



Health and Wellbeing Board Agenda

Date: Wednesday 13 September 2023

Time: 10.00 am

Venue: The Auditorium - Harrow Council Hub, Forward Drive, Harrow

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
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
Interim Director of Children's Services, Harrow Council	Dionne Thomas

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Agenda publication date: Tuesday 5 September 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 7 - 14)

That the minutes of the meeting held on 22 June 2023 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, Friday 8 September 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. **CQC Inspection of Community Nursing Services in Harrow** (Pages 15 - 26)

Report of Director of Operations (Outer North West Division), Central London Community Healthcare NHS Trust.

8. **Health and Wellbeing Strategy Update: Healthy Places** (Pages 27 - 32)

Report of the Corporate Director of Place and the Director of Public Health.

9. **Impact of Industrial Action on Elective Waiting List at London North West University Healthcare NHS Trust** (Pages 33 - 42)

Report of Chief Operating Officer, LNWHT.

10. **Better Care Fund (BCF) 2023-25 Submission Update** (Pages 43 - 50)

Report of the Borough Director (Harrow), NW London and the Corporate Director, People.

11. **Introduction of Right Care, Right Person Model** (To Follow)

Information Briefing by the Metropolitan Police.

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.]

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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

Absent: Inspector Edward Baildon

40. Attendance by Reserve Members

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

Ordinary Member

Reserve Member

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



Report for:	Health and Wellbeing Board
Date of Meeting:	13 September 2023
Subject:	CQC Inspection of Community Nursing Services in Harrow
Responsible Officer:	Jackie Allain, Director of Operations (Outer North West Division), Central London Community Healthcare NHS Trust
Public:	Yes
Wards affected:	All
Enclosures:	Appendix 1: CLCH CQC Harrow progress report (August 2023)

Section 1 – Summary and Recommendations

This report provides an overview of the action taken by the Trust to meet the required areas for improvement identified in the CQC’s findings following their inspection of the Community Nursing service in Harrow in October 2022.

Recommendations:

To note the contents of the report and provide any feedback regarding the areas for improvement.

Section 2 – Report

In December 2022, CQC published a report of their findings following their inspection of all three locality Community Nursing teams in Harrow (in October 2022), focussed on ‘Safe’ domain. The rating in the ‘Safe’ domain for Community health services for adults changed from ‘Good’ to ‘Requires

Improvement'. The overall rating for the core service remained 'Good' and the overall rating for the Trust remained 'Good'.

The report was largely positive but highlighted that the service did not have enough nursing staff; that all locality teams had high vacancies which were putting staff under pressure; and that clinical records were not always completed with enough detail. CQC set the Trust two actions that it 'must do' to improve and three actions that it 'should do' to improve.

The Trust has made substantial progress in addressing the required improvements, including a thorough review of processes and procedures; substantial engagement with staff to embed improvements and increase skills; and an extensive recruitment campaign to lower the vacancy rate. An external audit will take place in August 2023 which will determine a level of assurance for the work undertaken.

The full report can be viewed at:

<https://www.cqc.org.uk/provider/RYX/inspection-summary#chsadults>

Ward Councillors' comments

Not Applicable as report impacts on all Wards

Financial Implications/Comments

None for Council. In addressing aspects of the CQC recommendations, two six-month fixed term quality posts were introduced to support induction processes and increase staff support at a combined total cost of £10,722. Two Trust members of staff acted up from Band 7 into Band 8a positions (their usual posts were not backfilled). The additional costs of the posts were funded from the Trust's corporate nursing budget, which included a small budget to wrap support around clinical divisions for improvement activity.

Legal Implications/Comments

None for Council. The relevant legislation governing CQC inspections of community nursing services is the Health and Social Care Act 2008. One of the key responsibilities of the Health and Wellbeing Board is to provide a forum for public accountability of NHS, public health, social care and other health and wellbeing services.

