Minutes

HEALTH AND SOCIAL CARE SELECT COMMITTEE

16 September 2025

Meeting held at Committee Room 5 - Civic Centre

	Committee Members Present: Councillors Nick Denys (Chair), Reeta Chamdal (Vice-Chair), Tony Burles, Becky Haggar, Kelly Martin and Sital Punja (Opposition Lead) **Also Present:** Dr Alan McGlennan, Chief Medical Officer, The Hillingdon Hospitals NHS Foundation Trust Lesley Watts, Chief Executive Officer, The Hillingdon Hospitals NHS Foundation Trust / Chelsea & Westminster Hospital NHS Foundation Trust Councillor Jane Palmer, Cabinet Member for Health and Social Care LBH **Officers Present:** Gary Collier (Health and Social Care Integration Manager), Matt Davis (Director - Strategic & Operational Finance), Gavin Fernandez (Assistant Director, Immediate Response Service), Jan Major (Assistant Director Direct Care and Business Delivery), Graham Puckering (Assistant Director, Sustained Support Services), Martyn Storey (Head of Finance - Adult Social Care), Sandra Taylor (Corporate Director of Adult Services and Health) and Nikki O'Halloran (Democratic, Civic and Ceremonial Manager) **Members in Public Gallery** Councillor Peter Smallwood
19.	**APOLOGIES FOR ABSENCE** *(Agenda Item 1)* Apologies for absence had been received from Councillor June Nelson.
20.	**DECLARATIONS OF INTEREST IN MATTERS COMING BEFORE THIS MEETING** *(Agenda Item 2)* There were no declarations of interest in matters coming before this meeting.
21.	**MINUTES OF THE MEETING HELD ON 22 JULY 2025** *(Agenda Item 3)* **RESOLVED: That the minutes of the meeting held on 22 July 2025 be agreed as a correct record.**
22.	**EXCLUSION OF PRESS AND PUBLIC** *(Agenda Item 4)* **RESOLVED: That all items of business be considered in public.**
23.	**FUTURE OF MINOR INJURIES PROVISION** *(Agenda Item 5)* The Chair welcomed those present to the meeting.

Ms Lesley Watts, Chief Executive at The Hillingdon Hospitals NHS Foundation Trust (THH), noted that she had previously spoken to the Committee about the Minor Injuries Unit (MIU) at Mount Vernon Hospital. She advised that health services in Hillingdon, specifically the acute trust, had a history of overspending and not achieving great performance standards. Action was needed in relation to elective recovery whilst also looking after existing staff, attracting and developing new staff and building a new hospital, all within budget.

Discussions had been undertaken in relation to processes and the proposal had been considered by the Board in July 2025 where it had been agreed to transfer the MIU work from Mount Vernon Hospital to Hillingdon Hospital. Engagement had been undertaken with a range of people including colleagues in Hertfordshire and Berkshire, as well as residents associations and MPs. A meeting with residents had been held on Friday which had also been attended by the local MP and a consultation was currently underway with staff.

Dr Alan McGlennan, Chief Medical Officer and Managing Director at THH, advised that around 35-45 patients were seen each day at the MIU at Mount Vernon Hospital, whereas there were around 200 per day at the Urgent Treatment Centre at Hillingdon Hospital. Around 50% of the patients seen at the MIU were not Hillingdon residents and a large number of the presentations were minor illnesses or wound management issues which should be dealt with through primary care, social care or pharmacy care. It was anticipated that the move would initially see an additional 30 patients per day at Hillingdon Hospital but that this would reduce over time and productivity would increase.

Members queried how the MIU proposals would fit in with the NHS 10 year plan to shift more care into the community and whether the Pembroke Centre Hub in Ruislip would be able to cope with the resultant increase in demand. Dr McGlennan advised that around half of the patients presenting at the MIU needed an x-ray (for example, for a fractured finger or twisted ankle). A shuttle bus would still be available but half of the patients currently seen at the MIU could go to their GP. The proposals would fit in with the NHS 10 year plan.

The Ruislip Hub had been initiated and was still growing. Its availability had been well received by residents as it put the right care in the right place. Injuries requiring an x-ray would always need to be seen at Hillingdon Hospital but minor illnesses previously seen at the MIU should be going to their GP. Patient with things like urinary tract infections should go to their local pharmacy and chronic wounds and infections should be dealt with by the GPs. The Hubs would be developed so that they could deal with urgent care and some diagnostics.

