

Minutes

HEALTH AND WELLBEING BOARD

18 March 2025

Meeting held at Committee Room 5 - Civic Centre



HILLINGDON
LONDON

	<p>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</p> <p>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)</p>
24.	<p>APOLOGIES FOR ABSENCE (<i>Agenda Item 1</i>)</p> <p>It was noted that the Vice Chair, Councillor Sue O'Brien, would be arriving a little late to the meeting.</p>
25.	<p>DECLARATIONS OF INTEREST IN MATTERS COMING BEFORE THIS MEETING (<i>Agenda Item 2</i>)</p> <p>There were no declarations of interest in matters coming before this meeting.</p>
26.	<p>TO APPROVE THE MINUTES OF THE MEETING ON 10 SEPTEMBER 2024 (<i>Agenda Item 3</i>)</p> <p>RESOLVED: That the minutes of the meeting held on 1 September 2024 be agreed as a correct record.</p>
27.	<p>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 (<i>Agenda Item 4</i>)</p> <p>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.</p>
28.	<p>PHARMACEUTICAL NEEDS ASSESSMENT UPDATE (<i>Agenda Item 5</i>)</p> <p>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.</p> <p>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</p>

	<p>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.</p> <p>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.</p> <p>An informal steering group had been set up which looked at updating the demographics. The group included representation from the Local Pharmaceutical Committee.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>RESOLVED: That it be noted that:</p> <ol style="list-style-type: none"> 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.	<p>DRAFT JOINT HILLINGDON HEALTH AND WELLBEING PRIORITIES 2025-2028 (Agenda Item 6)</p> <p>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</p>

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 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 than 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.

	<p>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.</p> <p>In summary, the Board would need to:</p> <ol style="list-style-type: none"> 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. <p>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.</p> <p>RESOLVED: That the Board's comments on the draft joint Hillingdon Health and Wellbeing priorities for 2025-2028 be noted.</p>
30.	<p>NORTH WEST LONDON FORWARD PLAN (<i>Agenda Item 7</i>)</p> <p>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.</p> <p>The forward plan looked to tackle six key challenges within NWL:</p> <ol style="list-style-type: none"> 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. <p>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:</p> <ul style="list-style-type: none"> • 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. <p>The document set out the NWL ICB strategic ambition for the next five years. It</p>

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.

	<p>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.</p> <p>RESOLVED: That:</p> <ol style="list-style-type: none"> 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.	<p>2025/26 BETTER CARE FUND PLAN (<i>Agenda Item 8</i>)</p> <p>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.</p> <p>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 streams 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.</p> <p>Ms Lesley Watts, Chief Executive at The Hillingdon Hospitals NHS Foundation Trust, 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.</p> <p>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.</p> <p>RESOLVED: That:</p> <ol style="list-style-type: none"> 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.	<p>BOARD PLANNER & FUTURE AGENDA ITEMS (<i>Agenda Item 9</i>)</p> <p>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:</p> <ol style="list-style-type: none"> 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.	<p>TO APPROVE PART II MINUTES OF THE MEETING ON 10 SEPTEMBER 2024 (<i>Agenda Item 10</i>)</p> <p>Consideration was given to the confidential minutes of the meeting held on 10 September 2024.</p> <p>RESOLVED: That the PART II minutes of the meeting held on 10 September 2024 be agreed as a correct record.</p>
34.	<p>UPDATE ON CURRENT AND EMERGING ISSUES AND ANY OTHER BUSINESS THE CHAIRMAN CONSIDERS TO BE URGENT (<i>Agenda Item 11</i>)</p> <p>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.</p> <p>RESOLVED: That the discussion be noted.</p>
	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.