Public Document Pack

Health and Wellbeing Board

Date: **TUESDAY, 18 MARCH 2025**

Time: **2.30 PM**

Venue: **COMMITTEE ROOM 5 - CIVIC CENTRE**

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, 10 March 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 10 September 2024	1 - 6
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	

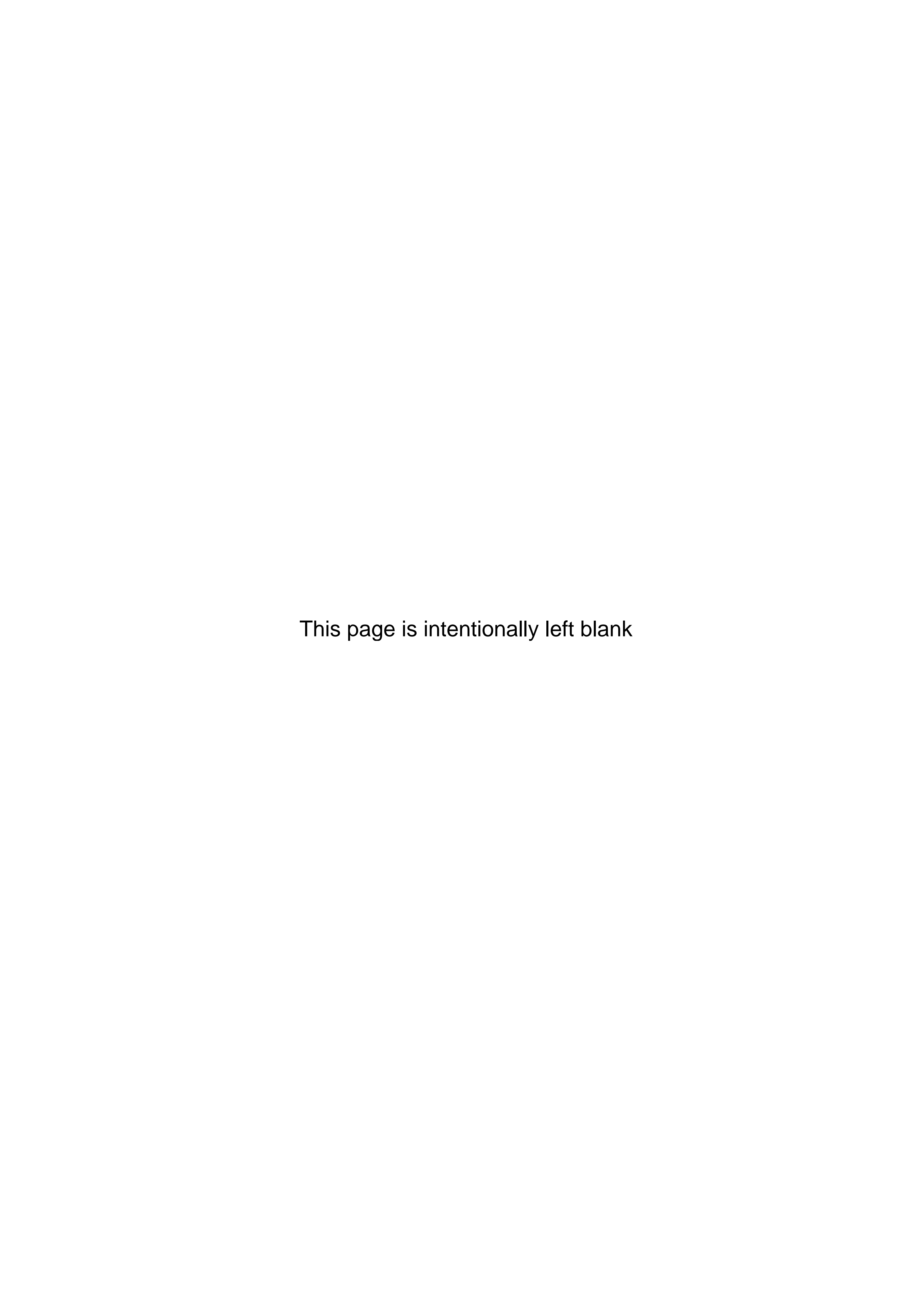
Health and Wellbeing Board Reports - Part I (Public)

5	Pharmaceutical Needs Assessment Update	7 - 10
6	Draft Joint Hillingdon Health And Wellbeing Priorities 2025-2028	11 - 34
7	North West London Forward Plan	**TO FOLLOW**
8	2025/26 Better Care Fund Plan	**TO FOLLOW**
9	Board Planner & Future Agenda Items	35 - 38

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 10 September 2024	39 - 42
11	Update on current and emerging issues and any other business the Chairman considers to be urgent	43 - 44


This page is intentionally left blank

Minutes

HEALTH AND WELLBEING BOARD

10 September 2024

Meeting held at Committee Room 5 - Civic Centre

	Board Members Present: Councillor Jane Palmer, Keith Spencer, Lynn Hill, Ed Jahn, Vanessa Odlin, Derval Russell, Sandra Taylor and Tony Zaman **Officers Present:** Shikha Sharma (Consultant in Public Health) and Nikki O'Halloran (Democratic, Civic and Ceremonial Manager)
15.	**APOLOGIES FOR ABSENCE** *(Agenda Item 1)* Apologies for absence had been received from Councillor Sue O'Brien, Ms Kelly O'Neill, Mr Richard Ellis and Ms Patricia Wright.
16.	**DECLARATIONS OF INTEREST IN MATTERS COMING BEFORE THIS MEETING** *(Agenda Item 2)* There were no declarations of interest in matters coming before this meeting.
17.	**TO APPROVE THE MINUTES OF THE MEETING ON 30 JULY 2024** *(Agenda Item 3)* **RESOLVED: That the minutes of the meeting held on 30 July 2024 be agreed as a correct record.**
18.	**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 1 to 7 would be considered in public and Agenda Items 8 to 9 would be considered in private.
19.	**HILLINGDON JOINT HEALTH & WELLBEING STRATEGY UPDATE** *(Agenda Item 5)* Ms Shikha Sharma, Public Health Consultant at the Council, advised that the Hillingdon Joint Health and Wellbeing Board Strategy was currently in its second year and that the report provided an interim update on progress. The Strategy's three-year cycle would end in 2025 and the report asked that delegated authority be given to the Director of Public Health to develop a new Strategy. Once the new Strategy had been developed, a consultation and engagement activities would be undertaken which would include professionals, residents and community groups from across the Borough at the different stages of the Strategy development to bring insight and understanding to how the Council would prioritise over the next three years and how these priorities should be tackled. It was anticipated that the Year 2 report would be available in January 2025 and would be presented to the Board on 4 March 2025. Although the data for the current year

was not yet available, Ms Sharma was hoping that it would be available soon.

The report included tables which set out progress against each of the priorities, with a RAG status rating for each based on national benchmarking. Ms Sharma talked through the progress of some of the priorities including breastfeeding, children's oral health, children's obesity and smoking.

It was noted that there had been a shared ambition for the Borough to be smoke free by 2030. Funding had been secured for the Swap to Stop and Stop to Start programmes and action had been taken to reduce the instances of vaping amongst young people.

Ms Sharma advised that progress had been made with regard to the Hillingdon Domestic Abuse Advocacy Service (HDAAS) which had evolved so that it was more robust and had more capacity. IDVAs (independent domestic violence advocates) had also been funded by the Council for high risk cases. Huge strides had been made in relation to domestic abuse (DA) but referrals from health partners remained low and needed to be improved and reflected in the report. It was suggested that primary care needed to participate more in this work so that the impact of DA on health could be determined and changes could be made at a higher level.

Ms Sharma advised that she had worked on DA training in primary care some time ago, as clinicians often had more contact with victims of DA than other partners

With regard to reducing homelessness, Hillingdon continued to be RAG rated as red. It was suggested that this was because homelessness rates in the Borough were higher than in London and England and continued to increase from previously published data. P3 had been working with potentially homeless people in the Borough to try to prevent homelessness and Public Health Management (PHM) approaches had been used to try to reduce the numbers.

Work on hypertension continued to be rated as amber with the second highest prevalence in North West London. Action was being taken to scale up the work that had taken place across the Hypertension Prevention Neighbourhood Programme within the local Integrated Neighbourhood Teams.

Concern was expressed in relation to hypertension and the data time lags that existed before outcomes were known. Although there had been improvements in the detection of hypertension, the health of these patients then needed to be managed to prevent stroke, etc. The outcome of these interventions would not be known for around 3-5 years. Detecting hypertension was something that was being done well in Hillingdon which then had a knock-on effect by increasing the demand for services. Ms Sharma noted that preventative work in relation to hypertension had not been good up until now but that a weight management programme was now in place.

Board members queried what the two or three biggest areas of concern were in Hillingdon that partners should be focussing on. Ms Sharma advised that the application of the PHM Programme was key. There were three posts working on this Programme (two had been appointed and one was currently vacant). It would be important that these posts identified the areas that partners needed to focus on and determine how improvements should be conveyed. Work had started by looking at the Integrated Neighbourhood Teams but this had since been widened out.

It was suggested that Hillingdon needed to improve outcomes for its residents in

	relation to autism, homelessness and children's dental health but also childhood obesity and hypertension. Although the report was thought to be comprehensive, there needed to be wider reporting on all indicators with primary care so that the information did not stand in isolation (for example, homelessness was not solely a public health responsibility and needed a whole Council and whole system approach). There had been a lot of work undertaken within primary care which tied into the work that had been set out in the report but which had not been mentioned. It had been suggested that new reporting and monitoring mechanisms be identified through PHM approaches and introduced from January 2025. A good Joint Strategic Needs Assessment would provide good data. **RESOLVED: That:** **1) the reported activities that demonstrate the progress that has been achieved between year 1 and year 2 of the implementation of the Joint Local Health and Wellbeing Strategy (JLHWBS) by lead officers collaborating with HHCP partner organisations, what has been achieved since the strategy was implemented and the plans for year 3 2024/25, be noted.** **2) planning and implementation progress of the Health Inequalities funded projects be noted.** **3) it be noted that the JLHWBS three-year cycle will end in 2025 and the Board delegates responsibility to the Director of Public Health to develop a new strategy (the timetable of which will be concurrent with the updating of the JSNA) and ensure that there is effective planned and systematic engagement and consultation with Hillingdon professionals, residents, neighbourhood and community groups across the Borough at all stages of the Strategy's development that brings insight and understanding.** **4) it be noted that the Year 2 interim report is planned to be presented in January 2025, the combined Year 3 final report that includes strategy closure will be presented with the new Health and Wellbeing Strategy in September 2025.**
20.	**2024/25 Q1 INTEGRATED HEALTH AND CARE PERFORMANCE REPORT** *(Agenda Item 6)* Mr Keith Spencer, Co-Chair of the Health and Wellbeing Board and Managing Director of Hillingdon Health and Care Partners, advised that the Better Care Fund (BCF) template had been submitted on 29 August 2024 under delegated authority. Discussions were ongoing in relation to how funds should be deployed. It was noted that Pathway 3 funding related to admittance to long term care and had been an area of focus. Given the timings of the national deadlines for reporting on BCF spend and activity, it was agreed that delegated authority to sign off the templates be given to the Corporate Director of Adult Social Care and Health in consultation with the Co-Chairs of the Health and Wellbeing Board, the ICB Borough Director and the Chair of Healthwatch Hillingdon. Although A&E attendances had stabilised, the conversion to admittance had increased significantly towards the end of last year and the beginning of this year. Brunel had agreed to undertake some research to establish whether this increase in admittances had been as a result of individuals being sicker. It was noted that the wrong solution

was sometimes applied to a problem and action needed to be taken to establish whether or not this was the case in this instance.

It was suggested that more could be done by partners in relation to cervical cancer screening as this had seen some slippage. Furthermore, reference had been made in the report to slippage in the completion of Education, Health and Care Plans against the national target, yet no explanation had been given as to why the target was not being met.

There had been some slippage in relation to the estimated diagnosis rate for people aged 65 and over with dementia. The report stated that the main reason for not meeting the target during this period was due to temporary gaps in permanent staffing in the Memory Service. However, concern was expressed that, during these temporary staffing gaps, locum support had been provided. The Board asked what action had been taken to address this issue.

Ms Vanessa Odlin, Managing Director for Hillingdon and Mental Health Services, Goodall Division at Central and North West London NHS Foundation Trust (CNWL), advised that, as far as she was aware, there had been no major staffing gaps in that service area. Temporary staff were deployed whenever there were shortages so she would need to investigate to establish what this referred to and report back to the Board. She would also check the demand for, and capacity of, the service.

