

# Health and Wellbeing Board

## Minutes

### 22 June 2023

**Present:**

**Chair:** Councillor Paul Osborn

**Board  
Members:**

Councillor Ghazanfar Ali	Harrow Council
Councillor Anjana Patel	Harrow Council
Councillor Pritesh Patel	Harrow Council
Councillor Norman Stevenson	Harrow Council
Jackie Allain	NHS (Reserve)
Yaa Asamany	Healthwatch Harrow
Isha Coombes	North West London Integrated Care Board

**Non Voting  
Members:**

Senel Arkut	Corporate Director, People	Harrow Council
Carole Furlong	Director of Public Health	Harrow Council
John Higgins	Voluntary Sector Representative	Voluntary and Community Sector
Chris Miller	Chair, Harrow Safeguarding Boards	Harrow Council

**In  
attendance:  
(Online)**

Hugh Caslake	North West London Integrated Care Board
Lisa Henschen	Harrow Borough Based Partnership

**In** Sebastien Baugh Consultant in

**attendance:  
(Officers)**

Laurence Gibson	Public Health Consultant in Public Health
Johanna Morgan (virtual)	Divisional Director, People Services Strategy; Commercialisation & Regeneration
Dionne Thomas	Interim Director of Children's Services

**Apologies  
received:**

Dr Radhika Balu	Peter Tolley
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**Absent:** Inspector Edward Baildon

**40. Attendance by Reserve Members**

**RESOLVED:** To note the attendance at this meeting of the following duly appointed Reserve Member:-

<u>Ordinary Member</u>	<u>Reserve Member</u>
Councillor Hitesh Karia	Councillor Anjana Patel

**41. Appointment of Vice-Chair**

The Chair of the Harrow Integrated Care Board was the Vice-Chair of the Health and Wellbeing Board for the 2023/24 Municipal Year.

**42. Declarations of Interest**

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

**43. Minutes**

**RESOLVED:** That the minutes of the meeting held on 21 March 2023 be taken as read and signed as a correct record.

**44. Public Questions**

**RESOLVED:** To note that two public questions had been received and responded to and the recording would be made available on the Council's website.

#### **45. Petitions**

**RESOLVED:** To note that no petitions had been received.

#### **46. Deputations**

**RESOLVED:** To note that no deputations had been received.

### **Resolved Items**

#### **47. Better Care Fund 2022/23 Year End and Planning for 2023/24**

The Board agreed to receive an urgent report which contained a summary of performance against the Better Care Fund (BCF) in 2022-23 and planning for the 2023-25 submission. The BCF 2023-25 submission deadline of NHS England was 28 June 2023. The Board was advised that the plans were not as advanced as would have been hoped.

The Board received a presentation on the BCF planning which set out the various components of the 2023-25 plan and were advised that it was not currently possible to provide further details of the financial plans or the metrics as confirmation of funding had not been received from North West London Integrated Care Board (NWL ICB) which was currently reviewing BCF schemes.

The Board was advised that, in terms of the financial plan, there was a delay as whilst the local authority had provided all the necessary information further detail was required from the ICB. The ICB were reviewing the use of funding within the BCF which would have to be completed before they were able to provide the required financial information. Although local authority officers had included indicative values for BCF in the report, it had not been possible to confirm these values with the ICB finance team. In terms of key performance indicators, the Board was advised that there was a new indicator for the current year related to the Falls Service.

The Chair sought clarification on the risk of not meeting the NHS England submission deadline and was advised that the ICB had been in touch with NHSE to advise that it was likely that the deadline would be missed due to the work that it was undertaking on the use of BCF funding. Harrow was in a relatively good position but likely that some schemes included in 2022/23 would be replaced in the BCF schedules for 2023/25.

In response to a question as to responsibility for sign off of the submission, the Corporate Director, People, informed the Board that as investing partners the local authority and ICB signed off but ultimately it was the Board and the ICB Chief Executive that were required to formally sign off the submission. The Chair expressed concern that fairly late in the day the ICB were putting at risk a substantial sum of money adding that if there was to be a proper partnership between the local authority and ICB this was not the way to work. It was unhelpful and put at risk cooperation and investment. In response, the ICB representative indicated that she shared the Board's concern about

anything that might affect the excellent relationship between the Local Authority and the Borough Team of the ICB. She stated that she did not believe that the proposed delay in submission represented any risk to Harrow's funding.

