

Minutes

HEALTH AND WELLBEING BOARD

2 December 2025



HILLINGDON
LONDON

Meeting held at Committee Room 5 - Civic Centre

	<p>Board Members Present: Councillor Jane Palmer, Keith Spencer, Sean Bidewell, Amanda Carey-McDermott, Claire Eves (In place of Vanessa Odlin), Dr Richard Grocott Mason, Dr Alan McGlennan (In place of Lesley Watts), Derval Russell, Sharon Stoltz, Sandra Taylor and Tony Zaman</p> <p>Officers Present: Gary Collier (Health and Social Care Integration Manager) and Nikki O'Halloran (Democratic, Civic and Ceremonial Manager)</p>
58.	<p>APOLOGIES FOR ABSENCE (<i>Agenda Item 1</i>)</p> <p>Apologies for absence had been received from Councillor Susan O'Brien, Professor Ian Goodman, Ms Julie Kelly, Ms Samreen Nawshin, Ms Vanessa Odlin (Ms Claire Eves was present as her substitute) and Ms Lesley Watts (Dr Alan McGlennan was present as her substitute).</p> <p>The Co-Chair noted that this would be Ms Derval Russell's last attendance and, on behalf of the Health and Wellbeing Board members, thanked her for her contribution over the years.</p>
59.	<p>DECLARATIONS OF INTEREST IN MATTERS COMING BEFORE THIS MEETING (<i>Agenda Item 2</i>)</p> <p>There were no declarations of interest in matters coming before this meeting.</p>
60.	<p>TO APPROVE THE MINUTES OF THE MEETING ON 9 SEPTEMBER 2025 (<i>Agenda Item 3</i>)</p> <p>RESOLVED: That the minutes of the meeting held on 9 September 2025 be agreed as a correct record.</p>
61.	<p>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 (<i>Agenda Item 4</i>)</p> <p>It was confirmed that Agenda Items 5 to 11 would be considered in public and Agenda Items 12 to 14 would be considered in private.</p>
62.	<p>INTEGRATED HEALTH AND WELLBEING PERFORMANCE REPORT AND SERVICE UPDATE (<i>Agenda Item 5</i>)</p> <p>Mr Sean Bidewell, Joint Borough Director at North West London Integrated Care Board (NWL ICB), noted that the report tracked Hillingdon's progress against five priorities with a particular focus on live well, age well and early intervention. Mr Gary Collier, the Council's Health and Social Care Integration Manager, advised that it was intended</p>

that the report considered at the next Board meeting would include updates on the metrics. Mr Keith Spencer, the Co-Chair and Managing Director at Hillingdon Health and Care Partners, noted that partners now had a better understanding of the metrics with targets like 'no criteria to reside' being included in the New Hospital Programme (NHP). Dr Alan McGlennan, Chief Medical Officer at The Hillingdon Hospitals NHS Foundation Trust, advised that the work being undertaken by partners had aligned with the development plans for the new hospital and had contributed towards about 60% of the documents that had fed into the NHP. The only thing that had been missing had been what it meant to residents. Partners were clear about what they were trying to do but residents were not clear about public health, what hubs provided or how services would be delivered. This needed to be explained to residents and they needed to be advised of the part that they were required to play in keeping themselves healthy.

It was suggested that there needed to be a focus on the application of the transformation work (as if it hadn't happened). For example, what was the impact of the intervention, had it stopped people from going to see a GP, etc. It was clear that more work was needed to improve residents' health literacy and explain and simplify the terminology and options alongside the transformation work. Residents would often receive multiple notifications which could make it difficult to navigate the system.

The challenges being faced in Hillingdon included the implementation of sustainable improvements, the growth in health conditions and winter pressures. The work already undertaken had shown early signs of improvement in the flow and all three integrated neighbourhoods were fully operational. A business case would be developed to satisfy a number of masters by the end of March 2026 for the neighbourhood hubs, which had been attracting a lot of local and political interest. Although Hillingdon had been selected to participate in the national neighbourhood programme, this did not come with any associated funding so consideration was being given to how this would be funded.