It was noted that Healthwatch Hillingdon had seen an increase in the number of patients that were unhappy with A&E and the Urgent Treatment Centre (UTC). The CQC had recently undertaken an unannounced visit to the UTC and the resultant report was awaited. It was queried whether the increase in admittances from A&E had any correlation with those patients that were known to be waiting for a medical or surgical intervention.

Mr Spencer advised that the admissions from A&E had risen from 30-40% to around 60%, most of whom were patients that had been waiting for medical interventions. It was recognised that it was important to understand the activity of these patients that were being admitted from A&E as Adult Social Care had also been seeing an increase in activity. As information gathered by the old hospital IT system had been unable to look at activity or compare data, Brunel had been working on getting these comparisons from the data that was available. It was suggested that Brunel liaise with Adult Social Care to include this in its research.

Information from the Clinical Decision Unit had showed that flow had improved and length of stay and discharge were good at Hillingdon Hospital. However, there were some contradictory issues whereby the length of stay had been reducing but acuity had been lower at the weekend than during the week.

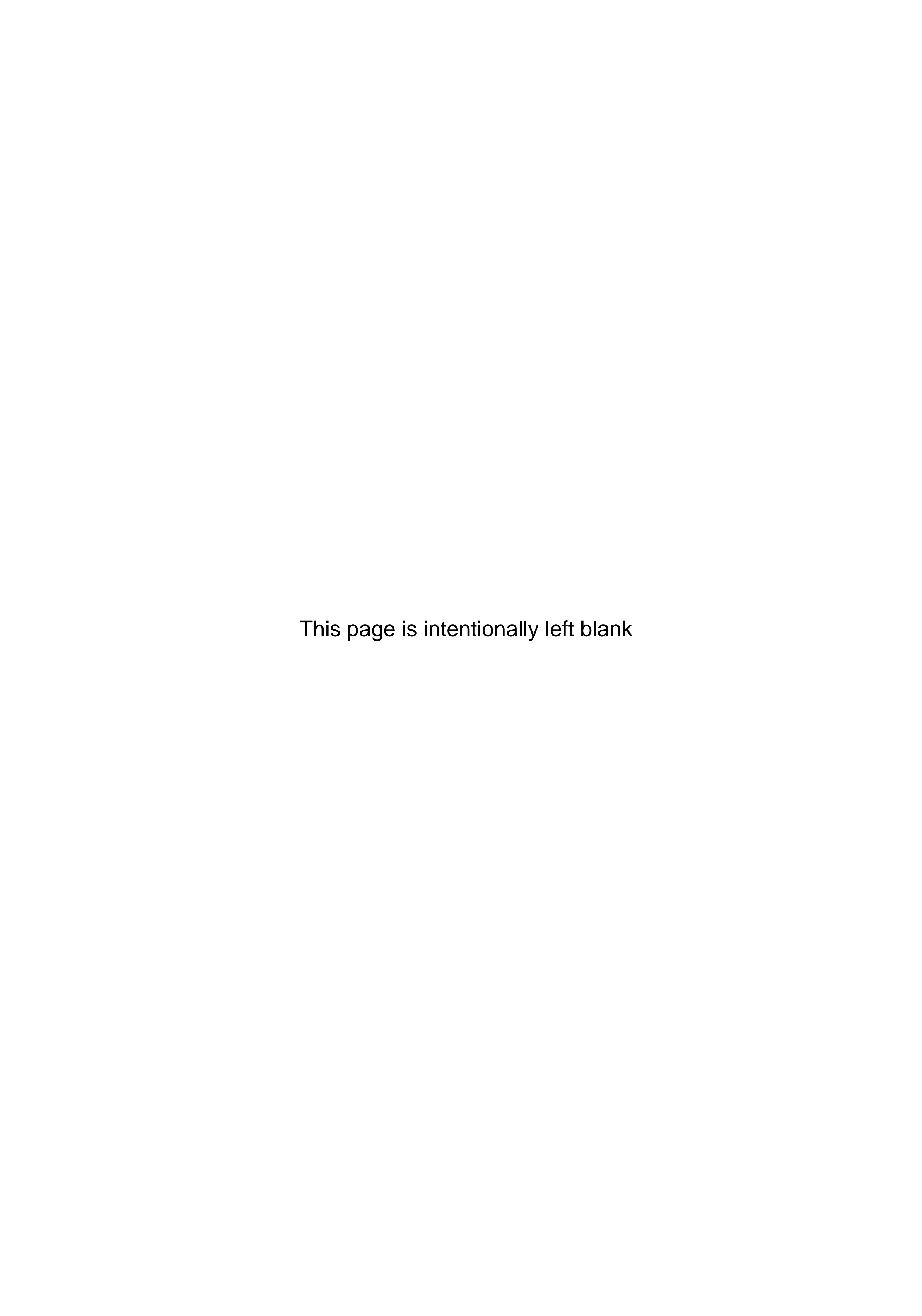
It was queried how much information the Board wanted to receive in future. Did the Board want to continue to receive the high-level messages arising from activity as well as reporting by exception where its intervention was required to address blockages? It was agreed that changes would be made to the format of the report and how the data was reported so that the focus would be on those issues that were deemed to be most important. A dashboard format would be brought to the next Board meeting on 26 November 2024 to get feedback.

RESOLVED: That:

1. **the 2024/25 Quarter 1 BCF reporting template be approved;**

	2. delegated authority to approve Better Care Fund reporting templates be given to the Corporate Director of Adult Social Care and Health in consultation with the Co-Chairs, the ICB Borough Director and the Chair of Healthwatch Hillingdon; **3. arrangements for the monitoring of, and reporting on, activity and spend against the agreed BCF plan as outlined in the report (paragraph 9) be reaffirmed;** **4. a dashboard format of the report be reported to the Board's next meeting on 26 November 2024; and** **5. the content of the report be noted.**
21.	**BOARD PLANNER & FUTURE AGENDA ITEMS** *(Agenda Item 7)* Consideration was given to the Board Planner and future agenda items. It was noted that thought needed to be given to what information was brought to the Board. At the next meeting, the Board would have a discussion on what it did and how it did it. **RESOLVED: That:** **1. the Board discuss what it did and how it did it at its next meeting on 26 November 2024; and** **2. the Board Planner, as amended, be agreed.**
22.	**TO APPROVE PART II MINUTES OF THE MEETING ON 30 JULY 2024** *(Agenda Item 8)* Consideration was given to the confidential minutes of the meeting held on 30 July 2024. **RESOLVED: That the PART II minutes of the meeting held on 30 July 2024 be agreed as a correct record.**
23.	**UPDATE ON CURRENT AND EMERGING ISSUES AND ANY OTHER BUSINESS THE CHAIRMAN CONSIDERS TO BE URGENT** *(Agenda Item 9)* The Board members discussed a number of issues including governance and reporting to the Health and Wellbeing Board. **RESOLVED: That the discussion be noted.**
	The meeting, which commenced at 2.35 pm, closed at 4.48 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.



This page is intentionally left blank

PHARMACEUTICAL NEEDS ASSESSMENT, MARCH 2025 UPDATE

Relevant Board Member(s)	Kelly O'Neill – Director of Public Health
Organisation	London Borough of Hillingdon
Report author	Kim Overy – Business Analyst, LBH
Papers with report	None

1. HEADLINE INFORMATION

Summary	From 1 April 2013, the statutory responsibility to publish and keep up to date a statement of the need for pharmaceutical services for the population in its area transferred to Health and Wellbeing Boards from Primary Care Trusts. This statement is known as the 'Pharmaceutical Needs Assessment' (PNA). The PNA assists in the commissioning of pharmaceutical services to meet local priorities. NHS England also use the PNA when making decisions on applications to open new pharmacies. A revised PNA should be published every 3 years. The next PNA must be published by 1st October 2025. This paper presents an update on progress to the Health and Wellbeing Board.
Contribution to plans and strategies	The PNA analyses the provision of pharmacy services within Hillingdon. This is a statutory responsibility of the Health and Wellbeing Boars, and contributes to the Hillingdon Joint Health and Wellbeing Strategy (JHWBS).
Financial Cost	There are no direct financial costs arising from this report.
Ward(s) affected	All

2. RECOMMENDATIONS

The Health and Wellbeing Board is asked to note that:

1. **work on the 2025 PNA is on track for publication by 1 October 2025;**
2. **since the last PNA (published in 2022), five pharmacies have closed;**
3. **data analysis of Borough demographics, health and pharmacy/prescribing data is underway; and**
4. **all pharmacies within the Borough have been issued with a questionnaire.**

Information

It is noted that, since the last PNA published in 2022, five pharmacies have closed. These pharmacies have been either within town centres served by other pharmacies or are on good public transport routes (within Hillingdon or across the boundary into other boroughs). Analysis as part of the review process will determine any impacts of these closures, alongside the growing population:

<table>
<tr><th>Closed Pharmacy Locality</th><th>Map</th></tr>
<tr><td>

North / Ruislip & Northwood:

Boots, Northwood Hills – this pharmacy was next door to Ross Pharmacy

Lloyds, South Ruislip Sainsburys – this pharmacy is on a bus route to Ruislip Manor and Rayers Lane / Harrow town centre

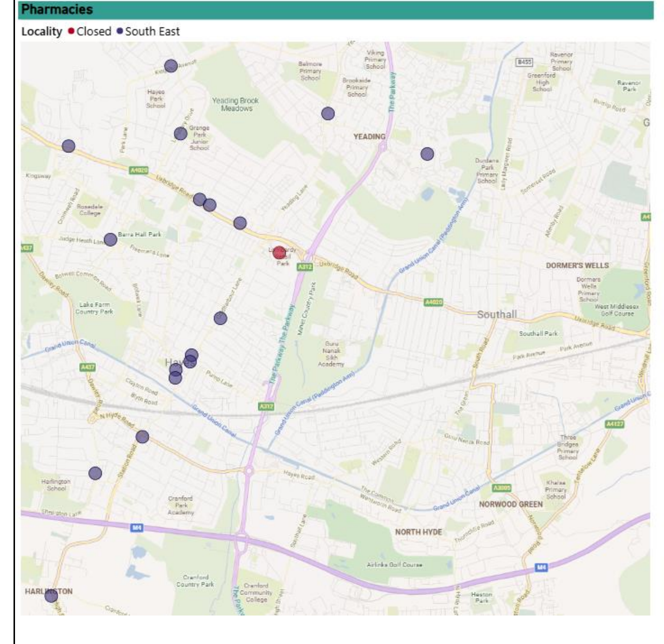
Boots, Whitby Road (South Ruislip/Eastcote boundary) – this pharmacy is near the bus route to Northwood, Northwood Hills, Eastcote, Northolt and Greenford

</td><td></td></tr>
<tr><td>

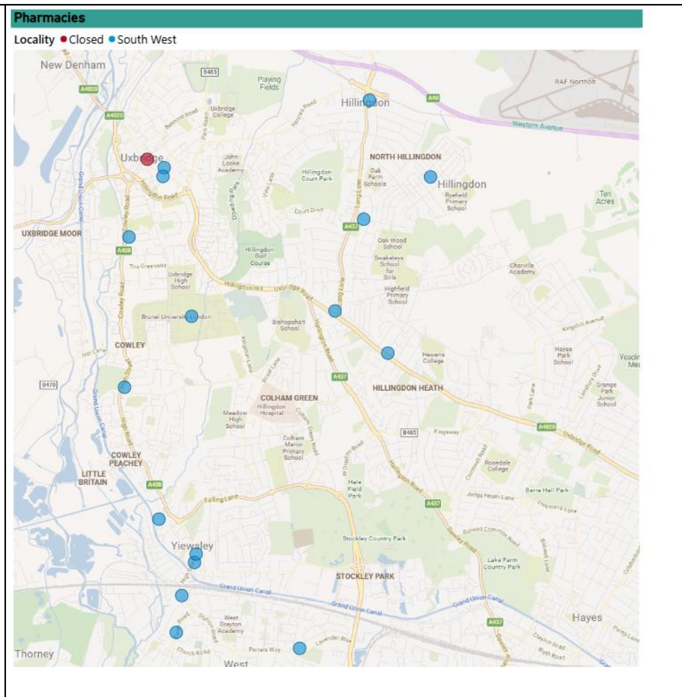
South East / Hayes & Harlington

Lloyds, Hayes Sainsburys – this pharmacy is close to eight pharmacies within Hayes Town and along the Uxbridge Road (walkable or on public transport links)

</td><td>



</td></tr>
</table>

South West / Uxbridge & West Drayton Boots, Uxbridge Town centre – this pharmacy is within walking distance to Boots within The Chimes shopping centre and Flora Fountain pharmacy	

