

Minutes

HEALTH AND SOCIAL CARE SELECT COMMITTEE

19 June 2025



Meeting held at Committee Room 5 - Civic Centre

	<p>Committee Members Present: Councillors Nick Denys (Chair), Reeta Chamdal (Vice-Chair), Tony Burles, Becky Haggar, Kelly Martin, June Nelson and Sital Punja (Opposition Lead)</p> <p>Also Present: Baljit Badesha, Chief Executive, Nucleus Legal Advice Centre Evelyn Cecil, Assistant Chief Executive Officer & Head of Mental Health Services, Hillingdon Mind Julian Lloyd, Chief Executive, Age UK Hillingdon, Harrow & Brent Gordon Milne, Employment Support Officer, Hillingdon Mind Jason Seez, Joint Chief Infrastructure & Redevelopment Officer for Chelsea and Westminster NHS Foundation Trust & The Hillingdon Hospitals NHS Foundation Trust / Hillingdon Hospital Redevelopment SRO, The Hillingdon Hospitals NHS Foundation Trust Nikki White, Social Worker, Hillingdon Mind</p> <p>LBH Officers Present: Gary Collier (Health and Social Care Integration Manager), Gavin Fernandez (Assistant Director, Immediate Response Service) and Nikki O'Halloran (Democratic, Civic and Ceremonial Manager)</p>
3.	<p>APOLOGIES FOR ABSENCE (<i>Agenda Item 1</i>)</p> <p>There were no apologies for absence.</p>
4.	<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>
5.	<p>MINUTES OF THE MEETING HELD ON 29 APRIL 2025 (<i>Agenda Item 3</i>)</p> <p>RESOLVED: That the minutes of the meeting held on 29 April 2025 be agreed as a correct record.</p>
6.	<p>MINUTES OF THE MEETING HELD ON 8 MAY 2025 (<i>Agenda Item 4</i>)</p> <p>RESOLVED: That the minutes of the meeting held on 8 May 2025 be agreed as a correct record.</p>
7.	<p>EXCLUSION OF PRESS AND PUBLIC (<i>Agenda Item 5</i>)</p> <p>RESOLVED: That all items of business be considered in public.</p>

8. **HILLINGDON HOSPITAL REDEVELOPMENT UPDATE** (*Agenda Item 6*)

The Chair welcomed those present to the meeting. Mr Jason Seez, Deputy Chief Executive at The Hillingdon Hospitals NHS Foundation Trust (THH) and Chief Infrastructure and Redevelopment Officer, advised that he was also the Senior Responsible Officer for the Hillingdon Hospital redevelopment. He noted that Hillingdon Hospital had been identified as one of the top eight new hospital schemes in 2021 (then known as Cohort 3) and had become a pathfinder. In 2024, a review of the New Hospitals Programme (NHP) had been undertaken and resulted in the Government announcement in January 2025 that the Programme would be delivered in three waves: 1) 2025-30; 2) 2030-35; and 3) 2035-39. It had been confirmed that Hillingdon Hospital would be included in Wave 1 which mostly comprised RAAC hospitals alongside Milton Keynes and Manchester.

Members were advised that the next stages were now being worked through and a design refresh would be undertaken to develop a Hospital 2.0 compliant design (this was NHP's standardised approach to design). All new builds needed to be a standardised design so that offsite construction could be undertaken and this had been a challenge with many iterations.

Although the hospital design had previously been approved, time had since passed and service requirements had been updated (for example, the previous design had included 73% single room accommodation whereas there was now a requirement for 100%). Single rooms were better for infection prevention and control (infections in staff and patients reduced capacity). However, as single rooms also reduced social interaction, communal spaces would need to be provided in the new build to enable this social connection.

Hillingdon Hospital had been recognised for the level of its clinical engagement during the process and this would need to continue. Communication would need to be undertaken within the local community in relation to the changes that would need to be made. Work would also continue in testing the patient perspective on the pioneering model of care at place level through Hillingdon Health and Care Partners. Three superhubs were being planned with partners and a new NHS Strategy and Plan was expected to deliver a "left shift" (the shift of activity out of hospitals to those delivered closer to home, largely provided by primary or community services and wider system partners).

Mr Seez advised that the Outline Business Case would be refreshed in October 2026 with a view to submitting the Full Business Case in March 2028 and starting the build in early 2028 (building would then take place between 2028 and 2032, with the new hospital opening to the public in early 2033). It was anticipated that the Hillingdon Hospital site would be cleared and ready to start building by the autumn of 2027.