Risk Management Implications

None for Council

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
N/A	N/A	N/A

Equalities implications / Public Sector Equality Duty

Was an Equality Impact Assessment carried out? Not applicable

Council Priorities

A place where those in need are supported

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

Statutory Officer: Donna Edwards

Signed on behalf of the Chief Financial Officer

Date: 30/08/2023

Statutory Officer: Sharon Clarke

Signed on behalf of the Monitoring Officer

Date: 29/08/2023

Chief Officer: Senel Arkut

Signed by the Corporate Director

Date: 31/08/2023

Mandatory Checks

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

Section 4 - Contact Details and Background Papers

Jackie Allain, Director of Operations (Outer North West Division), Central London Community Healthcare NHS Trust

Email: j.allain@nhs.net

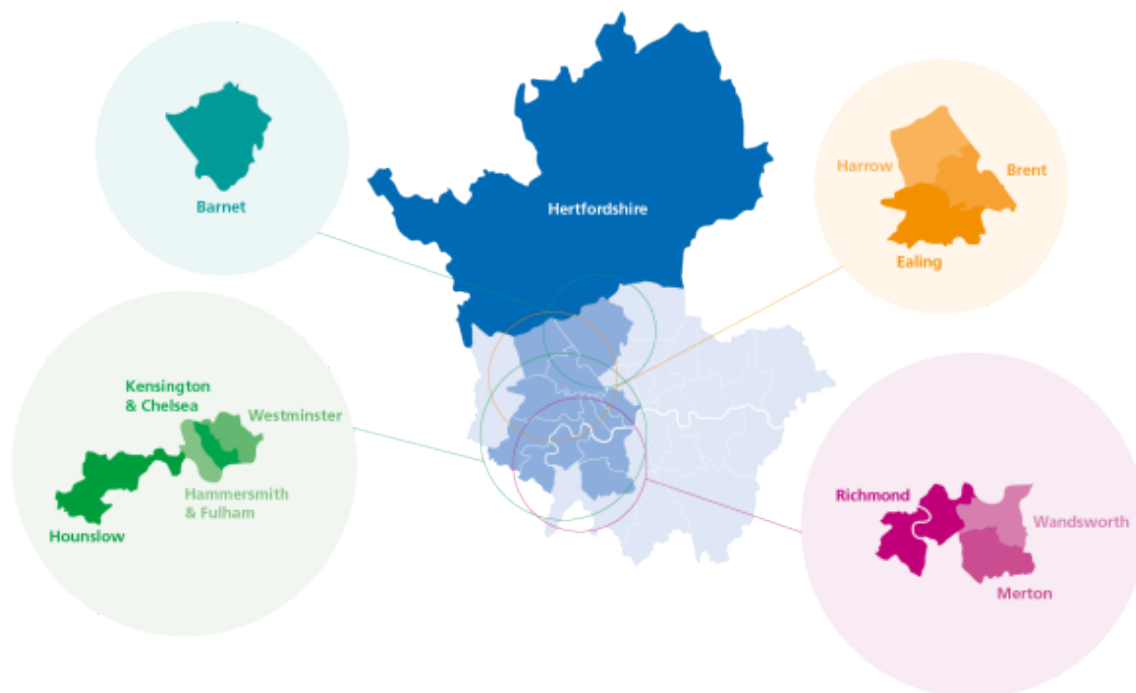
Background Papers: N/A

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CQC inspection - identified actions update

CLCH Community Nursing (Harrow)

19



Recap: Inspection

- 19-26 October 2022
- Community Nursing teams in Harrow (all 3 localities)
- Focused inspection on the '*Safe*' domain
- 20 Reviewed improvements implemented since 2021
- Visited two major staff bases
- Included Harrow Tissue Viability, Podiatry and Rapid Response services

Recap: Improvements identified

- CQC identified x3 actions the Trust *'should do'* to improve
- CQC identified x2 actions the Trust *'must do'** to improve
- Action plans created to achieve the improvements required

Must Do

Should Do

21
ensure that robust processes and systems are in place to safely meet the needs of the patients

ensure that all handovers include all necessary key information to keep patients safe.

ensure that clinical documentation is completed in sufficient detail in the Harrow community nursing teams

ensure that formal assessments of patients capacity are appropriately recorded.

ensure staff report safeguarding concerns to the local authority when they are required to do so.

*requirement notices

Key work undertaken

- Processes and procedures reviewed, created or updated to ensure provision of safe, effective and consistent quality care
- Engagement with other providers to share learning
- Significant engagement with workforce to ensure understanding of operational and regulatory requirements
- Redistributed caseload to reduce travel and increase capacity
- Upskilled junior staff to i) provide experience, and ii) increase capacity of senior staff to provide more complex care
- Introduction of clinical triage function
- Extensive recruitment campaign to fill vacancies

