Public Document Pack

HILLINGDON
LONDON

A

Health and Wellbeing Board

Date: **TUESDAY, 10 JUNE 2025**

Time: **2.30 PM**

Venue: **COMMITTEE ROOM 6 - CIVIC CENTRE, HIGH STREET, UXBRIDGE UB8 1UW**

Meeting Details: The public and press are welcome to attend and observe the meeting.

For safety and accessibility, security measures will be conducted, including searches of individuals and their belongings. Attendees must also provide satisfactory proof of identity upon arrival. Refusal to comply with these requirements will result in non-admittance.

This meeting may be broadcast on the Council's YouTube channel. You can also view this agenda online at www.hillingdon.gov.uk

To Members of the Board:

- Cabinet Member for Health and Social Care (Co-Chair)
- Hillingdon Health and Care Partners Managing Director (Co-Chair)
- Cabinet Member for Families, Education and Wellbeing (Vice Chair)
- LBH Chief Executive
- LBH Executive Director, Adult Services and Health
- LBH Executive Director, Children and Young People's Services
- LBH Director, Public Health
- NWL ICS - Hillingdon Board representative
- NWL ICS - nominated lead
- Central and North West London NHS Foundation Trust - nominated lead
- The Hillingdon Hospitals NHS Foundation Trust Chief Executive
- Healthwatch Hillingdon - nominated lead
- Royal Brompton and Harefield Hospitals - nominated lead
- Hillingdon GP Confederation - nominated lead

Published: Monday, 2 June 2025

Contact: Nikki O'Halloran
Email: nohalloran@hillingdon.gov.uk

Putting our residents first

Lloyd White
Head of Democratic Services
London Borough of Hillingdon,
Phase II, Civic Centre, High Street, Uxbridge, UB8 1UW

Useful information for residents and visitors

Travel and parking

Bus routes 427, U1, U3, U4 and U7 all stop at the Civic Centre. Uxbridge underground station, with the Piccadilly and Metropolitan lines, is a short walk away. Limited parking is available at the Civic Centre. For details on availability and how to book a parking space, please contact Democratic Services.

Please enter via main reception and visit the security desk to sign-in and collect a visitors pass. You will then be directed to the Committee Room.

Accessibility

For accessibility options regarding this agenda please contact Democratic Services. For those hard of hearing an Induction Loop System is available for use in the various meeting rooms.

Attending, reporting and filming of meetings

For the public part of this meeting, residents and the media are welcomed to attend, and if they wish, report on it, broadcast, record or film proceedings as long as it does not disrupt proceedings. It is recommended to give advance notice to ensure any particular requirements can be met. The Council will provide a seating area for residents/public, an area for the media and high speed WiFi access to all attending. The officer shown on the front of this agenda should be contacted for further information and will be available at the meeting to assist if required. Kindly ensure all mobile or similar devices on silent mode.

Please note that the Council may also record or film this meeting and publish this online.

Emergency procedures

If there is a FIRE, you will hear a continuous alarm. Please follow the signs to the nearest FIRE EXIT and assemble on the Civic Centre forecourt. Lifts must not be used unless instructed by a Fire Marshal or Security Officer.

In the event of a SECURITY INCIDENT, follow instructions issued via the tannoy, a Fire Marshal or a Security Officer. Those unable to evacuate using the stairs, should make their way to the signed refuge locations.

Agenda

CHAIR'S ANNOUNCEMENTS

1	Apologies for Absence	-
2	Declarations of Interest in matters coming before this meeting	-
3	To approve the minutes of the meeting on 18 March 2025	1 - 8
4	To confirm that the items of business marked Part I will be considered in public and that the items marked Part II will be considered in private	-

Health and Wellbeing Board Reports - Part I (Public)

5	Hillingdon's Joint Health & Wellbeing Strategic Priorities, Dashboard and Progress Update	9 - 18
6	2025/26 Better Care Fund Plan Submission	**TO FOLLOW**
7	Proactive Care Developments Update / Neighbourhood Health	**TO FOLLOW**
8	Board Planner & Future Agenda Items	19 - 22

Health and Wellbeing Board Reports - Part II (Private and Not for Publication)

That the reports in Part 2 of this agenda be declared not for publication because they involve the disclosure of information in accordance with Section 100(A) and Part 1 of Schedule 12 (A) to the Local Government Act 1972 (as amended), in that they contain exempt information and that the public interest in withholding the information outweighs the public interest in disclosing it.

9	To approve PART II minutes of the meeting on 18 March 2025	23 - 26
10	NHS Strategic Changes Update	27 - 120
11	Update on current and emerging issues and any other business the Chairman considers to be urgent	121 - 122

This page is intentionally left blank

Minutes

HEALTH AND WELLBEING BOARD

18 March 2025

Meeting held at Committee Room 5 - Civic Centre

	Board Members Present: Councillors Jane Palmer, Keith Spencer, Susan O'Brien (Vice-Chair), Professor Ian Goodman, Lynn Hill, Ed Jahn, Sue Jeffers, Derval Russell, Sandra Taylor, Lesley Watts and Tony Zaman **Officers Present:** Sean Bidewell (Assistant Director – Integration & Delivery / Acting Joint Borough Director), Gary Collier (Health and Social Care Integration Manager), Gavin Fernandez (Head of Service - Hospital, Localities, Sensory & Review), Faiysal Patel (Head of Strategy) and Nikki O'Halloran (Democratic, Civic and Ceremonial Manager)
24.	**APOLOGIES FOR ABSENCE** *(Agenda Item 1)* It was noted that the Vice Chair, Councillor Sue O'Brien, would be arriving a little late to the meeting.
25.	**DECLARATIONS OF INTEREST IN MATTERS COMING BEFORE THIS MEETING** *(Agenda Item 2)* There were no declarations of interest in matters coming before this meeting.
26.	**TO APPROVE THE MINUTES OF THE MEETING ON 10 SEPTEMBER 2024** *(Agenda Item 3)* **RESOLVED: That the minutes of the meeting held on 1 September 2024 be agreed as a correct record.**
27.	**TO CONFIRM THAT THE ITEMS OF BUSINESS MARKED PART I WILL BE CONSIDERED IN PUBLIC AND THAT THE ITEMS MARKED PART II WILL BE CONSIDERED IN PRIVATE** *(Agenda Item 4)* **It was confirmed that Agenda Items 5 to 9 would be considered in public and Agenda Items 10 to 11 would be considered in private.**
28.	**PHARMACEUTICAL NEEDS ASSESSMENT UPDATE** *(Agenda Item 5)* Ms Kelly O'Neill, the Council's Director of Public Health, advised that the authority had been given responsibility in 2013 for publishing the Pharmaceutical Needs Assessment (PNA) every three years. The PNA was used by NHS England to look at the needs of the local population and establish whether or not there was sufficient access. It was on track for meeting the 1 October 2025 publication deadline. Members were advised that the PNA had been developed by the Council's Business Intelligence Team. Questionnaires had been sent out to the pharmacies in Hillingdon to establish what services they provided so that these could be mapped across the Borough. This included questions in relation to opening hours and the additional

