

Health and Wellbeing Board Agenda

Date: Tuesday 17 January 2023

Time: 10.00 am

Venue: Meeting Room 3, Fourth Floor - Harrow Council Hub

Membership (Quorum 5)

Chair: Councillor Paul Osborn

Voting Members:

**Members of Council Nominated by the
Leader of the Council:**

Councillor Ghazanfar Ali
Councillor Hitesh Karia
Councillor Pritesh Patel
Councillor Norman Stevenson

Reserve Members:

Councillor David Ashton
Councillor Marilyn Ashton
Councillor Chetna Halai
Councillor Anjana Patel
Councillor Simon Brown

**Representatives of North West London
Integrated Care Board:**

Dr Radhika Balu (VC)
Isha Coombes
Vacancy

Reserve: Hugh Caslake

Representative of Healthwatch Harrow:

Yaa Asamany

Reserve: Marie Pate

Representatives from the NHS:

James Benson
Simon Crawford

Reserves: Jackie Allain
James Walters

Non Voting Members:

Director of Public Health	Carole Furlong
Chief Officer, Voluntary and Community Sector	John Higgins
Senior Officer of Harrow Police	Inspector Edward Baildon
Chair of the Harrow Safeguarding Children and Adult Board	Chris Miller
Managing Director of Harrow Borough Based Partnership	Lisa Henschen
Corporate Director People / Director of Adult Social Services, Harrow Council	Senel Arkut
Director of Children's Services, Harrow Council	Peter Tolley

Contact: Mwim Chellah, Senior Democratic & Electoral Services Officer
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Useful Information

Joining the Meeting virtually

The meeting is open to the public and can be viewed online at [London Borough of Harrow webcasts](#)

Attending the Meeting in person

The venue is accessible to people with special needs. If you have specific requirements, please contact the officer listed on the front page of this agenda.

You will be admitted on a first-come-first basis and directed to seats.

Please:

- (1) Stay seated.
- (2) Access the meeting agenda online at [Browse meetings - Health and Wellbeing Board – Harrow Council](#)
- (3) Put mobile devices on silent.
- (4) Follow instructions of the Security Officers.
- (5) Advise Security on your arrival if you are a registered speaker.

Filming / recording

This meeting may be recorded or filmed, and if you choose to attend, you will be deemed to have consented to this. Any recording may be published on the Council website.

Agenda publication date: Tuesday 10 January 2023

Agenda - Part I

1. **Attendance by Reserve Members**

To note the attendance at this meeting of any duly appointed Reserve Members.

2. **Declarations of Interest**

To receive declarations of disclosable pecuniary or non pecuniary interests, arising from business to be transacted at this meeting, from all Members present.

3. **Minutes** (Pages 5 - 28)

That the minutes of the meeting held on 22 November 2022 be taken as read and signed as a correct record.

4. **Public Questions**

To receive any public questions received.

Questions will be asked in the order in which they were received. There will be a time limit of 15 minutes for the asking and answering of public questions.

[The deadline for receipt of public questions is 3.00 pm, 12 January 2023.

Questions should be sent to publicquestions@harrow.gov.uk

No person may submit more than one question].

5. **Petitions**

To receive petitions (if any) submitted by members of the public/Councillors.

6. **Deputations**

To receive deputations (if any).

7. **Winter Pressures Update** (Pages 29 - 34)

8. **NWL ICB Health Inequality Funding** (Pages 35 - 40)

9. **Adults Discharge Funding 2022-23** (Pages 41 - 48)

10. **Health Protection Update** (Pages 49 - 52)

11. **Proposal for a Health and Wellbeing Board Development Offer** (Pages 53 - 56)

12. **Any Other Business**

Which cannot otherwise be dealt with.

Agenda - Part II - NIL

Data Protection Act Notice

The Council will record the meeting and will place the recording on the Council's website.

[Note: The questions and answers will not be reproduced in the minutes.]



Health and Wellbeing Board

Minutes

22 November 2022

Present:

Chair: Councillor Paul Osborn

Board Members:	Councillor Pritesh Patel	Harrow Council
	Councillor Norman Stevenson	Harrow Council
	Dr Radhika Balu (VC)	North West London Integrated Care Board
	Yaa Asamany	Healthwatch Harrow
	Isha Coombes	North West London Integrated Care Board

Non Voting Members:	Senel Arkut	Corporate Director, People	Harrow Council
	Lisa Henschen	Managing Director	Harrow Borough Based Partnership

In attendance: (Councillors - Online)

Natasha Proctor
Hitesh Karia

In attendance: (Officers)

Sebastien Baugh
Chris Miller
Alison Renouf

Apologies received:	Inspector Edward Baildon	Shaun Riley
	Simon Crawford	Peter Tolley
	Carole Furlong	

11. Attendance by Reserve Members

RESOLVED: To note that Councillor Natasha Proctor was reserving for Councillor Ghazanfar Ali.

12. Declarations of Interest

RESOLVED: To note that there were no declarations of interests made by Members.

13. Minutes

RESOLVED: That the minutes of the meeting held on 26 July 2022, be taken as read and signed as a correct record.

14. Public Questions

RESOLVED: To note that no public questions, petitions or deputations had been received.

Recommended Items

15. Review of Terms of Reference

Members received the Health and Wellbeing Board Terms of Reference Report, which set out revised Terms of Reference for the Health and Wellbeing Board (HWB) and confirmation of its membership.

Having agreed to amendments to the Board's Terms of Reference and Procedure Rules, the Board

Resolved to RECOMMEND: (to Council)

That the Council's Constitution be updated with the revised terms of reference, as attached in Appendix 1, the Health and Wellbeing Board Procedure Rules, as attached in Appendix 2 and the proposed quorum for the Board which required at least one member of the Council and one member of the North West Integrated Care Board to be present.

RESOLVED: That

- (1) the revised terms of reference of the Board, as set out in Appendix 1 to the minutes, be agreed;
- (2) the revised Health and Wellbeing Board Procedure Rules, as set out in Appendix 2 to the minutes, be agreed;
- (3) that the proposed quorum for the HWB requiring at least one member of the Council and one member of the North West Integrated Care Board being present be agreed;
- (4) Dr Radhika Balu be appointed as Vice-Chair for the remainder of the 2022-23 municipal year.

Resolved Items

16. Winter Resilience & Winter Pressure Management

Members received the Winter Resilience and Winter Pressure Management Report, which set out the Current system pressures and vaccination uptake rates.

Members also considered the response from the Harrow health and care system in responding to pressures, including the allocation of additional winter funding.

RESOLVED: That the Report be noted.

17. Health & Wellbeing Strategy - Sign Off

Members received the Health and Wellbeing Strategy Report, which was a statutory document that provided the strategic direction across Harrow to tackle the issues that influenced health and wellbeing. This included wider issues and building blocks of good health such as housing, education and employment.

RESOLVED: That the Strategy be endorsed and approved.

18. Inequalities Programme for Harrow

Members received the Inequalities Programme for Harrow Report.

The purpose of this report was to set out progress on the Borough Based Partnership delivery priority. This was to establish a community capacity building and leadership programme for Harrow to support community groups access to help them address issues which are important to them.

In addition, the Report provided a broader overview of the health inequalities funding allocation for Harrow and how that will support delivery of the partnership's objective.

RESOLVED: That the Report be noted.

19. Pharmaceutical Needs Assessment - Sign Off

Members received the Pharmaceutical Needs Assessment Report.

The Report was an assessment on the level of Community Pharmacy provision in Harrow. The recommendations of the PNA would be used by NHS England to ensure there were sufficient Community Pharmacy contracts in place.

RESOLVED: That the conclusion of the Report to have sufficient Community Pharmacy contracts in Harrow be approved.

20. Better Care Fund, and Learning Disabilities & Autistic People Strategy - Sign Offs

Members received the Better Care Fund (BCF) 2022-23 Draft Plan Submission Report.

The report provided Members with the Better Care Fund Plan for 2022-23 submission.

RESOLVED: That the details of the presentation be noted; and the BCF 2022-23 Plan Submission Report be endorsed.

