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HOUNSLOW HEALTH AND WELLBEING BOARD

A meeting of the Hounslow Health and Wellbeing Board will be held in the Hounslow House, 7 Bath Road, Hounslow TW3 3EB on Tuesday, 13 January 2026 at 5:30 pm

MEMBERSHIP

Councillor Lily Bath - Chair

Councillors Sue Sampson and Samia Chaudhary, Steven Forbes, Peter Goulding, Dr Amit Gupta, Dr Christopher Hilton, Dr Sanjay Krishnamoorthy and Martin Waddington.

AGENDA

- 1. Welcome and Introductions** **(Pages 3 - 6)**
Council's elected representatives to note the Monitoring Officer's guidance on declaring interests (attached).
- 2. Minutes of the meeting held on 15 October 2025 and Matters Arising** **(Pages 7 - 16)**
- 3. Hounslow Care Together - Update to Hounslow Health and Well Being Board - January 2026** **(Pages 17 - 28)**
Ben Collins – Programme Director for Integrated Care
- 4. Hounslow's Joint Health and Wellbeing Strategy Refresh** **(Pages 29 - 43)**
Ann Phillips, Senior Coordinator – Programmes and Partnerships
- 5. Better Care Fund update** **(Pages 44 - 116)**
Martin Waddington - Director ICP and Commissioning
- 6. Health and Wellbeing Strategy Progress Report – Quarter Two** **Pages 117 - 136)**
Claire Gomm - Senior Public Health Strategist (DA/DV/H/AMH) Public Health Improvement
- 7. Joint Strategic Needs Assessment (JSNA)** **(Page 137)**
Kasthuri Raveendran - Insight Lead Policy, Performance and Strategy
- 8. Healthwatch update: Quarter Two Patient Experience Report** **(Pages 138 - 183)**
Peter Goulding - Healthwatch Hounslow
- 9. Any Other Business**
- 10. Date of next meeting - 23 April 2026**

Recording and reporting on public meetings

Please note that members of the public can choose to record or report in other ways on this public meeting. If you wish to do so, then please read the Council's protocol, which can be found

on the Council's website. Copies of the protocol are also available at the meeting.

The Council asks that you avoid recording members of the audience who are not participants at the meeting. The Council will seek to facilitate this. However, anyone attending a public meeting does so in the knowledge that recording may take place and that they may be part of that record.

DECLARING INTERESTS

Committee members are reminded that if they have a pecuniary interest in any matter being discussed at the meeting they must declare the interest and not take part in any discussion or vote on the matter.

Mandy Skinner, Chief Executive Officer

London Borough of Hounslow, Hounslow House, 7 Bath Road, Hounslow, TW3 3EB

23 December 2025



DECLARING INTERESTS UNDER THE MEMBERS' CODE OF CONDUCT

Members are reminded to consider the categories of interests in the Members' Code of Conduct to determine whether they have an interest in any agenda item and any action they should take. If they have a **disclosable pecuniary interest** or **other registerable interest** in any matter being discussed at the meeting, they must declare the interest and not take part in any discussion or vote on the matter.

Members are reminded to declare the nature of the interest and the agenda item it relates to. Please note that it is the individual responsibility of each Member to declare any interests and to update their register of interests form as required by the Members' Code of Conduct. For further details, please see the attached note from the Monitoring Officer.

If in doubt as to the nature of your interest, you are advised to seek advice prior to the meeting by contacting the Monitoring Officer or Democratic Services.

GUIDANCE NOTE FROM THE MONITORING OFFICER:

DECLARATIONS OF INTERESTS AT MEETINGS

This note is for guidance only. For further details please consult the Members' Code of Conduct at Part 5A of the Council's Constitution.

(1) Disclosable Pecuniary Interests (DPI)

You have a DPI in any item of business on the agenda where it relates to the categories listed in **Appendix A** to this guidance. Please note that a DPI includes: (i) your own relevant interests; (ii) those of your spouse or civil partner; and (iii) those of a person with whom you are living as husband/wife or civil partners. Other individuals, e.g. children, siblings and flatmates do not need to be considered.

Failure to disclose or register a DPI (within 28 days) is a criminal offence.

Members with a DPI, who have not been granted a dispensation, must not seek to improperly influence the decision, must declare the nature of the interest and leave the meeting room (including the public gallery) during consideration of and decision on the item – unless exercising their right to address the Committee.

DPI Dispensations and Sensitive Interests: in certain circumstances, Members may make a request to the Monitoring Officer for a dispensation or for an interest to be treated as sensitive.

(2) Other Registerable Interests

You have a registerable interest in any item on the agenda where it relates to:

- (a) Any unpaid directorships;
- (b) Any body of which you are a member or in a position of general control or management and to which you have been nominated or appointed by the Council;
- (c) Any body:



- (i) exercising functions of a public nature;
- (ii) directed to charitable purposes; or
- (iii) one of whose principal purposes includes the influence of public opinion or policy (including any political party or trade union) of which they are a member or in a position of general control or management.

Where a matter arises which ***directly relates*** to a Member's financial interests or wellbeing, or to one of their Other Registerable Interests, they must declare the interest and leave the meeting room unless members of the public are also permitted to speak on the item or they have been granted a dispensation.

(3) Declarations of Interests not included in the Register of Members' Interests

Occasions may arise where a matter under consideration would, or would be likely to, affect the wellbeing of you, your family, or close associate(s) more than it would anyone else living in the local area but which is not required to be included in the Register of Members' Interests. In such matters, Members must consider the information set out in paragraph (2) above regarding Other Registerable Interests and apply the same test.

(4) Guidance on Predetermination and Bias

Members should avoid any appearance of bias or having formed a pre-determined view prior to taking a decision. Members' attention is drawn to the guidance on predetermination and bias, particularly the need to consider the merits of the case with an open mind, as set out in the Planning Code of Conduct and the Licensing Code of Conduct. For further guidance on the possibility of bias or predetermination, you are advised to seek advice prior to the meeting.

For further advice, contact:

Benita Edwards
Director of Law & Governance and Monitoring Officer
Email: Benita.Edwards@hounslow.gov.uk



APPENDIX A: Definition of a Disclosable Pecuniary Interest

(see Relevant Authorities (Disclosable Pecuniary Interests) Regulations 2012)

Subject	Prescribed description
Employment, office, trade, profession or vocation	Any employment, office, trade, profession or vocation carried on for profit or gain.
Sponsorship	Any payment or provision of any other financial benefit (other than from the council) made or provided to the councillor during the previous 12-month period for expenses incurred by the councillor in carrying out his/her duties as a councillor, or towards his/her election expenses. This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992.
Contracts	Any contract which is made between the councillor or his/her spouse or civil partner or the person with whom the councillor is living as if they were spouses/civil partners (or a firm in which such person is a partner, or an unincorporated body in which such person is a director or a body that such person has a beneficial interest in the securities of) and the Council - (a) under which goods or services are to be provided or works are to be executed; and (b) which has not been fully discharged.
Land	Any beneficial interest in land which is within the area of the Council. 'Land' excludes an easement, servitude, interest or right in or over land which does not give the councillor or his/her spouse or civil partner or the person with whom the councillor is living as if they were spouses/civil partners (alone or jointly with another) a right to occupy or to receive income.
Licences	Any licence (alone or jointly with others) to occupy land in the area of the Council for a month or longer.



Corporate tenancies	Any tenancy where (to the councillor's knowledge) — (a) the landlord is the Council; and (b) the tenant is a body in which the councillor or his/her spouse or civil partner or the person with whom the councillor is living as if they were spouses/civil partners is a partner of or a director of or has a beneficial interest in the securities of.
Securities	Any beneficial interest in securities of a body where— (a) that body (to the councillor's knowledge) has a place of business or land in the area of the Council; and (b) either— (i) the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body; or (ii) if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which the councillor, or his/her spouse or civil partner or the person with whom the councillor is living as if they were spouses/civil partners have a beneficial interest exceeds one hundredth of the total issued share capital of that class.

* 'director' includes a member of the committee of management of an industrial and provident society.

* 'securities' means shares, debentures, debenture stock, loan stock, bonds, units of a collective investment scheme within the meaning of the Financial Services and Markets Act 2000 and other securities of any description, other than money deposited with a building society.

Agenda Item 2

At a meeting of the Hounslow Health and Wellbeing Board held on Wednesday, 15 October 2025 at 4:00 pm at Hounslow House, 7 Bath Road, Hounslow TW3 3EB.

Present:

Councillor Lily Bath (Chair)

Councillors Samia Chaudhary, Steven Forbes, Claire Gomm, Peter Goulding, Dr Amit Gupta, Sanjay Krishnamoorthy, Sterling Rippy and Martin Waddington, Sheena Basnayake.

1. Welcome and Introductions

The Chair welcomed everyone to the meeting. Apologies were received from Councillor Sue Sampson, Dr Christopher Hilton and Nadine Percival.

There were no declarations of interest.

2. Minutes of the meetings held on 14 July and 2 September 2025 and Matters Arising

The Minutes of the meetings held on 14 July and 2 September 2025 were agreed as an accurate record

3. Domiciliary Care update

Please see the report by Steven Forbes - Executive Director of Children's and Adults Services and Martin Waddington – Director of Commissioning, and appendix (agenda item 3).

Martin Waddington, Director Integrated Care Partnership and Commissioning, presented on behalf of Nadine Percival, Senior Joint Commissioning Manager - Older Persons.

Mr Waddington shared that the Care Quality Commission (CQC) inspected and regulated the service to ensure safety and quality. Signing off on the Better Care Fund (BCF) commissioned services was one of the key responsibilities of the Hounslow Health and Wellbeing Board.

Speaking to the slides attached to the agenda, from page 19, Mr Waddington provided an overview of the service and an update on how the contracted services were performing. He said that a long-term, eight-year contract had been awarded to commissioned providers, which was intended to support the development of strong partnerships. The Council worked closely with the main providers, who all worked across the whole Borough. Providers were all now using the CM2000 (rebranded as Access CM, a care management and electronic call monitoring (ECM) system) to track and support the provision of care. The system allowed providers to have a close view of the work of individual carers, with all care now logged on the system. This had made it possible to track provision at an individual level and to identify issues such as short or long stays.

Mr Waddington further shared that the Hounslow Homecare service provided support to residents who were having difficulties managing at home. The service was designed to help people live independently and could include:

- Personal care: Assistance with washing, dressing, and other hygiene-related tasks.
- Household support: Help with cooking, laundry, and other domestic chores.
- Outdoor activities: Accompaniment for walks or errands.
- Support for carers: Relief and assistance for those who care for others at home

To receive home care support from Hounslow Council, residents had to undergo:

- A needs assessment to determine eligibility.
- A financial assessment, as social care services are not free and may require payment depending on circumstances.

Alternatively, residents could self-fund home care services without going through the Council's assessment process.

Hounslow Council commissioned home care providers, as follows:

- **Main providers:** Care Outlook, Eleanor Care, Healthvision, Nation Care Agency, TC Care, Westminster Homecare.
- **Select list providers:** Thames Homecare, Avant, AMI Homecare, Open Heart, Haven Care, MNA.

These providers were not recommended or endorsed by the council but were contracted to deliver services.

Mr Waddington shared that the Council had a legal duty to:

- Assess the care and support needs of adults in their area.
- Provide or arrange services to meet eligible needs.
- Promote well-being and help people maintain independence

He was pleased to share that local providers had been rated good by the Care Quality Commission (CQC).

The Council was working with the National Health Service (NHS) and care providers to develop an out-of-hours team and a bridging care service. Martin spoke positively about the excellent partnership work being done.

The Chair thanked Mr Waddington, saying that the use of the CM2000 provided reassurance and was a good system, which provided verification should there be any issues. She asked how far they had progressed with the Action Plan. Mr Waddington confirmed that it was on track.

When asked if anything further could be done, Mr Waddington shared that they were working with providers on the high turnover of care staff, which was a national issue.

4. **Extra Care update**

Please see the report by Steven Forbes - Executive Director of Children's and Adults Services and Martin Waddington – Director of Commissioning, and appendix (agenda item 4)

The Chair welcomed Mark Blomfield, Senior Commissioning Manager, to provide an overview and update on the Extra Care service provision.

Mr Blomfield shared that Hounslow's Extra Care Housing was designed for residents who wished to remain independent while receiving regular support tailored to their needs. It offered a middle ground between fully independent living and residential care.

Extra Care was a strategic component of adult social care policy. It aligned with the Council's statutory responsibilities under both the Health and Social Care Act 2008 and the Care Act 2014, particularly in promoting independence, well-being and integrated care delivery. The service was part of the responsibilities set out under the Health and Social Care Act. The Care Quality Commission (CQC) inspected and regulated providers of regulated activities, ensuring the safety and quality of care.

Mr Blomfield shared that Extra Care was an excellent solution for frail and older residents or for those with learning disabilities. Outcomes for residents who were able to live in their own homes were better. Bristol Court, in Bedfont, provided homes for residents over 18 with their own care plans, enabling them to achieve their own person-centred outcomes and prevent hospital admissions. The homes worked well because:

- There was a dedicated General Practitioner (GP).
- The Council worked closely with the care providers, WLT Care Homes team, ICRS and Pre-Hospital Ambulance Support Team (PhAST).
- There were regular visits by the team from Healthy Hounslow.
- The wide variety of activities available helped tackle social isolation and improve the health and well-being of residents.

Mr Blomfield shared details of developments approved by Cabinet to be delivered over the next ten years, with 200 units across four schemes, including a larger scheme similar to Bristol Court. These would provide lifelong accommodation with high-quality care and support for residents.

The Chair then invited questions from members of the Hounslow Health and Wellbeing Board.

Questions and Answers:

- *What is the demand, and what is the current gap in provision?*

All schemes are currently full. Commissioning was working with the performance and finance teams to map projected needs. They were looking at all factors influencing projected demand over the next ten years alongside the costings for this provision.

- *Can anything be done to speed up the delivery of the 200 new units?*

Previous experience indicated that development needed to be staggered to ensure the new schemes met the needs of the population at the point of demand. Additional capacity had to be planned for Social Workers to work with families before residents would be able to move in.

Whilst looking at numbers was good, it was important to understand that the nature of the client group was likely to change and that delivery of services would need to be paced to adapt to the population's changing needs. The delivery of services within the schemes needs to be developed to meet the needs of residents over the coming years.

- *Were the units single or mixed occupancy?*

The majority were single, and some had two bedrooms. There was a 5 – 10 % need to accommodate couples.

- *Why “may” include stepdown?*

Provision for step-down care was complex and was being developed alongside hospital discharge services. It was further shared that finding land to build on was an additional issue.

The Chair thanked Mr Blomfield for the update on Extra Care.

5. Hospital Discharge Pilot

Please see the report by Steven Forbes - Executive Director of Children's and Adults Services and Martin Waddington – Director of Commissioning, and appendix (agenda item 5)

Mark Blomfield reported that Commissioning worked in a whole system way. They planned from a preventative perspective, through a triangle of care, incorporating hospital care, floating support and targeted care through a holistic programme of support, managed around the needs of residents.

Hounslow's Hospital Discharge Pilot was a multi-agency initiative aimed at improving patient outcomes and reducing unnecessary hospital stays by strengthening the link between hospital services and community-based support. Bridging the gap between the hospital and the community, the pilot tackled three stubborn problems:

- Non-medical delays to discharge
- Health inequity, and
- Lack of awareness of voluntary & community services by hospital staff.

There was one targeted support worker providing support through the Hospital Discharge Pilot. They worked hand-in-hand with hospital teams, Hounslow Council housing services, and local VCSE organisations to facilitate early/timely discharges. This aimed to help ensure bed flow and prevent social re-admission through the provision of in-person discharge support, followed by longer-term, preventative help in the community by a dedicated Floating Support Worker. The Support worker collaborated with other services to provide support and develop long-term holistic solutions by tackling the root causes of problems, including, but not limited to, housing stability, healthy homes, health and lifestyle and income maximisation/entitlement. They worked in a person-centred way, focusing on practical outcomes.

Data from the pilot showed a positive impact on the outcomes of the control group, with

the highest impact in the frail older patient group. A survey of the control group indicated that 62% were financially better off, while 78% had experienced improved independence.

Mr Blomfield concluded by saying that funding had not yet been secured to extend the pilot, which was currently only funded to April 2026. Work was underway to find and secure further funding.

The Chair then invited comments and questions.

On questioning, Mr Blomfield confirmed that there was a far greater need for the services than the current pilot could meet. The pilot was only working with a limited number and range of patients. He agreed that greater use of signposting at discharge was critical; however, available funding needed to be considered when planning the delivery of this service.

Mr Blomfield confirmed that the Council were working with the voluntary sector to include a range of social support, but that the voluntary sector was also under pressure. The support available from floating support and social prescribing was full, and funded services were at capacity.

When questioned about the use of traditional leaflets and the type of communications used to advertise the services. Mr Blomfield shared that they were currently working with the NHS and the hospital to develop these.

The Chair thanked Mr Blomfield for his update.

6. Better Care Fund

Please see the report by Steven Forbes - Executive Director of Children's and Adults Services and Martin Waddington – Director of Commissioning, and appendices (agenda item 6)

The Chair, Councillor Lily Bath, asked the Board to approve the 2025/26 Better Care Fund Quarter One template submission, at Appendices a) and b), to NHS England (NHSE) as required by The Better Care Fund (BSF) Executive Group. The report was submitted on the 15th August 2025, and Board approval was sought at the meeting of the 15th October 2025.

Martin Waddington shared formal thanks for the high standard of the report, prepared by Manjinder Bhatti.

The key purposes of the 2025/26 Quarter 1 Reporting Template were to:

- To confirm that the National Conditions continued to be met.
- Share Q1 metric performance and update the annual plans if required.
- Provide high-level Q1 spend against plans

Hounslow's Health and Wellbeing Board, considered the attached appendices:

- a) Hounslow HWB BCF 2025/26 Quarter 1 Reporting Template
- b) Section 75 Agreement 2024/25

The Board then heard the following reasons for the Decision:

1. The BCF is one of the government's national vehicles for driving health and social care integration. This is a joint plan between the Council and North West London Integrated Care Board (NW London ICB) for using pooled budgets to support integration, governed by an agreement under section 75 of the NHS Act (2006).
2. The Health and Wellbeing Board (HWB) is responsible for ensuring compliance and the strategic direction of the BCF and other jointly funded projects as outlined in the Section 75 Agreement and is therefore required to sign off submissions to NHS England.
3. Set out the details of schemes that are funded by the BCF plan for the HWB, including amounts, type of activity and funding source
4. Confirm the status of continued national compliance against the requirements of the BCF
5. The capacity and demand template is required to report the expected demand for short-term intermediate care and out-of-hospital services in the local authority area
6. The HWB is requested to sign off on the attached 2025/26 Quarter 1 Reporting Template submission to confirm that the BCF has been spent in accordance with the 2025/26 planning template and related Section 75 agreement, and that our performance or revised projections are compliant with the expectations of the BCF.

Hounslow's Health and Wellbeing Board then voted unanimously to approve the report, with no abstentions.

Resolved :

That the Hounslow Health and Wellbeing Board approve the 2025/26 Better Care Fund Quarter One template submission, at Appendices a) and b), to NHS England (NHSE) as required by The Better Care Fund (BSF) Executive Group.

7. Health and Wellbeing Strategy Progress Report - Quarter One

Please see the report by Martin Waddington, Director of Commissioning, and appendix (agenda item 7).

Sterling Rippy, Principal Public Health Strategist and Clare Gomm, Senior Public Health Strategist, presented Hounslow's Health and Wellbeing Progress Report, Quarter One (Q1), 2025/26, attached at Page 61 of the Agenda.

The Progress Report, Q1, outlined performance and provided updates on projects aligned with the Health and Wellbeing Strategy 2023 – 2026.

A new Health and Wellbeing Board governance framework had been agreed in March 2024 to provide oversight and assurance through a delegated Senior Responsible Officer (SRO) Board members. It was shared that SROs were responsible for delivery of the Health and Wellbeing Strategy 2023 – 2026 priorities and quarterly reporting, demonstrating progress.

The presentation focused on three positive activities within the Q1 report:

1. The Start Well project (Maternal health service), an under-threes project to influence the choices parents make before school age.
2. Emergency Department (ED) attendance and admission: work was being done to manage this, and agreement had now been reached on how information was shared. It was reported that additional primary care appointments had been made available to relieve the pressure on the ED.
3. Late diagnosis for Cancer: A program to support the earlier diagnosis of bowel cancer among the 50-plus age group had been successfully rolled out.

The Chair then opened the meeting to questions from members of the Board.

Peter Goulding questioned what was being done locally to improve end-of-life care (rated red) and whether the Board were aware of the North West London initiative in this regard. He said this had been an ongoing issue.

- Martin Waddington confirmed that:

1. There was a new offer for end-of-life care.
2. Work was being done to understand why patients had died in West Middlesex Hospital; patients needed to be able to die in their place of choice.

Mr Waddington added that it had been rated red to reflect the sense that there was something not right about this and that a long-term (10-year) strategy was being developed. He agreed that more preventative work was needed; however, funding was an ongoing barrier.

Steven Forbes added that this was not just about money but about how things could be done differently. There was a need to move away from the 'End of Life' label and consider alternatives to hospital admissions. He shared that in reality, the majority of 80 / 90 year olds admitted to hospital were likely to die in the hospital. It was important to make sure that individuals had the opportunity to make choices for a 'good death' to avoid the unnecessary emergency admissions and look at redirecting them to stay at home and to consider how patient choice was recognised at this time of life.

Clare Gomm concurred that conversations needed to take place with the patient and families about the final 'journey' rather than the end of life.

Councillor Lily Bath agreed that more work was needed in this area and asked that the Board revisit this in the New Year.

Action:

To review the provision of support available for the last part of patients' lives.

8. Joint Strategic Needs Assessment (JSNA) update

Please see the report Martin Waddington – Director of Commissioning (agenda item 8).

The Chair welcomed Kasthuri Raveendra, Insight Lead – Policy, Performance and Strategy, to share a verbal update on the Joint Strategic Needs Assessment (JSNA).

Mr Raveendra introduced the report, which drew on the latest data, to provide a range of information about the Borough.

The report provided access to interactive data under the headers of:

- A Thriving Hounslow
- A Liveable Hounslow
- A Healthier Hounslow
- A Greener Hounslow
- A Cleaner Hounslow and
- A Safer Hounslow

Mr Raveendra shared that there had been a demographic shift in Hounslow's population profile, with the 20 – 40 age group now the predominant group. He shared that 80% of Hounslow's population had one or more parents living outside the UK, which gave a picture of the impact of migration on the local demographic.

Referring to the area of Jobs and Economy, he shared that:

- Financial security was a major driver for individuals' employment.
- Many residents relied on a combination of work and benefits.
- There had been a decline in the real wage of residents.
- The gap between the most wealthy and the most deprived had increased.
- 1 in 4 respondents had reported that they were 'just getting by'.
- The number of residents using Universal Credit was still above pre-pandemic levels.
- There had been a change in the claimant's age.
- Claims were skewed to the west of the Borough.
- The use of the Citizens Advice Bureau had doubled since 2020.
- While private renters had more than doubled, ownership had halved.
- The private rental affordability ratio was now higher than in London, with rent averaging 50% of tenants' income.
- 15% of housing in Hounslow was considered overcrowded (84% of these had a parent born outside the UK).

The full report was available online and provided more details.

The Chair thanked Mr Raveendra, saying that there were many positives to take from the report, which would provide clarity around where to focus decision-making in future.

The Chair opened the meeting to comments by members.

Peter Goulding questioned whether the report was available externally, and it was confirmed that the report had been published and was available. He shared his concern with respect to childhood obesity and poor dental access, and the impact of the economic situation on people with learning disabilities, a demographic whose life chances and general health appeared to be falling behind trends in the general population. They were losing out at a faster rate than others. The Board agreed to look into this.

The 50-plus age group had also shown a decrease in their life chances since the pandemic; it was anticipated that this would only deteriorate further in future. Councillor

Bath agreed that this would be looked into

Action:

- The Board to look into the impact of the economic situation on residents with learning disabilities.
- Kim Ready to provide data on the number of older population members who were in poor health.

9. Healthwatch Update

Peter Goulding reported that the Healthwatch Report for Quarter 2 was ready to be published. He shared that they had received 272 responses from residents for the survey on availability and ease of getting medical appointments with General Practitioners (GP). 40% had said it was easy to get an appointment, while 60% had responded that it was or that they had some difficulty getting appointments. When asked whether it was easy to get through to make appointments by phone, 44% responded that it was easy, while more than half shared that it was difficult and that there were long waits.

Some responses about the automated system, Patches, had expressed concern that it was not working properly, with many still preferring a personal approach.

Mr Goulding shared that a report on the review was being prepared and would be available in November. He further shared that of those interviewed, 98% had registered with a GP Practice; however 70% had not seen a GP before attending accident and emergency (A & E) at the hospital and had reported difficulty contacting a GP before attending A & E.

Peter shared that work was still needed to help people who preferred not to use the National Health Service (NHS) online app, who preferred to speak to a person.

The Chair thanked Mr Goulding and asked whether there would be any support to help people access and use the Universal Care Plans.

Dr Gupta responded that North West London had an access programme providing digital support and that this was available to anyone who needed access, with support provided by trained professionals. Patient entries were checked by medical professionals, although the time to do so was limited. He shared that completing a full assessment could take up to an hour, and discussions were still needed around how time to do so could be allowed.

Family support was needed to help residents understand how to keep and support relatives at home.

Steven Forbes agreed that the health services were on a digital journey with the populations and that the NHS apps' functionality had been significantly improved. It was anticipated that the NHS digital journey would improve alongside the ageing population.

He added that it was important to understand the drivers for parents of young children, leading them to decide to go to A&E before attempting to see a GP.

Mr Goulding agreed, adding that the same problem existed across all children's age ranges and that the issue of digital uptake was linked to a wider issue around people

being able to access the services they needed.

Dr Gupta agreed that while the data available for the 0 – 4 age group was positive, data was needed for children across the age range.

10. Any Other Business

No other business had been shared with the Chair.

11. Date of next meeting 13 January 2026

The meeting finished at 6:00 pm.



Report for: ACTION	
Contains Confidential or Exempt Information	No
Cabinet Key Decision	No

Report Title	Hounslow Care Together
Member Reporting	Cllr Lily Bath
Contact Details	Martin Waddington – Director of Commissioning
For Consideration By	Hounslow Health and Wellbeing Board
Date of Decision	13 th January 2026
Implementation Date if Not Called In	
Affected Wards	All
Keywords/Index	

1. Details of Recommendations

To provide an update to the Health and Wellbeing Board on the progress of the Hounslow Care Together model of care which started in September 2025.

2. Report Summary

The model is being tested at two locations with a core team at Maswell Park, supporting patients at Redwood, Willow and Kingfisher. The other core team located at Heart of Hounslow, supporting Chestnut, HMC Health and Hounslow Medical Centre.

3. Reasons for Decision: A new team-based approach to supporting residents with frailty and unmet health needs launched in September 2025.

4. Background Information:

- Hounslow Care Together (HCT) brings together generalist multi-disciplinary teams (MDTs) and an extended team of colleagues from West London NHS Trust, Hounslow Council, Primary Care, the voluntary sector, West Middlesex Hospital, and local pharmacists.
- These teams will work with groups of GP practices to deliver joined-up, whole-person care that is proactive, personalised, and closer to home.
- The aim is to reduce hospital reliance, prevent crises, and enable residents to live well at home for longer.

REPORT ENDS

Hounslow Care Together Teams

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Update to Hounslow Health and Wellbeing Board

13 January 2026

Recap on the underlying challenges we face caring for people with frailty and other forms of complexity

- Limited proactive support to maintain health
- Lack of intensive, joined-up support
- Restrictive referral criteria and long waiting times
- Delayed discharges and readmissions
- Multiple referrals and transitions

Outline Business Case for an Integrated Model of Care for Frailty in Hounslow

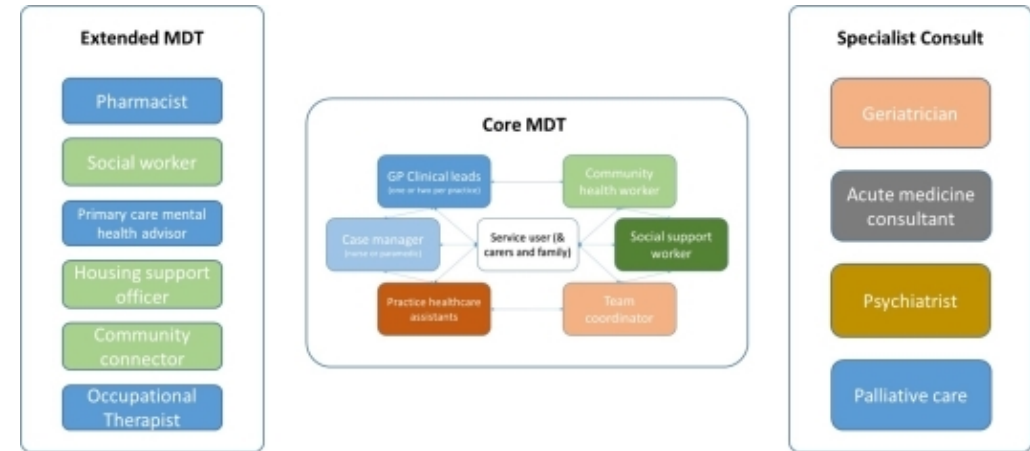
March 2024
Version 1.3

FINAL
Confidential

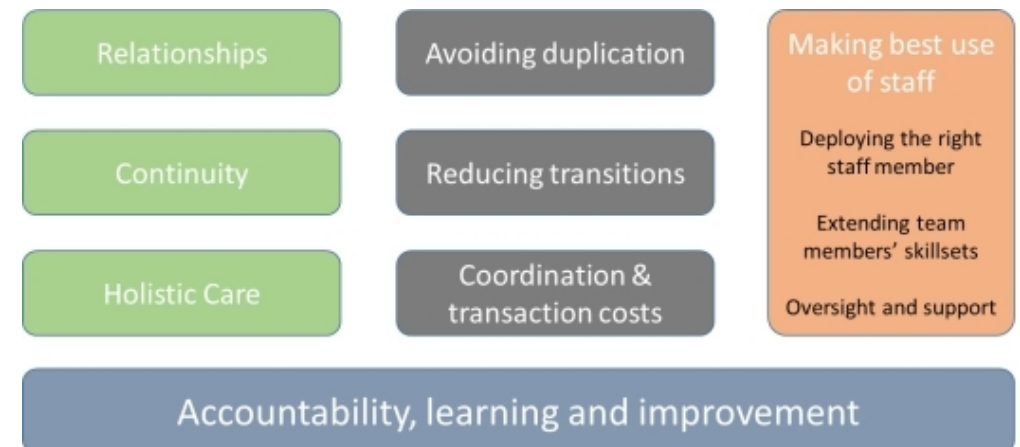
Recap on our proposed model of care and the rationale for our approach

- We argued that the biggest challenge in Hounslow is the **lack of effective generalist, continuity-based care** for people with long term needs
- We also argued that a major challenge was the fragmented nature of our system **with up to 100 different health, care and VCSE services for frail older people** alone.
- We argued that the solution to these challenges was to develop a **small-team model of multi-disciplinary care**, closely integrated with general practice
- This model should restore **relationships** and **continuity**, avoid the loss of information, **transaction costs** and **loss of accountability** in the current system
- In taking this approach, we argued that we would also lay the foundations for **longer term restructuring of an overly complex and fragmented system**.
- If we build an integrated model of team-based primary and community care, this provides a basis for simplifying other services over time and for moving potentially **staff / services into a neighbourhood model**

Core and extended team model



Rationale / efficiencies from the model



We agreed to test the model at two sites from September 2025

21

Extended MDT

Pharmacist

Social worker

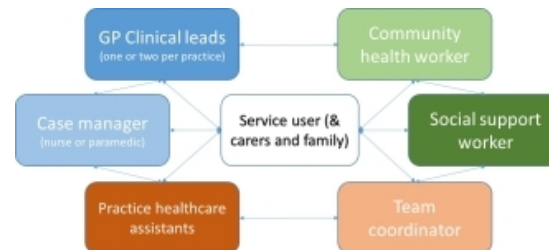
Primary care mental health advisor

Housing support officer

Community connector

Occupational Therapist

Core team at Maswell Park



Supporting patients at Redwood, Willow and Kingfisher Practices

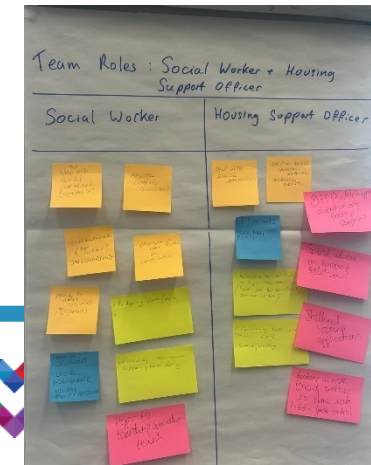
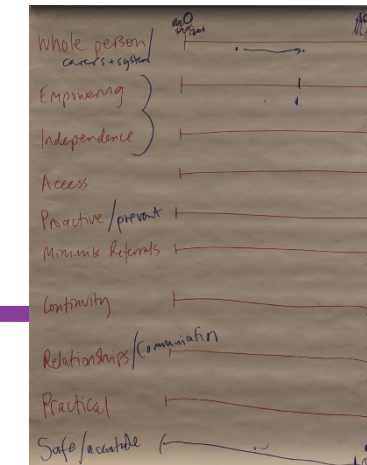
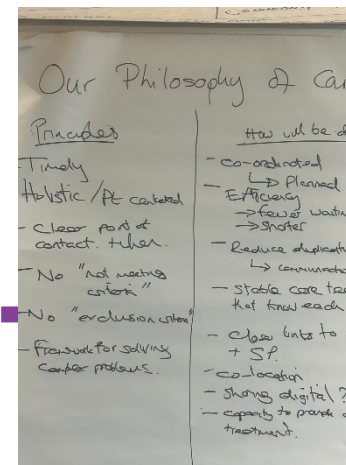
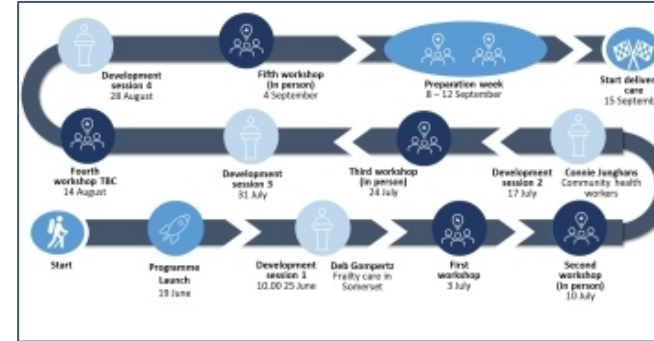
Core team at Heart of Hounslow



Supporting Chestnut, HMC Health and Hounslow Medical Centre

Our team development process: June to Sept 25

- Intensive development and co-production process with the core and extended teams from June to Sept
- Fortnightly development sessions with peers and exemplar services to learn about the evidence base and key features of the care model.
- ~~N~~ Fortnightly workshops to co-design the model, develop service specifications and define operating procedures.
- Extremely strong participation in the process inc from GPs, Hospital Consultants, core and extended team members
- Successful in building relationships, understanding and commitment to the model, a sense of ownership of the model, and confidence to start the test teams.



Launch of our test and learn HCT teams from mid September 2025

- Test teams started work in mid September.
- Developed initial longlist of 2000 patients for teams using NWL WSIC dataset (just over 5% of patients on participating practices' lists)
- 23
- Initial focus on highly frail people with risk of avoidable hospital admissions (although we envisage the teams taking on a broader cohort in time)
- GPs have then selected the patients they most believe would benefit from the teams' support, in discussion with case managers



AGEBAND	No	%
18 - 24	12	0.6%
25 - 34	18	0.9%
35 - 44	44	2.2%
45 - 54	107	5.3%
55 - 64	235	11.7%
65 - 79	790	39.2%
80+	811	40.2%
Total	2017	

WSIC_SEGMENTATION	No	%
Adults with advanced dementia or Alzheimer's	12	0.6%
Adults with learning disabilities	30	1.5%
Adults with one or more long-term conditions	338	16.8%
Adults with severe and enduring mental illness	24	1.2%
Mostly healthy adults	12	0.6%
Mostly healthy older	23	1.1%
Older people with advanced dementia or Alzheimer's disease	189	9.4%
Older people with learning disabilities	10	0.5%
Older people with one or more long-term conditions	135	66.9%
Older people with severe and enduring mental illness	29	1.4%
Total	2017	

Enrolled cohort at mid December 2025

- Teams had enrolled 56 patients by mid December
- Staff have visited and assessed patients and are implementing care plans
- 13 aged 65-79, 40 are 80 or older
- All have severe frailty on Electronic Frailty Score, 28 moderately frail, 9 severely frail on Rockwood score
- 35 have seen GP 11 to 30 times in last two years
- 45 have visited A&E in last two years. 15 have attended 6 or more times in last two years
- 34 have had one or more emergency hospital admissions in last two years
- 18 have had a falls emergency admission in the last two years

LTCs / Frailty Deficits	
Hypertension	39
Diabetes	27
obesity	23
Coronary heart disease	14
Chronic kidney disease	23
Ischaemic heart disease	14
Polypharmacy	55
Social vulnerability	53

Service / care provision	
Known to community services (last 2 years)	50
District nursing contact (last 2 years)	35
Community crisis response contact (last 2 years)	20
Community reablement contact (last 2 years)	9
Not known to Falls service	52
Not known to Enhanced dementia care service	53
Not known to MH services	41
Not known to adult social care	39
No advance care plan	31
No preferred place of death collected	52

Staff feedback from our first learning session six weeks after launch of the teams

- “Shouldn’t this have happened years ago” – case manager.
- “I’m skipping lots of the emails I used to send to housing or OTs. I don’t have to do the admin because I just ask a team member to jump in” – Support Worker
- “It feels like another level of MDT working, with so many heads to tap into” – Occupational Therapist
- “I used to fill in lots of forms for nurses or social workers. Now Kirsten just says she can do it. It’s nice to focus on the patient” – Occupational Therapist
- “I’m enjoying working in the teams but I’m not fully occupied yet” – Support worker
- “I want to be more actively involved in the teams’ work” - GP



How Do We Feel
After Our First Month?

0 ← ————— → 10
Worst career decision I've Made ... Incredible Loving working in the team.

Other initial learning from the first two months of operation

- Homing in on the right patients has proved more challenging than expected and will require refinement
- Will take time to fully mobilise the teams and make best use of all staff members
- Lots of early learning on staff roles and team structures, with need to adapt quickly.
- Challenges in mobilising support services and developing infrastructure for the teams
- Challenges bringing staff from eight separate organisations into a single coherent team structure and service model

Metrics and frameworks to evaluate the model

MyCaW Self Reported Health and Wellbeing measures

- Patient assessment of general wellbeing
- Main concerns at the moment
- Other issues that have been particularly important in the last week
- At follow up: How severe are your concerns now?
- Tell us about any important effects (good and bad) that the service has had on you.