	services that they provided (such as stop smoking services). There were also links to the North West London Integrated Care Board (NWL ICB) shared needs assessment. It was noted that residents should not have to travel more than 20 minutes to access a pharmacy. Ms O'Neill advised that five pharmacies had recently closed down which would need to be reflected in the PNA. A statutory 60+ day public consultation would be undertaken to determine the positives and negatives around local access. An informal steering group had been set up which looked at updating the demographics. The group included representation from the Local Pharmaceutical Committee. Members were advised that the neighbourhoods would be able to use the PNA to review the services that were provided in each area. Each neighbourhood had been mapped and linked to local pharmacies but there was a lot more work that would need to be undertaken. Ms O'Neill advised that the PNA aligned with the Joint Strategic Needs Assessment but was not embedded therein. These documents needed to be considered together but were distinct documents. It was queried whether the information collected could be broken down, for example, to identify the number of vaccinations undertaken by GPs and pharmacies. Ms O'Neill advised that this data was amalgamated at a NWL level but should be able to be broken down. Although vaccinations received by young people were not usually done by GPs, Hillingdon had the highest MMR vaccination rate in NWL. Pharmacies had started giving more vaccinations during the pandemic and it had increased since then. Pharmacies had become more entrepreneurial and were now able to deal with a number of common minor illnesses as well give out emergency prescriptions. Primary Care Networks were also employing pharmacies now to undertake medicines checks and NWL ICB had been planning for winter by asking GP practices whether or not they wanted to be involved in the vaccination programme. It was queried whether services were delivered well. Professor Goodman advised that data had been collected in relation to Pharmacy First but that further investigations were needed to determine whether there had been a causal reduction at ED and GPs. **RESOLVED: That it be noted that:** **1. work on the 2025 PNA was on track for publication by 1 October 2025;** **2. since the last PNA (published in 2022), five pharmacies had closed;** **3. data analysis of Borough demographics, health and pharmacy/prescribing data was underway;** **4. all pharmacies within the Borough had been issued with a questionnaire; and** **5. the discussion be noted.**
29.	**DRAFT JOINT HILLINGDON HEALTH AND WELLBEING PRIORITIES 2025-2028** *(Agenda Item 6)* Mr Keith Spencer, Managing Director at Hillingdon Health and Care Partners and Co-Chair, advised that, following on from the workshop held in November 2024, it had been clear that partners needed to be able to hold each other to account on delivering objectives. Although a work in progress, the report had been drafted providing a synthesis of priorities derived from five documents. Once agreed, partners would need

to agree what 'good' looked like (and establish how they would know when this had been achieved) and a dashboard would be created for the priorities. It would be essential to identify who was responsible for each action (and the associated deadline) else it was unlikely that action would be taken.

There were a number of challenges which included rising health inequalities (particularly in Yiewsley and West Drayton, but also in Harefield), increasing levels of chronic disease, hypertension and anxiety and depression. Referrals to adult social care had increased by around 40% and issues such as poor air quality were compounding the challenges. As such, it would be important to take a more focused approach around three themes: early intervention and prevention (there was currently no credible strategy for dealing with early intervention); enhanced programmes; and targeted interventions.

Work was underway in relation to environmental health initiatives but more needed to be done around digital innovation. This would be key in terms of getting a handle on the metrics and what needed to be measured rather than just measuring what was available.

Ms Kelly O'Neill, the Council's Director of Public Health, advised that people were living longer but were living unhealthy lives for longer. There had been a significant increase in the demand for adult social care which would just get worse if it was not addressed. Preventative action would be key and should be underpinned by the residents' needs. It was suggested that demand could be tackled by looking at the short and long term actions that could be undertaken with a focus of children and families. Social and economic determinants were driving ill health so this would need to be seen as a long term mission. The plan would need to be updated every three years but it was unlikely that much would really change in three years. Significant change could be initiated but there would need to be a real drive for action.

Mr Tony Zaman, the Council's Chief Executive, advised that partners needed to identify tangible material actions for which they could be held to account. Consideration would need to be given to identifying the top five or six issues that needed to be prioritised because they would make the biggest material difference in five years. Thought would also need to be given to how residents 'consumed' health and wellbeing services in Hillingdon and how this could be changed (would digital access be a way of helping those that needed the services the most?).

It was agreed that partners needed to identify a small number of priorities. Councillor Jane Palmer, Cabinet Member for Health and Social Care and Co-Chair, noted that it would be important for residents to be included on this journey as they did not seem to know that the Council had a role in keeping them healthy. Residents could mistakenly think that the Council only dealt with things like things like moving the library to the Civic Centre. It would be important to showcase what action had already been taken and the difference that this had made. She suggested that obesity should be included as one of the priorities.

Councillor Sue O'Brien, Cabinet Member for Children, Families and Education and Vice Chair, noted that the key challenges would be in relation to engagement with residents. There were issues in relation to access to information, language, etc. Ms O'Neill advised that inequalities should form the foundation of all action taken by partners. Action was needed to look at how engagement was undertaken because there had been some concerns about upsetting people.

Core20PLUS5 was a national NHS England and NHS Improvement approach to support the reduction of health inequalities at both a national and a system level. The approach defined a target population cohort (the 'Core20PLUS') and identified '5' focus clinical areas requiring accelerated improvement. Ms O'Neill believed that this approach would help contribute towards improvements in residents' health. Ms Sue Jeffers, Borough Director at North West London Integrated Care Board (NWL ICB), advised that the ICB had a responsibility to focus on the Core20PLUS groups most impacted by health inequalities but that they needed to identify ways of engaging with these communities. There had been a 15% increase in homelessness between December 2024 and January 2025. Targeted groups would include people who were homeless, asylum seekers, Looked After Children, the transgender community and those with learning disabilities.

Ms Lesley Watts, Chief Executive at The Hillingdon Hospitals NHS Foundation Trust, noted that the report included more than a small number of priorities and that these needed to be reduced. Consideration would need to be given to identifying what 'normal' behaviour looked like because things like obesity and anxiety seemed to have been medicalised. She also believed that more needed to be done in relation to children and to ensuring that those who needed it were seen in a therapeutic environment.

Thought would need to be given to what the acute unit was there to do for the population. Currently, it didn't seem to be providing the best care as it was having to take action in relation to things that it shouldn't have to.

Concern was expressed that partners tended to identify the same issues repeatedly but that progress never seemed to be made. It would be important to put responsibilities back onto individuals. Professor Ian Goodman, NWL ICB, believed that obesity was more important that hypertension in Hillingdon as obesity had been underrepresented and hypertension had been overrepresented. Inactivity was a key driver of obesity and falls were caused by inactivity.

The Board was advised that GLP-1s had become popular amongst celebrities to treat diabetes and obesity but GPs were only allowed to prescribe them if the patient was diabetic *and* obese. As well as being able to help reduce weight, the drugs had also been shown to reduce the likelihood of dementia and heart attacks. Many of the residents who were overweight did not exercise and then found it difficult to exercise because they were overweight – it became a cycle. It was anticipated that GLP-1s would eventually become commonplace (like statins) and that partners needed to plan for this.

Ms O'Neill advised that GLP-1s would not provide a quick systemwide change as there would only be a small number of people who would have access to the drugs over the next three years (220,000 doses across the whole country). As such, the focus should be on preventing residents from becoming obese in the first place.

