

London Borough of Hammersmith & Fulham

# Health & Wellbeing Board Minutes



**Wednesday 21 January 2026**

## **PRESENT**

### **Committee members**

Councillor Bora Kwon (Chair) (Cabinet Member for Adult Social Care and Health)

Councillor Alex Sanderson (Deputy Leader with responsibility for Children and Education)

Dr James Cavanagh (H&F GP)

Diane Barham (Healthwatch)

Caroline Farrar (HCP Managing Director)

Dr Mayada Abu Affan (Interim Director of Public Health)

John Morley (Interim Director of Adult Social Care)

Jacqui McShannon (Executive Director of People's Services)

Sarah Bright (Director of People's Commissioning, Transformation and Partnerships)

Susan Roostan (H&F ICB Borough Director)

Sue Spiller (Chief Executive Officer, SOBUS)

### **Nominated deputy members**

Councillor Natalia Perez (Chair of Health and Adult Social Care Policy and Accountability Committee)

Councillor Helen Rowbottom (Chair of Children and Education Policy and Accountability Committee)

### **Other attendees**

Peggy Coles (HF Dementia Action Alliance)

Phil Tomsett (Head of Family Hubs)

Susan Hughes (Programme Lead, Public Health)

Debbie Yau (Committee Coordinator)

## **1. APOLOGIES FOR ABSENCE**

Apologies for absence were received from Detective Chief Inspector Matt Hogg (Metropolitan Police) and Vincent Law (West London NHS Trust).

### *Membership Update:*

The Board appointed Dianne Barham, Chief Executive of Local Voice as its new Healthwatch representative and welcomed Dr Mayada Abu Affan, the new Director of Public Health and John Morley, the new Director of Adult Social Care as its new members.

## **2. DECLARATIONS OF INTEREST**

There were no declarations of interests.

## **3. MINUTES AND ACTIONS**

The Board noted the minutes of the informal meeting held on 10 September 2025.

In respect of the report on “Better Care Fund Plan 2025-26 and Quarter 1 report 2025-26” discussed at last meeting, the Board agreed to

1. Ratify the planned total expenditure and the proposed schemes in the Better Care Fund Plan for 2025 - 2026 (App.1);
2. Ratify the BCF Quarter 1 report for 2025 – 2026 (App. 2); and
3. Receive an end of year report outlining the outcomes of each scheme and the difference it had made for residents of H&F.

## **4. BETTER CARE FUND QUARTER 2 REPORT 2025/26**

Sarah Bright (Director of People’s Commissioning, Transformation and Partnerships) gave a brief overview of the report. Susan Roostan (H&F ICB Borough Director) added that the Quarter 3 report was being prepared and would be submitted by the end of January.

Sue Spiller (Chief Executive Officer, SOBUS) sought reasons for the overspend of Community Equipment. Sarah Bright responded that there was a recent collapse of the provider appointed by a London consortium comprising 21 local authorities including Hammersmith and Fulham (H&F). The consortium put in place alternative arrangements immediately which inevitably incurred additional costs. The partnership with the new provider with other 7 local authorities across north and northwest London went well particularly with increased efficiency on ways of recycling. It was good to see the market had mobilised a brand-new provider and more improvements were expected as it progressed and established over time.

Councillor Alex Sanderson (Deputy Leader with responsibility for Children and Education) expressed her thanks to the team for working so hard to tackle a difficult and impossible situation of replacing a vanishing provider with a brilliant alternative.

Highlighting Healthwatch’s focus on equalities and particular cohorts, Diane Barham (Healthwatch) suggested gauging user experience of a particular cohort about discharge and community equipment to see if there were any inequalities. Sarah Bright considered the suggestion fit in well with ongoing tasks and agreed to pick it up later.

**ACTION: Sarah Bright**

### **RESOLVED**

Members agreed that

1. The Board ratified the BCF Quarter 2 report for 2025 - 2026 (Appendix 1); and

2. The Cabinet Member for Adult Social Care and Health received an end of year report outlining the outcomes of each scheme and the difference it has made for residents of H&F.

## 5. **FAMILY HUBS ANNUAL REPORT 2024/25**

Philip Tomsett (Head of Family Hubs) presented the report which covered the three Family Hubs across the boroughs in areas of high deprivation. He highlighted the following:

- Family Hubs aimed to offer a single point of access for families to receive comprehensive support they needed, including parenting, cost of living and access to service providers partnered with the hubs.
- Key data showed there had been a high demand for this new service area, with the new role of navigators in each hub receiving high numbers of requests and referrals for support.
- There was an award-winning online offer for families.
- Various feedback loops and surveys revealed positive outcomes from interventions for families which felt welcome or very welcome.
- The hubs received external funding from the Department for Education.

Dr James Cavanagh (H&F GP) noted that H&F Family Hubs were important assets for the community. He asked what could be done to help organisations providing the services to be more involved in the evolution of the neighbourhood.