Staff Experience Questionnaire

- Questions covering:
- Vision – do all team members understand the vision / model of care?
- Relationships – do the team members know each other well, spend sufficient time together and understand each other's roles
- Participative safety – do all team members feel able to fully participate in the team's work

Patient and Carer Experience of Care Questionnaire

- Ten questions covering:
- How easy it is to get access to the team
- Whether patients / carers have strong trusting relationships with the team
- Whether patients are receiving continuity of care / holistic care
- Whether patients / carers are active participants in care

Utilisation of Health and Care Services

- Number of GP appointments
- Number of A&E visits
- Number and length of hospital stays
- Number of referrals to specialist services
- Estimate of health and care costs

Workstreams and proposed timescales for developing business case and approach to spread

	Nov 25	Dec 25	Jan 26	Feb 26	March 26	April 26	May 26	June26	July 26	Aug 26	Sept 26
Staffing options for spread	Identification of main staff groups / services to redeploy into HCT model		Stocktake of staff skills / development needs in target services			Develop initial plans for retraining or retraining or potentially adapting the available staff mix across Hounslow					
Future of affected services					Initial review of remaining services	More detailed options appraisal for remaining services			Potential decommissioning / contract amendment process for affected services		
Options for estate	Review of primary / community estate, estimate of redeployment costs			Development of detailed options for collocating teams with groups of GP practices and alternatives where not possible			Preparation to redeploy estate				
IT and supporting infrastructure	Review of IT requirements and possible transition / capital costs			Review of the supporting services the teams will need access to (e.g. diagnostics, transport, contingency fund)			Procurement or internal preparation of IT capabilities and other supporting infrastructure				
Payments, contractual / organisational form	Review of options and costs / benefits of different financial arrangements and contractual / organisational forms										
Primary care engagement			Stocktake on primary care engagement, options, challenges, costs			Engagement with Primary Care leaders across PCNs on the model.					
Staff and resident engagement	Baseline and start tracking patient and carer experience		Establish patient experience group inc current HCT patients			Plan staff engagement / consultation process, senior leadership engagement with staff, events with residents			Delivery of staff consultation process		
Phasing / delivery of spread/ transition									Develop proposed phasing and induction / staff development process		
Evaluation of test / benefits of HCT teams			First evaluation update	Collation of qualitative evidence to supplement data on impact		2nd evaluation update	Collation of qualitative evidence. Patient engagement on refining model.		3rd evaluation update	Final evaluation report	
Financial case	Creation of team, planning of financial case workstream with CFOs				Review with CFOs			Review with CFOs			Review with CFOs
Papers for CFOs / SLT / CEOs	Paper for CFOs – finance planning Paper on staffing		Paper on primary / community estate options	outline fin case for CFPs Paper on options for legacy services	Initial business case	Paper on evaluation	Paper on options for org form	Revised business case	Final bus case / proposals for spread		
Key Decision Points					CEOs’ discussion of initial business case	System leaders’ workshop – CEOs’ decision to move forward			Decision in principle to spread	Final decision on spread	



London Borough of Hounslow

Report for: ACTION

**Contains Confidential or
Exempt Information** **No**

Cabinet Key Decision **No**

Report Title	Hounslow's Joint Health and Wellbeing Strategy Refresh
Member Reporting	Cllr Lily Bath
Contact Details	Martin Waddington – Director of Commissioning
For Consideration By	Hounslow Health and Wellbeing Board
Date of Decision	13 th January 2026
Implementation Date if Not Called In	
Affected Wards	All
Keywords/Index	

1. Details of Recommendations

To provide an update to the Health and Wellbeing Board on the progress of the work to refresh the Joint Health and Wellbeing Strategy due for publication in late 2026.

2. Report Summary

The presentation covers the work undertaken so far with key stakeholders and our residents it will outline the final phases needed for completion of this strategy.

- 3. Reasons for Decision:** A new strategy is required from late 2026, and the H&WB oversees the publishing of a joint local health and wellbeing strategy (JLHWS).

4. Background Information:

- The Joint Health and Wellbeing Strategy sets out the priorities for improving the health and wellbeing of its local population and how the identified needs will be addressed, including addressing health inequalities, which reflects the evidence of the Joint Strategic Needs Assessment (JSNA).
- The Health and Social Care Act 2012 introduced HWBs, which became operational on 1 April 2013 in all 152 local authorities with social care and public health responsibilities. HWBs: provide a strong focus on establishing a sense of place instil a mechanism for joint working and improving the wellbeing of their local population set strategic direction to improve health and wellbeing The Health and Care Act 2022 did not change the statutory duties of HWBs as set out by the 2012 Act but established new NHS bodies known as ICBs and required the creation of ICPs in each local system area. This will empower local health and care leaders to join up planning and provision of services, both within the NHS and with local authorities, and help deliver more person-centred and preventative care.

REPORT ENDS

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Process to Date: Engagement and Review



Hounslow Health
and Wellbeing
'have your say'



Attended and engaged with all seven area forums; at the Market Places and on the main agendas.

Created a video which has been viewed via the councils YouTube channel, featuring Councillor Bath and Steven Forbes.

A survey was created and promoted through the video via a QR code and Thrive.

'Dr Who are You' transported school children into 2050, asking them to share their lifestyle aspirations for that time in their lives.

Engaged with key Health and Wellbeing Board stakeholders 1-2-1 to gather their opinions on the future strategy.

Overview of Engagement Outcomes



We have engaged with 767 people across the spring and summer of 2025.

Health and Wellbeing Priorities

Key priorities include early intervention, mental health support, community fitness, and age-friendly environments.

Youth Aspirations Survey

The 'Dr. Who are You?' survey gathered young people's views on housing, employment, health, and lifestyle futures.

Strategic Themes

Findings are categorized under Start Well, Live Well, Age Well, Healthy Places, and Access to Care themes.

Early Years and Families



Childcare and Parenting Support

Affordable childcare and parenting support programmes are vital for early family wellbeing and development. Prioritise early intervention for child development.

Community Hubs and Green Spaces

Community hubs, drop-in centres, and safe green spaces provide spaces for play, socialisation, and family resources.

Health and Early Intervention

Early interventions help identify developmental issues early, promoting inclusive care for all children. More exercise for children in schools.

Youth and School-based Services

Youth services and school health checks support wellbeing. Provide safe environments for young people to meet and free activities.

SEND and Educational Support



[Education, Health and Care Plans](#) | [Education](#) | [Neurodiversity](#) | [Health and wellbeing](#) | [Benefits and money](#) | [Social care](#) | [Transport](#) | [Preparation for adulthood](#) | [Information, advice and support](#)

Challenges in SEND Support

Long waiting lists for psychological assessments and insufficient mainstream support create challenges for SEND children.

Inclusive Education Advocacy

Strong advocacy for inclusive education with better communication between schools, healthcare, and families.

Mental Health and Social Inclusion

Calls for mental health initiatives and social inclusion programs for SEND children and young adults.

Support for Families

Accessible community services and respite care are priorities to reduce stress and support families.

35



Young Adults and Working Age Adults



Youth Mental Health and Support

Accessible mental health services and counselling are critical for young adults to foster wellbeing and life skills development.

Working Age Physical Wellbeing

Working-age adults benefit from physical activity programs, stress management, and workplace wellbeing initiatives to improve health.

Community and Digital Inclusion

Affordable leisure, community activities, and digital inclusion promote social connections and equitable access to services.

Financial Literacy and Life Skills

Training in budgeting, nutrition, and financial literacy empowers individuals and families to improve quality of life.

Older Adults and Independent Living



Social Engagement Activities

Older adults seek social activities like pottery, knitting, and art classes to reduce loneliness and isolation.

Accessible Exercise and Spaces

Exercise groups and age-friendly community spaces promote physical activity and interaction among older adults.

Mobility and Transport Improvements

Safer pavements, dedicated spaces, and better transport options and enhanced mobility.

Health and End-of-Life Care

Preventative health checks, early diagnosis, and respectful end-of-life care uphold dignity and quality of life.

Community Environments and Infrastructure



Green Spaces and Biodiversity

Preserving green spaces and planting trees improves biodiversity and provides recreational areas for all ages.

Infrastructure Safety Concerns

Safer streets needed especially around high-traffic areas.

Active Travel and Transport

Improved pedestrian areas and safer cycle lanes encourage active travel and reduce emissions.

Community Safety and Social Cohesion

CCTV monitoring and anti-social behaviour prevention enhance safety, while cultural activities foster social cohesion.

Primary Care and NHS Services

Appointment Availability Challenges

Patients face limited GP and dental appointments and difficulties booking with the same practitioner online.

Essential Post-COVID Services

Specialist clinics like cardiac rehabilitation need reinstating after COVID disruptions.

Specialist Care Wait Times

Long waiting lists for adult ADHD and autism support highlight gaps in specialist healthcare services.

Improved Patient Experience

Face-to-face consultations, clear communication, and coordinated health and social care improve accessibility.



Key Takeaways

Mental health services and support for young people is a need.

ADHD support for children and adults is a need.

More GP appointments is a need.

More NHS dental appointments is a need.

Youth activities and clubs is a need.

Exercise and group activity for older adults is a need.

End of Life Care is a need.



Key Takeaways - Continued

Comprehensive Health Themes

Strategy should focus on early intervention, mental health, social inclusion, and accessible healthcare to reduce inequalities.

Youth Aspirations for 2050

Youth priorities home ownership, sustainable transport, active lifestyles, and face-to-face healthcare options.

Forward-Thinking Policies

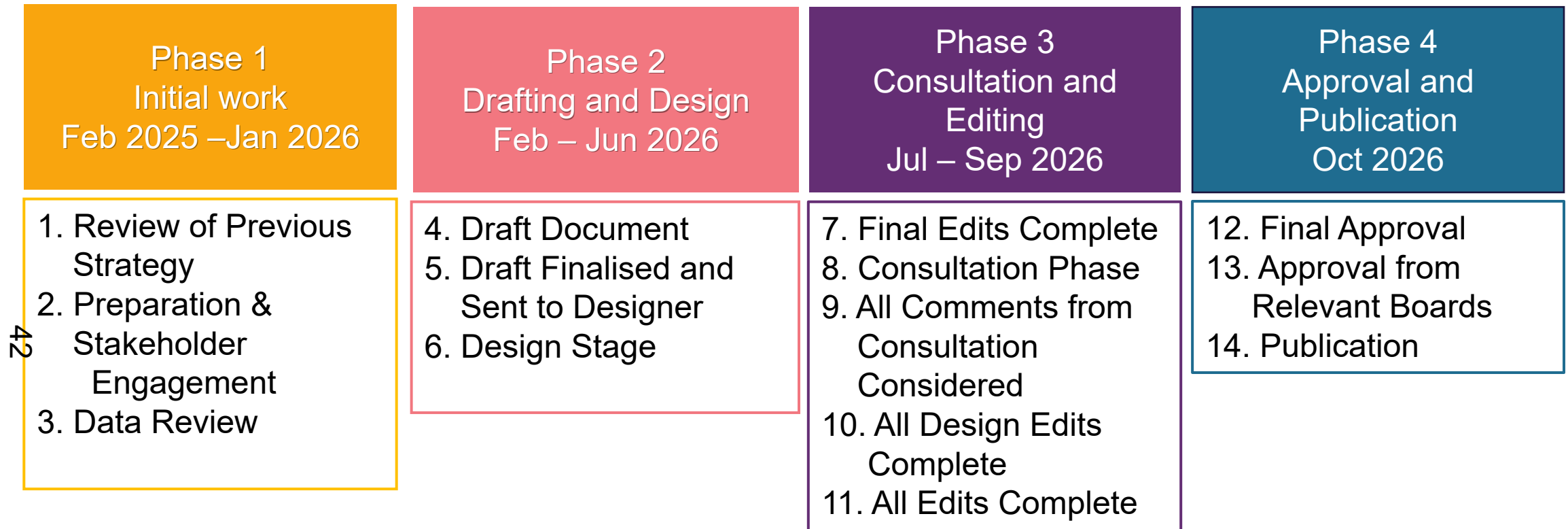
Policies must anticipate demographic changes and evolving community expectations for resilience and inclusivity.

Community Collaboration

Success depends on continuous engagement, stakeholder collaboration, and adaptive strategy implementation.



Project timeline







Report for: ACTION	
Contains Confidential or Exempt Information	No
Cabinet Key Decision	No

Report Title	Better Care Fund – 2025/26 Quarter 2 Reporting Template submission
Member Reporting	Cllr Lily Bath
Contact Details	Steven Forbes - Executive Director of Children's and Adults Services Martin Waddington – Director of Commissioning
For Consideration By	Hounslow Health and Wellbeing Board
Date of Decision	13 th January 2026
Implementation Date if Not Called In	
Affected Wards	All
Keywords/Index	Better Care Fund, Integrated Care, Commissioning

1. Details of Recommendations

The Better Care Fund (BCF) Executive Group requires the Health & Wellbeing Board (HWB) to approve the 2025/26 BCF Q2 template submission, at Appendices a) and b), to NHS England (NHSE) as these are required to be signed off by the HWB. (The template was submitted on 10th November 2025 with the HWB Chair's approval, formal board approval is being sought on 13th January 2026).

2. Report Summary

The key purposes of 2025/26 Quarter 2 Reporting Template are to:

- Confirm that the National Conditions continue to be met
- Share Q2 metric performance against plans
- Provide high-level Q2 spend against plans.

3. Appendices:

- a) **Hounslow HWB BCF 2025/26 Quarter 2 Reporting Template**
- b) **Section 75 Agreement 2025/26 (for reference only in relation to the BCF)**

4. Reasons for Decision:

- 4.1. The BCF is one of the government's national vehicles for driving health and social care integration. This is a joint plan between the Council and North West London Integrated Care Board (NW London ICB) for using pooled budgets to support integration, governed by an agreement under section 75 of the NHS Act (2006).
- 4.2. The Health and Wellbeing Board (HWB) is responsible for ensuring compliance and the strategic direction of the BCF and other jointly funded projects as outlined in the Section 75 Agreement and is therefore required to sign off submissions to NHS England.
- 4.3. Set out the detail of schemes that are funded by the BCF plan for the HWB, including amounts, type of activity and funding source
- 4.4. Confirm the status of continued national compliance against the requirements of the BCF
- 4.5. The capacity and demand template is required to report the expected demand for short term intermediate care and out of hospital services in the local authority area
- 4.6. The HWB is requested to sign off the attached 2025/26 Quarter 2 Reporting Template submission to confirm that the BCF has been spent in accordance with the 2025/26 planning template and related Section 75 agreement, and that our performance or revised projections are compliant with the expectations of the BCF.

5. Background Information

- 5.1. The BCF is one of the government's national vehicles for driving health and social care integration.
- 5.2. These are joint plans for using pooled budgets to support integration, governed by an agreement under section 75 of the NHS Act (2006), and are vital to the delivery of Borough Based Partnership (BBP) priorities.
- 5.3. The Council's Lead Member for Adult Social Care and Health has delegated authority to authorise the Council to enter into the Section 75 partnership agreement with NWL ICB and the Executive Director for Children's and Adult Services has delegated authority to award the final terms of the Section 75 agreement.
- 5.4. In support of integrated models of working, Hounslow has a long history of effective joint commissioning across health, public health and social care.
- 5.5. Over the life of the BCF there has been some significant strides to improve collaboration across the health and care system in Hounslow, much of which has been enabled through the BCF. Our Focus on Prevention has delivered improvements in areas such as self-care, falls prevention, and community

recovery and rehabilitation, to enable adults to retain their independence and quality of life for longer.

REPORT ENDS

Dated 2025/26

(1) LONDON BOROUGH OF HOUNSLOW

- and -

(2) NHS NORTH WEST LONDON INTEGRATED CARE BOARD (HOUNSLOW BOROUGH)

**Framework Partnership Agreement relating to the Commissioning of Health and Social
Care Services**

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THIS AGREEMENT is made on the

BETWEEN:

- (1) **LONDON BOROUGH OF HOUNSLOW** of Hounslow House, 7 Bath Road, Hounslow, Middlesex TW3 3EB (the "**Council**")
- (2) **NHS NORTH WEST LONDON INTEGRATED CARE BOARD (HOUNSLOW BOROUGH)** (formerly North West London Clinical Commissioning Group for Hounslow Borough) of Hounslow House, 7 Bath Road, Hounslow, Middlesex TW3 3EB (the "**ICB**")

BACKGROUND:

- (A) The Council has responsibility for commissioning and/or providing social care services on behalf of the population of the Borough of Hounslow. The ICB has the responsibility for commissioning health services pursuant to the 2006 Act in the Borough of Hounslow.
- (B) The Partners wish to develop an overarching agreement and governance framework within which they can jointly commission services.
- (C) The Partners also wish to establish a pooled fund for the purposes of the Better Care Fund. The Better Care Fund has been set up to provide funds to local areas to support the integration of health and social care and to seek to achieve the National Conditions and Local Objectives. It is a requirement of the Better Care Fund that the ICB and the Council establish a pooled fund for this purpose.
- (D) Section 75 of the 2006 Act gives powers to local authorities and clinical commissioning groups to establish and maintain pooled funds out of which payment may be made towards expenditure incurred in the exercise of prescribed local authority functions and prescribed NHS functions.
- (E) The purpose of this Agreement is to set out the terms on which the Partners have agreed to collaborate and to establish a framework through which the Partners can secure the future position of health and social care services through lead or joint commissioning arrangements. It is also a means through which the Partners will pool funds and align budgets as agreed between the Partners.
- (F) The aims and benefits of the Partners in entering into this Agreement are to:
 - (a) improve the quality and efficiency of services;
 - (b) meet the National Conditions and Local Objectives in respect of Services related to the Better Care Fund; and
 - (c) make more effective use of resources through the establishment and maintenance of a pooled fund for revenue expenditure on the Services; and
 - (d) agree the funding arrangements, structures, governance and joint responsibilities of the Joint Commissioning Team; and
 - (e) agree the basis for joint monitoring of adult residential care homes and nursing homes, including the issuing of embargo notifications; and
 - (f) agree the basis for commissioning voluntary sector services (previously funded through section 256 monies); and
 - (g) agree the process of joint commissioning of community equipment; and
 - (h) agree the processes for the Council to arrange placements and brokerage on behalf of the ICB; and

- (i) agree processes for Council support in supporting the brokerage functions of personal health budgets; and
 - (j) agree the working arrangements between the ICB and the Council for locality working and the Community Recovery Service; and
 - (k) support arrangements for future pooled budgets in children's health and social care
- (G) Where required by law, the Partners have jointly carried out consultations on the proposals for this Agreement with all those persons likely to be affected by the arrangements.
- (H) The Partners are entering into this Agreement in exercise of the powers referred to in Section 75 of the 2006 Act and/or Section 13Z(2) and 14Z3 of the 2006 Act as applicable, to the extent that exercise of these powers is required for this Agreement.
- (I) It is acknowledged that this document is based on a template authored by Bevan Brittan LLP.

NOW IT IS HEREBY AGREED as follows:

1. DEFINED TERMS AND INTERPRETATION

- 1.1 In this Agreement, save where the context requires otherwise, the following words, terms and expressions shall have the following meanings:

2018 Act means the Data Protection Act 2018.

2000 Act means the Freedom of Information Act 2000.

2004 Regulations means the Environmental Information Regulations 2004.

2006 Act means the National Health Service Act 2006.

Affected Partner means, in the context of Clause 24, the Partner whose obligations under the Agreement have been affected by the occurrence of a Force Majeure Event

Agreement means this agreement including its Schedules and Appendices.

Approved Expenditure means any additional expenditure approved by the Partners in relation to an Individual Scheme above any Contract Price and Performance Payments, including any Third Party Costs.

Authorised Officers means an officer of each Partner appointed to be that Partner's representative for the purpose of this Agreement.

BCF Executive Group means the Borough Director for the ICB - Hounslow Borough Team/Director of Joint Commissioning of the Council, Director Adult Safeguarding, Social Care and Health Services of the Council, Assistant Director Primary Care, Integration and Delivery ICB Hounslow Borough Team, ICB Finance Business Partner, Head of Finance of Children and Adults Services at the Council, Head of Programmes ICB Hounslow Borough Team, Performance Lead of Children and Adults Services at the Council.

BCF Guidance means any guidance issued by NHS England in relation to the Better Care Fund.

BCF Pay for Performance Fund means the element of the Pooled Fund to be released by the ICB for achievement of the BCF Performance Target as specified in the BCF Plan.

BCF Performance Target means the performance targets set out in the BCF Plan.

BCF Project means a project identified in the BCF Scheme Specification, and BCF Projects shall be interpreted accordingly.

BCF Scheme Specification means each specification included at Schedule 1 Part 2A.

Better Care Fund means the Better Care Fund as described in NHS England Publications Gateway Ref. No.00314 and NHS England Publications Gateway Ref. No.00535 as relevant to the Partners.

Better Care Fund Plan or BCF Plan means the plan referred to in Schedule 5 setting out the Partners plan for the use of the Better Care Fund.

The ICB Statutory Duties means the Duties of the ICB pursuant to Sections 14P to 14Z2 of the 2006 Act

Change in Law means the coming into effect or repeal (without re-enactment or consolidation) in England of any Law, or any amendment or variation to any Law, or any judgment of a relevant court of law which changes binding precedent in England after the date of this Agreement

Commencement Date means 00:01 hrs on 1 April 2025.

Confidential Information means information, data and/or material of any nature which any Partner may receive or obtain in connection with the operation of this Agreement and the Services and:

- (a) which comprises Personal Data or Special Category Data or which relates to any patient or his treatment or medical history;
- (b) the release of which is likely to prejudice the commercial interests of a Partner or the interests of a Service User respectively; or
- (c) which is a trade secret.

Contract Price means any sum payable to a Provider under a Service Contract as consideration for the provision of Services and which, for the avoidance of doubt includes any claims for reimbursement submitted by the ICB in accordance with Schedule 1 Part 2A and does not include any Default Liability or Performance Payment.

Default Liability means any sum which is agreed or determined by Law or in accordance with the terms of a Services Contract) to be payable by any Partner to the Provider as a consequence of (i) breach by any or all of the Partners of an obligation(s) in whole or in part) under the relevant Services Contract or (ii) any act or omission of a third party for which any or all of the Partners are, under the terms of the relevant Services Contract, liable to the Provider.

Expiry Date means 23:59 on 31 March 2026 or such other date that the Partners have agreed to extend this Agreement until, in accordance with the terms of this Agreement;

Financial Contributions means the financial contributions made by each Partner to a Pooled Fund in any Financial Year.

Financial Year means each financial year running from 1 April in any year to 31 March in the following calendar year.

Force Majeure Event means one or more of the following:

- (a) war, civil war (whether declared or undeclared), riot or armed conflict;
- (b) acts of terrorism;
- (c) acts of God;

- (d) fire or flood;
- (e) industrial action;
- (f) prevention from or hindrance in obtaining raw materials, energy or other supplies;
- (g) any form of contamination or virus outbreak; and
- (h) any other event,

in each case where such event is beyond the reasonable control of the Partner claiming relief

Functions means the NHS Functions and the Health-Related Functions

Health Related Functions means those of the health-related functions of the Council, specified in Regulation 6 of the Regulations as relevant to the commissioning of the services and which may be further described in the relevant Scheme Specification.

Host Partner means for each Pooled Fund the Partner that will host the Pooled Fund and for each Non-Pooled Fund the Partner that will host the Non-Pooled Fund.

Health and Wellbeing Board means the Health and Wellbeing Board established by the Council pursuant to Section 194 of the Health and Social Care Act 2012.

Indirect losses mean loss of profits, loss of use, loss of production, increased operating costs, loss of business, loss of business opportunity, loss of reputation or goodwill or any other consequential or indirect loss of any nature, whether arising in tort or on any other basis.

Individual Scheme means one of the schemes which is agreed by the Partners to be included within this Agreement using the powers under Section 75 as documented in a Scheme Specification. For example, a BCF Project shall be considered an Individual Scheme for the purposes of this Agreement.

Integrated Commissioning means arrangements by which both Partners commission services in relation to an individual scheme on behalf of each other in exercise of both the NHS Functions and Health Related Functions through integrated structures.

Joint (Aligned) Commissioning means a mechanism by which the Partners jointly commission a Service. For the avoidance of doubt, a joint (aligned) commissioning arrangement does not involve the delegation of any functions pursuant to Section 75.

Joint Commissioning Board means the joint commissioning board responsible for review of performance and oversight of this Agreement as set out in Schedule 2.

Law means:

- (a) any statute or proclamation or any delegated or subordinate legislation;
- (b) any enforceable community right within the meaning of Section 2(1) European Communities Act 1972;
- (c) any guidance, direction or determination with which the Partner(s) or relevant third party (as applicable) are bound to comply to the extent that the same are published and publicly available or the existence or contents of them have been notified to the Partner(s) or relevant third party (as applicable); and
- (d) any judgment of a relevant court of law which is a binding precedent in England.

Lead Commissioning Arrangements means the arrangements by which one Partner commissions services in relation to an Individual Scheme on behalf of the other Partner in exercise of both the NHS Functions and the Health-Related Functions and "Lead Commissioning" shall be interpreted accordingly.

Lead Commissioner means the Partner responsible for commissioning an Individual Scheme under a Scheme Specification.

Losses means all damage, loss, liabilities, claims, actions, costs, expenses (including the cost of legal and/or professional services), proceedings, demands and charges whether arising under statute, contract, or at common law but excluding Indirect Losses and "Loss" shall be interpreted accordingly.

Month means a calendar month.

National Conditions mean the national conditions as set out in the NHS England Planning Guidance as are amended or replaced from time to time.

NHS Functions means those of the NHS functions listed in Regulation 5 of the Regulations as are exercisable by the ICB as are relevant to the commissioning of the Services and which may be further described in each Service Schedule

NHS Standard Contract means the NHS standard contract for commissioning health services, as may be amended from time to time. See <http://www.england.nhs.uk/nhs-standard-contract/>

Non- Pooled Fund means the budget detailing the financial contributions of the Partners which are not included in a Pooled Fund in respect of a particular Service as set out in the relevant Scheme Specification

Non-Recurrent Payments means funding provided by a Partner to a Pooled Fund in addition to the Financial Contributions pursuant to arrangements agreed in accordance with Clause 8.4.

Overspend means any expenditure from a Pooled Fund in a Financial Year which exceeds the Financial Contributions for that Financial Year (including where the partial expenditure of the Pooled Fund relating to a BCF Project exceeds the Permitted Expenditure for that BCF Project, where the context permits).

Partner means each of the ICB and the Council, and references to "Partners" shall be construed accordingly.

Permitted Budget means in relation to a Service where the Council is the Provider, the budget that the Partners have set in relation to the particular Service.

Permitted Expenditure has the meaning given in Clause 7.3.

Personal Data means Personal Data as defined by the 2018 Act.

Pooled Fund means any pooled fund established and maintained by the Partners as a pooled fund in accordance with the Regulations

Pooled Fund Manager means such officer of the Host Partner which includes a Section 113 Officer for the relevant Pooled Fund established under an Individual Scheme as is nominated by the Host Partner from time to time to manage the Pooled Fund in accordance with Clause 10.

Provider means a provider of any Services commissioned under the arrangements set out in this Agreement.

Public Health England means the SOSH trading as Public Health England.

Quarter means each of the following periods in a Financial Year:

1 April to 30 June

1 July to 30 September

1 October to 31 December

1 January to 31 March

and "Quarterly" shall be interpreted accordingly.

Regulations means the NHS Bodies and Local Authorities Partnership Arrangements Regulations 2000 No 617 (as amended).

Risk Share Pool has the meaning set out in Schedule 3 (Risk Share and Overspends).

Performance Payment Arrangement means any arrangement agreed with a Provider and one of more Partners in relation to the cost of providing Services on such terms as agreed in writing by all Partners.

Performance Payments means any sum over and above the relevant Contract Price which is payable to the Provider in accordance with a Performance Payment Arrangement.

Scheme Specification means a specification setting out the arrangements for an Individual Scheme agreed by the Partners to be commissioned under this Agreement.

Sensitive Personal Data means Sensitive Personal Data as defined in the 1998 Act.

Services means such health and social care services as agreed from time to time by the Partners as commissioned under the arrangements set out in this Agreement and more specifically defined in each Scheme Specification.

Services Contract means an agreement for the provision of Services entered into with a Provider by one or more of the Partners in accordance with the relevant Individual Scheme.

Service Users means those individuals for whom the Partners have a responsibility to commission the Services.

SOSH means the Secretary of State for Health.

Third Party Costs means all such third-party costs (including legal and other professional fees) in respect of each Individual Scheme as a Partner reasonably and properly incurs in the proper performance of its obligations under this Agreement.

Underspend means where any expenditure from a Pooled Fund in a Financial Year does not exceed the Financial Contribution for that Financial Year (including where the partial expenditure of the Pooled Fund relating to a BCF Project does not exceed the Permitted Expenditure for that BCF Project, where the context permits).

Working Day means 8.00am to 6.00pm on any day except Saturday, Sunday, Christmas Day, Good Friday or a day which is a bank holiday (in England) under the Banking & Financial Dealings Act 1971.

- 1.2 In this Agreement, all references to any statute or statutory provision shall be deemed to include references to any statute or statutory provision which amends, extends, consolidates or replaces the same and shall include any orders, regulations, codes of practice, instruments or other subordinate legislation made thereunder and any conditions attaching thereto. Where relevant, references to English statutes and

statutory provisions shall be construed as references also to equivalent statutes, statutory provisions and rules of law in other jurisdictions.

- 1.3 Any headings to Clauses, together with the front cover and the index are for convenience only and shall not affect the meaning of this Agreement. Unless the contrary is stated, references to Clauses and Schedules shall mean the clauses and schedules of this Agreement.
- 1.4 Any reference to the Partners shall include their respective statutory successors, employees and agents.
- 1.5 In the event of a conflict, the conditions set out in the Clauses to this Agreement shall take priority over the Schedules.
- 1.6 Where a term of this Agreement provides for a list of items following the word "including" or "includes", then such list is not to be interpreted as being an exhaustive list.
- 1.7 In this Agreement, words importing any particular gender include all other genders, and the term "person" includes any individual, partnership, firm, trust, body corporate, government, governmental body, trust, agency, unincorporated body of persons or association and a reference to a person includes a reference to that person's successors and permitted assigns.
- 1.8 In this Agreement, words importing the singular only shall include the plural and vice versa.
- 1.9 In this Agreement, "staff" and "employees" shall have the same meaning and shall include reference to any full or part time employee or officer, director, manager and agent.
- 1.10 Subject to the contrary being stated expressly or implied from the context in these terms and conditions, all communication between the Partners shall be in writing.
- 1.11 Unless expressly stated otherwise, all monetary amounts are expressed in pounds sterling but in the event that pounds sterling is replaced as legal tender in the United Kingdom by a different currency then all monetary amounts shall be converted into such other currency at the rate prevailing on the date such other currency first became legal tender in the United Kingdom.
- 1.12 All references to the Agreement include (subject to all relevant approvals) a reference to the Agreement as amended, supplemented, substituted, novated or assigned from time to time.

2. TERM

- 2.1 Subject to Clause 2.2, this Agreement shall come into force on the Commencement Date and expire on the Expiry Date.
- 2.2 Each Scheme Specification sets out the term that the relevant Individual Scheme is in force for.
- 2.3 This Agreement shall continue until 23:59 on 31 March 2026 unless
 - 2.3.1 the parties agree to extend the term by any period up to 12 months, with agreement to such extension to be evidenced in writing; or
 - 2.3.2 it is terminated in accordance with Clause 22.

3. GENERAL PRINCIPLES

- 3.1 Nothing in this Agreement shall affect:
- 3.1.1 the liabilities of the Partners to each other or to any third parties for the exercise of their respective functions and obligations (including the Functions); or
 - 3.1.2 any power or duty to recover charges for the provision of any services (including the Services) in the exercise of any local authority function.
- 3.2 The Partners agree to:
- 3.2.1 treat each other with respect and an equality of esteem;
 - 3.2.2 be open with information about the performance and financial status of each; and
 - 3.2.3 provide early information and notice about relevant problems.
- 3.3 For the avoidance of doubt, the aims relating to an Individual Scheme may be set out in the relevant Scheme Specification.

4. PARTNERSHIP FLEXIBILITIES

- 4.1 This Agreement sets out the mechanism through which the Partners will work together to establish one or more of the following:
- 4.1.1 Lead Commissioning Arrangements;
 - 4.1.2 Integrated Commissioning;
 - 4.1.3 Joint (Aligned) Commissioning;
 - 4.1.4 the establishment of one or more Pooled Funds
in relation to Individual Schemes (the "**Flexibilities**")
- 4.2 The Council delegates to the ICB and the ICB agrees to exercise, on the Council's behalf, the Health-Related Functions to the extent necessary for the purpose of performing its obligations under this Agreement in conjunction with the NHS Functions.
- 4.3 ICB delegates to the Council and the Council agrees to exercise on the ICB 's behalf the NHS Functions to the extent necessary for the purpose of performing its obligations under this Agreement in conjunction with the Health-Related Functions.
- 4.4 Where the powers of a Partner to delegate any of its statutory powers or functions are restricted, such limitations will automatically be deemed to apply to the relevant Scheme Specification and the Partners shall agree arrangements designed to achieve the greatest degree of delegation to the other Partner necessary for the purposes of this Agreement which is consistent with the statutory constraints.

5. FUNCTIONS

- 5.1 The purpose of this Agreement is to establish a framework through which the Partners can secure the provision of health and social care services in accordance with the terms of this Agreement.

- 5.2 This Agreement shall include such Functions as shall be agreed from time to time by the Partners.
- 5.3 Where the Partners add a new Individual Scheme to this Agreement a Scheme Specification for each Individual Scheme, materially in the form of the template services schedule set out in Part 1 of Schedule 1 shall be completed and agreed between the Partners.
- 5.4 The Partners shall not enter into a Scheme Specification in respect of an Individual Scheme unless they are satisfied that the Individual Scheme in question will improve health and well-being in accordance with this Agreement.
- 5.5 The introduction of any Individual Scheme will be subject to each Party's approval, and approval by the Joint Commissioning Board.
- 5.6 All Individual Schemes, once approved for introduction into this Agreement, must be added to Schedule 1 as subsections i.e. Part 2C and tabled for noting at the next scheduled meeting of the Joint Commissioning Board.

6. COMMISSIONING ARRANGEMENTS

Integrated Commissioning

- 6.1 Where there are Integrated Commissioning arrangements in respect of an Individual Scheme, both Partners shall work in cooperation and shall endeavour to ensure that the NHS Functions and Social Care Related Functions are commissioned with all due skill, care and attention.
- 6.2 Both Partners shall be responsible for compliance with and making payments of all sums due to a Provider pursuant to the terms of each Service Contract.
- 6.3 Both Partners shall work in cooperation and endeavour to ensure that the relevant Services as set out in each Scheme Specification are commissioned within each Partners Financial Contribution in respect of that particular Service in each Financial Year.

Joint (Aligned) Commissioning

- 6.4 The Partners shall comply with the arrangements in respect of the Joint (Aligned) Commissioning as set out in the relevant Scheme Specification.

Appointment of a Lead Commissioner

- 6.5 Where there are Lead Commissioning Arrangements in respect of an Individual Scheme the Lead Commissioner shall:
 - 6.5.1 exercise the NHS Functions in conjunction with the Health-Related Functions as identified in the relevant Scheme Specification;
 - 6.5.2 endeavour to ensure that the NHS Functions and the Health-Related Functions are funded within the parameters of the Financial Contributions of each Partner in relation to each particular Service in each Financial Year.
 - 6.5.3 commission Services for individuals who meet the eligibility criteria set out in the relevant Scheme Specification;

- 6.5.4 contract with Provider(s) for the provision of the Services on terms agreed with the other Partners;
- 6.5.5 comply with all relevant legal duties and guidance of both Partners in relation to the Services being commissioned;
- 6.5.6 where Services are commissioned using the NHS Standard Form Contract, perform the obligations of the "Commissioner" and "Co-ordinating Commissioner" with all due skill, care and attention and where Services are commissioned using any other form of contract to perform its obligations with all due skill and attention;
- 6.5.7 undertake performance management, contract monitoring, and any enforcement required of all Service Contracts;
- 6.5.8 make payment of all sums due to a Provider pursuant to the terms of any Services Contract.
- 6.5.9 keep the other Partner regularly informed of the effectiveness of the arrangements including any Overspend or Underspend in a Pooled Fund or Non Pooled Fund.

Reporting

- 6.6 Each Partner shall keep the other Partners and the Joint Commissioning Board regularly informed of the effectiveness of the arrangements and any Overspend or Underspend in a Pooled Fund or Non-Pooled Fund.

7. ESTABLISHMENT OF A POOLED FUND

- 7.1 In exercise of their respective powers under Section 75 of the 2006 Act, the Partners have agreed to establish and maintain such pooled funds for revenue expenditure as set out in the Scheme Specifications.
- 7.2 Each Pooled Fund shall be managed and maintained in accordance with the terms of this Agreement.
- 7.3 It is agreed that the monies held in a Pooled Fund may only be expended up to the amounts listed against each Scheme Specification in Schedule 1 on the following:
 - 7.3.1 the Contract Price;
 - 7.3.2 where the Council is to be the Provider, the Permitted Budget; and
 - 7.3.3 Performance Payments.("Permitted Expenditure")
- 7.4 The Partners may only depart from the definition of Permitted Expenditure to include or exclude other Approved Expenditure with the express written agreement of each Partner.
- 7.5 For the avoidance of doubt, monies held in the Pooled Fund may not be expended on Default Liabilities unless this is agreed by all Partners.
- 7.6 Pursuant to this Agreement, the Partners agree to appoint a Host Partner for each of the Pooled Funds set out in the Scheme Specifications. The Host Partner shall be the Partner responsible for:

- 7.6.1 holding all monies contributed to the Pooled Fund on behalf of itself and the other Partners;
- 7.6.2 providing the financial administrative systems for the Pooled Fund; and
- 7.6.3 appointing the Pooled Fund Manager;
- 7.6.4 ensuring that the Pooled Fund Manager complies with its obligations under this Agreement.

8. POOLED FUND MANAGEMENT

- 8.1 When introducing a Pooled Fund in respect of an Individual Scheme, the Partners shall agree:
 - 8.1.1 which of the Partners shall act as Host Partner for the purposes of Regulations 7(4) and 7(5) and shall provide the financial administrative systems for the Pooled Fund;
 - 8.1.2 which officer of the Host Partner shall act as the Pooled Fund Manager for the purposes of Regulation 7(4) of the Regulations.
- 8.2 The Pooled Fund Manager in respect of each Individual Scheme where there is a Pooled Fund shall have the following duties and responsibilities:
 - 8.2.1 the day to day operation and management of the Pooled Fund;
 - 8.2.2 ensuring that all expenditure from the Pooled Fund is in accordance with the provisions of this Agreement and the relevant Scheme Specification;
 - 8.2.3 maintaining an overview of all joint financial issues affecting the Partners in relation to the Services and the Pooled Fund;
 - 8.2.4 ensuring that full and proper records for accounting purposes are kept in respect of the Pooled Fund;
 - 8.2.5 reporting to the BCF Executive Group
 - 8.2.6 ensuring action is taken to manage any projected under or overspends relating to the Pooled Fund in accordance with this Agreement;
 - 8.2.7 preparing and submitting to the BCF Executive Group reports (or more frequent reports if required) and an annual return about the income and expenditure from the Pooled Fund together with such other information as may be required by the Partners and BCF Executive Group to monitor the effectiveness of the Pooled Fund and to enable the Partners to complete their own financial accounts and returns. The Partners agree to provide all necessary information to the Pooled Fund Manager in time for the reporting requirements to be met.
 - 8.2.8 preparing and submitting reports to the Health and Wellbeing Board as required by it, but at least annually.
- 8.3 In carrying out their responsibilities as provided under Clause 8.2 the Pooled Fund Manager shall have regard to the recommendations of the BCF Executive Group and shall be accountable to the Partners.
- 8.4 The BCF Executive Group may agree to vire (i.e. the transfer of a surplus in one area to a deficit in another) funds between Pooled Funds.