Mr Edmund Jahn, Chief Executive Officer at the Hillingdon GP Consortium, advised that integrated neighbourhood teams were now up and running and working with the acute trust. There were different versions of the strategy with neighbourhood level priorities that were adjusted to meet the needs of specific neighbourhood populations. The information included in the report dovetailed with the neighbourhood work. Ms Watts noted that it would be important to ensure that basic services were provided to the most deprived areas.

	Ms Zaman suggested that the partners needed time to think about setting the priorities. Some of them would be health related but some might be financial. Either way, consideration would need to be given to setting smart criteria for choosing priority areas that would make the biggest difference. In summary, the Board would need to: 1. identify five or six priorities which would make the most significant difference; 2. focus effort in the most deprived areas; and 3. look at engagement and what would be different this time. Mr Spencer noted that things needed to change to be able to cope with the increasing demand for services. It was agreed that Mr Spencer would work with Mr Zaman, Ms O'Neill, Ms Watts, Ms Taylor, Mr Jahn and others to identify the priorities. **RESOLVED: That the Board's comments on the draft joint Hillingdon Health and Wellbeing priorities for 2025-2028 be noted.**
30.	**NORTH WEST LONDON FORWARD PLAN** *(Agenda Item 7)* Mr Faiysal Patel, Head of Strategy at NHS North West London (NWL), advised that he would circulate the document that he had prepared to Board members after the meeting. It was noted that NWL Integrated Care Board (ICB), had been facing significant financial and operational challenges but that action was being taken to respond to those challenges. Providers were moving towards more joined up working through the development of provider collaboratives and staff were being provided with strategic direction and being asked to do fewer things well (rather than doing everything at once or some things more than once). Progress would be tracked over the next five years. The forward plan looked to tackle six key challenges within NWL: 1. the nature of the care the local population required had shifted from acute episodic, to chronic; 2. improvements in life expectancy had stalled in 2012 and life expectancy was now decreasing year-on-year; 3. the shift in the local population's needs had been demonstrated in the ICB's recent activity trends; 4. there was significant variation across NWL in service availability, access in a timely fashion and population health outcomes; 5. the pressure on the NWL system would continue as the population continued to grow and age; and 6. to deliver care more sustainably, three key shifts had been identified as part of the national 10-year plan work: sickness to prevention; hospital to community; and analogue to digital. Nine long term priorities had been refreshed and carried forward from the ICB's previous forward plan. Actions had been prioritised within each of the priorities and had been tied to the NWL needs assessment through three key themes: • Integrated Neighbourhood Teams; • Community and mental health services - particularly with regard to increasing capacity for young people; and • Transforming specific services – particularly in relation to maternity, cancer screening and planned care services. The document set out the NWL ICB strategic ambition for the next five years. It

included the actions and aims for each of these years and would be used by NHS providers and the ICB. Professor Ian Goodman, NWL ICB, noted that the NWL ICB outcomes from the previous year had not been published to be able to gauge progress to date on the priorities.

Mr Patel advised that, in Hillingdon, there were similarities in the overarching plan and optimising the system flow. The next steps would be to update the forward plan to reflect the latest urgent care, planned care and neighbourhood health strategy work. The document would be refined following the Board's comments and then submitted to NHS England.

Ms Lesley Watts, Chief Executive at The Hillingdon Hospitals NHS Foundation Trust, suggested that, when mentioning children's mental health and community services, the document needed to be more specific about things like dentistry. If the document was to be circulated more widely, it would be useful to include information about the ageing population.

Mr Tony Zaman, the Council's Chief Executive, noted that the NWL ICB Forward Plan appeared to be at odds with the previous item (Draft Joint Hillingdon Health and Wellbeing Priorities 2025-2028). It was queried whether the biggest drivers for the Forward Plan had been cost or ill health and whether it was the top or bottom of the system that should determine where resources should be focussed.

Mr Patel advised that there were currently residents in NWL who did not have access to services in their area. The Forward Plan aimed to reduce the variation across NWL and produce a common offer – the plan would be to add services where required in year 2. The outcomes and milestones had been included in the document.

Mr Edmund Jahn, Chief Executive Officer at Hillingdon GP Consortium, suggested that a core common offer would not be the right way of delivering services as the system should be trying to achieve equality of outcomes. The problem with the ICB's approach was that a common specification might fit one community somewhere in NWL but not the majority of communities. The forward plan had been over specified in terms of input. In Hillingdon, partners were trying to do something specific and the forward plan would disrupt what they were doing at 'place'.

Mr Keith Spencer, Managing Director of Hillingdon Health and Care Partners and Co-Chair, noted that the neighbourhood specification was able to use a flexible workforce but this was not what was being proposed in the forward plan.

Ms Kelly O'Neill, the Council's Director of Public Health, noted that the forward plan appeared to be a document that was for NHS consumption. Clinical care access was only 20% of health so the NHS needed to recognise the importance of involving social care. Preventative measures were not done very well, so consideration needed to be given to early intervention and every contact should be preventative. End of life care had not been included and too often became an emergency because it hadn't been planned.

Councillor Palmer noted that partners had worked hard to create a joint Health and Wellbeing Board but it seemed that social care was still not being included at a NWL level. All of the partners wanted what was best for residents and it was recognised that the changes needed to start somewhere but it would be important to stop talking about changes and start taking action.

	Members of the Board were asked to pass on any additional comments to the Democratic, Civic and Ceremonial Manager to collate and forward on to Mr Patel. **RESOLVED: That:** **1. Board members pass any additional comments to the Democratic, Civic and Ceremonial Manager to collate and forward on to Mr Patel; and** **2. the discussion be noted.**
31.	**2025/26 BETTER CARE FUND PLAN** *(Agenda Item 8)* Mr Gary Collier, the Council's Health and Social Care Integration Manager, advised that the Board was being asked to delegate sign off of the 2025/26 Better Care Fund Plan, including proposed financial arrangements and targets for the national metrics, to the Corporate Director of Adult Social Care and Health in consultation with the Co-Chairs, the NHS North West London Borough Director and Healthwatch Hillingdon. Two key objectives had been identified which were similar to those highlighted in the past. However, the recent NWL BCF review had not considered other BCF funding steams such as adult social care and Disabled Facilities Grant allocation. It was also noted that hospital discharge funds would no longer be ringfenced so work would need to be focussed on admission avoidance. Ms Lesley Watts, Chief Executive at The Hillingdon Hospitals NHS Foundation Trist, advised that she was the NHS England lead for discharge and flow. It was noted that there had been an expectation that fewer patients would be going to hospital and that discharge would be quicker – the plan looked good but the outcomes would be judged in due course. Mr Keith Spencer, Managing Director of Hillingdon Health and Care Partners and Co-Chair, noted that a demand and capacity review was underway and should be completed by the end of March 2025. This would be included in the BCF Plan. **RESOLVED: That:** **1. authority to sign off the 2025/26 Better Care Fund Plan, including proposed financial arrangements and targets for the national metrics, be delegated to the Corporate Director of Adult Social Care and Health in consultation with the Co-Chairs, the NHS North West London Borough Director and Healthwatch Hillingdon; and** **2. the content of the report be noted.**
32.	**BOARD PLANNER & FUTURE AGENDA ITEMS** *(Agenda Item 9)* Consideration was given to the Board Planner and future agenda items. It was agreed that reports on the following issues be considered at the meeting on 10 June 2025: 1. the formal outcome of the BCF Plan; 2. combatting drugs and alcohol; 3. smoking cessation; 4. oral health – supervised brushing; 5. new joint health and wellbeing priorities and the associated dashboard; 6. impact and effect of the NHS reorganisation on the health economy; 7. revised place based governance (perhaps for the September meeting); and 8. new community offer and how it built on how residents were looked after in a new setting (and the impact on neighbourhoods).