21. The Harrow Safeguarding Partnership Children and Adults Annual Report

Members received the Harrow Safeguarding Partners' Annual Report.

There was the first Harrow Safeguarding Report that had reported on the work to safeguard both adults and children – previously there were 2 separate reports.

The move to have a single report reflected the further integration of the support structures and funding for the Partnership as well as the joint work to strengthen awareness and understanding of safeguarding issues as they impacted on all members of the family, Safeguarding Partners in a Local Authority Area. For the purposes of both safeguarding adults and children (the Partners) were required to publish their arrangements for both sets of safeguarding arrangements.

They were also required to publish at least annually a report on what the Partners had done under the Arrangements and whether they have been effective. This independent scrutiny report was an assessment of how effective the Harrow Safeguarding Partnership had been in 2021-22.

RESOLVED: That the Annual Report be endorsed.

(Note: The meeting, having commenced at 10.00 am, closed at 11.42 am).

(Signed) Councillor Paul Osborn
Chair

Health and Wellbeing Board

1. Accountability

The Health and Wellbeing Board is set up in accordance with section 19402 of the Health and Social Care Act 2012 which makes provision for the Council to establish a Health and Wellbeing Board as a Committee of the Council appointed under section 102 of the Local Government Act 1972. The Council can choose to delegate decision making powers to the Health and Wellbeing Board. Any recommendations are subject to the agreement of the Leader of the Council if they are not covered by the delegated authority.

Members of the Board will be required to abide by the Code of Conduct.

2. Purpose of the Board

2.1. The Health and Wellbeing Board has 3 main functions:

- to assess the needs of the local population and lead the statutory joint strategic needs assessment
- to promote integration and partnership across areas, including through promoting joined up commissioning plans across NHS, social care and public health
- to support joint commissioning and pooled arrangements, where all parties agree this makes sense

The Board covers both adult and children's issues.

2.2. The purpose of the Board is to improve health and wellbeing for the residents of Harrow and reduce inequalities in outcomes. The Board will hold partner agencies to account for delivering improvements to the provision of health, adult and children's services social care and housing services.

2.3. Scrutiny of the Board's activities will be performed by the Council's Health Scrutiny Committee.

3. Key Responsibilities

3.1. The key responsibilities of the Health and Wellbeing Board shall be:

- 3.1.1. To agree health and wellbeing priorities for Harrow
- 3.1.2. To develop the joint strategic needs assessment
- 3.1.3. To develop a joint health and wellbeing strategy
- 3.1.4. To promote joint commissioning

- 3.1.5. To ensure that Harrow Council and the CCG commissioning plans have had sufficient regard to the Joint Health and Wellbeing strategy
- 3.1.6. To consider how to best use the totality of resources available for health and wellbeing, subject to the governance processes of the respective partner organisations as appropriate-
- 3.1.7. To oversee the quality of commissioned health services
- 3.1.8. To provide a forum for public accountability of NHS, public health, social care and other health and wellbeing services
- 3.1.9. To monitor the outcomes of the public health framework, social care framework and NHS framework introduced from April 2013)
- 3.1.10. To authorise Harrow's ~~Clinical Commissioning Group~~Integrated Care Board's annual assessment
- 3.1.11. To produce a Pharmaceutical Needs Assessment and revise every three years
- 3.1.12. Undertake additional responsibilities as delegated by the local authority or the ~~Clinical Commissioning Group~~Integrated Care Board e.g. considering wider health determinants such as housing, or be the vehicle for lead commissioning of learning disabilities services.

4. Membership

- 4.1. The Chair of the Board will be nominated by the Leader of Harrow Council; or a nominated deputy.
- 4.2. The voting membership will be:
 - Members of the Council nominated by the Leader of the Council ~~(5)~~
 - Chair of the Harrow ~~Clinical Commissioning Group~~Integrated Care Board (vice chair)
 - ~~GP representative of the Harrow Clinical Commissioning Group~~
 - ~~A further representative of the Harrow Clinical Commissioning Group~~Representatives of each Integrated Care Board in Harrow
 - ~~CCG~~Integrated Care Board Accountable Officer or nominee
 - ~~Representative of Healthwatch Harrow~~
 - Representatives from the NHS
- 4.3. The following Advisors will be non-voting members:
 - Director of Public Health
 - Chief Officer, Voluntary and Community Sector

- Senior Officer of Harrow Police
 - Chair of the Harrow Safeguarding Children and Adult Board
 - Chief Operating Officer – Integrated Care Board-CCG
 - Corporate Director, People
 - Director Adult Social Services
- 4.4. The voluntary and community sector representative shall be nominated by the Voluntary Community Sector Forum on an annual basis.
- 4.5. Board Members are appointed annually. Board Members shall each name a reserve who will have the authority to make decisions in the event that they are unable to attend a meeting.
- 4.6. Board members shall sign a register of attendance at each meeting and should not normally miss more than one meeting within a financial year.
- 4.7. ~~The chair of the Clinical Commissioning Group~~A representative from the North West London Integrated Care Board will serve as the vice chair of the Health and Wellbeing Board.
- 4.8. Key providers in Harrow will be invited to attend meetings as required depending on the subject under discussion.
- 4.9. Other agencies and organisations will be invited as the Integrated Care Partnership (ICP) develops to enable good outcomes to be delivered for Harrow's citizens.

4.10. Participation of the NHS England

- 4.10.1. NHS England must appoint a representative to join Harrow's Health and Wellbeing Board for the purpose of participating in the Boards preparation of the JSNA and JHWS.
- 4.10.2. The Health and Wellbeing Board can request the participation of the NHS England representative when the Health and Wellbeing Board is considering a matter that relates to the exercise or proposed exercise of the commissioning functions of NHS England in relation to Harrow.

4.11. Meeting Frequency

- 4.11.1. The Board shall meet bi monthly subject to review
- 4.11.2. An extraordinary meeting will be called when the Chair considers this necessary and/or in the circumstances where the Chair receives a request in writing by 50% of the voting membership of the Board

4.12. Health and Wellbeing Board Executive

- 4.12.1. The purpose of the Health and Wellbeing Board Executive is to:
 - Develop and deliver a programme of work based on the Joint Commissioning priorities and the Joint Health and Wellbeing Strategy
 - Shape future years joint commissioning
 - Shape the agenda for future HWB meetings
 - Engage and understand the views of different organisations (including providers)
 - Bring together a collective view of partners and providers to the bi-monthly Health and Wellbeing Board
 - Share Commissioning Intentions and common priorities
 - Govern and quality assure the Health and Wellbeing Board work programme
 - Be aware and discuss emerging policy and strategy
 - Problem Solving
- 4.12.2. The meetings of the Executive will be scheduled to meet before the Board.
- 4.12.3. Membership will consist of senior officer representatives from both the Council and Clinical Commissioning Group North West London Integrated Care Board, including the Directors of

Adults, Children's, and Public Health services, ~~the Chair of Harrow Clinical Commissioning Group, Accountable Officer, Chief Operating Officer~~, GP Clinical Directors, and finance officers.

- 4.12.4. The chairing of the Executive will alternate between the council's Corporate Director of People Services ~~and the Chief Operating Officer, Harrow CCGa representative of the North West London Integrated Care Board~~.

4.13. Local Safeguarding Boards

- 4.13.1. The Council's two Local Safeguarding Boards have a horizontal link to the Health and Wellbeing Board and include:
- 4.13.1.1. Local Safeguarding Adults Board
- 4.13.1.2. Harrow Local Children's Safeguarding Board

4.14. Conduct of Meetings

- 4.14.1. Meetings of the Board will be held in public except where the public are excluded from the meeting by resolution in accordance with Access to Information Act.
- 4.14.2. The quorum of the Board shall be 50% of the voting membership – however there must be attendance of at least one voting member from both the Council and the ~~Clinical Commissioning Group~~North West London Integrated Care Board. Should the quorum not be secured the meeting will not take place.
- 4.14.3. Decisions shall be made on the basis of a show of hands of a majority of voting members present. The Chair will have a second or casting vote.
- 4.14.4. Each meeting will have provision for the public to ask questions. There will be a total limit of 15 minutes for the asking and answering of public questions.
- 4.14.5. Harrow Council Democratic Services will service the meetings including the preparation and circulation of agenda and the production of minutes.
- 4.14.6. Minutes of the meetings will be available on the website of the council.
- 4.14.7. The Chair shall sign off the minutes as a true and accurate record of the meeting.
- 4.14.8. Agendas and supporting papers will be available on the website of the council at least five working days before the meeting.