Philip Tomsett noted that he and his team were involved in various working groups, for example, place-based aspect of the neighbourhood health offer. They also worked closely with local GPs in child health and MDTs. Having good partnerships with key staff within health, the Hubs hoped to extend the partnership approach through various reforms including best starting life and neighbourhood health, bearing in mind not to duplicate service resources but enhance each other's offers.

Councillor Alex Sanderson (Deputy Leader with responsibility for Children and Education) welcomed the report which witnessed the Family Hubs moving from the pilot phase into a local system with all partnerships from health and voluntary sectors integrating together in co-location working.

Councillor Natalia Perez (Chair of Health and Adult Social Care Policy and Accountability Committee) appreciated the Family Hub model and the positive outcomes. She was concerned about any groups being under-represented in the registration for the service of the Family hubs and steps taken to boost their awareness, e.g. those who were digitally excluded might fail to receive online offers.

Philip Tomsett noted that there was a catchment area for each Family Hub and together with partners' venues, the whole borough was almost covered except some gaps where the number of families registered was not desirable. The team planned to implement an outreach programme targeting families at those specific areas. Philip further highlighted that physical contact was the first port of call including face-to-face encounters at the Hub premises, and outreach activities at community

centres, libraries or partners' venues. Online services were an additional resource for families.

Recalling the suggestion of the Children and Education Policy and Accountability Committee for the Children's Service teams to constantly review their comms when reaching out, Jacqui McShannon (Executive Director of People's Services) commended the Family Hub team which did act on the feedback by seeking other routes beyond the routine of contacting tenants and residents associations.

Summing up, the Chair was impressed by the breath of services offered in the Family Hubs and suggested promoting the wider scope of the Family Hubs for people beyond those with children.

## **RESOLVED**

That the Board noted the report.

## **6. H&F PHARMACEUTICAL NEEDS ASSESSMENT 2026-29**

Dr Mayada Abu Affan (Interim Director of Public Health) gave a brief introduction of H&F Pharmaceutical Needs Assessment (PNA) 2026-29. She said that every three years, all Health and Wellbeing Boards were statutorily required to publish and regularly update a PNA for their borough. PNA aimed to assist decisions related to community pharmacies noting their additional input to prevention now helped reduce the demand on primary and urgent care. PNA helped the Board to manage the risks in terms of equitable access across the borough as a result of opening new pharmacies and closure or relocation of existing ones.

Susan Hughes (Programme Lead, Public Health) presented the PCN findings. She shared the concerns raised at a recent survey and remarked that the H&F Commission would improve access and experience by addressing opening hours, stock issues and communications on prescriptions readiness among GP, pharmacies and patients. She said that a PNA dashboard would be developed to monitor the trends by logging locations, opening hours and services of pharmacies and the feedback received for each of them. Susan concluded that the LBHF was well served in relation to the number and location of pharmacies and there was a good access to necessary and other relevant pharmaceutical services, with no current or anticipated gaps in provision during 2026-2029.

Sue Spiller (Chief Executive Officer, SOBUS) was concerned about the range of pharmaceutical services that were being taken up by residents. Susan Hughes noted that upon request, a list of available pharmaceutical services had been provided to families visiting Family Hubs. She understood from the survey that some cohorts such as carers might not be aware that local pharmacies did deliver prescriptions and so on. She believed there were some scopes to improve the dissemination of relevant information on the "Pharmacy First" service.

Dr Mayada Abu Affan explained that NHS England which commissioned the pharmaceutical services had the data on the range of services taken up by residents. The Council only received data on the public health services it commissioned to

pharmacies and hence there were no sufficient data to assess the impact of pharmaceutical services in reducing primary care demand.

Dr James Cavanagh (H&F GP) noted that the “Pharmacy First” service was commissioned by NHS England and widely broadcast/advertised through GP surgeries and that a large cohort of pharmacists in H&F had joined GP practices through national funding on workforce diversity. He considered it useful to map the number of pharmacists within the Primary Care Networks (PCNs) to understand the supply and service gaps, if any, in the PCNs. Dr Cavanagh sought details about pharmacists delivering medication to people’s homes or working with nursing homes, and the number of prescribing pharmacists in each PCNs. These data would help the Board to understand whether the community was being served with proper access and quality of pharmaceutical services. Dr Mayada Abu Affan considered the issue raised by Dr Cavanagh was very important and could be done in parallel to the PNA.

**ACTION: Susan Hughes**

The Chair said the report reflected the importance of pharmacies as an extension of health services providing personal human touch in the increasingly digital world. She expected the current pace of changes might warrant an update of the PCN within the next three years.

**RESOLVED**

That the Board agreed to

1. Approve the Hammersmith and Fulham Pharmaceutical Needs Assessment (PNA) 2026- 2029 for publication; and
2. Delegate authority to the PNA Steering Group to determine whether future changes in pharmaceutical services are minor (requiring only a supplementary statement) or sufficiently significant to warrant a new PNA within the next three years, and to report these decisions to the Health and Wellbeing Board.