Patients currently called NHS 111 and were given options on the places that they could attend. The MIU was not the only option given to patients when they called NHS 111 and MIU appointments tended to be the next day. Dr McGlennan was confident that there would be sufficient capacity within the system, with 98% of patients being seen, treated and discharged from Hillingdon within 4 hours. Ms Watts advised that Hillingdon Hospital performance was currently very good and one of the best in London. The need for change was about moving staff around to make best use of the resources available.

Concern was expressed that no consideration appeared to have been given to options

	1 and 2 and it was queried whether the decision would be reversed if the pressure on other services became too high as a result. Dr McGlennan noted that the decision had been made in response to a deficit in healthcare in Hillingdon – there were no concessions and reviews were undertaken to resolve problems. It was recognised that the proposals would save the Trust around £1m but that Hillingdon's Emergency Department's (ED) performance was not good so the resources could be used to rebalance that. Currently, agency and bank staff were regularly used in the ED and moving the MIU staff to Hillingdon would help to reduce that reliance. Performance would be reviewed in April 2026 to establish whether or not there had been any improvements. THH had not been operating within its means for a long time but the Trust had been on budget over the last couple of months. This performance needed to be sustainable but there was never going to be a good time to move the MIU. Hillingdon needed to invest in providing a good ED and being able to deal with patients with minor illnesses and injuries. Patients were also waiting too long for surgery. Hillingdon had well developed community working and the £1m would be able to underpin the work being undertaken in the acute units. Ms Watts advised that it was important to address inequality of provision and resources and effort needed to be concentrated where it would have the biggest impact. Some of Hillingdon's most deprived residents did not get the good service that they wanted. As part of the process, THH had liaised with hospitals in neighbouring boroughs to talk about the possible impact on them. A decision on this matter had not been made previously. A number of ideas had been put forward and this was one of 2-3 that were being taken forward. Although the residents using the MIU at Mount Vernon Hospital would not be happy with the change, there were a lot of people who did not use the MIU that would benefit from the change. It had been proposed that the 9FTE MIU staff would transfer to Hillingdon Hospital. Ms Watts advised that this was part of a routine process of moving resources to where they were most needed and that a formal consultation was currently underway with the MIU staff. Decisions needed to be made about patient care but the staff involved would get to make their own decisions about the transfer. Ms Watts advised that a wider formal consultation would not be undertaken but that THH had engaged with various organisations over the proposals and had held an adjournment debate at the request of the local MP. The MIU had been used by families booking online for their children or by pupils sent by schools. Dr McGlennan noted that consideration would be given to moving the equipment from Mount Vernon to Hillingdon Hospital. He recognised that people had preconceived ideas about the ED but reassured Members that Hillingdon's ED had been zoned and that the paediatric ED was secure and had a separate waiting area. Adults would be triaged on arrival and moved to another area if their injury was minor. Ms Watts noted that work was currently underway to introduce a mobile diagnostics service which would also reduce the impact on the ED. Having been seen at Hillingdon Hospital, follow up clinics and physiotherapy would still be available from Mount Vernon. It was noted that the transfer of resources would take place at the end of September 2025 and that the Board would continuously review the resultant ED performance.

	RESOLVED: That the discussion be noted.
24.	**BUDGET AND SPENDING REPORT - SELECT COMMITTEE MONITORING** *(Agenda Item 7)* Ms Sandra Taylor, the Council's Corporate Director of Adult Social Care and Health, advised that health and social care services were always challenged and that understanding demographic growth was hard with the level of complexity of residents' increasing over the last year. Although the total number of services users had not increased very much over the last ten years, the cost of care had increased significantly. The Council had to take proactive steps to manage the available resources to be able to provide and manage a good service at a good unit cost value. There were challenges in relation to managing demand and pressures. Demand drivers of increased costs included an increase in National Insurance (which would increase again in April 2026). Whilst officers did what they could to maintain fair prices and use brokerage services, they recognised that it was also a challenging time for care providers. Autism had also become an increased driver for services. Mr Martyn Storey, the Council's Head of Finance – Adult Social Care, advised that the bottom of Table 2 in the report had showed a £5.4m overspend on adult social care placements in the last year and that the pressure had been mitigated by holding vacancies. Table 5 showed that an £8.2m overspend in total services operating budgets had been forecast at Month 2 and that officers might be in a better position to comment on this at the next meeting. Members were advised that the combined effect of the living wage and National Insurance increases had increased the wage bill by just under 9%. Although providers with existing care placements understood that the Council was under financial pressure, new placements were costing more. Concern was expressed that there was always an overspend in social care as forecasting did not appear to be accurate and queried where the analysis was in the report that could give Members confidence in the forecasting. Mr Storey noted that the officers would be able to get better at forecasting by modelling using the data that was available. Ms Taylor advised that the Council had purchased its own care home to try to manage some of the pressures but that care packages for people with learning disabilities in supported living had the highest costs. These were also often long term costs as these residents tended to be younger when they first needed the support. The Council had had to look at things differently and work was being undertaken accordingly (although not yet at a stage where it could be reported to Members). Analytics were monitored and all local authorities were required to report annually so Hillingdon was able to benchmark its costs to ensure that the Council was achieving best value. It was agreed that further information on this would be brought to a future meeting. Members acknowledged the pressure faced by health and social care but noted that the Committee was only being given figures for Month 2 when Cabinet would be considering Month 4 later in the week. A request was also made that, as Members and residents were not necessarily finance experts, an explanation of terminology such as

