



**HILLINGDON**  
LONDON



# Health and Wellbeing Board

**Date:** TUESDAY, 2 DECEMBER 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.

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## To Members of the Board:

- Cabinet Member for Health and Social Care (Co-Chair)
- Hillingdon Health and Care Partners Managing Director (Co-Chair)
- Cabinet Member for Families, Education and Wellbeing (Vice Chair)
- LBH Chief Executive
- LBH Executive Director, Adult Services and Health
- LBH Executive Director, Children and Young People's Services
- LBH Director, Public Health
- NWL ICS - Hillingdon Board representative
- NWL ICS - nominated lead
- Central and North West London NHS Foundation Trust - nominated lead
- The Hillingdon Hospitals NHS Foundation Trust Chief Executive
- Healthwatch Hillingdon - nominated lead
- Royal Brompton and Harefield Hospitals - nominated lead
- Hillingdon GP Confederation - nominated lead

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**Putting our residents first**

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# 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 9 September 2025  | 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  | Integrated Health and Wellbeing Performance Report and Service Update – <b>TO FOLLOW</b>                                |         |
| 6  | Health & Wellbeing Board Strategy – <b>TO FOLLOW</b>  |         |
| 7  | Childhood Obesity Update  | 7 - 12  |
| 8  | Hillingdon Health Protection Committee  | 13 - 18 |
| 9  | Occupational Therapy Service Update   | 19 - 22 |
| 10 | Reports Referred from Cabinet / Health and Social Care Select Committee GP Coverage in Hillingdon Single Meeting Review | 23 - 26 |
| 11 | Board Planner & Future Agenda Items   | 27 - 30 |

## Health and Wellbeing Board Reports - Part II (Private and Not for Publication)

*That the reports in Part 2 of this agenda be declared not for publication because they involve the disclosure of information in accordance with Section 100(A) and Part 1 of Schedule 12 (A) to the Local Government Act 1972 (as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

- 12 To approve PART II minutes of the meeting on 9 September 2025 31 - 34
- 13 Update on ICB Changes - **TO FOLLOW**
- 14 Update on current and emerging issues and any other business the Chairman considers to be urgent 35 - 36

## Minutes

### HEALTH AND WELLBEING BOARD

9 September 2025

Meeting held at Committee Room 5 - Civic Centre



HILLINGDON  
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	<p><b>Board Members Present:</b> 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</p> <p><b>Officers Present:</b> Gary Collier (Health and Social Care Integration Manager), Gavin Fernandez (Assistant Director, Immediate Response Service) and Nikki O'Halloran (Democratic, Civic and Ceremonial Manager)</p>
46.	<p><b>APOLOGIES FOR ABSENCE</b> (<i>Agenda Item 1</i>)</p> <p>Apologies for absence had been received from Mr Tony Zaman.</p>
47.	<p><b>DECLARATIONS OF INTEREST IN MATTERS COMING BEFORE THIS MEETING</b> (<i>Agenda Item 2</i>)</p> <p>There were no declarations of interest in matters coming before this meeting.</p>
48.	<p><b>TO APPROVE THE MINUTES OF THE MEETING ON 10 JUNE 2025</b> (<i>Agenda Item 3</i>)</p> <p><b>RESOLVED:</b> That the minutes of the meeting held on 18 March 2025 be agreed as a correct record.</p>
49.	<p><b>TO CONFIRM THAT THE ITEMS OF BUSINESS MARKED PART I WILL BE CONSIDERED IN PUBLIC AND THAT THE ITEMS MARKED PART II WILL BE CONSIDERED IN PRIVATE</b> (<i>Agenda Item 4</i>)</p> <p>It was confirmed that Agenda Items 5 to 8 would be considered in public and Agenda Items 9 to 12 would be considered in private.</p>
50.	<p><b>INTEGRATED HEALTH AND WELLBEING PERFORMANCE REPORT AND SERVICE UPDATE</b> (<i>Agenda Item 5</i>)</p> <p>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:</p> <ol style="list-style-type: none"> <li>1. Health and Wellbeing Board metrics;</li> <li>2. Integrated Neighbourhood Teams (INT) – three colocated 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</li> <li>3. Reactive Care Programme – to prevent unnecessary non-elective episodes for</li> </ol>

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

	<p>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 through NHS 111, and most of these were unnecessary, it was suggested that the 'call before convey' approach be more widely used.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p><b>RESOLVED: That the discussion be noted.</b></p>
51.	<p><b>COMMUNITY EQUIPMENT SERVICE UPDATE</b> (<i>Agenda Item 6</i>)</p> <p>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.</p> <p>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.</p> <p><b>RESOLVED: That the report be noted.</b></p>
52.	<p><b>PHARMACEUTICAL NEEDS ASSESSMENT</b> (<i>Agenda Item 7</i>)</p> <p>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:</p> <ul style="list-style-type: none"> <li>• to provide the Health and Wellbeing Board with a framework for understanding</li> </ul>

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  $\leq 18.9$  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 cessation 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



	<p>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).</p> <p>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).</p> <p>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.</p> <p><b>RESOLVED: That it be noted that:</b></p> <ol style="list-style-type: none"> <li><b>1. work on the 2025 PNA was on track for publication by 1 October 2025.</b></li> <li><b>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).</b></li> <li><b>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:</b> <ol style="list-style-type: none"> <li><b>a. the Borough Lead Inequalities Pharmacist;</b></li> <li><b>b. the London Region Pharmaceutical Services Regulations Committee; and</b></li> <li><b>c. the Harmondsworth &amp; Sipson Residents Association (following June’s Older People’s Assembly).</b></li> </ol> </li> <li><b>4. feedback was currently being reviewed and integrated accordingly into the draft PNA and included:</b> <ol style="list-style-type: none"> <li><b>a. changes to opening hours and trading names</b></li> <li><b>b. more detail on future housing developments within the localities</b></li> <li><b>c. further details on current and future provision, and any gaps</b></li> <li><b>d. the need to reiterate that many pharmacies who responded to the survey said they were willing to provide services if commissioned</b></li> </ol> </li> <li><b>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.</b></li> <li><b>6. the discussion be noted.</b></li> </ol>
53.	<p><b>BOARD PLANNER &amp; FUTURE AGENDA ITEMS</b> (<i>Agenda Item 8</i>)</p> <p>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.</p> <p>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.</p> <p>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</p>