The outcomes in relation to hypertension had been strong with more than 70% of blood pressures (BPs) being under control (which was one of the best performances in London). It was noted that a Boroughwide campaign was being developed in relation to hypertension which would run from February 2026 on the back of the British Heart Foundation's Heart Month and would link into the pan-London Healthy Hearts Scheme. Consideration needed to be given to what happened after individuals' BP had been taken as it was not just about numbers. GPs wanted to know residents' results when they took their own BP even if the results were positive. About one third of people who had their BP taken would need an onward referral and information needed to be available and handed out in relation to self care / self management and small changes that could be made to one's lifestyle. It would also be useful to encourage those who were able to, to monitor their own BP at home, as well as provide them with information about the risk factors and when it would be appropriate to go to a clinician. It was noted that BP monitors were freely available for residents to use in libraries across the Borough so they did not need to buy their own machine if they could not afford one.

A single Integrated Neighbourhood Team (INT) delivery team had been put together to deliver the live well and age well priorities in the community. Frailty case management had also been progressing well, resulting in a 36% reduction in emergency admissions amongst the 350 high risk residents. The frailty work would be fully expanded by April 2026.

The Primary Care Network (PCN) had been delivering services and the Pharmacy First initiative had proved to be very successful, providing an access route to support minor

illnesses. Further work would be needed in relation to dental access and strengthening mental health integration.

Partners had a clear and joined up view of the challenges and how to address them and exciting work had been planned in relation to rehabilitation and reablement. A number of reactive care schemes had been developed to strengthen the urgent and crisis response in the community and bring everything together. The Council had started to deliver patients straight from the hospital front door to the reablement services. However, improvements were needed to ensure that the therapies that were needed were available in the community. The next steps would need the integration of teams into the discharge processes.

It was hoped that the coordination hub would be launched in December 2025. A six-month mobile diagnostics pilot had started and plans were afoot to increase capacity at the Lighthouse mental health service from six to ten. At Hillingdon Hospital, work had been undertaken on the discharge pathway for those patients with 'no criteria to reside', putting the right escalation processes in place to help at times of pressure, reducing to 35 in the first three weeks. Delayed discharges had been sustained at 34 per day, the Best Start In Life had been initiated to reduce inequalities and new dashboards for children and young people's services were due to be launched next year with links to Early Years and Family Hubs.

It was clear that, rather than building upon existing services, partners needed to simplify the processes and make them more linear and easier to understand. It was agreed that partners needed to have a conversation about transformation capacity, capability and execution, particularly in light of the changes at the ICB.

RESOLVED: That:

- 1. the Board notes progress, endorses continued focus on preventative and urgent care priorities, and supports actions required to sustain flow and improve outcomes for children and families; and**
- 2. partners have a conversation about transformation capacity, capability and execution.**

63. **DRAFT JOINT HEALTH & WELLBEING BOARD STRATEGY 2026-2031** (*Agenda Item 6*)

Mr Keith Spencer, Co-Chair and Managing Director at Hillingdon Health and Care Partners, advised that the current Joint Health and Wellbeing Strategy had come to an end. The Board had agreed the priorities that it wanted to include in the newest iteration of the Strategy earlier in the municipal year and the document focussed on interventions which had demonstrated progress. The 'what' and 'how' had been set out in the report (what needed to be improved and how this would be done). Each section set out the priorities and identified seven high impact programmes to deliver these priorities.

Consideration had been given to what was known to work (or was likely to work) and delivery thereof would mean that partners would need to work differently. Links had been drawn with the Family Hub as well as between the Family Hub and neighbourhoods, promoting independence and wellbeing.