	"underlying forecast" be included in all future reports. Mr Matt Davis, the Council's Director of Strategic and Operational Finance, advised that the underlying forecast was effectively the debits and credits attributed to adult social care. Provisions were, for example, debts that were not collectable. Members were advised that, in 2017, councils had been permitted to use capital receipts for transformation projects that would deliver ongoing reductions in future expenditure. Mr Storey advised that he was very confident about the figures in the report. They had been build up on a person by person basis but based on dynamic data and a fairly consistent pattern had been developing. There had been no evidence to suggest that it would go out of control. Members queried the effects that the pandemic continued to have on the provision of health and social care and whether effort was being made to make residents less reliant on social care. Ms Taylor advised that the social care ethos was early intervention. There had been a flattening in the demand for services from older people but a rise in demand from people with mental health issues or learning disabilities. The pandemic had prevented a lot of elective surgery from taking place. While they were waiting for their operations, the condition of these residents might have worsened meaning that they needed social care support before the operation as well as after the operation from which they might take longer to recover. Patients with a learning disability were encouraged to do as much for themselves as possible and a range of interventions were available for those with mental ill health before they came to social care. It was important for the whole system to work together to build resilient communities and prevent things like falls. The early intervention and prevention work undertaken reduced overall costs. Table 3 showed that £1.2m had been banked in 2024/25. Members queried whether this had been rolled forward from the previous year. Ms Taylor advised that the banked savings in the previous year had been as a result of a budget reduction (with the exception of care diagnostics). Members were keen that more detailed information be included in future reports. They were asked to provide the Democratic, Civic and Ceremonial Manager with details of the information that they would like included in future budget reports so that it could be collated and sent to Finance. **RESOLVED: That:** **1. the 2024/25 Outturn position be noted;** **2. the 2025/26 Month 2 budget monitoring position be noted;** **3. the Corporate Director of Adult Social Care and Health provide the Committee with further information on benchmarking value for money be brought to a future meeting of the Health and Social Care Select Committee; and** **4. Members send details of the information that they would like included in future budget reports to the Democratic, Civic and Ceremonial Manager to collate and sent to Finance.**
25.	**AUTISM UPDATE** *(Agenda Item 6)* Mr Gary Collier, the Council's Health and Social Care Integration Manager, advised that it had been some time since this issue had last been reported to committee. The report provided definitions about the prevalence of issues faced by those with autism

as well as the development and achievements over the last three years. It was agreed that the draft Autism Strategy be brought to a future meeting to consult with the Committee.

Mr Graham Puckering, the Council's Assistant Director – Sustained Support, advised that there had been a dramatic increase in the number of people with autism that did not have an associated learning disability. It was thought that this had partly resulted from the pandemic which had prompted people to consider whether autism could be a factor in difficulties faced in managing day to day activities. Improvements in diagnostics was also highlighted to the Committee. The report showed that, in 2019/20, there had been 18 autistic adults supported with a package of care by adult social care. In 2025/26, this had risen to 374. These figures did not reflect the number of referrals that were being made, nor the amount of short intervention work that was undertaken which prevented the provision of more significant support.

There had been a restructure in adult social care which had created an autism specialism within the team. Previously, people with an autism and an associated learning disability had been dealt with by the Learning Disability Team.

Ms Sonal Sisodia, the Council's SEND Service Manager, noted that the Post 16 Team had been working with young people on their Education and Health Care Plans (EHCPs) to provide them with the skills to be able to look after themselves. Members queried whether the rise in autism only in adults had been reflected in children and young people. Ms Sisodia advised that 26% of those with EHCPs had autism and that this number had been rising over the last few years. Research had shown that the number of children and young people with autism had not increased but that the diagnoses had.

