Minutes

HEALTH AND WELLBEING BOARD

10 June 2025

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

	Board Members Present: Councillor Jane Palmer, Keith Spencer, Sean Bidewell (In place of Sue Jeffers), Amanda Carey-McDermott (In place of Ed Jahn), Professor Ian Goodman, Lynn Hill, Vanessa Odlin, Derval Russell, Shikha Sharma (In place of O'Neill), Sandra Taylor and Lesley Watts **Officers Present:** Gary Collier (Health and Social Care Integration Manager), Ryan Dell (Democratic Services Officer) and Nikki O'Halloran (Democratic, Civic and Ceremonial Manager)
35.	**APOLOGIES FOR ABSENCE** *(Agenda Item 1)* Apologies for absence had been received from Councillor Susan O'Brien, Mr Edmund Jahn (Ms Amanda Carey-McDermott was present as his substitute), Ms Sue Jeffers (Mr Sean Bidewell was present as her substitute), Ms Julie Kelly, Ms Kelly O'Neill (Ms Shikha Sharma was present as her substitute) and Mr Tony Zaman.
36.	**DECLARATIONS OF INTEREST IN MATTERS COMING BEFORE THIS MEETING** *(Agenda Item 2)* There were no declarations of interest in matters coming before this meeting.
37.	**TO APPROVE THE MINUTES OF THE MEETING ON 18 MARCH 2025** *(Agenda Item 3)* **RESOLVED: That the minutes of the meeting held on 18 March 2025 be agreed as a correct record.**
38.	**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 11 would be considered in private.
39.	**HILLINGDON'S JOINT HEALTH & WELLBEING STRATEGIC PRIORITIES, DASHBOARD AND PROGRESS UPDATE** *(Agenda Item 5)* Mr Keith Spencer, Co-Chair and Managing Director of Hillingdon Health and Care Partners, advised that this item would also cover the discussion that would have taken place under Agenda Item 7: Proactive Care Developments Update / Neighbourhood Health. He noted that a discussion had taken place at the last Health and Wellbeing Board meeting in relation to the need to identify a smaller number of priorities. The report provided more detail on: 1. five proposed health and wellbeing priorities: i. start well - improve early years outcomes, reduce child obesity and promote readiness for school and life.

ii. live well - prevent and / or delay the onset of Long Term Conditions, particularly hypertension, improving mental wellbeing and enhancing access to early intervention and support for carers.
iii. age well - implement 'at scale' proactive frailty management and better end-of-life care that enabled people with multi morbidity to maintain independence for as long as possible in order to: avoid non elective presentations; avoid admission to long term care; and promote early discharge.
iv. healthy places - tackle housing, environment, employment and social isolation.
v. equity and inclusion - target resources and interventions where inequalities were greatest using Core20PLUS5: specifically Hayes, Yiewsley, and West Drayton.

2. progress to implement these priorities; and
3. a series of metrics and diagrams to quantify progress.

It had been proposed that the first two years would focus on the 'ii. live well', 'iii. age well' and 'v. equity and inclusion' priorities, whereby resources would be targeted on areas with the greatest inequity. Work would still also be undertaken in relation to the 'i. start well' and 'iv. healthy places' priorities, but to a lesser degree. Professor Ian Goodman, North West London Integrated Care Board (NWL ICB), suggested that, if effort was going to be focussed on priorities ii, iii and iv, this would need to be discussed outside of the medical model and moved away from acute medical care.

Mr Spencer advised that the priorities would be delivered through a new seven-day place operating model and two key transformation programmes in 2025/26: integrated services focused on preventing crisis (live well/equity); and integrated services focused on responding to crisis (age well/equity). Preventing crisis would involve the neighbourhood teams which had progressed well with three strands:

1. access to primary care to prevent overspill into acute care;
2. proactive care for those with multi morbidity; and
3. preventing long term conditions.

