

Minutes

HEALTH AND SOCIAL CARE SELECT COMMITTEE

9 October 2024



Meeting held at Committee Room 5 - Civic Centre

	<p>Committee Members Present: Councillors Nick Denys (Chair), Reeta Chamdal (Vice-Chair), Tony Burles, Philip Corthorne, Scott Farley (In place of Sital Punja), Kelly Martin and June Nelson</p> <p>Also Present: Clinton Beale, Stakeholder Engagement Manager (North West), London Ambulance Service NHS Trust Claire Eves, Associate Director of Outer London Services, Central and North West London NHS Foundation Trust 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 Jason Seez, Deputy Chief Executive, Director of Strategy and Senior Responsible Officer, Hospital Redevelopment Programme, The Hillingdon Hospitals NHS Foundation Trust Keith Spencer, Managing Director, Hillingdon Health and Care Partners (HHCP) Lisa Taylor, Managing Director, Healthwatch Hillingdon</p> <p>LBH Officers Present: Nikki O'Halloran (Democratic, Civic and Ceremonial Manager)</p>
29.	<p>APOLOGIES FOR ABSENCE (<i>Agenda Item 1</i>)</p> <p>Apologies for absence had been received from Councillor Sital Punja (Councillor Stuart Farley was present as her substitute).</p>
30.	<p>DECLARATIONS OF INTEREST IN MATTERS COMING BEFORE THIS MEETING (<i>Agenda Item 2</i>)</p> <p>Councillor Kelly Martin declared a non-pecuniary interest in Agenda Item 5 – Health Updates as he worked part time at Harefield Hospital, and remained in the room during the consideration thereof.</p>
31.	<p>MINUTES OF THE MEETING HELD ON 11 SEPTEMBER 2024 (<i>Agenda Item 3</i>)</p> <p>It was noted that, whilst the minutes were a verbatim record of the meeting and gave a gist of the discussion that took place, a sentence had been missed off at the end of the third paragraph of Minute Number 25 in the hard copy version of the agenda (the online versions of the minutes and agenda were correct). The missing sentence read: “<i>Mr Curry advised that he had spoken to Heathrow Airport about buying the hospice but that Heathrow had declined.</i>”</p> <p>RESOLVED: That the amended minutes of the meeting held on 11 September</p>

	2024 be agreed as a correct record.
32.	<p>EXCLUSION OF PRESS AND PUBLIC (<i>Agenda Item 4</i>)</p> <p>RESOLVED: That all items of business be considered in public.</p>
33.	<p>HEALTH UPDATES (<i>Agenda Item 5</i>)</p> <p>The Chair welcomed those present to the meeting. As Members of the Committee needed time to be able to read and digest the information to be able to fulfil their statutory health scrutiny responsibilities, health partners were reminded of the requirement to provide written reports by the deadline provided (this was usually at least six clear working days before the meeting). The receipt of information any later than this materially hindered the Committee in its ability to fulfil this role.</p> <p><u>The Hillingdon Hospitals NHS Foundation Trust (THH)</u> Mr Jason Seez, Deputy Chief Executive at THH, advised that the Trust had achieved 78.4% against its 4 hour A&E target in 2023/24 (compared to 76% in the previous year). However, it was recognised that there was still room for improvement and that there would be a focus on Type 1 performance (the more serious presentations). As at July 2024, the Trust had achieved 71.83% all-type performance against the national target of 76%. Although THH was currently below target, there were a number of improvement initiatives in place to support this.</p> <p>Mr Chris Reed, Hillingdon Group Manager at The London Ambulance Service NHS Trust (LAS), advised that the LAS had seen a 13% increase in the number of Category 1 calls with higher acuity so resolving this issue would need a joined up approach. Dr Ritu Prasad, Chair of Hillingdon GP Confederation, advised that Hillingdon had an ageing population with multi morbidities and that GPs were seeing an increase in the number of acute presentations. Mr Keith Spencer, Managing Director at Hillingdon Health and Care Partners, advised that Brunel University had been commissioned to undertake an investigation into why patients were going to A&E (e.g., were they more ill than previously?). Once this work had been completed, Mr Spencer would forward the results to the Democratic, Civic and Ceremonial Manager to share with Members of the Committee.</p> <p>Concern was expressed that there had been an increase in the number of patients presenting at A&E that were then admitted to hospital. It was queried whether residents were turning up at A&E as a last resort as they had no other options. Mr Spencer advised that this had been the topic of regular discussions. There may have been alternative pathways that these patients could have used but the data suggested that the majority of patients attending ED at weekends and after 5pm during the week were lower acuity which would suggest that it was because they were unable to get a convenient GP appointment.</p> <p>Although the winter pressure beds would usually help to accommodate demand during the increased winter activity, these tended to be open all year round. As such, a whole system approach was needed to address the demand. The hospital redevelopment plan would help to bring partners together to keep patients out of hospital through a place-based transformation strategy.</p> <p>During 2023/24, £34.6m had been invested into the capital programme, largely in relation to buildings related to the redevelopment project. There had been more than</p>