Members thanked Mr Seez and his team for their hard work in getting Hillingdon Hospital to the front of the queue insofar as the NHP was concerned. The NHS's last big new hospital building programme had been undertaken 20-30 years ago and had been privately financed. This new programme was being delivered using public finance on a national level which had not been undertaken in a very long time.

Concern had been expressed about the Mount Vernon Hospital site. Mr Seez advised that THH was landlord to a lot of services at Mount Vernon that were provided by other organisations. For example, Mount Vernon Cancer Centre was run by East and North

Hertfordshire NHS Trust and proposals were being developed to move this service to a new site in Watford. In addition, services such as Human Resources, Finance and some clinical services had been temporarily decanted from Hillingdon Hospital to Mount Vernon as part of the site clearance and enabling works, ready for the new hospital build. That said, consideration would need to be given to the long-term plans for the Mount Vernon site.

One key part of new hospital programme management would be to maintain momentum and consistency. It was noted that the main hospital building would remain operational during the building of the new hospital on the same site – the smaller buildings around the campus were being decanted. This meant that there would be backlog maintenance that would need to be addressed but hospital capacity during the build would not change.

Although the decant works had not progressed as much as Mr Seez would have liked over the course of the last year, the site moves were now moving forward at pace. Work had been undertaken to install new power and sewer infrastructures on the site and work continued on a new substation. The support of stakeholders and partners had helped THH to maintain its pace.

The NHP fragnet was all about locking down dates (a fragnet schedule referred to a smaller, detailed portion of a larger project timeline that focussed on a specific segment or group of activities within the overall project). One of the biggest milestones would be the appointment of a building contractor (which would be done at a national level).

Mr Seez advised that it was important that the staff were not forgotten during the building process and that they were taken on the journey (even when they were busy). They would need to have time to familiarise themselves with the new building, once opened, before they were up to speed – at the new hospital in Brighton, staff had used virtual reality headsets to do this.

Members were advised that the Trust had a research partnership with Brunel. An education and training agreement was also being finalised with the University in relation to innovative models of care.

It was agreed that the Committee would receive an update on the new hospital development after the Outline Business Case had been submitted in October 2026. The Democratic, Civic and Ceremonial Manager would also liaise with Mr Seez to arrange a site visit to Hillingdon Hospital to see the works that had already been undertaken.

RESOLVED: That:

- 1. the Committee be provided with an update on the development of the new hospital following the submission of the Outline Business Case in October 2026;**
- 2. the Democratic, Civic and Ceremonial Manager liaise with Mr Seez to arrange a site visit to Hillingdon Hospital to see the works that had already been undertaken; and**
- 3. the discussion be noted.**

9. ADULT SOCIAL CARE EARLY INTERVENTION AND PREVENTION - 3RD WITNESS SESSION (*Agenda Item 7*)

Mr Gary Collier, the Council's Health and Social Care Integration Manager, noted that

this was the Committee's third witness session in relation to its review of adult social care early intervention and prevention. At a previous meeting, Members had been advised that new service contracts were being let and representatives from two of those new contractors were in attendance to talk to the Committee about the services that they provided.

Mr Julian Lloyd, Chief Executive at Age UK Hillingdon, Harrow & Brent, noted that the Hillingdon Advice Partnership (HAP) had been formed to deliver the Information, Advice, Guidance and Wellbeing Support service in Hillingdon and comprised a consortium of partners including Age UK, Nucleus, Bell Farm Christian Centre, 3ST North West London, H4All, Hillingdon Health and Care Partners, DASH and the Council. The contract had been in place with HAP for three weeks and covered a range of issues, complementing services provided by the local authority, for those aged over 18. HAP aimed to empower residents to live good quality lives and was embedded into the local infrastructure and the wider third sector. Nucleus Legal Advice Centre provided expertise on issues such as housing, debt management and employment.

This partnership structure had been put in place to deliver a single coherent service and, as it was open access, high levels of demand were expected. Residents were able to access services via a webform direct to a Customer Relationship Management system. This system had been used by Nucleus elsewhere for about two years and had been working well (a robust training programme had been put in place for new staff). As some residents were keen for face-to-face contact, services could be delivered across the Borough through outreach and, for those that were happy to call, the Age UK national helpline picked up any overspill on incoming calls between 8am and 7pm, 365 days a year. When residents contacted HAP, a quick response was initially provided and they were then booked in for services quickly.

Consideration was currently being given to using alternative venues such as libraries for the face-to-face outreach service which could be rotated but, given the sensitivity of some of the discussions that would take place with users, this would need to be in a private space. With finite resources and increasing demand, it would be important to manage demand through the use of technology and artificial intelligence to reduce the administrative burden. It was thought that the increase in demand for HAP services had been driven (in part) by things like increasing fuel costs.

