Minutes

HEALTH AND WELLBEING BOARD

9 September 2025

Meeting held at Committee Room 5 - Civic Centre

	Board Members Present: Councillor Jane Palmer (Co-Chair), Keith Spencer (Co-Chair), Councillor Susan O'Brien (Vice-Chair), Professor Ian Goodman, Sean Bidewell, Amanda Carey-McDermott, Vanessa Odlin, Derval Russell, Shikha Sharma, Sandra Taylor and Lesley Watts **Officers Present:** Gary Collier (Health and Social Care Integration Manager), Gavin Fernandez (Assistant Director, Immediate Response Service) and Nikki O'Halloran (Democratic, Civic and Ceremonial Manager)
46.	**APOLOGIES FOR ABSENCE** *(Agenda Item 1)* Apologies for absence had been received from Mr Tony Zaman.
47.	**DECLARATIONS OF INTEREST IN MATTERS COMING BEFORE THIS MEETING** *(Agenda Item 2)* There were no declarations of interest in matters coming before this meeting.
48.	**TO APPROVE THE MINUTES OF THE MEETING ON 10 JUNE 2025** *(Agenda Item 3)* **RESOLVED: That the minutes of the meeting held on 18 March 2025 be agreed as a correct record.**
49.	**TO CONFIRM THAT THE ITEMS OF BUSINESS MARKED PART I WILL BE CONSIDERED IN PUBLIC AND THAT THE ITEMS MARKED PART II WILL BE CONSIDERED IN PRIVATE** *(Agenda Item 4)* It was confirmed that Agenda Items 5 to 8 would be considered in public and Agenda Items 9 to 12 would be considered in private.
50.	**INTEGRATED HEALTH AND WELLBEING PERFORMANCE REPORT AND SERVICE UPDATE** *(Agenda Item 5)* Mr Sean Bidewell, Joint Borough Director at North West London Integrated Care Board, advised that the report provided an update on the progress against the Health and Wellbeing Board's key priorities and consolidated the latest developments across three core areas: 1. Health and Wellbeing Board metrics; 2. Integrated Neighbourhood Teams (INT) – three collocated multi-agency INTs would be established with three core functions: same day urgent primary care through three Neighbourhood Super Hubs, proactive care; and a preventative and anticipatory care programme; and 3. Reactive Care Programme – to prevent unnecessary non-elective episodes for

patients with complex needs and to promote rapid recovery and prompt discharge after acute inpatient stay, a new Urgent Response Service and a new Active Recovery Service would be implemented.

In response to growing health needs, inequalities and system pressures, five strategic priorities had been established to strengthen prevention, reduce unplanned care and target inequality at neighbourhood level: Start Well; Live Well; Age Well; Healthy Places; and Equity and Inclusion. Delivery in the first two years would focus on Live Well, Age Well and Equity and Inclusion.

Mr Bidewell advised that all three of the INTs were now live and 50% of the severe frailty cohort was being case managed, delivering a 36% reduction on non-elective admissions (the remaining 50% would be case managed by the end of April 2026). Hypertension prevalence recording had increased from 10% to 13.8% (with a target of 16% by March 2026), and 85% of diagnosed cases were under control. It was anticipated that the Reactive Care Coordination Hub would go live in December 2025 and there would be expanded capacity within the Lighthouse Mental Health Crisis model in the next four weeks. This had been made possible with additional funding from the Integrated Care Board (ICB) for additional staffing and a shift from a bedroom model to a mental health A&E model. It was recognised that someone in mental health crisis should not be presenting at the Emergency Department (ED) so the new model looked at promoting crisis alternative initiatives for “mental health only” issues. If someone with mental ill health presented at the ED, they needed to be walked through to the Lighthouse. It was suggested that this initiative needed to be widely publicised and information circulated through partners as well as in Hillingdon People.

The report provided performance data against the target for each metric and the action being taken to remedy any shortcomings. Weekday hospital discharges had improved to an average of 55 per day (this had been 51 per day in June 2025) and, although weekend discharges had increased, improvements were still needed. A system taskforce and eight-week delivery plan had been put in place to reduce the number of patients with no criteria to reside during September / October 2025 (currently 46 against a target of 34). Conversations were being undertaken as it was not anticipated that this would improve unless radical action was taken.

There were a number of challenges still being faced which included:

- ED attendances remained significantly above target at 196 per day against a target of 164;
- Urgent Treatment Centre activity was 189 per day against a target of 180; and
- Estates and funding constraints risked delaying the Neighbourhood Super Hubs and full same day urgent care rollout.