Data analysis of Borough demographics, health and pharmacy/prescribing data is underway and will include:

- Demographic analysis that provides an overview of the current population; general demographics at Borough and ward level, deprivation and economic activity and an overview of certain patient groups (i.e. CORE20, university students)
- Epidemiology analysis includes life expectancy, mortality and disease prevalence at PCN level
- Prescribing data analysis includes prescription flows between GPs and pharmacies, alongside maps showing travel times to pharmacies

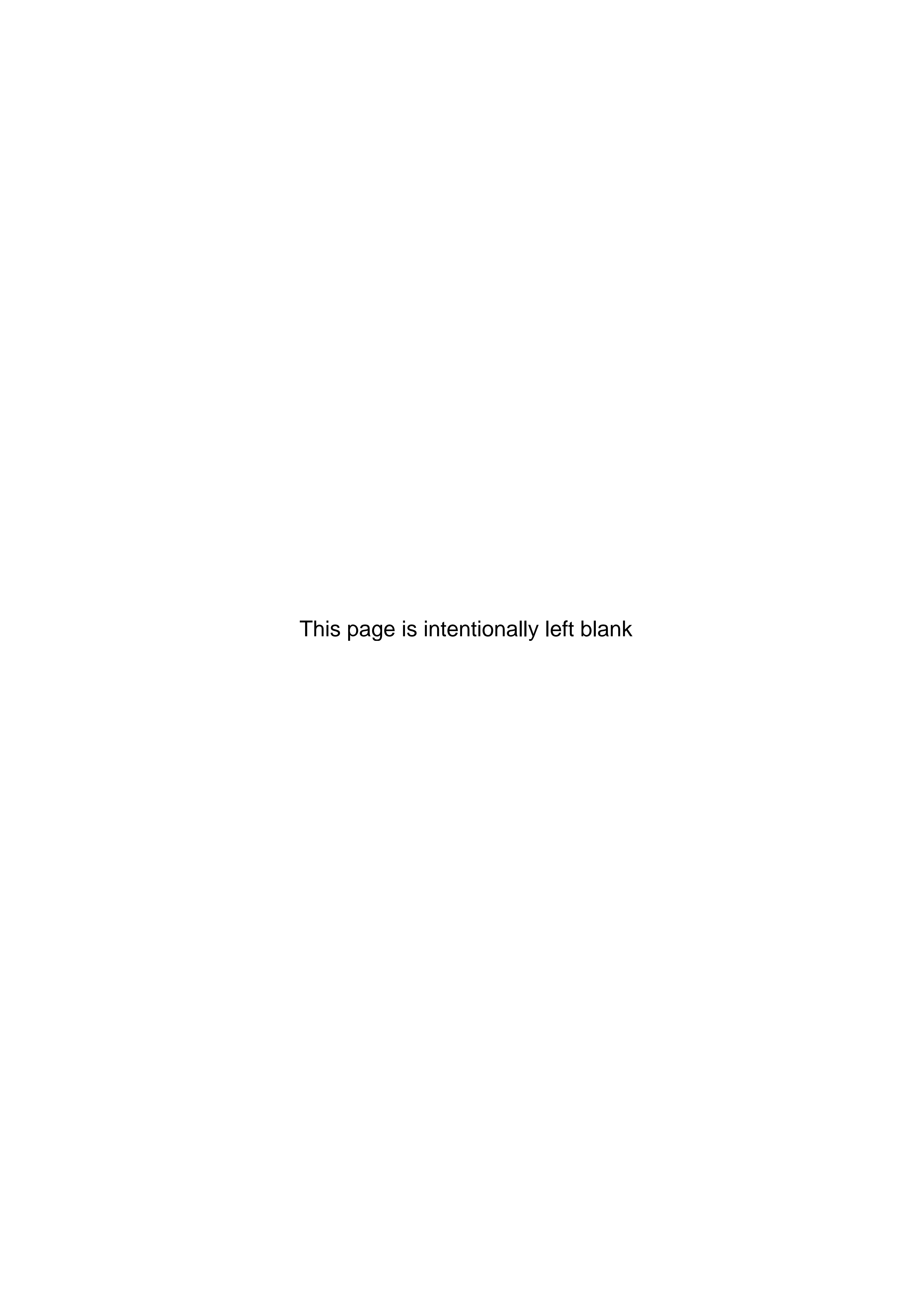
All pharmacies within the Borough have been issued with a questionnaire, with 10 responses so far. The deadline for completion is the end of March (this timeframe may need to be extended to maximise response rates).

3. NEXT STEPS

1. To re-establish a steering group to ensure the project is on track and as the data is developed and analysed, to have objective oversight to challenge assumptions.
2. Create a questionnaire for residents to give views on their pharmacy choices.
3. Continue to engage with pharmacies to maximise questionnaire completion.

A statutory 60-day consultation will also need to be undertaken and hosted on the Council website, between July 2025 to September 2025.

A further update will be provided at the next Health and Wellbeing Board meeting in June 2025.


This page is intentionally left blank

DRAFT JOINT HILLINGDON HEALTH AND WELLBEING PRIORITIES 2025-2028

Relevant Board Member(s)	Keith Spencer Kelly O'Neill
Organisation	Hillingdon Health and Care Partners London Borough of Hillingdon
Report author	Keith Spencer and Kelly O'Neill
Papers with report	Appendix A

1. HEADLINE INFORMATION

Summary	To consider the draft joint Hillingdon Health and Wellbeing Priorities 2025-2028
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 discusses and comments on the draft joint Hillingdon Health and Wellbeing priorities for 2025-2028, attached at Appendix A.

3. INFORMATION

Supporting Information

The purpose of the appended document is act as a starting point to stimulate discussion on the draft priorities for the Joint Hillingdon Health and Wellbeing Strategy for the period 2025-2028. This 'first cut' has been informed by:

- The North West London Shared Needs Assessment (2024) and the Core20Plus 5 Framework
- The NWL ICB Joint Forward Priorities
- The HHCP Strategic Priorities
- The LBH Adult Social Care and Health Plan 2024-2027
- The Hillingdon Hospital Redevelopment Plan
- LBH Council Strategy 2022-2026

Draft metrics to measure the success for the Strategy are also included. Feedback from the Board discussion will inform the first Draft Joint Health and Wellbeing Strategy.

Background

Health outcomes for the people of Hillingdon are shaped by a complex interaction of factors, including health behaviours (30%) socioeconomic conditions (40%), the built environment (10%), and clinical care access (20%). Specifically:

- Modifiable health behaviours (diet, physical activity, smoking, alcohol use) are major contributors to chronic diseases.
- Socioeconomic factors (income, education, employment, and social support) influence access to healthcare and drive health inequality and disparities.
- The Built Environment (housing, neighbourhood safety, recreational spaces, and food access) impacts lifestyle choices and overall well-being.
- Clinical Care Access and Quality play a crucial role in preventing and managing diseases, reducing mortality and morbidity.

The Marmot Report highlights how social determinants drive health inequalities across England, with disadvantaged groups experiencing poorer health outcomes. Addressing these disparities is essential for public health improvement. A comprehensive, integrated approach is necessary to promote health equity, effective public health strategies and to tackle unsustainable rising health and social care utilisation in Hillingdon.

Appendix A

Health and Wellbeing Board

Draft Joint Hillingdon Health and Wellbeing Priorities

2025-2028

For Comment and Discussion

18 March 2025

Kelly O'Neill
Director of Public Health
London Borough of Hillingdon

Keith Spencer
Managing Director
Hillingdon Health and Care Partners

www.hillingdon.gov.uk

Purpose and Background

Purpose

The purpose of this document is act as a starting point to stimulate **discussion** on the draft priorities for the **Joint Hillingdon Health and Wellbeing Strategy** for the period 2025-2028. This ‘first cut’ has been informed by:

- The North West London Shared Needs Assessment (2024) and the Core20Plus 5 Framework
- The NWL ICB Joint Forward Priorities
- The HHCP Strategic Priorities
- The LBH Adult Social Care and Health Plan 2024-2027
- The Hillingdon Hospital Redevelopment Plan
- LBH Council Strategy 2022-2026

Draft metrics to measure the success for the Strategy are also included. Feedback from the Board discussion will inform the first Draft Joint Health and Wellbeing Strategy.

Background

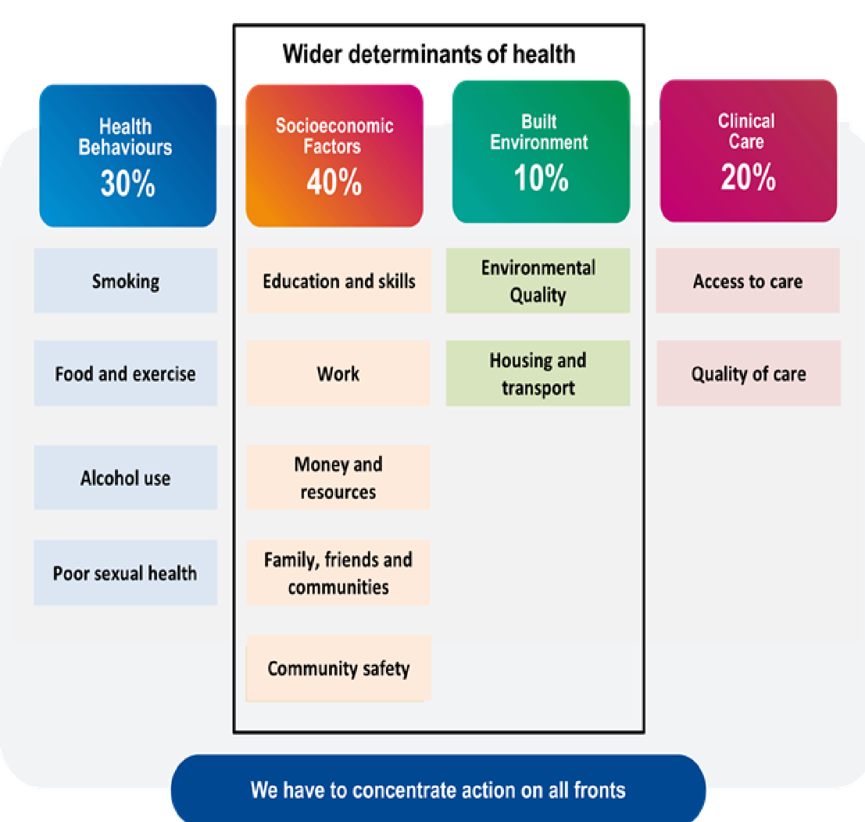
Health outcomes for the people of Hillingdon are shaped by a **complex interaction** of factors, including **health behaviours (30%) socioeconomic conditions (40%), the built environment (10%), and clinical care access (20%). Specifically:**

- **Modifiable health behaviours** (diet, physical activity, smoking, alcohol use) are major contributors to chronic diseases.
- **Socioeconomic factors** (income, education, employment, and social support) influence access to healthcare and drive health inequality and disparities.
- **The Built Environment** (housing, neighbourhood safety, recreational spaces, and food access) impacts lifestyle choices and overall well-being.
- **Clinical Care Access and Quality** play a crucial role in preventing and managing diseases, reducing mortality and morbidity.

The Marmot Report (see figure 1 opposite) highlights how social determinants drive health inequalities across England, with disadvantaged groups experiencing poorer health outcomes. Addressing these disparities is essential for public health improvement**. A comprehensive, integrated approach is necessary to promote health equity, effective public health strategies and to tackle unsustainable rising health and social care utilisation in Hillingdon.**

Figure 1

Contributors to health outcomes

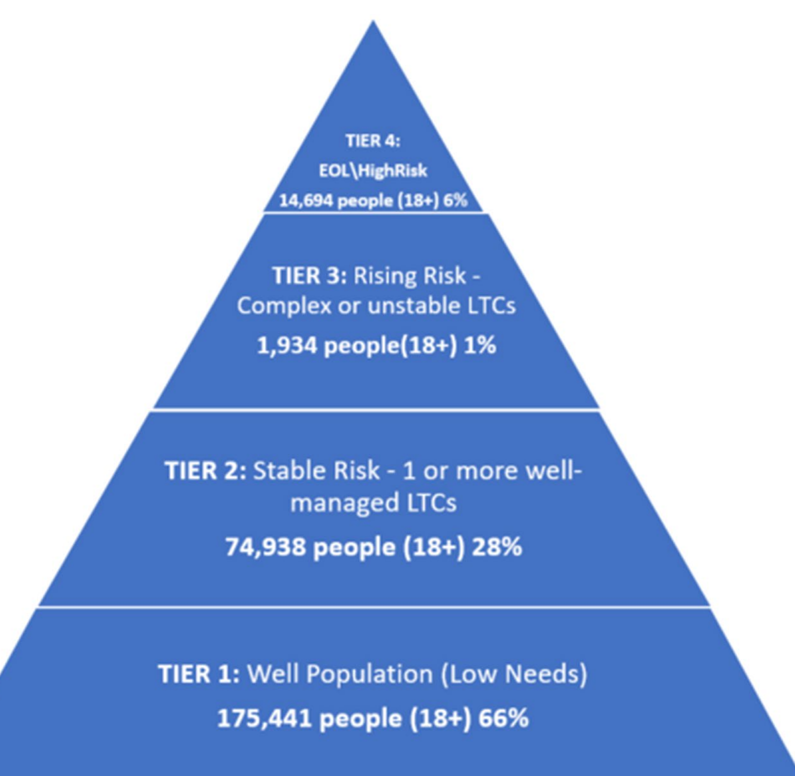


What does the Population Health Data tells us (slides 15-22)?