	<p>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.</p> <p><b>RESOLVED: That the Board Planner, as amended, be agreed.</b></p>
54.	<p><b>TO APPROVE PART II MINUTES OF THE MEETING ON 10 JUNE 2025</b> (<i>Agenda Item 9</i>)</p> <p><b>RESOLVED: That the confidential minutes of the Health and Wellbeing Board meeting led on 10 June 2025 be agreed as a correct record.</b></p>
55.	<p><b>THE 10 YEAR NHS PLAN: TOWARDS A NEW PLACE OPERATING MODEL FOR HILLINGDON</b> (<i>Agenda Item 10</i>)</p> <p>Consideration was given to the confidential report.</p> <p><b>RESOLVED: That the report and discussion be noted.</b></p>
56.	<p><b>HILLINGDON RESPONSE TO NWL INTEGRATOR SPECIFICATION</b> (<i>Agenda Item 11</i>)</p> <p>This report was discussed as part of Agenda Item 10 - The 10 Year NHS Plan: Towards a New Place Operating Model for Hillingdon.</p>
57.	<p><b>UPDATE ON CURRENT AND EMERGING ISSUES AND ANY OTHER BUSINESS THE CHAIRMAN CONSIDERS TO BE URGENT</b> (<i>Agenda Item 12</i>)</p> <p>The Board discussed issues such as the Minor Injuries Unit and Hillingdon Hospital redevelopment and performance.</p> <p><b>RESOLVED: That the discussion be noted.</b></p>
	<p>The meeting, which commenced at 2.30 pm, closed at 4.21 pm.</p>

These are the minutes of the above meeting. For more information on any of the resolutions please contact Nikki O'Halloran on [nohalloran@hillingsdon.gov.uk](mailto:nohalloran@hillingsdon.gov.uk). Circulation of these minutes is to Councillors, Officers, the Press and Members of the Public.

## CHILDHOOD OBESITY UPDATE

<b>Relevant Board Member(s)</b>	Sharon Stoltz – Interim Director of Public Health Julie Kelly – Corporate Director, Children’s Services
<b>Organisation</b>	London Borough of Hillingdon
<b>Report author</b>	Sharon Stoltz – Interim Director of Public Health
<b>Papers with report</b>	None

### HEADLINE INFORMATION

<b>Summary</b>	This report is to brief the Board on the long-term impacts of childhood obesity, the local picture of childhood overweight and obesity and highlights some of the work going on to address it.
<b>Contribution to plans and strategies</b>	The work focused on the prevention and management of childhood overweight and obesity contributes to the delivery of the Joint Health and Wellbeing Strategy 2022-2025 and the Council Strategy 2022-2026.
<b>Financial Cost</b>	There are no financial implications in this report.
<b>Ward(s) affected</b>	All

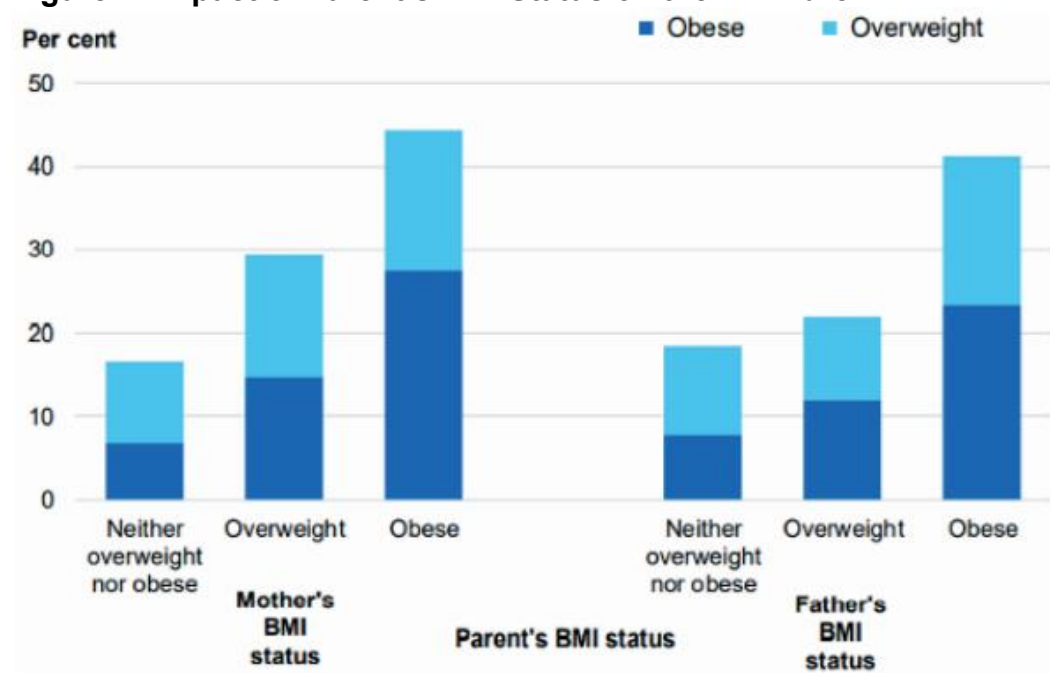
### RECOMMENDATION

**That the Health and Wellbeing Board notes the content of the report.**

### INTRODUCTION

- Excess weight impacts negatively on children’s health and wellbeing outcomes and can have a significant long term negative impact on their educational and life chances into adulthood. Some of the key health impacts include:
  - Emotional and behavioural issues such as stigmatisation, bullying, low self-esteem
  - Educational issues such as school absence and educational attainment
  - Physical health issues such as high cholesterol, high blood pressure, pre-diabetes, bone and joint problems, breathing difficulties
  - Increased risk of becoming overweight and obese adults
  - Increased risk of ill-health and premature mortality in adult life
- Excess weight in parents can have a negative impact on the healthy weight of their children. Having an obese mother increases the child’s risk of experiencing excess weight by over 40% as shown in figure 1 below:

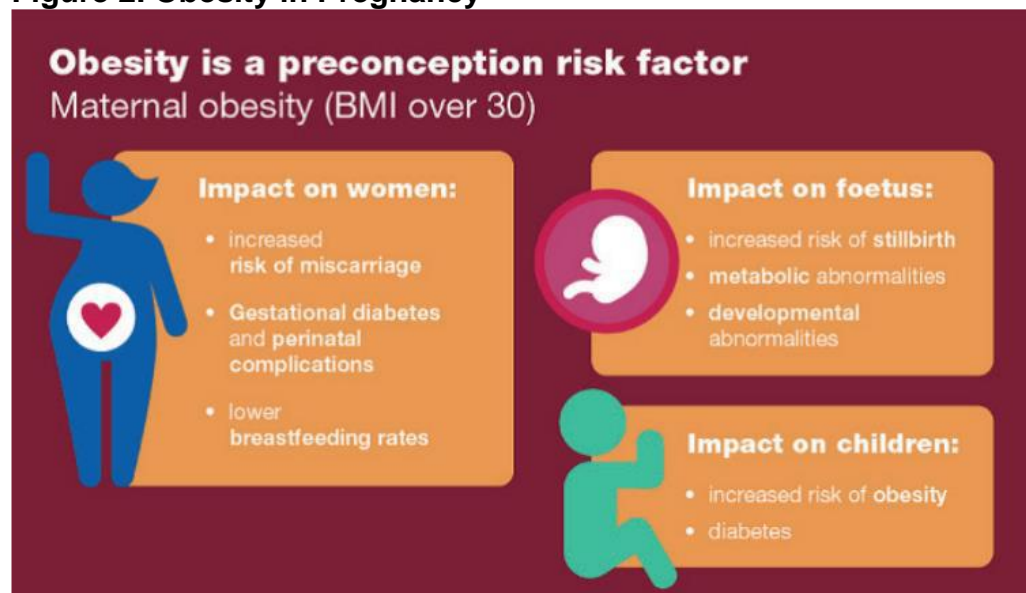
**Figure 1. Impact of Parent's BMI Status on their Children**



Analysis based on data from 2019, the most recent year for which data are available.

- Women experiencing excess weight in pregnancy is also a risk factor for a number of health issues for the mother and her baby. These include gestational diabetes and hypertension (high blood pressure), pre-eclampsia, miscarriage and even death. There is also an increased risk of needing medical intervention during childbirth resulting in increased recovery time following the birth, challenges with breastfeeding and a risk to the bonding experience with their baby as well as poorer mental health outcomes. These risks are described in figure 2 below:

**Figure 2. Obesity in Pregnancy**



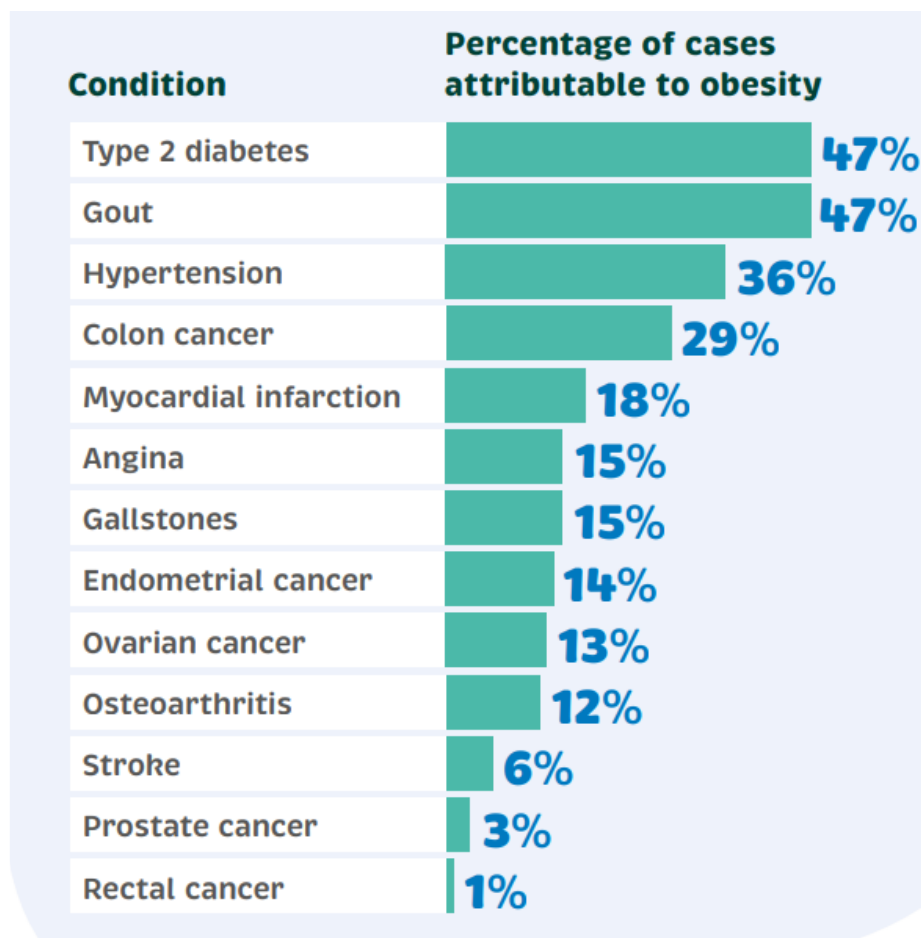
Source: [OHID guidance Health matters: Prevention - a life course approach](#)

- Excess weight in childhood can often lead to obesity in adulthood. On average, obesity reduces a person's life expectancy by around 3 years with severe obesity shortening life by as much as up to 10 years (Severe obesity is a BMI of 40 or higher or a BMI of 35 with

co-existing health conditions such as hypertension or diabetes). The most recent data from 2023/24 shows that Hillingdon has a high percentage of adults classified as overweight or obese at 63%. This is higher than the London average of 57.8% but slightly better than the England average of 64.5%.

