

Minutes

HEALTH AND SOCIAL CARE SELECT COMMITTEE

20 January 2026



HILLINGDON
LONDON

Meeting held at Committee Room 5 - Civic Centre

	<p>Committee Members Present: Councillors Nick Denys (Chair), Reeta Chamdal (Vice-Chair), Tony Burles, Darran Davies (In place of Becky Haggard), Kelly Martin and Sital Punja (Opposition Lead)</p> <p>LBH Officers Present: Steve Muldoon (Corporate Director of Finance), Sharon Stoltz (Director of Public Health), 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)</p>
45.	<p>APOLOGIES FOR ABSENCE <i>(Agenda Item 1)</i></p> <p>There were no apologies for absence.</p>
46.	<p>DECLARATIONS OF INTEREST IN MATTERS COMING BEFORE THIS MEETING <i>(Agenda Item 2)</i></p> <p>There were no declarations of interest in any matters coming before this meeting.</p>
47.	<p>MINUTES OF THE MEETING HELD ON 3 DECEMBER 2025 <i>(Agenda Item 3)</i></p> <p>RESOLVED: That the minutes of the meeting held on 3 December 2025 be agreed as a correct record.</p>
48.	<p>EXCLUSION OF PRESS AND PUBLIC <i>(Agenda Item 4)</i></p> <p>RESOLVED: That all items of business be considered in public.</p>
49.	<p>PUBLIC HEALTH IN HILLINGDON UPDATE <i>(Agenda Item 5)</i></p> <p>The Chair welcomed those present to the meeting. Ms Sharon Stoltz, the Council's Director of Public Health, advised that, although the Borough compared favourably to London and England, there were plans to improve the overall health of residents to address variation across Hillingdon: there were some pockets with far worse outcomes in relation to far shorter lives and higher rates of cardiovascular disease, respiratory disease and cancer. Action would be taken to narrow the gap but it was acknowledged that this would take time. Some things could be improved over a short period but other changes would take a generation to have an impact.</p> <p>A review of the services commissioned in Hillingdon had been identified as one of the short-term priorities, for example, health visiting and smoking cessation. It was anticipated that the review would look at quality and outcomes and would ensure that the services were delivering what the Council needed them to deliver. Giving a child a</p>

healthy start (from conception to two years old) would set them up well for life. Members asked that they be provided with an update on this review of services at a future meeting.

Consideration would also be given to how people of working age could be supported to be more healthy and how older people could be helped to be more active and prevented from being socially isolated. Ms Stoltz advised that those areas of focus would need to be targeted using national data alongside local intelligence.

Members were advised that the Public Health Strategy would be brought to the Committee in six months or so, once consultation on the development had been undertaken with partners and residents. The Strategy could look at a ten year period (although it could be three or five years) and would be able to identify small, medium- and long-term priorities underpinned by a local outcomes framework that set out indicators that measured progress. It was noted that not all indicators in the national framework were relevant to the local authority strategy. The Council would not be able to look at everything and would need to focus on the most relevant issues which, in Hillingdon, would include childhood obesity, cardiovascular disease, heart disease, stroke and cancer. Public Health would not be able to tackle these issues alone and would need to work in partnership with other teams from across the local authority, using Public Health grant and commissioning powers to achieve the greatest benefit. It was agreed that the Committee would like to have a full meeting to look at the Public Health Strategy once it had been developed.

With regard to proposals for the healthy integrated lifestyle offer, Ms Stoltz advised that there were currently separate services for different things like smoking cessation and weight management and separate referral processes to each of these services (which was fragmented and not necessarily helpful). As people had such busy lives, it would be useful for them to not have to go to different places for the various services that they required, but rather to host all of these services in one place and address all of their needs at once. Although it would be good to focus on this, it would require consultation with residents and service users to establish what would work best for Hillingdon residents.

It appeared that Hillingdon residents were 15.4% more overweight and less fit than residents in neighbouring boroughs. NHS Health Checks had been developed as an invitational national screening programme over a rolling five-year period. Ms Stoltz was aware that Hillingdon's performance had not met the required threshold but noted that there were no areas achieving 100% uptake. The way that the service was commissioned in Hillingdon had recently changed so that it was now with the Confederation Hillingdon CIC rather than individual GP practices. In addition, a new hypertension campaign was due to start which would encourage residents to get their blood pressure checked and, as not all residents appeared to know what the NHS Health Check was, it would be useful to raise the awareness and importance of attending these appointments. Although it was possible to identify the number of invitations that were sent out and the uptake, it was not currently possible to split this information by sex. Consideration could be given to whether this could be done in the future.

