried whether this would look and feel different in the future. Mr Jon Smith, the Council's Head of Finance - Adult Social Care, advised that the Medium Term Financial Forecast regarding the reablement programme looked to prevent costs of people coming into the service. To prevent service users from seeing a diminished service, there would be a move to using more services such as Telecare and a focus on getting reablement services to residents as soon as possible. A model was being developed to track the effectiveness of this support.

Members queried how the demand for adult social care was increasing yet there had been a reduction in the associated budget. Mr Goodwin advised that officers reported on demand led growth in the service separately to the savings. Demand led growth had increased by £3m to account for demography and then the savings had been taken out to mitigate for front door pressures.

The report stated that a 30% uplift in core Government grant would be needed to balance later years' budgets. Mr Goodwin advised that the local government sector had only received a settlement until 2024/25, and that there had been uncertainty about funding beyond that period. Officers were waiting to see what would happen as 75% of the Council's funds came from Council Tax retention and 25% came from

	Government grants. Members were advised that, although inflationary pressures had reduced, there was a bit of a lag in realising this reduction. Demographic pressures had also been well managed during the year with innovative ideas being used to help manage the budget into the future. It was agreed that the Democratic, Civic and Ceremonial Manager be asked to draft and submit the Committee's response to the budget proposals in consultation with the Chair and Labour Lead. **RESOLVED: That:** **1. the Democratic, Civic and Ceremonial Manager, in consultation with the Chair and Labour Lead, draft and submit the Committee's response to the budget; and** **2. the report be noted.**
45.	**SCRUTINY REVIEW OF THE CAMHS REFERRAL PATHWAY** *(Agenda Item 7)* The Chair thanked Ms Lisa Taylor (Managing Director at Healthwatch Hillingdon) and Ms Vanessa Odlin (Managing Director – Goodall Division at Central and North West London NHS Foundation Trust) and her team for their contribution to the review of the Child and Adolescent Mental Health Service (CAMHS) referral pathway. They, and the other witnesses involved in the review, had provided valuable insight into the subject matter. It was noted that the Committee had agreed the recommendations for the review at the previous meeting and were now considering the final report. Members agreed that the report provided honest, action driven recommendations with a focus on improving communications. It would be important to ensure that the Committee tracked the progress of the implementation of the recommendations with regular updates on tangible outcomes. Ms Odlin assured Members of her commitment to taking the report back to her teams for implementation and emphasised the need to think beyond the services CNWL delivered, considering external organisations and collaborative efforts within the Hillingdon system. She would report back to the Committee with updates during her regular attendance at meetings. Ms Taylor noted that this issue had been considered previously but that this time there seemed to be an increased investment in making positive changes and improvements to services. She advised that she would be working on the Thrive mapping exercise over the next year and would be taking it forward with health professionals and voluntary sector services. If permission was given, it was agreed that the Thrive map be attached tp the final report. **RESOLVED: That:** **1. if permission was given, the Thrive map be attached to the final report; and** **2. the report be agreed.**
46.	**HEALTH SCRUTINY AND THE NEW RECONFIGURATION ARRANGEMENTS** *(Agenda Item 8)* The Chair noted that the paper had effectively set out the purpose of the Committee's

	work. He stated that the second and last paragraphs provided excellent summaries which should be incorporated into the annual scrutiny report to articulate the Committee's mission. It was noted that the removal of the ability to refer matters to the Secretary of State would not practically alter the Committee's way of working as this had not previously been a power that could be effectively utilised. Members suggested that the Committee's primary powers lay in compelling individuals to provide information and referring matters to regulators if necessary. These powers were thought to be more practical and useful in the Committee's operations. **RESOLVED: That the report be noted.**
47.	**CABINET FORWARD PLAN MONTHLY MONITORING** *(Agenda Item 9)* Consideration was given to the Cabinet Forward Plan. **RESOLVED: That the Cabinet Forward Plan be noted.**
48.	**WORK PROGRAMME** *(Agenda Item 10)* Consideration was given to the Committee's Work Programme. It was agreed that the Democratic, Civic and Ceremonial Manager liaise with Mr Keith Spencer to arrange a visit to the Hub. At the meeting on 21 February 2024, it was agreed that, instead of just looking at GPs, Members discuss the provision of all primary care and health services (including GPs) in the rural areas of the Borough, specifically Heathrow Villages and Harefield. It was agreed that the meeting scheduled for 23 April 2024 be cancelled and rescheduled in May 2024 after the Annual Council meeting. Members were asked to contact the Democratic, Civic and Ceremonial Manager with their availability. **RESOLVED: That:** **1. the Democratic, Civic and Ceremonial Manager liaise with Mr Spencer to arrange a visit to the Hub;** **2. the meeting on 21 February 2024 be extended to include the provision of all health services in Heathrow Villages and Harefield;** **3. the meeting on 23 April 2024 be cancelled and rescheduled in May 2024; and** **4. the Work Programme, as amended, be agreed.**
	The meeting, which commenced at 6.30 pm, closed at 9.41 pm.

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