Health and Wellbeing Board Procedure Rules

1. Application of these Rules

- 1.1 These rules apply to the Harrow Health and Wellbeing Board which was set up in accordance with S102 Local Government Act 1972 and S194 Health and Social Care Act 2012.

2. Appointment of Reserves

Members of the Board shall each have a named Reserve who will have the authority to make decisions in the event that they are unable to attend a meeting. The Reserve will not be able to exercise any special powers or duties exercisable by the person for whom they are reserving.

2.1 Reserving

2.1.1 Reserve Members may attend meetings in that capacity only:

- 2.1.1.1 to take the place of an ordinary Member for whom they are a reserve;
- 2.1.1.2 where the ordinary Member will be absent for the whole of the meeting;
- 2.1.1.3 where the meeting notes at the start of the meeting at the item 'Reserves' that the Reserve Member is or will be attending as a reserve; and
- 2.1.1.4 if a Reserve Member whose intention to attend has been noted arrives after the commencement of the meeting, then that Reserve Member can only act as a Member from the start of the next item of business on the agenda after his/her arrival.

2.1.2 For the purposes of section 2.1.1.2 only, a meeting adjourned to another day shall be treated as a new meeting.

2.1.3 If a Reserve Member is in attendance at a meeting the ordinary member for whom they are substituting shall not be entitled to attend that meeting and take part as an ordinary member of that body.

3. Attendance of Members at Committees

3.1 No right to speak

3.1.1 Any Member of the Council may attend meetings of the Board or its sub-committees and panels. Subject to 3.2 below, Councillors who are not ordinary members or attending Reserve Members of the Board or its sub-committees may not speak at meetings unless the Board or sub-committee agrees that the Member concerned may speak, or, the Member has been invited to the Board or sub-committee to speak.

3.2 Motions referred to the Board or its sub-committees.

3.2.1 **A Member of the Council who has proposed a motion which has been referred to the Board or sub-committee, shall be given at least three clear working days notice of the meeting at which the motion will be considered, by the Monitoring Officer. If the Member attends the meeting but is not an ordinary Member or attending Reserve member of the Board or sub-committee, he or she shall have an opportunity to explain the motion to the Board or sub-committee.**

4. Appointment of Sub-Committees

The Board may establish sub-committees with such terms as they consider necessary for the proper discharge of the functions of the Board.

5. Chairing Board Meetings

The Chair will be nominated by the Leader of the Council and appointed by Harrow Council ~~and is currently the Portfolio Holder for Adult Social Care, Health and Wellbeing.~~

5.1 Vice Chair of the Board

The Vice-Chair will be appointed by the ~~Clinical Commissioning Group~~North West London Integrated Care Group.

5.2 Absence of Chair at Meetings of the Board

5.2.1 In the absence of the Chair, the Vice-Chair shall preside.

5.2.2 If after 15 minutes since the identified start time neither the Chair or Vice-Chair are present then the meeting shall elect a Chair for that meeting as its first order of business after the noting of Reserve Members.

5.2.3 Where the Chair and Vice-Chair have both submitted apologies in advance of the meeting to the Monitoring Officer then the first order of business shall be to elect a Chair for the meeting after the noting of Reserve Members.

6. Business not on the Agenda

6.1 Business not on the agenda may only be considered where:

6.1.1 the Access to Information Procedure Rules in Part 4G of the Constitution have been complied with; or

6.1.2 the Chairman makes an announcement that does not require a decision to be taken; or

6.1.3 a member of the Board or any Statutory Officer has requested that an item be placed on the agenda for the meeting at any time before

the start of the meeting and the Chair agrees to the item being included on the grounds of urgency and the Board agreeing to consider that item of business. The grounds of urgency and the circumstances giving rise to the request must be recorded in the minutes of the meeting.

- 6.1.4 If there is a request to add an agenda item to an agenda after the statutory deadline for publication, that item may only be considered if the Chair agrees, subject to consultation with the Vice-Chair (if reasonably practicable), and the Board agreeing to consider that item of business, by virtue of the special circumstances set out either in the report or on the supplemental agenda, that the item should be considered as a matter of urgency and specified in the minutes of the meeting.

7. Time and Place of Meetings

- 7.1.1 **Meetings of the Board shall take place at the ~~Harrow Civic Centre~~venue stated on the agenda.** Following consultation with the Vice-Chair and subject to compliance with the Local Government (Access to Information) Act 1985, the Chair shall have the power to alter the venue, day and time if they believe it to be appropriate for the conduct of the business of the Board.

8. Cancellation of Meetings

- 8.1 **The Head of Paid Service and or the Monitoring Officer may cancel a meeting of the Board either before or after the agenda for the meeting has been issued provided that reasons for the cancellation are given.**

9. Calling of Special Meetings

- 9.1 **Those listed below may request the Monitoring Officer to call committee, sub-committee or panel meetings in addition to ordinary scheduled meetings:**

9.1.1 the Board by resolution;

9.1.2 the Chair of the Board. The Chair must, before requesting the Monitoring Officer to call a special meeting, consult with the Vice-Chair;

- 9.1.3 at least one-third of the members of the Board, if they have signed a requisition presented to the Chair of the Board and they have refused to call a meeting or has failed to call a meeting within five clear working days of the presentation of the requisition;

10. Business

10.1 Business at special meetings of the Board shall be restricted to:

- 10.1.1 the election of a person to preside if the Chair and Vice Chair are absent;
- 10.1.2 any item of business specified by the Board, Chair or Monitoring Officer or Statutory Officer when calling the meeting;
- 10.1.3 any deputations relating to items of business on the agenda which the Chair agrees to hear.

11. Notice of and Summons to Meetings

- 11.1 **The Monitoring Officer will give notice to the public of the time and place of any meeting in accordance with the Access to Information Procedure Rules set out in Part 4G of the Constitution. At least five clear working days before a meeting, the Monitoring Officer will send an agenda front sheet by post to every member of the Board. The agenda will give the date, time and place of the meeting and specify the business to be transacted and will be accompanied by all relevant reports.**

Quorum

- 11.2 **The quorum of a meeting will be 50% of the voting membership. However at least one voting member from both the Council and the ~~Clinical Commissioning Group~~North West London Integrated Care Board must be in attendance. Should the quorum not be secured the meeting will not take place.**
- 11.3 **If, after 15 minutes from the advertised time of the start of the meeting, or such other longer period as the Chair may decide, a quorum is not present, the meeting will not take place. Nor will there be an informal meeting. The Chair may announce the time and date that the meeting will be convened.**

- 11.4 During any meeting, if the Chair counts the number present and declares there is not a quorum present, then the meeting will adjourn immediately. Remaining business will be considered at a time and date fixed by the Chair. If they do not fix a date, the remaining business will be considered at the next ordinary meeting of the Board.**

12. Duration of Meetings

12.1 Commencement and Closure

Meetings of the Board will commence at 3.00 pm and close at 5.00 pm unless it resolves to extend the meeting beyond that time.

12.2 Determining Business Upon Closure

12.2.1 At the time of closure the Chair will advise the Board that:

12.2.1.1 any speech commenced and then in progress shall be concluded;

12.2.1.2 the Chair will put any motion or recommendation then under consideration to the vote without further discussion;

12.2.1.3 any remaining business before the Board shall be put to the vote without discussion or further amendment.

13. Petitions

13.1 Presentation of Petitions

13.1.1 Petitions relating to a function of the Board shall be presented to the appropriate meeting of the Board. If the petitioners request that the petition be presented at a meeting of the Board this can be done in the following ways:

13.1.1.1 a representative of the petitioners may attend, at the time stated for the start of the Board meeting, and request to read the petition to the meeting;

13.1.1.2 the petitioners may approach a Member of the Board and ask them to read the petition on their behalf;

13.1.1.3 the petitioners may send the petition to the Monitoring Officer who will arrange for the Chair to read the petition.