5. Tackling the risk factors for obesity such as diet and physical activity reduces the risk of more than 20 long term health conditions, increases economic productivity by having a healthier workforce and reduces demand on health and social care services. The 202 Global Burden of Disease study shows obesity as one of the biggest risk factors driving death and disability in England alongside hypertension, excess alcohol use and smoking as shown in figure 3 below:

**Figure 3.**



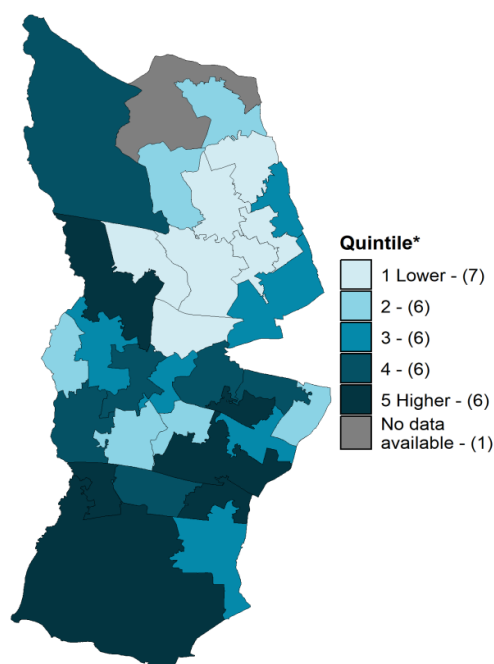
6. The long-term cost of obesity and the impact on the quality of life for those who are overweight or obese means that system-wide action is required to reduce the level of childhood obesity in Hillingdon.

### **CHILDHOOD OBESITY IN HILLINGDON**

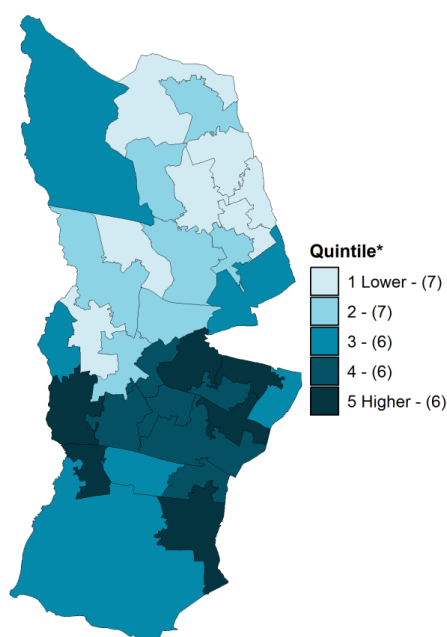
7. Data on childhood obesity has been collected by the National Childhood Measurement Programme (NCMP) since 2006. The NCMP is a mandated public health programme which measures the height and weight of children in Reception (aged 4 to 5 years) and Year 6 (aged 10 to 11 years) in schools in England. The participation rate in Hillingdon in the most recent year (2024/25) was 99.4% in Reception children and 98.5% for children in year 6.

8. In 2024/25 19.9% of children in Reception were overweight or living with obesity. This is similar to the London average (21.1%) and lower than the England average (23.5%) but represents a 1.2% increase in Hillingdon since 2023/24.
9. In 2024/25 36.2% of children in year 6 were overweight or living with obesity. This shows a downward trend of 1.3% since 2023/24 for Hillingdon and is now slightly lower than the London average (37.3%) and the same as the average for England (36.2%).
10. Although levels of overweight and obesity can be found in all areas of Hillingdon, it is more prevalent in some areas than others with a strong link with deprivation as shown below.  
Source data from Office of Health Improvement and Disparities (OHID).

**Figure 4. Prevalence of Obesity in Hillingdon MSOAs in Children 4 to 5 years**



**Figure 5. Prevalence of Obesity in Hillingdon MSOAs in Children 10 to 11 years**



## KEY PROGRESS AREAS

11. **Understanding the school food landscape:** Public Health and Education agreed a proposal for using the underspend from the GLA grant for universal free primary school meals implementation. School Food Matters undertook a survey of school food, with 46% primary schools responding and a full day audit in 12 schools. It showed:
  - low levels of awareness and compliance with statutory responsibilities around school food
  - lunch offer is largely compliant with School Food Standards, however, compliance across the whole school day is minimal. Food offered in wraparound provision is largely processed food and non-compliant.
  - Insufficient food education being delivered to meet requirements of the curriculum
  - Support for school around procurement and contract management is needed
12. **Improving school food provision:** Over the past six months, significant collaboration has taken place between Council teams, particularly Education and Environmental Health. Strategic objectives have been developed and agreed with Children's Services DMT.
  - Year 1 priorities are aligned to the Education Strategy Preparation for Adulthood objective and focus on school Leadership around food and health, access to and quality of school food.
  - Key Actions and development include:
  - Local guidance with resources for each strategic priority, available on LEAP that includes: a whole school food policy, self-assessment tools, contract templates
  - Establishing a new Hillingdon School Food Working Group (Public Health, Education, Environmental Health and Oral Health Community Service)
  - Promotion of the new Healthy Schools London (HSL) programme, with the local priority being addressing a whole school approach to food
  - The Education team actively engaging school leaders in conversations regarding school food compliance and improvements aligned to universal Preparation for Adulthood
  - Environmental Health Officers undertaking School Food Standards compliance checks alongside statutory scheduled food hygiene inspections.
13. **Increasing uptake of universal free school meal provision (primary schools)**