Consideration needed to be given to the place-based offer available to help people live at home for longer and prevent them from going into hospital. It was suggested that the key metrics needed to be clear and should be built from the hospital redevelopment programme, national targets (for example in relation to Better Care Fund and reablement) and hypertension. Board members were asked if they would be happy to adopt these as the initial metrics which could then be built upon or changed at a later date (progress on these had been highlighted in the report).

Hillingdon performed well with regard to neighbourhood health and proactive care but had faced challenges in relation to greater case management. Although the Borough did well against the NWL benchmark, more could be done to improve reactive care. For example, the Care Connections Team was currently case managing around 5,000 patients, yet there were around 10,000 Hillingdon residents that were living with severe frailty, which meant that only half of those that needed help were being supported by the Team. Action would also be needed to reduce non-elective admissions / long term care for hypertension and to endure that at least 80% of patients with diagnosed hypertension had their blood pressure under control by 2028.

Metrics would also include a reduction in the number of patients without criteria to reside to no more than 34 by 2025. Progress had also been made in relation to services focused on responding to crisis (admission and Emergency Department (ED) avoidance). A new Urgent Response Service would be implemented from September 2025 which would have access to GP clinical supervision via Same Day Urgent Primary Care Hubs and consultant support through the Frailty Assessment Unit. There

would be a single co-ordination Centre which would enable partners to tackle the current overuse of ED by this cohort (34 appointments above target per day). Hillingdon had been working with the NWL ICB to access additional funding.

The Lighthouse had been set up as a diversion scheme for mental health patients attending the ED (averaging nine patients per day). However, as only an average of one patient per day was being seen at the Lighthouse, the model and plan had been rethought and would move to a model akin to a mental health ED from the end of June 2025. Ms Vanessa Odlin, Managing Director - Goodall Division at Central and North West London NHS Foundation Trust (CNWL), advised that the Lighthouse numbers were far too low and that the Trust had been working with Dr Ritu Prasad, Chair of the Hillingdon GP Confederation, to increase usage. Service users had also been involved in identifying improvements and it appeared that the Lighthouse was sometimes not used because people were unaware of the crisis alternatives.

It was suggested that consideration needed to be given to same day emergency care for individuals with mental health needs and what this would look like. Ms Odlin had been looking at a model whereby patients did not need to present at the ED before they went to the Lighthouse and therefore only had to tell their story once (the Lighthouse was located approximately 100 yards from the ED). System partners would be meeting to discuss this at the end of June / beginning of July 2025.

A demand, capacity and pathway review had been undertaken in relation to Urgent Community Response Services. This multi-agency work had involved primary care and community services and had highlighted that the capacity was not available to meet the patient numbers (capacity would need to double to about 7,500 annual referrals). As such, consideration was being given to bringing services together with a new model and the implementation of a new mobile Intravenous Antibiotics Service (a key component of the future service) which would be implemented by the end of June 2025 using funding from the Better Care Fund.

Ms Sandra Taylor, the Council's Corporate Director of Adult Social Care and Health, advised that she supported the five priorities as they dovetailed with the adult social care perspective, particularly in relation to issues such as hypertension which would need to be aligned with Public Health. Even though the Council was also having good outcomes from its work with CNWL, she also supported the targeted and universal work in relation to early help and young people.

Ms Lesley Watts, Chief Executive at The Hillingdon Hospitals NHS Foundation Trust, advised that she did not have any issues with the priorities but that the timescales for delivery needed to be realistic. Clarity would also be needed in terms of identifying who would be responsible for delivering which actions. The new hospital would not be big enough to meet residents' needs if the priorities were not delivered.