13.1.2 The person presenting the petition may only read the terms of the petition and may not make any further comments. That person will have one minute to read the terms of the petition unless the Chair determines that this time limit should be extended or reduced.

Deputations

13.2 The Board may receive a deputation on any matter appearing on the relevant agenda.

13.3 Requests for deputations must be in writing and supported by the signatures of at least 10 residents or representatives of local organisations or businesses in Harrow. The signatories must clearly state their names and addresses/qualifying business address. The request must explain why a deputation is required.

13.4 The request must be given to the Monitoring Officer at least two clear working days before the day of the meeting, although the Board can waive this requirement on the grounds of urgency.

13.5 The deputation to the meeting must consist of not more than four people. Those persons nominated to speak should also be signatories to the original written request to make a deputation. All may speak but the total length of the speeches from the deputation must not exceed 10 minutes.

13.6 The time allowed for questioning of the deputation by Members of the Board will be 10 minutes.

13.7 The deputation shall be heard immediately before the relevant item on the agenda. The Chair has complete discretion to move any items that are subject to a deputation on the agenda.

13.8 The Board shall receive no more than two deputations per meeting.

13.9 No deputation shall be received by the Board within 6 months after a deputation has appeared before it on the same or a similar subject.

13.10 Members of the Board and advisers (in that capacity) shall not be signatories to, lead or form part of any deputation.

- 13.11 **Members of staff may lead or join deputations only in their capacity as local electors and on issues other than those affecting their employment with the Council or ~~Clinical Commissioning Group~~North West London Integrated Care Board.**

14. Public Questions

14.1 General

- 14.1.1 Members of the public may question the Chair of the Board at meetings. Questioners will not be allowed to address the Board generally on a matter, they may only ask questions relating to matters within the terms of reference of the Board. Questions relating to individual cases and/or matters relating to staffing and conditions of service will not be permitted.

14.2 Time Limit for Questions

- 14.2.1 There will be a total limit of 15 minutes for the asking and answering of public questions. Once this time limit has been reached, no further questions can be asked but a questioner can complete a question or a supplemental question and the respondent can complete a reply. Unless the Chair permits otherwise, a reply to a question shall not exceed three minutes. If the Board member answering believes that a longer response is necessary an oral summary will be given and a full reply shall be completed in writing.

14.3 Order and Notice of Questions

- 14.3.1 Questions will be asked in the order notice of them was received, except that the Chair may group together similar questions.
- 14.3.2 A question may only be asked if notice has been given in writing, by fax or by electronic mail to the Monitoring Officer at publicquestions@harrow.gov.uk no later than 3.00 pm two clear working days before the day of the meeting. Each question must be submitted by the questioner, identifying their name, address, and where appropriate email address, and state that the question is to the Chair of the Board.

- 14.3.3 **Without prejudicing 14.3.2 above, where a report is circulated after the normal Board despatch by supplemental agenda a**

question may be asked, if notice has been given in writing, by fax or by electronic mail to the Monitoring Officer at publicquestions@harrow.gov.uk no later than 3.00 pm ONE clear working day before the day of the meeting. Each question must be emailed from the questioner's email address, give the name and address of the questioner and state that the question is to the Chair of the Board.

14.3.4 The Chair of the Board may arrange for another Member of the Board to answer on his or her behalf.

14.3.5 The Council takes no responsibility for questions which are sent and fail to reach the correct e-mail address, postal address or fax number.

14.4 Number of Questions

14.4.1 At any one meeting no person may submit more than one question. A questioner will be allowed to ask a supplementary question directly relating to the content of the answer given to the written question. The Chair may reject a supplemental question if it falls within any of the categories in paragraph 14.5 below.

14.5 Scope of Questions

14.5.1 The Monitoring Officer may reject a written question if it:

14.5.1.1 would risk defamation of an individual or is frivolous or offensive; or

14.5.1.2 does not relate to a matter to which the Council has powers or duties; or

14.5.1.3 does not relate to a matter which affects the London Borough of Harrow; or

14.5.1.4 would require the disclosure of confidential or exempt information; or

14.5.1.5 is substantially the same as a question which has been put at any meeting of the Board in the last six months.

14.5.1.6 is within the invalid categories referred to at 14.1 above.

No invalid questions will be circulated.

14.6 Record of Public Questions

14.6.1 The Monitoring Officer will make written questions available for public inspection and will immediately send a copy of the written question to the person to whom it is to be put. If a question is rejected, reasons for rejection will be given to the questioner by the Monitoring Officer.

14.6.2 Copies of all valid questions will be circulated to all Members of the Board and made available to the public at the meeting.

14.7 Asking the Question at the Meeting

14.7.1 The Chair will invite the questioner to put the question and will respond to the question unless another Member has been nominated to answer on his or her behalf.

14.7.2 If a questioner, who has submitted a written question, is unable to be present, they may ask the Chair to put the question on their behalf.

14.7.3 The Chair may either:

14.7.3.1 ask the question on the questioner's behalf; or

14.7.3.2 indicate that a written reply will be given; or

14.7.3.3 decide, in the absence of the questioner, that the question will not be dealt with.

14.8 Written Answers

14.8.1 Any written question, which cannot be dealt with during public question time because of lack of time, will be dealt with by written answer. A copy of any written answer shall be given to the Monitoring Officer who will send it to the questioner and all Members of the Board.

14.9 Reference of a Question to another Body

- 14.9.1 Unless the Chair decides otherwise, no discussion will take place on any question, but any Member may propose that a matter raised by a question be referred to the appropriate body of Harrow Council or the ~~Clinical Commissioning Group~~North West London Integrated Care Board. Such a proposal will be voted on without discussion.

15. Confidential Business

- 15.1 **All reports, other documents, information, discussions and proceedings of the Board which are marked Exempt under Schedule 12A of the Local Government Act 1972, or Confidential must be treated as such by all Members of the Board. Members of the public will not have access to these papers and discussions. Confidential or exempt items will be marked as such and the relevant part of Schedule 12A will be specified on the document. Confidential and/or exempt items will be discussed in 'Part II' of the Board meeting following a resolution to exclude the press and public.**

16. Voting

16.1 Majority

- 16.1.1 Any matter will be decided by a simple majority of those Members of the Board voting and seated in the room at the time the question was put. Voting shall be by a show of hands.

16.2 Chair's Casting Vote

- 16.2.1 If there is an equal number of votes for and against, the Chair will have a second or casting vote. There will be no restriction on how the Chair chooses to exercise a casting vote.

16.3 Individual Recorded Vote and Explanation for Vote

- 16.3.1 If, immediately before the vote is taken, any Member of the Board present at the meeting requests that his or her vote be recorded as voting for or against or not voting, it shall be so recorded in the minutes.
- 16.3.2 A recording of a vote or abstention in the minutes of the meeting shall be made without explanation save that in cases where it is necessary for the avoidance of ambiguity a brief note may be added at the

Member's request explaining that Member of the Board's reason for voting or not voting.

16.4 Voting on Appointments

16.4.1 If there are more than two people nominated for any position to be filled by the Board and of the votes given there is not a majority in favour of one person, the name of the person having the least numbers of votes shall be disregarded and a fresh vote shall be taken and so on until a majority of votes is given to one person.

17. Minutes

17.1 Signing the Minutes of the Board

17.1.1 The Chair will sign the minutes of the proceedings at the next meeting. The Chair will move that the minutes of the previous meeting be signed as a correct record. The only aspect of the minutes that may be discussed is their accuracy.

