



HILLINGDON  
LONDON



# Health and Wellbeing Board

**Date:** TUESDAY, 5 MARCH 2024

**Time:** 2.30 PM

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

**Meeting Details:** Members of the Public and Press are welcome to attend this 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 NHS Foundation Trust - nominated lead
- Hillingdon GP Confederation - nominated lead

**Published:** Thursday, 22 February 2024

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**Putting our residents first**

Lloyd White  
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# 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 28 November 2023 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 Brunel University Medical School Community Engagement **VERBAL UPDATE**
- 6 Hillingdon's Joint Health & Wellbeing Strategy 2022-2025 **TO FOLLOW**
- 7 Integrated Health and Care Performance Report **TO FOLLOW**
- 8 Hillingdon Local Area SEND and AP Strategy 2023-2028 9 - 12
- 9 Board Planner & Future Agenda Items 13 - 16

## Health and Wellbeing Board Reports - Part II (Private and Not for Publication)

*That the reports in Part 2 of this agenda be declared not for publication because they involve the disclosure of information in accordance with Section 100(A) and Part 1 of Schedule 12 (A) to the Local Government Act 1972 (as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.*

- 10 To approve PART II minutes of the meeting on 28 November 2023 17 - 20
- 11 Update on current and emerging issues and any other business the Chair considers to be urgent 21 - 22

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## MINUTES

### HEALTH AND WELLBEING BOARD

28 November 2023

Meeting held at Committee Room 6 - Civic Centre,  
High Street, Uxbridge UB8 1UW



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	<p><b>Board Members Present:</b> Councillor Jane Palmer, Keith Spencer, Susan O'Brien (Vice-Chair), Tina Benson (In place of Patricia Wright), Richard Ellis, Professor Ian Goodman, Ed Jahn, Julie Kelly, Vanessa Odlin, Derval Russell, Lisa Taylor (In place of Lynn Hill), Sandra Taylor and Tony Zaman</p> <p><b>Officers Present:</b> Gary Collier (Health and Social Care Integration Manager), Viral Doshi (Public Health Officer), Gary Hutchings (Public Health Strategist), Kelly O'Neill (Director of Public Health) and Nikki O'Halloran (Democratic, Civic and Ceremonial Manager)</p>
24.	<p><b>APOLOGIES FOR ABSENCE</b> (<i>Agenda Item 1</i>)</p> <p>Apologies had been received from Ms Patricia Wright (Ms Tina Benson was present as her substitute) and Ms Lynn Hill (Ms Lisa Taylor was present as her substitute).</p>
25.	<p><b>DECLARATIONS OF INTEREST IN MATTERS COMING BEFORE THIS MEETING</b> (<i>Agenda Item 2</i>)</p> <p>There were no declarations of interest in matters coming before this meeting.</p>
26.	<p><b>TO APPROVE THE MINUTES OF THE MEETING ON 12 SEPTEMBER 2023</b> (<i>Agenda Item 3</i>)</p> <p><b>RESOLVED:</b> That the minutes of the meeting held on 12 September 2023 be agreed as a correct record.</p>
27.	<p><b>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</b> (<i>Agenda Item 4</i>)</p> <p>It was confirmed that Agenda Items 1 to 9 would be considered in public and Agenda Items 10 to 12 would be considered in private.</p>
28.	<p><b>HILLINGDON JOINT HEALTH &amp; WELLBEING STRATEGY 2022-2025: YEAR 1 REVIEW 2022-2023</b> (<i>Agenda Item 5</i>)</p> <p>Mr Sunny Doshi, the Council's Public Health Officer, advised that the report provided a progress review of the first year's delivery of the Hillingdon Joint Health and Wellbeing Strategy 2022-2025. He and Ms Becky Manvell, Public Health Manager - NHS Health Checks at the Council, had reviewed the first year and developed a framework. The report set out the evaluation process, aiming to showcase achievements in alignment with the Strategy's key priorities. It meticulously outlined areas where significant progress had been made, those where data limitations hindered a comprehensive assessment, and priorities that required further clarification to establish measurable</p>

progress indicators.

At the core of the Strategy were six thematic priorities, each bolstered by specific workstreams targeting diverse aspects of health and social care delivery. The Strategy envisioned each priority being realised through distinct Hillingdon Health and Care Partnership (HHCP) Transformation Boards.