As there was a tendency to want to boil the ocean, it would be important to focus on a small number of issues and do them well. To this end, focussed work had been undertaken in relation to mental health, reactive care and children's services but clear numbers were needed. It was noted that Roy Lilley had reported that children under the age of one year were the greatest users of the ED but not all of these children needed to go to hospital. Further work was needed to educate new parents on the most appropriate alternative pathways for common issues. The issue of vaccinations had also been raised following the recent media coverage of the increasing prevalence of measles (particularly in London). Consideration would need to be given to increasing vaccination rates through the 0-19 service, GPs and screening.

	Ms Odlin agreed with the proposed five priorities. CNWL continued to work with the local authority on the Family Hub and the Urgent Crisis Response for physical health had been prioritised. Partners had been delivering some good services but had not been very good at publicising their successes. Concern was expressed at how partners were going to be able to deal with demand and capacity. It was noted that the current spend would need to go further by, for example, bringing resources together. Additional resources had also been sought through a bid for £20m funding (by September 2025). Following the discussion, Mr Spencer agreed to update the priorities to include responsibilities and timescales for the vaccination update. Insofar as discharge was concerned, Hillingdon faced two challenges: 1. the Borough had a target of 34 for 'no criteria to reside' but the figure hovered around 40. Work had been undertaken in relation to P2 patients (who needed rehabilitation) but it was still being oversubscribed; and 2. the Borough faced a deficit of discharges at the weekend and a surplus during the week. A seven-day model of care was needed. With these changes, the priorities would provide a single version of the truth. Ms Amanda Carey-McDermott, Hillingdon GP Confederation, advised that there were risks associated with same day urgent care capacity. Although HHCP had identified additional funding to support this, the GP Confederation was only able to contribute 60% of the funding that it had done in the previous year. It was hoped that the gap would be mitigated by the success of other funding bids. **RESOLVED: That:** **1. the priorities, as amended, be agreed; and** **2. the discussion be noted.**
40.	**2025/26 BETTER CARE FUND PLAN** *(Agenda Item 6)* Mr Gary Collier, the Council's Health and Social Care Integration Manager, advised that the 2025/26 Better Care Fund (BCF) Plan had been submitted and was compliant with national requirements. There had been a 3.93% increase in the NHS contribution to adult social care and a 13% increase in Disabled Facilities Grant (DFG) funding. The North West London Integrated Care Board (NWL ICB) discharge fund had been ringfenced, but the value was the same as it had been for 2024/25. The Board was advised that the BCF Plan had been restructured to make it simpler and more streamlined. The submission had included the Plan template with details of three metrics and financials. The overall value of the Plan had reduced from £100m to around £74m due to a reduction in the contributions from the local authority and NWL ICB. The ICB had reduced its additional contribution to the BCF in 2025/26 by 50% which had resulted in savings of £796,619. The expectation was that the NHS additional contribution to the BCF would reduce by a further £718,608 from 2026/27 making a full year saving for 2026/27 of £1,515,227. Whilst some of these savings would be quite straight forward, others would need an equalities impact assessment undertaken. Ms Sandra Taylor, the Council's Corporate Director of Adult Social Care and Health, advised that this £1.5m reduction meant that it would not be possible to just roll over

what had been done in previous years. Everything had had to be realigned and would need to be constantly reviewed.

With regard to mental health, Mr Collier confirmed that there was nothing that had been included in the 2024/25 Plan that would be coming out of the 2025/26 Plan. In response to a query about whether the overall funding had gone up, down or stayed the same, the Board was advised that funding for mandated schemes had increased and that there had been a reduction in the NWL ICB contribution. However, although the local authority contribution had decreased, there had been no change to the services provided which were funded outside of the BCF.

There were three national metrics in 2025/26 in relation to emergency admissions to hospital, discharge delays and permanent admissions to care homes. These improved NHS targets had been based on the data that had been available but there had been some issues with the data available in relation to discharge to the usual place of residence. The 2024/25 projected outturn had been used as a baseline to create base lines for the 2025/26 plans and a 1% improvement applied. Ms Lesley Watts, Chief Executive at The Hillingdon Hospitals NHS Foundation Trust, noted that this 1% did not just sit here and consideration needed to be given to what more could be done with the funding that was available. There would be an opportunity to review the targets when the Q1 update was undertaken next month.