4k babies born at Hillingdon Hospital and the Trust had delivered the elective activity target. Whilst the planned care performance had been good, there was still work to do in relation to the cancer diagnostics and standards with 80.8% of cancer patients waiting less than two weeks for an urgent referral from the date that they were first seen.

Mr Seez advised that the Care Quality Commission (CQC) had inspected Hillingdon Hospital in July 2024 and Mount Vernon Hospital in August 2024 and had undertaken a well-led review of the Trust in September 2024. The well-led review would result in an updated overall rating – the current Trust rating had not been reviewed since about 2018. Staff had worked really hard to provide the information that had been required by the CQC.

Members queried whether the concerns raised by the CQC during their recent inspections of THH had materially affected the improvement work. Mr Seez advised that the CQC had recently changed the way that it conducted its well-led reviews and that THH staff had implemented a lot of improvement works since the rating was last reviewed in 2018. The concerns raised had been in relation to issues such as patients in A&E having observations, the effect of the poor estate on patients and infection prevention and control.

Work had continued in relation to the decant and enabling works for the hospital redevelopment. Wards had been moved into the new Modular North and Modular South blocks so there had been no reduction in the number of beds. The next steps would include finalising the plans for the Furze building to provide adult audiology, haematology, the education and training library and clinical admission services. A temporary carpark would be created and work continued on the separate power supply for the new hospital.

It had been noted in the media that the Government would be reviewing some of the proposed new hospitals, including Hillingdon Hospital which had been a little unsettling. Mr Seez advised that Mr Wes Streeting MP, had commented in June 2023 on how poor the Hillingdon estate was and had pledged that, if they won the election, a new Hillingdon Hospital would be built in the first term of a new Labour Government.

Hospital staff were commended for their work. Mr Seez advised that a People Strategy had been put in place to provide support to THH staff to do their jobs. The annual Staff Survey had also showed significant improvements across the board. Effort needed to continue to ensure that as many substantive staff were in place as possible at all times.

Central and North West London NHS Foundation Trust (CNWL)

Ms Claire Eves, Associate Director of Outer London Services at CNWL, advised that the Trust had been focussing on initiatives that would prevent hospital admissions by providing more support at home. CNWL's work to align its nursing teams with the neighbourhood teams had been progressing.

The Trust would be celebrating community services in November by showcasing its work in the community. Dates and venues for these events would be shared in due course.

Ms Eves advised that the Trust had been working closely with the local authority to coordinate children's services with the Family Hub and Stronger Families transformation. A new collaboration agreement had been put in place with the Council

which would ensure more integrated working to maximise resources and align priorities for children in the Borough.

NHS England had undertaken a review of childhood immunisations across London. As a result, the childhood immunisation service in Hillingdon had transferred from CNWL to Vaccination UK from 1 September 2024. The Trust had been working with this new provider to ensure the service was transferred safely with minimal impact on staff, children, families and schools.

Work continued in relation to support for adult mental health to accommodate system flow and pressures experienced on the crisis pathway. Schemes included Hillingdon Lighthouse which was a purpose built facility situated at the front end of A&E at Hillingdon Hospital. A meeting would be taking place the following week to establish whether or not funding would be available to continue the service into the next year.