Concern was expressed that the vaccination rates in Hillingdon appeared to be low. Members asked whether or not it would be possible to identify specific areas where numbers were particularly low and to confirm whether or not the uptake in the Heathrow Villages was low. Ms Stoltz noted that vaccinations was an interesting area

as it was the responsibility of the Integrated Care Board but the Council had a statutory duty to have an oversight of the health and wellbeing of its population. The maternity service delivered vaccinations to pregnant women and GPs did the early childhood vaccinations. Access did impact on uptake as vaccinations were a choice in the UK but, if they were not able to get to their GP, it was queried whether residents would be able to get their vaccinations from a pharmacy. It was agreed that health partners would be contacted and asked to provide information about vaccinations prior to the meeting on 26 March 2026 when they would be attending to provide updates.

It was noted that social media had had an impact on the vaccination uptake. As such, it would be important to get evidence-based, reliable information out to parents to tackle the myths that had been raised in social media. It would also be important to ensure easy access to vaccinations such as flu and to look at how information could be communicated to residents.

Concern was expressed about the number of parents that had not attended an early years appointment to have their child's ten month vaccination review. Ms Stoltz advised that the data included in the report had been based on GP registrations and related to 2023/24, so was not current and did not indicate whether or not the interventions that had been put in place had worked. As such, the Council needed to look at how it could work collaboratively with GPs and the NHS to get earlier and easier access to the most recent data.

It was noted that it was important to have proactive health professionals as, if they were ambivalent, they would be less able to help someone to understand why vaccinations were important. These members of staff needed to be provided with training to help them to become more confident about educating and supporting parents to get their children vaccinated. As asylum seekers tended not to bring their vaccination history with them when they arrived in the UK, their vaccinations were started again from scratch and needed to be caught up (which might have had a small impact).

The report noted that the overall health in Hillingdon was good, but that there was significant variation between communities. Ms Stoltz advised that it was possible to break this information down by Ward and that she would be able to pull a presentation together to share with Members of the Committee.

RESOLVED: That:

- 1. Ms Sharon Stoltz provide the Committee with an update on the review of services commissioned in Hillingdon at a future meeting;**
- 2. Ms Sharon Stoltz attend a future meeting in relation to the Public Health Strategy once it had been developed;**
- 3. health partners be contacted and asked to provide information about vaccinations prior to the meeting on 26 March 2026 when they would be attending to provide updates;**
- 4. Ms Stoltz provide the Democratic, Civic and Ceremonial Manager with a breakdown of the Borough's health by Ward for circulation to the Committee Members; and**
- 5. the report be noted.**

50. **BUDGET SETTING REPORT 2026/27 (Agenda Item 6)**

Consideration was given to the report. Members asked whether or not officers could

be confident that the proposed budget gave the best estimation of the budget that was needed for the next year. Ms Sandra Taylor, the Council's Corporate Director of Adult Social Care and Health advised that officers had spent months working through the growth model for the next five years to be able to set the 2026/27 budget, which included some catch up and rebasing. Consideration had also been given to the drivers for increased costs which included the increase in demand and the increase in the cost of care (which had risen exponentially). The detailed model had looked at every primary support reason but focussed on how costs and the market were expected to be managed over the next three years.

Members were advised that there had been a decrease in the number of older people needing a care home placement but that there had been an increasing number of younger people with special educational needs that would eventually need support from adult social care. The Burroughs nursing beds and other care services that had been developed in house would help to alleviate the cost pressure.

Mr Steve Muldoon, the Council's Corporate Director of Finance, advised that the starting point had been to understand the current position and to consider demand and deliverability. There had been ongoing costs that had not been included that should have been incorporated into the budget so funds had been put into the base to cover this expenditure. Insofar as modelling was concerned, officers had looked back over recent years at the different rates of growth, and how this had changed, to provide a more realistic position.

The savings proposals had been discussed and assumptions probed at the challenge sessions with Cabinet Members and Corporate Directors. Pressure would now need to be maintained to ensure that delivery of these savings retained momentum and detailed delivery plans had been developed for complex areas to ensure success.