The review had highlighted several challenges encountered during the evaluation. These included difficulties in assigning clear responsibilities and identifying lead officers responsible for providing comprehensive progress updates. Despite these challenges, the review identified ten specific areas where notable progress had been made in 2022-23. These successes had included initiatives such as falls prevention programs for older residents, hypertension awareness campaigns and enhanced support services for individuals dealing with dementia.

Conversely, certain areas demonstrated limited or no progress, particularly in combating child obesity and engaging children in healthy activities. Notably, the My Choice healthy weight intervention programme had faced constraints due to capacity limitations and low participation rates, posing a challenge in addressing child obesity effectively. Councillor Sue O'Brien, Vice Chair, noted her disappointment that there had been little progress with regard to childhood obesity and that partners couldn't do more. Capacity on the obesity course had been limited, take up had been low and many participants had not made it to the end of the course.

Mr Doshi noted that consideration was being given to having a revised evaluation process in place to report progress back to the Health and Wellbeing Board. Further work was also needed in relation to more effective and efficient data gathering. While acknowledging the strength of ongoing operational work, it was recognised that there was a need to align strategic priorities more closely with the tangible progress being made on the ground. Ms Kelly O'Neill, Director of Public Health, advised that there had been some crossover between Hillingdon's Joint Health and Wellbeing Strategy and the Better Care Fund (BCF) Transformation Boards but that there had been no baseline for some of the metrics. Year 2 of the Strategy required significant link up but this needed to be embedded in the Transformation Boards and milestone measures needed to be put in place.

Mr Keith Spencer, Co-Chair and Managing Director of Hillingdon Health and Care Partners, advised that Mr Doshi had not been able to access the right people to get the right information for inclusion in sections of this report. There were clear workloads and Senior Responsible Officers had been identified for the Transformation Boards. It would be important to report the right information to reinforce existing milestones, reporting and governance. In addition, baselines needed to be established and progress needed to be benchmarked and monitored through the Health and Wellbeing Board to ensure that progress was made. Clarity was needed in relation to what was being measured and the expected outcomes. An update on this would be provided at the Board's next meeting on 5 March 2024.

Mr Tony Zaman, the Council's Chief Executive, noted that operational work was being undertaken day in / day out. Operational delivery was mature in some areas but this needed to be evidenced. Ms Vanessa Odlin, Managing Director at Goodall Division Central and North West London NHS Foundation Trust, advised that there had been a disappointingly low take up of the School Nurse Programme / My Choice. Investigations were underway to establish why there had been limited engagement with young people as well as how progress could be made to reduce instances of obesity in

young people. Ms Odlin advised that she was the SRO for mental health, learning disabilities and autism.

The Chair commended successful initiatives such as the Falls Directory (which had been replicated across London) and the attainment of a dementia-friendly community status. Nevertheless, the necessity for clearer measures and milestones for effective strategy evaluation and progress tracking was underscored as a priority moving forward. Overall, the Board collectively agreed to these recommendations, highlighting the importance of enhancing existing governance mechanisms to improve the Strategy's execution.

**RESOLVED: That:**

- 1) the content of this review of year 1 (2022/23) of the Hillingdon Health and Wellbeing Strategy be noted.**
- 2) a revised evaluation process anticipating the need to evaluate year 2 (2023/24) of the H&WBS, led by the LBH PH team which enables periodic oversight and assurance of progress made, outcomes achieved, and escalation routes for improvement milestones not being achieved be noted.**
- 3) an update on progress on the baselines be brought to the Health and Wellbeing Board meeting on 5 March 2024.**

29. **2023-24 INTEGRATED HEALTH AND CARE PERFORMANCE REPORT** (*Agenda Item 6*)

Mr Gary Collier, the Council's Health and Social Care Integration Manager, advised that new information on reporting activities in the fourth quarter of the year had been awaited. This entailed the need for a quarter three template and an additional 2024/25 planning addendum. The latter was significant as it aimed to refresh the plan for the year 2024/25, encompassing an update to the Intermediate Care demand and capacity templates. As guidance for the 2023/2024 submission in mid-February 2024 was expected in January 2024, the Board agreed to delegate authority for approval of the quarter 3 performance template and 2024/25 planning annex to the Council's Corporate Director of Adult Social Care and Health in consultation with the Board Co-Chairs, NWL Borough Director and Healthwatch Hillingdon Chair.

Mr Collier noted that the target for permanent admissions to care homes would not be met. It was suggested that an increase in need attributable to the pandemic was a contributing factor. The Board was assured that there were measures in place to ensure that permanent residential placements were the most appropriate means of addressing resident need.