9. NON-POOLED FUNDS

- 9.1 Any Financial Contributions agreed to be held within a Non-Pooled Fund will be notionally held in a fund established for the purpose of commissioning that Service as set out in the relevant Scheme Specification. For the avoidance of doubt, a Non-Pooled Fund does not constitute a pooled fund for the purposes of Regulation 7 of the Partnership Regulations.
- 9.2 When introducing a Non-Pooled Fund in respect of an Individual Scheme, the Partners shall agree:
- 9.2.1 which Partner if any shall host the Non-Pooled Fund
 - 9.2.2 how and when Financial Contributions shall be made to the Non-Pooled Fund.
- 9.3 The Host Partner will be responsible for establishing the financial and administrative support necessary to enable the effective and efficient management of the Non-Pooled Fund, meeting all required accounting and auditing obligations.
- 9.4 Both Partners shall ensure that Services commissioned using a Non-Pooled Fund are commissioned solely in accordance with the relevant Scheme Specification.
- 9.5 Where there are Joint (Aligned) Commissioning arrangements, both Partners shall work in cooperation and shall endeavour to ensure that:
- 9.5.1 the NHS Functions funded from a Non-Pooled Fund are carried out within the ICB's Financial Contribution to the Non- Pooled Fund for the relevant Service in each Financial Year; and
 - 9.5.2 the Health-Related Functions funded from a Non-Pooled Fund are carried out within the Council's Financial Contribution to the Non-Pooled Fund for the relevant Service in each Financial Year.

10. FINANCIAL CONTRIBUTIONS

- 10.1 The Financial Contribution of the ICB and the Council to any Pooled Fund or Non-Pooled Fund for the first Financial Year of operation of each Individual Scheme shall be as set out in the relevant Scheme Specification.
- 10.2 Financial Contributions will be paid as set out in each Scheme Specification.
- 10.3 Except for Clause 13, no provision of this Agreement shall preclude the Partners from making additional contributions of Non-Recurrent Payments to the Pooled Fund from time to time by mutual agreement. Any such additional contributions of Non-Recurrent Payments shall be recorded in the BCF Executive decision/action log and recorded in the budget statement as a separate item.

11. NON-FINANCIAL CONTRIBUTIONS

The Scheme Specification shall set out non-financial contributions of each Partner including staff (including the Pooled Fund Manager), premises, IT support and other non-financial resources necessary to perform its obligations pursuant to this Agreement (including, but not limited to, management of service contracts and the Pooled Fund).

12. RISK SHARE ARRANGEMENTS, OVERSPENDS AND UNDERSPENDS

Risk share arrangements

- 12.1 The Partners have agreed risk share arrangements as set out in Schedule 3, which provide for financial risks arising within the commissioning of Services from the Pooled Funds and the financial risk to the Pooled Fund arising from a failure to meet agreed targets, including the BCF Performance Target.

Overspends in Pooled Fund

- 12.2 Subject to Clause 12.3, the Host Partner for the relevant Pooled Fund shall manage expenditure from a Pooled Fund within the Financial Contributions and shall ensure that the expenditure is limited to Permitted Expenditure.
- 12.3 The Host Partner shall not be in breach of its obligations under this Agreement if an Overspend occurs provided that the only expenditure from a Pooled Fund has been in accordance with Permitted Expenditure and it has informed the Joint Commissioning Board and proposed an action plan in accordance with Clause 12.4.
- 12.4 In the event that the Pooled Fund Manager identifies an actual or projected Overspend the Pooled Fund Manager must ensure that the Joint Commissioning Board is informed as soon as reasonably possible and provided with a proposed action plan to mitigate the actual or projected Overspend for agreement by the Partners. The provisions of the relevant Scheme Specification and Schedule 3 shall also apply where relevant.

Overspends in Non-Pooled Funds

- 12.5 Where in Joint (Aligned) Commissioning Arrangements either Partner forecasts an Overspend in relation to a Partners Financial Contribution to a Non-Pooled Fund that Partner shall as soon as reasonably practicable inform the other Partner and the BCF Executive Board
- 12.6 Where there is a Lead Commissioning Arrangement the Lead Commissioner is responsible for the management of a Non-Pooled Fund, and that Partner forecasts an Overspend in relation to a Partners Financial Contribution to a Non-Pooled that Partner shall as soon as reasonably practicable inform the other Partner and the BCF Executive Board.

Underspend

- 12.7 If expenditure from any Pooled Fund in any Financial Year is less than the aggregate value of the Financial Contributions made for that Financial Year the Partners shall agree how the surplus monies shall be spent, carried forward and/or returned to the Partners in accordance with Schedule 1 and Schedule 3.

13. CAPITAL EXPENDITURE

Save for as set out in the Scheme Specifications in relation to capital grant funding, neither Pooled Funds nor Non-Pooled Funds shall be applied towards any one-off expenditure on goods and/or services, which will provide continuing benefit and would historically have been funded from the capital budgets of one of the Partners. If a need for capital expenditure is identified this must be agreed by the BCF Executive Board.

14. **VAT**

Both the Council and the ICB will address VAT matters through their own payment systems/methods. As the Joint Commissioning Team is included in a Pooled Fund, recharges of staff salaries would be outside the scope of VAT for both parties.

15. **AUDIT AND RIGHT OF ACCESS**

- 15.1 All Partners shall promote a culture of probity and sound financial discipline and control. The Host Partner shall arrange for the audit of the accounts of the relevant Pooled Fund and shall require the Audit Commission to make arrangements to certify an annual return of those accounts under Section 20 and 21 the Local Audit and Accountability Act 2014.
- 15.2 All internal and external auditors and all other persons authorised by the Partners will be given the right of access by them to any document, information or explanation they require from any employee, member of the Partner in order to carry out their duties. This right is not limited to financial information or accounting records and applies equally to premises or equipment used in connection with this Agreement. Access may be at any time without notice, provided there is good cause for access without notice.

16. **LIABILITIES AND INSURANCE AND INDEMNITY**

- 16.1 Subject to Clause 16.2, and 16.3, if a Partner ("**First Partner**") incurs a Loss arising out of or in connection with this Agreement or a Services Contract as a consequence of any act or omission of another Partner ("**Other Partner**") which constitutes negligence, fraud or a breach of contract in relation to this Agreement or the Services Contract then the Other Partner shall be liable to the First Partner for that Loss and shall indemnify the First Partner accordingly.
- 16.2 Clause 16.1 shall only apply to the extent that the acts or omissions of the Other Partner contributed to the relevant Loss. Furthermore, it shall not apply if such act or omission occurred as a consequence of the Other Partner acting in accordance with the instructions or requests of the First Partner or the BCF Executive Board
- 16.3 If any third party makes a claim or intimates an intention to make a claim against either Partner, which may reasonably be considered as likely to give rise to liability under this Clause 16, the Partner that may claim against the other indemnifying Partner will:
 - 16.3.1 as soon as reasonably practicable give written notice of that matter to the Other Partner specifying in reasonable detail the nature of the relevant claim;
 - 16.3.2 not make any admission of liability, agreement or compromise in relation to the relevant claim without the prior written consent of the Other Partner (such consent not to be unreasonably conditioned, withheld or delayed);
 - 16.3.3 give the Other Partner and its professional advisers reasonable access to its premises and personnel and to any relevant assets, accounts, documents and records within its power or control so as to enable the Indemnifying Partner and its professional advisers to examine such premises, assets, accounts, documents and records and to take copies at their own expense for the purpose of assessing the merits of, and if necessary defending, the relevant claim.
- 16.4 Each Partner shall ensure that they maintain policies of insurance (or equivalent arrangements through schemes operated by the National Health Service Litigation Authority) in respect of all potential liabilities arising from this Agreement.

- 16.5 Each Partner shall at all times take all reasonable steps to minimise and mitigate any loss for which one party is entitled to bring a claim against the other pursuant to this Agreement.

17. STANDARDS OF CONDUCT AND SERVICE

- 17.1 The Partners will at all times comply with Law and ensure good corporate governance in respect of each Partner (including the Partners respective Standing Orders and Standing Financial Instructions).
- 17.2 The Council is subject to the duty of Best Value under the Local Government Act 1999. This Agreement and the operation of the Pooled Fund is therefore subject to the Council's obligations for Best Value and the other Partners will co-operate with all reasonable requests from the Council which the Council considers necessary in order to fulfil its Best Value obligations.
- 17.3 ICB is subject to the ICB's Statutory Duties and these incorporate a duty of clinical governance, which is a framework through which they are accountable for continuously improving the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish. This Agreement and the operation of the Pooled Funds are therefore subject to ensuring compliance with the ICB Statutory Duties and clinical governance obligations.
- 17.4 The Partners are committed to an approach to equality and equal opportunities as represented in their respective policies. The Partners will maintain and develop these policies as applied to service provision, with the aim of developing a joint strategy for all elements of the service.

18. CONFLICTS OF INTEREST

The Partners shall each comply with their own conflicts of interest policies in order to identify and manage conflicts of interest.

19. GOVERNANCE

- 19.1 Overall strategic oversight of partnership working between the Partners is vested in the Health and Well Being Board, which for these purposes shall make recommendations to the Partners as to any action it considers necessary.
- 19.2 The Partners have established a Joint Commissioning Board for the purposes of the objectives set out in Schedule 2.
- 19.3 The Joint Commissioning Board is based on a joint working group structure. Each member of the Joint Commissioning Board shall be an officer of one of the Partners and will have individual delegated responsibility from the Partner employing them to make decisions which enable the Joint Commissioning Board to carry out its objects, roles, duties and functions as set out in this Clause 19 and Schedule 2.
- 19.4 The terms of reference of the Joint Commissioning Board shall be as set out in Schedule 2.
- 19.5 Each Partner has secured internal reporting arrangements to ensure the standards of accountability and probity required by each Partner's own statutory duties and organisation are complied with.

- 19.6 Save where the Joint Commissioning Board agree alternative arrangements, the Joint Commissioning Board shall be responsible for the overall approval of the Individual Schemes. The Health and Wellbeing Board shall be responsible for ensuring compliance and the strategic direction of the Better Care Fund and other jointly funded projects.
- 19.7 Each Scheme Specification shall confirm the governance arrangements in respect of the Individual Scheme and how that Individual Scheme is reported to the BCF Executive Group, Joint Commissioning Board and Health and Wellbeing Board.
- 19.8 The Partners agree that nothing in this Agreement shall override or bring either Partner into breach of its own internal governance arrangements, and this Agreement should be interpreted accordingly.

20. REVIEW

- 20.1 Save where the Joint Commissioning Board agree alternative arrangements (including alternative frequencies) the Partners shall undertake an annual review ("**Annual Review**") of the operation of this Agreement, any Pooled Fund, Non Pooled Fund and the provision of the Services within 3 Months of the end of each Financial Year.
- 20.2 Subject to any variations to this process required by the Joint Commissioning Board, Annual Reviews shall be conducted in good faith and, where applicable, in accordance with the governance arrangements set out in Schedule 2.
- 20.3 The Partners shall within [20] Working Days of the annual review prepare a joint annual report documenting the matters referred to in this Clause 20. A copy of this report shall be provided to the Joint Commissioning Board.

21. COMPLAINTS

The Partners' own complaints procedures shall apply to this Agreement. The Partners agree to assist one another in the management of complaints arising from this Agreement or the provision of the Services.

22. TERMINATION & DEFAULT

- 22.1 This Agreement shall automatically terminate on the Expiry Date unless terminated earlier by the mutual agreement of the Partners.
- 22.2 If any Partner ("**Relevant Partner**") fails to meet any of its obligations under this Agreement, the other Partner may by notice require the Relevant Partner to take such reasonable action within a reasonable timescale as the other Partner may specify to rectify such failure. Should the Relevant Partner fail to rectify such failure within such reasonable timescale, the matter shall be referred for resolution in accordance with Clause 23.
- 22.3 Termination of this Agreement (whether by effluxion of time or otherwise) shall be without prejudice to the Partners' rights in respect of any antecedent breach.
- 22.4 In the event of termination of this Agreement, the Partners agree to cooperate to ensure an orderly wind down of their joint activities and to use their best endeavours to minimise disruption to the health and social care which is provided to the Service Users.
- 22.5 Upon termination of this Agreement for any reason whatsoever the following shall apply:

- 22.5.1 the Partners agree that they will work together and co-operate to ensure that the winding down and disaggregation of the integrated and joint activities to the separate responsibilities of the Partners is carried out smoothly and with as little disruption as possible to service users, employees, the Partners and third parties, so as to minimise costs and liabilities of each Partner in doing so;
 - 22.5.2 where either Partner has entered into a Service Contract which continues after the termination of this Agreement, both Partners shall continue to contribute to the Contract Price in accordance with the agreed contribution for that Service prior to termination and will enter into all appropriate legal documentation required in respect of this;
 - 22.5.3 the Lead Commissioner shall make reasonable endeavours to amend or terminate a Service Contract (which shall for the avoidance of doubt not include any act or omission that would place the Lead Commissioner in breach of the Service Contract) where the other Partner requests the same in writing Provided that the Lead Commissioner shall not be required to make any payments to the Provider for such amendment or termination unless the Partners shall have agreed in advance who shall be responsible for any such payment.
 - 22.5.4 where a Service Contract held by a Lead Commissioner relates all or partially to services which relate to the other Partner's Functions then provided that the Service Contract allows, the other Partner may request that the Lead Commissioner assigns the Service Contract in whole or part upon the same terms mutatis mutandis as the original contract.
 - 22.5.5 the Joint Commissioning Board shall continue to operate for the purposes of functions associated with this Agreement for the remainder of any contracts and commitments relating to this Agreement; and
 - 22.5.6 Termination of this Agreement shall have no effect on the liability of any rights or remedies of either Partner already accrued, prior to the date upon which such termination takes effect.
- 22.6 In the event of termination in relation to an Individual Scheme the provisions of Clause 22.6 shall apply mutatis mutandis in relation to the Individual Scheme (as though references as to this Agreement were to that Individual Scheme).

23. DISPUTE RESOLUTION

- 23.1 In the event of a dispute between the Partners arising out of this Agreement, either Partner may serve written notice of the dispute on the other Partner, setting out full details of the dispute.
- 23.2 Each Partner shall nominate one of their members from the BCF Executive to meet with the other Partners nominated member from the BCF Executive in good faith as soon as possible and in any event within seven (7) days of notice of the dispute being served pursuant to Clause 23.1, at a meeting convened for the purpose of resolving the dispute.
- 23.3 If the dispute remains after the meeting detailed in Clause 23.2 has taken place, the matter will be referred to the Joint Commissioning Board who shall meet in good faith as soon as possible after the relevant meeting and in any event with fourteen (14) days of the date of the meeting, for the purpose of resolving the dispute.
- 23.4 If the dispute remains after the meeting detailed in Clause 23.3 has taken place, then the Partners will attempt to settle such dispute by mediation in accordance with the CEDR Model Mediation Procedure or any other model mediation procedure as agreed by the

Partners. To initiate a mediation, either Partner may give notice in writing (a "**Mediation Notice**") to the other requesting mediation of the dispute and shall send a copy thereof to CEDR or an equivalent mediation organisation as agreed by the Partners asking them to nominate a mediator. The mediation shall commence within twenty (20) Working Days of the Mediation Notice being served. Neither Partner will terminate such mediation until each of them has made its opening presentation and the mediator has met each of them separately for at least one (1) hour. Thereafter, paragraph 14 of the Model Mediation Procedure will apply (or the equivalent paragraph of any other model mediation procedure agreed by the Partners). The Partners will co-operate with any person appointed as mediator, providing him with such information and other assistance as he shall require and will pay his costs as he shall determine or in the absence of such determination such costs will be shared equally.

- 23.5 Nothing in the procedure set out in this Clause 23 shall in any way affect either Partner's right to terminate this Agreement in accordance with any of its terms or take immediate legal action.

24. **FORCE MAJEURE**

- 24.1 Neither Partner shall be entitled to bring a claim for a breach of obligations under this Agreement by the other Partner or incur any liability to the other Partner for any losses or damages incurred by that Partner to the extent that a Force Majeure Event occurs and it is prevented from carrying out its obligations by that Force Majeure Event.
- 24.2 On the occurrence of a Force Majeure Event, the Affected Partner shall notify the other Partner as soon as practicable. Such notification shall include details of the Force Majeure Event, including evidence of its effect on the obligations of the Affected Partner and any action proposed to mitigate its effect.
- 24.3 As soon as practicable, following notification as detailed in Clause 24.2, the Partners shall consult with each other in good faith and use all best endeavours to agree appropriate terms to mitigate the effects of the Force Majeure Event and, subject to Clause 24.4, facilitate the continued performance of the Agreement.
- 24.4 If the Force Majeure Event continues for a period of more than [sixty (60) days], either Partner shall have the right to terminate the Agreement by giving [fourteen (14) days] written notice of termination to the other Partner. For the avoidance of doubt, no compensation shall be payable by either Partner as a direct consequence of this Agreement being terminated in accordance with this Clause.

25. **CONFIDENTIALITY**

- 25.1 In respect of any Confidential Information a Partner receives from another Partner (the "**Discloser**") and subject always to the remainder of this Clause 25, each Partner (the "**Recipient**") undertakes to keep secret and strictly confidential and shall not disclose any such Confidential Information to any third party, without the Discloser's prior written consent provided that:
- 25.1.1 the Recipient shall not be prevented from using any general knowledge, experience or skills which were in its possession prior to the Commencement Date; and
- 25.1.2 the provisions of this Clause 25 shall not apply to any Confidential Information which:
- (a) is in or enters the public domain other than by breach of the Agreement or other act or omission of the Recipient; or

- (b) is obtained by a third party who is lawfully authorised to disclose such information.

25.2 Nothing in this Clause 25 shall prevent the Recipient from disclosing Confidential Information where it is required to do so in fulfilment of statutory obligations or by judicial, administrative, governmental or regulatory process in connection with any action, suit, proceedings or claim or otherwise by applicable Law.

25.3 Each Partner:

25.3.1 may only disclose Confidential Information to its employees and professional advisors to the extent strictly necessary for such employees to carry out their duties under the Agreement; and

25.3.2 will ensure that, where Confidential Information is disclosed in accordance with Clause 25.3.1, the recipient(s) of that information is made subject to a duty of confidentiality equivalent to that contained in this Clause 25;

25.3.3 shall not use Confidential Information other than strictly for the performance of its obligations under this Agreement.

26. **FREEDOM OF INFORMATION AND ENVIRONMENTAL PROTECTION REGULATIONS**

26.1 The Partners agree that they will each cooperate with each other to enable any Partner receiving a request for information under the 2000 Act or the 2004 Act to respond to a request promptly and within the statutory timescales. This cooperation shall include but not be limited to finding, retrieving and supplying information held, directing requests to other Partners as appropriate, and responding to any requests by the Partner receiving a request for comments or other assistance.

26.2 Any and all agreements between the Partners as to confidentiality shall be subject to their duties under the 2000 Act and 2004 Act. No Partner shall be in breach of Clause 26 if it makes disclosures of information in accordance with the 2000 Act and/or 2004 Act.

27. **OMBUDSMEN**

The Partners will co-operate with any investigation undertaken by the Health Service Commissioner for England or the Local Government Commissioner for England (or both of them) in connection with this Agreement.

28. **INFORMATION SHARING**

The Partners will follow the Information Governance Protocol set out in Schedule 6, and in so doing will ensure that the operation this Agreement complies with Law, in particular the 2018 Act, and General Data Protection Regulations

29. **NOTICES**

29.1 Any notice to be given under this Agreement shall either be delivered personally or sent by email or sent by first class post or electronic mail. The address for each Partner shall be as set out in Clause 29.3 or such other address as each Partner may previously have notified to the other Partner in writing. A notice shall be deemed to have been served if:

- 29.1.1 personally delivered, at the time of delivery;
 - 29.1.2 posted, at the expiration of forty-eight (48) hours after the envelope containing the same was delivered into the custody of the postal authorities; and
 - 29.1.3 if sent by electronic mail, at the time of transmission and a telephone call must be made to the recipient warning the recipient that an electronic mail message has been sent to him (as evidenced by a contemporaneous note of the Partner sending the notice) and a hard copy of such notice is also sent by first class recorded delivery post (airmail if overseas) on the same day as that on which the electronic mail is sent.
 - 29.2 In proving such service, it shall be sufficient to prove that personal delivery was made, or that the envelope containing such notice was properly addressed and delivered into the custody of the postal authority as prepaid first class or airmail letter (as appropriate), or that the electronic mail was properly addressed and no message was received informing the sender that it had not been received by the recipient (as the case may be).
 - 29.3 The address for service of notices as referred to in Clause 29.1 shall be as follows unless otherwise notified to the other Partner in writing:
 - 29.3.1 if to the Council, addressed to the Executive Director of Children's and Adult Services

Tel: 020 8583 4757

E-Mail: Steven.Forbes@hounslow.gov.uk

and
 - 29.3.2 if to the ICB, addressed to the Borough Director

Tel: 020 8583 5631

E-Mail: Martin.Waddington@hounslow.gov.uk
 - 29.4 This agreement may be terminated by any Partner giving not less than six months' notice in writing to terminate the Agreement. Where a scheme supported by the Agreement has an agreed termination date in excess of six months this will take precedent and such schemes will continue for the duration of the agreed termination period.
30. **VARIATION**
- 30.1 Subject to Clause 30.3, no variations to this Agreement will be valid unless they are recorded in writing and signed for and on behalf of each of the Partners.
 - 30.2 It is acknowledged by both Partners that a move towards Whole Systems Integrated Care in North West London may impact upon the terms and conditions set out in this Agreement. The Partners agree to act in good faith and use reasonable endeavours to agree any variations required to this Agreement because of the Whole Systems Integrated Care project.
 - 30.3 The Partners hereby agree that a decision by the Joint Commissioning Board to amend or replace an Individual Scheme (where such decision is accompanied by an amended / replaced Scheme Specification) shall be binding on the Partners, and once such decision has been recorded and the minutes have been approved the relevant amendments to such an Individual Scheme shall be considered incorporated as part of this Agreement.

31. CHANGE IN LAW

- 31.1 The Partners shall ascertain, observe, perform and comply with all relevant Laws, and shall do and execute or cause to be done and executed all acts required to be done under or by virtue of any Laws.
- 31.2 On the occurrence of any Change in Law, the Partners shall agree in good faith any amendment required to this Agreement because of the Change in Law subject to the Partners using all reasonable endeavours to mitigate the adverse effects of such Change in Law and taking all reasonable steps to minimise any increase in costs arising from such Change in Law.
- 31.3 In the event of failure by the Partners to agree the relevant amendments to the Agreement (as appropriate), the Clause 23 (Dispute Resolution) shall apply.

32. WAIVER

No failure or delay by any Partner to exercise any right, power or remedy will operate as a waiver of it nor will any partial exercise preclude any further exercise of the same or of some other right to remedy.

33. SEVERANCE

If any provision of this Agreement, not being of a fundamental nature, shall be held to be illegal or unenforceable, the enforceability of the remainder of this Agreement shall not thereby be affected.

34. ASSIGNMENT AND SUB CONTRACTING

The Partners shall not sub contract, assign or transfer the whole or any part of this Agreement, without the prior written consent of the other Partners, which shall not be unreasonably withheld or delayed. This shall not apply to any assignment to a statutory successor of all or part of a Partner's statutory functions.

35. EXCLUSION OF PARTNERSHIP AND AGENCY

- 35.1 Nothing in this Agreement shall create or be deemed to create a partnership under the Partnership Act 1890 or the Limited Partnership Act 1907, a joint venture or the relationship of employer and employee between the Partners or render either Partner directly liable to any third party for the debts, liabilities or obligations of the other.
- 35.2 Except as expressly provided otherwise in this Agreement or where the context or any statutory provision otherwise necessarily requires, neither Partner will have authority to, or hold itself out as having authority to:
 - 35.2.1 act as an agent of the other;
 - 35.2.2 make any representations or give any warranties to third parties on behalf of or in respect of the other; or
 - 35.2.3 bind the other in any way.

36. THIRD PARTY RIGHTS

Unless the right of enforcement is expressly provided, no third party shall have the right to pursue any right under this Contract pursuant to the Contracts (Rights of Third Parties) Act 1999 or otherwise.

37. ENTIRE AGREEMENT

- 37.1 The terms herein contained together with the contents of the Schedules constitute the complete agreement between the Partners with respect to the subject matter hereof and supersede all previous communications representations understandings and agreement and any representation promise or condition not incorporated herein shall not be binding on any Partner.
- 37.2 No agreement or understanding varying or extending or pursuant to any of the terms or provisions hereof shall be binding upon any Partner unless in writing and signed by a duly authorised officer or representative of the parties.

38. COUNTERPARTS

This Agreement may be executed in one or more counterparts. Any single counterpart or a set of counterparts executed, in either case, by all Partners shall constitute a full original of this Agreement for all purposes.

39. GOVERNING LAW AND JURISDICTION

- 39.1 This Agreement and any dispute or claim arising out of or in connection with it or its subject matter or formation (including non-contractual disputes or claims) shall be governed by and construed in accordance with the laws of England and Wales.
- 39.2 Subject to Clause 23 (Dispute Resolution), the Partners irrevocably agree that the courts of England and Wales shall have exclusive jurisdiction to hear and settle any action, suit, proceedings, dispute or claim, which may arise out of, or in connection with, this Agreement, its subject matter or formation (including non-contractual disputes or claims).

IN WITNESS WHEREOF this Agreement has been executed by the Partners on the date of this Agreement

Signed for and on behalf of **LONDON
BOROUGH OF HOUNSLOW**



.....
Steven Forbes

Executive Director of Children's and Adults'
Services

28/10/2025

Signed for and on behalf of **NHS NORTH
WEST LONDON INTEGRATED CARE
BOARD (HOUNSLOW BOROUGH)**



.....
Frances O'Callaghan

Chief Executive Officer

28th October, 2025

SCHEDULE 1

Scheme Specification

Part 1 – Better Care Fund Scheme Specification

1. OVERVIEW OF SERVICES WITHIN THE BETTER CARE FUND

The Partners must hold the Better Care Fund in a Pooled Fund in accordance with section 75(2) of the 2006 Act. The Partners have agreed that the Host Partner of the Pooled Fund is the Council and the Pooled Fund Manager will be the Director for Joint Commissioning, who is an officer of the Council.

The table below provides a summary of the Services (each known as "BCF Projects") will be commissioned using the Better Care Fund Pooled Fund for **2025/26**:

Scheme ID	Scheme Name	Brief Description of Scheme	Scheme Type	Sub Types	Area of Spend	Commissioner	Provider	Source of Funding	Expenditure 25/26 (£)	New/ Existing Scheme
1	Stroke Path Navigator and Stroke Reviews	Stroke path navigator, stroke reviews and falls project	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as anticipatory care	Social Care	LA	Local Authority	Minimum NHS Contribution	£96,550	Existing
3	A&E Discharge support	A&E Discharge support -increased Social Work Capacity	High Impact Change Model for Managing Transfer of Care	Early Discharge Planning	Social Care	LA	Local Authority	Minimum NHS Contribution	£170,237	Existing
4	Mulberries	End of Life Care - Respite and Support	Community Based Schemes	Other	Social Care	LA	Local Authority	Minimum NHS Contribution	£43,962	Existing
5	Social Inclusion Support services (Certitude LIFE)	Supported Accommodation services for Learning Disabilities clients	Residential Placements	Supported housing	Social Care	LA	Local Authority	Minimum NHS Contribution	£219,604	Existing
6	Personal Care Services	Support at home	Home Care or Domiciliary Care	Domiciliary care packages	Social Care	LA	Local Authority	Minimum NHS Contribution	£4,509,318	Existing
7	Extra Care Services	Extra Care Services	Residential Placements	Extra care	Social Care	LA	Local Authority	Minimum NHS Contribution	£461,241	Existing
8	Telecare and Assistive Technology	Support at home	Assistive Technologies and Equipment	Assistive technologies including telecare	Social Care	LA	Local Authority	Minimum NHS Contribution	£219,604	Existing
9	Assistive Technology	Support at home	Assistive Technologies and Equipment	Community based equipment	Social Care	LA	Local Authority	Minimum NHS Contribution	£549,062	Existing
10	Care Act Functions	Support at home	Care Act Implementation Related Duties	Other	Social Care	LA	Local Authority	Minimum NHS Contribution	£1,104,672	Existing
11	Dementia Services	Support at home	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as anticipatory care	Social Care	LA	Local Authority	Minimum NHS Contribution	£139,266	Existing
12	Adult autism and Assessment	Support at home	Integrated Care Planning and Navigation	Care navigation and planning	Social Care	LA	Local Authority	Minimum NHS Contribution	£67,000	Existing
13	User led Day Opportunities	Day Opportunities	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as anticipatory care	Social Care	LA	Local Authority	Minimum NHS Contribution	£49,886	Existing
14	Mental Health Community Prevention	Day Opportunities	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as anticipatory care	Social Care	LA	Local Authority	Minimum NHS Contribution	£128,873	Existing
15	Personalised Day Opportunities	Day Opportunities	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as anticipatory care	Social Care	LA	Local Authority	Minimum NHS Contribution	£104,450	Existing
16	Supported Employment	Day Opportunities	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as anticipatory care	Social Care	LA	Local Authority	Minimum NHS Contribution	£46,457	Existing

Scheme ID	Scheme Name	Brief Description of Scheme	Scheme Type	Sub Types	Area of Spend	Commissioner	Provider	Source of Funding	Expenditure 25/26 (£)	New/ Existing Scheme
17	Vulnerable People Activity Co-ordination	Day Opportunities	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as anticipatory care	Social Care	LA	Local Authority	Minimum NHS Contribution	£20,518	Existing
18	Integrated support Services	Carers Services	Carers Services	Respite services	Social Care	LA	Local Authority	Minimum NHS Contribution	£277,805	Existing
22	Reablement and OT	Community Recovery Service	Home-based intermediate care services	Joint reablement and rehabilitation service (to prevent admission to hospital or residential care)	Community Health	LA	Local Authority	Minimum NHS Contribution	£2,613,935	Existing
23	Integrated Community Response Service Social Worker	Community Recovery Service	Home-based intermediate care services	Reablement at home (to prevent admission to hospital or residential care)	Social Care	LA	Local Authority	Minimum NHS Contribution	£63,813	Existing
24	Integrated Care - Handyperson Scheme	Managed Transfers of Care	High Impact Change Model for Managing Transfer of Care	Housing and related services	Social Care	LA	Local Authority	Minimum NHS Contribution	£52,173	Existing
25	Social Workers in Hospital	Managed Transfers of Care	High Impact Change Model for Managing Transfer of Care	Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge	Social Care	LA	Local Authority	Minimum NHS Contribution	£649,666	Existing
26	Palliative Care Social Worker	Managed Transfers of Care	High Impact Change Model for Managing Transfer of Care	Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge	Social Care	LA	Local Authority	Minimum NHS Contribution	£57,993	Existing
27	District Nursing - HRCH	Community District Nursing	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as anticipatory care	Community Health	NHS	NHS	Minimum NHS Contribution	£497,204	New
28	Safeguarding - Children's	Safeguarding - Children's	Care Act Implementation Related Duties	Safeguarding	Community Health	NHS	Local Authority	Minimum NHS Contribution	£32,380	Existing
29	Safeguarding - Adults	Safeguarding - Adults	Care Act Implementation Related Duties	Safeguarding	Community Health	NHS	Local Authority	Minimum NHS Contribution	£21,586	Existing
30	Community Rehabilitation	Effectiveness of Reablement	Home-based intermediate care services	Reablement at home (to prevent admission to hospital or residential care)	Community Health	NHS	NHS Community Provider	Minimum NHS Contribution	£2,396,869	Existing
31	Equipment	Community Equipment	Assistive Technologies and Equipment	Assistive technologies including telecare	Community Health	NHS	Local Authority	Minimum NHS Contribution	£2,470,788	Existing
32	Integrated community Response Service	Effectiveness of Reablement	Urgent Community Response		Community Health	NHS	NHS Community Provider	Minimum NHS Contribution	£3,480,984	Existing
33	Joint Commissioning, Contracts and Supplier Performance team	Integrated commissioning team	Enablers for Integration	Data Integration	Community Health	LA	Local Authority	Additional LA Contribution	£1,161,207	Existing
34	Joint Commissioning, Contracts and Supplier Performance team	Integrated commissioning team	Enablers for Integration	Data Integration	Community Health	NHS	Local Authority	Additional NHS Contribution	£331,299	Existing
35	Community Matrons	Support at home	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as anticipatory care	Community Health	NHS	NHS Community Provider	Minimum NHS Contribution	£364,522	Existing
36	Cardiac Rehabilitation Service	Effectiveness of Reablement	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as anticipatory care	Community Health	NHS	NHS Community Provider	Minimum NHS Contribution	£235,725	Existing
37	Specialists Nurse Services	Community Support	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as anticipatory care	Community Health	NHS	NHS Community Provider	Minimum NHS Contribution	£497,168	Existing

Scheme ID	Scheme Name	Brief Description of Scheme	Scheme Type	Sub Types	Area of Spend	Commissioner	Provider	Source of Funding	Expenditure 25/26 (£)	New/ Existing Scheme
38	Neuro Rehabilitation	Effectiveness of Reablement	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as anticipatory care	Community Health	NHS	NHS Community Provider	Minimum NHS Contribution	£396,642	Existing
39	Comm Paed Nursing	Support at home	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as anticipatory care	Community Health	NHS	NHS Community Provider	Minimum NHS Contribution	£258,406	Existing
41	Disabled Facilities Grant	Adaptations	DFG Related Schemes	Adaptations, including statutory DFG grants	Social Care	LA	Local Authority	DFG	£3,721,992	Existing
42	Reduction in Delayed Transfers of Care	Community Recovery Service - reablement investment to increase capacity and cohort of patients	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as anticipatory care	Social Care	LA	Private Sector	IBCF	£430,000	Existing
43	Reduction in Delayed Transfers of Care	Additional investment in Hospital Social Work Service - Strengthen Hospital social Work Service including an expansion of the service to include Imperial hospital.	High Impact Change Model for Managing Transfer of Care	Flexible working patterns (including 7 day working)	Social Care	LA	Local Authority	IBCF	£200,000	Existing
44	Reduction in Delayed Transfers of Care	Care co-ordination - Dementia Services	High Impact Change Model for Managing Transfer of Care	Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge	Social Care	LA	Private Sector	IBCF	£68,000	Existing
45	Reduction in Delayed Transfers of Care	Targeted Activities Programmes	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as anticipatory care	Social Care	LA	Private Sector	IBCF	£100,000	Existing
46	Reduction in Delayed Transfers of Care	Extra Care Sheltered Housing Activities - health and wellbeing	Housing Related Schemes		Social Care	LA	Private Sector	IBCF	£40,000	Existing
47	Reduction in Delayed Transfers of Care	Enhanced Handyperson scheme	High Impact Change Model for Managing Transfer of Care	Flexible working patterns (including 7 day working)	Community Health	LA	Private Sector	IBCF	£42,000	Existing
48	Reduction in Delayed Transfers of Care	Mental Health DTOC Programme - discharge co-ordination, mental health housing support	High Impact Change Model for Managing Transfer of Care	Early Discharge Planning	Mental Health	LA	Local Authority	IBCF	£363,000	Existing
49	Reduction in Delayed Transfers of Care	Care Home market sustainability	Other	Placements and Brokerage Support	Social Care	LA	Local Authority	IBCF	£538,000	Existing
50	Market Management	Assist sustainability of Residential Care Placements due to increase in complexity of care packages and increase in unit costs driven by inflation and market pressures; current average weekly cost of residential and nursing care placements is £1,400 and £1,200 respectively	Residential Placements	Care home	Social Care	LA	Local Authority	IBCF	£5,243,903	Existing

Scheme ID	Scheme Name	Brief Description of Scheme	Scheme Type	Sub Types	Area of Spend	Commissioner	Provider	Source of Funding	Expenditure 25/26 (£)	New/ Existing Scheme
51	ICP posts	ICP posts	Enablers for Integration	Programme management	Community Health	NHS	NHS Community Provider	iBCF	£150,000	Existing
52	Winter Programme	Placement Capacity to support Transfers of Care including discharges to community recovery services, home care, residential and additional workforce capacity	High Impact Change Model for Managing Transfer of Care	Early Discharge Planning	Social Care	LA	Local Authority	iBCF	£999,342	Existing
53	NHS Community Service - Ageing Well Rapid Response	Rapid Response	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as anticipatory care	Community Health	NHS	NHS Community Provider	Minimum NHS Contribution	£128,380	New
54	NHS Community Service - Ageing Well Care Homes	Enhanced Care Home support	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as anticipatory care	Community Health	NHS	NHS Community Provider	Minimum NHS Contribution	£206,890	New
55	NHS Community Service - Ageing Well Hounslow Enhanced Dementia Care Service	Community Dementia support	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as anticipatory care	Community Health	NHS	NHS Community Provider	Minimum NHS Contribution	£81,616	New
56	NHS Community Service - Ageing Well Home First	Home First - supporting timely discharge	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as anticipatory care	Community Health	NHS	NHS Community Provider	Minimum NHS Contribution	£158,477	New
57	District Nursing - HRCH	Community District Nursing	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as anticipatory care	Community Health	NHS	NHS Community Provider	Additional NHS Contribution	£2,348,478	New
58	Local Authority Discharge Funding	Local Authority Discharge Funding will be used to support the cost of domiciliary care packages following hospital discharges, step down to care homes and residential care beds (short term and long term including complex/nursing care) and workforce recruitment, retention and cover as required to support this.	High Impact Change Model for Managing Transfer of Care	Early Discharge Planning	Social Care	LA	Local Authority	Local Authority Discharge Funding	£1,910,027	Existing
59	ICB Discharge Funding - Bridging Care	Bridging Care to support P1 discharges	High Impact Change Model for Managing Transfer of Care	Home First/Discharge to Assess - process support/core costs	Community Health	NHS	NHS	ICB Discharge Funding	£1,660,000	Existing
62	Community Based Schemes - Rehab beds in Furness Ward, Willesden. Line 2 of 2	Shared scheme to improve access to and outcomes for pathway 2 rehab for all age, all NW London patients	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-term services supporting recovery)	Bed-based intermediate care with rehabilitation (to support discharge)	Community Health	NHS	NHS	ICB Discharge Funding	£120,574	Existing
63	Supporting patients where there is unclear commissioning (non-CHC)	To facilitate discharge for patients not meeting CHC or ASC criteria e.g. delirium/stoma care	High Impact Change Model for Managing Transfer of Care	Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge	Community Health	NHS	NHS	ICB Discharge Funding	£97,500	Existing
64	Strategic Support from NWL ICB Central Team	Central ICB Support for Borough based teams: support to improve flow across the system e.g. BI support to develop dashboards, analytical support for identifying areas for improvement for the discharge profile, oversight needed for monitoring expenditure of programmes.	Workforce recruitment and retention	Local recruitment initiatives	Community Health	NHS	NHS	ICB Discharge Funding	£33,750	Existing

Scheme ID	Scheme Name	Brief Description of Scheme	Scheme Type	Sub Types	Area of Spend	Commissioner	Provider	Source of Funding	Expenditure 25/26 (£)	New/ Existing Scheme
65	Supporting patients where there is unclear commissioning (non-CHC) - NEW LOCAL SCHEME	To facilitate discharge for patients not meeting CHC or ASC criteria e.g. delirium/stoma care	High Impact Change Model for Managing Transfer of Care	Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge	Community Health	NHS	NHS	ICB Discharge Funding	£139,834	New
66	Pathway 3 Capacity for complex needs	Health funding for complex care patients in P3 beds/other settings. For conditions including dementia and challenging behaviour	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-term services supporting recovery)	Bed-based intermediate care with rehabilitation (to support discharge)	Community Health	NHS	NHS	ICB Discharge Funding	£866,309	Existing
67	Evaluation and enabling integration	Joint Commissioning, Contracts and Supplier Performance team	Proactive care to those with complex needs		Social Care	LA	Local Authority	Minimum NHS Contribution	£369,981	New
Grand Total									£43,808,918	

2. AIMS AND OUTCOMES

The Better Care Fund will provide a Pooled Fund comprising health and social care budgets, to be used in accordance with certain conditions in the BCF Guidance, such as:

- Jointly agreed plans between the Council and ICB
- Protection for social care services (not spending)
- Support for NHS commissioned out of hospital services
- Managed Transfers of Care

Planned outcomes will be agreed annually to reflect national and local priorities for health and social care integration. These will be measured through key performance indicators that will assess the improvement, which will include:

- A reduction in non-elective acute hospital admissions;
- Admissions to residential and care homes;
- The effectiveness of reablement;
- Delayed transfers of care from hospital;

3. THE ARRANGEMENTS

Where there are Joint (Aligned) Commissioning arrangements in place for a BCF Project, they promote the development of integrated models of care. Whilst they are funded from the Pooled Fund, the Partners do not delegate any of their functions to each other for those particular BCF Projects.