17.2 Minutes of Decisions of the Board

17.2.1 Minutes of the Board shall be published on the Council's intranet and website.

18. Record of Attendance

18.1 **All Members of the Board present during the whole or part of a meeting must, before the conclusion of every meeting, sign their names in the attendance document provided.**

19. Exclusion of the Public

19.1 **Members of the public and press may only be excluded either in accordance with the Access to Information Procedure Rules in Part 4G of the Constitution of London Borough of Harrow or under Rule 24 of Part 4B of the Constitution (Disturbance by the Public).**

20. Members' Conduct

20.1 Precedence of Chair

20.1.1 When the Chair speaks during a debate, any Member of the Board speaking at the time must stop speaking. The meeting must be silent.

20.2 Member not to be heard further

20.2.1 If a Member of the Board persistently disregards the ruling of the Chair by behaving improperly or offensively or deliberately obstructs business, the Chair may move that the Member be not heard further during the consideration of that item of business. If seconded, the motion will be voted on without discussion.

20.3 Member of the Board to leave the Meeting

20.3.1 If the Member of the Board continues to behave improperly after such a motion is carried, the Chair may move that either the Member leave the meeting or that the meeting is adjourned for a specified period. If seconded, the motion will be voted on without discussion.

20.4 General Disturbance

20.4.1 If there is a general disturbance, making business impossible, the Chair may adjourn the meeting for as long as they think necessary.

21. Disturbance by the Public

21.1 Removal of Member of the Public

21.1.1 If a member of the public interrupts proceedings, the Chair will warn the person concerned. If they continue to interrupt, the Chair will order their removal from the meeting room.

21.2 Clearance of Part of a Meeting Room

21.2.1 If there is a general disturbance in any part of the meeting room open to the public, the Chair may call for that part to be cleared.

21.3 Adjournment

- 21.3.1 Following an order by the Chair for one or more members of the public to leave the meeting room, if they deem it necessary in the interests of public safety and for the safety of Members and officers present, the Chair may adjourn the meeting for as long as they think necessary.
- 21.3.2 If it is considered expedient so to do, the Chair with the agreement of the Members of the Board present may adjourn the meeting for such duration as is considered appropriate.

22. Suspension and Amendment of Board Procedure Rules

22.1 Suspension

- 22.1.1 **All of these Board Procedure Rules except the Rules on Reserving (2), Individual Recorded Vote and Explanation for Vote (16.3), Exclusion of the Public (21), Suspension and amendment of Board Procedure Rules (22), may be suspended by motion on notice or without notice if at least one half of all members of the Board are present and where such a motion is carried by a majority of those present. Suspension may be for one or more items of business during the course of the meeting when the suspension is agreed but may not extend beyond that meeting.**

22.2 Amendment

- 22.2.1 The Board Procedure Rules may only be changed by the Council.

23. Ruling of the Chair on Interpretation of these Rules

- 23.1 **The Chair's ruling on the interpretation or application of any of the Board Procedure Rules is final.**



Report for: Health and Wellbeing Board

Date of Meeting:	17 January 2023
Subject:	Winter Pressures Update
Responsible Officer:	Lisa Henschen Managing Director Harrow Borough Based Partnership
Public:	Yes
Wards affected:	List Ward(s) affected by decision. All
Enclosures:	List all documents attached which include information relevant to the report Winter resilience and winter pressure management report

Section 1 – Summary and Recommendations

This report will set out:

- Current system pressures and vaccination uptake rates (slide pack to be presented at the meeting to ensure the most up to date position is given).

Recommendations:

The Board is requested to note the report

Section 2 – Report

An update to this report to be presented at the meeting, allowing a real time picture of winter pressures.

Ward Councillors' comments

Financial Implications/Comments

Detailed below is the one-off funding of £500k allocated to the Harrow Borough Based Partnership to alleviate system pressures between the period December 2022 to 31st March 2023, to prevent the need for a hospital admission and enabling people to recover at home with appropriate support.

Scheme Name	Funding Stream	Allocation (£k)
Expanded Support to Discharged Patients / Weekend Support	Scheme 6: Rapid Response to Discharge	48.6
Increased Capacity for Adult Social Care Reviews	Scheme A: Reablement	78.9
Additional 7 Day Social Work On Site Hospital Support	Scheme B: Targeted SW Support	51.454
Falls: Strength and Balance Training / Prevention	Scheme C: Preventative / VCS Support	9.9
Inequalities funding	Support to warm hubs	282
Inequalities funding	Vaccine hesitancy	30

Legal Implications/Comments

The Harrow Borough Based Partnership (BBP) brings together our NHS organisations, Harrow Council, our GPs, local Voluntary & Community Sector and our citizens. The Harrow BBP strives to support each other and our communities as equal partners focussing on better health and wellbeing for all.

The Harrow BBP is not a separate Legal entity and each member of the Harrow BBP is a sovereign person or represents a sovereign organisation. Decision-making within the Harrow BBP is achieved through delegation to nominated officers who are members of the Harrow Joint Management Board, aiming for decision-making by consensus. This is set out in detail within the Terms of Reference of the Joint Management Board.

Terms of reference for the Health and Wellbeing Board include:

- To work together to ensure the best fit between available resources to meet the health and social care needs of the whole population of Harrow, by both improving services for health and social care and helping people to move as close as possible to a state of complete physical, mental and social wellbeing.

- To promote partnership and, as appropriate, integration, across all necessary areas, including joined-up commissioning plans and joined-up approach to securing external funding across the NHS, social care, voluntary and community sector and public health.

Risk Management Implications

Risks associated with system capacity to meet demand over the winter are managed through sovereign organisations and the Harrow Joint Management Board.

Risks included on corporate or directorate risk register? **No**

Separate risk register in place? **Yes**

The relevant risks contained in the register are attached/summarised below.
Yes

The following key risks should be taken into account when agreeing the recommendations in this report:

Risk Description	Mitigations	RAG Status
If our system continues to experience clinical workforce challenges, there is a likely impact on our ability to remain resilient as a system over the winter period and implement any new winter schemes at pace.	<ul style="list-style-type: none"> ▪ Workforce monitoring through health and care exec ▪ Sickness rate monitoring through health and care exec ▪ Recruitment drives within individual organisations 	Amber
With changes to the Enhanced Access Service delivered through PCNs, there will not be a primary care extended offer over	<ul style="list-style-type: none"> ▪ Additional funding now secured for Sunday and Bank Holiday provision in primary care 	Green

Risk Description	Mitigations	RAG Status
Sunday and Bank Holidays. This is likely to increase pressure on Urgent Treatment Centre services.	<ul style="list-style-type: none"> ▪ Pathways into enhanced access continuing to develop, including directly from Urgent Treatment Centre services 	
There is a risk that changes to the Discharge to Assess arrangement will have significant impact on system pressures through discharge delays.	<ul style="list-style-type: none"> ▪ System partners across Harrow and Brent to come together to review system escalation processes that are in place ▪ Progress will be monitored either through Health and Care Executive <ul style="list-style-type: none"> • Communication about change in process to patient and family need to be consistent across all agencies and all staff must be aware and saying the same thing. • Staff resources to enable flow following discharge and the opportunity to maximise independence 	Amber

Equalities implications / Public Sector Equality Duty

Was an Equality Impact Assessment carried out? No

Section 3 - Statutory Officer Clearance (Council and Joint Reports)

Statutory Officer: Donna Edwards

Signed on behalf of the Chief Financial Officer

Date: 03/01/23

Statutory Officer: Sharon Clarke

Signed on behalf of the Monitoring Officer

Date: 04/01/23

Chief Officer: Senel Arkut

Signed by the Corporate Director

Date: 04/01/23

Mandatory Checks

Ward Councillors notified: No, as it impacts on all Wards

Section 4 - Contact Details and Background Papers

Contact: Lisa Henschen, Managing Director, Harrow Borough Based Partnership, lisa.henschen@nhs.net

If appropriate, does the report include the following considerations?

- | | |
|-----------------|----|
| 1. Consultation | NO |
| 2. Priorities | NO |

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Report for: Health and Wellbeing Board

Date of Meeting:	17 January 2023
Subject:	NWL ICB Health Inequality Funding
Responsible Officer:	Carole Furlong - Director of Public Health.
Public:	Yes
Wards affected:	All wards
Enclosures:	N/A

Section 1 – Summary and Recommendations

This paper sets out the approach that the Harrow Borough Based Partnership are taking to support addressing health inequalities. The Partnership have received funding from North West London Integrated Care Board (ICB) to facilitate this, and this paper summarises the programme and expected outcomes as a result of non-recurrent and recurrent funding until March 23/24.