	RESOLVED: That the Board Planner, as amended, be agreed.
33.	**TO APPROVE PART II MINUTES OF THE MEETING ON 10 SEPTEMBER 2024** *(Agenda Item 10)* Consideration was given to the confidential minutes of the meeting held on 10 September 2024. **RESOLVED: That the PART II minutes of the meeting held on 10 September 2024 be agreed as a correct record.**
34.	**UPDATE ON CURRENT AND EMERGING ISSUES AND ANY OTHER BUSINESS THE CHAIRMAN CONSIDERS TO BE URGENT** *(Agenda Item 11)* The Board discussed a number of issues including the Better Care Fund review, the abolition of NHS England and the 50% reduction in funding for Integrated Care Boards. **RESOLVED: That the discussion be noted.**
	The meeting, which commenced at 2.30 pm, closed at 5.03 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.

Hillingdon Health and Care Partners

NHS North West London

Health and Wellbeing Board

Health and Wellbeing Strategic Priorities, Progress Update and Draft Dashboard

June 2025

Keith Spencer
Managing Director

For discussion and approval

Health and Wellbeing Priorities Summary

Purpose

The Hillingdon Health and Wellbeing Board has a small number of strategic priorities for 2025–2028 developed at its meeting in March 2025. These aim to integrate current strategic plans and respond to worsening population health trends, increasing system health and social care pressures, and health inequalities. **The Board are asked to review the proposed priorities and amend this draft performance update and dashboard**

Strategic Context

- **Demographic Pressure**: Hillingdon's adult population has grown 16% in seven years, with a rapidly ageing population; the 65+ group represents 14% of the population but accounts for 40% of health and social care usage.
- **Chronic Conditions Rising**: 48% of adults have one or more long-term conditions (LTCs), with hypertension, obesity, anxiety, depression, and diabetes the most common.
- **High-Intensity Users**: A small group of 4,400 adults (1.6%) account for 50% of all non-elective admissions and admissions to long term care
- **Health Inequalities**: Deprivation in areas such as Hayes, Yiewsley, and West Drayton drives high levels of LTCs, emergency demand, and social care usage.

Key Challenges

- **Socioeconomic Risk: High child poverty (31%), food insecurity, overcrowding, and low post-housing income.**
- **Environmental Risk: Air pollution, particularly from Heathrow, increases cardiovascular and respiratory illness risk.**
- **Service Access Gaps: Inequalities in access to maternity care, mental health services, cancer screening, and hypertension management.**

We have therefore developed a set of 5 strategic priorities. These are aligned with Core20PLUS5, NWL ICS priorities, HHCP strategic plan, and LBH's broader policy framework and are focused on prevention, reducing unplanned care, and addressing inequality at neighbourhood level.

The Proposed Priorities are:

1. **Start Well:** Improve early years outcomes, reduce child obesity, and promote readiness for school and life **.**
2. ***Live Well: Prevent and/or delay the onset of Long Term Conditions particularly hypertension, improve mental wellbeing, and enhance access to early intervention and support for carers***
3. ***Age Well: Implement 'at scale' proactive frailty management, and better end-of-life care that enable people with multi morbidity to maintain independence for as long as possible in order to avoid non elective presentations, admission to long term care and to promote early discharge***
4. **Healthy Places:** Tackle housing, environment, employment, and social isolation.
5. ***Equity and Inclusion: Target resources and interventions where inequalities are greatest using Core20PLUS5: specifically Hayes, Yiewsley, and West Drayton***

For Years 1 and 2 our priorities will be focused on 'Live Well', 'Age Well' and 'Equity and Inclusion' (priorities 2, 3 and 5 italicised and set out above) in order to manage delivery risk

To deliver the Strategic Priorities, we are implementing a new 7 day Place Operating Model through 2 key transformation programmes for 25/26 (See Appendix 1 for full Place Operating Model)

1. Integrated Services focused on Preventing Crisis (Live Well/Equity):

Implement 3 co-located multi agency Integrated Neighbourhood Teams with 3 core functions:

- **Same Day Urgent Primary Care through 3 Neighbourhood Super hubs** for people with non complex needs to reduce demand pressure on Primary Care and the THH Urgent Treatment Centre and Emergency Department
- **Proactive Care** through risk stratification, case finding and enhanced case management to prevent the onset of non elective crises **for people with severe frailty** (9,840) **through enhanced multi disciplinary Care Connection Teams and the mobilisation of Neighbourhood assets**
- **A Preventative and Anticipatory Care Programme** for those people with mild to moderate hypertension (the major cause of population ill health across Hillingdon) to delay or prevent the onset of severe frailty and the associated increased risk of non elective presentation and/or long term care

2. Integrated Services focused on Responding to Crisis (Age Well/Equity)

Implement a new Borough wide Integrated Reactive Care Service to prevent unnecessary non elective episodes for patients with complex needs (moderate and severe Frailty) and to promote rapid recovery and prompt discharge after acute inpatient stay:

- **Implement a new Urgent Response Service**: a coordinated, community based urgent response service designed to support people who experience sudden deterioration in their health or social care needs close to their own home (frail elderly, people with acute functional decline, some mental health crises, and palliative (End of life) episodes)
- **Implement a new Active Recovery Service** to promote rapid recovery and discharge after acute inpatient stay reducing delays across all D2A pathways.

In order to :

Tackle the short and long term root cause of population ill health, challenged UEC operational performance and ensure that we deliver the activity assumptions set out in the new hospital redevelopment plan. The success of the proposed interventions set out opposite will be measured by the following key 'lead' metrics:

1. Reduce UTC Attendances to a daily average of <= 180 by 2025
2. Reduce ED attendances to a daily average of <= 164 by 2025
3. Reduce non elective admissions to hospital by 10% over 2019/20 baseline
4. Increase the percentage of people on the carers register over 2021 census
5. Increase the proportion of people who use Reablement and who require no ongoing support over the 2024/25 baseline
6. Flatline permanent admissions to care homes based on 2025/26 baseline.
7. Enable THH to operate within a target bed base of <= 412 beds by reducing patients without criteria to reside to a daily average of <= 34 by 2025 and reducing discharge delays across all pathways to national norms by 2025
8. Deliver a 30% reduction in associated non elective admissions/long term care for (hypertension) over the 2019/20 baseline by 2028 by:
   I. Increasing prevalence rates for hypertension amongst adults to 24% by 2028
   II. Ensuring that at least 80% of patients with diagnosed hypertension have their Blood Pressure under control by 2028

Progress against the Health and Wellbeing Implementation Plan Priorities: Neighbourhood Development…