**7. HEALTHWATCH ANNUAL REPORT 2024/25**

Sarah Bright (Director of People’s Commissioning, Transformation and Partnerships) presented the report 2024/25 which gave an overview of the engagement activities, key issues identified, and recommendations provided by the previous Healthwatch provider. Since September 2025 Healthwatch had been provided by Local Voice in the Community. The report also looked ahead to opportunities for exploring deeper collaboration with Healthwatch and health partners, aligning priorities where possible, sharing insights, and embedding co-production, so that local voices could inform decision-making and support measurable improvements in health and social care.

Caroline Farrar (HCP Managing Director) remarked that the new Healthwatch provider had identified three ongoing priorities from the annual report that would be

progressed as areas of focus in 2026. She said that the Partnership would collaborate with Local Voice in the Community to align these priorities and complement the wider health and care work programme, ensuring a unified approach to improving outcomes for residents.

Diane Barham (Healthwatch) added that the Healthwatch was asking for new insights from a bigger pool of information shared by local residents with a view to doing the same thing differently.

## **RESOLVED**

That the Board noted the report.

## **8. VERBAL UPDATE ON ICB**

Sue Roostan ((H&F ICB Borough Director) gave an update on ICB that as of 1<sup>st</sup> of April, the Northwest London ICB and North Central London ICB would merge to become West and North London ICB which shall be responsible to carry out the statutory functions and meet the statutory requirement for the 13 boroughs it covered.

Sue Roostan noted that the merge shall result in 50% reduction in staff across both ICBs while the new ICB would be expanding its strategic commissioning role as more and different services were commissioned upon request. In parallel to the 45-day staff consultation starting from last December, there had been a voluntary redundancy scheme with staff movements happening between mid-February to end of March 2026 and expected to continue probably until the first quarter of 2027.

Sue Roostan emphasised that while the best efforts would be made to ensure seamless transformation with business as usual, there would be changes in terms of ways of delivering those statutory functions during the process when the new ICB took up its role as a payer of services. Sue said that the full range of providers including partners, voluntary community sectors and the local authority as well as those in the Primary Care Networks would continue and focus on neighbourhood health with local accountability met through the new integrated neighbourhood teams. Discussions on transferring the statutory functions to the new structure were ongoing. While huge changes were expected, Sue was committed to keeping the Partnership and this Board updated. (42.46 - 48.36)

Sue Spiller (Chief Executive Officer, SOBUS) thanked the efforts of everyone involved in the transition delivering the job day-to-day despite the future uncertainty.

Dr James Cavanagh (H&F GP) expressed concern about the fundamental change of the transformation. Under the existing system, health providers were responsible to deliver the contracts entered with the commissioners who decided what were the right way to serve the needs of the population. The new ICB would set out the strategic goals determined by the high-level Integrated Care System for the providers to deliver. It might be opportunities but there might also be potential weaknesses.

In reply to the question of Councillor Helen Rowbottom (Chair of the Children and Education Policy and Accountability Committee) on the opportunities for the frontline delivery to align their expertise, Dr James Cavanagh acknowledged the transformation being a much more of an opportunity than a threat in LBHF given its extremely good organisations and oversight in service delivery by committed professionals. He compared and contrasted the current and new systems below:

- Under the existing contract-led system, the health outcomes were tightly bounded by the commissioned delivery and health colleagues felt limited by the tightly overseen contract. Pursuant to the new structure, provider organisations might work together to achieve the desired outcomes without being hampered by conflicting contracts.
- As the new strategic commissioner covered 13 boroughs, it might not have the capacity to understand the real needs of the local population and how well a provider could meet them without the oversight of a place-based commissioning organisation to oversee contract delivery.

Caroline Farrar (HCP Managing Director) recalled that in last September, the Board had considered H&F Health and Care Partnership – 10 Year Health Plan Update report which highlighted the changes that were happening in the NHS and the wider health and care sector in the next decade. Together with the new ICBs, there were many known unknowns, including new GP or national contracts, and the new governance structure of integrated teams. Nevertheless, she was certain there would be more understanding on ways to meet the outcome-based contracts and expected to see the new system held from initial tighter control to becoming more flexible over time when both opportunities and risks might emerge. She suggested the Board consider inviting one of the ICB executive colleagues to talk about some of the changes at its meeting in March or June 2026.

Cllr Alex Sanderson welcomed the suggestion and remarked that in view of the whole place of changes, there was a real chance for the local authority and the Board to consider ways to fill the gaps identified by Dr Cavanagh earlier. Both she and the Chair considered this could be a standing item for the Board to receive regular updates.

## **RESOLVED**

That the Board noted the verbal update.

## **9. WORK PROGRAMME**

The Chair noted that members and partners were welcome to email suggestions for the work programme to the clerk.

## **10. DATES OF FUTURE MEETINGS**

The following dates of future meetings were noted:-

- 18 March 2026
- 22 June 2026

Meeting started: 6.35 pm  
Meeting ended: 7.35 pm

Chair .....

Contact officer: Debbie Yau  
Committee Coordinator  
Corporate Services  
Email: [Debbie.Yau@lbhf.gov.uk](mailto:Debbie.Yau@lbhf.gov.uk)