In delivering the BCF Projects where Lead Commissioning Arrangements or Integrated Commissioning Arrangements are specified, the relevant Partner shall play a lead role in procuring and contracting or delivering specific services funded through the Better Care Fund.

4. SERVICES

Beneficiaries

BCF Projects will be available to adults aged over 18 who are resident in the borough or who are registered with a Hounslow GP. Each scheme will have specific eligibility criteria detailed in service

specifications. Normal access to services rules will apply and any variations will be detailed in each particular BCF Project. This includes the clause that Council services will only be provided to those who are resident with the borough, rather than to those who are registered with a Hounslow GP.

5. COMMISSIONING AND CONTRACTING ARRANGEMENTS

Without prejudice to any other terms in this Agreement, where Lead Commissioning Arrangements are in place, the Lead Commissioner will comply with Schedule 4 Part 1 of the Agreement at all times (including in relation to terminating any Services Contracts).

The ICB will continue to contract for BCF Projects that solely relate to NHS Functions provided via existing contracts that the ICB commissions. These shall be funded from the Pooled Fund. ICB shall contract for any agreed new BCF Projects that solely relate to NHS Functions, which are to be funded from the Pooled Fund.

The Council will continue to contract for BCF Projects that solely relate to social care related functions provided via existing contracts that the Council has in place. These shall be funded from the Pooled Fund. The Council shall contract for any agreed new BCF Projects that solely relate to social care related functions, which are to be funded from the Pooled Fund. These include some services which were previously funded under section 256 arrangements.

The Partners may each agree to enter into other Services Contracts for each BCF Project and shall notify each other prior to entering into any such Services Contract. Such notification shall set out a summary of the services being commissioned under the Services Contract, and the proposed duration and value of the Services Contract, which must (unless otherwise agreed by the Partners) be within the Permitted Expenditure of the relevant BCF Project that it relates to.

The Council will commission services using a standard contract for services, and it will provide a copy of these terms to ICB within 5 Working Days of ICB making such a request. The Council will abide by its contract procedure rules where it has the lead role in the procurement and contracting of BCF Projects (including where it is Lead Commissioning). Contract procedure rules are in accordance with its powers under s.135 of the Local Government Act 1972. The Council has created these Contract Procedure Rules as standing orders of the Council. These CPRs are part of the Constitution and need to be read and implemented in conjunction with the Financial Regulations.

The Council will also ensure compliance with the Public Contracts Regulations 2015 and the National Health Service (Patient Choice, Procurement and Competition) (No. 2) Regulations 2013 so far as is possible, where it is commissioning services under the BCF Projects on behalf of the ICB (either Lead Commissioning or where there is Integrated Commissioning). The Council will specify the appropriate contract management arrangements to be established specifically for each service, which will be subject to review by the BCF Executive as part of its role in monitoring performance and service delivery of BCF Projects funded by the Pooled Fund.

ICB is obliged to use the NHS Standard Contract where NHS England requires them to do so. This is generally required to be used when commissioning any health services apart from primary care services.

ICB will comply with the Public Contracts Regulations 2015 and the National Health Service (Patient Choice, Procurement and Competition) (No. 2) Regulations 2013 where it is commissioning health services, and shall comply with its standing financial instructions. Where ICB is the Lead Commissioner of a BCF Project, ICB will specify the appropriate contract management arrangements to be established specifically for each BCF Project, which will be subject to review by the BCF Executive as part of its role in monitoring performance and service delivery of BCF Projects funded by the Pooled Fund.

The Council and the ICB will make appropriate arrangements for financial and performance management of the Pooled Fund and Individual Service delivery and oversight through ICB, Council and Joint Commissioning Board governance structures. This function will have the responsibility for

monitoring the terms of this Agreement, and for supporting the Host Partner to have sufficient financial and operational data to fulfil its duties as Host Partner for the Pooled Budget.

Payments into the Pooled Fund:

- Revenue funding will be paid quarterly in advance into the Pooled Fund by the ICB.
- BCF Pay for Performance Fund will be paid quarterly in arrears into the Pooled Fund by the ICB, upon receipt (depending on meeting the BCF Performance Target).

Payments out of the Pooled Fund:

- Council spend – paid out as invoices arise from Service Providers and salaries will be paid monthly through payroll.
- The ICB to pay Service Providers directly as invoices for the relevant Services Contracts arise. Each month the ICB will submit a claim to the Pooled Fund for the costs incurred in that month to the Pooled Fund Manager. ICB will need to provide sufficient information to ensure the Host Partner can properly monitor and report on the financial position and performance, this will include name of the BCF Project and details of costs to be reimbursed by reference to the relevant Services Contract. The Council shall pay ICB for the claims within 15 Working Days of receipt of the claim.

Monthly reporting will be provided by the Pooled Fund Manager to the BCF Executive Group. Quarterly finance and performance reports will be provided to the ICB Executive Group (Hounslow) and the Joint Commissioning Board, this will highlight any significant variances and risks.

6. FINANCIAL CONTRIBUTIONS

The Pooled Better Care Fund includes Capital Budgets as mandated by the Department of Health, the Disabled Facilities Grant, Local Authority Better Care Grant and additional contributions from LA and ICB for the Joint Commissioning Team and Safeguarding Boards. The Capital Grants included in the Pooled Fund will be subject to specific DH guidance on permitted expenditure.

2025/26 allocation is as follows:

Better Care Fund Allocations 2025-26	£
ICB Minimum Contribution (Better Care Fund)	£26,161,671
Disabled Facilities Grant	£3,721,992
Local Authority Better Care Grant	£10,084,273
Additional LA Contribution	£1,161,207
Additional ICB Contribution	£2,679,777
Total Fund	£43,808,920

7a. Savings to BCF spend made in year 2025/26:

Against the backdrop of regional financial deficits and further upcoming cuts in ICB spend, NWL ICB made the decision in March 2025 to reduce its additional NHS contribution into the BCF for 2025/26 with a 50% saving seen in year after September 2025. (Both NHS minimum contribution to health and ASC schemes will continue as planned in other to meet the national BCF conditions.)

This decision signals a shift to regional BCF funding, with 2025/26 serving as a transition year as we move towards a model where NHS BCF contributions are limited to the nationally mandated minimum spend in future years.

Based on the parameters for the savings exercise and local assessment of risk per scheme, the Hounslow BCF Executive Group confirmed savings against the following schemes:

- Stroke Path Navigator and Stroke Reviews; Stroke and Falls Project
- Adult Autism and Assessment
- Vulnerable People Activity Coordinator
- Personal Homecare Services

7b. SERVICE SCHEDULE: LOCAL AUTHORITY BETTER CARE GRANT – HOSPITAL DISCHARGE AND COMMUNITY SUPPORT (2025/26)

This schedule covers the Local Authority Better Care Grant for 2025/26, supporting timely and safe discharge from hospital into community care. The fund helps patients recover at home where appropriate, reduces delays that lead to longer hospital stays, and supports integration between health and social care.

The funds must be spent by 31st March 2026, there is currently no scope to carry forward underspends. If necessary, the plan can be altered to deliver better outcomes if partners are in agreement. The change in actual spend will need to be confirmed at the End of Year BCF update report.

Bridging services

The Bridging Service provides short-term support for Pathway 1 patients moving from hospital to home. Patients are assessed promptly, discharged safely, and supported for up to five days to help them transition smoothly into longer-term care if needed. This approach helps patients recover at home, prevents unnecessary deterioration, and ensures care is in place as soon as they leave hospital.

Reporting requirements: referrals, assessment and discharge times, and patient outcomes.

Target: average Pathway 1 discharge delays under 2 days; discharge within 12 hours of readiness.

Strategic Oversight and Programme Management

Funding is provided for strategic oversight, programme management, and system leadership to improve discharge processes across North West London. This includes rolling out OPTICA, supporting weekend discharges, managing the Discharge Grant Fund, and addressing Pathway gaps.

Reporting requirements: number of WTEs in post.

Target: ensure adequate senior leadership and programme management capacity to support effective discharge and system flow.

Support for patients with dementia, delirium or complex behavioural needs

This scheme supports the most complex patients via Hounslow's local Hospital@Home model (8 virtual beds with an additional 2 step up care home beds available), offering tailored support for individuals with dementia, delirium, or complex behavioural needs as well as recovery at home pathways (e.g. for delirium) and care home support and training. It specifically aims to facilitate the discharge of patients with complex, long-term hospital stays, often identified as Pathway 3 patients.

Drawing on insights from previous years, the focus has shifted from generic 'step-down' beds to a more comprehensive approach. This includes commissioning essential wrap-around services and staffing across both health and social care sectors to achieve effective discharge outcomes. This provision caters to individuals requiring 24-hour care and supervision, either on an interim basis while their long-term needs are assessed or on a longer-term basis if necessary.

Furness ward – Pathway 2

Furness Ward, based at the Willesden Centre for Health and Care, provides Pathway 2 rehabilitation beds for North West London patients. It is a vital part of the sectors bed base, supporting hospital discharges and offering step-down rehabilitation that aids recovery and reduces readmissions.

Established to address the closure of the CLCH Aster unit, Furness Ward maintains community bed capacity and utilizes previously underused spaces at Willesden. The ward specializes in complex patient care, delivering improved outcomes and shorter stays.

The service is partially funded through the Better Care Fund Adult Discharge Fund, with the remaining costs covered by the ICB budget.

Gap / Unclear Commissioning Patients Support

Funding for gap / unclear commissioning patients supports those who fall between health and social care responsibilities—typically patients with health needs who do not meet the criteria for Continuing Healthcare. It enables patients to be discharged safely, recover at home, and regain independence. Services are flexible and include care not routinely available in the borough, with examples such as peg feeding, stoma care, non-weight-bearing care, and brace support.

Reporting requirements: number of referrals accepted and type of care provided.

Target: reduce hospital delays for unclear commissioning patients; ensure safe discharge and access to necessary community care.

FINANCIAL OVERVIEW

Hounslow Discharge Funding – now included in the NHS Minimum Funding	2025/26
Local Authority Discharge Funding	£1,910,027
ICB Discharge Funding	£2,917,967
Total	£4,827,994

7c. All BCF schemes

Should the Agreement be extended, financial contributions will be determined on an annual basis, informed by minimum national requirements for the Pooled Fund, and by the agreed level of investment required within the Better Care Fund Plan. Financial contributions will take the form of additional/new investment for new schemes or the inclusion of funding for existing ICB or Council commissioned or provided services. Decisions on future financial contributions for subsequent years will be discussed at the Joint Commissioning Board, who would make a recommendation to each of the ICB and the Council.

The BCF Plan comprises the BCF Projects which will be funded through the Pooled Fund on an annual basis. The BCF Projects may be organised into themed work streams to address particular priorities of the jointly agreed plan. The BCF Projects will have budgets set against them derived from the main funding sources from ICB and Council which make up the total Pooled Fund.

Should the Partners wish to extend this Agreement, they will agree an updated schedule of BCF Projects and vary this Agreement prior to the commencement of the Financial Year to reflect the annual financial and service plans and approved by the BCF Executive Group.

7d. Additional Schemes outside of the Better Care Fund

In addition to the Better Care Fund schemes, there are additional commissioning arrangements between ICB and London Borough of Hounslow that have been included in the schedules in **Annex 1** as they are subject to the same financial governance arrangements. These include Integrated Paediatric Speech and Language and Occupational Therapy, Counselling to Looked After Children (LAC) and Youth Offending Services (YOS), supporting the waiting list pressure for the Children and Mental Health in Schools (CAMHS) Service, support to young people with autism and learning disabilities referred through the

dynamic support register (DSR) to receive advanced care. The budget for these services is summarised in the table below:

Scheme Name	Description	2024/25	2025/26 Proposed	Funding Source
Hounslow Therapies	Pass through to HRCH - Income from LA	(£632,500)	(£652,740) (this applies the 3.2% DfE increase LBH received)	LBH to ICB, ICB to NHS Provider
Paediatric OT	Within HRCH Contract	£819,657	£837,280	LBH
Paediatric Salt	Within HRCH Contract	£1,701,160	£1,737,735	LBH

7. FINANCIAL GOVERNANCE ARRANGEMENTS

The financial governance arrangements are as described in the Agreement with the following additional/alternative elements.

Management of the Pooled Fund

The Pooled Fund is created from allocations to ICB and the Council but the arrangements do not absolve the relevant Partner of their statutory responsibilities. These are retained by ICB Governing Body and the Council Cabinet/Executive.

The governance arrangements for the BCF have therefore been designed to meet the requirements of the Partners to achieve economy, efficiency and effectiveness in their use of resources. This has been to ensure that:

- Each Partner will also need to satisfy itself that the Pooled Fund complies with the requirements of its appropriate code of governance and annual governance reporting guidance¹.
- Each Partner must also satisfy itself that all other regulatory requirements are met e.g. ensure that discrete capital grant funding streams are only spent in accordance with the relevant grant conditions. Partners therefore need to make arrangements to ensure that this is happening.

Given that the ICB and the Council are subject to different statutory provisions, it will be for each Partner to consider the regulatory impact of the decisions made. This is likely to be more onerous for the ICB in the partnership as they work within a tight regulatory framework: they are required to meet both NHS England and the Department of Health's reporting requirements, and their auditors are required to express an explicit opinion on the regularity of their transactions.

It is recognised that, although the Better Care Fund will operate as a Pooled Fund, the conditions attached to each funding stream will still have to be met. For example, where funding such as the Disabled Facilities Grant has been earmarked for a particular purpose, it must be used only for that purpose. Appropriate accounting arrangements are in place.

Hosting arrangements

¹ For the local authority the CIPFA/SOLACE Delivering Good Governance in Local Government: Framework and for the ICB, HM Treasury's Managing Public Money and the UK Corporate Governance Code

The Council has agreed to host the Pooled Fund and be responsible for the Pooled Fund's overall accounts and audit.

Pooled Fund Manager

The Council, as the Host Partner, has identified the Director for Commissioning as the Pooled Fund Manager. It should be noted that this post is also the ICB Borough Director post. Any matters representing a conflict of interest in relation to the ICB will be delegated to the Assistant Director Primary Care, Integration and Delivery to act on behalf of the ICB NW London. The Director is a jointly accountable post to both organisations. The Pooled Fund Manager will lead the programme management of the BCF and be responsible for overseeing the management and delivery of the programme and reporting on finance and activity to the BCF Executive Group, and the ICB Borough Executive Committee (Hounslow).

The Council and the ICB have confirmed the powers delegated to the Pooled Fund Manager, which are detailed in the Director for Commissioning job description. These will be in accordance with both the v London and the Council's financial regulations and schemes of delegation.

Financial Management

The Council, as the Host, will lead on the arrangements for financial management of the BCF Pooled Fund, in line with the terms of this Agreement, internal procedures and nationally published guidance. This will include details of the monitoring arrangements to be put in place, clarifying the responsibility and frequency of monitoring reports on budget and spend.

The Pooled Fund Manager will work with finance and performance colleagues from both NHS NW London and the Council to ensure that there is a monthly financial and performance reporting to the BCF Executive Group, and quarterly to the Borough Executive Committee and Joint Commissioning Board. An annual report will be made to the Health and Wellbeing Board on finance and performance of the BCF. Monthly reporting will include progress against the four key BCF metrics and Project spend against each BCF Project.

The BCF Executive Group membership includes the following roles:

- Borough Director – ICB Hounslow Borough Team
- Director of Adult Safeguarding, Social Care and Health Services – London Borough of Hounslow
- Assistant Director of Place - ICB Hounslow Borough Team
- Finance Business Partner – ICB
- Strategic Finance Manager – London Borough of Hounslow
- Head of Place - Partnerships – ICB Hounslow Borough Team
- Head of Performance and Business Systems – London Borough of Hounslow

Financial arrangements (in-year)

In-year reporting is governed by the requirements of SI 2000/617 section 7 paragraph 4(b) as follows:

In-year reporting of the performance of the BCF Pooled Fund to the Partners must be undertaken by the Host monthly. This will comply with ICB monthly reporting cycle and scrutiny from NHSE. The Host (through the Pooled Fund Manager) will provide monthly reports outlining variances and key risks, detailed information on spend and income and performance data. Budgets will be profiled over the 12 months within each financial year, enabling monitoring against planned monthly spend in line with the ICB monitoring approach. This will support the ICB monitoring process which includes the calculation of monthly accruals.

The ICB will provide a monthly claim to the Council to indicate how much of the Pooled Fund they need to draw down. This will be provided to the Council by the first Working Day of the Month. The Council will provide a database of information to ICB on the 3rd working day of the Month to enable them to compile reports for the ICB reporting structure. The BCF Executive Group will meet monthly and determine whether the reported spend against the Pooled Fund falls within the definition of Permitted Expenditure.

Management of variances

Each BCF Project will be monitored through the monthly monitoring cycle outlined in this document.

Monthly monitoring should consider both variances against each BCF Project and the overall variance for the Pooled Fund.

Although both Partners may agree to use an Underspend on one BCF Project to offset an Overspend on another BCF Project, this cannot be automatically assumed. Any decision to offset Overspends and Underspends in this manner will need to be approved by the Joint Commissioning Board.

If an overall Underspend is forecast, the Council and ICB could enter into a section 256 agreement to transfer remaining funds from ICB to the Council, in order to roll the money forward to the following Financial Year. It cannot be assumed that the Underspend on a particular BCF Project will be rolled forward against that particular BCF Project. The Joint Commissioning Board will need to jointly make a decision about how best to use any Underspend for a particular BCF Project in the following Financial Year.

If an overall Overspend is forecast (i.e. across the totality of the BCF Projects) during the course of the Financial Year, the JCB will need to decide what actions each Partner must take to reduce the risk of an Overspend and bring the relevant BCF Project(s) in line with the spend plan and/or consider whether additional funds should be allocated to the Pooled Fund for a particular BCF Project / BCF Projects from one Partner or both Partners. As stated above, it is important to consider the Overspend by BCF Project as well as the totality of the BCF Projects, as it cannot automatically be assumed that an Underspend on one BCF Project can be used to offset an Overspend on another BCF Project.

Both ICB and the Council have responsibility for notifying the other Partner in relation to the BCF Project where they are the listed as Lead Commissioner if any significant risks arise.

ICB and the Council shall work collaboratively to produce a protocol for agreeing how variances noted within a Financial Year shall be dealt with, and that protocol shall be put before the Joint Commissioning Board for agreement.

Ledger arrangements

The Council determines its own financial ledger arrangements (Agresso) and can therefore be flexible in determining a specific coding structure for the Pooled Fund. ICB may be required to cross reference the ledger coding structure to the ISFE operated by the NHS. The ICB is collating budget codes in order to cross reference.

The information will be collated to ensure it meets the reporting requirements of each organisation. This will include a breakdown of spend to show provider and subjective category.

Audit Arrangements

The Council, as the Host, has prescribed responsibility for audit arrangements. In addition, both Partners will be required to reflect the BCF Pooled Fund arrangement in their internal audit programme based on materiality and risk. Plans should be put in place for internal audit review of the Pooled Fund arrangements on an ongoing basis.

Both Partners will need to discuss with their external auditors the assurances that will be required in order to sign off the year end accounts. The auditors of the Partners will usually seek to rely on the Host's auditor for this purpose.

The creation of the Pooled Fund for the Better Care Fund will result in additional external audit fees for the Council. It is not anticipated that this will be a significant cost. If additional costs are incurred for any reason a report will need to be provided to the JCB, outlining any proposed potential split in the costs between the Council and ICB.

Risk Register

The Pooled Fund Manager will be responsible for ensuring BCF Project leads routinely report risks and issues arising. Risks will be captured on the existing LBH and the ICB Risk Registers.

8. VAT

For the Host Partner (the Council) their own VAT rules will apply.

The ICB will pay the Service Providers directly and claim reimbursement from the Pooled Fund in accordance with this Schedule. Within this arrangement ICB's own VAT rules will apply.

9. GOVERNANCE ARRANGEMENTS FOR THE BCF

Arrangements

The governance arrangements for the Joint Commissioning Board are set out in Schedule 2 Governance and clause 19 of the Agreement.

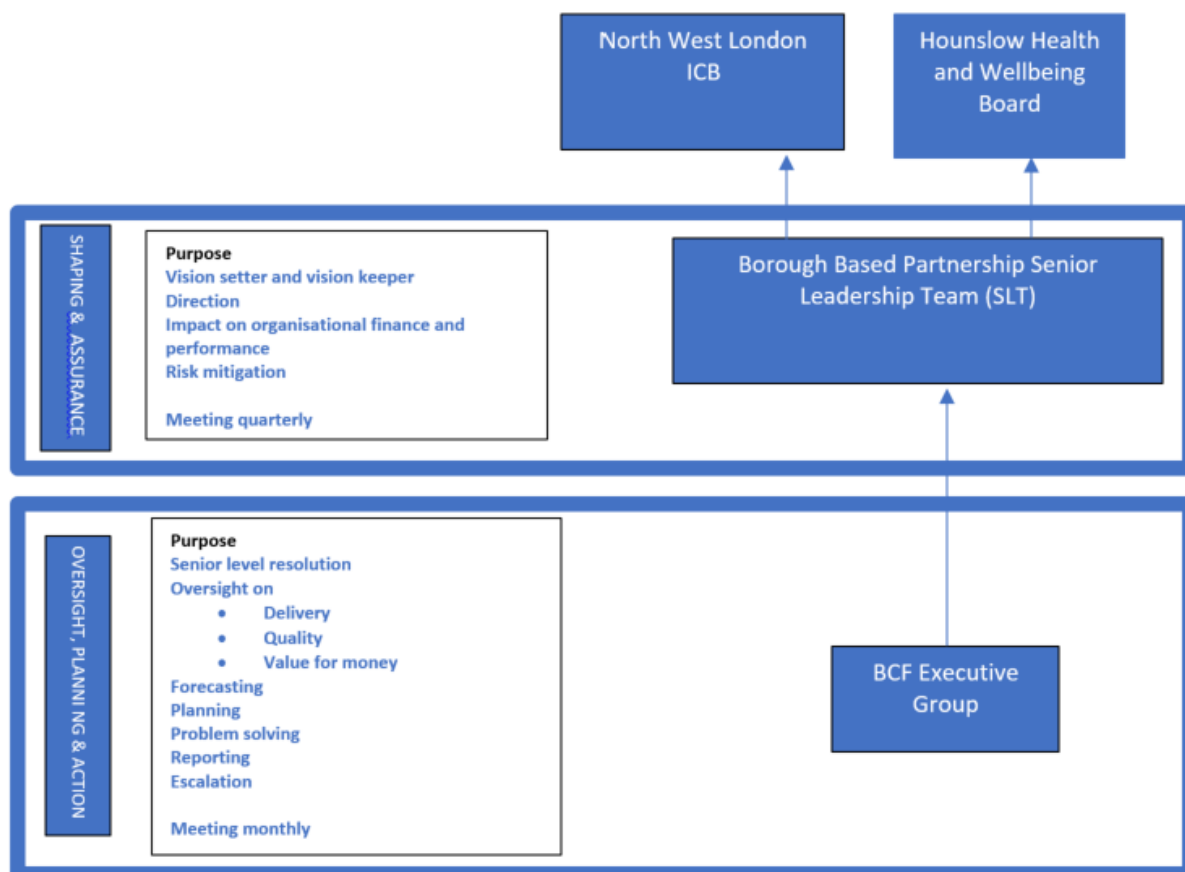
As part of the BCF governance, Council and ICB have established a BCF Executive Group responsible for overseeing the arrangements specific to the BCF. Officers on the BCF Executive Group can make decisions consistent with the authority delegated to them by their employing Partner and the Joint Commissioning Board.

The BCF Executive Group will be required to provide necessary information on the delivery of the BCF Projects and the BCF Pooled Fund to the Joint Commissioning Board, and to other decision making bodies within ICB or Council.

The Council and the ICB will continue to report through their own governance and reporting routes.

There will be Annual reporting to the Health & Wellbeing Board. This will cover overall performance and key risks and achievements.

Governance and Control



The BCF Executive Group

The membership of this group will revert back to the membership in the Section 75 agreement and will be co-chaired by the Borough Director, ICB Hounslow Borough Team and the Executive Director of Children's and Adults Services, LBH

Membership will be:

- Borough Director, ICB Hounslow Borough Team*
- Executive Director of Children's and Adult Services, LBH
- Assistant Director of Place, ICB Hounslow Borough Team
- Head of Performance and System Operations LBH
- Finance Business Partner, ICB
- Strategic Finance Manager LBH
- Head of Place – Partnerships, ICB Hounslow Borough Team

* This post is a joint appointment between ICB and LBH, undertaking both ICB Director and the Director of Joint Commissioning LBH. In order to manage any conflicts of issues arising the Assistant Director Primary Care, Integration and Delivery for the ICB Hounslow Borough Team will be delegated to act on behalf of the ICB.

The purpose of this Group is to reassure both organisations that the schemes in the BCF are delivering the identified outcomes. The meetings will be an opportunity to raise financial and performance issues/risks. This meeting will take place monthly.

See Schedule 2 for full Governance details.

10. NON-FINANCIAL RESOURCES

Non-financial resources are not subject to the BCF Pooled Fund arrangements for 2025/26. Each organisation will use its existing internal resources, systems and procedures to carry out their respective commissioning or service delivery responsibilities for BCF funded activities.

11. STAFF

Each Partner will be responsible for recruitment and management of their own staff with lead responsibilities for BCF project delivery.

Staff employed as part of the Joint Commissioning Team will undertake duties on behalf of the Council and ICB. The Partners have agreed the terms of Schedule 1 Part 2B in relation to the Joint Commissioning Team.

12. ASSURANCE AND MONITORING

The Pooled Fund and BCF Projects will be subject to rigorous assurance and monitoring using best practice in programme management and project management methodologies. These functions will be provided by the Pooled Fund Manager. Officers of ICB and Council with responsibility for delivering schemes funded by the BCF will be required to comply with the BCF planning, assurance and monitoring processes.

The assurance and monitoring functions will include the following

- a detailed implementation plan on an annual basis reflecting the Jointly Agreed BCF Plan
- BCF Scheme Specifications
- a jointly agreed strategic finance model for pooled and aligned investments
- regular performance reporting on agreed performance indicators
- project/scheme highlight reporting
- consistent communication to all relevant stakeholders

In addition, the BCF Pooled Fund Manager will ensure that the following are undertaken and form part of the BCF risk monitoring

- An assessment of the capability and capacity across the programme and address shortfalls
- Identify and escalate issues to enable remedial action to be taken swiftly where needed
- Identify, review and mitigate strategic and operational risks
- Produce reports for decision making beyond delegated powers of the Executive Group (e.g. through the ICB Governing Body and Council Cabinet, Overview & Scrutiny, Joint commissioning Board and HWBB)

The BCF Executive Group will determine the most appropriate timetable and format for routine reporting, monitoring and assurance. The minimum requirement will be:

- Monthly finance and performance reporting to the BCF Executive Group against each scheme
- Quarterly finance and performance reporting against each scheme to the NW London ICB Borough Executive Committee (Hounslow) and the Joint Commissioning Board (additional reporting maybe required on a scheme by scheme basis)
- Annual overall reporting on the BCF Plan to the Health and Wellbeing Board

Officers of each of the Partners and identified project leads will be responsible for ensuring that each Partner has the necessary resources and systems to routinely and accurately capture and report on the performance and outcome related measures required for the BCF Projects.

13. LEAD OFFICERS

Partner	Lead Officer	Address
Council	Steven Forbes Executive Director of Children's and Adults Services	LB Hounslow Hounslow House 7 Bath Road Hounslow TW3 3EB
ICB	Martin Waddington Borough Director	NHS North West London ICB (Hounslow Borough) Hounslow House 7 Bath Road Hounslow TW3 3EB

14. INTERNAL APPROVALS

The BCF Projects are detailed in the BCF Plan, which is included in Schedule 5. These have been approved by the BCF Executive Group on behalf of the Health and Wellbeing Board

The Joint Commissioning Team are responsible and accountable to both the Council and the ICB, which will require Council employed staff undertaking NHS Functions and ICB employed staff undertaking Health Related Functions. The role of this team is set out in Schedule 1 Part 2B.

Officers in the ICB and Council work will work cooperatively to deliver the BCF Plans, retaining current levels of separate authority. Officers would need to seek authority in the current way (i.e. from Cabinet/ ICB) to go beyond the scope of their delegated powers in respect of their employer's statutory functions and separately 'consult' the BBP SLT in accordance with legislative or Department of Health or Department of Education requirements.

The BCF Executive Group will have the remit to make or seek decisions and approvals in relation to this Schedule 1 Part 2A in accordance with the above principles.

The BBP SLT will be consulted and informed as required on matters regarding the BCF plans and performance.

The BCF Executive Group will recommend plans for future years to the Health and Wellbeing Board. The BCF plan and delivery will be reported to the Health and Wellbeing Board as required by the BCF national guidance. They will also receive information on progress being made in delivering these plans as required.

15. RISK AND BENEFIT SHARE ARRANGEMENTS

Please refer to Schedule 3.

16. REGULATORY REQUIREMENTS

Please refer to the Annexes for each BCF Project.

17. INFORMATION SHARING AND COMMUNICATION

The Partners shall comply with the Information Sharing Protocol at Schedule 6 of the Agreement.

18. DURATION & EXIT STRATEGY

The BCF Projects commence on 1st April 2025 and expire on 31st March 2026.

If the Better Care Fund is extended beyond 31st March 2026, the Partners will seek to agree any updates to this Individual Scheme, the Pooled Fund and the BCF Plan, such updates to be in accordance with any updated BCF Guidance.

This agreement may be terminated by any partner giving not less than six months' notice in writing to terminate the Agreement. Where a scheme supported by the Agreement has an agreed termination date in excess of six months this will take precedent and such schemes will continue for the duration of the agreed termination period.

19. OTHER PROVISIONS

Please refer to the Annex 1 for the non-BCF Projects within the section 75 Agreement.

Annex 1 to Schedule 1 Part 2A (NON BCF SCHEMES)
**Integrated Paediatric Speech and Language, Occupational Therapy, Hounslow Youth
Counselling Service**

1.	Overview of Services	Scheme: Integrated Paediatric Speech and Language and Occupational Therapy
2	Aims and Outcomes	See Schedule 1 Part 2A, Paragraph 2.
3	The Arrangements	Lead Commissioners – London Borough of Hounslow and North West London Integrated Care System
4	Functions	The overall aims of Speech and Language and Occupational Therapies are to support children to achieve the best outcomes. The services provided are statutory and provide specialist assessment, diagnosis, and therapy intervention with other appropriate professionals in a multi-disciplinary setting.
5	Services	The Boards support joint working and is a requirement of the Care Act 2014.
6	Commissioning and contracting arrangements	See Schedule 1 Part 2A, Paragraph 6
7	Financial Contributions	2025/26 See Schedule 1, Part 2A, Paragraph 7. ICB Contribution - £2,520,817 Local Authority Contribution – High Needs Block £632,500
8	Other provisions	N/A

1.	Overview of Services	Scheme: Hounslow Youth Counselling Service a) counselling provision for care leavers (LAC) b) counselling provision for youth offenders (YOS) c) Waiting List support to reduce burden on CAMHS T2 service
2	Aims and Outcomes	See Schedule 1 Part 2A, Paragraph 2.
3	The Arrangements	Lead Commissioners – London Borough of Hounslow
4	Functions	Provide counselling to LAC and YOS, and support the waiting list pressures for the CAMHS service.
5	Services	Council duty to support care leavers and provide YOS.
6	Commissioning and contracting arrangements	See Schedule 1 Part 2A, Paragraph 6
7	Financial Contributions	2025/26 See Schedule 1, Part 2A, Paragraph 7. Local Authority Contribution – LAC = £12,000 YOS = £16,000 Waiting List = £40,000

8	Other provisions	N/A
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SCHEDULE 2

Joint Commissioning Team

1. OVERVIEW OF SERVICE

Hounslow has a strong tradition of working in partnership to jointly commission health and social care services for residents in the borough.

The establishment of an integrated Joint Commissioning Team enables staff to be employed by the Council or the ICB and to have dual accountability to the ICB and the Council. The scheme enables officers to act on behalf of either (i) the ICB or the Council or (ii) on behalf of both the ICB and the Council.

The Joint Commissioning Team, whether employees of the ICB or the Council are accountable to this post. The team's work priorities are agreed by the Joint Commissioning Board (JCB). The normal accountable and delegation processes in both organisations will apply, as all staff will have dual responsibility and accountability to both the ICB and the Council.

There is a Pooled Fund for the costs of the Joint Commissioning Team which is managed by the Council as most of the staff are employed by the Council. Section 5 details how the cost of this team will be split between the Council and the ICB.

This Scheme Specification ensures that there is officer support for the maintenance and development of integrated commissioning arrangements in Hounslow across both adults' and children's services.

2. AIMS AND OUTCOMES

The aim of the Joint Commissioning Team is to promote and develop integrated working and to streamline commissioning arrangements in adults' and children's services by employing staff with dual accountability to the ICB and the Council.

3. THE ARRANGEMENTS

This is a Lead Commissioning arrangement. The Council managed a Pooled Fund that is utilised to employ staff who work on behalf of both Partners and have dual accountability. The Pooled Fund covers salary costs of the jointly commissioned staff.

The ICB and the Council are jointly responsible for the costs related to the Joint Commissioning Team i.e. recruitment costs, redundancy costs or costs relating to sickness, maternity leave or special leave. For employment purposes, staff are line managed by an officer from the Council or the ICB, whichever is most appropriate to carry out their duties. Staff will have supervision sessions with managers in the Council and the ICB in accordance with their relevant organisation's HR policies, procedures and conditions of employment.

The employing Partner will be responsible for ensuring adequate insurance is in place for their employees relevant to their roles.

Any additional staff related costs such as unfair dismissal, discrimination etc. will be a joint financial responsibility. The JCB will need to determine the appropriate action and funding to deal with any such incidents.

Staff will be able to choose which Partner they wish to be employed by at the time of appointment. Grades will be matched as closely as possible within the two Partner's pay structures. Secondment arrangements will not apply as staff will be employed on a contract of employment for either the ICB or the Council.

4. FUNCTIONS

The posts support the delivery of functions relating to:

- The NHS Act 2006
- The Health and Social Care Act 2012
- The Children and Families Act 2014
- The Care Act 2014
- Adults' and Children's Continuing Care – national guidance
- Better Care Fund – national guidance
- NW London Shaping a Healthier Future
- Hounslow Joint Commissioning Intentions
- Hounslow Joint Prevention Strategy
- Hounslow Joint Children's Strategy

The Joint Commissioning Team will commission services on behalf of both the Council and the ICB, this will include services related to:

- Older people
- Older people with mental health needs
- Younger adults with disabilities
- Younger adults with mental health needs
- Children services
- Learning disabilities and ASD
- Carers
- Continuing Health Care

The Joint Commissioning Team, in undertaking their functions, will do so through an integrated commissioning approach, meaning arrangements by which both Partners commission services in relation to an Individual Scheme on behalf of each other in exercise of both the NHS Functions and Health Related Functions through integrated structures.

An Individual Scheme means one of the schemes which is agreed by the Partners to be included within this Agreement using the powers under Section 75 as documented in a Scheme Specification. Services means such health and social care services as agreed from time to time by the Partners as commissioned under the arrangements set out in this Agreement and more specifically defined in each Scheme Specification.

NHS Functions means those of the NHS functions listed in Regulation 5 of the Regulations as are exercisable by the ICB as are relevant to the commissioning of the Services and which may be further described in each Service Schedule

Health Related Functions means those of the health-related functions of the Council, specified in Regulation 6 of the Regulations as relevant to the commissioning of the Services and which may be further described in the relevant Scheme Specification.

5. SERVICES

The Joint Commissioning Team includes the following posts and funding contributions for **2025/26**.

Post Title	LBH	HCCG	2025/26 LBH Forecast	2025/26 ICB Forecast	Total
Director - Joint Commissioning	50%	50%	99,453	99,453	198,906
Head of Continuing Healthcare & Supplier Performance	50%	50%	56,459	56,459	112,917
Senior Joint commissioner - Prevention	50%	50%	54,804	54,804	109,608
Senior Joint Commissioning Manager - Learning Disability & Long Term Conditions	50%	50%	54,804	54,804	109,608
Senior Joint commissioner - Mental Health	50%	50%	54,804	54,804	109,608
Senior Joint Commissioning Manager - Older Persons	50%	50%	44,736	44,736	89,473
LD & MH Brokerage & Placements & Contract Management of Commissioned Services	50%	50%	44,736	44,736	89,472
Assistant Director Childrens Commissioning	50%	50%	64,702	64,702	129,403
Head of Children's Commissioning	50%	50%	49,501	49,501	99,002
Children's Commissioning Business Change Manager	50%	50%	47,915	47,915	95,831
Joint Commissioner - Falls Prevention	50%	50%	35,726	35,726	71,451
Personal Assistant	50%	50%	27,847	27,847	55,694
Joint commissioner - Children's	100%	0%	72,841	-	72,841
Team Manager (Residential and Domiciliary Care)	75%	25%	60,134	19,876	80,010
Contract Manager - NHS Hounslow ICB & LBH	75%	25%	51,179	16,917	68,096
Brokerage and Placement Officer	75%	25%	46,253	15,289	61,542
Brokerage and Placement Officer	75%	25%	46,253	15,289	61,542
Brokerage and Placement Officer	75%	25%	46,253	15,289	61,542
Brokerage and Placement Officer	75%	25%	46,253	15,289	61,542
Brokerage Officer	75%	25%	45,735	15,117	60,851
Senior Contract Officer (NHS Hounslow ICB & LBH)	75%	25%	42,882	14,174	57,056
Senior Contract Officer (NHS Hounslow ICB & LBH)	75%	25%	50,516	16,697	67,213
Senior Contract Officer	75%	25%	40,118	13,260	53,378
Other income/adjustments			- 22,695	- 52,750	- 75,445
Joint Commissioning Team recharges from LBH to NWL ICB			1,161,207	739,931	1,901,138
Joint commissioner - older people	50%			- 38,651	- 38,651
Joint Commissioning Team recharges from NWL ICB to LBH			-	- 38,651	- 38,651
Total Joint Commissioning Team Forecast 2025/26			1,161,207	701,280	1,862,487

6. COMMISSIONING, CONTRACTING, ACCESS

This Individual Scheme incorporates contracts of employment. These are led by each Partner acting on behalf of each other, dependent on who the staff member chooses to be employed by.