Members thanked the officers for the report and for providing case studies therein to illustrate the issues. They queried whether there was a breakdown available in relation to the level of support provided to the 374 autistic people in Hillingdon. Mr Puckering advised that, whilst all 374 had Care Act eligibility needs, their level of need was not broken down. There were people with autism in every sector of social care and an increasing number of people referring themselves (autism would have a profound effect on the lives of some of these people and not so much on others). Those with the highest needs would receive full time care and those with the lowest might receive two hours of support with things like reading their mail. The support that they were provided built up their skills and confidence. The cost of support could be up to £6k-7k per week per person.

Chart 1 in the report stated that there were 741 people with 'autism only' registered with a GP practice in Hillingdon. There did not seem to be a definitive way of counting the number of autistic people and concern was expressed that the number seemed to be growing. Mr Puckering noted that since the pandemic the numbers of people referred for an autism diagnosis had increased. The report showed the work being done to increase assessment capacity, but it was noted that the volume of referrals was high. The Committee was advised an autism diagnosis for an adult did not automatically mean that support would be provided by Adult Social Care. This was dependent on whether a person met the National Eligibility Criteria for Adult Social Care in the 2014 Care Act.

Members expressed concern that the report suggested that 1,468 young people who had had an initial assessment were still awaiting diagnosis. Mr Puckering advised that those were NHS figures and that they had reduced (the NHS had a pre-diagnosis

	service) and that you did not have to have an autism diagnosis to be able to access support from the Council. Mr Collier advised that funding had been provided for three voluntary sector organisations to provide support and that he would forward this information on to the Democratic, Civic and Ceremonial Manager for circulation to the Committee. It was queried whether there was the prevalence of autism had been mapped across the Borough to be able to determine where support was most needed. Mr Collier advised that officers were currently in the process of mapping this information. The national picture showed that autism was highest amongst men and BAME groups. Mr Collier advised that data was not available in relation to how that matched the Hillingdon picture as the mapping process did not cover gender or ethnicity (although this could be considered in the future). Mr Puckering informed the Committee that services were not currently being developed for specific groups. Members asked that this be something that be considered when developing future services. Mr Collier noted that this was a gap that would be considered as part of the development of the Autism Strategy. Ms Taylor advised that culturally sensitive services were commissioned by the Council but that there was currently nothing available for autism only. Workers were embedded in social care to help provide support and needed to be tied into the Strategy – the Family Hub service provided a 'waiting well' service which could be used by those who had had an early autism diagnosis but who were waiting for a complete diagnosis. The PFA team had also been looking at services that needed to be commissioned. The average expected wait time for diagnosis was 18-24 months even when using the independent sector. Mr Collier advised that Central and North West London NHS Foundation Trust was responsible for this and that a company, Oxford Autism had commissioned to assist with child and adolescent assessments. They were also supporting with adult assessments. Members queried how quickly support was provided once an assessment had been undertaken. Mr Puckering noted that the diagnosis assessment was undertaken at the end of the process and individuals were then referred on to other services with packages of care being implemented as soon as possible thereafter, for people eligible to receive support from the Council. Mr Puckering advised that all of the 374 individuals supported with autism only would be reported as part of the learning disability figures even though it was not the same. Twenty years ago, learning disabilities were treated differently. There would be some 18 year olds with autism that had significant health needs or someone with autism who didn't start to experience challenges until they were in their 20s. Costs associated with support for people in middle age tended to be higher as people were living longer. **RESOLVED: That:** **1. the content of the report be noted;** **2. Mr Gary Collier provide information on the funding that had been made available to three voluntary sector organisation to provide support to the Democratic, Civic and Ceremonial Manager for circulation to the Committee; and** **3. officers consider gender and ethnicity when developing services and matching these with their location.**
26.	**GP COVERAGE IN HILLINGDON SINGLE MEETING REVIEW - DRAFT FINAL REPORT** *(Agenda Item 8)* Members agreed that any minor changes to the draft report be delegated to the

	Democratic, Civic and Ceremonial Manager in consultation with the Chair and Labour Lead. **RESOLVED: That the draft final report of the GP coverage single meeting review be agreed and any minor amendments be delegated to the Democratic, Civic and Ceremonial Manager in consultation with the Chair and Labour Lead.**
27.	**CABINET FORWARD PLAN MONTHLY MONITORING** *(Agenda Item 9)* Members requested that the Committee be able to comment on the Technology Enabled Care Plan report before it was considered at the Cabinet meeting on 20 November 2025. **RESOLVED: That:** **1. the Cabinet Forward Plan be noted; and** **2. the Committee be able to comment on the Technology Enabled Care Plan report at its meeting on 11 November 2025.**
28.	**WORK PROGRAMME** *(Agenda Item 10)* Consideration was given to the Committee's Work Programme. **RESOLVED: That the Work Programme be noted.**
	The meeting, which commenced at 6.30 pm, closed at 8.26 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.