With regard to the demand and capacity template, underutilisation had been observed in one pathway, and ongoing efforts to rectify this issue had been put in place. Challenges were also acknowledged in managing capacity related to discharge to care homes due to supply constraints within the local care market.

Mr Spencer advised that a huge amount of work had been undertaken in relation to Integrated Neighbourhoods as well as the new Hillingdon Hospital redevelopment. Significant work had also been undertaken to reduce the length of stay in hospital as this was part of the longer term plan. The new end of life model had also gone live during the previous week. Due to geographical changes, the Neighbourhood Teams had been reduced from six to three.

Ms Sandra Taylor, the Council's Corporate Director of Adult Social Care and Health, advised that it was important that partners shared as much as they could about what they were doing so that it could be captured at these Health and Wellbeing Board meetings. The report had highlighted some excellent pieces of work and, on behalf of the Board, the Chair thanked Mr Collier for his efforts, particularly in outperforming other NWL boroughs and for navigating through a particularly challenging year.

Mr Tony Zaman, the Council's Chief Executive, advised that it would be important that, early in 2024, a stocktake be undertaken on the models of care. A meeting could be held for key people to put together a compendium of achievements and ambition (what had partners been doing?). The Chair asked that Mr Zaman make arrangements for this to take place.

**RESOLVED: That:**

- a) the BCF Quarter 2 performance template be approved.
- b) the content of the report be noted.
- c) approval of the Quarter 3 2023/24 performance template and 2024/25 Planning Annex be delegated to the Council's Corporate Director of Adult Social Care and Health in consultation with the Health and Wellbeing Board Co-Chairs, the NHS NWL Borough Director and the Healthwatch Hillingdon Chair.
- d) Mr Zaman arrange for a meeting to take place in the new year for partners to identify a compendium of achievements and ambition.

30. **FROM HARM TO HOPE: COMBATING DRUG AND ALCOHOL MISUSE** (*Agenda Item 7*)

Mr Gary Hutchings, the Council's Public Health Strategist, advised that the 10 year Strategy, formulated in December 2021, had stemmed from the Dame Carol Black review in 2021, following an 80% increase in drug and alcohol-related deaths since 2012. The Strategy had been bolstered by a three-year grant and had received supplementary national funding from the £85.7m allocated to local authorities as the commissioners of drug and alcohol services. Collective accountability had been established for the metrics and criteria had had to be met including a needs assessment.

The Office of Health Inequalities and Disparities (OHID) had overseen this funding, known as the Supplementary Substance Misuse Treatment and Recovery Grant (SSMTRG). The Council was currently in its second of three years of SSMTRG funding and had also secured £599k as an annual Rough Sleeper Drug and Alcohol Treatment Grant which would end in March 2024. The supplementary grant complemented the existing £3 million annual contract, primarily managed by Central and North West London NHS Foundation Trust (CNWL), the main service provider. This collaboration had facilitated the funding of hospital-based clinical teams, community outreach teams for homeless individuals, and specialised interventions for inpatients experiencing homelessness.

The SSMTRG also funded a holistic clinical team, linking hospitals, communities, criminal justice intervention workers and mental health services. Governance of the project had been established through terms of reference by the Safer Hillingdon Partnership, ensuring operational roles were identified and action plans were enacted. Several meetings and panels had been formed to oversee different aspects of the Strategy, such as the Combating Drugs and Alcohol Partnership Board and the Drug and Alcohol Mortality Review Panel.



Metrics and outcomes were overseen by OHID, utilising the National Drug Treatment and Monitoring System to track reductions in drug use, drug-related crimes, deaths and increased engagement in outcomes. Hillingdon had showcased remarkable performance across these metrics, exceeding London averages in several areas.

Ms Kelly O'Neill, Director of Public Health, advised that the framework required the Council to report as part of the funding requirements. The impact of the additional funds had been huge with £1.1m of SSMTRG expected in 2024/25, enabling Hillingdon to ramp up its support. Ms O'Neil had chaired the review that had taken place in relation to 'B', a case study that was set out in the report. There had been many risk factors, any combination of which could have resulted in suicide. This review had provided partners with the opportunity to be more preventative and to make improvements to ways of working. It was anticipated that additional funding would be forthcoming from 22025/26 after the three-year funding agreement had ended.

A national data system had been put in place for drug and alcohol services that showed month-on-month progression. Although the reporting system had been a challenge, it was strictly monitored. Ms O'Neill would be happy to circulate more detailed statistics to the Board after the meeting.