Mr Spencer advised that the number of people with mental ill health in Hillingdon had been growing. Around 4-9 people were presenting at Hillingdon ED in crisis each day which meant that mental health was becoming an increasing priority. Although this was not a reflection of the quality of the services provided, consideration needed to be given to rethinking the offer that was available.

Hillingdon's Crisis House (The Retreat) had seen an increase in occupancy levels since moving to a 24/7 model in January 2024. Although funding had been secured to deliver the service for the next year, work was underway with North West London Integrated Care Board (NWL ICB) to evaluate CNWL's crisis alternatives and inform future funding decisions.

The Cove Café provided a safe space for individuals to reduce their levels of distress. Feedback provided in relation to the service had been very positive but Members queried whether services were reaching as many people as they could. Ms Eves advised that this data had been captured and she would share it with the Democratic, Civic and Ceremonial Manager for circulation to the Committee. The criteria for accessing services had been widened and work had been undertaken to look at community hubs supporting people in the community before they reached crisis. It was noted that there were a lot of non-residents presenting at Hillingdon A&E (e.g., from Bournemouth) and investigations were underway as to why they were coming to Hillingdon. It was agreed that much more detailed information on these issues be brought to the Committee's next meeting.

CNWL had been awarded the contract for the new Addictions, Recovery, Community, Hillingdon (ARCH) service in the summer. Since then, the focus had been on the mobilisation of the service. Members queried what was "new" about the service. Dr Ritu Prasad, Chair of Hillingdon GP Confederation, advised that ARCH had been undertaking physical health assessments and had also moved to a seven-day model. Ms Eves would send details to the Democratic, Civic and Ceremonial Manager for circulation to the Committee.

A key focus of the CAMHS transformation had been to ensure that children were seen at the right time, in the right place, by the right person, using a needs-led approach. To this end, work had been undertaken to develop the early intervention offer and expand the core offer to increase the number of children accessing CAMHS and significantly reduce waiting times.

Whilst early intervention and the KOOH service had been seen in a positive light, Members queried whether there had been any validation of service user numbers or the impact that it had had on service users. They questioned whether outcomes had been improved for service users and whether the provision of this service had prevented the use of other services through de-escalation. Ms Eves confirmed that the services were having an impact as part of a wider package of services rather than in isolation. She would provide Members with further information.

CNWL had been working closely with the local authority lead on obesity, getting children school ready and the delivery of early help. It was understood that the earlier interventions were put in place, the better the outcomes.

It was noted that an evaluation report in relation to the wellbeing bus pilot in Heathrow Villages had been circulated to Members earlier in the day. Although trying a new approach was commended, it was suggested that the design of the pilot had had significant issues which meant that it was never going to be successful (things such as the bus not being fitted out for medical use, lack of parking, etc). Members queried what would happen next.

Mr Spencer advised that he had discussed the wellbeing bus evaluation report with residents in the Heathrow Villages. It had been agreed that a fixed location for the delivery of health services would be preferable and, to this end, he had met with Heathrow Airport and identified 45 Holloway Road as a possible location. Mr Spencer and Councillor Jane Palmer, the Council's Cabinet Member for Health and Social Care, would be meeting with residents in Heathrow Villages on Thursday 10 October 2024.

As Members had only just received the wellbeing bus evaluation report, it was agreed that this issue be tabled for consideration at the Committee's next meeting on 12 November 2024.

Concern was expressed that the NHS had withdrawn speech and language therapy services from a school in Ruislip in May 2024. Ms Eves advised that CNWL had been working with the local authority and North West London Integrated Care Board (NWL ICB) to establish a way forward with regard to funding for the service. She would provide Members with an update at a future meeting.

Members asked that future reports provide clear and detailed information about those accessing the services provided by CNWL, the objectives of the services and the outcomes for service users.