We have made the following Progress in Neighbourhood Development

- ✓ 3 Integrated Neighbourhood Teams Implemented: North, South East and South West
- ✓ Service alignment agreed: Community and Mental Health Services now integrated at Neighbourhood Team level. Adult Social Care aligned.
- ✓ A Neighbourhood Leadership Team for each INT formed composed of jointly appointed Neighbourhood Director, Clinical Director (PCN CD) , Community Manager (CNWL) and Public Health Consultant (LBH)
- ✓ Each Neighbourhood is currently rolling out a series of **Preventative/Anticipatory Care Programmes** designed to increase prevalence and optimisation of Hypertension – the principal cause of population ill health in Hillingdon and designed **to progressively impact over the next 36 months**
- ✓ **Care Connection Teams** are now aligned to Neighbourhoods and are successfully case managing the top 2% (5,000) of people with severe frailty (multi morbidity) against a target of 9,700. **We need to progressively roll out Enhanced Case Management to the remaining Severe Frailty cohort (2%) by March 2026 through the greater identification and mobilisation of Neighbourhood assets**
- ✓ 2 out of 3 Interim **Same Day Urgent Care hubs** have been established. Roll out of the third is contingent on sourcing appropriate estate in the South West Neighbourhood. **We anticipate having an interim arrangement in place by September 2025 to increase daily SDUC capacity to 230 from 180. Current ICB proposals in relation to Access, however, pose a risk to this development.** Taken together with the proposals set out overleaf in relation to Reactive Care, this will enable us to further tackle the ED under performance against target set out opposite
- ✓ **Estates Super Hub** Option Appraisal Report completed and Neighbourhood Estates Business case in processes of development led by Archus and Northmores. This will provide alignment with hospital redevelopment programme. This will be completed and then progress through appropriate Place and NWL ICB governance in the **next 3-6 months**
- ✓ Proposals are being developed between THH and the Confederation to enable the incremental **'left shift' of appropriate transformed Outpatient services** from Hospital to Neighbourhood Based care commencing **from September 2025 onwards**

Our Current Performance against Key Metrics: (see slides 6 & 7 for detail)

- ✓ GP attendances have increased by 9% since 2022/23 (current average 3,500 per day) with same day GP attendances growing by an equivalent percentage
- ✓ Same Day Urgent Care Hubs have delivered a daily average of 180 attendances per day over the last 12 months against a target of 230. Full establishment of the third Super Hub (Hayes and Harlington) is required to reach the full target
- ✓ UTC daily average attendances are now below the new hospital target of 180 (12 month moving average of 167).
- ✗ Type 1 performance is challenged. ED attendances are significantly above their target <=164 average daily attendances by 32 attendances per day (an average 196 per day). Plans to tackle this are set out opposite and overleaf
- ✓ NEL Activity for patients under enhanced case management through Care Connection Teams has reduced by 36% post referral. ED attendances reduced by 41% for this cohort. The service, however, only currently covers 50% of people with severe frailty (9,840)
- ✓ Hillingdon has the second lowest admission rate in NWL for severe frailty: 643 per 1,000 pop
- ✗ The current prevalence rate for hypertension in Hillingdon is 13.8% against a target of 24% (It is estimated that about 30% of the population nationally have hypertension). This has improved from 10% since the start of roll out of the Hypertension Anticipatory Care Programme in Neighbourhoods. The percentage (of the 13.8%) with their Blood pressure under control is 85% -which is above target. Prevalence Rates will increase as the Programme progressively rolls out .

Progress against the Health and Wellbeing Implementation Plan Priorities: Reactive Care

We have made the following Progress in Reactive Care

Services focused on Responding to Crisis: Admission and ED Avoidance

- **We have undertaken a Demand, Capacity and Pathway Review** in relation to our Urgent Community Response Services. This includes services such as Rapid Response, Community Palliative Care, Emergency Social Care, Therapy Services, Mental Health. These services are intended to provide an urgent 2 hour crisis response in the event of a rapid deterioration in a persons physical and/or mental health to avoid a hospital episode.
- The Review has demonstrated that current services have neither the capacity (3,500 referrals annually against a requirement for 5,500 to 7,500), the skill base or the exit pathways back to Neighbourhood Care to deliver the level of response required in terms of ED/Admission avoidance.
- **We will therefore implement a new Urgent Response Service from September 2025.** It will bring together the existing Rapid Response Team, OTs, Respiratory Physiotherapists, Your Lifeline (EoL), and Social workers. It will deliver 21 new referrals per day compared to 7 new referrals per day for the existing service reducing ED attendance accordingly for this cohort

  It will have access to GP clinical supervision via Same Day Urgent Primary Care Hubs and consultant support through the Frailty Assessment Unit. There will be a single co-ordination Centre. This will enable us to tackle the current over use of ED by this cohort (+34 appointments above target per day). We are working with the ICB to access additional funding.
- In the meantime, we will fast track the implementation of a **new mobile IV Antibiotics Service (a key component of the future service)** by the end of June 2025 using funding from the Better Care Fund. This will benefit ED avoidance, free up Medical SDEC capacity and improve discharge.
- We have implemented an **End of Life Integrated Co-ordination hub** to better integrate out of hospital end of life care between Harlington Hospice and CNWL. Initial results are positive with our hospital admission rate now below the North West London average.
- We have implemented **a diversion scheme at THH for MH patients attending ED (average 9 per day) called the Lighthouse.** The impact has been disappointing (an average of 1 patient per day being seen). **As a result, we have decided to rethink the model and plan to move to a model akin to a Mental Health ED from the end of June 2025.**

Current Performance against Key Metrics: (see slides 6 & 7)

- × Type 1 performance is challenged. ED attendances are significantly above their target <=164 average daily attendances by 32 attendances per day (an average 196 per day)
- × Urgent Community Response: New Referrals per annum 3,635 (24/25), Demand 7,500 referrals per annum.
- × Lighthouse ED Diversion Attendances: April Average Actual 1 per day, Target 7 per day
- ✓ Hillingdon has the lowest hospital Admission Rate across North West London for people at the End of their Life: 2.03 admissions per 1,000 list size

Urgent and Emergency Care Flow In : Monthly Summary Performance Charts

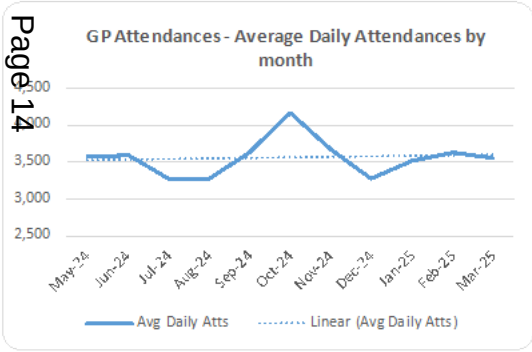
Integrated Performance Data Dashboard

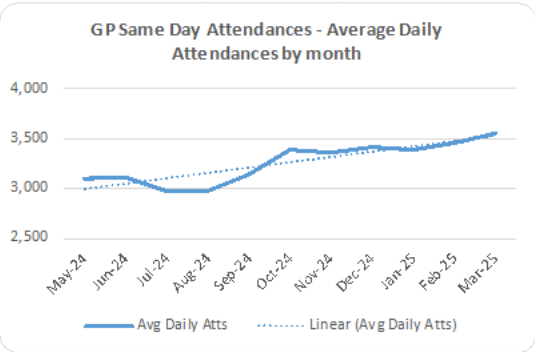
1. Hospital Build Ambitions - Summary Monthly View