A big success this year has been more provision of free school meals for all primary school aged children. Led by Education, Hillingdon have recently implemented an Auto Enrolment process so families who are eligible for means tested free school meals are automatically enrolled; over 1000 additional children have been identified this year. This saves a family over £500 a year and gives their children access to better quality food. This is important as we know from the audits carried out by School Food Matters, over 80% of packed lunches were not compliant with School Food Standards. It should also be noted that schools receive extra financial support for those children as well.
14. **Healthy School London (HSL) Programme**

The revised Healthy Schools London (HSL) programme is endorsed by Public Health and Education as a tool for health improvement, aligned with universal Preparation for Adulthood and the new Ofsted framework. Relaunched by the GLA in September 2025, it has been locally supported through school information sessions and governor training. Resources have been developed to help schools achieve awards, including a guide for implementing The Daily Mile. In July 2025, two schools achieved Gold status by

improving school food: introducing water-only policies, reducing sugary desserts, starting growing projects, and promoting sugar swaps.

Currently:

- Two schools are working towards Gold by enhancing Daily Mile activities and running Couch to 2K clubs.
- One school is focusing on a whole-school approach to food, healthy eating, and food education.

15. **Parent information sessions**

2 sessions for parents on how to have confident conversations regarding raising the issue of weight are planned. We have worked with partners from Hillingdon's Strategic Obesity Group to ensure the content reflects the needs identified by local services who work with parents.

16. **Partnership with The Felix Project**

There is a strong correlation between obesity and deprivation, with children living in the more deprived areas experiencing a higher prevalence of obesity. Active promotion of the Felix Project by Public Health has led to a 39% increase in families receiving healthy food during school holidays, from 709 families in 2024 to 1,159 in 2025. Hillingdon families received 159,018 meals, up 68% from 2024 and valued at £265K worth of food. Access to food provision had a significant community impact, with schools reporting high demand and quick uptake of food deliveries, increased engagement with families, enabling wider support and requests for weekly deliveries following summer success.

17. **Free access to physical activity in the community**

Parkrun at Stockley Park has been set up, providing a weekly event with up to 100 residents walking, jogging, running each week. This has led to plans for Junior parkrun, at Lake Farm Country Park, with 12 resident volunteers recruited. Following successful implementation of the LTA tennis court renovation programme, Public Health have recruited volunteers to deliver the Free Parks tennis programme. This has led to 1362 attendances over 18months (772 from south of the borough); tennis activation in under-presented communities acknowledged by DCMS (twice).

18. **Children's weight management programme**

A child healthy lifestyle programme for 5–17-year-olds above a healthy weight was approved in February 2025 by the Cabinet Member for Health and Social Care. This is being delivered by GLL, the council's leisure services provider. The programme includes Xplore, an 8-week family-based intervention and Junior Gym, a 12-week programme for eligible 11–17-year-olds. A web-based programme is also in development. In addition to the Xplore programme, GLL provide a universal offer to participating schools, delivering a whole school assembly and the Activate programme to Year 5 pupils. This has been delivered to 2 schools and active discussion are taking place with 6 schools to schedule this for January 2026.



## HILLINGDON HEALTH PROTECTION COMMITTEE

<b>Relevant Board Member(s)</b>	Sharon Stoltz – Interim Director of Public Health
<b>Organisation</b>	London Borough of Hillingdon
<b>Report author</b>	Sharon Stoltz – Interim Director of Public Health
<b>Papers with report</b>	Draft Terms of Reference – Health Protection Committee

### HEADLINE INFORMATION

<b>Summary</b>	This report is to seek a decision from the Board to establish a Health Protection Committee for Hillingdon. Proposed Terms of Reference for the Committee are attached as an appendix.
<b>Contribution to plans and strategies</b>	The Health Protection Committee will ensure that the local authority statutory responsibilities for health protection as set out in the Health and Social Care Act 2012 and associated public health regulations are adequately delivered.
<b>Financial Cost</b>	There are no financial implications.
<b>Ward(s) affected</b>	All

### RECOMMENDATIONS

**That the Health and Wellbeing Board:**

- 1. approves the establishment of a Health Protection Committee for Hillingdon**
- 2. comments on the proposed Terms of Reference and membership**
- 3. agrees to receive an Annual Health Protection Report, prepared by the Director of Public Health, to document health protection system activities over the previous year and set out priorities for the different areas of health protection for the next 12 months.**

### INFORMATION

- Health Protection can be defined as “the protection of individuals, groups and communities through expert advice and effective collaboration to identify, prevent and mitigate the impacts of infectious diseases and environmental, chemical and radiological threats” (*Vivanos R, Leonardi G, Elliot A. Health Protection: Principles and Practice. Health protection surveillance. Oxford University Press*). Local authorities have a statutory duty under the Health and Social Care Act 2012 for protecting the health of their population from preventable health threats and this duty is discharged by the local authority Director of Public Health.
- The Director of Public Health has a statutory duty to ensure that local health protection arrangements to protect the individuals and communities they serve are robust and

implemented appropriately to meet local needs. This includes seeking assurance that all organisations involved in health protection co-operate and work together including developing outbreak response plans, agreeing roles and responsibilities and operational levels of response to incidents and outbreaks. The Director of Public Health also requires an agreed process for escalating concerns to the Health and Wellbeing Board when they believe local needs are not being met.

### **Duties of a Hillingdon Health Protection Committee**

3. The Health Protection Committee will provide assurance to the Director of Public Health, the council and the Health and Wellbeing Board that there are safe and effective arrangements in place to protect the health of the people of Hillingdon.
4. The Committee will include the following areas of health protection:
  - Vaccination and immunisation – monitor uptake and performance.
  - Cancer and non-cancer screening programmes – quality assurance, monitoring uptake and performance.
  - Communicable diseases – including case and outbreak response and management.
  - Environmental hazards including adverse weather and extreme weather response and preparedness.
  - Disease surveillance – monitor local picture of infectious disease and any emerging trends.
  - Data sharing and notification processes.
  - Workforce capacity and capability e.g. training and exercising of local plans.

