



HILLINGDON
LONDON



Health and Wellbeing Board

Date: WEDNESDAY, 18 MARCH 2026

Time: 2.30 PM

Venue: COMMITTEE ROOM 5 - CIVIC CENTRE

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

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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

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Putting our residents first

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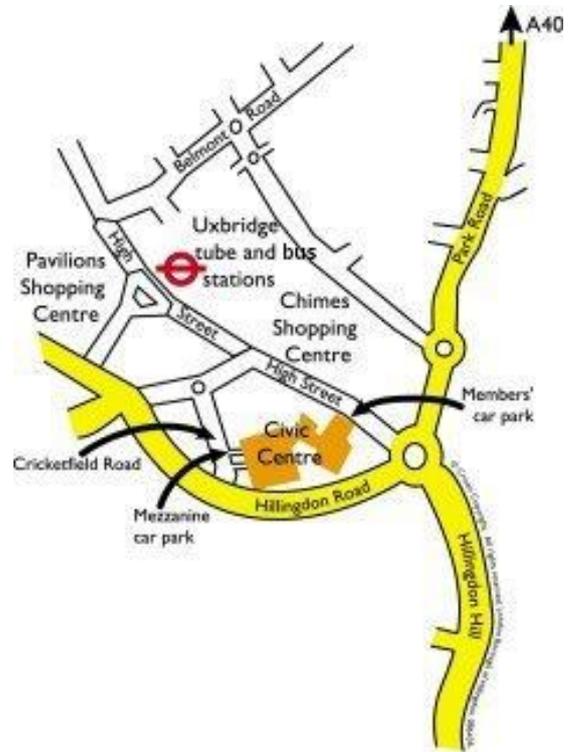
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Agenda

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DRAFT JOINT HEALTH AND WELLBEING STRATEGY, 2026 - 2031: UPDATE

Relevant Board Member(s)	Keith Spencer – Co-chair/Managing Director, Hillingdon Health and Care Partners Sandra Taylor – Corporate Director, Adult Social Care and Health
Organisation	London Borough of Hillingdon
Report author	Gary Collier - Adult Social Care and Health Directorate, LBH Sharon Stoltz – Adult Social Care and Health Directorate, LBH Keith Spencer – Hillingdon Health and Care Partners
Papers with report	None

HEADLINE INFORMATION

Summary	This report provides an update on consultation and engagement arrangements on the draft Joint Health & Wellbeing Strategy 2026–2031. It also seeks approval for delegated arrangements to approve the final strategy. The strategy has been developed by Hillingdon Health and Care Partnership (HHCP) on behalf of the Health and Wellbeing Board and reflects extensive input from system partners.
Contribution to plans and strategies	The Health and Wellbeing Strategy is the overarching strategy that sets out partner ambitions to support the health and wellbeing needs of the Hillingdon Place.
Financial Cost	There are no direct cost implications from this report.
Ward(s) affected	All

RECOMMENDATION

That the Health and Wellbeing Board notes the consultation and engagement and final strategy approval process approach as described in the report.

BACKGROUND

1. The Board has a statutory duty under the Health and Social Care Act, 2012 to produce a Joint Health & Wellbeing Strategy. The Board meeting on 2 December 2025 approved the draft strategy subject to wider stakeholder engagement. This report provides the Board with an update on the approach taken and the intended sign-off process.

Summary of the Strategy

2. The Board is reminded that the strategy was developed by Hillingdon Health and Care Partners (The GP Confederation, Central and North West London NHS Trust, The

Hillingdon Hospitals and the third sector consortium 3ST) with input from the Council. The draft strategy sets a shared vision for a **fairer, healthier, more integrated Hillingdon** and is structured around the four life-course outcomes:

- Best Start in Life
 - Live Well
 - Age Well
 - Healthy Places
3. There are seven high-impact programmes identified in the draft strategy, including neighbourhood proactive care, hypertension detection, mental health early intervention, frailty and falls, and reducing *No Criteria to Reside*. Delivery is underpinned by Hillingdon's **Place Operating Model**, centred on:
- Three Integrated Neighbourhood Teams, supported by Local Access Hubs.
 - Family Hubs.
 - A Borough-wide Reactive Care Service.
 - The new Hillingdon Hospital, linked seamlessly into community provision.

Stakeholder Engagement Approach

4. Plain English versions of the strategy have been developed for residents and health and care professionals and the approach taken with residents is to link into existing groups as much as possible. The approach to seeking feedback on the draft has been supported by the HHCP Communications Committee, the Public Health Team and the Council's Resident Empowerment Team.