The job descriptions and related documentation have been jointly agreed and all refer to these being joint posts, and allowing for staff to choose their preferred employer at appointment.

7. FINANCIAL CONTRIBUTIONS

Refer to section 5.

Note that the contributions listed are for **2025/26** only and that contributions for subsequent years will be amended in line with any changes to salary costs of the Joint Commissioning Team. Figures include on-costs.

8. FINANCIAL GOVERNANCE ARRANGEMENTS

The Pooled Fund is managed by the Council. The contributions to the Pooled Fund for this schedule will be adjusted annually, usually at the start of the financial year, in line with changes to salary costs of the Joint Commissioning Team.

A quarterly financial reconciliation will be carried out between the two finance departments of the Partners, to determine whether any recharges are needed between the Partners based on the agreed split of team costs.

If any decisions arise related to potential redundancies, or other such events, the JCB will need to determine the agreed outcome. This should consider any financial implications such as redundancy payments and pension liabilities.

Any non-salary costs such as recruitment, travel expenses, training, attendance at conferences etc. should be split between the Partners, based on the split in costs in the agreed structure.

Spend should be within the agreed structure. Any variations to the agreed spend plan should be known in advance and will need to be agreed through a report to the Joint Commissioning Board.

9. VAT

This is not applicable for the statutory functions concerned in this schedule. Both the Council and ICB will address VAT matters through their own payment systems/methods. As the Joint Commissioning Team is included in a Pooled Fund, recharges of staff salaries would be outside the scope of VAT for both parties.

10. GOVERNANCE ARRANGEMENTS FOR THE PARTNERSHIP

On a day to day operational basis, this Individual Scheme will be managed by the Director for Joint Commissioning.

Quarterly reporting will be provided to the BCF Executive Board by the Director for Joint Commissioning. This will include detail on expenditure by both Partners and an update, where relevant, on recruitment and vacancies. Expenditure details must include spend on employees and agency/consultants.

11. NON-FINANCIAL RESOURCES

Officers will be based at Council premises. Each Partner will need to ensure provision of adequate accommodation and equipment.

The employing Partner will hold a duty of care to their employees in accordance with employment law and be responsible for any liabilities that occur.

12. STAFF

Staff will be employed by the Council or the ICB and will be subject to conditions of service of their employer.

The ICB and Council will contribute to salary costs as set out in paragraph 5 above (to be reviewed on an annual basis in accordance with paragraph 8) and any other costs will be subject to a decision by the Joint Commissioning Board.

Staff will be duly accountable to both the ICB and the Council through the line management structure.

If there are any conflicts of interest or difficulties arising from delivering a dually accountable role that staff are unable to deal with these then they should be referred to the relevant senior managers within both Partners.

13. ASSURANCE AND MONITORING

All staff have job descriptions, which have been jointly agreed by the ICB and the Council. Objectives will be set annually and agreed by both Partners. Appraisals will take place annually with a mid-year review using the employing Partner's procedures.

Issues relating to performance, grievances and disciplinary matters will be dealt with according to the appropriate organisation's processes.

14. LEAD OFFICERS

Council – Director of Adult Safeguarding, Social Care and Health Services

ICB – Borough Director

15. INTERNAL APPROVALS

Staff will comply with the approvals processes of the relevant organisation(s) in relation to the functions of their job.

16. RISK AND BENEFIT SHARE ARRANGEMENTS

Any risks and benefits will in the first instance be dealt with by relevant lead officers identified in paragraph 14. If necessary, issues will be referred to the Joint Commissioning Board.

17. REGULATORY REQUIREMENTS

None identified

18. INFORMATION SHARING AND COMMUNICATION

The Partners shall comply with the Information Sharing Protocol at Schedule 6 of the Agreement.

19. DURATION AND EXIT STRATEGY

This Individual Scheme will continue indefinitely until the Partners agree to mutually terminate it, or it is terminated in accordance with the provisions below. The Partners will review this Scheme Specification on an annual basis.

Should either Partner wish to reduce or discontinue funding of the Joint Commissioning Team, or terminate this Individual Scheme, the relevant Partner shall give the other Partner no less than six months' written notice, setting out:

- Details of the reduction or discontinuation of funding proposed or proposed termination;
- Rationale for the proposed reduction or discontinuation of funding (where relevant);
- Plans of any redundancy or redeployment proposals (where relevant); and

- The proposed date that such reduction of funding, discontinuation of funding or termination of this Individual Scheme shall take place (such date being no less than 6 months following the date of the notice)

Where a proposed reduction or discontinuation of funding has been proposed, the Partner receiving the notice shall consider whether it wishes to make up any shortfall in funding itself. Both Partners shall use reasonable endeavours to agree any amendments required to this Scheme Specification following receipt of the notice referred to above to reflect the proposed amendments. A failure to agree the amendments required shall result in this Scheme Specification expiring on the date set out in the notice referred to above.

Where a Partner has given no less than six months' notice to terminate this Individual Scheme, the termination shall be effective on the date specified in the notice.

Notwithstanding the provisions set out above, this Individual Scheme may be amended where such amendments are agreed at the Joint Commissioning Board, and such agreement is documented in writing.

Should this Individual Scheme be terminated, then any associated costs directly resulting from the same (for example, redundancy costs of members of the Joint Commissioning Team) will be split between the Council and the ICB on a 50:50 basis.

SCHEDULE 3

Governance

1. Better Care Fund Executive Group

1.1 The Better Care Fund Executive Group ("**BCF Executive**") is a sub-group of the HWB and meets monthly unless agreed otherwise by the co-chairs.

The membership of this group will revert back to the membership in the Section 75 agreement and will be co-chaired by the Borough Director, ICB Hounslow Borough Team and the Executive Director of Children's and Adults Services, LBH

Membership will be:

- Borough Director, ICB Hounslow Borough Team*
- Executive Director of Children's and Adult Services, LBH
- Assistant Director Place, ICB Hounslow Borough Team
- Head of Performance and System Operations LBH
- Finance Business Partner, ICB
- Strategic Finance Manager LBH
- Head of Place – Partnerships, ICB Hounslow Borough Team

or a deputy to be notified to the other members in advance of any meeting

* This post is a joint appointment between ICB and LBH, undertaking both ICB Director and the Director of Joint Commissioning LBH. In order to manage any conflicts of issues arising the Assistant Director Primary Care, Integration and Delivery for the ICB Hounslow Borough Team will be delegated to act on behalf of the ICB.

The purpose of this Group is to reassure both organisations that the schemes in the BCF are delivering the identified outcomes. The meetings will be an opportunity to raise financial and performance issues/risks. This meeting will take place monthly.

The **BBP Senior Leadership Team** is chaired by the BBP Lead Director, who is also the Chief Operating Officer for HRCH, Hounslow's community provider. It is comprised of executive directors from partner organisations, including the acute trust, mental health trust, and ICB Borough Director and Medical Director. The local authority DASS and DCS and the Director of Public Health are also members.

The SLT:

- provides the executive function for the BBP Board,
- ensures effective planning and delivery of agreed priorities,
- Has oversight and monitoring of programmes to deliver change,
- assesses proposed system solutions, making recommendations for system change to the Board and overseeing the implementation of agreed system changes
- to agree the service redesign and the care models that support whole systems integrated care and any associated service specifications – e.g. personal care framework, community recovery service;
- to approve joint commissioning strategies and plans, e.g. dementia, carers and prevention strategies.

The **Hounslow Health and Wellbeing Board** aims to improve the health and wellbeing of Hounslow's communities by bringing together the leadership of key organizations to plan and work in partnership, identify local needs and inequalities, monitor performance and develop effective plans and services.

This includes oversight of the Better Care Fund, IBCF and DFG, to review local authority and NHS commissioning plans, to advise the CQC, NHSE/I of concerns about the standards of care delivery and financial probity; receive reports on from the adult and child safeguarding boards, and oversight of winter preparedness plans with clear actions to reduce excess mortality.

The Board is a statutory body under the Health and Social Care Act 2012, which requires it to discharge a number of statutory functions including the publication of a Joint Strategic Needs Assessment, Joint Health and Wellbeing Strategy and Pharmaceutical Needs Assessment”

Councillor Lily Bath is Chair and Councillor Sue Sampson is Vice-Chair. The Board is still scheduled to meet up to four times a year moving forward.

1. Role of the Better Care Fund Executive Group

The role of the BCF Executive is:

- 2.1 to jointly agree a forward plan that supports the commissioning of integrated services for sign off by both Partners and the Health and Wellbeing Board. This informs both Partners' commissioning intentions for a sustainable health and social care economy. The forward plan will need to be underpinned by a financial plan, including both Partners' medium-term financial strategies with associated savings plans.
- 2.2 to agree the joint contracting arrangements and any joint commercial agreements that arise from either the Better Care Fund or Whole Systems Integrated Care – e.g. Personal Care Framework;
- 2.3 to oversee joint quality monitoring and contract managing of nursing homes and domiciliary care providers and agree joint commissioning plans for this sector;
- 2.4 to agree arrangements for the joint community equipment services, including budget setting, contracting arrangements, procurement and ongoing monitoring of budgets and activity.

Better Care Fund

- 2.5 agree the annual plan of the Better Care Fund, including BCF Projects to be funded;
- 2.6 to agree the joint expenditure and Section 75 agreements, e.g. any pooled budgets, Better Care Fund;
- 2.7 oversee spend of the Better Care Fund including agreeing any variances in the agreed budget and allocate resources
- 2.8 oversee the performance framework of schemes funded through the Better Care Fund, performance
- 2.9 manage risk share
- 2.10 to agree arrangements for the joint community equipment services, including budget setting, contracting arrangements, procurement and ongoing monitoring of budgets and activity

3 Better Care Fund Executive Group

The BCF Executive will be supported by officers from the Partners from time to time.

4 Meetings

- 4.1 The BCF Executive will meet Monthly unless agreed otherwise by the Co-Chairs.

- 4.2 The quorum for meetings of the BCF Executive shall be a minimum of two representatives from each of the Partner organisations. Financial decisions must be ratified by respective partner finance leads.
- 4.3 Decisions of the BCF Executive shall be made unanimously. Where unanimity is not reached then the item in question will in the first instance be referred to the next meeting of the BCF Executive. If no unanimity is reached on the second occasion it is discussed then the matter shall be escalated to the BBP SLT and if still unresolved, will be further escalated to the Hounslow Health and Wellbeing Board, and finally to the dispute resolution process as set out in this agreement.
- 4.4 Where a Partner is not present and has not given prior written notification of its intended position on a matter to be discussed, then those present may not make or record commitments on behalf of that Partner in any way.
- 4.5 Minutes of all decisions shall be kept and reported to the BBP SLT and the Hounslow Health and Wellbeing Board on a regular basis.

5 Delegated Authority

- 5.1 The JCB is authorised within the limited of delegated authority for its members (which is received through their respective organisation's own financial scheme of delegation) to:
 - 5.1.1 to authorise commitments which exceed or are reasonably likely to lead to exceeding the contributions of the Partners to the aggregate contributions of the Partners to any Pooled Fund; and
 - 5.1.2 to authorise a Lead Commissioner to enter into any contract for services necessary for the provision of Services under an Individual Scheme.

6 Information and Reports

Where there are pooled fund arrangements each Pooled Fund Manager shall supply to the BCF Executive on a Quarterly basis the financial and activity information as required under the Agreement.

7 Post-termination

The BCF Executive Group shall continue to operate in accordance with this Schedule following any termination of this Agreement but shall endeavour to ensure that the benefits of any contracts are received by the Partners in the same proportions as their respective contributions at that time.

SCHEDULE 4

Risk Share, Overspends and Underspends

Risk Share and Contingency

1. The Partners agree to establish a contingency fund to cover the risk of overspend in the Service Contracts that are entered under a BCF Project in respect of Provider over-performance for delivery of NELs and DTOCs. The contingency fund will be held in the Pooled Fund from the Commencement Date and the Partners will agree the purpose and extent of what the contingency fund can be used for in due course, on the basis that it should be used for BCF Project overspends that have impacted on NELS and DTOC in the first instance.
2. On the Commencement Date, and each anniversary thereafter, the Partners will calculate the combined potential risk exposure in respect of over-performance under each Service Contract and agree the proportions that each Partner shall pay into the contingency fund. The Joint Commissioning Board shall ratify such agreement and the Partners shall pay such sums into the contingency fund within 10 days of the Joint Commissioning Board approval. In the event that the Partners cannot agree the potential risk exposure or proportions to pay into the contingency fund this will be dealt with in accordance with Clause 23 (Dispute Resolution).
3. At the end of each contract year, the Joint Commissioning Board shall determine how any unspent funds in the contingency fund shall be used and this may be including reinvestment in the Services.

Pooled Fund Management, Underspends and Overspends

4. The Partners agree that Overspends shall be apportioned in accordance with this Schedule 3 and as further detailed in the Scheme Specifications in Schedule 1.
5. Each Partner shall notify the other Partner if it comes to their attention that there is any Overspend, or likely Overspend under this agreement, as soon as reasonably possible and at all times within 5 Working Days of knowledge of the same.
6. The Pooled Fund Manager shall ensure that any such Overspend or likely Overspend will also be notified, along with all relevant background information in respect of the Overspend or likely Overspend, at the next Joint Commissioning Board for review by the Partners.
7. Both Partners are responsible for notifying each other if any significant variances and risks occur in relation to the Individual Schemes they are the Contracting Party for. Any variances and risks should be notified to the Joint Commissioning Board in a timely fashion, and at all times before the relevant Financial Year end.
8. The Joint Commissioning Board will be required to decide on how to deal with a forecast Underspend or Overspend in accordance with the principles set out in this agreement, including, for the avoidance of doubt, those detailed in Scheme Specifications in Schedule 1.
9. As soon as reasonably possible following notification of an Overspend (or a potential Overspend), the Partners shall work together to:
 - implement the Overspend provisions set out below;
 - consider whether they need to agree an action plan to reduce expenditure, and if so, draft and share a plan;
 - identify Underspends that could be vired from in respect of any other Individual Scheme maintained under this agreement or outside of this agreement

- consider whether further funds are required to make up the shortfall from the respective Partners; and
 - if no more money is available, agree a plan of action, which may include decommissioning all or any part of the Individual Scheme to which the Fund relates.
10. To the extent that an Overspend has resulted from a Host Partner using the Pooled Fund for expenditure that it is not Permitted Expenditure, the Host Partner shall bear the costs of that Overspend.

Overspend

11. Without prejudice to the provisions of Clause 12, the Joint Commissioning Board shall consider what action to take in respect of any actual or potential Overspends.
12. The Joint Commissioning Board shall, acting reasonably having taken into consideration all relevant factors including, where appropriate the Better Care Fund Plan and any agreed outcomes and any other budgetary constraints agree appropriate action in relation to Overspends which may include the following:
- 12.1 whether there is any action that can be taken in order to contain expenditure;
 - 12.2 whether there are any Underspends that can be vired from any other Individual Scheme maintained under this Agreement;
 - 12.3 how any overspend shall be apportioned between the Partners, such apportionment to be just and equitable taking into consideration all relevant factors.
13. The Partners agree to co-operate fully in order to establish an agreed position in relation to any Overspends.
14. Where relevant, overspends which occur as a result of not meeting the BCF Pay for Performance Fund shall be subject to the provisions set out in paragraphs 1 to 4 of this Schedule 3 and the provisions of Schedule 1 Part 2A (Better Care Fund Scheme Specification).
15. Where there is an overspend in a Non-Pooled Fund at the end of the Financial Year or at termination of the Agreement such overspend shall be met by the Partner whose financial contributions to the relevant Non-Pooled Fund were intended to meet the expenditure to which the overspend relates save to the extent that such Overspend is the fault of the other Partner.
16. Subject to any continuing obligations under any Service Contract entered into by either Partner, either Partner may give notice to terminate a Service or Individual Scheme where the Scheme Specification provides and (where relevant) the Service does not form part of the Better Care Fund Plan.

Precedence

17. Where there is any conflict between the terms applying to Risk Share, Overspends and Underspends as between this Schedule 3 and Schedule 1 Part 2A (Better Care Fund Scheme Specification), the terms of Schedule 1 Part 2A (Better Care Fund Scheme Specification) shall take precedence.

SCHEDULE 5

Joint Working Obligations

Part 1 - Lead Commissioner Obligations

Capitalised terminology used in this Schedule (where not otherwise defined in this Agreement) shall have the meaning attributed to it in the NHS Standard Contract, however where the NHS Standard Contract is not used for commissioning Services by the Lead Commissioner, the same obligations shall apply in respect of any broadly similar provisions in the relevant Services Contract, and this Schedule should be interpreted accordingly.

1. The Lead Commissioner shall notify the other Partners if it receives or serves:
 - 1.1 a Change in Control Notice;
 - 1.2 a Notice of an Event of Force Majeure;
 - 1.3 a Contract Query;
 - 1.4 Exception Reportsand provide copies of the same.
2. The Lead Commissioner shall provide the other Partners with copies of any and all:
 - 2.1 CQUIN Performance Reports;
 - 2.2 Monthly Activity Reports;
 - 2.3 Review Records; and
 - 2.4 Remedial Action Plans;
 - 2.5 JI Reports;
 - 2.6 Service Quality Performance Report;
3. The Lead Commissioner shall consult with the other Partners before attending:
 - 3.1 an Activity Management Meeting;
 - 3.2 a Contract Management Meeting;
 - 3.3 a Review Meeting;and, to the extent the Service Contract permits, raise issues reasonably requested by a Partner at those meetings.
4. The Lead Commissioner shall not:
 - 4.1 permanently or temporarily withhold or retain monies pursuant to the Withholding and Retaining of Payment Provisions;
 - 4.2 vary any Provider Plans (excluding Remedial Action Plans);
 - 4.3 agree (or vary) the terms of a Joint Investigation or a Joint Action Plan;
 - 4.4 give any approvals under the Service Contract;
 - 4.5 agree to or propose any variation to the Service Contract (including any Schedule or Appendices);

- 4.6 suspend all or part of the Services;
 - 4.7 serve any notice to terminate the Service Contract (in whole or in part);
 - 4.8 serve any notice;
 - 4.9 agree (or vary) the terms of a Succession Plan
without the prior approval of the other Partners (acting through the [Joint Commissioning Board]) such approval not to be unreasonably withheld or delayed.
- 5. The Lead Commissioner shall advise the other Partners of any matter which has been referred for dispute and agree what (if any) matters will require the prior approval of one or more of the other Partners as part of that process.
 - 6. The Lead Commissioner shall notify the other Partners of the outcome of any Dispute that is agreed or determined by Dispute Resolution
 - 7. The Lead Commissioner shall share copies of any reports submitted by the Service Provider to the Lead Commissioner pursuant to the Service Contract (including audit reports)

Part 2 – Obligations of the Other Partner

Capitalised terminology used in this Schedule (where not otherwise defined in this Agreement) shall have the meaning attributed to it in the NHS Standard Contract, however where the NHS Standard Contract is not used for commissioning Services by the Lead Commissioner, the same obligations shall apply in respect of any broadly similar provisions in the relevant Services Contract, and this Schedule should be interpreted accordingly.

- 1. Each Partner shall (at its own cost) provide such cooperation, assistance and support to the Lead Commissioner (including the provision of data and other information) as is reasonably necessary to enable the Lead Commissioner to:
 - 1.1 resolve disputes pursuant to a Service Contract;
 - 1.2 comply with its obligations pursuant to a Service Contract and this Agreement;
 - 1.3 ensure continuity and a smooth transfer of any Services that have been suspended, expired or terminated pursuant to the terms of the relevant Service Contract;
- 2. No Partner shall unreasonably with hold or delay consent requested by the Lead Commissioner.
- 3. Each Partner (other than the Lead Commissioner) shall:
 - 3.1 comply with the requirements imposed on the Lead Commissioner pursuant to the relevant Service Contract in relation to any information disclosed to the other Partners;
 - 3.2 notify the Lead Commissioner of any matters that might prevent the Lead Commissioner from giving any of the warranties set out in a Services Contract or which might cause the Lead Commissioner to be in breach of warranty.

SCHEDULE 6

Better Care Fund Plan

In accordance with the 2023-25 Better Care Fund Policy Framework published by the Government in 2023, Hounslow Council and ICB have agreed the BCF programme for 2025/26 ensuring that use of the mandatory funding contributions and national conditions are met.

The 2025/26 budget allocations are reflected in the table below.

	2024/25			2025/26		
	Commissioning of services between Council and ICB			Commissioning of services between Council and ICB		
	ICB commissioned services (ICB's contribution to Health)	Council commissioned services (ICB's contribution to Social care)	2024/25 Total	ICB commissioned services (ICB's contribution to Health)	Council commissioned services (ICB's contribution to Social care)	2025/26 Total
Minimum ICB Contribution to Health and social care	£11,240,351	£11,605,518	£22,845,869	£16,759,539	£9,402,132	£26,161,671
DFG (direct payment to council)		£3,271,793	£3,271,793		£3,721,992	£3,721,992
Local Authority Better Care Grant (Previously IBCF)		£8,174,245	£8,174,245		£10,084,273	£10,084,273
Additional LA Contribution		£0	£0		£1,161,207	£1,161,207
Additional NHS contribution	£3,039,011		£3,039,011	£2,679,777		£2,679,777
Local Authority Discharge Funding		£1,910,027	£1,910,027			£0
ICB Discharge Funding	£2,917,967		£2,917,967			£0
Total	£17,197,329	£24,961,583	£42,158,912	£19,439,316	£24,369,604	£43,808,920

In line with the national conditions, the contributions to social care from ICBs via the BCF for 2025/26 should increase by 5.66% and spending on ICB commissioned out of hospital services (which can include social care) should meet or exceed the minimum ringfence set out in the BCF allocations spreadsheet published on 4 April 2025.

Summary for 25/26:

NHS contribution to social care is maintained	2024/25	2024/25
Minimum required spend	£9,046,563	£9,401,650
Budgeted spend	£9,046,602	£9,402,133

SCHEDULE 7

Information Governance Protocol

The ICB and Council will comply with the terms of the NHS North West London Whole Systems Integrated Care Information Sharing Agreement.

The ICB and Council will comply with the terms of the Central London, West London, Hammersmith and Fulham, Hounslow and Ealing (CWHHE) Information Sharing Agreement for Direct Patient Care.

The Information Sharing Agreement has been jointly developed by health and public sector organisations operating across Central and West London to facilitate the lawful sharing of information between them so that members of the public can receive the services they need whilst respecting the rights of the individual.

The main objectives are to:

- a) Increase awareness and understanding of the relevant legislation and in particular compliance with the Data Protection Act 2018 and General Data Protection Regulations;
- b) Guide partner organisations on how to share personal information lawfully;
- c) Promote the development and use of Information Sharing Agreements;
- d) Encourage lawful flows of information; and
- e) Support a process, which will monitor and review information flows

Partners have agreed to the following key principles

- 1. Share information with each other where it is lawful to do so;
- 2. Comply with the requirements of the Data Protection Act 2018 and General Data Protection Regulations 3. Inform data subjects when and how information is recorded about them and how their information may be used;
- 4. Ensure that adequate security measures are applied to the personal data they hold and transfer and commit to comply as far as possible with ISO/IEC 27000 Standards, the key standard in the series, ISO/IEC27001
- 5. Have due regard to the guidance published by the Information Commissioner to help those in the public sector comply with the Data Protection Act. (See www.ico.gov.uk)
- 6. Develop local Information Sharing Agreements (ISAs) that govern the way transactions are undertaken between the partner organisations and with other organisations that are not parties to this protocol.
- 7. Promote staff awareness of the protocol and to train staff in the principles of lawful information sharing
- 8. Promote public awareness of the need for information sharing through the use of appropriate communications media including publishing the protocol on the websites of the respective agencies; and
- 9. Have proper procedures in place in relation to the way in which they will hold and use personal information

Where required, individual information sharing agreements will be further developed for specific Individual Schemes to ensure that information sharing required to support effective needs analysis, activity reporting commissioning and service delivery is conducted in accordance with the 1998 Act and Caldicott Principles.

1. Guidance

Overview

The Better Care Fund (BCF) reporting requirements are set out in the BCF Planning Requirements for 2025-26 (refer to link below), which supports the aims of the BCF Policy Framework and the BCF programme; jointly led and developed by the national partners Department of Health and Social Care (DHSC), Ministry for Housing, Communities and Local Government (MHCLG), NHS England (NHSE).

<https://www.england.nhs.uk/long-read/better-care-fund-planning-requirements-2025-26/#introduction>

<https://www.gov.uk/government/publications/better-care-fund-policy-framework-2025-to-2026/better-care-fund-policy-framework-2025-to-2026>

As outlined within the planning requirements, quarterly BCF reporting will continue in 2025-26, with areas required to set out progress on delivering their plans by reviewing metrics performance against goals, spend to date as well as any significant changes to planned spend.

The primary purpose of BCF reporting is to ensure a clear and accurate account of continued compliance with the key requirements and conditions of the fund. The secondary purpose is to inform policy making, the national support offer and local practice sharing by providing a fuller insight from narrative feedback on local progress, challenges and highlights on the implementation of BCF plans and progress on wider integration.

BCF reporting is likely to be used by local areas, alongside any other information to help inform HWBs on progress on integration and the BCF. It is also intended to inform BCF national partners as well as those responsible for delivering the BCF plans at a local level (including ICBs, local authorities and service providers) for the purposes noted above.

In addition to reporting, BCMs and the wider BCF team will monitor continued compliance against the national conditions and metric ambitions through their wider interactions with local areas.

BCF reports submitted by local areas are required to be signed off HWB chairs ahead of submission. Aggregated data reporting information will be available on the DHSC BCF Metrics Dashboard and published on the NHS England website.

Note on entering information into this template

Please do not copy and paste into the template

Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a blue background, as below:

Data needs inputting in the cell

Pre-populated cells/Not required

Note on viewing the sheets optimally

To more optimally view each of the sheets and in particular the drop down lists clearly on screen, please change the zoom level between 90% - 100%. Most drop downs are also available to view as lists within the relevant sheet or in the guidance tab for readability if required.

The row heights and column widths can be adjusted to fit and view text more comfortably for the cells that require narrative information.

Please DO NOT directly copy/cut and paste to populate the fields when completing the template as this can cause issues during the aggregation process. If you must 'copy and paste', please use the 'Paste Special' operation and paste Values only.

The details of each sheet within the template are outlined below.

Checklist (2. Cover)

1. This section helps identify the sheets that have not been completed. All fields that appear as incomplete should be complete before sending to the BCF Team.
2. The checker column, which can be found on the individual sheets, updates automatically as questions are completed. It will appear 'Red' and contain the word 'No' if the information has not been completed. Once completed the checker column will change to 'Green' and contain the word 'Yes'
3. The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.
4. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Template Complete'.
5. Please ensure that all boxes on the checklist are green before submission.

2. Cover

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off. Once you select your HWB from the drop down list, relevant data on metric goals from your BCF plans for 2025-26 will pre-populate in the relevant worksheets.
2. HWB Chair sign off will be subject to your own governance arrangements which may include a delegated authority.
3. Question completion tracks the number of questions that have been completed; when all the questions in each section of the template have been completed the cell will turn green. Only when all cells are green should the template be sent to:
england.bettercarefundteam@nhs.net
(please also copy in your respective Better Care Manager)
4. Please note that in line with fair processing of personal data we request email addresses for individuals completing the reporting template in order to communicate with and resolve any issues arising during the reporting cycle. We remove these addresses from the supplied templates when they are collated and delete them when they are no longer needed.

3. National Conditions

This section requires the Health & Wellbeing Board to confirm whether the four national conditions detailed in the Better Care Fund planning requirements for 2025-26 (link below) continue to be met through the delivery of your plan. Please confirm as at the time of completion.

<https://www.england.nhs.uk/long-read/better-care-fund-planning-requirements-2025-26/>

This sheet sets out the four conditions and requires the Health & Wellbeing Board to confirm 'Yes' or 'No' that these continue to be met. Should 'No' be selected, please provide an explanation as to why the condition was not met for the year and how this is being addressed. Please note that where a National Condition is not being met, an outline of the challenge and mitigating actions to support recovery should be outlined. It is recommended that the HWB also discussed this with their Regional Better Care Manager.

In summary, the four National conditions are as below:

National condition 1: Plans to be jointly agreed

National condition 2: Implementing the objectives of the BCF

National condition 3: Complying with grant and funding conditions, including maintaining the NHS minimum contribution to adult social care (ASC) (and section 75 in place)

National condition 4: Complying with oversight and support processes

4. Metrics

The BCF plan includes the following metrics (these are not cumulate/YTD):

1. Emergency admissions to hospital for people aged 65+ per 100,000 population. (monthly)
 2. Average number of days from Discharge Ready Date to discharge (all adult acute patients). (monthly)
 3. Admissions to long term residential and nursing care for people aged 65+ per 100,000 population. (quarterly)
- Plans for these metrics were agreed as part of the BCF planning process outlined within 25/26 planning submissions.
Populations are based on 2023 mid year estimates

Within each section, you should set out how the ambition has been reached, including analysis of historic data, impact of planned efforts and how the target aligns for locally agreed plans such as Acute trusts and social care.

The bottom section for each metric also captures a confidence assessment on achieving the locally set ambitions for each of the BCF metrics.

The metrics worksheet seeks a short explanation if a goal has not been met - in which case please provide a short explanation, including noting any key mitigating actions. You can also use this section to provide a very brief explanation of overall progress if you wish.

In making the confidence assessment on progress, please utilise the available metric data via the published sources or the DHSC metric dashboard along with any available proxy data.

https://dhexchange.kahootz.com/Discharge_Dashboard/groupHome

5. Expenditure

This section requires confirmation of an update to actual income received in 2025-26 across each fund, as well as spend to date at Q2. If planned expenditure by activity has changed since the original plan, please confirm that this has been agreed by local partners. If that change in activity expenditure is greater than 5% of total BCF expenditure, please use this box to provide a brief summary of the change.

On the 'DFG' row in the 'Source of Funding' table, 'Updated Total Planned Income for 25-26' this should include the total funding from DFG allocations that is available for you to spend on DFG in this financial year 2025-26. 'Q2 Year-to-Date Actual Expenditure' should include total amount that has been spent in Q2, even if the application or approval for the DFG started in a previous quarter or there has been slippage.

The template will automatically pre-populate the planned income in 2025-26 from BCF plans, including additional contributions. Please enter the update amount of income even if it is the same as in the submitted plan.

Please also use this section to provide the aggregate year-to-date spend at Q2. This tab will also display what percentage of planned income this constitutes; [if this is 50% exactly then please provide some context around how accurate this figure is or whether there are limitations.]

DRAFT



HM Government



Better Care Fund 2025-26 Q2 Reporting Template

2. Cover

Version 1.0

Please Note:

- The BCF quarterly reports are categorised as 'Management Information' and data from them will be published in an aggregated form on the NHSE website. This will include any narrative section. Also a reminder that as is usually the case with public body information, all BCF information collected here is subject to Freedom of Information requests.

- At a local level it is for the HWB to decide what information it needs to publish as part of wider local government reporting and transparency requirements. Until BCF information is published, recipients of BCF reporting information (including recipients who access any information placed on the BCE) are prohibited from making this information available on any public domain or providing this information for the purposes of journalism or research without prior consent from the HWB (where it concerns a single HWB) or the BCF national partners for the aggregated information.

10 All information will be supplied to BCF partners to inform policy development.

- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

Health and Wellbeing Board:	Hounslow
Completed by:	Kitu Thevarajah, Manjinder Bhatti
E-mail:	Kitu.Thevarajah@hounslow.gov.uk ; manjinder.bhatti@nhs.net
Contact number:	02085832890
Has this report been signed off by (or on behalf of) the HWB Chair at the time of submission?	Yes
If no, please indicate when the report is expected to be signed off:	Fri 07/11/2025

Checklist

Complete:

Yes

Yes

Yes

Yes

Yes

Yes

Question Completion - when all questions have been answered and the validation boxes below have turned green you should send the template to england.bettercarefundteam@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'.

Complete

	Complete:
2. Cover	Yes
3. National Conditions	Yes
4. Metrics	Yes
5. Expenditure	Yes

For further guidance on requirements please refer back to guidance sheet - tab 1.

[<< Link to the Guidance sheet](#)

[^^ Link back to top](#)

Better Care Fund 2025-26 Q2 Reporting Template

3. National Conditions

Selected Health and Wellbeing Board:

Hounslow

Confirmation of Nation Conditions		
National Condition	Confirmation	If the answer is "No" please provide an explanation as to why the condition was not met in the quarter and mitigating actions underway to support compliance with the condition:
1) Plans to be jointly agreed	Yes	
2) Implementing the objectives of the BCF	Yes	
3) Complying with grant and funding conditions, including maintaining the NHS minimum contribution to adult social care (ASC) and Section 75 in place	Yes	
4) Complying with oversight and support processes	Yes	

Checklist
Complete:

Yes

Yes

Yes

Yes

4. Metrics for 2025-26

Selected Health and Wellbeing Board:

Hounslow

For metrics time series and more details:

[BCF dashboard link](#)

For metrics handbook and reporting schedule:

[BCF 25/26 Metrics Handbook](#)

4.1 Emergency admissions

Plan		Apr 25 Plan	May 25 Plan	Jun 25 Plan	Jul 25 Plan	Aug 25 Plan	Sep 25 Plan	Oct 25 Plan	Nov 25 Plan	Dec 25 Plan	Jan 26 Plan	Feb 26 Plan	Mar 26 Plan
Emergency admissions to hospital for people aged 65+ per 100,000 population	Rate	1,900.0	1,843.7	1,688.9	1,815.6	1,801.5	1,674.8	1,984.5	1,928.2	1,801.5	2,111.1	1,829.6	2,111.1
	Number of Admissions 65+	675	655	600	645	640	595	705	685	640	750	650	750
	Population of 65+	35,526.0	35,526.0	35,526.0	35,526.0	35,526.0	35,526.0	35,526.0	35,526.0	35,526.0	35,526.0	35,526.0	35,526.0

Assessment of whether goal has been met in Q2:	Not on track to meet goal
If a goal has not been met please provide a short explanation, including noting any key mitigating actions.	Currently we have Q1 data plus 1 month of Q2. We can see from the newly published data on Friday 17th October 2025 that the population has increased by 3%. Based on this published data available, we have not met our Q1 forecasted rate. If we project an average of the numerator and denominator data available for months 1-4, then we can forecast our performance for the remainder of Q2 (August and September) and we are also set to not meet the Q2 plan. Some of this is explained by the population growth of over 65s (population growth of 3% with average difference in numerators between plan and actual for months 1-4 at 6%). Whilst this isn't completely surprising due to the known pressures across the system, the difference in our actual performance for the data available and the plan is bigger than we would have anticipated. We know that pressures have not ceased since the pandemic - and as much as we are getting people discharged faster and reducing LOS, preventing admissions continues to be a challenge.
You can also use this box to provide a very brief explanation of overall progress if you wish.	We have invested in really strong preventative services in the past 5 years including Enhanced Dementia Care Service and the Falls Prevention & Bone Health Service. The Former has demonstrated a reduction in the number of dementia related emergency attendances and admissions, and shows that those patients that do show up at West Mid hospital (our main acute site), are appropriate to do so. The latter service hasn't had the impact on emergency admissions yet and locally as a system we understand that the much more up-stream preventative work this service does will only really be able to demonstrate its benefits in the longer term - with people delaying frailty and entering older age stronger and with the right tools to stay active and strong. In our frailty programme board, we continue to prioritise both admission avoidance and discharge actions to implement now for current effects. NWL wide work: Beyond the BCF, a variety of initiatives are currently in progress or planned to reduce emergency admissions across NWL. • NWL Same Day Emergency Care Services have reached a record-high utilization rate of 44%, significantly reducing front door admissions. • We've also launched a digital front door at Northwick with Chelsea & Westminster next to roll out, which couple with digital 111 assessments have achieved a 15% ambulance diversion rate so far, supporting a reduction in admissions.

Did you use local data to assess against this headline metric?	No
If yes, which local data sources are being used?	

4.2 Discharge Delays

Original Plan	Apr 25 Plan	May 25 Plan	Jun 25 Plan	Jul 25 Plan	Aug 25 Plan	Sep 25 Plan	Oct 25 Plan	Nov 25 Plan	Dec 25 Plan	Jan 26 Plan	Feb 26 Plan	Mar 26 Plan
Average length of discharge delay for all acute adult patients (this calculates the % of patients discharged after their DRD, multiplied by the average number of days)	0.73	0.67	0.60	0.65	0.60	0.62	0.68	0.69	0.74	0.81	0.76	0.71
Proportion of adult patients discharged from acute hospitals on their discharge ready date	87.1%	86.5%	88.1%	87.8%	87.1%	89.4%	86.5%	86.4%	88.1%	86.9%	87.2%	87.4%
For those adult patients not discharged on DRD, average number of days from DRD to discharge	5.69	4.99	5.07	5.35	4.64	5.81	5.04	5.10	6.19	6.21	5.92	5.63

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Assessment of whether goal has been met in Q2:	On track to meet goal
If a goal has not been met please provide a short explanation, including noting any key mitigating actions.	
You can also use this box to provide a very brief explanation of overall progress if you wish.	Currently we have access to Q1 data and month 1 of Q2. We have averaged the whole data available to forecast performance for August and September. (Month 5 data has become available on 17th October 2025 but looks unreliably high, especially for a non-winter month - we are trying to validate this locally). Based on the actual and forecasted data, we are on track to meet our Q2 goal: our 'Average length of discharge delay for all acute adult patients' is 0.64 against our plan of 0.65; our 'Proportion of adult patients discharged from acute hospitals on their DRD' is 88.1% against our plan of 87.7%. Our 'Average number of delays from DRS to discharge' is only slightly below at 5.37 days against our plan of 5.26 days. There is constant focus on discharge performance across the system, and we can see that where we do have delays, recent trending reasons point to self-funders, family delays and patients' changing medical status'.

Did you use local data to assess against this headline metric?	No
If yes, which local data sources are being used?	