Mr Lloyd advised that Warm Homes funding had just been secured and 3ST had been looking at developing an outcomes framework to demonstrate the impact of their work. Furthermore, HAP would continue to work with the local authority to review its performance and outcomes during the course of the contract. Mr Collier advised that the Council would work collaboratively with partners to establish baselines and targets during the life of the contract. It was likely that these would change over time in response to feedback from service users. The Council would be particularly interested in the evidence of the impact of the services provided and would hold monthly meetings with HAP for the first six months of the contract.

Members asked about the maximum capacity of the service. Mr Lloyd advised that an estimate of the number of residents that would need to be supported by the service had been included in the specification. HAP would be looking to increase the number of users to build capacity in the service but would need to prioritise their needs using a waiting list process. Prioritisation would need to be done in a way that caused minimum impact and would likely be issues such as blue badges and attendance

payments. Building a good relationship with the Council would be key to helping residents.

The services provided by HAP would be delivered by lots of different partners. Members queried what measures had been put in place to ensure that nobody slipped through the cracks. Mr Lloyd advised that a single system would be used from the point of entry where individual consent was given for the service users' data to be shared with those deemed necessary. The organisation had good, established links with Mind and Hillingdon Carers too.

Mr Baljit Badesha, Chief Executive at Nucleus Legal Advice Centre, advised that the HAP model provided access right at the start of the process and looked at prioritising based on the deadline, urgency, etc, of the issue. Expectations could then be managed and a plan put in place for when the resident would be contacted.

Although Nucleus had not previously worked in Hillingdon, the organisation had worked in West London for around fifty years and had achieved quality marks, with a similar model already running in Ealing. All Nucleus staff were CPD trained and staff were trained in certain areas before they were allowed to give advice on certain subjects to residents. Once trained, all advisors were supervised for a period to ensure that they were supported.

Mr Badesha was aware that some people were not able to access services over the phone so alternative ways to access services would be provided over time. Mr Lloyd noted that Bell Farm Christian Centre had been fundamental in providing support to those from groups such as the traveller community. Whilst HAP wanted to avoid queues by using a booking system, there would be nothing to stop resident from dropping in.

Members queried how residents would know about the services that were being offered by HAP and how the partnership ensured that the system was not overly complicated or mistaken for an emergency service. Mr Lloyd advised that consideration needed to be given to the delivery of the communication plan and how the new brand should be promoted. Effort would need to be made to communicate with the wider health partners to establish how they could refer residents to the services. Mr Collier advised that the contract had become operational on 2 June 2025 so the communications would need to be built incrementally. It was agreed that HAP would be asked to attend a Committee meeting in twelve months to provide Members with an update on their progress.

Ms Evelyn Cecil, Deputy Chief Executive Officer and Head of Mental Health Services at Hillingdon Mind, advised that the average length of staff service at Hillingdon Mind was currently about ten years. Hillingdon Mind was part of the National Mind Federated Network and supported around 5,000 local residents each year (not all of whom had a diagnosis). Residents were able to refer themselves to the service but not everyone would recognise when they had an issue. As such, referrals could also be made by the GP Confederation and Mind provided Carers Act needs assessments for social care. Once the referral had been made, someone from Hillingdon Mind would sit down with them to identify how they could be best supported before they used the services.

During the course of the current contract for the early intervention mental health service, Hillingdon Mind would work with the underserved population who were not currently accessing the services that they were entitled to. Work was being undertaken

to get out and target groups such as the LGBTQ+ community and young people to enhance the organisation's profile and help residents to access what was already available in the community. A lot of services were based in Uxbridge so it would be important to develop the outreach service in other parts of the Borough. There would also be a focus on partnership working, collaboration and private businesses.

Ms Cecil noted that consideration had been given to the social and economic determinants of health but advised that Mind was not there to diagnose or provided clinical treatment for mental health issues. The organisation was able to identify where cases needed to be referred on to colleagues and provided a step-down service. It aimed to help residents maintain their independence and reduce the demand on Council services.

It was noted that Hillingdon Mind recognised its limitations and the need to work with other organisations. When a service user was referred on to another organisation, it was explained to them that this other organisation was the best opportunity to address their issues.

Members were advised that Hillingdon Mind sat on a range of different panels and had been looking at training, interventions and signposting with local colleges and Brunel University. In addition, Hillingdon Mind continually looked for opportunities to go into the community to support small organisations with things like peer support training.

An innovative approach had been taken to early intervention and prevention which included nature-based innovations, digital and hybrid models. Consideration was being given to upskill service users but this was not just in relation to technology. There were volunteers available at Hillingdon Mind to help residents with things like employment support and universal credit.