Consideration was given to teeing up with services such as Children's Services and Housing. It was noted that these teams might be privy to information or behaviours that might indicate a need for drug and alcohol services. For example, a tenancy breakdown might be as a result of drug or alcohol issues. It was suggested that consideration also be given to looking at the children's pathway. Every contact needed to count and family hubs needed to be brought into this too to ensure that it was joined up.

Ms O'Neill advised that the drug and alcohol services were currently out to tender. Children living with parents that had drug and alcohol issues had featured more prominently in the service that was now being tendered.

**RESOLVED: That:**

- 1. the content of this report be noted and the Board be assured that Hillingdon was meeting the requirements of the Harm to Hope Strategy, including the importance of the three-year fixed term funding that would improve outcomes for residents, their families, and communities whose lives were adversely affected by drug and alcohol addiction.**
- 2. the operational delivery and oversight requirements to establish a Hillingdon 'Combating Drug and Alcohol Partnership Board (CDAPB)', responsible for the operational implementation of the strategy, performance and outcomes, and use of the three-year investment, referred to as the supplementary substance misuse treatment and recovery grant (SSMTRG) be noted.**
- 3. the concurrent tendering of the Hillingdon Adult Community Addictions Service contract that sets out a new model of service delivery that would sustain some improvements being achieved through the additional funding be noted.**

31. **'STOPPING THE START' CREATING A SMOKEFREE GENERATION & TACKLING YOUTH VAPING NATIONAL CONSULTATION** (*Agenda Item 8*)

Mr Sunny Doshi, the Council's Public Health Officer, advised that the Government had introduced a new law to safeguard future generations from the perils of smoking, labelling it as a pivotal public health intervention. The Government strategy, "Stopping the Start", sought to prevent young people from purchasing cigarettes, aimed to support smokers to quit and prevent new addictions, and regulate the surge in youth vaping.

The proposed legislation involved gradually raising the age of tobacco sale by one year annually from 2027, making it illegal for individuals born after January 2009 to purchase tobacco products. This model emphasised support for smokers looking to quit, coupled with increased funding for awareness campaigns and stricter enforcement to curb youth vaping.

Highlighting the adverse health and economic impacts of smoking, Mr Doshi emphasised the strain it placed on the healthcare system and the economy. Smoking-related costs were estimated at £17 billion annually, impacting individual incomes and burdening the NHS with frequent appointments for smoking-related illnesses.

The Government had announced its proposals on 4 October 2023 with the national consultation ending on 6 December 2023. The proposed legislation would restrict the sale of tobacco products to individuals born after 1 January and regulate vaping flavours, displays and pricing to deter youth usage. The consultation had invited feedback on the proposed measures and a response had been drafted on behalf of the Council.

The report provided insights into Hillingdon's smoking prevalence, highlighting disparities among social housing residents, where approximately one in three individuals smoked, compared to one in ten of those in their own homes. The estimated annual cost of smoking in Hillingdon was £192m.

Funding of £70 million per year had been allocated to support local stop-smoking services, supplementing the existing public health grant. The proposals could have a potential positive impact on the lives of around 19,000 smokers in Hillingdon and their families, enhancing health and economic outcomes.

Professor Ian Goodman, NHS NWL, queried how the £292k funding in Hillingdon would be used and spoke about the previous success of GP-initiated stop-smoking programmes. He also pointed out discrepancies in the smoking prevalence data included in the report, challenging the accuracy of figures provided by OHID. Ms O'Neill advised that this data had already been challenged.

Acknowledging the vaping issue's evolution, it was agreed that there was a need for effective enforcement measures to address the unintended consequences of vaping's initial purpose. Baseline data would be needed to ensure that progress could be monitored effectively.

**RESOLVED: That the Board:**

- 1. note the report and the significant public health impact implementation of Smokefree Generation will have on long term population health.**
- 2. Is aware of the national consultation process and determines any planned consultation responses by the Board and partners.**