4.3 Residential Admissions

Actuals + Original Plan		2023-24 Full Year Actual	2024-25 Full Year CLD Actual	2025-26 Plan Q1 (April 25- June 25)	2025-26 Plan Q2 (July 25- Sept 25)	2025-26 Plan Q3 (Oct 25-Dec 25)	2025-26 Plan Q4 (Jan 26-Mar 26)
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Rate	216.7	439.1	123.9	123.9	123.9	123.9
	Number of admissions	77.0	156.0	44.0	44.0	44.0	44.0
	Population of 65+*	35526.0	35526.0	35526.0	35526.0	35526.0	35526.0

Better Care Fund 2025-26 Q2 Reporting Template

5. Income & Expenditure

Selected Health and Wellbeing Board:

Hounslow

	2025-26		
Source of Funding	Planned Income	Updated Total Plan Income for 25-26	DFG Q2 Year-to-Date Actual Expenditure
DFG	£3,721,992	£3,721,992	£1,860,996
Minimum NHS Contribution	£26,161,671	£26,161,671	
Local Authority Better Care Grant	£10,084,273	£10,084,273	
Additional LA Contribution	£1,161,207	£1,161,207	
Additional NHS Contribution	£2,679,777	£2,679,777	
Total	£43,808,920	£43,808,920	

	Original	Updated	% variance
Planned Expenditure	£43,808,919	£43,808,919	0%

		% of Planned Income
Q2 Year-to-Date Actual Expenditure	£21,921,690	50%

If Q2 year to date actual expenditure is exactly 50% of planned expenditure, please confirm this is accurate or if there are limitations with tracking expenditure.	Minimal variance as outlined below.
---	-------------------------------------

If planned expenditure by activity has changed since the original plan, please confirm that this has been agreed by local partners. If that change in activity expenditure is greater than 5% of total BCF expenditure, please use this box to provide a brief summary of the change.	ICB Minimum NHS Contribution and Additional NHS Contributions are to plan, with exception of community-equipment under-performance of £2k year-to-date based on actuals up to M6 and Joint Commissioning Team YTD pressure of £19k.
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Checklist

Complete:

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes



London Borough of Hounslow

Report for: ACTION

**Contains Confidential or
Exempt Information** **No**

Cabinet Key Decision **No**

Report Title	Health and Wellbeing Update Report for Q2
Member Reporting	Cllr Lily Bath
Contact Details	Martin Waddington – Director of Commissioning
For Consideration By	Hounslow Health and Wellbeing Board
Date of Decision	13 th January 2026
Implementation Date if Not Called In	
Affected Wards	All
Keywords/Index	

1. Details of Recommendations

To share Q2 performance and provide updates on projects aligned with the Health and Wellbeing Strategy 2023–2026

2. Report Summary

Focuses on exception reporting of the priorities agreed by the SROs.

- Reasons for Decision:** In March 2024, a new Health and Wellbeing Board governance framework was agreed to provide oversight and assurance through delegated Senior Responsible Officer (SRO) Board members. SROs are responsible for the delivery of the Health and Wellbeing Strategy 2023-2026 priorities and quarterly reporting to demonstrate progress.
- Background Information:** This reporting format allows for greater focus on exception reporting of the priorities at Board meetings. Exception reports will demonstrate examples of progress; positive progress, delays in delivery.

REPORT ENDS

Hounslow Health and Wellbeing Board

Date of Meeting: 13th January 2026

Report Title: Health and Wellbeing Strategy Progress Report: Quarter 2, 2025/26

Report Author: Ann Phillips and Martha Flann – Public Health, LBH

1. Context:

In March 2024, a new Health and Wellbeing Board governance framework was agreed to provide oversight and assurance through delegated Senior Responsible Officer (SRO) Board members. SROs are responsible for the delivery of the Health and Wellbeing Strategy 2023-2026 priorities and quarterly reporting to demonstrate progress.

2. 2025/26 Q2 Performance:

This new reporting format allows for greater focus on exception reporting of the priorities at Board meetings. Exception reports will demonstrate examples of progress; positive progress, delays in delivery, changes in national and local policies which may affect delivery or expected outcomes.

The report presents each thematic area with information submitted by each Strategy delivery group. The relevant SRO has agreed this information.

RAG status is based on progress having been demonstrated and the likelihood that improvement will be achieved.

2.1 Start Well – Q2 Progress

1	Improve pre-pregnancy, maternity and early years health and care and target pregnant women and new mums with the poorest child health outcomes.	Maternal Health update: Discussions with Midwifery colleagues are taking place to finalise and agree launch process for the maternal nutrition workshops and training as set out below. This is a coordinated project between the Children and Young People's Team and the Health Improvement Team; both sit within Public Health. <u>For pregnant mothers & their partners</u> - We will discuss myth-busting (such as eating for two, stopping exercise etc) to promote continuation of healthy behaviours, as well as touch on the key nutrient intake during pregnancy for a healthy mum and baby development, and promotion of local and national initiatives. <u>For professionals</u>, we have proposed 2 different types of training: - 1x Generalist training which covers the Nutritional Requirements During Pregnancy, Practical Healthy Eating Advice in Pregnancy, Information on Services available in the Local area and nationally & how to refer. - 1x more Specialist training covering 'Raising the issue of being above a healthy weight': observing the challenges people face when living with obesity, weight management during pregnancy (What the NICE Guidelines say), Common barriers when addressing weight and how to start the conversations. In addition, we would need to provide Information on services available in the local area and pathways for those with a very high BMI. Amber – Project experiencing delays	AMBER
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		Infant Feeding update: Baby Feeding Peer Support service extended for an additional 6 months until June 2026. In Q2 contract meeting, 420 families confirmed as having been seen from the beginning of the service, across 180 sessions. Great positive feedback from families on this service. The enhanced maternity postnatal support service is up and running in a staged launch, with a focus on launching sessions in Core20 areas. Postnatal support offered now across 6 days a week, up from 3 days, and working to add a session on Sundays. 85% of actions in Baby Feeding Plan complete or in progress. Engagement is proving a challenge due to staffing numbers, other ways to engage are being looked at. Breastfeeding initiation rate 93%, breastfeeding rate at 6-8 weeks, 65% (up 20% from 2023) Hounslow's baby feeding plan 2024-2027 London Borough of Hounslow Green – Project on track	GREEN
		Healthy Start update: The uptake numbers in Q2 were as follows: July 1600 (-5), August 1590 (-10), September 1598 (+8). Work continues to raise awareness amongst our target groups (low-income pregnant women and low-income families with children aged 0-4 yrs) and to ensure those who have contact with these groups are familiar with the scheme and are able to promote it. Amber – Project experiencing delays	AMBER
		Maternal Smoking Cessation update: In Hounslow in Q1 of 25/26, 10 women were known to be smokers at the time of delivery (1.3%). The national figure was 4.7%. Q2 data is not yet available. Communication with maternity at West Mid continues to be good, although few referrals are made to the local stop smoking service. Healthy Hounslow supported 1 pregnant person to quit in Q1, and 1 in Q2. Amber – Project experiencing delays	AMBER
2	Halt the increase in obesity prevalence of children at school Year 6.	Whole System's Approach to Healthy Weight update: We are continuing our whole systems approach to healthy weight in Hounslow with projects continuing to deliver. We have made good progress on projects such as our Healthier Advertising Policy which we are working to implement into our existing and new advertising contracts. We are in the process of setting up a proof-of-concept project in Feltham and Bedfont PCN which will offer healthy weight support, delivered by dietitians, to families of children aged 3-5 who are above a healthy weight. This support will fill an existing gap in provision for this age group. Green – Project on track	GREEN
		Healthy Hounslow Child Weight Management update: 70 children started our Tier 2 child weight management service in Q2 25/26, a slight improvement from Q1. Our weight management provider, Beezee, are in the process of setting up an offer for pregnant women above a healthy weight which will cover nutrition in pregnancy and beyond. Creating healthy habits during this time can contribute to healthier weight of the child. Amber – Project experiencing low numbers in some programmes	AMBER

3	Increase the number of children who are healthy, ready, able, and willing to learn at the end of reception year.	School Readiness update: The Early Years Provider conference was a success with a range of workshops delivered by Public Health on building routines and sleep, oral health, and body and mind development. The first action of producing a 'cheat sheet' for families on building routines in nursery age children has been delivered and further communications are in development. A meeting will be set up with colleagues at Family Hubs, Early Years, and Public Health to discuss next steps and agree localised updates to school readiness framework checklist. Follow the link below to the "Cheat Sheet": Building A Morning and Evening Routine Handout (1).pdf Amber – Project experiencing delays.	AMBER
4	Support parents and carers to be more informed about childhood illnesses, and when and where to access the right support	0 – 4 A & E attendances: A working group has been set up by the Public Health Strategist to seek a new website location for A&E information currently hosted on the Healthier Together (HT) website (HT license runs out in March 26). The communications strategy is still currently directing families to HT website; this has been raised with the provider leadership team. NWL business case for maternity triage role still in progress. Awaiting funding details. Green – Project on track	GREEN
		Parent Education Campaign relative to the Season Launched the 0-4 Check First campaign raising awareness of the correct health pathways to follow. Promotion of the 0-4 GP appointments, alongside targeted planned engagement, led by the Health Visitor team, HOT, Shewise and Healthwatch to inform parents of the appropriate pathways. Link to website: More Same-Day GP Appointments for Under-5s Launched in Hounslow London Borough of Hounslow Green – Project on track	Green
		Childhood Immunisation update: Action plan around childhood immunisation has been agreed by partners and delivery has begun. School Aged Immunisations team are delivering children's flu offer in schools between September and December. Phase two of delivery has begun, where students who have consented but are not vaccinated are 'caught up'. Information on new MMRV vaccines and scheduling has been shared. Amber – Project experiencing delays	AMBER
5	Improve mental health for our children and young people through more effective universal services.	Children & Young People Mental Health Partnership update: 1. MH Café- Conversations have progressed awaiting director update. 2. Support from Contact- Pilot ending in February 26 however Family Hubs and Commissioners are satisfied with data received in quarter 1: 37 parents have been supported via 1:1 appointments (all appointment lasted between 20 minutes- 2 hours, most appointments lasted 2 hours). Types of appointments: 25 face-to-face, 3 virtual meetings via Zoom or Teams and 9 telephone/ email appointments). Exploring the possibility of continued funding – This is not certain yet	GREEN

		3. BICS contract is currently out to tender after revision from the Commissioning team, focussing on: supporting children to achieve a lower RAG rating on the DSR (eventually feeling comfortable to remove them), equipping children and families and carers with de-escalation techniques and avoiding the need for inpatient mental health hospital admissions. 4. HYCS contract is being extended by the ICB for 1 year, commissioning reviewing with a strategic focus to support Hounslow CYP experiencing mental health concerns, Children Looked After and Care Leavers and CYP in the Youth Justice service in addition to agreement of KPIs. Green – Project on track	
6	Improve the overall number of our children who achieve five or more GCSEs and 3 A Levels or equivalent.	Attainment 8 scores for 2024/25 - 50.6 overall average. 10.6 - English and 10.0 Maths We do not have the National Average (NA) for this data yet. These scores indicate we are in line with the London Average for 2024 and 3% above 2024 National averages but we expect the NA to rise in 2025. A-level results also remain in line with previous years scores, but we are below national and London averages at the higher levels of C-A* We are due to recruit more school advisers in January with a predicted start date of March 2026. The Early Years (EY) Mainstream Inclusion Partnership is up and running as of September and is going really well. We have been inundated with applications since we have made the process easier to apply and defining the criteria of who should apply e.g. following the predictable needs matrix. With every EY setting and school receiving notional funding for each Hounslow child, this ensures better understanding of primary needs and when to apply for funding. This along with the "Step into School" pilot has meant better transition of information and thus better start for our very young pupils. We are continuing to work closely on our Governance and CPD offer. While schools face challenging financial times, we realise there is much to do around financial understanding of Governors and School Business Managers. This along with understanding the recruitment process for Senior Leaders and Headteachers in particular. We are looking at what schools could consider instead as part of the larger picture around school organisation and place planning. Amber – Below National and London averages C-A*	AMBER
7	Increase the number of children 16-17 who maintain engagement and achieve positive education, employment, and training outcomes.	SEND Employment Pathways update: 1. New DFN Project SEARCH programme at Skyline Sheraton hotel successfully started with 8 YP starting the programme in September 2025 and a further 8 YP on the Hounslow House programme. 2. Inclusive Employment Forum - Year 1 celebration held in September 2025 with new members also represented. Call for action from the new Chair (CISCO) for all members to reach/ increase Disability Confidence within the next 12 months. A schedule of Lunch and Learn sessions have been planned for 2025/2026, shaped by the members, with the first one scheduled for October 2025 - topics included are Engaging with Schools, Access to Work, Disability Confidence, Engaging with Supported Internships, Best Practice EDI. 3. Making Strides Programme - range of Ready for Work events with key employers held including Canon, Microsoft and DHL. 21 YP remain actively engaged on programme including a small cohort of NEET YP. 8 YP have Supported Internship progression on their flight path for 2026 - a range of engagement sessions with our Project SEARCH programmes to prepare for this are planned for Winter 2025. 4. Mentor Marketplace - Neurodiversity at Work Event is being planned for November 2025 by the Community Provisions service- with a specific target audience	GREEN

		of YP. This will include an expert Neurodiverse lived experience panel (including a Project SEARCH graduate and current Project SEARCH intern) highlighting their journey to employment and an employer panel promoting best practice in EDI, recruiting and retaining neurodiverse employees. Green – Project on track	
8	Improve oral health and reduce visually obvious decay in 0–5-year-olds.	Oral Health Service update: Summer project has closed, and progress has been good- really proving that schools-based work is key. Activity for fluoride varnish and supervised tooth brushing (STB) in primary schools has commenced and a new dashboard is in progress, with a new reporting document delivered to populate this. STB uplift is also being planned with brushing packs created from Colgate donation. Leads chasing up with settings to get dates in diary to commence delivery promptly. Green – Project on track	GREEN

2.2 Live Well – Q2 Progress:

1	Provide information, education and guidance that supports our communities to be healthier and enabled to self-care.	Healthy Hounslow website update: The website had 7.8K active users in Q2. Paid social performed well, with some ads for Know Your Numbers Week and Stoptober. The Health in the Park page, which was hosted on the Healthy Hounslow website, had almost 3,500 views. The next most popular pages were the Home page (2,431 views), Stop Smoking, (1,605 views), physical activity (1,478 views), and weight management (1,337 views). The self-referral form had the longest average engagement time, which was 1m06s per active user. Most of the recommendations suggested as part of the audit have been implemented, improving functionality and content of the website. Additional edits will be completed by the end of November. The updated self-referral form is now live. Green – Project on track	GREEN
		Hounslow Connect update: Q2 2025/26 update - Total number of visitors - 41,000 No of pages viewed - 61,000 Top pages visited - Events, Local Libraries, Food, Venues for Hire, Community Hub. Equal split between visitors who found us through organic search (google) and who went to the website direct We have been informed that the company who manage the site (Ayup) have been purchased by another company. We have been advised this will not impact the Hounslow Connect site and we will monitor this. Green – Project on track	GREEN
		Hounslow Health and Care Communications update: On Saturday 13 September the Health in the Park event was held at Isleworth Leisure Centre and Library, which brought together over 500 residents, more than 32 health and community stallholders, and a wide variety of free classes, health checks, and wellbeing activities. The event's success underscores the power of informal, relaxed settings in building trust between the public, health professionals, and local service providers. 71% of resident feedback evidenced increased awareness of new services,	GREEN

		and 54% of respondents said they would do something different after learning about it at the event. Continuing to lead on programme comms for Hounslow Together Care, leading on Comms for the 0-4 project, and managing the Hounslow Health & Care website. Green – Project on track	
		Thrive update: Thrive emails went out every Tuesday as planned. In Q2 the highlights were: Promoting Lampton Leisure's Free to be Me programme for children's exercise - from April to July. Ongoing promotion of Stay Steady and Active classed throughout the quarter Throughout May comms for Skin cancer awareness month Promoted Dementia Action Week events in May and improved on 2024's attendance numbers. Promoted National Walking Month in May and Healthy Hounslow's campaigns and events during the month. We announced HOT's highly commended award at the MJ Awards in June Launched new Baby Feeding Plan in June. Green – Project on track	GREEN
		Health Outreach Team (HOT) update: Q2 our Health Outreach Team had: Engagements: 2034 BMI Readings: 389 with High BMI Readings: 217 Blood Pressure Readings: 1201 with High Blood Pressure Readings: 193 CO Readings: 23 - High CO Readings: 12 Healthy Hounslow Referrals: 204 We are still looking to recruit 4th role for our staff and this person will be from FAB PCN. Green – Project on track	GREEN
2	Increase the uptake of NHS Health checks and referrals to lifestyle services for those identified as at risk.	CORE20 Health Checks update: In Q2, 7% (39) of residents who had a community health/BP check had CORE20 status. This is in line with the percentage of Hounslow residents registered to Hounslow GPs who are eligible for the service, who live in Hounslow CORE20 areas. An evening clinic has started at the Holy Trinity Church in Hounslow. Planning has started for engagement with Ivybridge and Redwood estates, linking in with Brentworth INT for Ivybridge. Engagement at Brabazon estate takes place 1x a month. Green – Project on track	GREEN
		Health Checks update: In Q2, 3780 NHS Health Checks were completed in Hounslow, and 13161 NHS Health Check invitations were sent. This number of invitations is much higher than in previous quarters and will be something to monitor going forward. However, payments are capped for each practice. We have also introduced a target of 70% completion level for the NHS Health Check that practices need to meet to receive their bonus payment for Q3 and Q4. This will increase to 80% in the next financial year. Green – Project on track	GREEN

3	Halt the increase and reduce the number of residents reported as obese.	Healthy Hounslow Service update: In Q2, the weight management contract manager attended a GP webinar to discuss weight management pathways. 85 adults started Tier 2 Adult Weight Management in Q2. This is above our KPI of 50. This was a combination of 19 face to face starters, and 66 online starters. Green – Project on track	GREEN
		Whole System Approach to Healthy Weight (WSA) – joined up partnerships to make environments healthier. We have also started to make good progress towards implementing our healthier advertising policy into our existing and new advertising contracts in Hounslow. We are in the process of setting up weight management support for pregnant women above a healthy weight. The Healthy Retail Project will continue until Jan 26 after when the project will be evaluated. 40 takeaways are now in the Healthy Catering Commitment scheme. Green – Project on track	GREEN
4	Reduce the number of people who die early from respiratory conditions, for example asthma and COPD.	Air Quality update: Plans will be put together in the new year with the objective of relaunching the campaign with a slightly adjusted message. Amber – As it can be relaunched as soon as needed.	AMBER
5	Increase the uptake of universal and targeted vaccinations to reduce avoidable health risk and emergency hospital admissions.	Adult Immunisations update: HOT team is supporting engagement with vaccinations in and around CORE20 areas in collaboration with Jade Pharmacy until the end of November 2025. Total vaccinated -310 Flu - 197 Covid – 113 Green – Project on track	GREEN
		Vaccinations in areas of low uptake and developing a vaccination offer for Autumn: Winter vaccination campaign starting in October and HOT are working with Jade Pharmacy and NWL Roving Team to provide the clinical part of vaccinating. We have planned 17 outreach locations from October to the end of November. The locations we are visiting are Core20 areas. Some locations such as estates are difficult to engage with residents due to low footfall so we will decide to set up close by shopping parades or local supermarkets. We will also cover Asylum hotels in the 17 visits with our clinical teams. Green – Project on track	GREEN
6	Reduce the number of people smoking	Smokefree Spaces update: Smoke/vape free signs were delivered to all Family Hubs and the 15 schools that requested them. In Q3, an order will be placed for signs for all remaining schools. Green – Project on track	GREEN

		Smokefree Generation update: The council's Trading Standards team have joined the group to include information and engagement to schools re the dangers of illicit tobacco, vapes plus a wider underage sales commentary (including knives, alcohol, fireworks). We have included the police and fire brigade too to provide a wider offer to schools. Initial engagement dates agreed with West Thames College (14th Oct) and Reach Academy (14th Nov). The plan is to build on this and roll out to the target schools Green – Project on track	GREEN
		Regulatory Enforcement update: Two tobacco awareness events were held on 22nd and 23rd Sept, bringing together Trading Standards (TS), Public Health, Healthy Hounslow (stop smoking service), HYPE, Community Safety, the Met' Police and London Fire Brigade. On the two days, TS Officers visited 27 high street retailers and seized 650 illicit vapes. Overall, in Q2 TS Officers carried out 46 test purchases 15 of which were illegal tobacco (average price for 20 cigarettes £7), 23kg of Shisha tobacco, 11kg of chewing tobacco, 3086 illegal cigarettes (£1080 street value) and 550g illegal hand rolled tobacco seized from small convenience shops. In this period 5588 illicit vapes were seized with a street value of £33,500. Green – Project on track	GREEN
		Healthy Hounslow Outreach update: In Q2, the Healthy Hounslow outreach team attended 42 events: 40 in the community and 2 at workplaces. The team delivered 122 community NHS health checks and an additional 431 blood pressure checks. Of those who attended an NHS health check in Q2: 18 were smokers 84 were overweight/obese 5 had a Q-risk score >10% 3 were pre-diabetic 33 were recorded as inactive 6 reported drinking >14 units of alcohol per week 96% of residents were referred or signposted to support. 94 people were supported by a CVD health coach to improve their health and wellbeing. A key area of focus for 25/26 is stop smoking. From all those engaged with at outreach (not just NHS health checks), 32 people were referred to the smoking cessation service. In addition, 15 people were referred to a healthy lifestyle programme, and 7 to a weight management service. Green – Project on track	GREEN
8	Reduce the number of people diagnosed with cancer at a late stage of disease through increasing cancer screening coverage.	Cancer Screening update: The working Group met in September to agree forthcoming community and workplace engagement focusing on breast cancer (awareness month Oct) and male cancers (Movember - prostate, testicular). We met Royal Marsden Partners (RMP) and LB Ealing PH with a view to RMP project on bowel cancer awareness in low uptake groups which will be a priority for 26/27, though it was apparent that our current engagement (faith groups, community groups, workplaces) is already meeting most of the project aims. Green – Project on track	GREEN

		Cancer Prevention update: Worked with NHS partners on cancer symptoms and screening awareness at, Jamia Mosque, Laxmi Temple, Asylum Seeker hotel and the Hounslow Gurdwara, continued promotion of lung, bowel, breast and cervical screening and symptom awareness at workplace engagement sessions, (emphasis on bowel and lung as predominantly routine manual male workforce). Met with Lampton 360 to plan for male cancer awareness to coincide with Movember campaign. Screening uptake rates are still higher than NWL, cervical and breast screening rates are very similar to 12 months ago, and bowel screening is slightly higher (65% to 66.5%) Green – Project on track	GREEN
		Cancer Screening: Held three community connector workshops re: Imperial College project on community-based interventions re breast screening awareness in underrepresented communities, to co-produce the material and identify the steps in the implementation stage of the project. Cervical and breast cancer awareness session at Asylum seeker and refugee hostel (women and families) and at Laxmi temple as part of a wellbeing week of activities plus two women's health sessions at Afghani and Central Asian Association and ILAYS (Somali and East African community support group) Green – Project on track	GREEN
9	Transform services to improve preventative health and wellbeing outcomes.	BetterPoints update: We gained 405 new users in Q2, taking our total to 5601 users signed up to Better Points. This includes 1228 active users in July - 1182 in August, and 1244 in September. Green – Project on track	GREEN
		Healthy Hounslow Service: We have commissioned an evaluation of the Alliance, which is currently underway. All Lots are included, and commissioners are contributing to this evaluation. Some highlights from each Lot in Q2 include: - The stop smoking service continues to see greater numbers of smokers setting quit dates and going on to quit. In Q1, Hounslow had the fifth highest number of people quitting smoking out of all London boroughs. - The changes to the Exercise on Referral (EoR) programme have now been embedded. In Q2, 131 people were referred to Tier 2 and 119 people were referred to Tier 3. The number of activity sessions attended by Tier 2 EoR clients increased in Q2 compared to Q1, showing that clients are making the most of the classes on offer. - The weight management service provider delivered some healthy schools initiatives in Q2, including a cooking workshop at Reach Foundation and an assembly at Heston Primary. They also delivered Raising the Issue of Weight training to 18 school staff. - The Healthy Hounslow ambulance started an evening clinic at Holy Trinity Church in Hounslow. They have started to hold a small stock of vape kits as part of the Swap to Stop scheme, that they can hand out to smokers aged 18+ alongside a referral to the stop smoking team. Green – Project on track	GREEN
		Healthy Hounslow Lot 2 update: Further to the update above regarding the EoR programme 95 residents completed the programme; a similar number to Q1. 2 new EoR instructors will be starting in Q3, with the potential to bring in new classes. Amber – Work on referral processing causing delays	Amber

		Lampton Leisure Contract update The Leisure contract is currently in the final stages of renewal and has not yet been formally signed. As the refreshed specification introduces changes to the service scope and performance framework, it is not possible to confirm the final set of KPIs at this stage. The new contract is designed to strengthen outcomes around service quality, value for money, participation, and community benefit, supported by a more robust and outcome focused KPI framework. Once the contract is formally signed, we will confirm and implement the newly developed KPIs to ensure clear performance monitoring and alignment with the contract objectives. Amber – Delay in finalising and formalising the contract	
		Lampton Leisure Net Promoter Score (NPS): Lampton Leisure is in the process of onboarding a new CRM system, which will facilitate the NPS surveying moving forwards. This will be completed by Nov 25, during this interim period the NPS monitoring has been suspended. Amber – Due to data being unavailable	AMBER
		Lampton Leisure: Monthly Memberships: Membership at the end of September (Q2) was 23,145. This was made up of swim school membership of 10,732 and fitness 12,413. Slight increase since Q1 and again may have been affected by the temporary closure of the Pools at Brentford Fountain, closed from 16th July and is scheduled to re-open by mid-October 2025. Green – Project on track	GREEN
		Lampton Leisure: Footfall: The total footfall for Q2 was 275,238. This is down by over 3% since Q1 and may have been due to the temporary closure of the pools at Brentford Fountain. The figure was also down in the last month of the quarter. Green – Project on track	GREEN
		School Streets: In Q2 the procurement activities regarding the traffic surveys were undertaken as part of the initial scope of work. Green – Project on track	GREEN
		School Travel Plans: In Q2: - The number of schools accredited in Q2 is 36. Of the schools, 33 are gold, 1 is silver, 1 is bronze and 1 is working towards accreditation. Accreditation only occurs once per year over Summer. - In Q2 of 25/26, the team focused on engagement with schools and helped them renew their accreditation. - The Bikeability cycle training programme was delivered to 446 children (Year 6) across 18 schools 604 adults also received cycle training. Green – Project on track	GREEN
10	Improve outcomes for those with mental health needs	Befriending Service: 77 residents received weekly befriending visits or attended the Linked Minds peer support group. 93% of clients reported decreased loneliness in quarter Whole Systems Integrated Care (WISC) analysis shows cohort have high rates of severe frailty, hypertension, anxiety and depression - demonstrating they are	GREEN

		supporting the right high needs cohort. Unvalidated data for 23 patients with at least 6 months in-person support shows large reduction in GP appts (42% reduction). No positive impact on hospital attendance/ admissions although bed days reduced. Please note small samples are more vulnerable to random variability and bias. Further analysis with follow as client dataset grows. Green – Project on track	
		Suicide Learning Panel: One panel was held in quarter 2 looking at 3 cases. A further panel was cancelled due to gaps in information. A presentation on learnings from Hounslow's Suicide Learning Panel was given to staff working in GP surgeries. The collective learning from all panels will produce a year two report in the new year, to be shared with a broad range of partners. Green – Project on track	GREEN
		MIND crisis line: In quarter 2 call numbers remained low at 66. Unfortunately, the new helpline manager became ill soon after coming into post and is on long term sick leave. The primary reason for people calling in quarter 2 was for information, followed by depression and anxiety. Relationship breakdown was the most common secondary theme by far. Amber – Reduction in number of calls	AMBER
		Mental Health Campaigns 2025/26: Following testing, the designs for the fliers and posters aimed at builders were amended. These were printed in both Polish and English – given the high numbers of deaths amongst Polish builders due to suicide. The 'Bummed Out' web page listing a wide range of organisations to support men was completed Bummed Out Public health London Borough of Hounslow The campaign was launched on 21st July 2025. A social media campaign was run by the Council Advertising Network (CAN) which received good interaction with what is a niche audience. During September design work began on the Five Ways to Wellbeing Campaign (a mental and physical health and wellbeing campaign) which will be run for 5 weeks during November/December. Green – Project on track	GREEN
		MIND update: To date MIND have now supported 431 patients to accessing supporting services such as stop smoking and assisted 181 residents in having physical health checks. Green – Project on track	GREEN
		MINT Grant update: MINT grant services continue to work closely with residents across the borough they have had 654 contacts in Q2. Focusing more on depth therapeutic work with residents, receiving referrals from MINT and Hounslow Talking Therapies. Green – Project on track	GREEN
		Hounslow Wellbeing Network (HWN) update: The HWN now has 1473 Service users, with 17 active volunteers and delivering sessions such as knit and chat, ESOL classes, coffee mornings and movie screenings. Green – Project on track	GREEN
11	Provide effective prevention, treatment and recovery services for	Drug and Alcohol Service update: The number of adults in treatment for Q2 was 1182, with the number of successful completions of treatment rising to 34%, which is the highest in over two years. The service continues to be working to capacity, though there have been some post vacancies during this period. The current priority is to meet the needs of those who do not need structured treatment but shorter term, low level, prevention interventions -	GREEN

	residents experiencing problematic drug or alcohol use.	something which has increased in demand. Those people are not captured within these figures. Green – Project on track	
		Alcohol Care Team (ACT): The ACT quarter 1 data is now available, however quarter 2 was not ratified at the time of reporting. The team of five remains fully staffed. They carried out alcohol care training with the gastroenterology team within this period. 800 audit c screenings were carried out in quarter 1, 29 people began structured treatment and admissions continued to be on target. Since the service began, it has enabled over 500 people to begin structured treatment. Green – Project on track	GREEN
		Drug and Alcohol Related Death panel: The year one DARD panel review report is currently being produced and should be finalised and shared with partners by 2025. The new LAS referral pathway remains in its design phase; LAS colleagues have begun to explore direct referral options to community treatment including the use of Microsoft teams. A data sharing agreement is currently being drafted to support this. Providers and commissioners are in support of the project across NWL. Green – Project on track	GREEN
		Drug and Alcohol Service YP: In Q2 there were 80 young people in treatment, an increase from 76 in Q1. This is one below the target of 81. A third HYPE worker is now in post but would have been in the introductory phase of starting during this quarter. The impact of the third worker and increase in treatment numbers should be reflected in Q3 and Q4. Green – Project on track	GREEN

2.3. Age Well: Q2 Progress:

1	Ensure carers are recognised, supported, and valued	Carers Service update: Three Carers Advisers joined the service in June and by July, quickly implemented a borough-wide engagement plan to achieve the objective of “meeting carers where they are.” Activities included attending Community Hub sessions, carers support groups, and community events, providing one-to-one advice on subjects such as benefits, the Short Breaks Service, respite options, the Carers Emergency Card, assessments, safeguarding, direct payments, LPAs and deputyship. Key Initiatives - Information Events: Regular presence at hubs and support groups (Brentford, Feltham, Cranford, Harlington, HomeLink, Alzheimer’s Society). - Hospital Advice Table: Twice-monthly sessions at West Middlesex Hospital. - Carers Café: Launched in August across four rotating locations (Brentford, Heston, Feltham, Hounslow Central). - Community Engagement: Participation in events such as Health in the Park (102 residents engaged). - Service Integration: Work initiated to embed processes into LAS, including a dedicated work tray and referral pathway. Referrals - Carers flagged on LAS: 1,134 - Referrals processed by Carers Team: July 46, August 44, September 54 (Total 144) Referral pathways - ASC: July 12, August 17, September 19 (Total 48) - LBH: other: July 2, August 2, September 6 (Total 10)	GREEN
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		- Ext Professional: July 5, August 11, September 13 (Total 29) - Family: July 2, August 1, September 1 (Total 4) - Self: July 25, August 13, September 15 (Total 53) Total 144 Outreach engagement - Community Hubs: July 4, August 8, September 14 (Total 26) - West Mid Carers Table: July N/A August 31, September 22 (Total 53) - Support Groups: July 38, August 41, September 32 (Total 111) - Other: July 20, August N/A, September 153 (Total 173) - Total Carers supported at events: 363 Communications - Fortnightly Carers email: 1,778 subscribers - Carers WhatsApp Group: 85 members Green – Service running on time	
2	Support our older and frail residents to maintain independence and when required be assessed as at risk of frailty and increased likelihood of falls.	Falls Prevention Service update: Q2 update of over 65s attending hospital following a fall 465 – July – 162 August – 160 September -143 Amber – The Falls service alone cannot meet the target to reduce hospital admissions. Stay, Steady & Active update: Stay Steady and Active evaluation completed and presented at Frailty Board. Funding for free classes held at Sheletered venues across the Borough will come to an end during October and November. Amber – Project funding source to be determined to allow this to continue post Oct '25.	AMBER AMBER
3	People are supported to express preferences and make decisions about their end-of-life care inc' planned care in emergency, medical situations.	Last Phase of Life: Dr. Sanjay Krishnamoorthy, Medical Director at WMUH, is currently leading a Task & Finish Group involving systemwide service providers. The aim is to produce a pathway map by reviewing current service provision to build a realistic picture and identify gaps in supporting acutely unwell PEOC (Palliative and End of Life Care) patients in the community. Red – Awaiting endorsement before the project can move forward.	RED

4

Ensure co-produced proactive and personalised care is planned for residents, including in care homes.

Homecare Provision update:

A choice of 16 individual contracts (6 Main Providers and 9 Select List providers) gives residents choice over the service they require whilst maintaining quality and standards across the entire service. All providers are required to cover the entire borough

Annual homecare spend as projected at Period 5 is £23.96m. Of this the Local Authority receives a Better Care Fund contribution of £4.53m and Client contributions £4.86m. A net spend of £14.57m from the General fund.

Integrated Working:

Medications Administration (contracted)

This service, commissioned by the ICB, is delivered by all of our providers and referred to as level 2 medication support. It avoids the need for the inefficient and costly use of District Nurses, saving the health service and ICB significant sums.

Out of Hours Service (contracted)

A service operated over weekends and public holidays to facilitate the discharge of patients from hospital. This assists in the prevention of delayed discharges and frees up capacity in the hospital.

Bridging Care (new initiative)

Operated with all HHC providers this initiative also facilitates hospital discharge, providing 5 days of care and preventing assessment related hospital discharge delays.

Hospital at Home (new initiative)

Working collaboratively with Health partners to provide a ‘hospital bed and support’ within the resident’s usual place of residence.

Facilitating hospital discharge and providing service users an alternative to extended stays in hospital – maximum of 10 days.