What does the Data tell us?

1. **The long-term London Shared Needs Assessment (2024) and the Core20Plus 5 framework highlights that Hillingdon's long term population health is deteriorating :**
    - Significant socio economic and environmental deprivation factors are driving the increasing prevalence of long term conditions particularly in our most deprived communities: **Yiewsley, Hayes, and West Drayton.** This includes a high child poverty rate (31%), low mean income post housing costs, food insecurity and higher than NWL average rates of overcrowding and homelessness
    - 48% (127,264) of the Hillingdon registered Adult (18+) population are currently living with 1 or more Long Term Conditions; making Hillingdon joint highest with Harrow in NWL for the highest weighted average % of patients with LTCs. The Top 5 LTC's within the Borough are: Hypertension, Anxiety, Depression, Obesity & Diabetes.
    - Double the number of people are now recorded as living with one or more LTC compared to 2017

2. This combination of socio economic and environmental deprivation factors and increasing prevalence of LTCs in our poorer neighbourhoods is driving **higher health and social care utilisation rates including GP attendances, unplanned acute bed days, ED attendance and referrals to ASC:**
    - There has been a 40% increase in referrals to LBH ASC since 2019/20.
    - The 65+ age group, although comprising only 14% of the total population, utilise up to 40% of all healthcare in Hillingdon
    - Hypertension accounts for nearly 50% of all unplanned bed days in Older Adults and 20% of all unplanned bed days in Adults and is increasing year on year
    - A small group of 4,400 patients (1.6% of the adult population) account for 50% of all Non elective (emergency) admissions to hospital in Hillingdon
    - The most deprived Neighbourhood has the highest prevalence of LTC's and drives most emergency activity at The Hillingdon Hospital
    - Long Term Care Home placement costs in Hillingdon have doubled since 2019/20 from £15 to £30m



What are the Key Challenges?

Key Challenges:

A detailed analysis of the North West London Shared Needs Assessment (2024) as it relates to Hillingdon is set out in slides 14-22 below. In summary our key challenges are:

1. Socioeconomic and Housing-Related Health Risks

- **A High child poverty rate (31%)**, which exceeds the NWL average, impacts childhood nutrition and future health risks.
- **Low mean income post housing costs (£31,581**) limits healthcare access and preventive care affordability.
- **Higher than NWL average rates of Overcrowding and homelessness (22.6 per 1000 households)** contribute to stress and mental health conditions, exacerbating hypertension and cardiovascular risks.

2. Environmental Health and Air Pollution particularly its Impact on Hypertension

- **Air pollution from Heathrow Airport increases the risk of hypertension, cardiovascular disease, and respiratory illness.**
- **Prolonged exposure to pollutants contributes to high blood pressure and heart disease**.
- Poor air quality is also associated with **higher stroke risk** in hypertension patients

3. Hypertension and Cardiovascular Health

- **Hypertension is highly prevalent in Hillingdon (43k people)**, particularly among older adults **and deprived Neighbourhoods**. (**Yiewsley, Hayes, and West Drayton).** Yiewsley is identified as one of only 2 areas in **North West London with a high percentage of multi-morbidity** (2 or more LTC's) across different age groups.
- **Disparities in prevalence**:
  - **South Asian and Black ethnic groups** are disproportionately affected.
  - **Lower-income populations** have higher hypertension rates due to stress, poor diet, and reduced healthcare access.
- **Hypertension contributes to**:
  - Increased **stroke and heart attack risk**.
  - Higher **hospital admission rates** for cardiovascular conditions.
  - More **unplanned hospital bed days**, straining the healthcare system. Hypertension accounts for nearly 50% of all unplanned bed days in Older Adults and 20% of all unplanned bed days for Adults in Hillingdon.
- **Access to hypertension management programs is limited**, with gaps in early detection and lifestyle interventions.

What are the Key Challenges?

4. Obesity and Its Impact on Hypertension

- Obesity is a major driver of hypertension in Hillingdon, particularly in older adults:
    - 16.1% of older adults are obese, exceeding the NWL average.
- Deprivation-driven obesity:
    - Food insecurity, poor dietary habits and low access to healthy food options in deprived Neighbourhoods increases the risk of obesity and hypertension.
- Obesity-related conditions such as diabetes further complicate hypertension management.

5. Mental Health and Unplanned Hospital Admissions

- Depression and anxiety are increasingly linked to hypertension, particularly in younger adults.
- Unplanned hospital admissions for mental health disorders are significantly high in Hillingdon accounting for over 20% of unplanned bed days in Adults and have grow significantly over the last 5 years
- Black ethnic groups have disproportionately high hospitalization rates for mental health-related conditions, including stress-induced hypertension.

What are the Key Challenges?

6. High Health and Care Utilisation rates

- This combination of socio economic and environmental deprivation factors and increasing prevalence of LTCs in our poorer neighbourhoods (Yiewsley, Hayes, West Drayton) is driving **higher health and social care utilisation rates including GP attendances, unplanned Acute bed days, ED attendances, Care home placements and referrals to ASC:**
  - 40% increase in referrals to ASC since 2019/20.
  - Long Term Care Home placement costs in Hillingdon have doubled since 2019/20 from £15m to £30m
  - The 65+ age group, although comprising only 14% of the total population, utilise up to 40% of all healthcare
  - A small number of 4,400 patients (1.6% of the adult population) account for 50% of all Non elective episodes in Hillingdon
  - Hypertension accounts for nearly 50% of all unplanned bed days in Older Adults and 20% in Adults. Depression accounts for 25% of all unplanned bed days in Adults. Asthma is the single biggest driver in Children's unplanned admissions.
  - There is a strong correlation between deprivation and the prevalence of these conditions and the rate of unplanned bed days. The Core 20 group is the most likely group to have many of the conditions reported for adults and older adults.
  - **If these rates of growth continue at the current pace, the activity assumptions for the new hospital will be under threat**

TIER 4: EOL\HighRisk
14,694 people (18+) 6%

TIER 3: Rising Risk - Complex or unstable LTCs
1,934 people(18+) 1%

TIER 2: Stable Risk - 1 or more well-managed LTCs
74,938 people (18+) 28%

TIER 1: Well Population (Low Needs)
175,441 people (18+) 66%

The Core20Plus5 framework reinforces the NWL Shared Needs Assessment

The **Core20PLUS5** framework is an NHS England initiative aimed at reducing healthcare inequalities. It focuses on the most deprived 20% of the population (**Core20**), additional marginalized groups (**PLUS**), and five key clinical priority areas (**5**). Below is an analysis of how these priorities relate to **Hillingdon**:

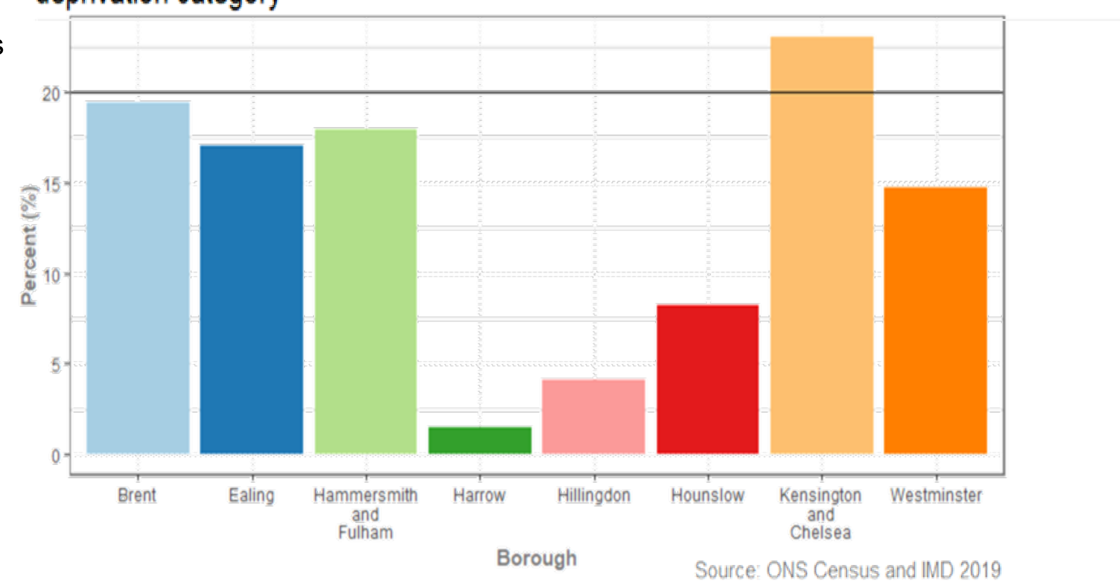
Core20: Deprivation and Health Inequalities in Hillingdon

- Hillingdon is ranked **174th** in the Index of Multiple Deprivation (IMD), meaning it is relatively less deprived compared to other North West London boroughs.
- However, pockets of **significant deprivation** exist, particularly in areas such as **Hayes, Yiewsley and West Drayton**, leading to **health disparities**.
- Targeted intervention in these deprived areas will be crucial going forward to **reduce health inequalities**.

PLUS: Targeted Groups in Hillingdon

The **PLUS** element of Core20PLUS5 emphasizes groups experiencing disproportionate health inequalities. In Hillingdon, these include:

- **Ethnic minority populations**: Hillingdon has a large South Asian and Black community, which has higher rates of conditions such as diabetes and cardiovascular disease.
- **Asylum seekers and refugees**: With Heathrow Airport nearby, Hillingdon has a significant transient population, including asylum seekers who may have **limited access to healthcare**.
- **Homeless population**: Hillingdon has a notable **homeless population**, particularly around Uxbridge and Hayes.
- **People with learning disabilities**: Ensuring equitable access to healthcare services for individuals with learning disabilities remains a challenge.



The Core20Plus5 framework reinforces the NWL Shared Needs Assessment

Five Clinical Priority Areas ("5") and Hillingdon's Context

- **Maternity Care**
  - Hillingdon Hospital provides maternity services, but **inequalities persist in maternal health outcomes**, particularly for **Black and South Asian women**.
  - Addressing **lower uptake of antenatal care** and **higher rates of maternal complications** among these groups is key.
- **Severe Mental Illness (SMI)**
  - Hillingdon faces challenges with mental health service accessibility, particularly for deprived and ethnic minority communities.
- **Chronic Respiratory Disease**
  - High smoking prevalence in certain deprived parts of Hillingdon contributes to chronic obstructive pulmonary disease (COPD) and asthma.
  - Air quality concerns near Heathrow Airport may exacerbate respiratory conditions.
- **Early Cancer Diagnosis**
  - Cancer screening uptake is lower in deprived and ethnically diverse communities in Hillingdon.
  - Late-stage diagnosis rates remain a challenge,.
- **Hypertension and Cardiovascular Disease (CVD)**
  - Hillingdon has a high prevalence of hypertension and diabetes, particularly in South Asian and Black populations.

We are suggesting a small number of Draft Priorities, High Impact Actions and KPI's…….