32.	<p><b>BOARD PLANNER &amp; FUTURE AGENDA ITEMS</b> (<i>Agenda Item 9</i>)</p> <p>My Tony Zaman, the Council's Chief Executive, had recently attended Brunel University's medical school's external advisory body meeting. He highlighted the significant progress made by the school, particularly its outreach efforts in local communities and its aim to provide better opportunities for young individuals interested in studying medicine. It was agreed that the Health and Wellbeing Board receive an update on this at its next meeting on 5 March 2024 to provide an overview of the developments.</p> <p>The second year of the medical school programme had proved successful, with all students passing (this was a rarity in medical education). The school had employed a modern teaching approach, focusing on team-based learning instead of traditional lectures, emphasising collaborative problem-solving - a vital skill for future doctors. The intake for the second year had expanded to approximately 115 students. An exciting development had emerged in that the Government had approved the admittance of 50 UK students in the following year. This alteration would slightly reduce the number of overseas students. However, statistics had indicated that most graduates, regardless of origin, tended to continue their postgraduate training in the UK.</p> <p>The curriculum incorporated community engagement elements, intending to increase student involvement with voluntary and community agencies. Plans to collaborate with the public health department for community projects, particularly addressing population health management and inequalities, were in their preliminary stages. It was agreed that a formal report on these developments would be brought to a future Health and Wellbeing Board meeting. The Board also requested a more comprehensive report on health and wellbeing strategies, particularly concerning baseline assessments, before the new financial year. Quantifiable measures would enable the Board to gauge the impact of any action taken and would be contingent on cooperation from all stakeholders. This would allow trajectory planning for the upcoming year.</p> <p><b>RESOLVED: That the 2023/2024 Board Planner, as amended, be noted.</b></p>
33.	<p><b>PLACE FINANCIAL POSITION</b> (<i>Agenda Item 10</i>)</p> <p>Consideration was given to the place financial position and the challenges therein.</p> <p><b>RESOLVED: That the discussion be noted.</b></p>
34.	<p><b>STRATEGIC UPDATE</b> (<i>Agenda Item 11</i>)</p> <p>The Board discussed the structural review that was being undertaken by North West London Integrated Care Board (NWL ICB). A full and final report about this issue would be included on the agenda for the next Health and Wellbeing Board meeting on 5 March 2024.</p> <p><b>RESOLVED: That the discussion be noted.</b></p>
35.	<p><b>UPDATE ON CURRENT AND EMERGING ISSUES AND ANY OTHER BUSINESS THE CHAIRMAN CONSIDERS TO BE URGENT</b> (<i>Agenda Item 12</i>)</p> <p>There were no current or emerging issues to discuss.</p>

	The meeting, which commenced at 2.30 pm, closed at 4.48 pm.
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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](mailto:nohalloran@hillingdon.gov.uk). Circulation of these minutes is to Councillors, Officers, the Press and Members of the Public.

# Agenda Item 8

## HILLINGDON LOCAL AREA SEND AND AP STRATEGY 2023-2028

<b>Relevant Board Members</b>	Councillor Jane Palmer, Joint Chair Keith Spencer, Joint Chair Councillor Susan O'Brien Julie Kelly, Director of Children's Services, LBH
<b>Organisation</b>	London Borough of Hillingdon Hillingdon Health and Care Partners
<b>Report author</b>	Abi Preston, Director of Education & SEND
<b>Papers with report</b>	<ul style="list-style-type: none"><li>• Local Area SEND and AP strategy 2023-28</li><li>• Easy Read Version SEND &amp; AP Strategy</li><li>• SEND &amp; AP Ambitions Document</li></ul>

### **RECOMMENDATION**

**That the Board notes the Local Area Special Educational Needs and Disability (SEND) and Alternative Provision (AP) Strategy 2023-2028.**

### **INFORMATION**

#### **Background**

The new strategy is aimed at Hillingdon children and young people aged 0-25 years who have Special Educational Needs and/or Disability (SEND) or who attend Alternative Provision (AP), their families and the professionals who work with them.

The strategy was co-produced by the SEND Executive Partnership Board, with representatives from Hillingdon Council (education and social care), NHS NW London Integrated Care Board, education settings and Hillingdon Parent Carers Forum.

Following the previous draft version, feedback from the consultations with stakeholders was used, along with further use of data to understand our local area to create an updated version which aims to focus on our key priority areas. The new version also includes our strategy for Alternative Provision, which is in line with the new national SEND and AP improvement plan.

Extensive analysis of our recent data trends has been undertaken and included in the strategy to set the context of Hillingdon. It has also been written in line with the draft updated DSG Safety Valve plan, in order to ensure we are working towards the same goals of improving outcomes, provision and support whilst focusing more on early intervention and being more financially sustainable.

#### **SEND and AP Context**

The strategy is set within the national context and our statutory requirement to meet the needs of children and young people with SEND under the requirements of the Children and Families Act 2014. The strategic priorities have also been aligned to the Department of Education (DfE) SEND Review: Right Support, Right Place, Right Time (Green Paper) and the updated Ofsted and the Care Quality Commission (CQC) Local Area SEND Inspection Framework.