Domiciliary Care Snapshot Dashboard – 29/9/2025

Current Clients	1384
Current Hours/Week	20,249.0
Average Hours/Week	14.6

KPI	Current	Status	Target	Aim	A	R
% of home care clients receiving under 2.5 hours/week	12.2%	A	10%	MIN	10%	15%
% of home care clients receiving double-handed care	22.8%	A	20%	MIN	20%	30%
% of home care clients receiving over 10 hours/week	57.4%	A	60%	MAX	60%	50%

Medication Level Distribution

27%

45%

28%

No Medication/ Self-Administered

Medication Level 1

Medication Level 2

Double-Handed Care Distribution

23%

77%

Single

Double-Up

GREEN

		Financial Assessment Bandings ■ Full ■ Variable ■ None ■ Unassessed	
		Green – Service meeting targets <u>Dementia Services</u> Hospital admissions for people with dementia continue to fluctuate, partly reflecting how proactively this cohort is both identified and supported in the community in a timely manner. The 2-Year Enhanced Dementia Care Service Evaluation was presented at the Chief Finance Officers’ Meetings in July 2025 and September 2025. The West London Trust CFO confirmed funding of actual costs for Q1 of 2026/27. The caseload has now increased to circa 112 open patients following further engagement with teams in Hounslow. Amber – fluctuations in hospital admissions	AMBER

2.4. Healthy Places: Q4 Progress:

1	Recognise the first priority of health and wellbeing is that our residents live in safe, warm, affordable homes.	Environment and Climate: The minimum energy efficiency standards (MEES) for socially rented homes will be incorporated into the revised Decent Homes Standard. The recent consultation has proposed that landlords will be required to meet two energy performance criteria including an updated EPC fabric metric at band C and a secondary requirement of meeting either a heating system metric or a smart readiness metric – and the government is proposing to require properties to meet the minimum standard by 1 April 2030. The Council’s Housing Asset Management Plan (AMP), found here, sets out in its ‘Profile of our housing’ section (page 6) a summary bar chart of the SAP bands for our social housing properties. The Council continue to need to develop a decarbonisation strategy, which will be coupled with regular assessing and updating of energy efficiency data for the stock (through our stock condition survey process which will physically inspect every property over a five-year period), to ensure its housing stock is performing well and meeting the needs of tenants. Works are progressing against the 25/26 programme of works as well as scoping future works (as outlined in Q1 update) to retrofit the existing stock (note most of these works will be associated with building safety or fire safety works). Amber – Project experiencing delays	AMBER
		Rough Sleeping update: Housing First Q2 - The proposal was delayed due to the Social Housing Regulation Inspection, which required significant focus from housing teams. Despite this, all rough sleepers identified for the Housing First pilot were offered alternative accommodation options during Q2, including temporary accommodation and supported housing placements. While some individuals declined these offers due to complex needs or lack of readiness for accommodation, the council ensured that no one was left without an option. Although the Housing First project did not progress as originally planned, preparatory work continues, and the commitment to delivering the pilot remains. Amber – Pilot not yet in place to better meet the needs of the residents	AMBER

		Rough Sleeping update: ERSAT (Early Rough Sleeping Assessment Tool) Q2 - The tool was presented to frontline housing staff for feedback, which informed minor refinements to ensure usability and relevance. A pilot phase has now commenced within the housing service, allowing staff to test the tool in real-time scenarios and provide further insights. Early indications suggest the tool is effective in identifying risk factors and enabling timely interventions. The project remains on track for full implementation within the planned timeline, supporting our strategic aim of prevention. Green – Project running on time	GREEN
		Shared and Temporary Accommodation update: Households in temporary accommodation at the end of Q2 (30/09/25) totalled 475 households with 0 households with children in shared accommodation beyond 6 weeks and only 1 household with children in shared accommodation between 4-6 weeks. The homeless service has continued its good work in managing the borough's TA population. Green – Project on track	GREEN
		Floating Support Service update: In this quarter, the service had 71 service users moved on and 77 new starters. The service continues to operate at capacity with at least 540 service users open at any one time. Throughput continues to improve allowing more vulnerable residents to be supported. The service also has a dedicated officer working as part of the Hounslow Care Together integrated care test and learn project and another officer on the Hospital Discharge VCSE pilot supporting patients being discharged from West Middx hospital. Green – Project on track	GREEN
		Green – Project on track	
2	Deliver our commitment to tackling climate change and greening the borough, collaborating with communities, and supporting the aim toward carbon neutral neighbourhoods.	Reduce CO2 carbon emissions update: Climate Emergency Action Plan (CEAP) 2026-2030 has been submitted to the December cabinet which sets out our climate priorities including wider borough emissions reduction. Wider borough delivery model December cabinet submissions recommend we develop a strategic energy partnership and progress the £55m phase one district heat network including acceptance of £10.5m grant funding. Procurement activities will begin in the new year subject to cabinet approval. Carbon offsetting policy is in progress for the organisation, and the sub-regional policy is due to be presented to a climate director's group in December. Green – Projects on track and meeting targets	GREEN
		Environment and Climate update: 75 of 95 low-cost automatic air quality sensors installed so far by Hounslow Highways in conjunction with partner/supplier Stantec (previously Hydrock), including co-location of sensors at four of six automatic monitoring stations (to allow for network collaboration). Of 100 sensors procured, 5 units are being held back as spares. The remaining sites have been proposed by Stantec. They have approval for the final 20 sensors to commence installation. Clean Air audits continue to be delivered at schools in Hounslow, with all reports completed and recommendations returned to schools for areas of investment for LBH grant funding. Review of Air Quality Action Plan undertaken. Green – Project on track	GREEN
		Eco Schools update: To date, there are 31 active applications and 16 schools certified with a green flag. Keep Britain Tidy (who run Eco Schools) have launched webinars with updates to the portal. Approx. 70% of applications in 2025 have been by primary and nursery schools, with the remainder comprised of secondaries and SEND. Over 50% of certified schools have a	GREEN

		green flag with distinction, 20% have a green flag with merit, and 25% have a standard green flag. Green – Project on track	
3	Work with businesses and the community to increase job creation opportunities.	Economic Recovery and Regeneration update: Q1 - Q2 2025/26 - Business Support commission has been delayed until Q3 - Project Outputs still expected to be delivered by Q4 Green – Project on track	GREEN
		Green Skills Bootcamp update: Wave 6 Land Management September 2025 cohort - 10 learners started, course due to be completed in December 2025. 40% BAME, 10% Women, 100% unemployed or economically inactive. In partnership with 14-19 Service, ran two events in Hounslow for National Green Careers Week on 04/11/25 & 06/11/25 to promote green careers to young people and NEET cohort. 7 council teams and local employers took part. Over 30 young people attended. Green – Project on track	GREEN
		Environment & Parks: During Q2 summer education and activity programme was delivered for children, young people and families (including SEND needs) at Bedfont Lakes and Boston Manor Park. We have been continuing with Growth for the Future (funded by UK SPF) to support community growing projects across the borough. The team is continuing to deliver the Parks Capital investment programme. Within that we are co-collaborating with community and stakeholders. Through this we are increasing the resilience of climate and nature in Green Spaces and empowering and improving health resilience of residents within the community. The Parks team also support and promote the National Park City Rangers Hounslow. This multi-funded project (Greater London Authority, Thriving Communities Fund, and city Bridge Fund) aims to upskill LBH residents in stewardship within their community and green spaces. This includes a project focussing on young people. By becoming a Ranger, the person can apply for a £1,000 to undertake greening projects within their area. These funds are provided by partners and not directly by LBH. Here is the link to the National Park City Hounslow webpage: https://nationalparkcity.london/hounslow?gad_source=1&gad_campaignid=22975690721&gbraid=0AA... Through tendering for professional services, we are including corporate Social Responsibility which aims to upskill residents. Within Q2 we offered ecological surveying workshops with qualified ecologists, within the council's sites of important Nature Conservation (SINC), to facilitate learning and surveying techniques to interested groups. The continuation of Volunteering In Parks (VIP) which are conservation lead sessions delivered by Lampton Green Space and funded by UK Shared Prosperity Fund (levelling up funding). Here is the link to access this project: https://talk.hounslow.gov.uk/volunteering-in-hounslow-parks	GREEN

		We are supporting vulnerable people in collaboration with Brentford FC around suicide prevention. Through the installation of five “Talking Benches” across parks and open spaces within the borough. https://www.brentfordfc.com/en/news/article/community-news-brentford-fc-community-benches-talking-is-the-best-tactic Lampton Green Space continue to be a partner in the council’s comms strategy to prevent litter and fly tipping. Parks facilitated two Sustainable Urban Drainage schemes (SUDs) at: Beaversfield Park, West Hounslow and Thornbury Park in Isleworth. In Q2 a cycling track was opened at Beaversfield Park on top of the SUDs feature. In Thornbury Park a wildflower meadow was seeded on top of the SUDs feature there. These features have enhanced the area and fulfilled the purpose of SUDs. Follow the link below to access the interactive page for activities in the community. https://talk.hounslow.gov.uk/hub-page/parks Green – Project on track	
4	Reduce the level of serious and nuisance crimes in the borough through engaging with communities to keep the borough safe.	Reduction in youth crime: This links to the youth justice service. QTR 2 (Jul-Sep 2025) First Time Entrant data: First Time Entrants = 18 children (15 male, 3 female). FTE Rate per 100,000 = 59.56% Hounslow's FTE rate continues to compare favourably against London and National data Green – Project on track	GREEN
		Adolescent Service: The Adolescent Service continues to develop a Prevention Offer for children at risk of becoming known to the Youth Justice Team. At present it is not possible to run data in Early Help Module (EHM). The team continues to record data however it is not possible to produce reports on the system now. MIT and IT continue to look for solutions. GREEN – Project on track	GREEN
		Reduce the number of young people re-offending: Hounslow's reoffending rate continues to be higher, than London and National figures, than would be wanted. However, this needs to be reviewed in the context of the small numbers which this data is based upon. In Q2 there were 15 children in the cohort, of which 7 children offended (46.7%). This compares to London 29% and National 31.8%. Across the year our figures show a cohort of 66 of which 25 reoffended (37.9%). Further work is planned to try and better understand this data and the cohorts to better target interventions. AMBER – Program experiencing delays	AMBER

		Disproportionality: A new disproportionality Plan is due to be presented at the Youth Crime Management Board for approval in December 25. The plan will help the Youth Crime Management Board (YCMB) to better understand who accesses therapies in relation to children/families known to the Youth Justice Service (YJS) and to have a clearer timeline for implementation of Outcome 22 (out of court resolutions) AMBER – Program experiencing delays	AMBER
		Domestic and Sexual Abuse Team update: In this quarter 234 cases were received into the service. The referrals are from partners inside and outside of the council. There are co-located Independent Domestic Violence Advisors in areas such as, Hounslow/Acton police station, Adult Social Care, Health and a dedicated IDVA for young people. These IDVA's are skilled in their specific areas to respond to cases where the needs of the victims may include added vulnerabilities. The IDVA's work closely with colleagues in the areas to provide a holistic and joint approach to the case, thereby increasing safety and the access to support. Of the 234 cases referred, 152 victims completed the feedback forms during this period stating they felt safer after intervention. Green – Project on track	GREEN
5	Encourage community connectors to be active across the borough.	Community Connectors update: The Community Connectors Programme has been running smoothly with no changes to the format; regular newsletters have been sent out, and online webinars have been co-hosted by partner colleagues from health and wellbeing services across the borough. We have made more progress with diversifying our Community Connectors, so that the programme is not only residents of the borough but also workers, colleagues and service leads. We have also made headway with recruiting Community Connectors from communities in the borough that we haven't historically had much success with, in terms of engagement, so this has been a win that we will work on further. Amber – Project is experiencing delays	AMBER

Links to more detailed reports

Hounslow Health and Care website: <https://www.hounslowhealthandcare.org/>



Report for: ACTION	
Contains Confidential or Exempt Information	No
Cabinet Key Decision	No

Report Title	Joint Strategic Needs Assessment update
Member Reporting	Cllr Lily Bath
Contact Details	Martin Waddington – Director of Commissioning
For Consideration By	Hounslow Health and Wellbeing Board
Date of Decision	13 th January 2026
Implementation Date if Not Called In	
Affected Wards	All
Keywords/Index	

1. Details of Recommendations

Joint Strategic Needs Assessment - update

2. Report Summary

Verbal update on work in Q2 25/26

3. Reasons for Decision: Health and Wellbeing Board update

4. Background Information: Legal Framework

JSNAs are a statutory requirement under the Health and Social Care Act 2012. Health and Wellbeing Boards are mandated to produce JSNAs, which must be used to inform the Joint Health and Wellbeing Strategy (JHWS). The JSNA process involves local authorities and ICBs working together to assess needs and develop strategies that reflect the unique circumstances of their communities.

REPORT ENDS



Report for: ACTION	
Contains Confidential or Exempt Information	No
Cabinet Key Decision	No

Report Title	Healthwatch Hounslow Q2 report
Member Reporting	Cllr Lily Bath
Contact Details	Martin Waddington – Director of Commissioning
For Consideration By	Hounslow Health and Wellbeing Board
Date of Decision	13 th January 2026
Implementation Date if Not Called In	
Affected Wards	All
Keywords/Index	

1. Details of Recommendations

To share the Healthwatch Hounslow Q2 report.

2. Report Summary

Patient Experience Report of July-September

3. Reasons for Decision: Update for Health and Wellbeing Board.

4. Background Information: Healthwatch Hounslow is the local health and social care champion. Through the Patient Experience Programme (PEP), the experiences of residents and people who have used health and care services in our borough are reported on.

REPORT ENDS

Q2 Patient Experience Report

Healthwatch Hounslow
July 2025 – September 2025



Contents

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Experiences of Hospital Services	17
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Experiences of 'Other' Services	38
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Introduction

Patient Experience Programme

Healthwatch **Hounslow** is your local health and social care champion. Through our Patient Experience Programme (PEP), we hear the experiences of residents and people who have used health and care services in our borough.

They tell us what is working well and what could improve allowing us to share local issues with decision makers who have the power to make changes.

Every three months we produce this report to raise awareness about patient experience and share recommendations on how services could be improved.

Methodology



Carrying out engagement at **local community hotspots** such as GPs, hospitals and libraries



Encouraging conversations with **users of health services**



Providing promotional materials and surveys in **accessible formats**



Training volunteers to support engagement across the borough allowing us to reach a wider range of people and communities

Being independent helps people to trust our organisation and give honest feedback which they might not always share with local services.

Between July and September 2025, we continued to develop our PEP by:

- Gathering focused feedback on “other” community services
- Outlining key themes with feedback related to GP appointments

Layout of the report

This report is broken down into six key sections:

- Quarterly snapshot
- Experiences of GP Practices
- Experiences of Hospital Services
- Experiences of Dental Services
- Experiences of 'Other' Services

The quarterly snapshots

The quarterly snapshots highlights the number of reviews we have collected about our local services in the last three months and how patients and residents rated their overall experiences.

GPs, Hospitals, Dental and other services have been given dedicated sections as we ask tailored questions about these services when carrying out engagement. These are the top services we receive most feedback about. Each of these sections highlight good practice, areas of improvement and recommendations.

How we use our reports

Our Local Healthwatch has representation across various meetings, committees and boards across the borough where we share findings of these reports.

We ask local partners to respond to the findings and recommendations in our report and outline what actions they will take to improve health and care services based on what people have told us.

Additional Information about the reports

This report functions as a standardised general overview of what Hounslow residents have told us within the last three months. Additional deep aspects relating to the different sections can be requested and are dependent on additional capacity and resource provision.

Q2 Snapshot

This section provides a summary of the number of experiences we collected during July – September 2025 as well as breakdown of positive, neutral and negative reviews per service. We analysed residents rating of their overall experience to get this data (1* and 2* = negative, 3* = neutral, 4* and 5* = positive).



387 reviews

of health and care services were shared with us, helping to raise awareness of issues and improve care.

31 visits

were carried out to different local venues across the borough to reach as many as people as possible.

Top 5 Service Types	No of Reviews	Percentage of positive reviews
GP	270	67.4%
Hospital	63	42.9%
Dentist	17	70.6%
Community Services	38	58%

Experiences of GP Practices



What people told us about GP Practices

STAFF ATTITUDES

"The staff are great, from the nurse, doctors, admin and reception all are good. If they have appointments available, then they are good at letting you know."

"They keep you in touch with upcoming information. The staff have treated me like I am a person and not a number. I have been here for a long time and haven't had a bad experience at all."

"They cater to young children very well. I had a newborn, and I could not get an appointment quickly. They were so kind enough to book an appointment the same day at a different practice."

COMMUNICATION OF HEALTH ISSUES

"It is hard to access my documents and sometimes things go missing. There have been operations that are not on my record even though I have had the procedure which has caused me problems in the past."

"Appointment, lack of communication, not providing exact details, providing false alarm causing stress."

APPOINTMENT WAITING TIMES

"There was a delay when I had my appointment. I am waiting for at least 20 to 30 minutes. It is extremely hard because I have kids to pick up from school. The process isn't predictable at all, you kind of have to free up your whole day which isn't fair at all."

AVAILABILITY OF APPOINTMENTS

"There is the option to book appointments in person at the reception desk which is good because I live close by. It is easy to book appointments and speak to a member of staff."

"Getting an appointment same day face to face and telephone with the same doctor. Consultation gives you enough time and you feel heard."

"The waiting time is quite long my appointment ended up being 17 minutes later than normal."

"More transparency and flexibility for working class patients. If you work 9 to 5, you cannot wait more than 20 mins for a blood test. If the service is running late to let patients know to reduce pressure on the front desk team."

GP services full data

No. of Reviews	270 reviews
Positive	182 (67.4)%
Negative	22 (8.2)%
Neutral	66 (24.4)%

Questions we asked residents



- Q1) How easy is it to get an appointment?
- Q2) How easy is it to speak to someone on the phone?
- Q3) How do you find the quality of telephone consultations?
- Q4) How do you find the quality of online consultations?
- Q5) How would you rate the attitudes of staff at your GP practice?
- Q6) How would you rate the quality of treatment and care received?
- Q7) How would you rate your overall experience ?
- Q8) What works well at your GP?
- Q9) What is not working well, and what could be improved?

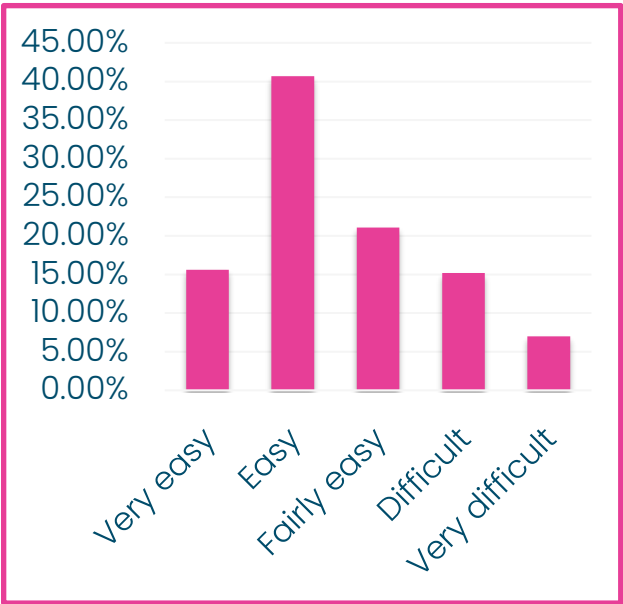
Please note that for Question 1 and 2 the options we provided matched those of the national GP Patient Survey (Very Easy – Not at All Easy) to allow our data to be comparable with the NHS data.

Participants were asked to choose between 1-5* (Terrible– Excellent).

Questions 8 and 9 were open-ended questions where users could state several responses.

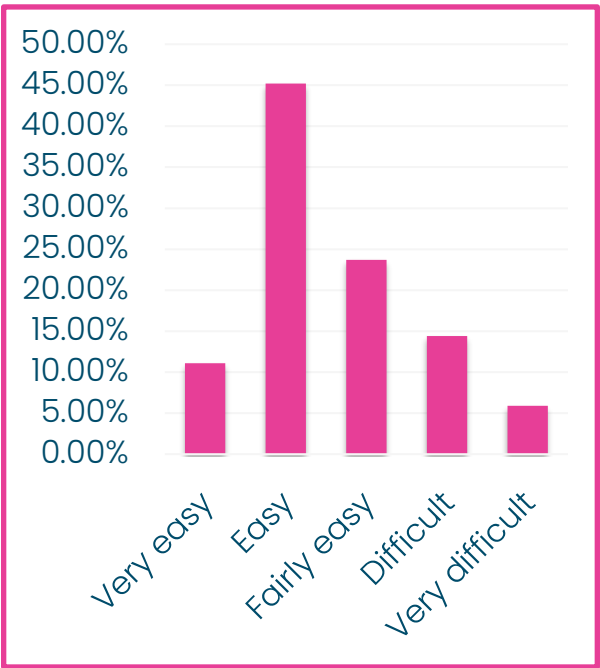
Access and Quality Questions

Q1) How easy is it to get an appointment?



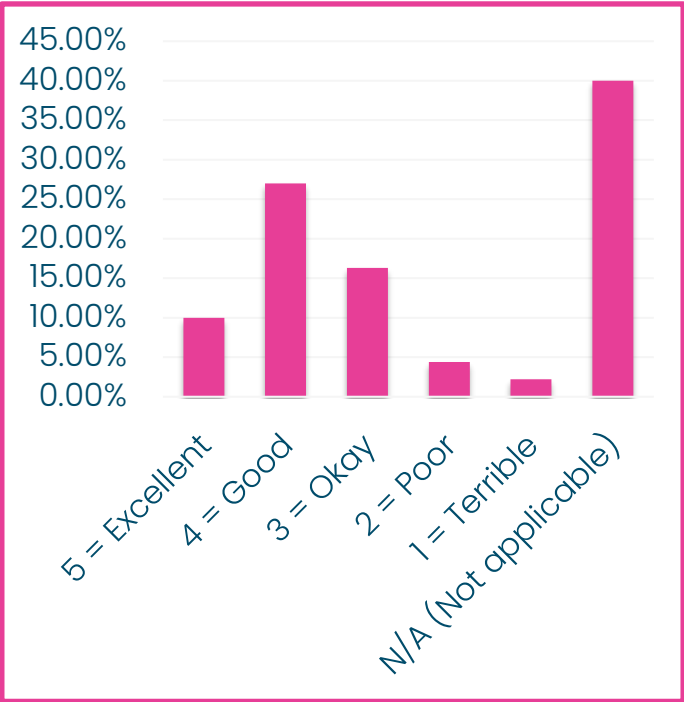
Responses	Percentage of reviews	No of reviews
Very Easy	15.6%	42
Easy	40.7%	110
Fairly Easy	21.1%	57
Difficult	15.2%	41
Very Difficult	7.0%	7
Total		270

Q2) How easy is it to speak to someone on the phone?



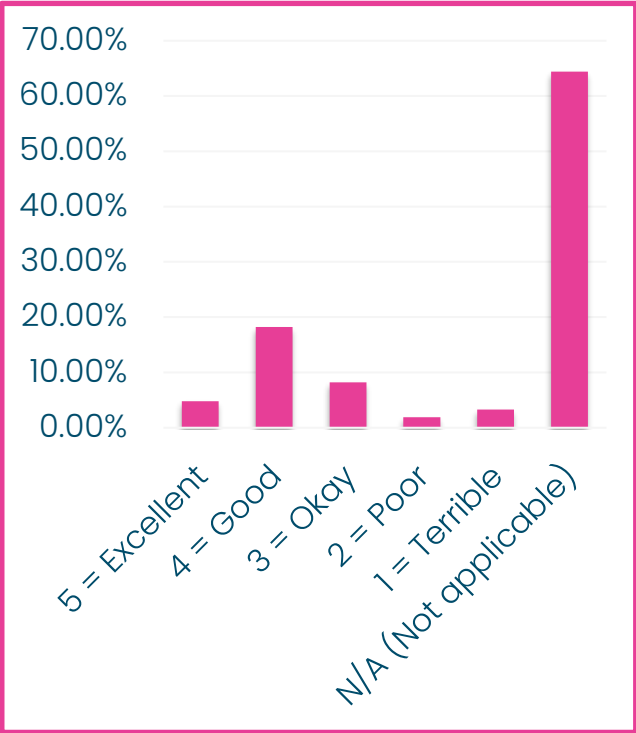
Responses	Percentage of reviews	No of reviews
Very Easy	11.1%	30
Easy	45.2%	122
Fairly Easy	23.7%	64
Difficult	14.4%	39
Very Difficult	5.9%	16
Total		270

Q3) How do you find the quality of telephone consultations?



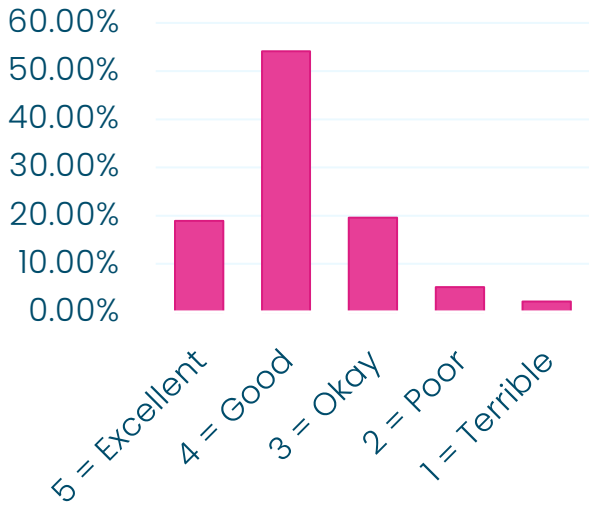
Responses	Percentage of reviews	No of reviews
5 = Excellent	10.0%	27
4 = Good	27.0%	73
3 = Okay	16.3%	44
2 = Poor	4.4%	12
1 = Terrible	2.2%	6
Not applicable	40.0%	108
Total		270

Q4) How do you find the quality of online consultations?



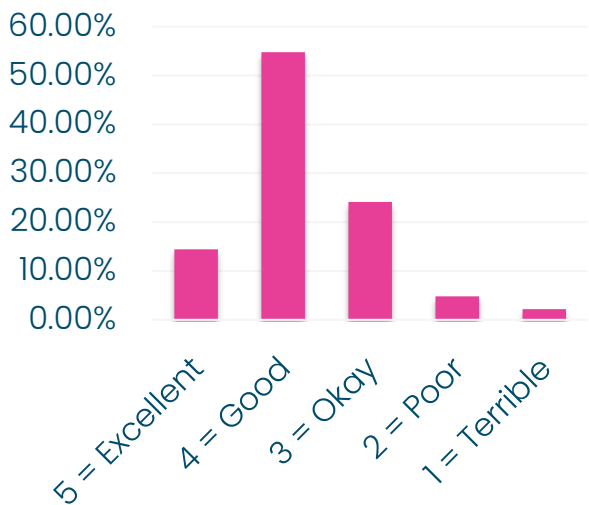
Responses	Percentage of reviews	No of reviews
5 = Excellent	4.8%	13
4 = Good	18.2%	49
3 = Okay	8.2%	22
2 = Poor	1.9%	5
1 = Terrible	3.3%	9
Not applicable	64.4%	174
Total		270

Q5) How would you rate the attitude of staff at your GP practice?



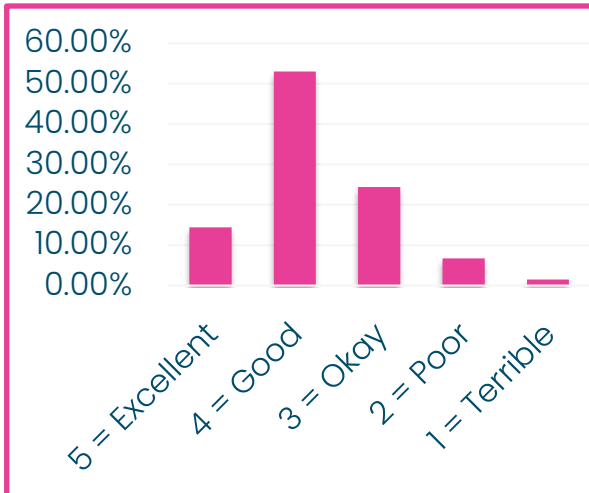
Responses	Percentage of reviews	No of reviews
5 = Excellent	18.9%	51
4 = Good	54.1%	146
3 = Okay	19.6%	53
2 = Poor	5.2%	14
1=Terrible	2.2%	6
Total		270

Q6) How would you rate the quality of treatment and care received?



Responses	Percentage of reviews	No of reviews
5 = Excellent	14.4%	39
4 = Good	54.8%	148
3 = Okay	24.1%	65
2 = Poor	4.8%	13
1=Terrible	2.2%	6
Total		270

Q7) How do you rate your overall experience?



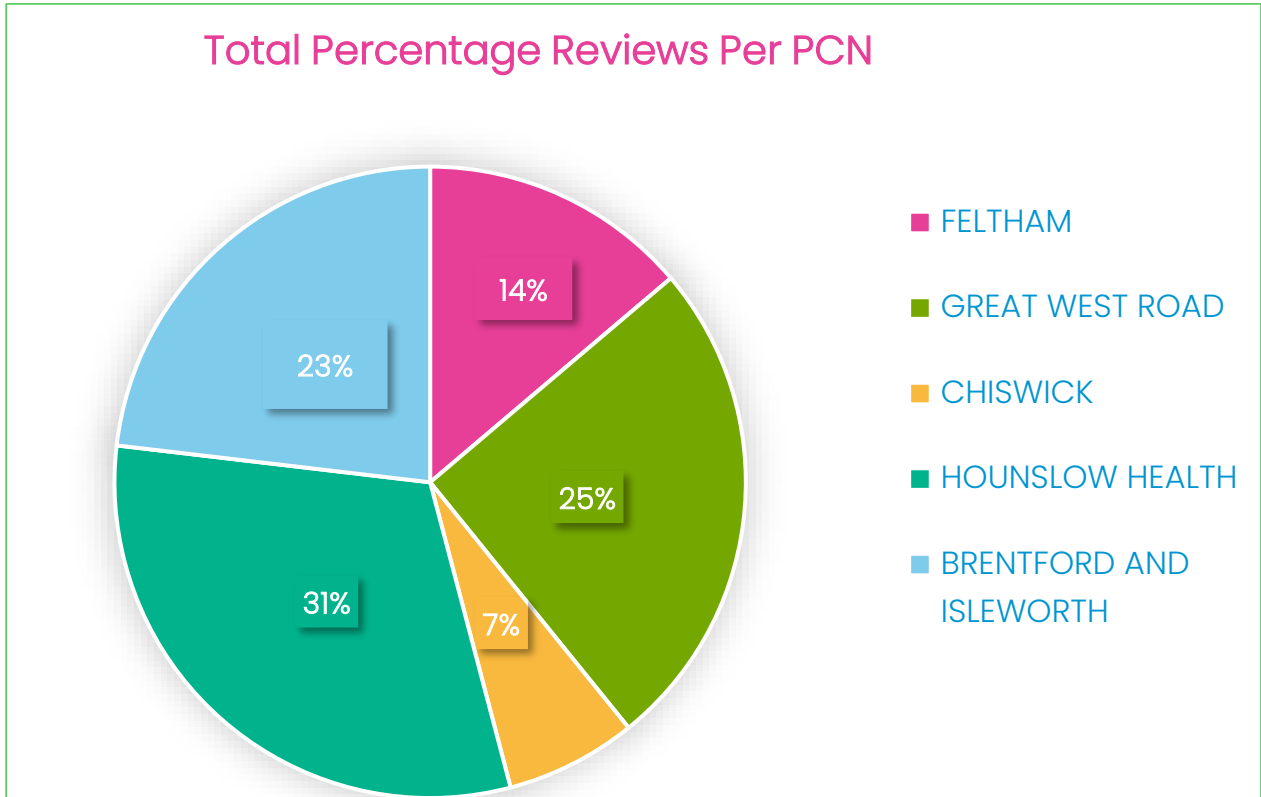
Responses	Percentage of reviews	No of reviews
5 = Excellent	14.4%	39
4 = Good	53%	143
3 = Okay	24.4%	66
2 = Poor	6.7%	18
1=Terrible	1.5%	4
Total		270

Primary Care Networks

Primary care networks (PCNs) are groups of GP practices within the same area which work together to support patients. Within Hounslow there are **5 PCN'S** covering the borough. These are:

- Brentford and Isleworth
- Chiswick
- Feltham
- Great West Road
- Hounslow Health

Between July and September, the PCN which received the most reviews was Hounslow Health.



PCN Access and Quality Questions across GPs

To gain deeper insight into patients' experiences at GP practices, the top response for each GP (across questions 1–6) within their PCN area was reviewed. Responses are presented as percentages.

Please note that Access has been rated out of 4 (1 – Not at All Easy – 4 Very Easy) and Quality is out of 5 (1 – Terrible, 5 – Excellent)

Each has been colour coded to indicate positive, (green) negative (pink),neutral (blue) or non-applicable, n/a-residents haven't used this mode (light blue).

Responses of "very easy," "easy," "excellent," or "good" are considered positive. "Fairly easy" or "okay" are seen as neutral. "Very difficult," "difficult," "poor," or "terrible" are considered negative.

PCN NAME	ACCESS (out of 4)		QUALITY QUESTIONS (out of 5)			
	Getting an appointment	Getting through on the phone	Online consultations	Telephone consultation	Staff attitudes	Treatment and Care
Brentford & Isleworth						
Hounslow Health						
Great West Road						
Feltham						
Chiswick						

Positive Themes or Ongoing Issues

To gain a better understanding of patients' experiences at GP practices, we reviewed the top four positive themes and the top four ongoing issues across all GP responses. Each survey that was collected was reviewed, and four key themes were identified. These reflect the areas of service that are most important to patients, as shown below.

Top 4 Positive Themes	Total Count and % of Positive Reviews	Top 4 Ongoing issues	Total Count and % of emerging and on-going issues
Staff Attitudes	87(32.2%)	Appointment waiting times	79(29.2%)
Doctor’s advice, treatment and communication skills	77(28.6%)	Lack of availability of appointments	52(19.3%)
Availability of appointments	70 (26%)	Communication with patients	39(14.4%)
Service Quality	40 (14.8%)	Staff Attitudes	28(10.4%)

Recommendations

Below is a list of recommendations for GP practices in Hounslow based on the findings in this section

Appointment Availability

1. Utilise weekend appointments if offered by practices and relay this information to patients.
2. Promote self-care and pharmacy services for minor ailments to reduce non-urgent GP visits.
3. Implement intuitive online and telephone appointment services to improve patient triage and assess urgency.

Appointment Waiting Times

1. Provide transparency with waiting time estimates and provide regular updates if services are running behind and display on digital screens.
2. Optimise appointment scheduling to reduce unnecessary delays.

Communication between staff and service users

1. Provide online and easy read materials on health issues when patients are diagnosed.
2. Utilise patient portals, letters and emails based on patient preferences to explain the next steps of treatment and care adequately.
3. Explore automated systems to provide normal blood test results to reassure healthy patients.

Telephone Accessibility

1. Improve current call-back system to provide alternative options for patients who cannot wait in the queue.
2. Ensure adequate staffing to manage call volume and patient demand with a focus on early mornings and busy periods.

Equalities Snapshot

During our engagement we also ask residents to voluntarily share with us information about themselves such as gender, age, ethnicity etc. This allows us to understand whether there are differences in experience based on personal characteristics.

A full demographics breakdown can be found in the appendix.



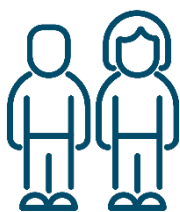
Gender

This quarter, women gave the highest percentage of positive reviews about their overall experience at 67%.



Age

Patients aged 35–44 had the highest percentage of positive experiences at 77%. In contrast, those aged 75 and above gave the highest percentage of negative reviews, at 9.8%.



Ethnicity

Patients who identified as Asian/Asian British – Indian gave the highest percentage of positive reviews, at 71%, while patients who identify as Black/Black British – African reported the highest percentage of negative reviews, at 20%.



Long Term Condition and Disabilities

Patients who responded 'No' to having a long-term health condition reported the highest level of positive responses at 74.1%, compared to only 58% among those who responded 'Yes.' A similar divide was observed among patients with disabilities, who reported 17% of negative reviews.

Experiences of Hospital Services



What people told us about Hospitals

STAFF ATTITUDES

"The staff are patient and kind in helping you get through the triage process."

"The staff are quick and take the time to go through your health issues. The service does well with getting you through the system."

TREATMENT

"It was easy getting through to the right team and getting the treatment you needed."

"Advanced treatment and care, I found it noninvasive. I felt so much better after, and I was able to see the procedure myself."

SERVICE QUALITY

"The dialysis unit and care is amazing. I am in renal failure and the training I received to complete the dialysis from home is amazing. I really prefer to do dialysis from home, and I am now able to do so."

WAITING TIMES

"The wait time are bad even as an outpatient. When the appointment is at a certain time, follow and honour that. Give information on why the appointments are running late."

"Waiting times need to improve, to see a specialist doctor you must wait a long time."

LACK OF APPOINTMENT AVAILABILITY

"It was hard for me to get the referral and actually attend the appointment."

"I never get appointment information on time. Cancellations are last minute and is not suitable for people who travel far or cancel work."

PAIN MANAGEMENT

"I had an extremely bad experience as an outpatient. The doctors, nurses and clinical teams need to improve in understanding pain management. I was in agony for a procedure and never got anaesthesia, the staff need more training in understanding pain."

Hospital Services

No. of Reviews	63
Positive	42.9% (27)
Negative	33.3% (21)
Neutral	23.8% (15)

Questions we asked residents



As part of our new patient experience approach, we asked residents a series of questions which would help us better understand experiences of access and quality.

The questions we asked were:

Q1) How did you find getting a referral/appointment at the hospital?

Q2) How do you find getting through to someone on the phone?

Q3) How do you find the waiting times at the hospital?

Q4) How do you think the communication is between your hospital and GP practice?

Q5) How do you find the attitudes of staff at the service?

Q6) How would you rate the quality of treatment and care received?

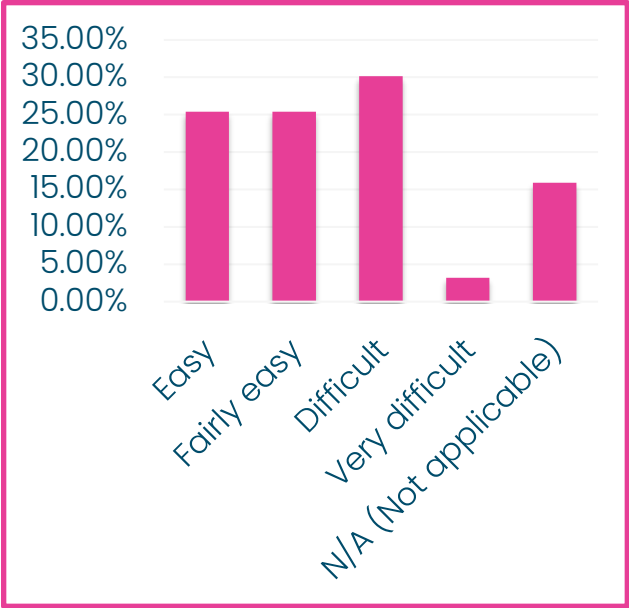
Q7) How do you rate your overall experience?

Q8) What works well at the hospital?

Q9) What is not working well, and what could be improved?

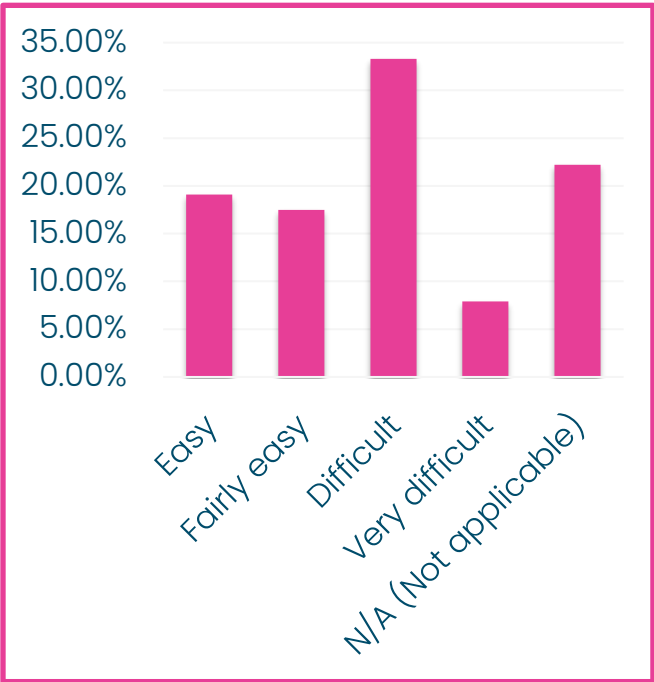
Access and Quality Questions

Q1) How did you find getting a referral/appointment at the hospital?



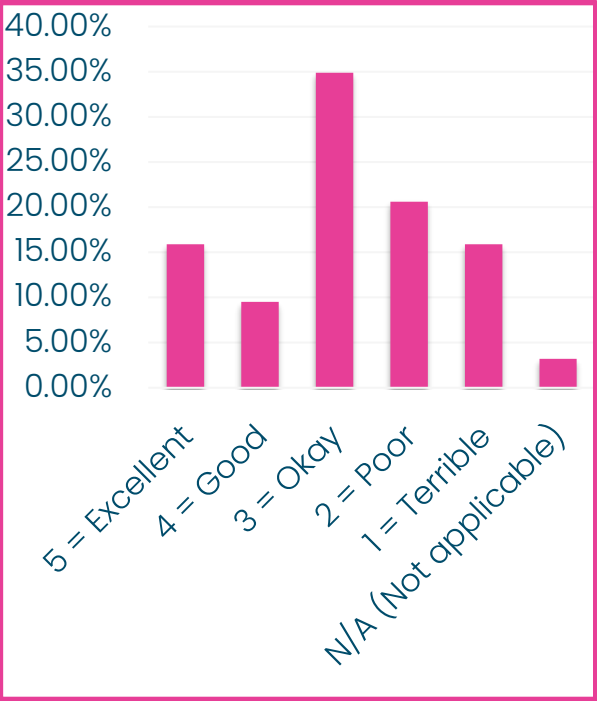
Responses	Percentage of reviews	No of reviews
Easy	25.4%	16
Fairly Easy	25.4%	16
Difficult	30.16%	19
Very Difficult	3.17%	2
Not Applicable	15.9%	10
Total		63

Q2) How do you find getting through to someone on the phone?



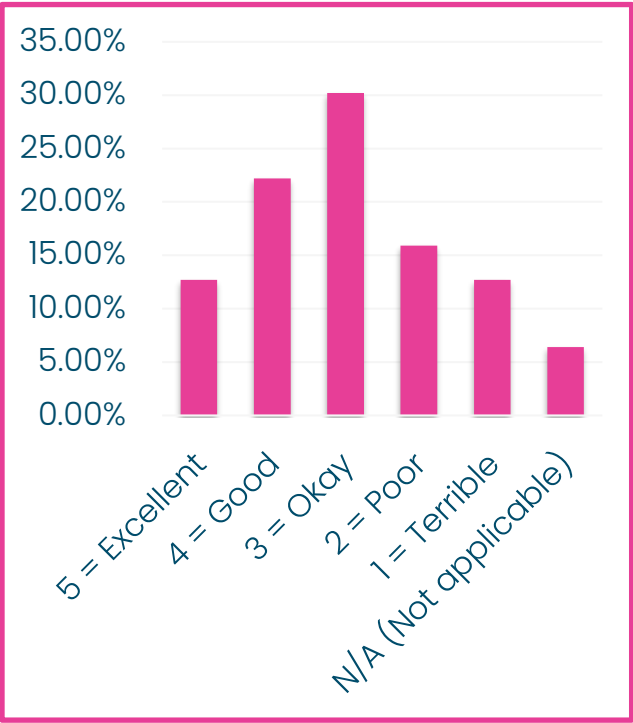
Responses	Percentage of reviews	No of reviews
Easy	19.1%	12
Fairly Easy	17.5%	11
Difficult	33.3%	21
Very Difficult	7.9%	5
Not Applicable	22.2%	14
Total		63

Q3) How do you find the waiting times at the hospital?