Members of the Board expressed their disappointment and concern at the unacceptable position in relation to the submission and the ICB's view of their Finance Director's involvement and were advised that this would be going to the ICB Executive who had agreed this approach. The Chair stated that this reinforced the problem with the ICB composition, particularly as the Directors of Adult Social Services (DASS) had not been involved. He requested that the Board's disappointment and concerns be relayed to the ICB. In terms of the eight DASSs' conversation with Finance Director, concerns were conveyed at the lateness of the request for details of outcomes as the plans had already been completed but the officers had indicated that this could be looked at next year.

The Managing Director of Harrow Borough Based Partnership expressed support for the sentiments expressed by members of the Board and undertook to represent those views and acknowledged that the methodology followed had been less than satisfactory. There was however a shared commitment that this situation provided the opportunity to look at the process at a system level. The Corporate Director, People advised that this approach undermined all the work done locally and that this was a financially driven review by the ICB. The ICB Finance Director had indicated that he was going to tightly prescribe what the BCF could be used for which was a significant risk for the local authority.

In response to a question as to whether other ICBs were carrying out this type of review and the level and mix of funding at risk, the Corporate Director, People undertook to circulate the figures and advised that she was not aware of similar reviews happening elsewhere.

Other Members of the Board echoed concerns expressed in relation to discharges, care in the community and securing new investment. The Chair reiterated that there was supposed to be a partnership and if one partner did not behave in acceptable way there was nothing to stop others behaving similarly. The next step would be to write to NHS England and government ministers but he hoped that it would not be necessary.

**RESOLVED:** That

- (1) the presentation be noted;
- (2) the Chair of the Health and Wellbeing Board, following consultation with the Director of Harrow Borough Based Partnership and Corporate Director People, be authorised to approve the final submission for BCF 2023-25 to NHS England by 28 June 2023.

#### **48. Supplementary statement to the Pharmaceutical Needs Assessment**

The Board received a report which advised that since the approval of the Pharmaceutical Needs Assessment in November 2022 there had been two supplementary statements, that is, changes in the pharmaceutical services in Harrow.

**RESOLVED:** That it was the conclusion of the Board that the residents of Harrow would not be negatively impacted by the consolidation of two community pharmacies at High Road, Harrow Weald, HA3 6EL.

#### **49. Health and Wellbeing Strategy - Healthy Policy & Practice**

The Board received a report which requested that the 'Healthy Policy & Practice' domain of the Health and Wellbeing Strategy be considered. The domain had three key areas of focus, that is, Making Every Contact Count, Community Involvement and Engagement and Creating and Embedding Health in all Policies.

The Board received a presentation and officers sought views on:-

- The strengths and opportunities for the work programme;
- The challenges, threats and risks for the work programme;
- Partners commitment to delivery;
- Measurement of success.

In relation to Making Every Contact Count, it was commented that in terms of infant mortality and safer sleep, maternal vaccinations and mothers who did not speak English were also relevant so it would be possible to target resource in a much smaller area. This feedback was welcomed and was the sort of information that officers were looking for.

A member of the Board questioned which staff would be targeted for this training as her expectation was that it would be to those in departments most directly affected. The officer commented that this was one of the challenges but potentially all staff would receive the training and be able to give the right advice and or signpost correctly.

A member of the Board stated that it was important to break down barriers in terms of mental health and domestic violence, particularly in some sections of the community where there was hesitancy in discussing such issues. It was suggested that contact with temples, mosques, churches and synagogues for example could be via a newsletter and ask them to invite officers/ professionals to visit the communities and to train their volunteers. This suggestion was welcomed as whilst staff were currently being used as the asset to deliver the messages this was the route officers would wish to take.

In response to a question about the delivery partner, the Managing Director of Harrow Borough Based Partnership indicated that GP receptionists were a

first point of contact and therefore a critical workforce in terms of training and delivery of key messages. The offer to make those connections was welcomed.