Recommendations:

The Board is requested to note the Partnership approach to tackling health inequalities in Harrow.

Section 2 – Report

Background

Health inequalities are unfair and avoidable differences in health across the population, and between different groups within society. They arise because of the conditions in which we are born, grow, live, work and age. These conditions influence how we think, feel and act and can impact both our physical and mental health and wellbeing. Within this wider context, healthcare inequalities are about the access people have to health services and their experience and outcomes. In Harrow, we know that people in our poorest neighbourhoods die more than 4 years earlier than people in the wealthiest parts of Harrow. Individuals with significant vulnerabilities, such as rough sleepers, will die considerably younger still.

The Harrow Joint Management Board provides Strategic and Executive Leadership to the Harrow Borough Based Partnership (BBP). It sets strategic direction to the Health and Care Partners in Harrow and holds them to account against agreed outcomes of the partnership and alignment to culture, values and behaviours agreed within the partnership. It is the overarching decision-making body for development and implementation of integrated care, action to tackle health inequalities and the improvement of outcomes and reduction of variation for Harrow, acting under delegated authority from sovereign organisations.

Harrow Borough Based Partnership are working in collaboration across the borough to embed approaches that support addressing health inequalities. Developing Population Health Management (PHM) capability and capacity is one aspect of this proposal. This will enable improving population health by data-driven planning and delivery of proactive care to achieve maximum impact.

The three, system wide capability, building blocks required to deliver PHM include:

- Infrastructure – ensuring that we have appropriate: information governance processes in place; data capture systems and the possibility to link data; understanding around the data sets we have available within the system; the workforce available to undertake population health management
- Intelligence – the infrastructure and data to support providing actionable insights and intelligence to enable addressing the needs of our population. This includes: being able to undertake population segmentation to ensure we better understand the needs of specific communities in our population; risk stratifying cohorts amenable to targeted interventions; transforming data & datasets into intelligence that informs decision making for policy makers.

(Note: Segmentation is grouping the local population by what kind of needs or care they require. Risk stratification means understanding who, within each segment, has the greatest risk of needing intense care such as a hospital admission)

- Interventions – being led by the evidence base to inform what interventions will be delivered that will have maximum impact for our populations. Key aspects to this include: understanding the evidence base; implementing the interventions and models of care; evaluating impact against agreed outcomes and indicators.

This ambitious health inequalities and PHM programme is being funded by North West London ICB. The specific initiatives being funded from the programme include:

- A winter wellness scheme for Harrow focusing on; a clinical outreach programme, warm hubs supporting community engagement, community-based ‘conversation cafes’, increasing capacity of the Support and Wellbeing Information service Harrow (SWiSH) service to address particular needs around the poverty agenda.
- A vaccination and immunisation programme targeted at community groups that have poorer uptake than others
- Development of PHM infrastructure and intelligence to increase the boroughs capacity and capability to deliver PHM and address health inequalities
- Population health approaches in Harrow broadly

The programme is currently commissioning an evaluation partner to support understanding the impact of developing the infrastructure, intelligence and interventions across Harrow, and how this has an impact on health inequalities in the borough. This will support the development of tackling inequalities and PHM in the borough in the future.

Expected outcomes of the programme

Some of the expected outcomes and benefits of the programme include:

- Accelerating delivery of Core20PLUS5, including recruitment of Core20PLUS5 connectors, for example:
 - increasing the number of people identified with undiagnosed high blood pressure to reduce the risk of cardiovascular events;
 - increasing the uptake in COVID, flu and pneumonia vaccines to reduce infective exacerbations and emergency hospital admissions due to those exacerbations

(Note: Core20PLUS5 is a national approach to inform action to reduce healthcare inequalities at both national and system level. The approach defines a target population – the ‘Core20PLUS’ – and identifies ‘5’ focus clinical areas requiring accelerated improvement. The five clinical areas

include: maternity, severe mental illness, chronic respiratory disease, early cancer diagnosis and hypertension case finding)

- Improvement in population health management approach capabilities (engagement, analysis, methodical coproduction facilitation, health economics), for example:
 - development of a consistent approach to capturing qualitative feedback across VCS and statutory services;
 - Improving the knowledge and capability of PHM across the system and partnership
- Improvement in preventative care, for example:
 - an increase in the use of proactive and preventative care included in interventions / models of care as a result of PH intelligence and analysis;
 - we should see an impact on individual level outcomes, e.g. improved mental wellbeing, reduced social isolation, and an increase in physical activity levels
- Building of qualitative evidence (case studies, experiences of residents, patient journeys), for example:
 - case studies of people and communities using services and their experience of them to support improving their experience and reducing inequalities.

Financial Implications/Comments

There will be no direct impact on the council's financial position as a result of this programme of work.

The non-recurrent funding for the health inequalities programme is directly from NWL ICB. Some of the funding will be used to bolster existing programmes of work that the council commissions, therefore increasing capacity.

The financial envelope for this programme of work for 22/23 and 23/24 is as follows:

	22/23	23/24
Non-recurrent funding	£287,551	n/a
Recurrent funding	£205,394	£492,944
Total	£492,945	£492,944

There are no additional direct financial implications arising from this report.

Legal Implications/Comments

Section 116A of the Local Government and Public Involvement in Health Act 2007, stipulates that it is the responsibility of the local authority and integrated care boards to prepare a local health and wellbeing strategy.

The Health and Social Care Act 2012 provides responsibility to the Health and Wellbeing Board for the oversight of the local health and wellbeing strategy.

A key responsibility of the Health and Wellbeing Board is to therefore have oversight and accountability of the proposed strategy and this is reflected in the Board's terms of reference.

Risk Management Implications

1. Co-ordination of the winter wellness scheme could become challenging to manage and deliver due to the multi-faceted nature of the initiatives and interferences with the warm hubs. **Mitigation:** an operational working group is pulled together to support a collective approach to delivery, with clear roles, responsibilities and expectations from partners
2. Securing clinical resource to deliver the programme; the Partnership is in active conversation with their providers to scope options.
3. Delays to implementation whilst procurement is undertaken. This will be mitigated through approval of a business case in advance of the 2023/24 financial year to allow processes to be completed.
4. Delays to recruitment, mitigated through existing fixed term Contracts running into the new financial year
5. A number of priorities to be addressed, mitigated through PHM governance structures agreeing clear programme priorities
6. Sustainability of PHM once recurrent funding ceases, mitigated through the PHM resources to be involved in a training and development plan to embed PHM in BAU

Risks included on corporate or directorate risk register? **No**

Separate risk register in place? **No**

The relevant risks contained in the register are attached/summarised below.
n/a

Equalities implications / Public Sector Equality Duty

Was an Equality Impact Assessment carried out? **No**

Section 3 - Statutory Officer Clearance (Council and Joint Reports)

Statutory Officer: Donna Edwards

Signed on *behalf of the Chief Financial Officer

Date: 03/01/2023

Statutory Officer: Sharon Clarke

Signed on *behalf of/by the Monitoring Officer

Date: 03/01/2023

Chief Officer: Senel Arkut

Signed by the Corporate Director

Date: 03/01/2023

Mandatory Checks

Ward Councillors notified: **NO**, as it impacts on all Wards

Section 4 - Contact Details and Background Papers

Contact: Seb Baugh, Consultant in Public Health,
sebastien.baugh@harrow.gov.uk

Background Papers: N/a

If appropriate, does the report include the following considerations?

- | | |
|-----------------|----|
| 1. Consultation | NO |
| 2. Priorities | NO |



Report for: Health and Wellbeing Board

Date of Meeting:	17 January 2023
Subject:	Adults Discharge Funding 2022-23
Responsible Officer:	Senel Arkut, Corporate Director of People's Services
Public:	Yes
Wards affected:	All
Enclosures:	Appendix 1 – Scheme Template

Section 1 – Summary and Recommendations

This report sets out the additional funding announced in relation to supporting timely discharges from hospital.