Royal Brompton and Harefield Hospitals, Guy's and St Thomas' NHS Foundation Trust
Mrs Derval Russell, Harefield Hospital Site Director, advised that the volume of elective activity over the last three months had been adversely affected by a cyber-attack that had taken place on 3 June 2024. Following the attack, cross matching blood for patients having surgery had had to be undertaken manually for a number of weeks which had been very time consuming. There had since been a period of recovery. A full review of the incident would be undertaken and learning would be shared.

The Trust continued to use the Ortis platform to monitor patients who were waiting for surgery. The system detected any clinical deterioration of patients that indicated a further consultant review. Work continued to try to integrate Ortis with the EPIC patient management system.

The introduction of the EPIC system last year had provided patients and staff with challenges. Staff satisfaction with the system varied depending on which group you talked to. For example, whilst staff on the wards were happy with the more detailed level of information that they could access but consultants were not necessarily happy about the amount of time it took them to input that detail. Concerns from staff were being address in one-to-one sessions as well as in group sessions and information about various shortcuts was being disseminated. There had been some data quality issues but this was to be expected with the introduction of a new system and was expected to reduce over time. The system's reporting facility was expected to prove incredibly useful and had been used at a Multi-Agency Discharge Event in March 2024.

It was noted that there had been some downtime since the introduction of EPIC. A business continuity plan had been in place for such eventualities but this had still proved challenging when the system had gone down for the first time. It had subsequently gotten easier and contingencies had been put in place such as a number of machines around the hospital that could be used that would not be affected by downtime.

With regard to diagnostics, Members were advised that 95% of patients should receive their diagnostic test results within six weeks of referral. Whilst a lot of work had been undertaken to reduce waiting times for diagnostics in modalities such as imaging, meeting the standard for Echo and sleep studies had been a bigger challenge. A restructure had been undertaken with regard to Echo which was expected to have a positive impact. Sleep studies had been more of a struggle with the volume of patients and issues such as equipment not being returned.

Mrs Russell advised that cancer services had been performing well. However, in the last week, there had been 32 lung cancer patient referrals. These referrals had been made through the usual referral routes so it would need to be monitored to ensure that it was just a blip.

In April 2024, the Committee had been advised that there were some concerns around the number of critical care vacancies at that time. A critical care nursing recruitment drive had been undertaken and had resulted in the appointment of 29 WTE staff. It would be important to ensure that this level of substantive critical care staff was maintained. Mrs Russell noted that the success of this campaign had been largely resultant from the critical care team taking responsibility for the recruitment process (with support from HR) and having representation from various teams across the whole hospital at the recruitment day.

The expansion of ULEZ into outer London boroughs had prompted a lot of discussions in August 2023. There had been some staff that had had to change their vehicles to achieve compliance but there had not been any real concerns raised recently. Although some staff had been using the back entrance to the car park, this had had to be closed as the open access had resulted in the theft of a generator and cabling.

With regard to the estate, Members were advised that Oak Ward and Acorn Ward continued to be the areas of the hospital in the worst condition and that there was unlikely to be any funding available in the near future to rebuild. Mrs Russell advised that the Trust was instead looking to sweat its assets in terms of things like using its available space for six days each week instead of five. Work was also underway on a new clinical strategy which would take effect from 2030 and would look at what was needed to deliver services over the subsequent 20+ years.

The London Ambulance Service NHS Trust (LAS)

Mr Chris Reed, Hillingdon Group Manager at LAS, advised that Hillingdon had taken ownership and accountability for actions that had previously been centralised by the Trust including localised scheduling, tethered equipment and localised fleet allocation.

The welfare of staff continued to be a huge priority for the Trust. To this end, action had been taken to ensure that all staff felt safe in the workplace including the introduction of the Trust's Sexual Safety Charter and the use of body worn cameras and CCTV in ambulances (which had helped with convictions). All staff in Hillingdon had been given training on how to report inappropriate conduct and how to access support. It was hoped that this direct action to support staff experiencing sexual and other harassment would be reflected in the staff survey. It was agreed that Members would get an update on the results of the survey at the next health updates meeting on 23 January 2025.