The proposed Terms of Reference and membership are attached as an appendix.

## **Appendix:**

### **Hillingdon Health Protection Committee**

#### **Proposed Terms of Reference**

##### **1. Purpose**

The Hillingdon Health Protection Committee, through the Director of Public Health, will provide assurance to the Health and Wellbeing Board, Hillingdon Council, and its partners that there are safe and effective plans in place to protect the health of the population of Hillingdon, including.

- Communicable disease management and control, including outbreak management
- Infection prevention and control including healthcare associated infections, Tuberculosis (TB), and Blood-borne virus (excluding HIV)
- Environmental health impacts e.g. contamination, poisoning, radiation
- Public protection e.g. food control, tattoo parlours, sunbeds, product safety, e.g. Botox
- Emergency Preparedness Resilience and Response related to health
- NHS national screening programmes including:
  - Abdominal Aortic Aneurysm (AAA)
  - Antenatal and Newborn
  - Breast
  - Bowel
  - Cervical
  - Diabetic Eye
- Immunisation and vaccination (adults and children)
- Adverse weather impacts on health
- Migrant health

The Committee will provide a setting for the exchange of information, scrutiny of plans and analysis of data will all partners with a role in the delivery of health protection in Hillingdon, ensuring they are acting jointly and effectively to protect the population's health.

##### **2. Specific Responsibilities**

- a) Provide strategic oversight for health protection and provide assurance to the Health and Wellbeing Board and partner agencies that there are safe and effective health protection arrangements in place for the Hillingdon Council area
- b) Develop, implement, and oversee performance against an agreed health protection plan
- c) Ensure there is a process in place to assure there are effective arrangements for health protection incidents and outbreaks with key risks identified and appropriate mitigation measures undertaken

- d) Review learning from health protection incidents and outbreaks to identify and share lessons learnt and make recommendations to commissioners/providers/partners regarding necessary changes
- e) Receive analysis and reports from and contribute to the Joint Strategic Needs Assessment on health protection issues
- f) Review and assess the health protection risks to the local population and ensure these are captured in a Risk Register for reporting to the Health and Wellbeing Board and the Council
- g) Act in an advisory capacity to support a local response to, and recovery from, any incident that directly and/or indirectly affects the health and wellbeing of Hillingdon population
- h) Support the Director of Public Health in exercising the Local Authority function in planning for and responding to those emergencies that present a risk to health as set out in section 30 of the Health and Social Care Act 2012 and Health Emergency Preparedness, Resilience and Response (April 2013). Ensure adequate resourcing to prevent and cover potential risks.
- i) Interpret strategic guidance or policy formulated by the ADPH, UKHSA and OHID which impacts on local emergency and contingency plans ensuring that organisations act on it
- j) Ensure that the Council emergency planning arrangements have embedded key actions needed to respond to a health-related incident, including the process for accessing clinical resources from the NHS, hand over procedures and contain clearly defined roles and responsibilities for health
- k) Ensure there are escalation processes in place with neighbouring boroughs in respect of mutual aid and cross border issues
- l) Ensure that appropriate plans, training, and testing arrangements are in place, with other organisations as required
- m) To have strategic oversight of all NHS delivered screening and immunisation services and services commissioned to tackle infectious diseases in Hillingdon
- n) Receive reports from members for discussion at Committee meetings to include:
  - Current situation
  - Progress against health protection outcomes (activity, quality, plans, epidemiological summaries)
  - Incidents managed and actions taken
  - Recommendations for process improvement

### **3. Principles**

The Health Protection Committee expects all members to:

- Support the aims and objectives of the Committee
- Inform the Committee of organisational changes and changes in personnel that may impact on partnership working
- Proactively manage risk and acknowledge the principle of shared risk within the context of partnership working for health protection
- Share relevant information and promote collaborative and innovative work both within Hillingdon and across borders as appropriate.

#### 4. Membership

The Committee will be made up of key professional partner members with health protection responsibilities.

Partner members should be in a position to provide assurance on behalf of their organisation or partnership that they represent. Each member will be responsible for reporting back to their organisation or partnership on the work of the Committee

The Committee will include:

Director of Public Health ( <b>Chair</b> )	Hillingdon Council (LBH)
Consultant in Public Health ( <b>Deputy Chair</b> )	Hillingdon Council (LBH)
Consultant in Health Protection	UK Health Security Agency
Adult Social Care Representative	Hillingdon Council (LBH)
Children Services Representative	Hillingdon Council (LBH)
Emergency Planning Officer	Hillingdon Council (LBH)
Environmental Health/Port Health	Hillingdon Council (LBH)
Hillingdon ICB representation	NWL ICB
The Confederation Hillingdon representative	The Confederation
NHS representation	Central & North West London NHS Foundation Trust (CNWL)
NHS representation	The Hillingdon Hospital NHS Foundation Trust (THH)
Integrated Sexual Health Service Representation	London North West University Healthcare NHS Foundation Trust (LNWH)
H4All/3ST - Representative	Hillingdon H4All/3ST
Health Watch Representative	Hillingdon Health Watch

Other members can be coopted to attend meeting(s) as and when required.

#### 5. Frequency of meetings

The Health Protection Committee will meet on a quarterly basis unless otherwise required to meet at short notice at the discretion of the Chair. The meetings will be held on Microsoft Teams unless the Committee decide that an in-person event is preferred.

#### 6. Quorum

There is an expectation that Committee members will prioritise attendance. The Committee will be quorate with a third of membership present which includes at least one representative from:

- Public Health, Hillingdon Council
- NHS
- One other organisation

## **7. Administration of Meetings**

The administration support will be provided by the Council's Public Health Directorate. The agenda and papers will be circulated at least five working days prior to the meeting.

All decisions will be recorded in the notes of meetings and circulated with an action log within 20 days after the date of the meeting.