Mr Spencer advised that he would like a plain English version of the Strategy available for the public consultation which would take place in January and February 2026 and be brought back to the Board's March 2026 meeting. The metrics had been collected

as part of the performance report and it would be important to ensure that the new hospital was set in the right place in the system.

There had been some resistance to including additional priorities. Although children and young people were thought to be important, the addition of another priority would need to be resourced and would need the Council to lead on it. The Director of Children and Young People's Services should be attending the Health and Wellbeing Board meetings and it had been identified that stronger relationships were needed between CNWL and the Council's Children's Services.

Although there was a Safer Children's Partnership (SCP), there seemed to be a focus on public health issues and the priorities set out in the Strategy did not really sit with the SCP. As such, it was suggested that further conversations were needed to ensure that these areas aligned.

Lots of children and young people witnessed domestic abuse in the home and the frequency of incidents was not decreasing. This had an impact on their mental and physical health. The issue needed to be discussed with the relevant partners around the table. It would be important for partners to reflect and for residents to take responsibility for what they did and look at what partners could reasonably be expected to do.

It was noted that the Board's next meeting had been scheduled for 3 March 2026. To ensure that there was enough time to be able to report back on the results of the consultation after resident engagement, it was agreed that the meeting be moved to 24 March 2026. It was noted that, if partners delivered on everything set out in the Strategy, there would definitely be improvements in residents' health and a reduction in the pressure on partners.

The Board queried what the expectation was of residents and how they should be looking after themselves. It was also asked if partners would be sufficiently brave to be more equal in their approach and initiate a social contract which set out the expectations of residents.

RESOLVED: That:

- 1. the draft Joint Health and Wellbeing Strategy be approved for public and stakeholder engagement; and**
- 2. the Health and Wellbeing Board meeting scheduled for 3 March 2026 be moved to 24 March 2026.**

64. **CHILDHOOD OBESITY UPDATE** (*Agenda Item 7*)

Ms Sharon Stoltz, the Council's Director of Public Health, advised that the report provided the Board with an update and detailed the reasons why managing children's healthy weight was so important. A table had been included which set out the long term conditions that could be attributed to obesity including hypertension, diabetes, gout and ovarian cancer. The drive to tackle obesity needed to be top of the agenda but there didn't appear to be a clear strategic direction to tackle excess weight in Hillingdon. It was noted that children did not make decisions about what food they ate or what activity they undertook (these were decisions made by the adults in their lives) so a whole system strategic vision, approach and delivery plan was needed which could be led by Public Health. It was agreed that a report on the delivery plan would need to be included on a future agenda.

It was noted that the document provided information on a collection of projects rather than a strategy. Action would be needed to transform this into a strategy and engagement activities would need to be undertaken to keep residents on board. It would be important for partners to remember how diverse Hillingdon's population was and to consider how best to engage with them.

The report included a diagram which illustrated the inequality in the Borough. It was thought that, if residents' expectations were managed, there could be improvements in the inequalities. It was thought that the neighbourhood work linked with the Family Hub and Integrated Neighbourhood Teams would also help to achieve this.

Some issues lent themselves better to an integrated approach and obesity was one of these issues. A different approach was needed as not all approaches would work for everything. It was about engaging with people and work needed to be undertaken with the family and extended family of the child. However, although it was recognised that there would not be improvements in adult obesity for a generation, there would be incremental changes over time.

It was noted that some might say that there should be a focus on excess weight rather than hypertension. It was agreed that Hillingdon's Director of Public Health develop a strategy for reducing excess weight as part of the Health and Wellbeing Strategy and delivery plan.

RESOLVED: That:

- 1. Hillingdon's Director of Public Health be asked to develop a strategy for reducing excess weight as part of the Health and Wellbeing Strategy and delivery plan; and**
- 2. the report be noted.**

65. **HILLINGDON HEALTH PROTECTION COMMITTEE** (*Agenda Item 8*)

Ms Sharon Stoltz, the Council's Director of Public Health, advised that Hillingdon used to have a Health Protection Board and suggested that it be reestablished as a Committee rather than a Board and be chaired by the Director of Public Health.