A wellbeing hub had been created for staff and continued to grow which included referrals for financial advice and a huge range of support was available for other matters such as menopause, etc. It was noted that most of the sickness absence in Hillingdon had been in relation to stress (sickness levels in the Borough were currently at around 7.2% for the previous 12 months). LAS staff had recently been given a pay award which had had a positive impact on morale.

It was important that the LAS workforce represented the people that it served. To this end, a Trust wide focus group had been set up to do what it could to ensure LGBTQ+ representation amongst the workforce. Mr Reed would bring further information on this to a subsequent meeting.

LAS staff worked a rotating 12-hour shift pattern with no more than four consecutive days and no more than three consecutive nights. It was unlikely that there would ever be a rota that pleased all staff.

The Trust continued to champion the use of alternative care pathways to reduce unnecessary conveyances to Hillingdon A&E and ensure that patients were getting the most appropriate care for their needs. To support this, training sessions had been planned for LAS frontline staff with the Urgent Care Centre team in order to increase referrals. Members were advised that only 52.1% of calls were conveyed to the ED. Newly qualified clinicians were able to identify alternative care pathways (ACPs) on their tablets to ensure that they were not missing any red flag conditions / symptoms or contact the clinical hub to gain advice from more experienced colleagues if they were thinking of using an ACP. Although the LAS was striving to identify the right pathways for patients, there was no magic figure for how many should / should not be conveyed to hospital as it depended on the individuals. A regular audit was undertaken and THH staff provided feedback to LAS staff about possible alternative pathways.

When conveying patients to A&E, LAS staff should be waiting no more than 45 minutes to hand over before they left. Although it was the right thing to do (as the risk to patients waiting for an ambulance was greater than those waiting in hospital), LAS staff knew that this posed some challenges for hospital staff. Mr Reed received a daily report on the breaches of this 45 minute standard.

Mr Reed advised that television cameras had been following LAS crews around for a BBC documentary ("Ambulance") and that the resultant programme would be aired in

October 2024. The programme highlighted the challenges faced by crews on a daily basis and the need to use the service appropriately.

Members were advised that there had been a slight increase of 7 seconds in Category 1 response times following a 13% increase in the number of calls for people in life threatening circumstances (the response time was now at 7 minutes 16 seconds). The average length of time on scene had decreased by half a minute to 36.4 minutes in the last six months (compared to the Trust average of 38.0 minutes).

“Right Care, Right Person (RCRP)” had been introduced in London just over a year ago. Mr Reed advised that the initiative had not adversely affected the Trust’s time and that, when the LAS crews requested a presence, the police attended. He noted that a police presence when someone was in mental health crisis would sometimes exacerbate the issue. Mr Reed regularly met with Chief Superintendent Wilson so would be able to raise any concerns if they arose.

The LAS had always had to navigate through roadworks in the Borough. The Trust was provided with details about roadworks but sometimes there was just too much information. Mr Reed had a good relationship with Council officers and was in regular contact. However, crews would sometimes end up out of the Borough and wouldn’t necessarily have information about roadworks there. There was an internal system for reporting any concerns.

Hillingdon Health and Care Partners (HHCP)

Mr Keith Spencer, Managing Director at HHCP, advised that there had been 8% more GP appointments available this year than there had been last year. Concern was expressed that the PATCHs patient access system was still not working as well as it could as there were some patients who were unable to use the system and get a GP appointment (even though there had been an increase in the number of appointment available). Dr Ritu Prasad, Chair of the Hillingdon GP Confederation, noted that there had been an increase in the use of digital technology and that receptionists were able to complete the online request form for those who were unable to use the technology. These patients were being identified and prioritised but it was initially largely trial and error. As every practice was different, it had proved difficult to standardise this support. A PATCHs training session for patients had been held in one surgery but some still struggled to understand the technology.

Dr Prasad advised that receptionists were essential to the smooth functioning of a practice but that good ones were difficult to find. The pressure and aggressive and abusive behaviour that these receptionists were subjected to by patients then made it difficult to retain them and resulted in a huge staff turnover.