## **8. Dealing with sensitive matters and possible conflicts of interest**

The Committee may, at times, have to consider confidential information on matters related to individuals, organisations, or performance. These issues will remain confidential, and any conflict of interest must be declared.

The meeting minutes will be confidential and must not be published on any public facing website or attached as an appendix to a report in the public domain.

## **9. Communication**

All members will be responsible for communicating actions to appropriate colleagues within their own organisation following each meeting.

## **10. Terms of Reference**

Terms of Reference agreed:

The Terms of Reference will be reviewed annually.

**END.**

## OCCUPATIONAL THERAPY SERVICE UPDATE

<b>Relevant Board Member(s)</b>	Julie Kelly – Corporate Director, Children’s Services
<b>Organisation</b>	London Borough of Hillingdon
<b>Report author</b>	Gary Binstead – Head of Commissioning
<b>Papers with report</b>	None

### HEADLINE INFORMATION

<b>Summary</b>	This report is to brief the Board on the challenges of the delivery of Occupational Therapy (OT) statutory contacts for children with SEND, as outlined in their Education, Health, and Care Plans (EHCPs).
<b>Contribution to plans and strategies</b>	The delivery of therapies outlined in a child’s EHCP is part of a statutory duty related to the SEND code of practice, and CNWL are jointly commissioned to deliver these therapeutic interventions on behalf of Hillingdon Council and the ICB.
<b>Financial Cost</b>	£2,739,345 overall contract value for therapies (LBH & ICB)
<b>Ward(s) affected</b>	All

### RECOMMENDATION

**That the Health and Wellbeing Board note the content of the report.**

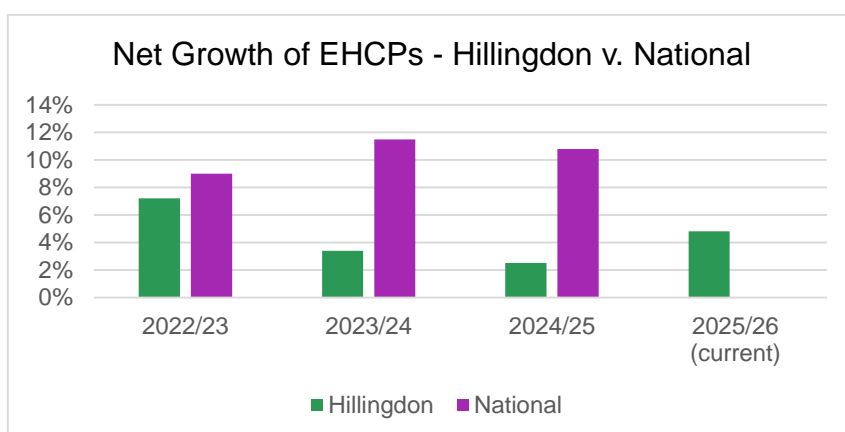
### INFORMATION

1. This report relates to the number of children who did not receive their full number of statutory contact hours for OT during the last academic year (2024 / 25), setting out a recovery plan with approximate timescales. The information below sets out the number of children affected.
2. In the academic year 2024 / 25, approximately 400 children and young people did not receive their full allocation of OT contacts as set out in their EHCP, although more than half of all contacts were delivered as expected, and only a handful of children and young people did not receive any contacts.
3. This matter is being brought to the Board’s attention because of the potential risk if the service is unable to meet the current demand and sets out how the CNWL service will recover from the current backlog.

### Context

4. The number of EHCPs in Hillingdon have been growing significantly over the years like many

Local Authorities are experiencing. More recently, the growth has slowed compared to previous trends due to robust annual reviews, more opportunities for young people to be supported into employment and a range of other factors.



5. Not all children will have therapy input in their EHCPs but many children do. A number of children have personal budgets in place for therapy or have a private provider due to specific needs. The rest of the children with OT in their EHCPs will have their therapy delivered by CNWL as part of the commissioning arrangements.

## Background

6. This issue was highlighted to CNWL during the last academic year, and CNWL have been working closely with the Head of Commissioning in the Council to agree a plan to recover from the backlog.
7. There is a national shortage of OTs due to a range of factors which are impacting service delivery across many regions, and CNWL has not been immune to the recruitment and retention challenges in the country. This has impacted the current workforce, and in turn, the capacity to deliver all statutory contacts.
8. These pressures have been evident through a reduced workforce due to maternity leave, recruitment challenges and other factors, and has reduced the OT capacity for a prolonged period of time, despite CNWL efforts to recruit to the appropriate staffing levels.
9. As a result, there are a number of children and young people who have not received their statutory number of contacts during the last academic year as outlined above, and work is underway to correct this as set out below.

## Recovery Plan

10. Where a child or young person has been identified for not receiving any contacts, plans have been put in place to recover these through separate commissioning arrangements in conjunction with families, and some of these have been delivered already.
11. The therapy needs of all the other affected children are being assessed, and plans are being developed to ensure their individual needs are met appropriately. This will include input from children, families, therapists, and schools. Once these assessments are complete, appropriate therapy will be provided as agreed.



12. CNWL are planning to commission additional capacity from the independent therapy market, in order to ensure that the appropriate level of therapy is provided to all children as outlined in their EHCP and also keep pace with the increased demand for assessments. These discussions are well developed, and CNWL are aiming to have additional capacity commissioned before the end of December.
13. It is expected that the appropriate OT provision will have been delivered by the end of the Spring term at the end of March for the children impacted during the 2024 / 25 academic year.
14. Reassuringly, all the scheduled OT statutory contacts are forecast to be delivered by the end of the Autumn term at the end of December as planned, showing a marked improvement due to additional capacity.
15. Discussions will continue between all organisations involved, and the recovery plan will remain under review. Plans will be updated as necessary to ensure the appropriate levels of therapeutic input are delivered to all children and young people as outlined in their EHCPs.