A range of group activities were available for service users to use as a stepping stone to get back out into the community. Workshops and training could also be provided as a preventative measure and Mind's wider workforce was routinely being upskilled. Feedback had been positive. A measurement tool had been developed to track outcomes across ten life areas and opportunities had been put in place for service users to provide as well as for feedback to be provided to Mind nationally.

In terms of emerging opportunities, Ms Cecil noted that artificial intelligence provided the ability to analyse data. It was thought that this would help with regard to focussing on underserved groups. Opportunities to secure additional funding were being sought as well as investigating possible venues for collaborative work (maybe for clinics or face-to-face outreach).

Ms Cecil advised that the recent changes to benefits had impacted on a number of service users. As such, Hillingdon Mind had been promoting self-help to build resilience (as well as trying to build capacity).

Mr Collier advised that monitoring the Hillingdon Mind contract was slightly different because they were an established provider with an established delivery plan. As such, monitoring meetings were undertaken quarterly. That said, effort would be made to gather more operational staff feedback.

Mr Gordon Milne, Employment Support Worker at Hillingdon Mind, advised that he had started with the organisation as a volunteer before being appointed to a paid position

	<p>four years ago. He was mindful that people needed to talk about mental health without the fear of stigma so increased funding to get more people working would be ideal.</p> <p>Members queried what changes or interventions Hillingdon Mind would like to see in relation to early intervention and prevention that would have the biggest impact on mental health and asked for suggestions on how any associated savings could be evidenced. Ms Nikki White, Social Worker at Hillingdon Mind, suggested that a reduction in waiting lists for service across the board would be top of her wish list. Often, service users would come to Mind for support with their mental health because they were waiting to receive services provided by other partners. Members asked if they could be provided with evidence of which services had been delayed and had the biggest impact.</p> <p>Although solutions sometimes appeared simple, there were often barriers in the way. Ms Cecil noted that a greater sharing of resources such as venues across different organisations would help in resolving this.</p> <p>Ms Cecil noted that service user demographics were representative of the Borough but that there had been an increase in the number of asylum seekers from hotels in Hillingdon. As there were no additional resources for this increase and the challenges that it brought, Hillingdon Mind had had to liaise with national Mind colleagues to get support with issues such as translators as they had more money.</p> <p>Members queried where the biggest growth in mental ill health was in Hillingdon. Ms White advised that she had been the young person's lead on a project. Young people tended to be more difficult to motivate and engage and keep focussed. As such, it was important to be patient and work with schools on attendance and family issues whilst also recognising their strength (there was a lack of understanding in schools about issues such as self-harm and healthy ways of working). Ms Cecil advised that housing was also an issue that had proved difficult to support and the cost of living had also impacted on residents' stress levels. The pandemic had impacted people who had never dreamed that they would become unemployed and this had significantly impacted their confidence and mental health.</p> <p>Those present were asked to contact the Democratic, Civic and Ceremonial Manager with suggestions for recommendations for inclusion in the final review report.</p> <p>RESOLVED: That:</p> <ol style="list-style-type: none"> 1. HAP provide the Committee with an update in twelve months (June 2026); 2. the Committee be provided with evidence of the services that users were having to wait a long time for and the impact of this delay; 3. suggestions for possible recommendations for the final review report be forwarded to the Democratic, Civic and Ceremonial Manager; and 4. the discussion be noted.
10.	<p>CABINET FORWARD PLAN MONTHLY MONITORING (<i>Agenda Item 8</i>)</p> <p>Consideration was given to the Cabinet Forward Plan.</p> <p>RESOLVED: That the Cabinet Forward Plan be noted.</p>
11.	<p>WORK PROGRAMME (<i>Agenda Item 9</i>)</p> <p>Consideration was given to the Committee's Work Programme. It was confirmed that the next meeting would include a single meeting review of GP coverage across the</p>

	<p>Borough. Members were advised that in-person budget scrutiny training had been scheduled for Members from 6pm on Wednesday 10 September 2025.</p> <p>To ensure that the Committee's review of adult social care early intervention and prevention included representation from the Carers Trust, it was agreed that an additional meeting be scheduled in October 2025. The Democratic, Civic and Ceremonial Manager would liaise with Members to identify the date that was most convenient for the majority. Consideration could also be given to moving some reports due for consideration at the September meeting to the new October meeting date.</p> <p>RESOLVED: That:</p> <ol style="list-style-type: none"> 1. the Democratic Civic and Ceremonial Manager liaise with Members to identify a meeting date in October 2025 for an additional witness session on the adult social care early intervention and prevention review; and 2. the discussion be noted.
	<p>The meeting, which commenced at 6.30 pm, closed at 8.32 pm.</p>

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