Health protection issues could not be resolved just by talking about them. There were residents in Hillingdon that were vulnerable to infectious diseases and it would be important to be in a position to respond to the next pandemic. Work was already underway with Hounslow on the emergency response plans in London but a group was needed to identify and address local risks. To do this, there would need to be a change of governance arrangements so that the Committee could report to the Health and Wellbeing Board through an annual report (unless a significant issue arose during the course of the year whereby interim reports could be brought to the Board).

Subject to this aligning with provisions in the Council's Constitution, it was agreed that the Health Protection Committee be established as per the report.

RESOLVED: That:

- 1. the establishment of a Health Protection Committee for Hillingdon be approved;**
- 2. the Board's comments on the proposed Terms of Reference and membership be noted; and**
- 3. the Board agrees to receive an Annual Health Protection Report, prepared by the Director of Public Health, to document health protection system activities**

	<p>over the previous year and set out priorities for the different areas of health protection for the next 12 months.</p>
66.	<p>OCCUPATIONAL THERAPY SERVICE UPDATE (<i>Agenda Item 9</i>)</p> <p>As there were no officers in attendance to present the report, it was agreed to defer this item to the next meeting.</p> <p>RESOLVED: That the item be deferred to the March 2026 meeting.</p>
67.	<p>REPORTS REFERRED FROM CABINET / HEALTH AND SOCIAL CARE SELECT COMMITTEE GP COVERAGE IN HILLINGDON SINGLE MEETING REVIEW (<i>Agenda Item 10</i>)</p> <p>It was noted that the Health and Social Care Select Committee had undertaken a single meeting review of GP coverage in Hillingdon at its meeting in July 2025. The final report had been considered at Cabinet in November 2025 when the Health and Wellbeing Board had been asked to monitor the implementation of the resolutions. It was suggested that some of the resolutions needed a little more definition but noted that action had already been taken in relation to all patients having the option of being able to book a GP appointment online. It was also noted that, although it enabled patients to request a call back, the telephony system was not used by all practices and did not allow for patients to specify in/convenient call back times.</p> <p>It was agreed that any updates on the implementation of resolutions would be included in the regular integrated health and wellbeing performance report considered by the Board at each meeting.</p> <p>RESOLVED: That:</p> <ol style="list-style-type: none"> 1. clarification be provided in relation to the expectation for each resolution; and 2. updates on the implementation of resolutions from the single meeting review of GP coverage be included in the performance report considered by the Board.
68.	<p>BOARD PLANNER & FUTURE AGENDA ITEMS (<i>Agenda Item 11</i>)</p> <p>Consideration was given to the Board planner. It was noted that the Health and Wellbeing Strategy would be brought to the next meeting on 24 March 2026 for approval. The Childhood Obesity Update item that had been deferred from this agenda and an update on the ICB reconfiguration would also be brought to the next meeting on 24 March 2026.</p> <p>RESOLVED: That the Board planner be noted.</p>
69.	<p>TO APPROVE PART II MINUTES OF THE MEETING ON 9 SEPTEMBER 2025 (<i>Agenda Item 12</i>)</p> <p>RESOLVED: That the confidential minutes of the Health and Wellbeing Board meeting led on 9 September 2025 be agreed as a correct record.</p>
70.	<p>UPDATE ON ICB CHANGES (<i>Agenda Item 13</i>)</p> <p>Consideration was given to the confidential report.</p>

	RESOLVED: That the report and discussion be noted.
71.	UPDATE ON CURRENT AND EMERGING ISSUES AND ANY OTHER BUSINESS THE CHAIRMAN CONSIDERS TO BE URGENT (<i>Agenda Item 14</i>) There were no current or emerging issues to discuss.
	The meeting, which commenced at 2.30 pm, closed at 4.28 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.