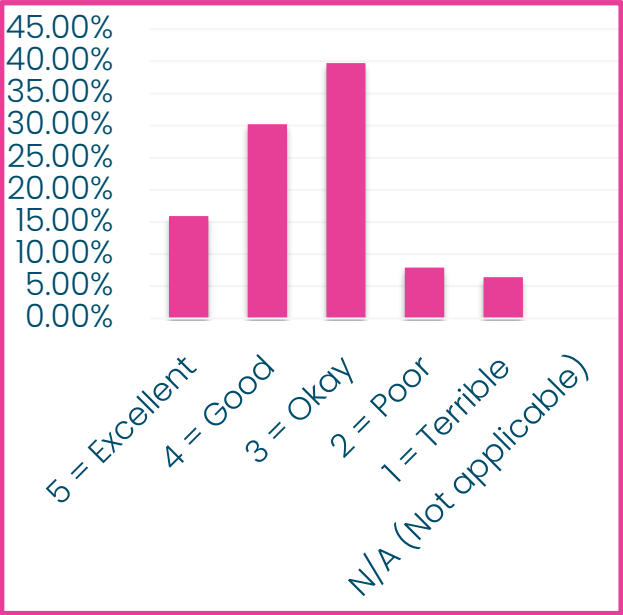
Responses	Percentage of reviews	No of reviews
5 = Excellent	15.9%	10
4 = Good	9.5%	6
3 = Okay	34.9%	22
2 = Poor	20.6%	13
1 = Terrible	15.9%	10
Not applicable	3.2%	2
Total		63

Q4) How do you think the communication is between hospital and your GP practice?



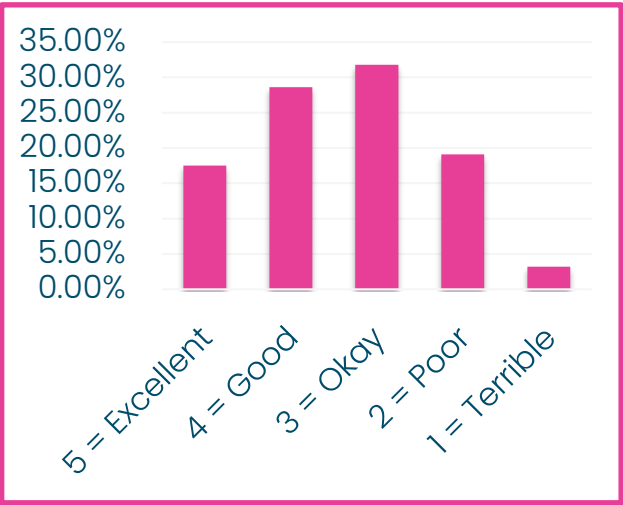
Responses	Percentage of reviews	No of reviews
5 = Excellent	12.7%	8
4 = Good	22.2%	14
3 = Okay	30.2%	19
2 = Poor	15.9%	10
1 = Terrible	12.7%	8
Not applicable	6.4%	4
Total		63

Q5) How do you find the attitudes of staff at the service?



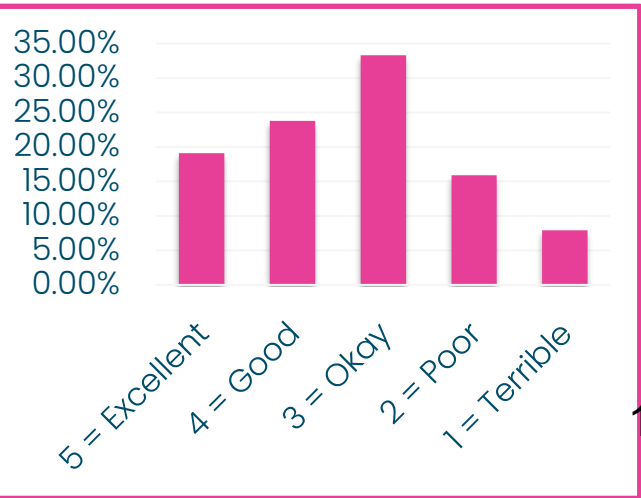
Responses	Percentage of reviews	No of reviews
5 = Excellent	15.9%	10
4 = Good	30.2%	19
3 = Okay	39.7%	25
2 = Poor	7.9%	5
1 = Terrible	6.4%	4
Not applicable	0.0%	0
Total		63

Q6) How would you rate the quality of treatment and care received?



Responses	Percentage of reviews	No of reviews
5 = Excellent	17.5%	11
4 = Good	28.6%	18
3 = Okay	31.8%	20
2 = Poor	19.1%	12
1 = Terrible	3.2%	2
Total		63

Q7)How do you rate your overall experience?



Responses	Percentage of reviews	No of reviews
5 = Excellent	19.1%	12
4 = Good	23.8%	15
3 = Okay	33.3%	21
2 = Poor	15.9%	10
1 = Terrible	7.9%	5
Total		63

Positive themes or Ongoing Issues

To gain a better understanding of patients' experiences at hospitals, we reviewed the top four positive themes and the top four ongoing issues across all hospital responses. Each survey that was collected was reviewed, and four key themes were identified. These reflect the areas of service that are most important to patients, as shown below.

Top 4 Positive Themes	Total Count and % of Positive Reviews	Top 4 Ongoing issues	Total Count and % of emerging and on-going issues
Staff Attitudes	23(37.1%)	Waiting times	37 (59.7%)
Treatment, communication and medical advice	18(29%)	Communication between services	15(24.2%)
Service Quality	10(16.1%)	Staff Attitudes	5(8.1%)
Access to emergency services	9(14.5%)	Appointment availability	2(3.2%)

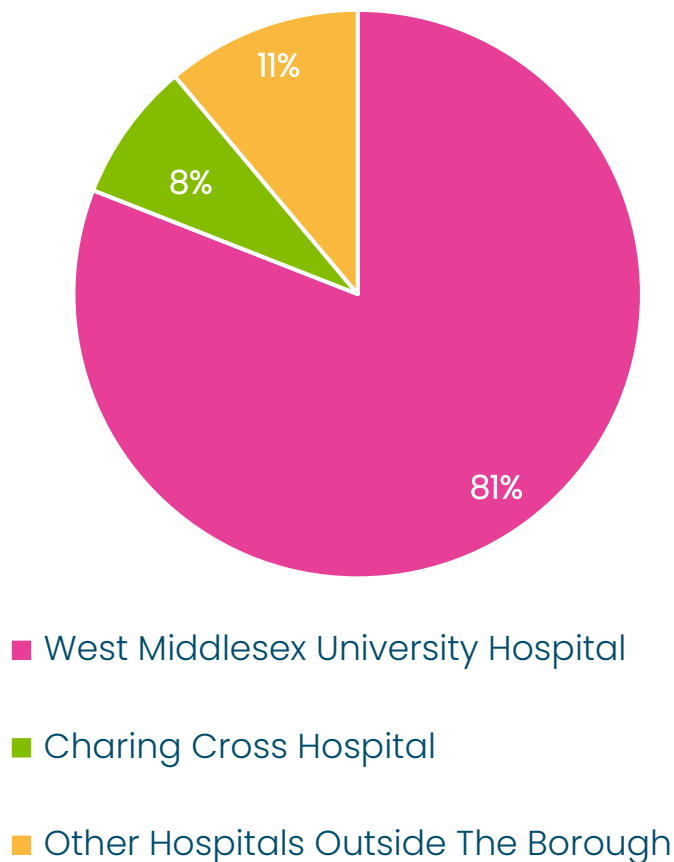
Hospital Trusts

Hounslow residents access a variety of different hospitals depending on factors such as choice, locality and specialist requirements. During the last three months we heard experiences about the following hospitals:

- West Middlesex University Hospital
- Charing Cross Hospital
- Other Hospitals Outside The Borough

Between July and September, the services which received the most reviews were West Middlesex University Hospital.

Total Reviews per Hospital



Analysis of the Access and Quality Control questions (1-6)

To gain a greater understanding of patient’s experience at hospitals it was decided to analysis the top responses for questions 1 –6 for each hospital that were part of this study. The table demonstrates the top responses for each question as a percentage.

Note that Access questions have been rated out of 4 (1- Very Difficult,4-Easy) and Quality questions are out of 5 (1 – Terrible, 5 - Excellent).

Each section has been colour-coded to indicate positive, (green) negative (pink) ,neutral (blue) , n/a (light blue).Data has only been presented from West Middlesex Hospital, as the number of reviews from other hospitals was fewer than 10 and therefore too small to report.

Name of Hospital	Access Questions		Quality Control Questions				
	Getting referral or/and an appointment	Getting through on the phone	Waiting at hospital	Communication (GP and Hospital)	Staff attitudes	Treatment and Care	Overall treatment of care
West Middlesex Hospital							

Analysis of Top 3 Positive and Emerging themes

We have also identified the top 3 positive and ongoing/emerging themes for each hospital to provide an in-depth breakdown of hospital services.

Hospitals	Top 3 Positive outcomes	Top 3 on-going and emerging Issues
West Middlesex Hospital No of reviews: 53	1. Treatment(37%)	1. Waiting times (44%)
	2. Staff Attitudes (28.8%)	2. Communication between the hospital staff and patients (15%)
	3. Quality of Services (20%)	3. Staff Attitudes(4%)
Other Hospitals Outside the Borough No of reviews: 5	1. Treatment (40%)	1.Treatment(40%)
	2. Service Quality(25%)	2. Access to medical records (20%)
	No further positive comments were recorded	No further negative comments were recorded
Charing Cross Hospital No of reviews: 5	1. Staff Attitudes (45%)	1. Waiting times (37%)
	2. Treatment(15%)	2.Aftercare(10%)
	No further comments recorded	No negative comments recorded

Recommendations

Below is a list of recommendations for hospitals in Hounslow based on the findings in this section

Waiting Times and Appointment Availability

1. Set clear expectations by informing patients of potential delays upon arrival.
2. Notify patients of cancellations as early as possible and if needed, with alternative options.
3. Implement staggered appointment scheduling to minimise waiting room congestion.
4. Communicate when emergency services are at peak periods and ensure that estimated waiting times are accessible to patients.

Communication between services

1. Establish clear communication channels between services that are regularly updated on patient information.
2. Directly contact patients automatically if there are updates on their condition.
3. Ensure patient data is updated and accurate to avoid discrepancies and delays in care pathways.

Supporting Staff Capacity

1. Revisit current training programmes to implement emerging topics to address health inequalities.
2. Implement attitudes that encourage patients to feel comfortable when discussing health concerns.
3. Regularly review feedback from patients and address complaints efficiently.

Equalities Snapshot

During our engagement we also ask residents to voluntarily share with us information about themselves such as gender, age, ethnicity etc. This allows us to understand whether there are differences in experience based on personal characteristics.

A full demographics breakdown can be found in the appendix.



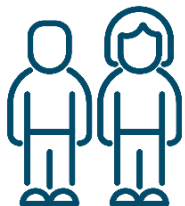
Gender

Men reported a slightly higher percentage of positive responses (43.8%) compared to women (43.3%).



Age

Adults aged 75–84 reported the highest percentage of positive experiences at 61%, while those aged 25–34 reported the highest percentage of negative experiences at 67%.



Ethnicity

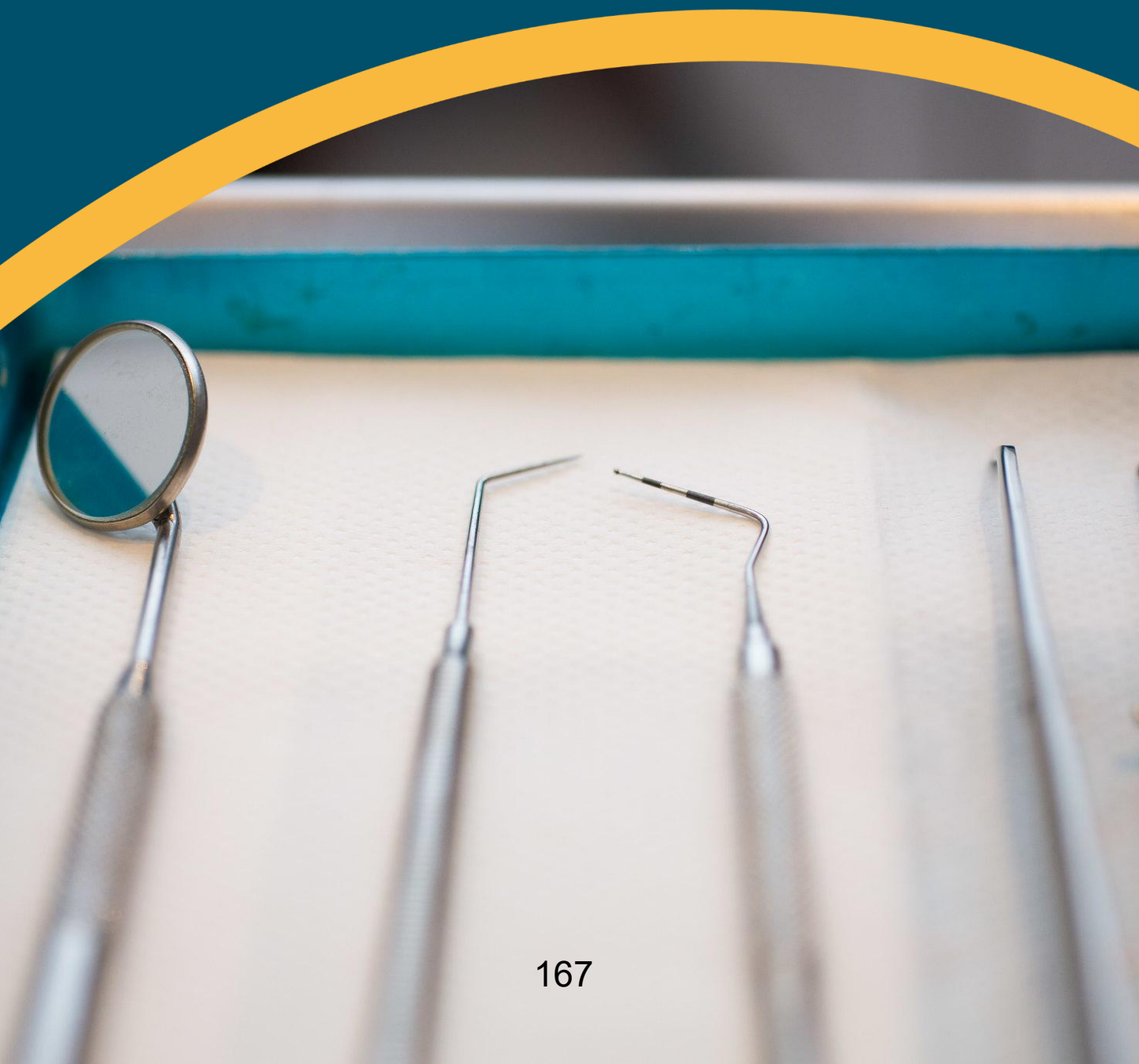
Patients who identified as White British reported the highest positive experiences (44%), while those from the Asian/Asian British – Indian group reported the highest negative experiences (12.5%).

Long Term Conditions and Disabilities



Patients who answered 'Yes' to having a long-term condition reported a neutral experience (35.7%), while those who answered 'No' reported more positive experiences (44.7%). A similar pattern was seen among patients with disabilities, with those answering 'Yes' reporting the highest percentage of negative experiences (28.6%) compared to those without a disability.

Experiences of Dental Services



What people told us about Dentists

SUPPORT WITH ACCESIBILITY

"My dentist and hygienist are both trained for Autistic patients. I'm allowed to wear my noise cancelling headphones. I'm allowed to wear an eye mask because of the bright lights. Everything they do is explained to me first before they do anything. They even took part in a dentist research project that I sent to them."

"The staff are very kind and respectful. As I struggle with dental appointments it's important that I feel safe and the staff, every single one I have had contact with, are so friendly and helpful."

APPOINTMENT AVAILABILITY

"My dentist is the only NHS dentist at the practice; he is only in 2 or 3 days per week. If something is urgent, I cannot wait on NHS wait times, I instead must go private which is not suitable for everyone or financially possible."

"More availability for NHS appointments."

STAFF ATTITUDES

"The support from staff is amazing, they easily explain everything and in person Aswell. They take the time to get to know you, Aswell."

"Receptionist are good at knowing my process and treatment .They really help with children and getting comfortable. It reduces the nerves of the dentist."

COSTS

"The prices of NHS dentistry is too expensive. It's almost like it's private, that's how expensive it is. Prices need to be reduced."

"The prices are expensive compared to my experiences from back home."

Dental Services

No. of Reviews	17 reviews
Positive	70.6% (12)
Negative	5.9% (1)
Neutral	23.5% (4)



Questions we asked residents

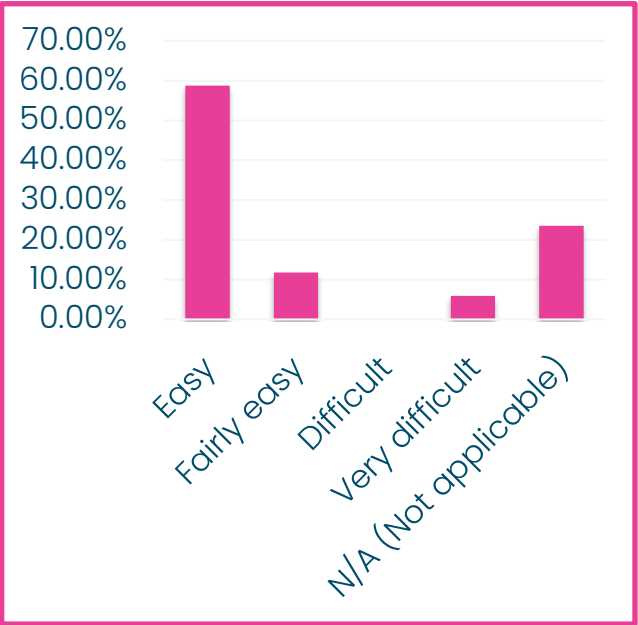
As part of our new patient experience approach, we asked residents a series of questions which would help us better understand experiences of access and quality.

The questions we asked were:

- Q1) How did you find it registering with an NHS dentist? (within the last 12 months)
- Q2) How do you find getting NHS appointments?
- Q3) If you have been asked to pay for NHS dental treatment, how clearly do you feel the bands/costs were explained to you?
- Q4) How helpful are staff in explaining your dental treatment?
- Q5) How do you find the attitudes of staff at the service?
- Q6) How do you rate your overall experience?
- Q7) What works well at the dental practice?
- Q8) What is not working well, and what could be improved?

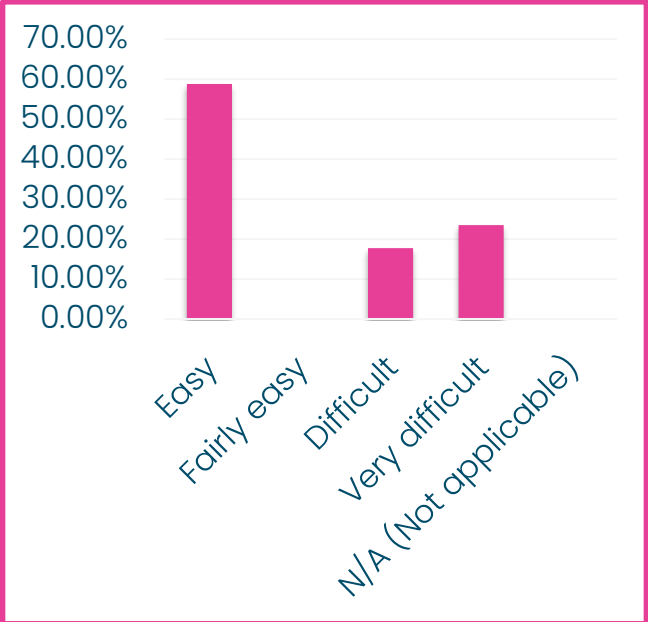
Access and Quality Questions

Q1) How easy was it to register with an NHS dentist? (If you have registered within the last 12 months)



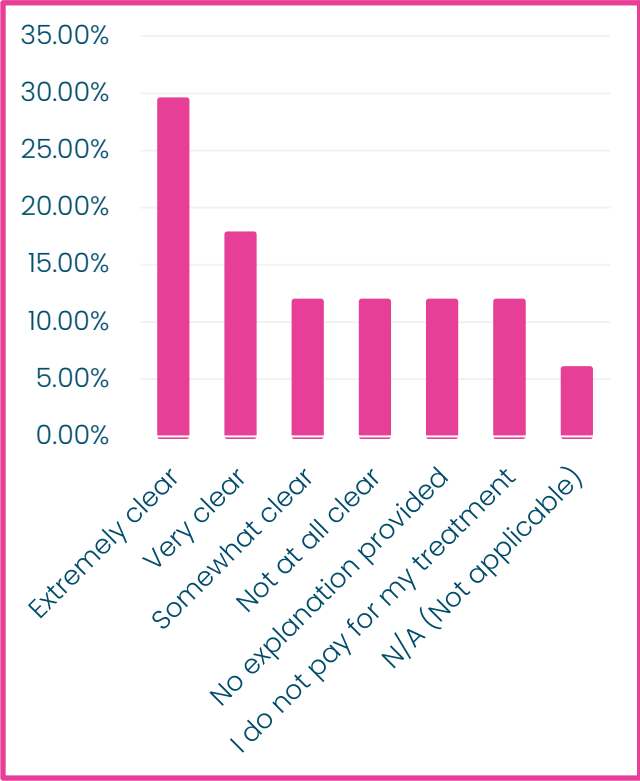
Responses	Percentage of reviews	No of reviews
Easy	58.8%	10
Fairly easy	11.8%	2
Difficult	0.0%	0
Very difficult	5.9%	1
Not applicable	23.5%	4
Total		17

Q2) How easy is it to get an NHS dental appointment?



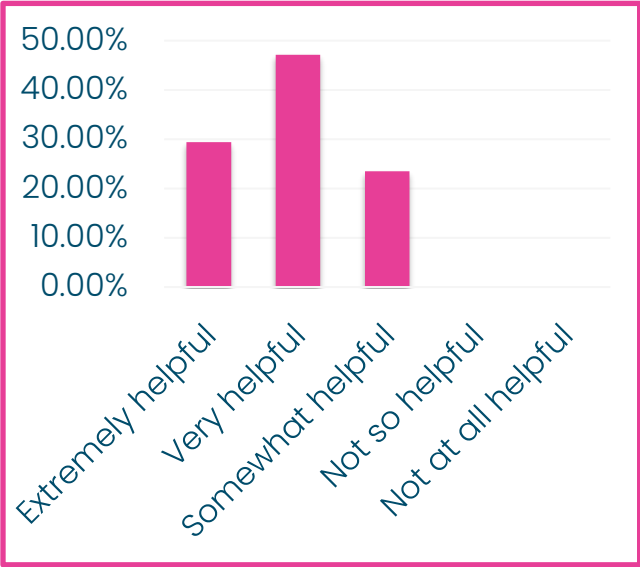
Responses	Percentage of reviews	No of reviews
Easy	58.8%	10
Fairly easy	0.0%	0
Difficult	17.7%	3
Very difficult	23.5%	4
Not applicable	0.0%	0
Total		17

Q3) If you have been asked to pay for NHS dental treatment, how clearly do you feel the bands/costs were explained to you?



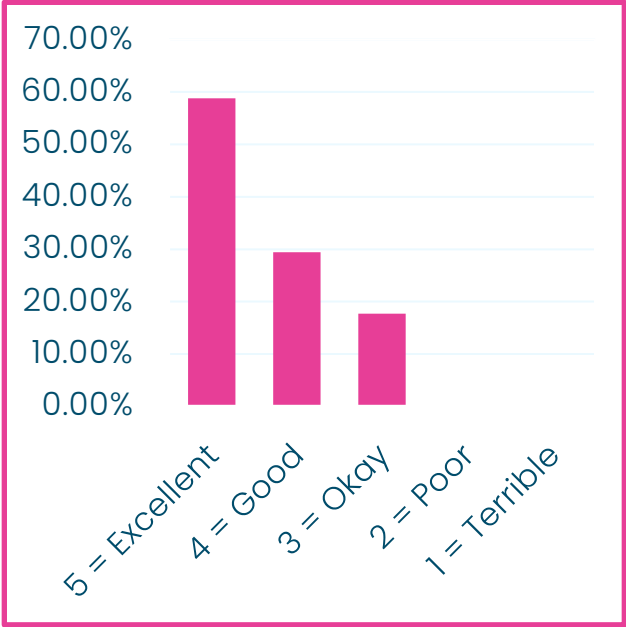
Responses	Percentage of reviews	No of reviews
Extremely clear	29.4%	5
Very clear	17.7%	3
Somewhat clear	11.8%	2
Not at all clear	11.8%	2
No explanation provided	11.8%	2
I do not pay for my treatment	11.8%	2
Not applicable	5.9%	1
Total		17

Q4) How helpful are staff in explaining your dental treatment?



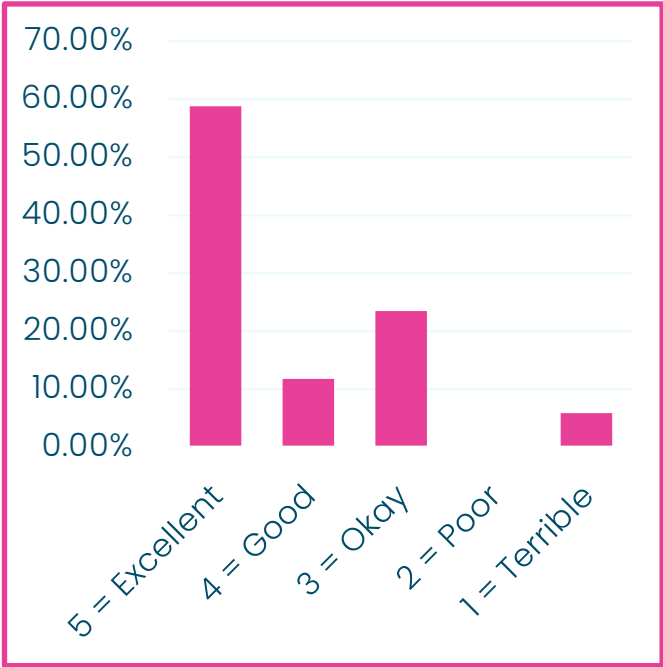
Responses	Percentage of reviews	No of reviews
Extremely helpful	29.4%	5
Very helpful	47.1%	8
Somewhat helpful	23.5%	4
Not so helpful	0.0%	0
Not at all helpful	0.0%	0
Total		17

Q5) How do you find the attitudes of staff at the dental practice?



Responses	Percentag e of reviews	No of reviews
5 = Excellent	58.8%	10
4 = Good	29.4%	5
3 = Okay	17.7%	3
2 = Poor	0.0%	0
1 = Terrible	0.0%	0
Total		17

Q6) How do you rate your overall experience?



Responses	Percentage of reviews	No of reviews
5 = Excellent	58.8%	10
4 = Good	11.8%	2
3 = Okay	23.5%	4
2 = Poor	0.0%	0
1 = Terrible	5.9%	1
Total		17

Positive themes or Ongoing Issues

To gain a better understanding of patients' experiences at dentists, we reviewed the top four positive themes and the top four ongoing issues across all responses. Each survey that was collected was reviewed, and four key themes were identified. These reflect the areas of service that are most important to patients, as shown below.

Top 4 Positive Themes	Total Count and % of Positive Reviews	Top 4 Ongoing issues	Total Count and % of emerging and on-going issues
Support from staff	70.6%	Costs	11.8%
Quality of Treatment	11.8%	Appointment Availability	47.1%
Delivery of service	17.6%	Communication with Patients	11.8%
Accessibility	11.8%	Awareness of patient's medical history	11.8%

Recommendations

Below is a list of recommendations for Dental Practices in Hounslow based on the findings in this section

NHS appointment availability

1. Provide transparency in availability of NHS appointments and support patients in accessing local NHS dental services.
2. Support patients in oral health practices to reduce non-urgent appointments.
3. Outline appointment cancellation policies directly to patients to reduce regular cancellations.

Support with costs

1. Provide key information on the breakdown of NHS dentistry costs and ensure patients are supported in knowing what payment options are available.
2. Ensure patients are aware of where to register with an NHS dentist accepting new patients.

Further support and awareness on non-visible disabilities

1. Support patients and provide accommodations for non-visible disabilities prior to appointment.
2. Produce information on neurodivergence and how it influences a patient's experience of the dentist.

Equalities Snapshot

During our engagement we also ask residents to voluntarily share with us information about themselves such as gender, age, ethnicity etc. This allows us to understand whether there are differences in experience based on personal characteristics.

A full demographics breakdown can be found in the appendix.



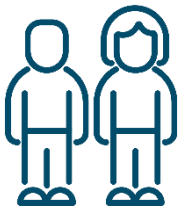
Gender

Women reported the highest positive experience at 76.9%, compared to 33.3% for men.



Age

The 35–44 age group, the largest in this survey, reported the highest positive experience at 80%



Ethnicity

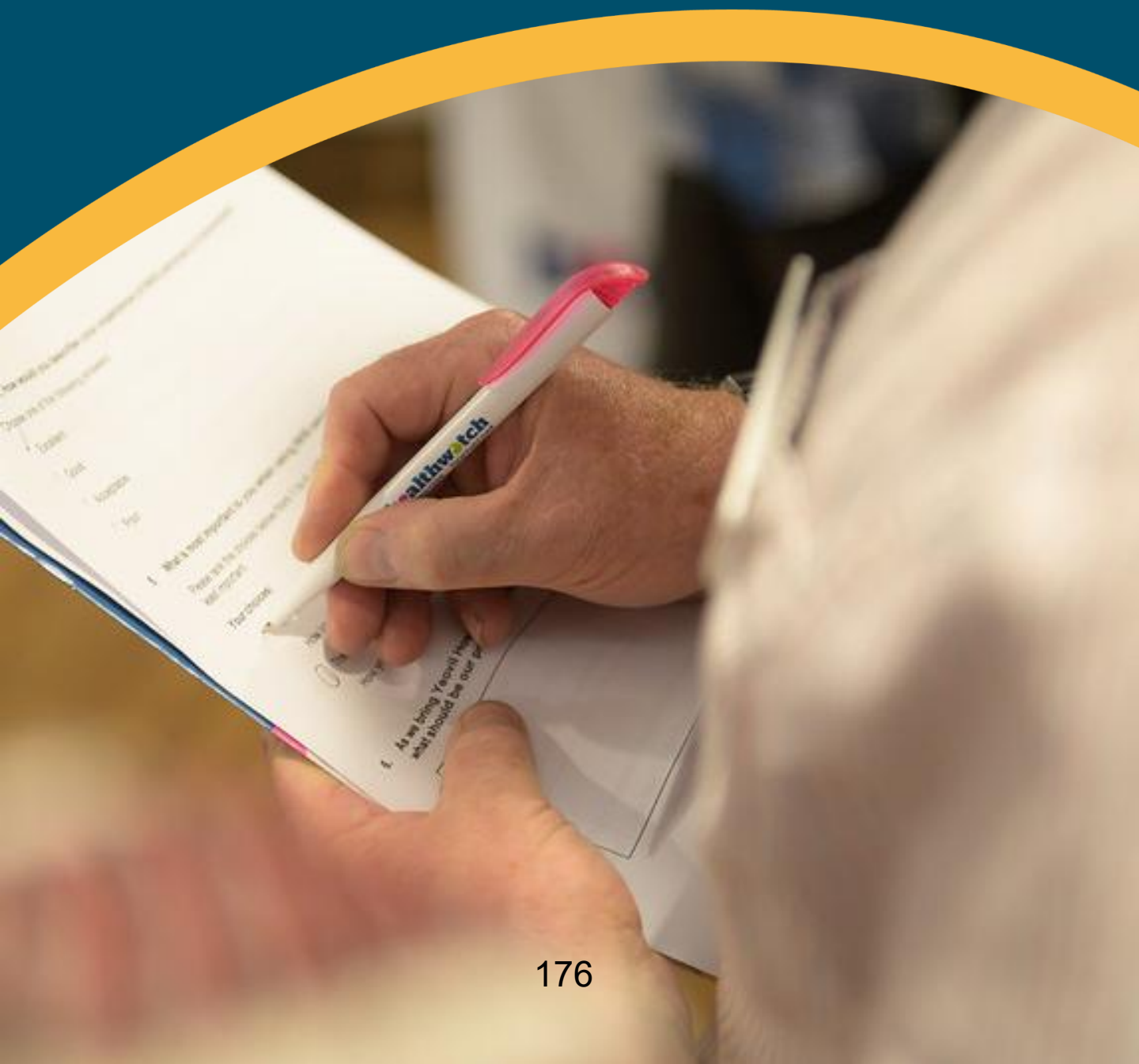
Patients who identified as Asian/Asian British – Indian reported the highest number of positive responses (50%). Positive experiences were reported across all ethnic groups.



Long Term Condition and disabilities

Patients who answered 'Yes' to having a long-term condition reported 57.1% positive experiences. Similarly, patients who responded 'Yes' to having a disability reported at 100% as an overall positive experience.

Experiences of 'Other' services



What people told us about Other services

SERVICE DELIVERY

"The service was really good it was easy for me to go straight there and very accessible."

(Feltham Hub- Community drop in)

"The wait for a scan was really long so I was able to get one through this team and closer to my home and GP. They take good care of you and help you feel less scared or anxious when you are getting a scan."

(Community Diagnostics Team)

WAITING TIMES

"The referral waiting list is extremely long in my opinion."

(Physiotherapy)

"They have so many service cuts that they are only able to offer services that I am not interested i.e. group therapy. They haven't provided me with talking therapies at all either."

(Mental Health Services)

TREATMENT

"They supported with my eye care and issues as a side effect of treatment. Easy to contact and they help me to stay on top of my diabetes."

(Community Diabetes Team)

COMMUNICATION BETWEEN SERVICES

"Maybe better communication with the GP about allergies. There have been mistakes in the past and it could've cost me my life."

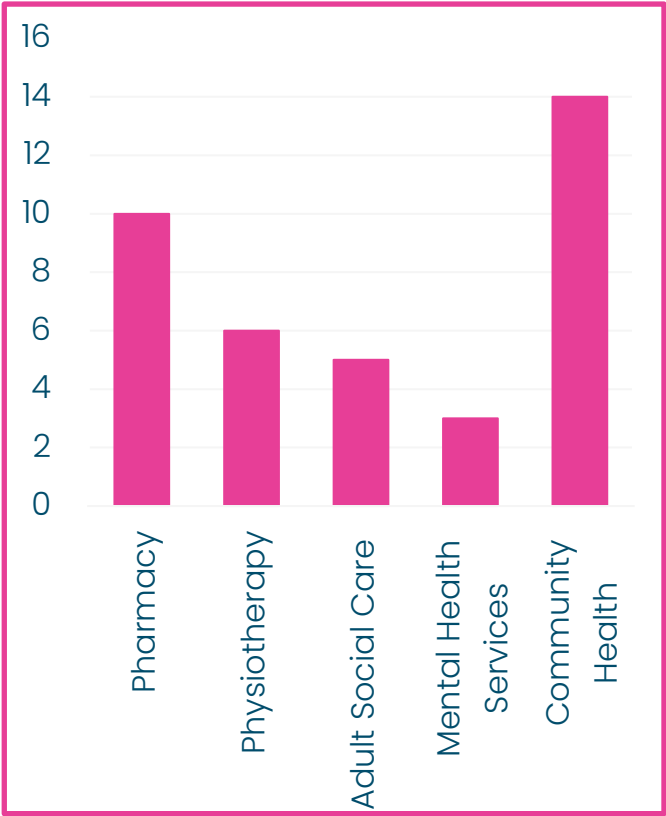
(Pharmacy)

Experiences of ‘Other’ services

In addition to asking specifically about GPs, Hospitals and Dentists we also give the opportunity for people to share experiences about any other health services, social care and community services asking them what is working well and what could be improved.

This section provides an overview of reviews from different community or “Other” Services.

No. of Reviews	38 Reviews
Positive	58% (22)
Negative	18.4% (7)
Neutral	23.7 (9)



Service Type	No of Reviews
Pharmacy	10
Physiotherapy	6
Adult Social Care	5
Mental Health Services	3
Community Health(Diabetes, Auditory, Health Visitor)	14

Positive themes or Ongoing Issues

To gain a better understanding of patients' experiences at dentists, we reviewed the top four positive themes and the top four ongoing issues across all responses. Each survey that was collected was reviewed, and four key themes were identified. These reflect the areas of service that are most important to patients, as shown below.

Top 4 Positive Themes	Total Count and % of Positive Reviews	Top 4 Ongoing issues	Total Count and % of emerging and on-going issues
Staff attitudes	44.7%	Wait for referrals	18.4%
Accessibility of local services	18.4%	Appointment Availability	28.9%
Quality of Treatment	15.8%	Appointment booking systems	15.8%
Communication with patients	14%	Communication with GP services	10.5%

Thematic analysis of open-ended responses

To gain a better understand of 'Other services' we have collated the positive and on-going themes for each of these types of services.

Type of service	Positive Outcomes	On going/emerging issues
Pharmacy	1. Access to Prescriptions (70%) 2. Staff Attitudes (20%)	1. Communication with GP services (30%) 2. Access to online forms (10%)
Physiotherapy	1. Staff Attitudes (33.3%) 2. Local to Patients (16.7%)	1. Appointment booking system (50%) 2. Referral wait times (17%)
Adult Social Care	1. Support from Services (66%) 2. Staff Attitudes (33.3%)	1. More support provided through carers (56%) 2. Access to private transport (15%)
Mental Health Services	1. Treatment (33.3%) 2. Service delivery (33.3%)	1. Cuts to services (33.3%) 2. Discharge and aftercare (33.3%)
Community Health(Diabetes, Auditory, Health Visitor)	1. Staff Attitudes (50%) 2. Communication with Patients (14.3%)	1. Appointment availability (42.9%) 2. Referral to other services (7.1%)

Appendix



Demographics

GENDER	Percentage %	No of Reviews
Man (including trans man)	35.4%	137
Woman (including trans woman)		247
Non- binary		3
Other		0
Prefer not to say	0%	0
Total		387

AGE	Percentage %	No of Reviews
18-24	5.9%	23
25-34	21.7%	84
35-44	18.1%	70
45-54	12.1%	47
55-64	15.5%	60
65-74	10.6%	41
75-84	10.9%	42
85+	2.1%	8
Prefer not to say	3.1%	12
Total		387

DISABILITY	Percentage %	No of Reviews
Yes	13%	50
No	81.4%	315
Prefer not to say	5.7%	22
Not known	0	0
Total		387

LONG-TERM HEALTH CONDITION	Percentage %	No of Reviews
Yes	43.3%	187
No	46%	178
Prefer not to say	5.7%	22
Not known	0	0
Total		387

ETHNICITY	Percentage %	No of Reviews
White - English / Welsh / Scottish / Northern Irish / British	23.8%	92
White - Irish	1.6%	6
White - European	0.1%	23
White - Other	0.02%	8
European	1.3%	5
Arab	2.3%	9
Asian / Asian British - Indian	27.6%	107
Asian / Asian British - Pakistani	8.5%	15
Asian / Asian British - Bangladeshi	3.9%	10
-Chinese	1.0%	4
-Any other Asian background (please see below)	4.4%	17
-Black / Black British - African	9.6%	37
-Black / Black British - Caribbean	2.1%	8
-Any other Black background	0%	0
-Gypsy, Roma or Traveller	0%	0
-Latin American	0%	0
-Mixed - Asian and White	0%	0
-Mixed - Black African and White	0%	0
-Mixed - Black Caribbean and White	1.3%	5
-Any other Mixed / Multiple ethnic background	0%	0
-Prefer not to say	2.8%	11
-Other -	7.0%	27
Other - not listed	0.8%	3
Total		387



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