Residents

5. The approach with residents entails a combination of an online survey hosted on the Council's website and engaging with existing fora and resident group. The online survey, which is being promoted by partner organisations, can be accessed via this link: <https://pre.hillingdon.gov.uk/consultations-surveys/joint-health-wellbeing-strategy-2026-2031>.
6. Engagement with existing groups includes:
- Carers Forum
 - Assembly for People with Disabilities
 - Older People's Assembly
 - Hayes End Methodist Group
 - Uxbridge Community Centre
 - Warm Welcome Centres
7. The Public Health Team have targeted information to residents who are members of sports and leisure groups supporting children and young people and their families and adult residents. The team will also be facilitating focus groups in March.
8. The deadline for the consultation has been set to take meeting dates for some of the groups mentioned above into consideration, although some flexibility is being shown with the Older People's Assembly that is not scheduled to meet until 15 April.
9. Healthwatch Hillingdon has agreed to circulate the summary through its communication channels and post the Council website link on its own website.

Staff

10. All Council staff who are residents of the borough have been encouraged to complete the residents' survey; however, a separate survey for staff working for Adults' and Children's Services has been undertaken and a meeting with staff from Housing Services is scheduled to take place in March.
11. Health providers have raised awareness amongst their staff through their internal communication processes, e.g., the newsletter that goes to all practices that are members of the GP Confederation.

Stakeholder Engagement Outcomes and Final Strategy Approval

12. It is proposed that the results of the consultation and engagement process with stakeholders be reported to the Board meeting in June 2026. The Board will be asked to approve the final Joint Health and Wellbeing Strategy for 2026 to 2031 at that meeting.

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2026/27 BETTER CARE FUND PLAN UPDATE

Relevant Board Member(s)	Keith Spencer – Co-chair/Managing Director, Hillingdon Health and Care Partners Sandra Taylor – Corporate Director, Adult Social Care and Health
Organisation	London Borough of Hillingdon
Report author	Gary Collier - Adult Social Care and Health Directorate, LBH Sean Bidewell – Joint Borough Director, NHS North West London
Papers with report	None

HEADLINE INFORMATION

Summary	This report provides an update on the planning requirements for the 2026/27 Better Care Fund.
Contribution to plans and strategies	The funding within the Better Care Fund and the supporting plan will contribute to the delivery of the priorities set out in the draft Joint Health and Wellbeing strategy, 2026 – 2031.
Financial Cost	The minimum value of the BCF in 2026/27 is £43,482,688, which compares to £42,699,863 in 2025/26. In 2026/27 this comprises of contributions of £27,927,934 from the NHS and £15,554,754 from the Council. This compares to £27,145,109 and £15,554,754 respectively in 2025/26. The minimum Council contribution has not changed.
Ward(s) affected	All

RECOMMENDATIONS

That the Health and Wellbeing Board:

1. notes the content of the report.
2. endorses the plan approval arrangements described in the report.

BACKGROUND

Strategic Context

1. The aim of the Better Care Fund (BCF) is to support Integrated Care Boards (ICBs) and local authorities in designing and delivering more integrated and preventative care, particularly for people with more complex health and social care needs.
2. The 2026–27 framework was published on 17 February 2026 and introduces a first phase of reform intended to improve consistency in how integrated services are planned and funded. The framework asks health and care systems to identify progress in the following areas:

- Improving joint commissioning of integrated neighbourhood teams and bringing together urgent community response, intermediate care and other community services at a multi-neighbourhood level.
 - Ensuring that services funded from the BCF are part of wider plans to support people living with frailty and others with more complex health and social care needs.
 - Improving shared understanding and transparency about the outcomes and impact of current BCF schemes.
 - Beginning the alignment with neighbourhood health services to lay a strong foundation for future BCF reform.
3. The Board is reminded that Hillingdon is one of the 43 national neighbourhood health service pathfinders and many of the above requirements are already in progress as part of existing plans.
 4. Plans must be submitted on 19 May 2026, and submissions comprise of the following documents:
 - Narrative plan
 - Planning template
 5. It is a requirement that HWB chairs and the chief executives of local authorities and ICBs agree the plan prior to submission, which reflects previous practice. The Board also needs to approve the plan. In previous years the Board has delegated this responsibility; however, as there is a Board meeting scheduled to take place on 9 June 2026, which is shortly after the submission date, it is proposed that the plan be brought to this meeting for formal approval.

2026/27 BCF Planning Requirements

National Conditions

6. **National condition 1: Effectively support the delivery of integrated and preventative care** - ICBs and local authorities must develop joint plans, agreed by health and wellbeing boards, outlining how they intend to use BCF funding to deliver more integrated and preventative care, linked to the relevant areas of neighbourhood health and social care services.
7. Partners are currently in the process of reviewing the 2025/26 plan. In accordance with national expectations, it is expected that most schemes will roll forward, especially taking into consideration the fact that budgets for 2026/27 have now been set.
8. The Board is reminded that in 2025/26 there was a 50% reduction in the ICB's additional contribution to the BCF. This resulted in savings of £796k in 2025/26 and there is an expectation that there will be a full year effect saving of £1,515k for 2026/27 and planning is taking place within this context.
9. **National condition 2: Comply with expenditure and grant conditions** - ICBs and local authorities must comply with all national grant and funding conditions and deliver in accordance with their approved plan submission. ICBs must maintain the NHS minimum contribution to adult social care and pool NHS BCF contributions into a section 75 (of the NHS Act 2006) pooled fund.