## **SEND and AP Strategic Vision**

We want Hillingdon to be a place where children and young people with special educational needs and/or disabilities and their families lead happy and fulfilled lives from early years through adolescence to adulthood, in communities that accept and understand them.

### **SEND and AP Strategy – key ambitions for our children are:**

#### Ambition 1:

*The right support, at the right time, in the right place*

We will improve children's and parents' experience of the SEND system by delivering the right support in the right place at the right time by focusing on early intervention, including an updated Childrens Integrated Therapies (CITs) contract to deliver therapies more effectively. There will be a focus on improving outcomes for all children with SEND, including those on SEND support and with EHCPs.

#### Ambition 2:

*Fully inclusive education for all*

We will support all schools and settings in Hillingdon to be inclusive and welcome children and young people with SEND. We aim to increase training across the area for professionals, including school staff, health and LA officers. We will also focus on reviewing and refining support for SEND children and those who access AP with their transitions, attendance, exclusions and for children with SEND who are vulnerable.

#### Ambition 3:

*Provision meets the needs of Hillingdon's children and young people*

We will deliver new, ambitious, and innovative provision that enables children and young people with SEND to receive excellent education in their local community. We will develop more places on a spectrum of provision to meet the needs of Hillingdon's children and young people. We will also review the funding approach to SEND across the borough and develop an outreach model to support mainstream schools with their SEND provision.

#### Ambition 4:

*Children and young people live happy and fulfilled lives where they are included in the community*

We will enable all children and young people to achieve independence, take part in activities they want to be part of, build good relationships and have meaningful outcomes in adulthood. We will look to support children with all aspects of their lives, including inclusivity of accessing clubs and post 16 options to enable young people to access work, internships or employment. We want our children and young people's voices to be central to all we do and to also improve support for children with SEMH needs across the Borough.

#### Ambition 5:

*There is a flexible offer and range of interventions available for children to access Alternative Provision*

We will create a three-tiered model for Alternative Provision that offers flexible interventions and supports children back into mainstream where possible. We are looking to work with providers to increase the proportion of children who are integrated successfully back into mainstream settings, reduce reliance on tuition for children and improve the commissioning of AP so we have a more flexible approach to Alternative Provision.

An easy read version is available and currently being shared with young people for feedback to find out whether it is presented in the most effective way for our residents.