Members expressed concern that delivery plans only worked if there was accountability. Mr Muldoon advised that the savings had been identified by the directorates themselves and had been supported and owned by the relevant Corporate Director and their team, with a specific person identified as responsible for the delivery of each project. To ensure that the responsible officer was held to account for delivering the savings, the higher risk projects would be discussed at monthly meetings and CMT would receive regular updates on the savings progress. An app had been developed which could be used by Heads of Service to monitor their savings performance and the onus would be on the Corporate Directors to ensure that the savings stayed on track (a high proportion of the savings within adult social care would be transformational).

Mr Martyn Storey, the Council's Head of Finance – Adult Social Care and Health, advised that he would need to work closely with the Corporate Director and her team to ensure that the proposed savings were delivered. The projects would look at how savings would be measured, when they would be delivered, etc, so that any slippage could be identified quickly.

Although cuts did not seem to be being made in adult social care, the increase in demand for services seemed to be relentless and Members queried whether there was any contingency in place. Ms Taylor advised that officers had looked back at the influences that had increased or decreased the numbers in the past. As the number of residents in Hillingdon aged 65+ had been growing, it was likely that demand for services from this group would also increase. The number of younger people with

complex mental health needs had also been growing. Demand had been scrutinised along with the average cost of support for this client group and consideration was now being given to transformational work that would impact / reduce costs. A lot of early intervention services had been purchased from suppliers which then prevented residents from needing to use the Council's more expensive services (lessons had also been learnt from ADASS and London ADASS). Contingencies had been put in place to help address seasonal fluctuations in demand.

Although it was recognised that some additional information had been available within the Cabinet report, concern was expressed that no narrative had been provided to support the suggested savings projects which made it difficult for Members to comment or provide them with confidence. A request was made that each line include an explanation of the likely impact of the savings on staff and service delivery and an explanation be included in relation to the Council's ability to respond agilely if any action being taken was not working.

Members requested an explanation as to which fees and charges would be increased as this information had not been included in the report. Ms Taylor noted that Hillingdon's fees and charges had always been on the low side when compared to neighbouring authorities. She would send further information in the increased fees and charges to the Democratic, Civic and Ceremonial Manager for circulation to the Committee.

Ms Taylor apologised that Members had not had the narrative that they had wanted and confirmed that this information was available. She would ensure that a narrative was put together for each savings proposal and pass this information to the Democratic, Civic and Ceremonial Manager for circulation to the Committee.

It was recognised that there had been an increase in demand for services when the Covid pandemic had started and Members queried when this would start to reduce. Ms Taylor advised that early intervention had been proactively applied in Hillingdon to help residents to live independent lives. The number of starters and leavers had stabilised in the last twelve months but there had been huge fluctuations in who these residents were during Covid. Furthermore, there had been residents that had not had appropriate daytime care activity whose needs had since increased.

Members noted that there had been an increase in the costs associated with SEND transportation. Ms Taylor advised that the SEND service had worked diligently to manage this and were now in a situation where they did not have to transport many children and young people out of the Borough (eligibility was assessed in relation to distance in the Borough).

The Council had previously been offering a gold standard service to everyone but increasing costs and demand had meant that careful consideration was now given to needs. Ms Taylor advised that Telecareline had been around for a long time and offered a good service in Hillingdon. However, the core offer needed to be improved to ensure that residents got what they needed rather than providing everyone with a gold service. Furthermore, as old equipment was being replaced, the new items being swapped in had been labelled with information about how the equipment could be returned when no longer needed.

RESOLVED: That:

1. **Ms Sandra Taylor send further information in the increased fees and charges**