Recommendations:

The Board is requested to:

1. Note the funding allocations
2. Note and agree the schemes detailed in Appendix 1

Section 2 – Report

Background

Delays to discharging people from hospital when they are fit to leave continue to be a significant issue and is regularly highlighted in the conversations with local authorities (LAs), and social care and NHS providers.

Not only does this mean fewer hospital beds available for those who need them; it also means people who would be better off recovering at home or in residential care are instead spending too long in hospital.

The Department of Health and Social Care [DHSC] announced additional funding of £500 million as part of Our plan for patients on 22 September. On the 18 November, DHSC announced the allocations, conditions and metrics in this respect.

Implications of the Recommendation

All parts of the country are facing these challenges. The funding will be allocated to achieve the maximum reduction in delayed discharge:

- £200 million will be distributed to LAs, based on the adult social care relative needs formula (RNF).
- £300 million will be distributed to Integrated Care Boards (ICBs), targeted at those areas experiencing the greatest discharge delays.

DHSC expect the allocated funding to be pooled within the Better Care Fund (BCF). The funding will be provided in two tranches – the first (40%) in December 2022, and the second (60%) by the end of January 2023 for areas that have provided a planned spending report and fortnightly activity data, and have met the other conditions.

What the Fund will be used for

The Fund can be used flexibly on the interventions that best enable the discharge of patients from hospital to the most appropriate location for their ongoing care.

Funding should prioritise those approaches that are most effective in freeing up the maximum number of hospital beds and reducing bed days lost within the funding available, including from mental health inpatient settings.

Working together

It is crucial that health and care systems and providers work together across health and social care to meet the care needs of people and make best use of available resources. This includes coming together as joint teams involving NHS organisations, local authorities and social care provider representatives, for instance under the umbrella of Integrated Care Partnerships.

The Department expects to work with NHSE and local authorities to support the sharing of good practice and assess the impact of the Discharge Fund.

Financial Implications/Comments

The DHSC allocations for Harrow are as follows:

1. £808,190 (part of the £200m allocated directly to local authorities, noted as Local Authority grant on Appendix 1)
2. £8.659m (part of the £500m allocated to ICBs, noted as ICB allocation on Appendix 1). The allocation to Harrow is £1,115,963. The methodology for allocation, at a North West London level, is as follows:

Service	Lead	Additionality	Value and percentage
Scheme 1 Domiciliary Care (Home first)	DASS	Additionality will be reported through care hours, taking snapshot as of November as baseline.	£6,422,943 (40%)
Scheme 2 Step Down beds	DASS	Indicative 9.7% growth - additional 4574 step down bed days within community/local authority beds.	£6,422,943 (40%)
Scheme 3 Market quality (additional capacity in Care Homes).	ICB Nursing Directorate and DASS leads	As a minimum all homes with local quality issues to be re-opened to new admissions and all homes supported with their challenges. Potentially we would be able to re-open 94 care home beds (currently closed due to admissions)	£1,605,735 (10%)
Local Allocation	Borough Partnership Directors	The specifics by borough will be confirmed.	£1,605,735 (10%)

The additional funding of £1.808m for Harrow will be used to alleviate system pressures and ensure people are able to recover at home with appropriate support.

Appendix 1 details the schemes funded by these resources.

Continuation of this funding is expected into 2023-24 as announced within the provisional Local Government Settlement announced on the 19th December 2022.

Legal Implications/Comments

In the document setting out the purpose of the plan for patients, the Government has confirmed that they will be holding local NHS and local authorities to account in respect of how the monies transferred under the scheme are used, and regular reports will be required as to use of the monies

- . The key priorities of the Health and Wellbeing Board include
 - To agree health and wellbeing priorities for Harrow
 - To develop the joint strategic needs assessment
 - To develop a joint health and wellbeing strategy
 - To promote joint commissioning
 - To ensure that Harrow Council and the CCG commissioning plans have had sufficient regard to the Joint Health and Wellbeing strategy

Risk Management Implications

- Potential for this funding to be insufficient, disappear into funding gaps that each organisation already holds
- Funding may not lead to measurable improvements in outcomes, given increasing pressure

Risks included on corporate or directorate risk register? **No**

Separate risk register in place? **No**

The relevant risks contained in the register are attached/summarised below. **n/a**

The following key risks should be taken into account when agreeing the recommendations in this report:

Risk Description	Mitigations	RAG Status
	<ul style="list-style-type: none"> ▪ ▪ ▪ 	Red Amber Green
	<ul style="list-style-type: none"> ▪ ▪ ▪ 	

Equalities implications / Public Sector Equality Duty

Was an Equality Impact Assessment carried out? **No**

Section 3 - Statutory Officer Clearance (Council and Joint Reports)

Statutory Officer: Donna Edwards

Signed on behalf of the Chief Financial Officer

Date: 03/01/23

Statutory Officer: Sharon Clarke

Signed on behalf of the Monitoring Officer

Date: 04/01/23

Chief Officer: Senel Arkut

Signed by the Corporate Director

Date: 04/01/23

Mandatory Checks

Ward Councillors notified: NO, as it impacts on all Wards

Section 4 - Contact Details and Background Papers

Contact: Senel Arkut, Corporate Director of People's Services, Senel.Arkut@harrow.gov.uk

Background Papers:

[Letter to the health and social care sector from the Minister for Care - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/letter-to-the-health-and-social-care-sector-from-the-minister-for-care)

[Adult Social Care Discharge Fund - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/adult-social-care-discharge-fund)

If appropriate, does the report include the following considerations?

- | | | |
|----|--------------|----|
| 1. | Consultation | NO |
| 2. | Priorities | NO |

Appendix 1 – Adult Discharge Funding Template

Scheme ID	Scheme Name	Scheme Type	Sub Types	Estimated number of packages/ beneficiaries	Spend Area	Commissioner	Source of Funding	Planned Expenditure (£)
1	Discharge to Assess Pathway	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge	162	Social Care	Harrow	Local authority grant	£642,110
2	Equipment	Assistive Technologies and Equipment	Community based equipment		Social Care	Harrow	Local authority grant	£85,000
3	Occupational Therapy	Additional or redeployed capacity from current care workers	Costs of agency staff		Social Care	Harrow	Local authority grant	£73,000
4	Administration	Administration			Social Care	Harrow	Local authority grant	£8,080
							Local authority grant	£808,190
5	Block Beds	Bed Based Intermediate Care Services	Step down (discharge to assess pathway 2)	105	Social Care	Harrow	ICB allocation	£181,150
6	Extend Reablement	Reablement in a Person's Own Home	Reablement service accepting community and discharge		Social Care	Harrow	ICB allocation	£228,850

7	Hospital Discharges	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge	57	Social Care	Harrow	ICB allocation	£223,963
8	Mental Health Discharge Pathway (AMPH support local initiative)	Additional or redeployed capacity from current care workers	Costs of agency staff		Social Care	Harrow	ICB allocation	£39,000
9	Step Down & Workforce Support	Additional or redeployed capacity from current care workers	Costs of agency staff		Social Care	Harrow	ICB allocation	£246,000
10	Opening up closed beds (92 res & nursing beds)	Bed Based Intermediate Care Services	Step down (discharge to assess pathway 2)		Primary Care	NHS North West London ICB	ICB allocation	£127,000
11	Enhanced Night Provision (local initiative)	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge	25	Social Care	Harrow	ICB allocation	£70,000
							ICB allocation	£1,115,963
							Total	£1,924,153

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Report for: Health and Wellbeing Board

Date of Meeting: 17/01/2023

Subject: Health Protection Update

Responsible Officer: Carole Furlong/Nalini Iyanger

Public: Yes

Wards affected: None

Enclosures: List all documents attached which include information relevant to the report

Section 1 – Summary and Recommendations

This report is providing an update on Health Protection in Harrow and is for noting only.