## **Outcome of SEND Consultation**

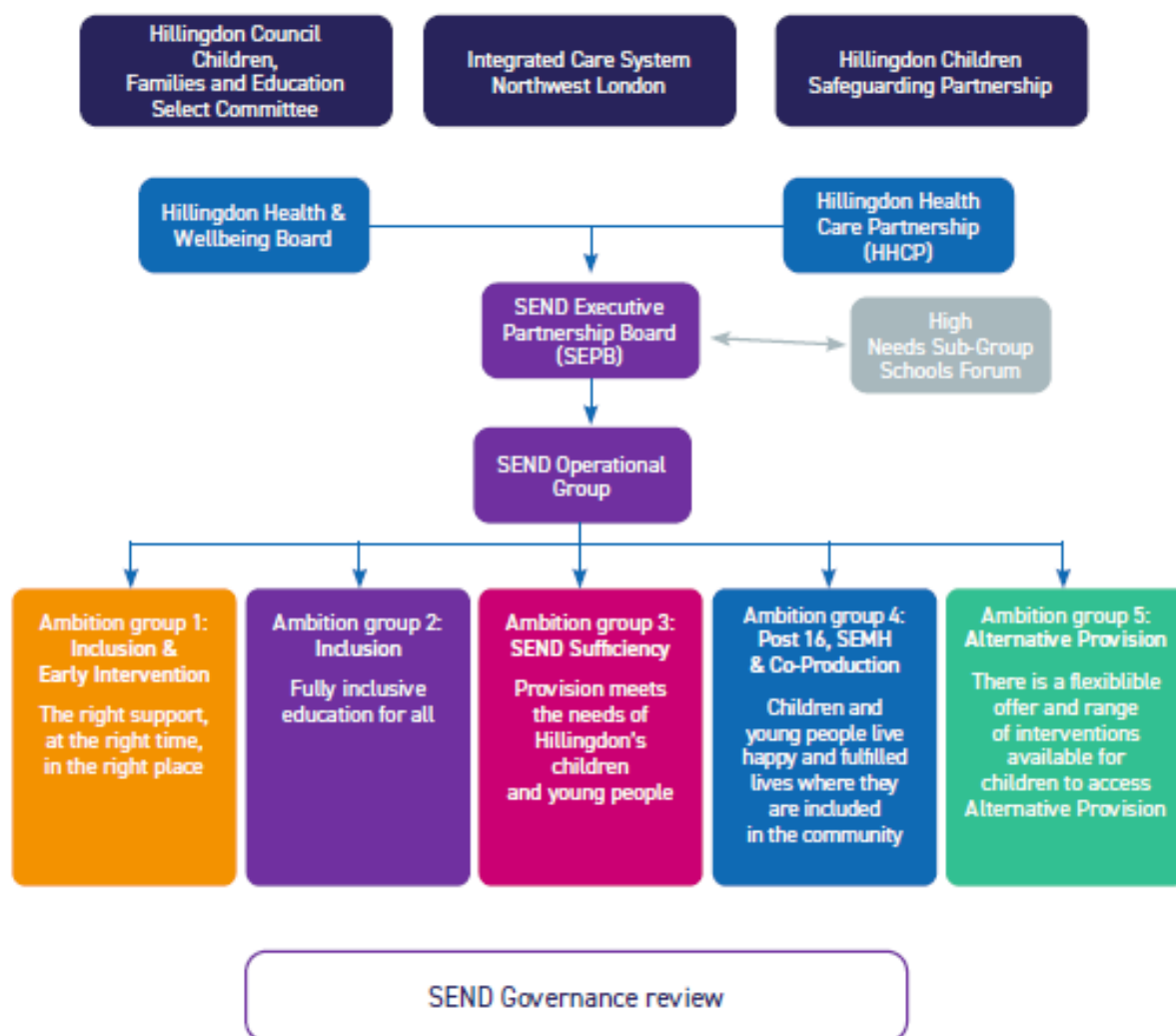
Formal public consultation on the initial version of the draft strategy took place from 14 July to 18 August 2022, and a consultation survey along with the strategy was launched on the Council and Local Offer website, with Easy Read versions made available. The survey asked respondents to comment on the overarching vision and the original three key priorities. At this stage, this strategy was focused just on SEND.

Consultation feedback has been used to reshape the strategy into a new version with 5 new key ambitions and to include AP alongside SEND so it is a joint strategy, in line with the new improvement plan. The new version of the strategy was shared with SEPB, schools, Parent Carer forum and a range of partners throughout October and November 2023. The consultation was also shared on the Local Offer and children and young people's views were sought through consulting with Stepping Out (16 year olds), Step Up (12 to 15 year olds) and Youth Voice groups in November 2023. All groups supported the new strategy, although there was some hesitation shared by professionals in our education settings.

- Members of SEPB, Education and social care teams confirmed the vision and priorities as a positive framework for improving SEND & AP provision and outcomes for children and young people.
- All children in the various consultation groups (including feedback received from the Local Offer completed by young people) demonstrated that they supported the ambitions and aims of the strategy. They are keen for their voices to be heard more by schools, for their behaviour to be understood more and for more inclusion to be in place so they feel involved and accepted in their education settings.
- Feedback from schools and governors suggested the majority of school professionals supported the strategy and the priorities, there were some concerns raised about the funding and the levels of inclusion aimed for in mainstream schools.
  - 76% agreed with the principles in the strategy, 16% stated other, 12% did not agree
  - 51% agreed with the ambitions, with 24% stating they didn't know and 24% not agreeing.
  - The main concerns related to the national policy in the strategy such as an increased focus on children with EHCPs attending mainstream settings where possible, which schools are not supportive of in some cases and concerns around funding changes. A revamp of our approach to funding is included in our plans within the strategy and work is underway to develop a new framework for funding and provision.

## **SEND & AP Priority Groups and Governance**

Previously, we had six established priority group workstreams which were overseen by the SEND Operational Group, reporting the progress against plans to Hillingdon's SEND Executive Partnership Board. The groups have been reorganised to reflect the five new ambitions. The membership of these groups is being reviewed and action plans are being created to ensure outcomes are achieved and monitored. The new governance model is shown below:



We are working closely with our partners across SEND & AP to have a strong and effective local area partnership approach to all matters relating to SEND and AP. The new inspection is focused on the partnership approach to SEND & AP therefore we are creating a new local area logo to reflect this. A competition was recently launched for all children to have an opportunity to design the new logo and after a range of creative submissions, a winner has been selected. We are in the process of getting the new logo created digitally and we will share this in due course.