Insofar as diagnostics in care homes was concerned, discussions had been undertaken with an organisation that delivered mobile diagnostic solutions such as ultrasound and x-ray (including staffed solutions). Consideration needed to be given to the logistics for pathways from care homes to the Confederation Hillingdon CIC and a six-month pilot would be undertaken (it was hoped that the improvements would outweigh the cost). Whilst it was thought that the introduction of mobile diagnostics would help (and the technology was getting better and better), treatment escalation plans needed to be consistently in place for residents in care homes. Partners would be able to work with the care home staff forums and groups that were already in place.

It was noted that there were around three hospital admissions from care homes each day so consideration would need to be given to what work needed to be undertaken

	with care homes to enable them to administer things like intravenous antibiotics (and whether this was something that carers could be trained to do). As around half of all London Ambulance Service (LAS) transfers came though NHS 111, and most of these were unnecessary, it was suggested that the 'call before convey' approach be more widely used. Partners had been proactive in taking action together before things became an issue as this would be the only way that the system could be managed effectively. Reactive care support needed to be taken forward to help Adult Social Care and residents to reduce hospital admissions and prevent people from going to the ED in an ambulance as they would be able to get better care at home. It was recognised that partners needed to be positive about developments but that they also needed to get better at implementing initiatives. To this end, consideration needed to be given to lessons learned and case studies so that partners did not try to reinvent flat tyres. Whilst the report set out the targets, it needed to show where Hillingdon was not meeting those targets (exception reporting). The report format would be developed to add deep dives and feedback from residents about specific initiatives. It should also show what had been learnt from past experiences and identify the barriers to progress. **RESOLVED: That the discussion be noted.**
51.	**COMMUNITY EQUIPMENT SERVICE UPDATE** *(Agenda Item 6)* Mr Gary Collier, the Council's Health and Social Integration Manager, advised that the community equipment service included hoists, beds, rails, etc. The report noted that the contracted provider had gone into liquidation so a new two year provider contract had been put in place with effect from 1 August 2025 (with the possibility of a one year extension). Due to the short implementation timescales, the services provided by the new contractor had initially been limited to concentrate on hospital discharge and repairs whilst capacity was built up. From this week, things would move to a business-as-usual position so that the number of prescribers could be built up over the remainder of the month. It was recognised that partners had worked hard to get the new contract in place quickly and in such a way that residents would not have been aware of the challenges being experienced. There were only a small number of companies that would have been able to fulfil the contract and the original contractor going into liquidation had affected other London boroughs who had not been as fortunate in getting a new provider in place so quickly. **RESOLVED: That the report be noted.**
52.	**PHARMACEUTICAL NEEDS ASSESSMENT** *(Agenda Item 7)* Ms Shikha Sharma, the Council's Public Health Consultant, advised that a new Pharmaceutical Needs Assessment (PNA) was required every three years and must link to other strategies such as the Health and Wellbeing Strategy. The PNA assessed the adequacy of pharmaceutical services in Hillingdon under five key themes and considered the Borough's current and future needs over the next three years. The PNA had a dual purpose: • to provide the Health and Wellbeing Board with a framework for understanding

the range and suitability of the local pharmaceutical services; in relation to the needs of the local populations; and
- to support decision making process while considering application of new pharmacies.

The document had been completed by following a four stage methodology: project planning and governance; research and analysis; PNA development; and consultation and final PNA production. The PNA was on track for publication by the 1 October 2025 deadline.

Pharmacies in Hillingdon provided the following NHS England commissioned services:
- Essential services – including dispensing of medicines, Public Health, signposting and support for self care;
- Advanced services – including Pharmacy First, flu vaccinations, contraception, and smoking cessation; and
- Enhanced services – including Covid vaccinations and bank holiday opening.

The Integrated Care Board commissioned end of life services through pharmacies and services that were commissioned locally by the local authority included sexual health and substance misuse services. For the purpose of the PNA, all essential services were considered necessary services. The advanced and enhanced services were considered relevant as they contributed towards the improvements in provision and access to pharmaceutical services.

The current population of Hillingdon was 319,018 with a projected increase to 342,000 expected by 2031. Around 1,200 new dwellings were expected each year during the course of the PNA. Although deprivation was highest in the south of the Borough, there were pockets of deprivation in the north.

There were 59 pharmacies contracted in Hillingdon, equating to 19 pharmacies per 100k population which was favourable compared to the England average of 17.7 (this figure was broken down further, showing that there were 20.1 in the north of the Borough and ≤18.9 per 100k population in the south). Although it had been found that 99.7% of residents lived within a five minute drive from a pharmacy, accessibility was more complex than that and conditions that people suffered from varied across the Borough. Progress had been made with regard to availability of preventative services like smoking cession but consideration needed to be given to how and which services were being provided from pharmacies.