10. **National condition 3: Effective governance, reporting and engagement** - ICBs and local authorities must comply and engage with BCF planning, governance and reporting requirements, including adherence to any assurance and oversight processes. This condition is

National Metrics

11. In 2026/27 there are three national metrics, which reflects the position in 2025/26. The metrics are:
- To reduce emergency admissions to hospital for people aged 65 + per 100,000.
 - To reduce discharge delays, i.e., average length of discharge delay for all acute adult patients.
 - To reduce the number of older people (aged 65 +) whose long-term needs are met by admission to a care home, per 100,000 population.
12. The requirements for 2026/27 are to show '*reasonable progress*' with these metrics. There is an additional requirement to demonstrate improving outcomes from reablement, although a separate metric has not been identified for 2026/27. The measure that systems are asked to consider is the proportion of people aged 65 and over discharged into reablement and who remain in the community within 12 weeks of discharge.
13. This measure is reflected in the Local Outcomes Framework for local authorities produced by the Ministry of Housing, Communities and Local Government and in the Adult Social Care Outcomes Framework (ASCOF). It is likely that this will become a national BCF metric from 2027/28. This measure is also reflected in the draft Joint Health and Wellbeing Strategy.
14. The Board is advised that the practice from previous years that any targets set must be achievable will be replicated for 2026/27.

Financial Implications

15. Table 1 below provides a comparison in value of the mandated BCF income streams in 2025/26 and 2026/27. The 2026/27 allocations for all mandated funding streams are actual and show the following:
- A 4.4% increase in the NHS minimum contribution to Adult Social Care.
 - A 2.1% to other aspects of the NHS minimum contribution, including discharge.
 - There is no change to the Local Authority Better Care Grant and Disabled Facilities Grant.
16. Indicative NHS minimum contributions for 2027/28 and 2028/29 have been published and are shown in table 2. Table 2 also shows an overall increase in the NHS minimum contribution to Adult Social Care of 14.7% between 2025/26 and 2028/29 and 6.5% for the discharge aspect of the NHS minimum and the NHS minimum to Health over the same period. This assumes that there will be no reduction in the indicative allocations for 2027/28 and 2028/29.

Table 1: BCF Minimum Contributions Summary 2025/27			
Funding Breakdown	2025/26	2026/27	% Increase
NHS MINIMUM CONTRIBUTION BREAKDOWN			
➤ NHS Minimum to Adult Social Care	9,157,453	9,564,652	4.4
➤ NHS Minimum to Health	15,396,775	15,718,297	2.1
➤ NHS Minimum (Discharge)	2,590,881	2,644,983	2.1
TOTAL	27,145,109	27,927,932	2.8
LBH MINIMUM CONTRIBUTION BREAKDOWN			
➤ Disabled Facilities Grant (DFG)	6,341,993	6,341,993	0
➤ Local Authority Better Care Grant (Discharge)	1,744,957	1,744,957	0
➤ Local Authority Better Care Grant	7,467,803	7,467,803	0
TOTAL	15,554,753	15,554,753	0
MINIMUM BCF VALUE	42,699,862	43,482,685	1.8

Table 2: NHS Minimum Contributions to the BCF 2025/26 to 2028/29												
Funding Stream	2025/26 Allocation	2026/27			2027/28			2028/29			Increase 2025/26 - 2028/29	% Increase 2025/26 - 2028/29
		2026/27 Allocation	Increase (£)	Increase (%)	2027/28 Allocation	Increase (£)	Increase (%)	2028/29 Allocation	Increase (£)	Increase (%)		
Adult Social Services Spend from Minimum NHS Contribution	9,157,453	9,564,652	407,199	4.4%	10,028,443	463,791	4.8%	10,504,437	475,994	4.7%	1,346,984	14.7%
NHS Minimum Contribution to Health (Discharge Funding)	2,590,881	2,644,983	54,102	2.1%	2,699,459	54,476	2.1%	2,758,873	59,414	2.2%	167,992	6.5%
NHS Minimum Contribution to Health	15,396,775	15,718,297	321,522	2.1%	16,042,018	323,721	2.1%	16,395,107	353,089	2.2%	998,332	6.5%
TOTAL	27,145,109	27,927,932	782,823	2.9%	28,769,920	841,988	3.0%	29,658,417	888,497	3.1%	2,513,308	9.3%

Legal Implications

17. There are no direct legal implications arising from this report.

BACKGROUND DOCUMENTS

Better Care Fund framework 2026 to 2027 - GOV.UK:

<https://www.gov.uk/government/publications/better-care-fund-framework-2026-to-2027/better-care-fund-framework-2026-to-2027>