Continuing with the presentation, officers sought clarification on the level of commitment that could be given by partners. Reference was made to the Child Death Review and also from a CLCH perspective the academy which would assist in reaching more of the community staff. From a NWLH perspective, it was commented that there were two aspects; outreach and presentations that came into the hospital. In terms of social aspects such as loneliness and nutrition it was about how there could be better links back into the community and how that could be translated into meaningful action. The Director of Public Health advised that some health inequalities funding had been identified to enable a pilot project in A&E to look at some of these social factors and how they could be addressed. It was further suggested that it might be helpful to take this discussion to the workforce workstream as part of the partnership which brought together the training and education leads across all statutory partners. A further suggestion was to link in with Voluntary Action in Harrow who already ran a number of training courses.

Moving on to consider the slide on Community Involvement and Engagement, the officer advised that the emphasis was to build on the work carried out during the pandemic. It was about understanding who was engaging with who, the opportunities across the partnership and how to coordinate and bring those together in terms of either information, advice or the engagement strategy. Members of the Board commented that there was work being undertaken by the Council on community engagement and also referred to the Population Health Management programme which was looking at how to develop new services and change existing services.

In presenting the final slide of the presentation, Creating and Embedding Health in All Policies, the Director of Public Health explained that this was an approach to looking at health through cross sector action. Members of the Board were asked to consider the topics detailed in the slide and suggest any other topics that could be included in the delivery plan. Following a question from a Member, it was clarified that departments would be asked to consider how what they did impacted on residents' health and the Board was advised that it was envisaged that every Cabinet report would include a section on health impact but that this was still subject to discussion.

**RESOLVED:** That the report, presentation and comments made by the Board be noted.

## **50. Integrated Care Board Health and Care Strategy for North West London**

The Board received a report which set out a draft Health and Care Strategy as was required of the Integrated Care System of North West London.

Toby Lambert, Executive Director of Strategy for North West London's Integrated Care Board introduced the report and presentation (which had been circulated), outlining the headlines and giving a flavour of the content of

each. He explained that the Board's views were sought on the content of the draft strategy.

In considering the draft strategy, the Board made the following comments;

- The strategy strayed into areas that were not the responsibility of the Integrated Care Board (ICB). It was not clear why the ICB was monitoring NEET target for employment and education and the general feedback was that if a partner was to commit to a strategy it needed to be involved in writing it. The strategy required broader input from boroughs and engagement with partners was key.
- Clarification was sought as to whether the strategy was fully costed against the ICB budget as there appeared to be no finance section. In response the Board was advised that the ICB were committed to equitable provision of service and this would be made clearer in the strategy.
- In terms of the equality funding element, Harrow was one of the lowest funded of the 8 boroughs and so residents did not benefit.
- A commitment within the strategy to devolve to the borough based partnership would be welcomed.
- Much of Harrow's funding had been based on a history of need and it needed to be equitable.
- In terms of the social care elements of the strategy, the level of consultation with the 8 Directors of Adult Social Services (DASS) was questioned. It was confirmed that it had been signed off at a consultation level. Mr Lambert advised that some boroughs had written to him indicating what they would like to see in the strategy and he would encourage Harrow to do likewise.
- The voluntary sector workforce, an important part of the local workforce, was missing from the workforce section.
- In terms of the estates strategy and access to primary care, the impact of regeneration projects and new residents in the borough could make accessing/ registering with a GP a challenge. The inclusion of new health centres within regeneration projects could assist.
- It was commented that more ambition, including that for more devolved powers, should be seen within the strategy. In response, the Board was advised that the ambition was 'to do things once' particularly as NHS England had indicated that the budget would be reduced by 30%.
- The inclusion of more information about language and interpretation in the strategy had been expected as it was important to ensure that those with needs could communicate and feedback.

- The local authority would provide details of its estates work and residents' survey to the ICB.

The Chair requested that the engagement details be forwarded to the Council's Communications Team.

**RESOLVED:** That the report, presentation and comments made by the Board be noted.

(Note: The meeting, having commenced at 3.00 pm, closed at 5.05 pm).

(Signed) Councillor Paul Osborn  
Chair