Priority Area	Objective	High-Impact Actions	Delivery Model	Timeline	Key KPIs
Thriving Healthy Households **Core20Plus5 national equity priorities addressed:** • Chronic Respiratory Disease • Hypertension • Smoking Cessation • Oral Health	• Whole-population approaches to prevent ill health and promote wellbeing through self management • Tackling the Social Determinants of Poor Health • Improving Air quality and Built Environment	1. **Develop and implement a universal wellbeing offer** which is Neighbourhood focused and community asset delivered covering: • Physical Activity & Healthy Lifestyles • Mental Wellbeing & Resilience • Falls Prevention & Strength-Based Support • Deployment of Digital & Assistive Technology 2. **Implement Healthy eating and the programmes that support supplementation of women's diets during pregnancy** and in the first stage of a child's life, promoting breast and infant feeding. 3. **The universal vaccination programme** for children and young people and seasonal vaccination programmes for older people 4. **Promote evidence based 'Brush For Life' campaigns** in schools to reduce childhood cavities and decay by up to 30-50% 5. **Provide Same Day Access to Urgent Primary Car**e to improve primary care capacity and to avoid unnecessary ED attendance for those people without underlying health concerns but who experience an episodic illness 6. **Expand affordable housing and financial support programmes** for vulnerable groups in target Neighbourhoods (South East & South West with particular emphasis on Yiewsley, West Drayton , Hayes) 7. **Better food security initiatives** to tackle obesity and malnutrition in most deprived neighbourhoods 8. **Tackling loneliness and social isolation** keeping people engaged with their neighbourhoods through the **development of wellbeing and community networks.** 9. **Expand air pollution monitoring** 10. **Promote Active travel programmes** 11. **Develop Green Spaces in deprived neighbourhoods**	• **Integrated Neighbourhood Hubs** and Teams providing multi-agency preventative support and same day urgent Primary Care • **Universal Wellbeing Offer** • **Single Digital Point of Information, Access and Referral**: dedicated portal for professionals and public • **Digital inclusion programs** to reduce health inequalities • Development and expansion of **Carers Networks** • **Vaccination Programmes**	24-60 months	• Increase childhood vaccination rate to 85 % • Reduce child poverty rate from 31% to 25% • 15% decrease in homelessness. • 15% fewer air pollution-related hospital visits • % Increase in physical activity participation (e.g., uptake of Neighbourhood exercise programs) • % Reduction in obesity prevalence • % Reduction in smoking prevalence (including quit rates via smoking cessation services) • % Reduction in alcohol-related harm (alcohol-related hospital admissions per 100,000) • **25% and 18% reduction in UTC/ED attendances over 2019/20 baseline** • % Increase in people living in homes meeting Decent Homes Standards (housing quality & insulation) • Reduce unplanned hospital bed days by 50% for cavities amongst children

We are suggesting a small number of Draft Priorities, High Impact Actions and KPI's…….

Priority Area	Objective	High-Impact Actions	Delivery Model	Timeline	Key KPIs
Early Intervention and Prevention **Core20Plus5 national equity priorities addressed:** • Chronic Respiratory Disease • Hypertension • Smoking Cessation • Oral Health • Mental Health	• Optimising Preventative Care for People with LTCs with an emphasis on hypertension. • Maximising Independence and choice • Preventing reliance on Health and Care Services	1. **Expand Neighbourhood based Risk stratification, Proactive Case Finding and Targeted outreach** focused on hypertension, diabetes, and obesity in the first instance. 2. **Streamline access to information, advice and guidance (IAG)**: Facilitating access to IAG to enable people to make informed choices and promote self-care . 3. **Expansion of Care and case Co-ordination** 4. **Reduce Variability in Care Quality**: Standardize LTC pathways across the borough and **implement neighbourhood-level dashboards to track outcomes** 5. **Implement evidence-based Neighbourhood interventions including for Hypertension:** Good Nutrition (DASH diet), exercise referrals, smoking cessation, alcohol reduction programmes, community based Blood Pressure monitoring schemes, use of remote monitoring, peer networks, self management and digital support 6. **Reducing Health Inequalities and Addressing Wider** Determinants through: • Deployment of Community Champions to engage with high-risk groups. • Faith and Community Leader-Led BP Initiatives: Use trusted voices to promote hypertension awareness. • Food and Nutrition Policy Advocacy: Local authority policies on food quality, salt reduction, and healthy eating. • Developing pre and post diagnosis options for autistic people. • Developing supported accommodation options for people with learning disabilities and people with mental health needs. 6. **Integrate Mental Health professionals within Neighbourhood hubs** to provide early intervention for anxiety and depression. Expand Digital CBT programmes, scale social prescribing	• **Integrated Neighbourhood Hubs** and Teams providing multi-agency preventative support including Mental Health. • **Adult Social Care single point of access** provides a centralised IAG hub supported by VCSE IAG contract. • **Clear care and case co-ordination model** built from a coherent Neighbourhood **Hypertension Intervention Programme** • **Third Sector Offer** to Integrated Neighbourhoods • **Single Digital Point of Information, Access and Referral**: dedicated portal for professionals and public • **Neighbourhood Level Digital Dashboards** to track outcomes (Blinx)	12-36 months	• **90% of hypertensive patients with BP under control** • **30% reduction in associated non elective admissions for (hypertension) over 2019/20 baseline** • 25% fewer emergency mental health admissions. • 10% obesity reduction • 50% reduction in GP mental health referrals to secondary care • Reduce unplanned bed days by 50% for cavities amongst children. • **Increase the proportion of people who received Reablement Service during the year who previously were not receiving services and where no further request was made for ongoing support from 2024/25 baseline.** • **Increase proportion of people aged 65 and over discharged from hospital into reablement and who remained in the community within 12 weeks of discharge from 2024/25 baseline.** • Increase proportion of people who received long-term support with a primary support reason of learning disability, who live in their home or with family (people aged 18 to 64) from 2024/25 baseline.

We are suggesting a small number of Draft Priorities, High Impact Actions and KPI's…….

Priority Area	Objective	High-Impact Actions	Delivery Model	Timeline	Key KPIs

Targeted Long Term Care and Community Support for People with Complex Health and Care Needs
 	
Core20Plus5 national equity priorities addressed:
• Chronic Respiratory Disease
• Hypertension
• Mental Health
	• Provide **proactive, personalised, and integrated** case management and Care across primary, community, mental health, social care and voluntary services for **high-need, high-utilisation patients** in order to:
	  • maintain their independence for as long as possible
	  • reduce non elective presentations
	  • Reduce admissions to long term care .
		1. **Proactive Identification and Risk Stratification to identify high risk individuals (multi morbidity >= 2 LTCS)** using **NHS & ICS Data Dashboards currently 4,400 patients**
		2. **Personalised Case Management & Care Coordination** through multi disciplinary **Integrated Neighbourhood Teams** utilising a single holistic assessment and care plan.
		3. **Enhanced Primary Care-Based Case Management** through continuity of care and extended GP Consultations: Regular structured reviews for high-risk patients.
		4. **Integration of Urgent and Community Response models to enhance admission avoidance and optimise hospital discharge**
		5. **Medication Optimisation and Pharmacy led interventions** for medication adherence support and poly pharmacy reduction
		6. **Integrated Mental Health Support for High-Risk Patients**
		7. **Social Prescribing & Voluntary Sector Partnerships:** Targeted interventions for patients with housing instability, financial hardship, and isolation. Community. Local voluntary sector support for self-management and care planning.
		8. **Carer and Family Support:** Carer Identification and Assessments: Proactive support for unpaid carers at risk of burnout.
		9. **Technology Enabled Care (TEC):**
		  • **Wearables & Smart Devices**: BP monitors, pulse oximeters, glucose monitors for real-time tracking, falls detection systems, seizure monitors.
		  • **AI-Based Risk Prediction Tools**: Identifying patients at **risk of crisis escalation**.
		  • **Smart Home Assistants** that can make daily living tasks easier.
		  • **Enhanced safety and monitoring** through smart home devices
		  • **NHS App Integration**: Self-management tools and patient access to care plans.
		  • **Emergency response systems** to enable help to be quickly summoned.
			• **Establish Integrated co-located multi agency Neighbourhood Teams (INTs**) in primary care and community settings with dedicated case managers.
			• **Expand Proactive Case Management**: Implement a targeted care coordination program focusing on early intervention and risk stratification including use of digital innovation
			• **Improve Primary Care Access** particularly to ensure continuity of care for patients with multi morbidity
			• **Integrate Urgent and Community Response models** : Scale Same Day Urgent Primary Care Hubs to divert 18-28% of A&E visits and implement a Single **Borough-Wide Reactive Care Service** to deliver community-based urgent responses.
			• **Develop a Third Sector Offer** to Integrated Neighbourhoods
			• **Digital solutions** to track and case manage the 4,400 high utilisation group through **a Reactive Care Co-ordination centre**
				6-12 months	• 10% NEL admission reduction over 2019/20 baseline
					• 25% and 18% reduction in UTC/ED attendances
					• Reduce average length of stay in THH Medicine and Rehabilitation for the 21+ day long length of stay cohort by 5.2 days and the 7+ cohort by 1.7 days
					• **Flatline permanent admissions to care homes based on 2025/26 baseline.**
					• 85% care coordination compliance.
					• **30% of carers (2021 census baseline) on the carer register.**
					• **% adult carers receiving a carers assessment per 1,000 adult carers (2021 census).**

We are suggesting a small number of Draft Priorities, High Impact Actions and KPI's……

Priority Area	Client Group	High-Impact Actions	Impact Level	Timeline	Key KPIs
Regulated Adult Social Care provider market	Residents/ Patients	• Review model of ICB/LA care home support to ensure integrated approach. • Develop a regulated care market sufficiency plan to ensure sufficient capacity to respond to demographic change. • Implement supported housing regulatory oversight requirements.	Medium-High	6-24 months	• % registered providers assessed by CQC as at least 'good'

Workforce and Digital	Staff/Patients	• Merge and Integrate teams under single leaders within Neighbourhoods and Borough wide reactive care service
		• Restructure Workforce Models: Implement a Borough-Wide Workforce Passport to enable flexible staff deployment across organisation and setting
		• Digital Innovation:
		    • Deploy Blinx for tracking and case managing high-risk patients combined with use of remote monitoring and wearable technology to continually monitor vital signs and alert healthcare teams in real time.
		    • Deploy AI powered risk prediction and Early Intervention to predict health deterioration
			High	6-24 months	• Workforce Integration: 80% of staff enrolled in Workforce Passport within 18 months.
					• Digital System Utilization: 95% of high risk patients enrolled in digital tracking and case management and utilising some form of remote management technology to drive a 40% reduction in admissions for COPD
					• Staff Productivity Increase: 10% improvement in efficiency through streamlined workforce allocation.

Estates	Staff/Patients	• Develop and implement a Neighbourhood Estates Strategy for the co-location of 3 Integrated Neighbourhood Teams and the creation of Super Hubs as a focal point for delivering out-of-hospital care. • Super Hubs will enhance integrated service delivery, reduce fragmentation, and improve access to community-based health and social care services in the light of the development of a new hospital for Hillingdon.	Medium-High	12-36 months	• 30% increase in hub utilization • Improve Primary Care Access

Data Slides

Page 25

Wider Determinants of Health

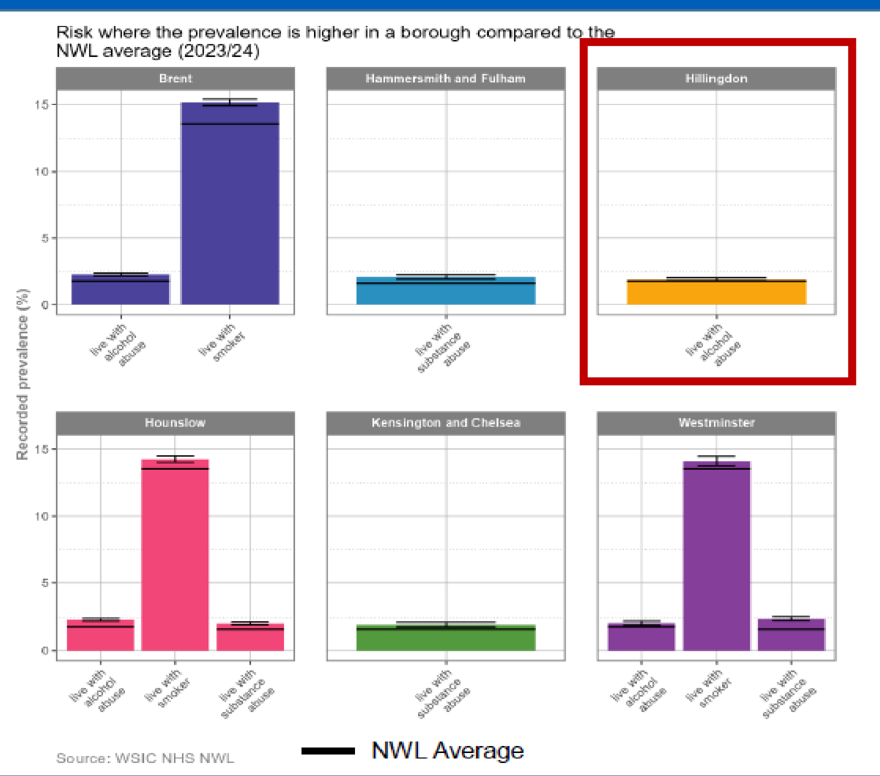
The table below shows the wider determinants of health in which Boroughs perform worse than the North West London average with the red highlighting indicating the borough that performs the worst in North West London. None of the boroughs perform