During the public consultation, 166 responses had been received, mainly commenting on things like the availability of medicines, location and the quality of services. 77% of respondents had stated that they were able to travel to a pharmacy in less than 15 minutes and 18% stated between 15 and 30 minutes. It was noted that pharmacy accessibility for residents in the Heathrow Villages had been incorporated into the feedback.

It was noted that the community engagement work undertaken by partners in the Heathrow Villages linked to the gap in pharmacy provision in that area. As such, it was suggested that mention be made of this work in the PNA. Whilst it was acknowledged that there were parts of the Heathrow Villages that did not have a pharmacy (it was not recommended that residents drove the Heathrow airport to use their pharmacy), the Orchard and Village pharmacies provided services to the area.

When looking at pharmaceutical services, consideration needed to be given to what

	needed to be done differently as a system – the "so what?" factor. Currently, half of the pharmacies in the Borough were open for 40 hours each week – it was questioned how this was deemed accessible and whether the service was really meeting the needs of residents (the needs of residents in Heathrow Villages did not seem to be being met). It was great that the basic essential services were being met but more could be done in relation to extended services. The report showed the difference between the north and south of the Borough in relation to things like the take up of the flu vaccination and contraception (with the most deprived areas having the least access to these services). As such. consideration needed to be given to how this could be improved. Pharmacies now provided more services than they ever had previously but thought was needed as to how they could be encouraged to do more in the future (for example, intravenous antibiotics). The care in the community work needed to be built upon and a communications strategy put together to publicise pharmaceutical services. It was suggested that the screens in GP waiting rooms be used to support this communication. **RESOLVED: That it be noted that:** **1. work on the 2025 PNA was on track for publication by 1 October 2025.** **2. the Draft PNA had been signed off for consultation in early June 2025 (a 60-day consultation was hosted on the Council website between 20 June and 19 August 2025).** **3. two pieces of feedback had been received during the consultation period (one piece from a member of the public and one piece from a Boots branch), alongside feedback from:** **a. the Borough Lead Inequalities Pharmacist;** **b. the London Region Pharmaceutical Services Regulations Committee; and** **c. the Harmondsworth & Sipson Residents Association (following June's Older People's Assembly).** **4. feedback was currently being reviewed and integrated accordingly into the draft PNA and included:** **a. changes to opening hours and trading names** **b. more detail on future housing developments within the localities** **c. further details on current and future provision, and any gaps** **d. the need to reiterate that many pharmacies who responded to the survey said they were willing to provide services if commissioned** **5. authority be delegated to the Public Health and Business Intelligence teams, in consultation with the Co-Chairs, to make the amendments and sign off the document for publication by 1 October 2025.** **6. the discussion be noted.**
53.	**BOARD PLANNER & FUTURE AGENDA ITEMS** *(Agenda Item 8)* Consideration was given to the Board Planner. It was noted that the Health and Wellbeing Board Strategy would be brought to the Board meeting on 2 December 2025 along with an update on the changes within the Integrated Care Board. A lot of work had been undertaken in relation to childhood obesity. As such, the Board would be provided with an update at the meeting on 2 December 2025. It was suggested that, as the issue had arisen during the meeting, consideration be given to holding a discussion about communication channels and maybe getting some

	feedback from residents on the effectiveness of partners' communications. It was recognised that the world was changing, the Neighbourhoods needed to involve forums and that communications needed to be pushed out through the Neighbourhoods (which would each have their own approach based on the local population). This issue could be considered in March or June 2026. **RESOLVED: That the Board Planner, as amended, be agreed.**
54.	**TO APPROVE PART II MINUTES OF THE MEETING ON 10 JUNE 2025** *(Agenda Item 9)* **RESOLVED: That the confidential minutes of the Health and Wellbeing Board meeting led on 10 June 2025 be agreed as a correct record.**
55.	**THE 10 YEAR NHS PLAN: TOWARDS A NEW PLACE OPERATING MODEL FOR HILLINGDON** *(Agenda Item 10)* Consideration was given to the confidential report. **RESOLVED: That the report and discussion be noted.**
56.	**HILLINGDON RESPONSE TO NWL INTEGRATOR SPECIFICATION** *(Agenda Item 11)* This report was discussed as part of Agenda Item 10 - The 10 Year NHS Plan: Towards a New Place Operating Model for Hillingdon.
57.	**UPDATE ON CURRENT AND EMERGING ISSUES AND ANY OTHER BUSINESS THE CHAIRMAN CONSIDERS TO BE URGENT** *(Agenda Item 12)* The Board discussed issues such as the Minor Injuries Unit and Hillingdon Hospital redevelopment and performance. **RESOLVED: That the discussion be noted.**
	The meeting, which commenced at 2.30 pm, closed at 4.21 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.