Recommendations:
Update for information

Section 2 – Report

Health Protection is a core function of public health practice. It covers a number of different elements that protect individuals, groups and populations from single cases of infectious disease, incidents and outbreaks, and non-infectious environmental hazards such as chemicals and radiation.

Over the past century there have been significant reductions in the number of deaths from traditional infectious diseases. These accounted for around a third of all deaths in 1901 compared with just 8% in 2015. As we have seen recently though with the COVID-19 pandemic, new threats from infectious

diseases arise from changing socio-demographics including increased travel, immunosuppression and new types of viruses or bacteria.

Infectious diseases are a significant economic burden in the UK, accounting for annual costs of £30bn in 2017, pre-pandemic. As we have seen from the COVID-19 pandemic, the emergence of new infectious diseases has the potential for significant impact on our health, our economy and the way we live our lives.

The UK Health Security Agency (UKHSA), an executive agency, sponsored by the Department of Health and Social Care, is responsible health protection. It provides intellectual, scientific and operational leadership at national and local level, as well as on the global stage, to make the nation's health secure.

UKHSA has a number of Health Protection Teams (HPTs) that provide support on a subregional basis. The North West London team, based in Colindale, covers the Harrow and the other 7 boroughs in Northwest London.

HPTs provide support to health professionals, including:

- local disease surveillance
- alert systems
- investigating and managing health protection incidents
- national and local action plans for infectious diseases

This update will be provided to the H&W Board by North West London Health Protection Team on communicable diseases and an overview of health protection activities, including:

- Group A Strep
- Flu and COVID-19
- Diphtheria
- Asylum seeker accommodation
- M-Pox
- Avian influenza
- Polio
- Other relevant updates

The data will not be circulated prior to the meeting as we wish to present the most up to date picture.

Financial Implications/Comments

Funding of health protection teams comes from UKHSA.

Local health protection activities are funded through the public health grant or in the case of investigations of outbreaks requiring environmental investigation, through the Council environmental health budget.

Legal Implications/Comments

The local authority has statutory duties for public health services under the Health and Social Care Act 2012 legislation including the duty to improve public health risk management implications.

The terms of reference of the Health and Wellbeing Board include improving health and wellbeing for the residents of Harrow.

Section 3 - Statutory Officer Clearance (Council and Joint Reports)

Statutory Officer: Donna Edwards

Signed on behalf of the Chief Financial Officer

Date: 04/01/23

Statutory Officer: Sharon Clarke

Signed on behalf of the Monitoring Officer

Date: 04/01/23

Chief Officer: Senel Arkut

Signed by the Corporate Director

Date: 04/01/23

Mandatory Checks

Ward Councillors notified: No, as it impacts on all Wards

Section 4 - Contact Details and Background Papers

Contact: Carole Furlong, Director of Public Health,
carole.furlong@harrow.gov.uk

Background Papers: N/a

If appropriate, does the report include the following considerations?

- | | |
|-----------------|----|
| 1. Consultation | NO |
| 2. Priorities | NO |

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Report for: Health and Wellbeing Board

Date of Meeting: 17 January 2023

Subject: Proposal for a Health and Wellbeing Board development offer

Responsible Officer: Senel Arkut, Corporate Director of People's Services and
Carole Furlong, Director of Public Health

Public: Yes

Wards affected: All

Enclosures: None

Section 1 – Summary and Recommendations

This report sets out a proposal to commence a development programme for the Harrow Health and Wellbeing Board, supported by the Local Government Association.

Recommendations:

The Board is requested to:

1. Discuss the proposal and shape the work brief
2. Decide if the Board would like to move forward with this development programme.

Section 2 – Report

Background

Health and wellbeing boards (HWBs) have been a key mechanism for driving joined up working at a local level since they were established in 2013. It is acknowledged that we are currently in a shifting landscape both nationally and locally in the way that Health and Wellbeing Boards operate:

- It is a time of major statutory change across health and social care, with the Health and Care Bill, the adult social care white paper, the Build Back Better Plan, the integration white paper and the forthcoming health disparities white paper. These have specific implications for local government and the Health and Wellbeing Boards of the Integrated Care Systems.
- The Borough Based Partnership has been developing in Harrow over recent years and has developed a Governance structure to support the functioning and decision making across the partnership.
- A new leadership team in Harrow and new Chair and Members of the Health and Wellbeing Board in Harrow provides an opportunity to set future priorities, direction, and approach of the Board.

Proposal for a development programme

In response to the major changes in the health and care landscape, the Local Government Association (LGA) have developed a support offer that provides an opportunity to refocus the purpose of the Health and Wellbeing Board, strengthen its role in the new system architecture and operate effectively in the new context.

Drawing from an expert peer network, from the expert knowledge of social care and health professionals and Elected Members with experience of leading Health and Wellbeing Boards, a bespoke support offer would be designed. Initial scoping of the potential for Harrow with the LGA has proposed broadly the following approach:

- An initial diagnostic exercise for Health and Wellbeing Board members involving:
 - Survey for all Health and Wellbeing Board members to understand view on how the Board is operating;
 - One to one discussions with the Chair and Vice-Chair;
 - Focused workshops with both Health and Wellbeing Board Members and the Borough Based Partnership's Joint Management Team to understand how our local system would benefit from the support;
 - Desk-top review of Governance arrangements, Health and Wellbeing Strategy and other relevant local plans.
- Based on the diagnostic exercise, a programme of support to deliver the following objectives for the Health and Wellbeing Board in Harrow:
 - Setting clear delivery priorities, that matter to local residents, for the Board;
 - Developing the Governance arrangements, to secure ownership in delivery of the Health and Wellbeing Strategy and establishing any workstreams that may need to be established to deliver priority areas;

- Establishing how the Health and Wellbeing Board plan to operate across the interface with local Borough Based Partnership Governance structures and the North West London Integrated Care Partnership.

The LGA would be able to commence a support offer from January 2023. The Health and Wellbeing Board are asked to consider this proposal and confirm if they wish to move forward with the support offer.

Financial Implications/Comments

The LGA support is provided free of charge, so there are no financial implications.

The outcome of the review will be reported back to the HWBB to identify any additional system resources identified as part of this programme.

Legal Implications/Comments

Terms of reference for the Health and Wellbeing Board include:

To work together to ensure the best fit between available resources to meet the health and social care needs of the whole population of Harrow, by both improving services for health and social care and helping people to move as close as possible to a state of complete physical, mental and social wellbeing.

To promote partnership and, as appropriate, integration, across all necessary areas, including joined-up commissioning plans and joined-up approach to securing external funding across the NHS, social care, voluntary and community sector and public health.

The Harrow Joint Management Board provides Strategic and Executive Leadership to the Harrow Borough Based Partnership (BBP). It sets strategic direction to the Health and Care Partners in Harrow and holds them to account against agreed outcomes of the partnership and alignment to culture, values and behaviours agreed within the partnership. It is the overarching decision-making body for development and implementation of integrated care, action to tackle health inequalities and the improvement of outcomes and reduction of variation for Harrow, acting under delegated authority from sovereign organisations.

Risk Management Implications

Risks included on corporate or directorate risk register? **No**

Separate risk register in place? **No**

The relevant risks contained in the register are attached/summarised below. **n/a**

The following key risks should be taken into account when agreeing the recommendations in this report: **n/a**

Equalities implications / Public Sector Equality Duty

Was an Equality Impact Assessment carried out? No

Section 3 - Statutory Officer Clearance (Council and Joint Reports)

Statutory Officer: Donna Edwards

Signed on behalf of the Chief Financial Officer

Date: 04/01/23

Statutory Officer: Sharon Clarke

Signed on behalf of the Monitoring Officer

Date: 04/01/23

Chief Officer: Senel Arkut

Signed by the Corporate Director:

Date: 20/12/22

Mandatory Checks

Ward Councillors notified: No, as it impacts on all Wards

Section 4 - Contact Details and Background Papers

Contact: Lisa Henschen, Managing Director, Harrow Borough Based Partnership,
lisa.henschen@nhs.net

Background Papers: none

If appropriate, does the report include the following considerations?

- | | |
|-----------------|----|
| 1. Consultation | NO |
| 2. Priorities | NO |