Mr Spencer had provided Members with the North West London Integrated Care Board (NWL ICB) report on the organisation’s commitment to Integrated Neighbourhood Teams (INT). Three INTs had been created which were anchored by primary care with staff from various organisations being managed by one person. The INTs aimed to deliver more care closer to people’s homes by:

1. providing same day urgent primary care for people with noncomplex needs who regularly sought same day access to primary care (33% of all GP attendances) delivered through three Super Hubs. It was agreed that Mr Spencer would make arrangements for Committee Members to visit the Super Hubs as well as some of the GP practices. The three Super Hubs were not in ideal locations and not really big enough so alternative locations were currently being investigated;

2. delivering proactive care through risk stratification, case finding and enhanced case management for the 6,000 Hillingdon residents that were most at risk; and
3. implementing preventative and anticipatory care for a range of population health Joint Strategic Needs Assessment priorities such as hypertension and obesity.

Although the estate was deemed to be a disabler, progress had been made in areas such as the completion of a pathway for a single point of access for all place physiotherapy referrals. This had been rolled out to three GP practices in the north neighbourhoods with a view to tackling the more complex east and west neighbourhoods from October 2024.

Key to the success of integrated working was the collocation of teams in a single space. This had been quite a challenge. Mr Spencer had also been working with the Council and NWL ICB to get clarity on investment in the out of hospital estate but the ICB had no capital money - an estate option appraisal was essential. Members had requested a report on the use of s106 health related monies and the Democratic, Civic and Ceremonial Manager would see if this report could be brought to the next meeting on 12 November 2024.

Dr Prasad advised that it was important that people knew where the services were located. Neighbourhood Directors had been appointed (some had been in post for a couple of months and some for a couple of weeks) and were helping to develop integrated care teams to support the wrap around service around the patient to prevent GP time from being wasted doing referrals. The next step would be to enable self-referrals which would reduce the number of "Did Not Attend" (DNAs). It was agreed that further information on the work and impact of the Neighbourhood Directors would be presented at a future meeting.

Work was being undertaken with Hillingdon Hospital to bring specialist mental health and respiratory staff into the community. These pathways were currently being organised. It was hoped that a system would be put in place that enabled a resident to type in their postcode and for them to be provided with a list of services that were available to them.

Members recognised that there was an ambition to provide a seven day service. Mr Spencer advised that the focus was currently on the provision of a discharge service over seven days. Ms Eves was currently working on this with Ms Rachel Tunstall, Deputy Chief Operating Officer at THH, to get earlier discharge from the hospital. Ms Eves confirmed that the number of hospital discharges reduced over the weekends and that senior decision making was needed seven days a week (the Trust had seen a difference during the pandemic when senior decision makers had been in place seven days a week).

Healthwatch Hillingdon (HH)

Ms Lisa Taylor, Managing Director at HH, advised that the concerns raised by residents with HH had been reflected in the discussion: staff attitudes in primary care; digital services, e.g., blood tests and PATCHs; mental health in the community; and hospital waits. It was good to hear that mental health was being prioritised.

HH had undertaken a review of the Riverside inpatient units. Whilst there were lots of areas of good practice, there were also areas for improvement around things like security, privacy and motivation for physical activity. Arising from HH's findings, CNWL had developed an improvement plan. Ms Taylor would be looking to review progress

on the actions contained therein in twelve months time to establish what impact they had had.

A review of children and young people's mental health and wellbeing services had been undertaken which had highlighted the poorer outcomes related to health inequalities. HH had facilitated a number of workshops to try to understand the barriers. Lots of activity had been planned to hear from parents and schools (school support appeared to be inconsistent). The findings would be reported to North West London Integrated Care Board and it was hoped that it would influence service delivery. The spend on mental health services needed to be reviewed to front load it for early intervention and prevention initiatives. Conversations needed to be held earlier in schools and peer support and mentoring needed to be widely available. There also needed to be greater flexibility in the services that were provided and a culture change. Ms Taylor advised that one of the key deliverables had been to coproduce the report with the voluntary sector providers that were currently providing support to these young people. As HH was thought to be independent, it was best placed to organise an event early next year to come up with solutions and facilitate a change in mindset. This could result in the creation of a consortium.