	<p>to the Democratic, Civic and Ceremonial Manager for circulation to the Committee;</p> <ol style="list-style-type: none"> 2. Ms Sandra Taylor put together a narrative for each savings proposal and pass this information to the Democratic, Civic and Ceremonial Manager for circulation to the Committee; 3. the draft revenue budget and Medium-Term Financial Strategy proposals for 2026/27 to 2030/31 relating to services within the Committee's remit be noted; and 4. the Democratic, Civic and Ceremonial Manager be asked to draft comments on behalf of the Health and Social Care Select Committee based on their discussion to be agreed by the Chair of the Committee in consultation with the Labour Lead for submission to Cabinet for consideration as part of the final budget proposals to be presented to Council in February 2026.
51.	<p>BUDGET AND SPENDING REPORT - SELECT COMMITTEE MONITORING <i>(Agenda Item 7)</i></p> <p>Consideration was given to the report. Although there had been a favourable move in the budget position since the last report to the Committee, there was still an overspend and Members queried future movement. Mr Martyn Storey, the Council's Head of Finance – Adult Social Care, advised that the overspend had been as a result of a mixture of things and had happened mostly at the end of 2024/25 after the budget had been set. It had resulted from some growth in demand during the year and partly through anticipated savings that had not been achieved. However, the current position was now relatively stable as officers had a good handle on what was happening and were addressing issues properly.</p> <p>Members queried whether the £7.2m pressure had been put into growth or whether this was being left to one side. Mr Storey advised that this had been put into growth and that the savings slippage was being dealt with separately. There had been a renegotiation around 2026/27 and Section 117 funding would be partly delivered in 2026/27 and partly in 2027/28.</p> <p>RESOLVED: That the 2025/26 Month 7 budget monitoring position be noted.</p>
52.	<p>SIX MONTH PERFORMANCE MONITORING REPORT <i>(Agenda Item 8)</i></p> <p>Consideration was given to the report. Although it was recognised that Hillingdon benchmarked well in terms of a good quality service, Members queried how service user satisfaction rates could be increased. Ms Sandra Taylor, the Council's Corporate Director of Adult Social Care and Health, advised that she had been disappointed with only 35% of service users being satisfied as this was at odds with the responses saying that service users' quality of life was good. Consideration would need to be given to why this figure had been so low and undertake local engagement with residents (national data from 2024/25 had been used).</p> <p>It was noted that the Council was starting to see good data in relation to the residential and nursing home placements that it made. Statistically, the Council had previously been reporting its short and long term placements but other local authorities had only been reporting their long term placements (Hillingdon had now corrected this to only report long term placements). Adult Social Care Outcomes Framework (ASCOF) and Short and Long Term Services (SALT) data source indicators had also changed recently and needed to be investigated further as some of the data seemed weird.</p>

However, dashboards were now available to enable data comparison.

Ms Taylor noted that the cost per head per 100k population across all primary support groups provided very good value for money and Hillingdon had the fourth lowest net spend in London. The data could be broken down into groups to enable officers to identify where the costs for specifics was higher than the London average.

It was queried whether the presence of Heathrow Airport in the Borough had impacted on the Council's performance. Ms Taylor advised that the low cost of services provided by the Council had been as a result of how the local authority had managed its contracts and how it had worked collaboratively. The airport had had less of an impact on adult services and more of an impact on children and young people's services (although the repatriation of adults with significant health needs could be challenging). Heathrow Airport offered opportunities for employment and leisure.

Members congratulated Adult Social Care on achieving 'Good' in its CQC inspection and queried how frequently these inspections would be undertaken. Ms Taylor advised that the inspection had been undertaken in July 2024 using the new framework and that almost all local authorities had now been inspected. Directors of Adult Social Care worked together to determine why some local authorities had performed well in the CQC inspection and help others to improve. It was anticipated that the CQC's next inspection in Hillingdon would take place at the end of this year / beginning of next and that it would be targeted at issues that the CQC felt were weaker (the outcome would not change the overall rating already achieved).

It was suggested that the report include information about what actions and initiatives had worked and what had been learnt / not learnt from this work. For example, it would be useful to know what action was being taken to address high levels of obesity in places like Yiewsley and Hayes, the impact of this action and how it compared to the London average.

Members queried how the overspend had been factored into the service area's performance. Ms Taylor advised that there had been a lag at the end of 2025/26 which had caused pressure and that the overspend had been factored into the pressures. She noted that there had been more detailed work undertaken for this year to put the growth in and ensure that there was an accurate figure for how much the services cost to run including the overspend. Consideration was also being given to how licensing and advertising impacted on the local population and how this could be reduced by working with public health to take actions such as asking retailers to advertise healthier options.

Ms Taylor noted that the Council needed to celebrate its successes and that this would start with this report but would change all of the time. A set of indicators would be followed through the year and a report provided to the Committee with the narrative.

RESOLVED: That the six-month performance report for 2025/26 be noted.

53. CABINET FORWARD PLAN MONTHLY MONITORING (Agenda Item 9)

Consideration was given to the Cabinet Forward Plan.

RESOLVED: That the Cabinet Forward Plan be noted.

54.	<p>WORK PROGRAMME (<i>Agenda Item 10</i>)</p> <p>Consideration was given to the Committee's Work Programme.</p> <p>RESOLVED: That the Work Programme be agreed.</p>
	<p>The meeting, which commenced at 6.30 pm, closed at 8.19 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.