Borough	Wider determinant worse than NWL	Borough Value	NWL Value
Brent	Percentage of population the in the Core 20	19.4%	12.7%
	Proportion on children in poverty	36%	30.2%
	Mean income after housing costs	£26,953	£33,142
	Unemployment	6.7%	6.0%
	Homelessness - households per 1,000 population	18.4	16.5
	Fuel poverty (decile average)	3.6	5.1
	Food poverty (decile average)	4.2	5.9
	Overcrowding	16.8	12.4
Ealing	Percentage of population the in the Core 20	17.1%	12.7%
	Proportion on children in poverty	32%	30.2%
	Mean income after housing costs	£30,826	£33,142
	Unemployment	6.5%	6.0%
	Homelessness - households with dependent children per 1,000 population	28.6	21.9
	Homelessness - households per 1,000 population	23.9	16.5
	Fuel poverty (decile average)	4.7	5.1
	Food poverty (decile average)	4.5	5.9
	Overcrowding	14.8	12.4
Hammersmith and Fulham	Percentage of population the in the Core 20	18.0%	12.7%
	Fuel poverty (decile average)	5.0	5.1
Harrow	Proportion on children in poverty	31%	30.2%
	Mean income after housing costs	£32,533	£33,142

Borough	Wider determinant worse than NWL	Borough Value	NWL Value
Hillingdon	Proportion on children in poverty	31%	30.2%
	Mean income after housing costs	£31,581	£33,142
	Percentage of persistent school absentees	22.2%	21.9%
	Homelessness - households with dependent children per 1,000 population	22.6	21.9
	Homelessness - households per 1,000 population	19.2	16.5
	Food poverty (decile average)	4.3	5.9
Hounslow	Proportion on children in poverty	32%	30.2%
	Mean income after housing costs	£31,064	£33,142
	Unemployment	6.6%	6.0%
	Food poverty (decile average)	4.3	5.9
	Overcrowding	13.4	12.4
Kensington and Chelsea	Percentage of population the in the Core 20	23%	12.7%
	Percentage of persistent school absentees	23.2%	21.9%
	Crime rate per 1,000 population	155	125
Westminster	Percentage of population the in the Core 20	14.8%	12.7%
	Proportion on children in poverty	31%	30.2%
	Percentage of persistent school absentees	26.0%	21.9%
	Crime rate per 1,000 population	485	125
	Homelessness - households with dependent children per 1,000 population	25.2	21.9

Unhealthy Behavioural Risks – Children

Risks summary for children: Living with a smoker has the biggest impact on the under 18s in North West London



The left hand graphs show the conditions in which an individual borough has a higher prevalence of risk compared to the North West London average. Ealing and Harrow do not have any risks that have a prevalence than North West London, so are not included.
The table below highlight the order in which risks are likely to have the biggest impact to the children in North West London. These are obtained by considering how many people have the risk (prevalence), the strain of the risk on a person and the healthcare system (unplanned bed days) and the inequality that lies within the prevalence of the risk.

Living with a smoker has the biggest system impact on children across the risks, driven by its much higher prevalence than the other risks. Brent, Hounslow, and Westminster all have a higher prevalence of their children living with a smoker than the North West London average.

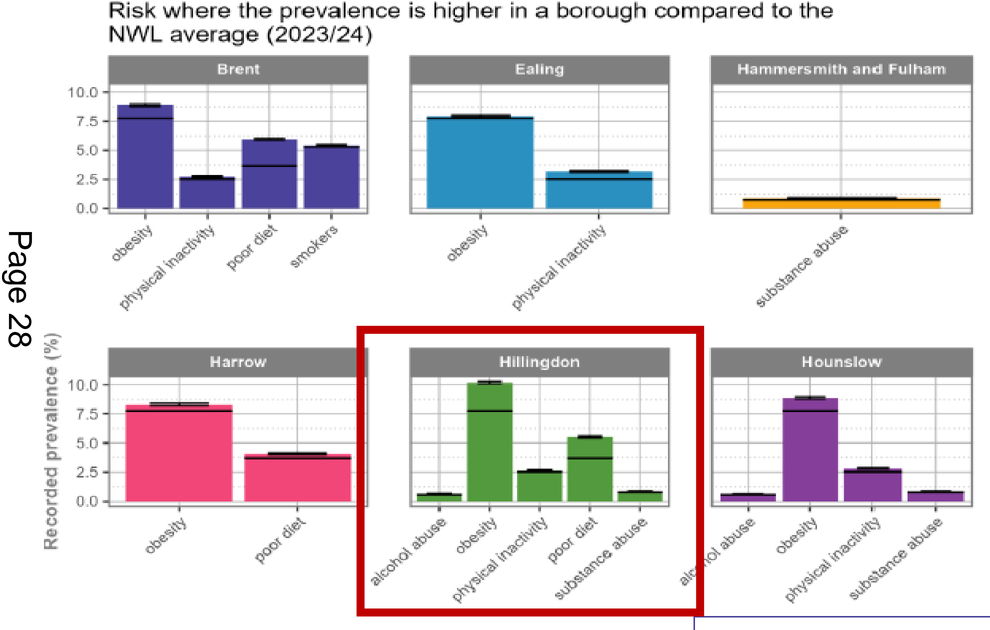
Risks by biggest impact in NWL taking into account; prevalence, rate of unplanned bed days and inequality score

Metric	Prevalence (%)	Trend	Rate of unplanned bed days (per 1,000 population)	Trend	Equity Score	Trend
Live with smokers	13.5	→	101	↑	0.103	→
Live with substance abuse	1.63	→	120	→	0.169	↑
Live with alcohol abuse	1.79	→	69.8	↑	0.09	→

There is a substantial amount of variation in recorded prevalence for each risk within each borough which is greater than the variation between boroughs. Notably, Harrow has some big outliers across all risks. To see this in more detail refer to the appendix.

Unhealthy Behavioural Risks – Adults

Risks summary for adults: Smoking has the biggest impact on the adult population in North West London



Source: WSIC NHS NWL

There is a substantial variation in recorded prevalence for each risk within each borough, which is greater than the variation between boroughs. Notably, Westminster has a few LSOAs with much higher rates of substance abuse. To see this in more detail, refer to the appendix.

The left-hand graphs show the conditions in which an individual borough has a higher prevalence of risk compared to the North West London average.

The table below highlights the order in which risks are likely to have the biggest impact in North West London. These are obtained by considering how many people have the risk (prevalence), the strain of the risk on a person and the healthcare system (unplanned bed days) and the inequality that lies within the prevalence of the risk.

Smoking is the risk behaviour that has the biggest system impact on the adult population of North West London, despite the overall decrease in prevalence. Brent is the only borough that has a higher rate of smoking prevalence compared to the North West London average

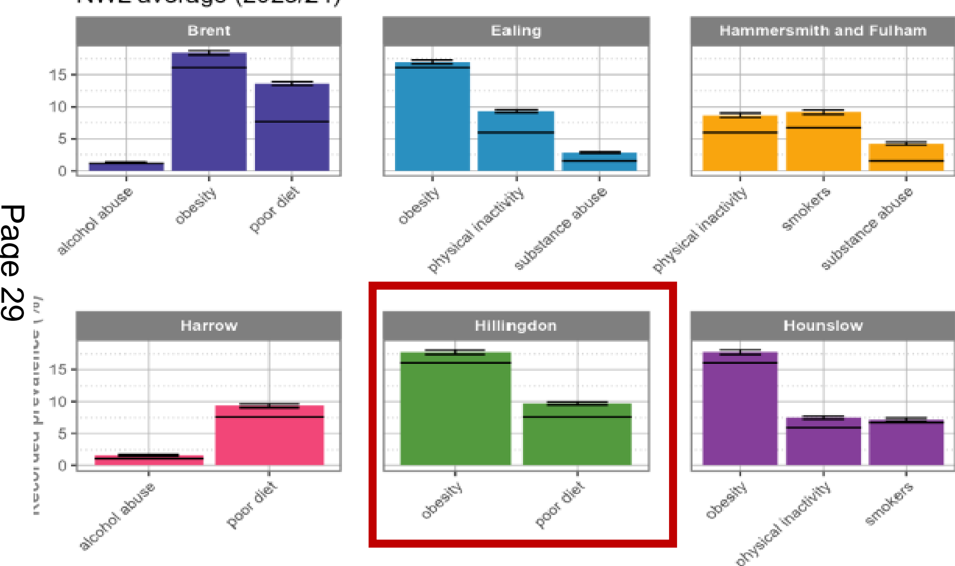
Risks by biggest impact in NWL taking into account; prevalence, rate of unplanned bed days and inequality score

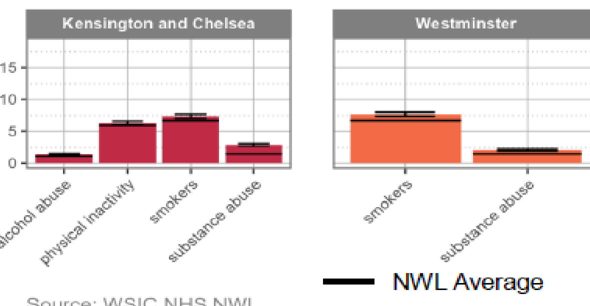
Metric	Prevalence (%)	Trend	Rate of unplanned bed days (per 1,000 population)	Trend	Equity Score	Trend
Smokers	5.29	↓	2,264	↑	0.219	↑
Substance abuse	0.75	→	4,365	↑	0.299	↑
Obesity	7.75	↑	441	→	0.237	→
Poor diet	3.70	→	469	→	0.244	↑
Alcohol abuse	0.55	→	2,991	↑	0.205	→
Physical inactivity	2.52	→	359	→	0.216	→

Unhealthy Behavioural Risks – Older Adults

Risks summary for older adults: Obesity has the biggest impact in the North West London older adult population

Risk where the prevalence is higher in a borough compared to the NWL average (2023/24)





NWL Average

Source: WSIC NHS NWL

There is a substantial amount of variation in recorded prevalence for each risk within each borough which is greater than the variation between boroughs. Notably, Ealing has a big variation in poor diet. To see this in more detail, refer to the appendix.

The left-hand graphs show the conditions in which an individual borough has a higher prevalence of risk compared to the North West London average.

The table below highlights the order in which risks are likely to have the biggest impact on the older population in North West London. These are obtained by considering how many people have the risk (prevalence), the strain of the risk on a person and the healthcare system (unplanned bed days) and the inequality within the prevalence of the risk.

Obesity is the risk behaviour that has the biggest system impact on the older adult population of North West London, and the prevalence of this risk is increasing, as well as the rate of unplanned bed days per person with this risk. Brent, Ealing, Hillingdon and Hounslow all have higher rates of obesity compared to the North West London average.