A survey on GP access had commenced. Significant targeted engagement had been undertaken and more than 200 responses had been received to date.

RESOLVED: That:

- 1. Mr Keith Spencer forward the results of the investigations being undertaken by Brunel University around A&E attendance to the Democratic, Civic and Ceremonial Manager to share with Members of the Committee;**
- 2. Ms Claire Eves provide data on whether the Cove Café was reaching as many people as it could to the Democratic, Civic and Ceremonial Manager for circulation to the Committee;**
- 3. Ms Claire Eves provide more detailed information on community hubs supporting people in the community before they reached crisis and non-residents presenting at Hillingdon A&E with mental health issues at the Committee's next health updates meeting;**
- 4. Ms Claire Eves provide the Democratic, Civic and Ceremonial Manager with detailed information about what was new about the ARCH service for circulation to the Committee;**
- 5. Ms Claire Eves provide Members with information about how Kooth and the wider package of services had improved outcomes for service users and prevented the use of other services through de-escalation;**
- 6. Mr Keith Spencer and Ms Claire Eves attend the Committee's next meeting on 12 November 2024 to talk about the evaluation report of the wellbeing bus pilot that was undertaken in the Heathrow Villages;**
- 7. Ms Claire Eves provide Members with an update on the NHSs withdrawal of speech and language therapy services from a school in Ruislip in May 2024;**
- 8. Mr Chris Reed provide Members with an update on the LAS staff survey and whether or not it had been impacted by the direct action taken to support staff experiencing sexual and other harassment at the meeting on 23 January 2025;**
- 9. Mr Chris Reed provide Members with information about the work of the LGBTQ+ focus group to ensure that the LAS workforce represented the people that it served at the meeting on 23 January 2025;**

	<p>10. Mr Keith Spencer liaise with the Democratic, Civic and Ceremonial Manager to make arrangements for Committee Members to visit the Super Hubs as well as some of the GP practices;</p> <p>11. the Democratic, Civic and Ceremonial Manager establish whether or not a report on the use of s106 health related monies could be brought to the next meeting on 12 November 2024;</p> <p>12. Dr Ritu Prasad provide further information on the work and impact of the Neighbourhood Directors at the meeting on 23 January 2025; and</p> <p>13. the discussion be noted.</p>
34.	<p>CABINET FORWARD PLAN MONTHLY MONITORING (<i>Agenda Item 6</i>)</p> <p>Consideration was given to the Cabinet Forward Plan.</p> <p>RESOLVED: That the Cabinet Forward Plan be noted.</p>
35.	<p>WORK PROGRAMME (<i>Agenda Item 7</i>)</p> <p>Consideration was given to the Committee’s Work Programme. It was agreed that the following changes be made to the Programme:</p> <ul style="list-style-type: none"> • 12 November 2024 – move consideration of the scoping report of the major review of adult social care early intervention and prevention to 12 November 2024 and hold the witness sessions on 25 February, 19 March and June 2025, with the final report being considered in July / September 2025; • 12 November 2024 – hold a single meeting review of pharmacies on 12 November 2024; • 12 November 2024 – include an item to discuss the evaluation of the wellbeing bus pilot that had taken place in Heathrow Villages; • 12 November 2024 – receive a report on the use of Section 106 monies on health related projects at the meeting on 12 November 2024; and • 23 January 2025 – receive an update from the Cabinet Member for Health and Social Care and the Corporate Director for Adult Social Care and Health at the meeting on 23 January 2025 in relation to the CQC report and other matters. <p>It was noted that reports had been planned for consideration at the next meeting on 12 November 2024 on a range of issues such as the Older People’s Plan, 2024/25 BCF requirements and Autism Strategy consultation. The Democratic, Civic and Ceremonial Manager, in consultation with the Chair, would establish which reports needed to go to the next meeting and which could be deferred to a later date.</p> <p>RESOLVED: That the Work Programme, as amended, be agreed.</p>
	<p>The meeting, which commenced at 6.30 pm, closed at 8.57 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@hillingsdon.gov.uk. Circulation of these minutes is to Councillors, officers, the press and members of the public.