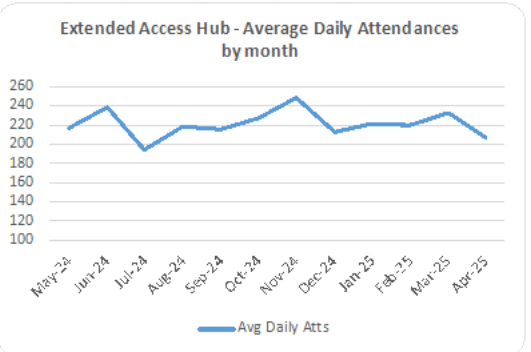
Data Source: *Combination of THH & ICB data, Monthly View*

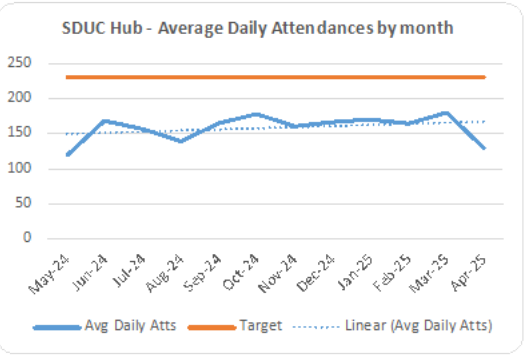
Key:
- Data not available
- Data to be confirmed\validated

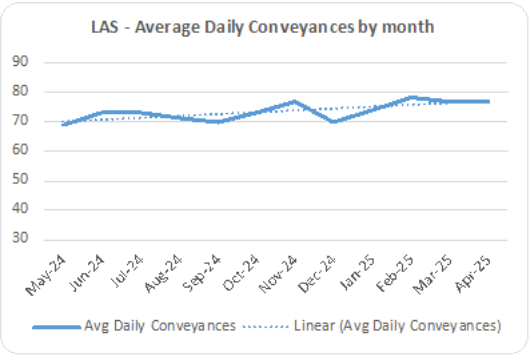
Metric Name	Measure	Target	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	Average	Max	Min	Gap	Trend	Goal	Year 22/23	Change	Previous Year (23/24)	Change
Total GP Atts - Average Daily Attendances *(excl. same day)*	Number	-	3,563	3,585	3,269	3,271	3,631	4,155	3,662	3,274	3,510	3,627	3,554		3,552	4,155	3,254			↑	3,233	9.0%	3,474	2.2%
Same Day GP Atts - Average Daily Attendances	Number	-	3,097	3,119	2,969	2,981	3,147	3,389	3,355	3,413	3,382	3,457	3,555		3,204	3,457	2,921			↑	2,928	8.6%	3,103	3.1%
EAH - Average Daily Attendances	Number	-	217	239	195	219	216	228	248	213	221	220	233	207	217	248	157			↑				
SDUC Hub - Average Daily Attendances	Number	230	119	169	157	139	164	178	161	167	170	165	180	130	156	180	103	-74		↑	62	60.3%	78	50.0%
LAS Conveyances - Average Daily (incl. blue lights)	Number	-	69	73	73	71	70	73	77	70	74	78	77	77	73	78	69			↓	59	19.1%		100.0%
THH UTC - Average Daily Attendances	Number	180	174	172	168	150	159	159	175	174	165	164	170	172	167	175	150	-13		↓	225	-34.8%	210	-25.8%
THH Type 1 - Average Daily Attendances	Number	164	190	197	195	181	193	219	203	204	189	198	196	194	196	219	181	32		↓	201	-2.6%	186	5.0%
A&E Performance	%	80%	76%	71%	72%	72%	69%	70%	70%	70%	67%	67%	72%	69%	71%	79%	67%	-9%		↑	68%	4%	66%	7%

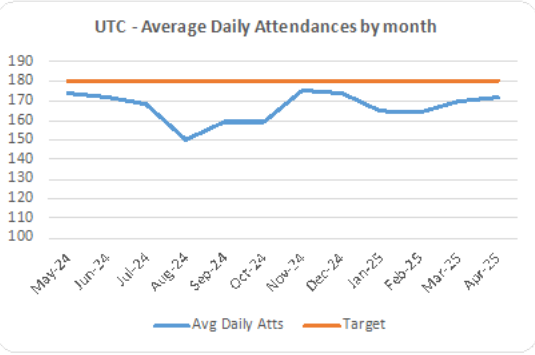


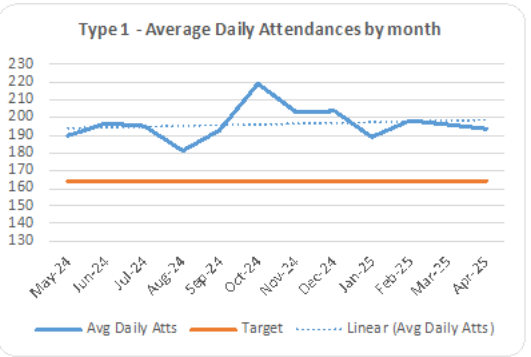












NHS North West London

Urgent and Emergency Care Flow Out (Discharge): Monthly Summary Performance Charts

Integrated Performance Data Dashboard

1. Hospital Build Ambitions - Summary Monthly View

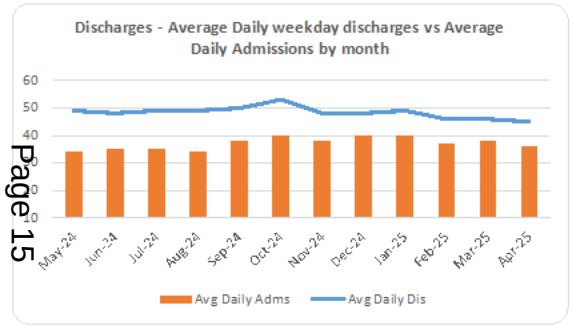
Data Source: *Combination of THH & ICB data, Monthly View*

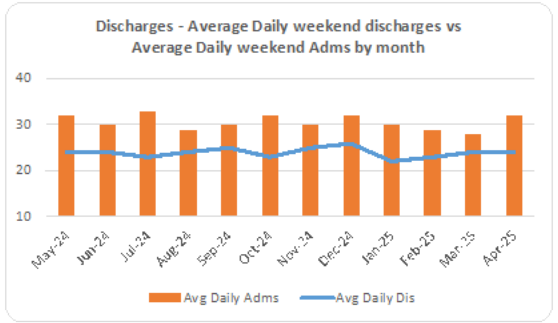
Key:

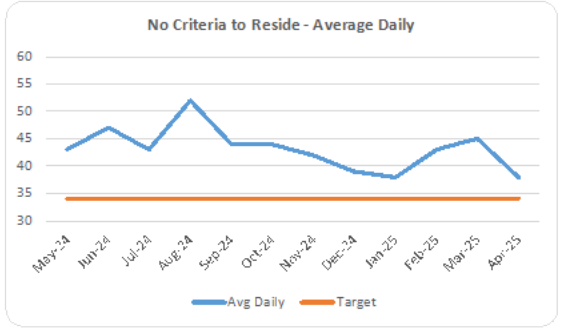
Data not available

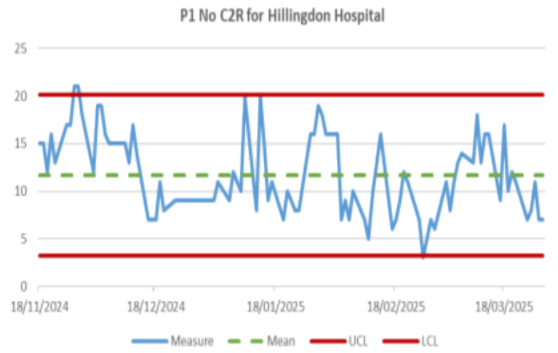
Data to be confirmed\validated

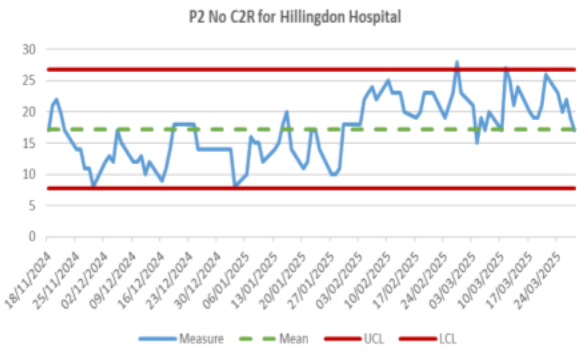
Metric Name	Measure	Target	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	Average	Max	Min	Gap	Trend	Goal	Previous Year	Change
SDEC - Average Daily Atendances	Number	-	15	17	19	19	31	50	54	46	48	52	52	60	**33**	**54**	**15**	-		↑		
Emergency Admissions (weekday) - Average Daily Adms	Number	**54**	34	35	35	34	38	40	38	40	40	37	38	36	**38**	**47**	**34**	**-16**		↓	53	**-38.9%**
Emergency Admissions (weekend) - Average Daily Adms	Number	**23**	32	30	33	29	30	32	30	32	30	29	28	32	**32**	**41**	**29**	**9**		↓		
Discharges (weekday) - Average Daily Discharges	Number	**59**	49	48	49	49	50	53	48	48	49	46	46	45	**48**	**53**	**46**	**-11**		↑		
Discharges (weekend) - Average Daily Discharges	Number	**25**	24	24	23	24	25	23	25	26	22	23	24	24	**24**	**26**	**20**	**-1**		↑		
No Criteria to Reside	Number	**34**	43	47	43	52	44	44	42	39	38	43	45	38	**44**	**52**	**38**	**10**		↓		











NHS North West London

Progress against the Health and Wellbeing Implementation Plan : Reactive Care

We have made the following Progress in Reactive Care

Services focused on Responding to Crisis: Discharge

- The **average number of patients without Criteria to reside at THH** has steadily fallen over the last 12 months from an average of 54 in August 2024 to an average of 38 in April 2025. **This is still above our target of 34, however.**
- **Similarly, discharge delays across all D2A pathways** (P0, P1, P2 and P3) are below the NWL average and the targets set by the ICB . In particular, P1 pathway delays in Hillingdon and our total delay days, are the lowest in North West London.
- Nevertheless, THH has spent a significant period of time in 'black escalation' over recent months. There remain 2 significant interlinked challenges to be tackled in order to deliver better flow and hospital redevelopment targets**: <u>the growing number of P2 patients (awaiting in patient rehabilitation) with NCR and the low number of weekend discharges.</u>**
- **We have seen a gradual increase in the number of patients with NCR for Pathway 2 since February 2025.** On some days this amounts to 60% of the total number of Patients with NCR. We have therefore recently undertaken a root cause analysis.
- As a result of the P2 Deep dive, we have set a target to reduce the daily average number of P2 with NCR to <=14 from the current average of 22 by the end of June 2025 through:
    - Tackling overprescribing of care particularly IP Rehabilitation
    - Applying greater grip and control of existing processes and through more creative use of existing available resources
    - Increasing step down capacity where this is required
- These steps, properly executed, will take us below the target of 34 patients with NCR.
- In terms of discharge, slide 7 shows that on average, over the last 12 months, we have had a surplus of weekday discharges over admissions. This surplus is offset, however, by a significant deficit of discharges compared to admissions at weekends. **Over the next 4 months (by end of September 2025), we will work with the Trust to develop a clear and coherent plan to rectify this in the context of the roll out of our new 7 day place model**

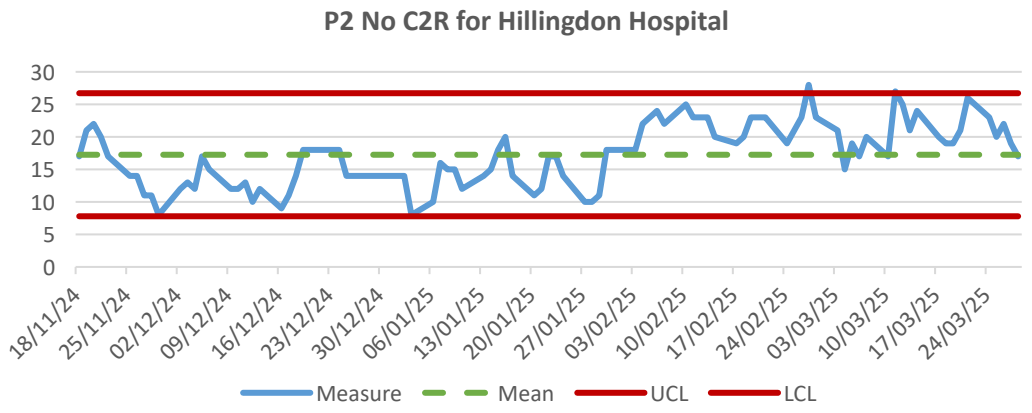
Current Performance against Key Metrics: (see slides 5 & 6)

× The average daily 'No Criteria to Reside' target is set at 34. Over the past few months, there have been significant reductions, with the average steadily decreasing. Aprils average was 38.

✓ Pathway Delay Days for Hillingdon compared to the NWL average are set out in the table below:

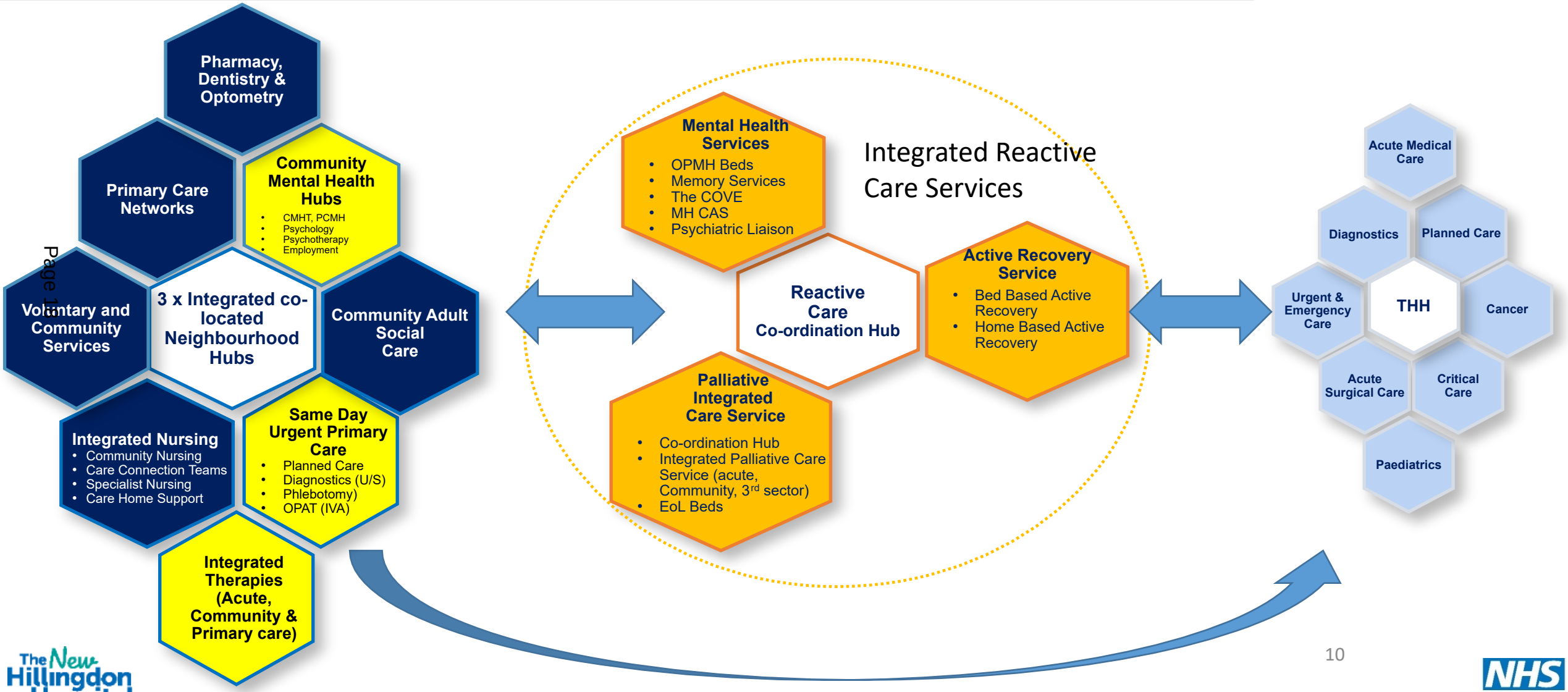
Pathway	Hillingdon Average	NWL Average
P0	0.23	0.26
P1	1.63	2.38
P2	4.43	4.65
P3	7.62	8.68
Total	**0.18**	**0.26**

✓ The growth in the **daily average number of P2 with NCR is set out clearly in the chart below**



Appendix 1

Our New Place Target Operating Model looks like this….



The New Hillingdon Hospital

NHS North West London

BOARD PLANNER & FUTURE AGENDA ITEMS

Relevant Board Member(s)	Councillor Jane Palmer Keith Spencer
Organisation	London Borough of Hillingdon Hillingdon Health and Care Partners
Report author	Nikki O'Halloran, Democratic Services
Papers with report	Appendix 1 - Board Planner 2025/2026

1. HEADLINE INFORMATION

Summary	To consider the Board's business for the forthcoming cycle of meetings.
Contribution to plans and strategies	Joint Health & Wellbeing Strategy
Financial Cost	None
Relevant Select Committee	N/A
Ward(s) affected	N/A

2. RECOMMENDATION

That the Health and Wellbeing Board considers and provides input on the 2025/2026 Board Planner, attached at Appendix 1.

3. INFORMATION

Supporting Information

Reporting to the Board

The draft Board Planner for 2025/2026, attached at Appendix 1, is presented for consideration and development in order to schedule future reports to be considered by the Board. Members may also wish to consider any standing items (regular reports) and on what frequency they are presented.

The Board Planner is flexible so it can be updated at each meeting or between meetings, subject to the Co-Chairs' approval.

Board agendas and reports will follow legal rules around their publication. As such, they can usually only be considered if they are received by the deadlines set. Any late report (issued after the agenda has been published) can only be considered if a valid reason for its urgency is agreed by the Co-Chairs.

Advance reminders for reports will be issued by Democratic Services but report authors should note the report deadlines detailed within the attached Board Planner. Reports should be presented in the name of the relevant Board member.

With the Co-Chairs, Democratic Services will review the nature of reports presented to the Board in order to ensure consistency and adequate consideration of legal, financial and other implications. It is proposed that all reports follow the in-house "cabinet style" with clear recommendations as well as the inclusion of corporate finance and legal comments.

The agenda and minutes for the Board will be published on the Council's website, alongside other Council Committees.

Board meeting dates

The Board meeting dates for 2025/2026 were considered and ratified by Council at its meeting on 16 January 2025 as part of the authority's Programme of Meetings for the new municipal year. The proposed dates and report deadlines for the 2025/2026 meetings have been attached to this report as Appendix 1.

Financial Implications

There are no financial implications arising from the recommendations in this report.

4. EFFECT ON RESIDENTS, SERVICE USERS & COMMUNITIES

Consultation Carried Out or Required

Consultation with the Chairs of the Board and relevant officers.

5. CORPORATE IMPLICATIONS

Hillingdon Council Corporate Finance comments

There are no financial implications arising from the recommendations in this report.

Hillingdon Council Legal comments

Consideration of business by the Board supports its responsibilities under the Health and Social Care Act 2012.

6. BACKGROUND PAPERS

NIL.

APPENDIX 1

BOARD PLANNER 2025/2026

9 Sep 2025 2.30pm Committee Room TBA	**Business / Reports**	**Lead**	**Timings**
	Reports referred from Cabinet / Policy Overview & Scrutiny (SI)	LBH	**Report deadline:** 3pm Thursday 28 August 2025 **Agenda Published:** 1 September 2025
	Board Planner & Future Agenda Items	LBH	
	PART II - Update on current and emerging issues and any other business the Co-Chair considers to be urgent	All	

2 Dec 2025 2.30pm Committee Room TBA	**Business / Reports**	**Lead**	**Timings**
	Reports referred from Cabinet / Policy Overview & Scrutiny (SI)	LBH	**Report deadline:** 3pm Thursday 20 November 2025 **Agenda Published:** 24 November 2025
	Board Planner & Future Agenda Items	LBH	
	PART II - Update on current and emerging issues and any other business the Co-Chair considers to be urgent	All	

3 Mar 2026 2.30pm Committee Room TBA	**Business / Reports**	**Lead**	**Timings**
	Reports referred from Cabinet / Policy Overview & Scrutiny (SI)	LBH	**Report deadline:** 3pm Thursday 19 February 2026 **Agenda Published:** 23 February 2026
	Board Planner & Future Agenda Items	LBH	
	PART II - Update on current and emerging issues and any other business the Co-Chair considers to be urgent	All	

This page is intentionally left blank

STRICTLY NOT FOR PUBLICATION
Exempt information by virtue of paragraph(s) 3 of Part 1 of Schedule 12A
of the Local Government Act 1972 (as amended).

Document is Restricted

This page is intentionally left blank

STRICTLY NOT FOR PUBLICATION
Exempt information by virtue of paragraph(s) 3 of Part 1 of Schedule 12A
of the Local Government Act 1972 (as amended).

Document is Restricted

This page is intentionally left blank

Document is Restricted

This page is intentionally left blank

Document is Restricted

This page is intentionally left blank

STRICTLY NOT FOR PUBLICATION
Exempt information by virtue of paragraph(s) 3 of Part 1 of Schedule 12A
of the Local Government Act 1972 (as amended).

Document is Restricted

This page is intentionally left blank