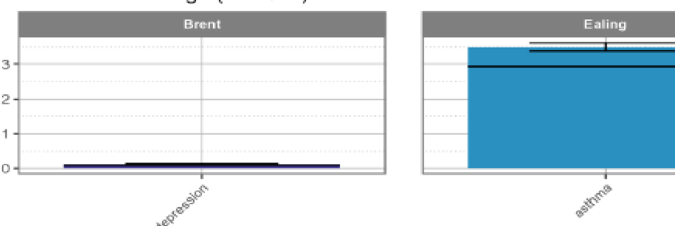
Risks by biggest impact in NWL taking into account; prevalence, rate of unplanned bed days and inequality score

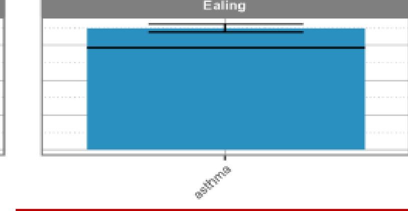
Metric	Prevalence (%)	Trend	Rate of unplanned bed days (per 1,000 population)	Trend	Equity Score	Trend
Obesity	16.1	↑	1,545	↑	0.155	↓
Smokers	6.72	→	2,264	↑	0.247	↑
Poor diet	7.64	↓	2,521	↑	0.175	↑
Substance abuse	1.48	→	9,782	↑	0.195	↑
Physical inactivity	5.93	→	1,620	↑	0.160	→
Alcohol abuse	1.07	→	2,285	↑	0.143	→

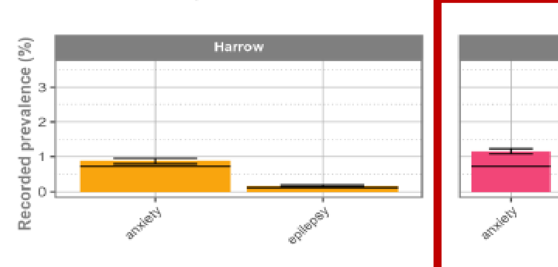
NHS North West London

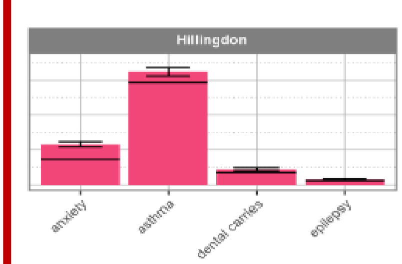
Conditions summary — children: The conditions that have the biggest system impact are asthma, epilepsy, anxiety, cancer and diabetes

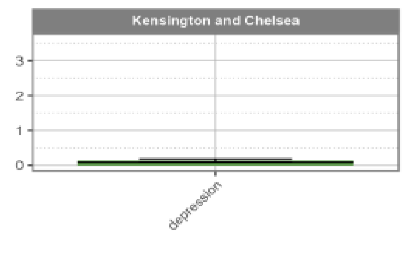
Conditions where the prevalence is higher in a borough compared to the NWL average (2023/24)











Source: WSIC NHS NWL

— NWL Average

There is a substantial amount of variation in recorded prevalence for each disease within each borough which is greater than the variation between boroughs. To see this in more detail refer to the appendix.

The left-hand graphs show the conditions in which an individual borough has a higher prevalence of disease compared to the North West London average. Westminster, Hammersmith and Fulham and Hounslow do not have any conditions that have a higher prevalence than North West London', so are omitted.

The table below highlights the conditions likely to have the biggest system impact on the children in North West London. These are obtained by considering how many people have the conditions (prevalence), the strain of the conditions on a person and the healthcare system (unplanned bed days) and the inequality within the disease's prevalence.

Asthma has a much higher prevalence compared to the other diseases and therefore has the overall biggest system impact in North West London's under 18. However, to note, cancer and diabetes are reporting an increase in prevalence, rate of unplanned bed days and inequality. Ealing and Hillingdon have higher rates of asthma compared to North West London.

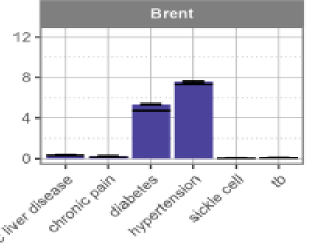
Top 5 conditions likely to have the biggest impact in NWL taking into account; prevalence, rate of unplanned bed days and inequality score (2023/24)

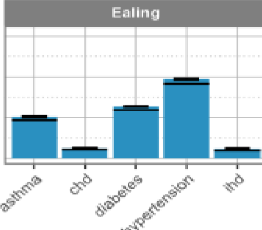
Metric	Prevalence (%)	Trend	Rate of unplanned bed days (per 1,000 population)	Trend	Equity Score	Trend
Asthma	2.93	➡	123	➡	0.190	⬇
Epilepsy	0.10	➡	2,786	⬆	0.189	➡
Anxiety	0.74	⬆	241	➡	0.225	➡
Cancer	0.10	⬆	2,801	⬆	0.102	⬆
Diabetes	0.21	⬆	847	⬆	0.139	⬆

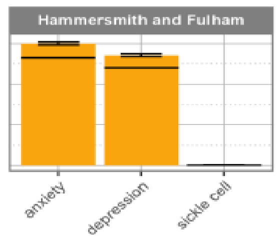
Health – Conditions and Diseases: Adults

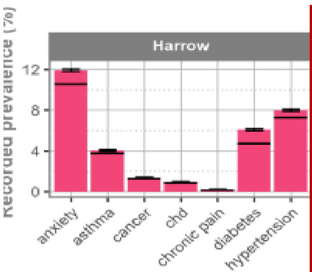
Conditions summary — adults: The conditions that have the biggest system impact are depression, diabetes, anxiety, hypertension and asthma

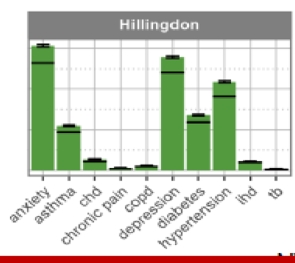
Conditions where the prevalence is higher in a borough compared to the NWL average (2023/24)

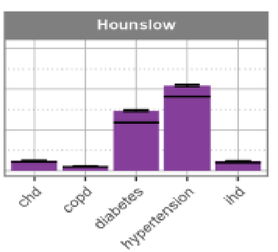




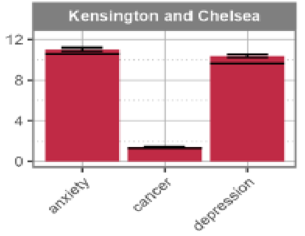








NWL Average



Source: WSIC NHS NWL

There is a substantial amount of variation in recorded prevalence for each disease within each borough which is greater than the variation between boroughs. For the diseases in the table Kensington and Chelsea often as a lower mean and median prevalence but the greatest variation between small geographic. To see this in more detail refer to the appendix.

The left-hand graphs show the conditions in which an individual borough has a higher prevalence of disease compared to the North West London average. Westminster has no conditions higher than the average and, therefore, is excluded.

The table below highlights the conditions that are likely to have the biggest system impact on the adults in North West London. These are obtained by considering how many people have the conditions (prevalence), the strain of the conditions on a person and the healthcare system (unplanned bed days) and the inequality within the disease's prevalence.

Depression has the overall biggest impact on the adult population of North West London, followed by diabetes and anxiety, both of which are seeing an increase in prevalence, unplanned bed days and inequality. Hammersmith and Fulham, Hillingdon and Kensington and Chelsea have higher rates of depression compared to North West London.

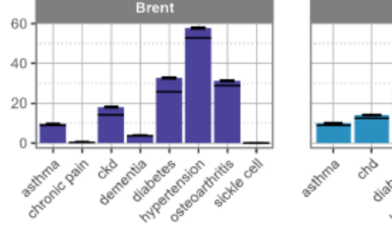
Top 5 conditions likely to have the biggest system impact in adult population of NWL taking into account; prevalence, rate of unplanned bed days and inequality score

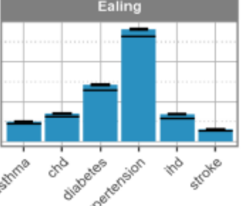
Metric	Prevalence (%)	Trend	Rate of unplanned bed days (per 1,000 population)	Trend	Equity Score	Trend
Depression	9.64	↑	445	→	0.190	↓
Diabetes	4.73	↑	702	↑	0.226	↑
Anxiety	10.6	↑	347	↑	0.184	↑
Hypertension	7.30	↑	549	↑	0.147	→
Asthma	3.77	↑	472	↑	0.209	↓

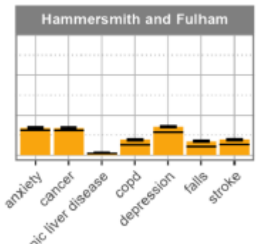
Health – Conditions and Diseases: Older Adults

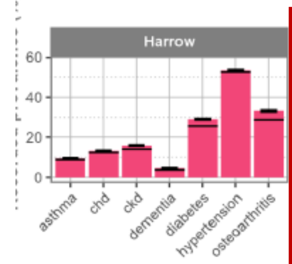
Conditions summary — older adults: The conditions that have the biggest system impact are diabetes, falls, hypertension, CHD, and osteoarthritis

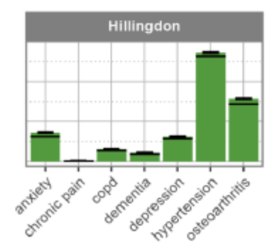
Conditions where the prevalence is higher in a borough compared to the NWL average (2023/24)

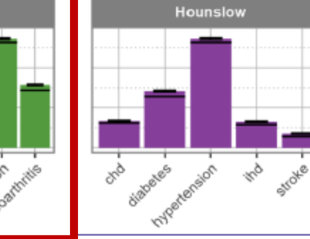


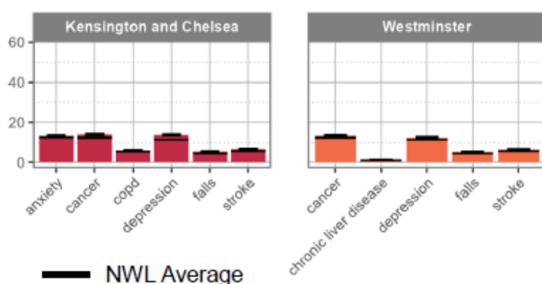












There is a substantial amount of variation in recorded prevalence for each disease within each borough which is greater than the variation between boroughs. To see this in more detail refer to the appendix.

Source: WSIC NHS NWL

The left-hand graphs show the conditions in which an individual borough has a higher prevalence of disease compared to the North West London average.

The table below highlights the conditions that are likely to have the biggest system impact on older adults in North West London. These are obtained by considering how many people have the conditions (prevalence), the strain of the conditions on a person and the healthcare system (unplanned bed days) and the inequality within the disease's prevalence.

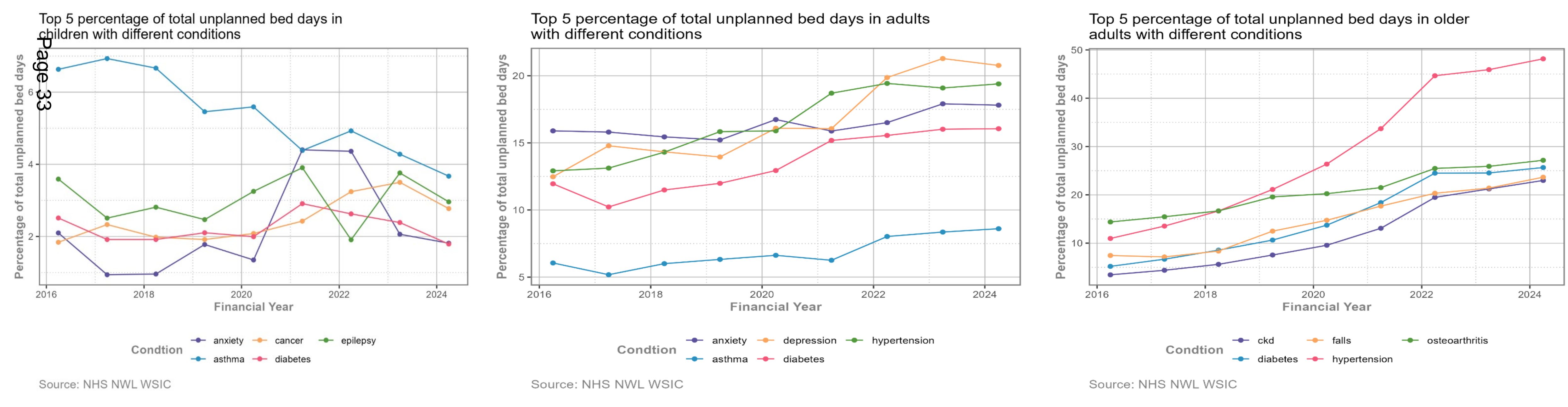
For all the top 5 conditions that have the biggest impact, the trend in prevalence and rate of unplanned bed days is increasing. If the rate of increase for these diseases maintains its current rate, then the prevalence of diabetes is likely to overtake the prevalence of osteoarthritis in the next 10 years. Currently, diabetes has the overall biggest impact on the older adult population of North West London and Brent, Ealing, Harrow and Hounslow have higher rates of diabetes compared to the North West London average.

Top 5 conditions likely to have the biggest impact in NWL taking into account; prevalence, rate of unplanned bed days and inequality score.