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## REPORTS REFERRED FROM CABINET / HEALTH AND SOCIAL CARE SELECT COMMITTEE: GP COVERAGE IN HILLINGDON SINGLE MEETING REVIEW

<b>Relevant Board Member(s)</b>	Councillor Jane Palmer Keith Spencer
<b>Organisation</b>	London Borough of Hillingdon Hillingdon Health and Care Partners
<b>Report author</b>	Nikki O'Halloran, Democratic Services
<b>Papers with report</b>	Appendix A – GP Coverage Update Template

### 1. HEADLINE INFORMATION

<b>Summary</b>	To consider when future updates will be brought to the Board.
<b>Contribution to plans and strategies</b>	Joint Health & Wellbeing Strategy
<b>Financial Cost</b>	None
<b>Relevant Select Committee</b>	Health and Social Care Select Committee
<b>Ward(s) affected</b>	N/A

### 2. RECOMMENDATION

That the Health and Wellbeing Board notes the plans to bring updates on the implementation of recommendations from the Health and Social Care Select Committee review of GP Coverage to future meetings and determines the frequency thereof.

### 3. INFORMATION

#### Supporting Information

At its meeting on 19 June 2025, the Health and Social Care Select Committee confirmed that it would undertake a single meeting review of General Practitioner (GP) coverage in Hillingdon. The review, which was undertaken on 22 July 2025, aimed to consider the number and geographical location of GPs in the Borough as well as the adequacy of the provision in serving the local population now and into the future. The report that was subsequently produced highlights the challenges faced by GP practices amid population growth and evolving healthcare demands, and outlines recommendations to improve service delivery and patient experience. The Committee devised the following recommendations which are based around meeting future demand, the expansion of the champions role, awareness raising, streamlining IT systems, improving online bookings and equality:

That the insight and findings of the Health and Social Care Select Committee be welcomed and that:

1. officers work with partners to identify where GP surgeries are likely to be needed by 2035;
2. The Health and Wellbeing Board partners be asked to:
  - a. investigate a reduction in the complexity and quantity of data governance and IT systems currently being used in Hillingdon to enable patient data to be easily passed between professionals;
  - b. subject to the outcome of the pilot, expand the provision of champions to other health related issues;
  - c. increase awareness that the nature of community care is changing; and
3. The Confederation Hillingdon CIC be asked to:
  - a. investigate the possibility of increasing patients' use of online bookings systems, including being able to specify convenient call back times; and
  - b. ensure equality with regard to the ability to request to be seen by the same sex medical professionals at GP surgeries; and
4. The Health and Social Care Select Committee be provided with an update by March 2027 on any progress made in progressing these recommendations alongside the implementation of the NHS 10 Year Health Plan and the development of neighbourhoods.

To ensure that partners have oversight of the implementation of the recommendations, the Cabinet Member for Health & Social Care added the following recommendation:

5. Actions to progress all the above recommendations from the Select Committee be regularly monitored at Health & Wellbeing Board meetings and added to its work programme.

The report and recommendations were considered and resolved by Cabinet on Thursday 20 November 2025 and consideration now needs to be given to how frequently the Board would like to receive updates on the implementation of the recommendations. To aid in the provision of these updates, a template has been drafted and attached to this report at Appendix A.

## **6. BACKGROUND PAPERS**

Health and Social Care Select Committee single meeting review report of GP Coverage in Hillingdon - <https://modgov.hillingdon.gov.uk/documents/s64999/05%20-%20REPORT%20251120%20-%20CABINET%20REPORT%20-%20GP%20Coverage%20REPORT%20CHECKLIST%201.pdf>

**GP Coverage in Hillingdon**

Resolutions	Updates
<b>RECOMMENDATION 1</b> Officers work with partners to identify where GP surgeries are likely to be needed by 2035;	
<b>RECOMMENDATION 2</b> The Health and Wellbeing Board partners be asked to:	
a. investigate a reduction in the complexity and quantity of data governance and IT systems currently being used in Hillingdon to enable patient data to be easily passed between professionals;	
b. subject to the outcome of the pilot, expand the provision of champions to other health related issues;	
c. increase awareness that the nature of community care is changing;	
<b>RECOMMENDATION 3</b> The Confederation Hillingdon CIC be asked to:	

	a. investigate the possibility of increasing patients' use of online bookings systems, including being able to specify convenient call back times; and	
	b. ensure equality with regard to the ability to request to be seen by the same sex medical professionals at GP surgeries; and	
	<b>RECOMMENDATION 4</b> The Health and Social Care Select Committee be provided with an update by March 2027 on any progress made in progressing these recommendations alongside the implementation of the NHS 10 Year Health Plan and the development of neighbourhoods.	
	<b>RECOMMENDATION 5</b> <i>(added by Cabinet Member for Health &amp; Social Care)</i> Actions to progress all the above recommendations from the Select Committee be regularly monitored at Health & Wellbeing Board meetings and added to its work programme.	

## BOARD PLANNER & FUTURE AGENDA ITEMS

<b>Relevant Board Member(s)</b>	Councillor Jane Palmer Keith Spencer
<b>Organisation</b>	London Borough of Hillingdon Hillingdon Health and Care Partners
<b>Report author</b>	Nikki O'Halloran, Democratic Services
<b>Papers with report</b>	Appendix 1 - Board Planner 2025/2026

### 1. HEADLINE INFORMATION

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

### 2. RECOMMENDATION

**That the Health and Wellbeing Board considers and provides input on the 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.



# BOARD PLANNER 2025/2026

<b>3 Mar 2026</b>  2.30pm Committee Room 6	Business / Reports	Lead	Timings
	Reports referred from Cabinet / Policy Overview & Scrutiny (SI)	LBH	<b>Report deadline:</b> 3pm Thursday 19 February 2026
	Board Planner & Future Agenda Items	LBH	<b>Agenda Published:</b> 23 February 2026
	<b>PART II</b> - Update on current and emerging issues and any other business the Co-Chair considers to be urgent	All	

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