## 5. EFFECT ON RESIDENTS, SERVICE USERS & COMMUNITIES

Through the consultation process Hillingdon residents and, particularly those with children and young people with SEND and who access AP, were given the opportunity to share their views on the identified key priorities and approach. We listened to residents and the Parent Carer Forums and shaped the Local Area SEND & AP Strategy in light of their comments and views.

The strategy outlines the Local Area's commitment to improving the outcomes for children and young people with SEND and those who access AP and will encourage active engagement and participation from parents, carers, and young people in strategic developments.

### **BACKGROUND PAPERS**

[Local Area SEND and AP strategy 2023-28](#)

[Easy Read Version SEND & AP Strategy](#)

[SEND & AP Ambitions Document](#)



## BOARD PLANNER & FUTURE AGENDA ITEMS

<b>Relevant Board Member(s)</b>	Councillor Jane Palmer Keith Spencer
<b>Organisation</b>	London Borough of Hillingdon Hillingdon Health and Care Partners
<b>Report author</b>	Nikki O'Halloran, Democratic Services
<b>Papers with report</b>	Appendix 1 - Board Planner 2024/2025

### 1. HEADLINE INFORMATION

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

### 2. RECOMMENDATION

**That the Health and Wellbeing Board considers and provides input on the 2024/2025 Board Planner, attached at Appendix 1.**

### 3. INFORMATION

#### **Supporting Information**

##### Reporting to the Board

The draft Board Planner for 2024/2025, 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 2024/2025 were considered and ratified by Council at its meeting on 18 January 2024 as part of the authority's Programme of Meetings for the new municipal year. The proposed dates and report deadlines for the 2024/2025 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.

# BOARD PLANNER 2024/2025

<b>11 Jun 2024</b>  2.30pm Committee Room 6	<b>Business / Reports</b>	<b>Lead</b>	<b>Timings</b>
	Reports referred from Cabinet / Policy Overview & Scrutiny (SI)	LBH	<b>Report deadline:</b> 3pm Thursday 30 May 2024
	Hillingdon Joint Health and Wellbeing Strategy 2022-2025	LBH	
	Integrated Health and Care Performance Report and BCF Progress	LBH/HHCP	<b>Agenda Published:</b> 3 June 2024
	Board Planner & Future Agenda Items	LBH	
<b>PART II</b> - Update on current and emerging issues and any other business the Co-Chair considers to be urgent	All		
<b>10 Sep 2024</b>  2.30pm Committee Room 6	<b>Business / Reports</b>	<b>Lead</b>	<b>Timings</b>
	Reports referred from Cabinet / Policy Overview & Scrutiny (SI)	LBH	<b>Report deadline:</b> 3pm Thursday 29 August 2024
	Hillingdon Joint Health and Wellbeing Strategy 2022-2025	LBH	
	Integrated Health and Care Performance Report and BCF Progress	LBH/HHCP	<b>Agenda Published:</b> 2 September 2024
	Board Planner & Future Agenda Items	LBH	
<b>PART II</b> - Update on current and emerging issues and any other business the Co-Chair considers to be urgent	All		
<b>26 Nov 2024</b>  2.30pm Committee Room 6	<b>Business / Reports</b>	<b>Lead</b>	<b>Timings</b>
	Reports referred from Cabinet / Policy Overview & Scrutiny (SI)	LBH	<b>Report deadline:</b> 3pm Thursday 14 November 2024
	Hillingdon Joint Health and Wellbeing Strategy 2022-2025	LBH	
	Integrated Health and Care Performance Report and BCF Progress	LBH/HHCP	<b>Agenda Published:</b> 18 November 2024
	Board Planner & Future Agenda Items	LBH	
<b>PART II</b> - Update on current and emerging issues and any other business the Co-Chair considers to be urgent	All		
<b>4 Mar 2025</b>  2.30pm Committee Room 6	<b>Business / Reports</b>	<b>Lead</b>	<b>Timings</b>
	Reports referred from Cabinet / Policy Overview & Scrutiny (SI)	LBH	<b>Report deadline:</b> 3pm Thursday 20 February 2025
	Hillingdon Joint Health and Wellbeing Strategy 2022-2025	LBH	
	Integrated Health and Care Performance Report and BCF Progress	LBH/HHCP	<b>Agenda Published:</b> 24 February 2025
	<b>PART II</b> - Update on current and emerging issues and any other business the Co-Chair considers to be urgent	All	

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