The Whole System Integrated Care (WSIC) dashboards linked provider data from four acute, two mental health and two community Trusts across NWL, 380 GP practices and social care data from eight boroughs to generate one of the largest integrated care records in the country. Ms Amanda Carey-McDermott, Hillingdon GP Confederation, noted that WSIC did not provide live or up to date data. Partners would be able to do more but only if these data sharing issues were resolved.

The report set out the priorities. Mr Keith Spencer, Co-Chair and Managing Director of Hillingdon Health and Care Partners, advised that partners needed to be more radical and ambitious in using the BCF to drive the priorities identified (this had been discussed in detail under the previous agenda item).

Professor Ian Goodman, NWL ICB, noted that Hillingdon had been at the front with regard to digital interventions. He queried how much digital innovation could be used to stretch the BCF money further. Ms Taylor advised that the digital strategy had provided some good solutions for staff to use (some of these had been in place for 18 months). However, the technology in social care had not really moved on and residents were instead being encouraged to use normalised technology to help themselves (for example, bed sensors, door sensors, etc) which would help to keep them out of care placements. About ten years ago, no one was discharged from hospital without having Telecareline in place first (this might have involved having to have a new line installed at the residents' home so could be time consuming). Today's technology was quicker and easier to install without the need for major works which meant that it was also quicker to remove when it was no longer needed.

Councillor Jane Palmer, Co-Chair and Cabinet Member for Health and Social Care, noted that not all residents were at ease with technology. As such, consideration needed to be given to how partners communicated and delivered technological solutions to them.

Mr Spencer noted that there were almost 10k residents in Hillingdon with severe frailty. As it was currently unknown, effort was being made to identify where these patients

	were right now. The answer had not been readily available. Consideration would need to be given to how such information could be more easily obtainable in future. Ms Carey-McDermott noted that the Confederation was in discussions about mobile diagnostics that would be small enough to be transported on a moped but that they needed a bigger cohort to work with than just care homes. She suggested that these 10k frail residents be included in the cohort. **RESOLVED: That:** **1. the 2025/26 Better Care Fund Plan as described in the report, including the proposed financial arrangements and proposed targets for the national metrics, be approved; and** **2. the position regarding Equality and Health Impact Assessments, as set out in the report, be noted.**
41.	**PROACTIVE CARE DEVELOPMENTS UPDATE / NEIGHBOURHOOD HEALTH** *(Agenda Item 7)* The Board discussed this item as part of Agenda Item 5 - Hillingdon's Joint Health & Wellbeing Strategic Priorities, Dashboard and Progress Update.
42.	**BOARD PLANNER & FUTURE AGENDA ITEMS** *(Agenda Item 8)* Consideration was given to the Board Planner and future agenda items. **RESOLVED: That the Board Planner be agreed.**
43.	**TO APPROVE PART II MINUTES OF THE MEETING ON 18 MARCH 2025** *(Agenda Item 9)* Consideration was given to the confidential minutes of the meeting held on 18 March 2025. **RESOLVED: That the PART II minutes of the meeting held on 18 March 2025 be agreed as a correct record.**
44.	**NHS STRATEGIC CHANGES UPDATE** *(Agenda Item 10)* Consideration was given to the confidential report and it was agreed that further information be considered at the Board's next meeting on 9 September 2025. **RESOLVED: That the discussion be noted.**
45.	**UPDATE ON CURRENT AND EMERGING ISSUES AND ANY OTHER BUSINESS THE CHAIRMAN CONSIDERS TO BE URGENT** *(Agenda Item 11)* Consideration was given to issues at Mount Vernon Hospital. **RESOLVED: That the discussion be noted.**
	The meeting, which commenced at 2.30 pm, closed at 4.03 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.