Metric	Prevalence (%)	Trend	Rate of unplanned bed days (per 1,000 population)	Trend	Equity Score	Trend
Diabetes	25.6	↑	1958	↑	0.170	→
Falls	4.42	↑	10,483	↑	0.180	→
Hypertension	52.7	↑	1,790	↑	0.078	↑
CHD	12.5	↑	2,867	↑	0.194	↑
Osteoarthritis	28.8	↑	1,843	↑	0.129	↓

Unplanned Bed Days – By Age Cohort

Unplanned bed days can be used as a proxy measure for unmet need. Hypertension accounts for nearly 50% of all unplanned bed days in Older Adults and 20% in Adults. Asthma is the single biggest driver in Children's unplanned admissions. There is a strong correlation between **deprivation and the prevalence of these** conditions and **the rate of unplanned bed days**. The Core 20 group is the most likely group to have many of the conditions reported for adults and older adults. **The 65+ age group, although comprising only 14% of the total population, utilise up to 40% of all healthcare in Hillingdon**



This page is intentionally left blank

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

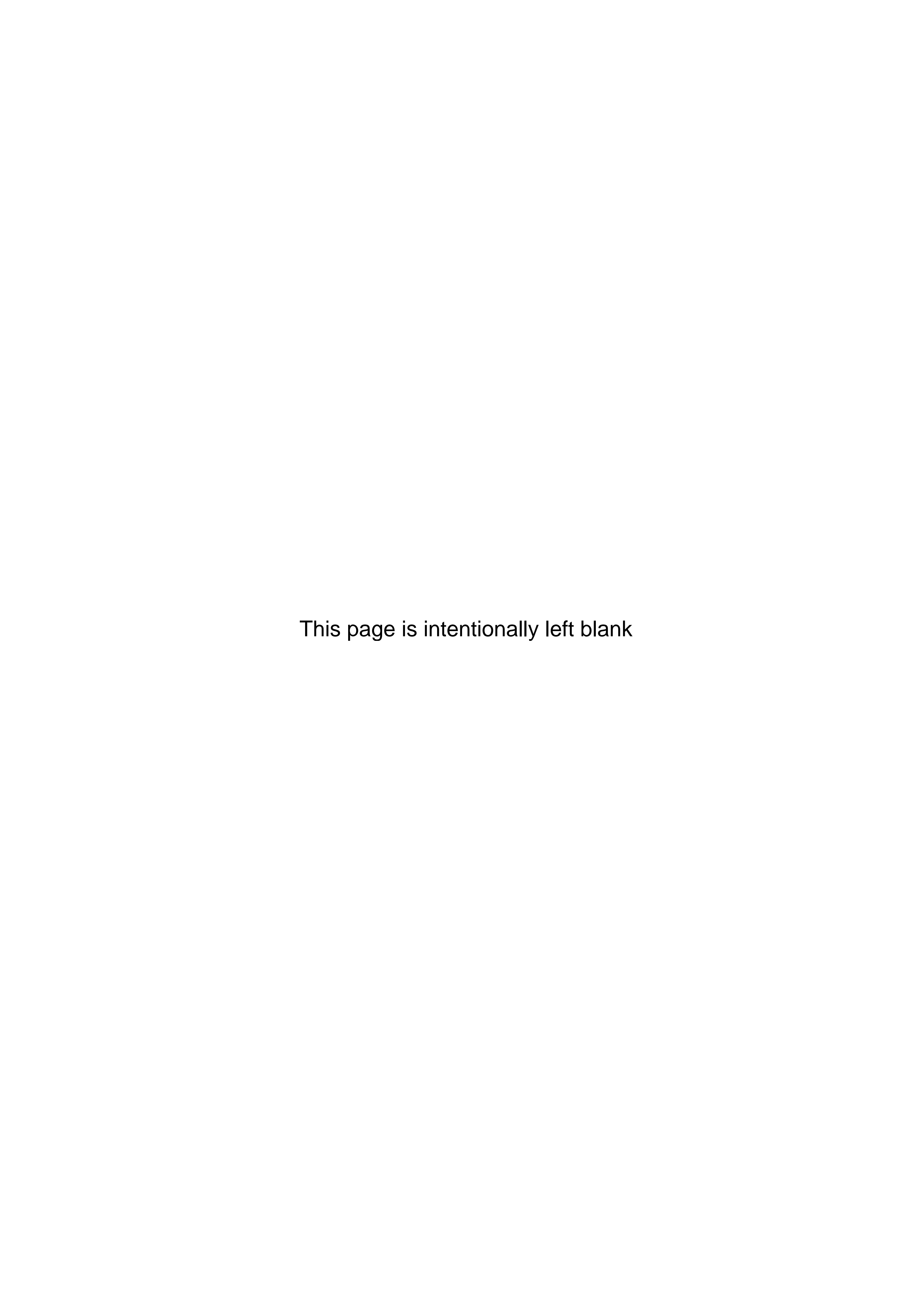
BOARD PLANNER 2025/2026

10 Jun 2025 2.30pm Committee Room TBA	**Business / Reports**	**Lead**	**Timings**
	Reports referred from Cabinet / Policy Overview & Scrutiny (SI)	LBH	**Report deadline:** 3pm Thursday 29 May 2025 **Agenda Published:** 2 June 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	

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	

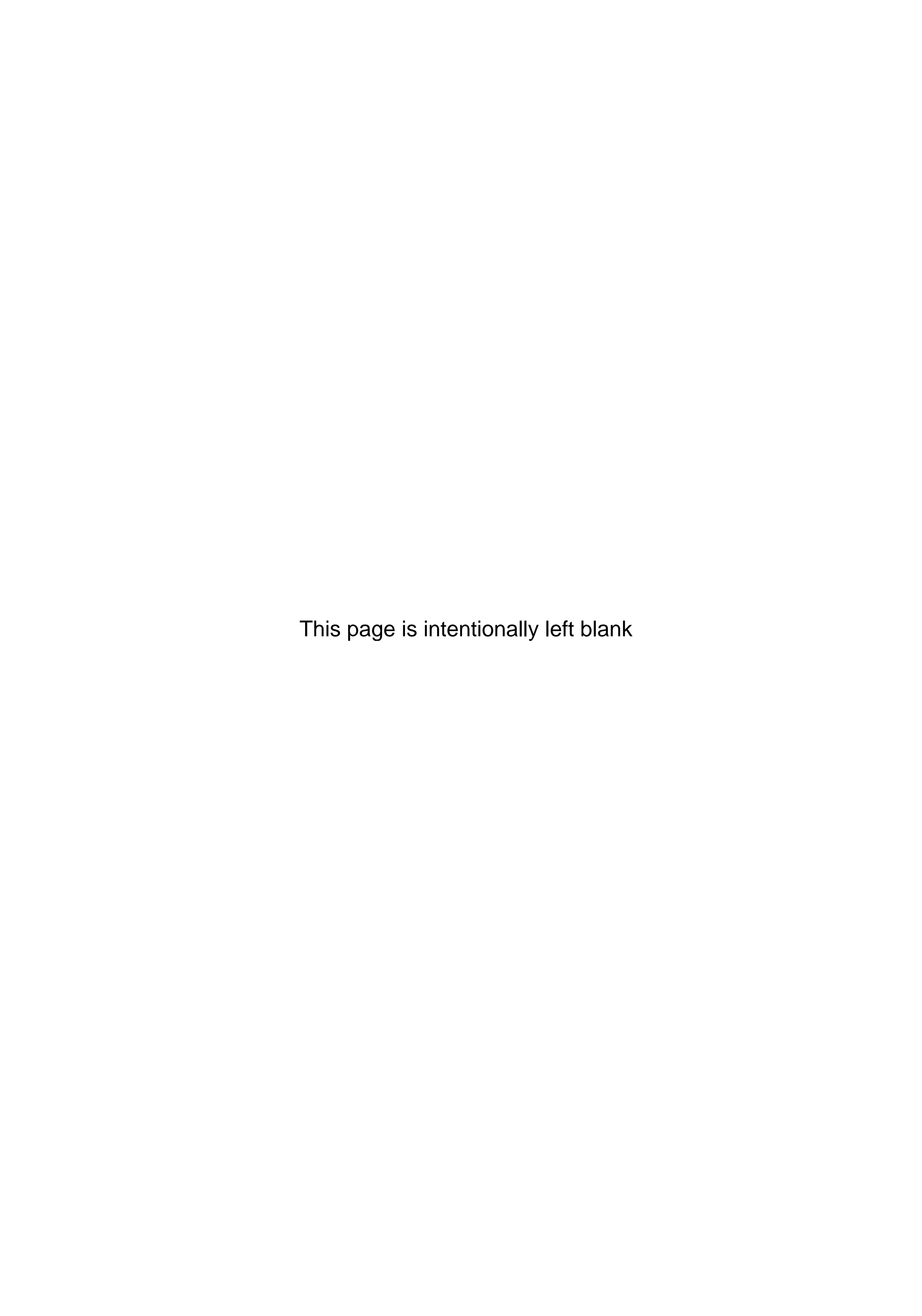
2 Dec 2025 2.30pm Committee Room TBA	**Business / Reports**	**Lead**	**Timings**
	Reports referred from Cabinet / Policy Overview & Scrutiny (SI)	LBH	**Report deadline:** 3pm Thursday 20 November 2025 **Agenda Published:** 24 November 2025
	Board Planner & Future Agenda Items	LBH	
	PART II - Update on 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).

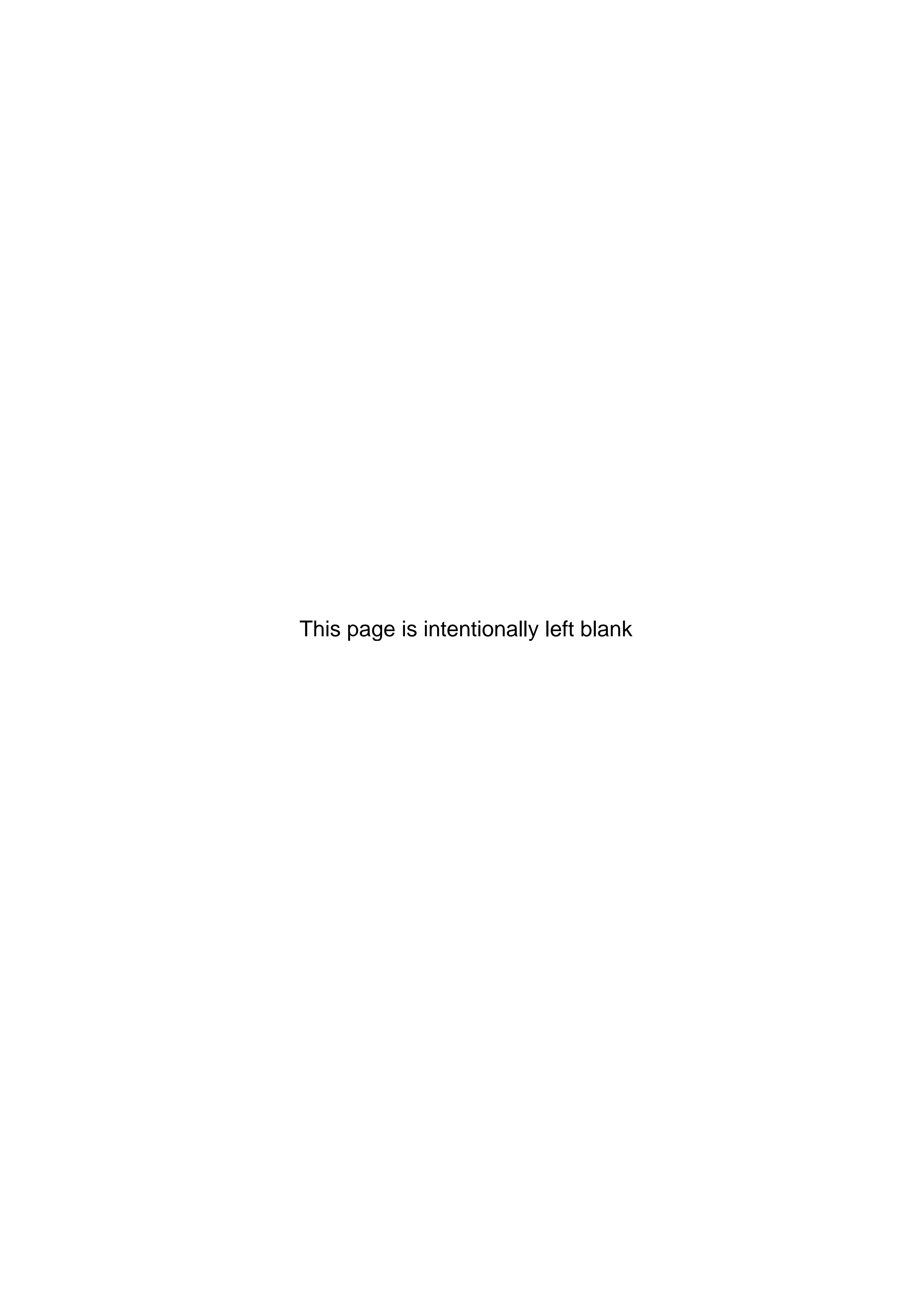
Document is Restricted


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).

Agenda Item 11

Document is Restricted


This page is intentionally left blank