Key outcomes achieved

- Reduction in vacancy rate - five international nurses joined the service in 2023 (to date)
- Establishment of clinical triage post to promptly and robustly address the needs of patients being referred into the service
- **23** Re-development of shadow visit process for assurance of high quality patient facing activities
- Creation of two fixed term quality posts which successfully implemented and managed induction processes around training and competence and increased existing staff support
- Formalised daily handover process implemented - overseen by managers for assurance and scrutiny
- Staff survey captured level of confidence in undertaking mental health capacity assessments and reporting safeguarding concerns to the local authority - used to inform new training content and processes (work underway)

Next steps

- External audit of ‘must do’ actions being undertaken during August 2023
- Audit will provide assurance to Trust executive leadership team whether improvements have been identified and implemented, or if additional areas for improvement or action are required
- Create plans for any additional improvements identified
- Internal peer review to gain assurance that improvements have been sufficiently embedded into practice
- Lessons learned and actions undertaken anticipated to be fully embedded by Q3 2023/24

CLCH Outer North West Division

Jackie Allain

Acting Director of Operations

j.allain@nhs.net

Patrick Laffey

Deputy Director of Operations

patrick.laffey@nhs.net

Sam Howard

Divisional Director of Nursing & Therapies

samantha.howard@nhs.net

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Report for: Health and Wellbeing Board

Date of Meeting:	13 September 2023
Subject:	Health and Wellbeing Strategy Update: Healthy Places
Responsible Officer:	Carole Furlong Director of Public Health Dipti Patel, Corporate Director of Place
Public:	Yes
Wards affected:	All
Enclosures:	None

Section 1 – Summary and Recommendations

This report sets out the work and commitments being taken forward as part of the healthy place domain of the health and wellbeing strategy. This includes climate, nature & sustainability, economic development and culture & leisure.

Recommendations:

The Board is requested to:

- Note the work that is underway and planned to support the delivery of the health and wellbeing strategy
- Endorse the approach being taken to improve the health and wellbeing of Harrow

Section 2 – Report

This update of the health and wellbeing strategy will cover some of the healthy places part of the strategy. At this meeting, there will be a presentation of the economic development strategy, the culture and leisure strategy and finally a presentation of the climate change and sustainability strategy which is currently out for consultation. They are being presented to the health and wellbeing board because each has an impact on the health and wellbeing of residents and those working and visiting the borough.

Climate and sustainability Strategy Consultation

Earlier this year, the Council launched a draft climate and nature strategy that will set out the borough's journey to reduce greenhouse gas emissions by 2030.

The strategy outlines a framework of key action areas around which the Council and our communities can work together to help respond to climate change. Our day-to-day decisions about how we heat and power our houses, how we get around, what we buy or how we use our gardens, can all add up over time to make a big difference.

Our aim is to help enable everyone to contribute to this work and we would like to understand better what the key issues of concern are locally, what actions people are willing to take and how the Council can best support climate action in our communities.

The strategy proposes four key themes around which collective action is required to help meet the climate change response:

- Clean Energy used Efficiently: how we can heat and power our homes and buildings in low carbon ways
- Green Mobility: how we can reduce our reliance on fossil fuel vehicles;
- A Waste Free Economy: how we can minimise waste and grow a sustainable and circular economy; and
- Healthy Places for Us and Nature: how we can make space for nature in our borough and build a healthy and resilient local environment.

We are aware there is good work already happening across the borough but that this is not always recognised or promoted.

This agenda item is part of the engagement on the strategy will be an opportunity for the Council to learn more about the good practice and initiatives already underway in Harrow, share these with others and consider how they can be scaled more widely going forwards. The consultation document can be found

[Climate Change and Nature Recovery in Harrow | MyHarrow Talk](#)

Harrow Economic Strategy

A thriving economy, as well as money and resources available for local people are a key building block to good health. There is strong evidence that:

- poverty and deprivation have a detrimental impact on health, with residents living in poorer areas dying years earlier than residents in wealthier areas
- poorer health of our residents has a negative impact on the economy, affecting productivity and therefore economic growth

The updated economic strategy directly supports the Health and Wellbeing Strategy, and is divided into four priority areas:

- Skills and Employability
- Business Growth and Job Creation
- High Streets
- Partnership Working

Through these four priorities, there are many opportunities to deliver business growth, job creation, vibrant high streets and support residents into sustainable employment, which ultimately support to address and develop the building blocks to good health in Harrow.

Culture and leisure

The London Borough of Harrow's cultural and leisure service deliver a range of activities to support mental and physical wellbeing.

The Council has a major role to play in providing access to sporting opportunities at a cost that is acceptable to the wider community. The council is a direct provider of entry level facilities such as free to use recreational spaces as well as pay and play summer and winter sports pitches, park tennis courts and leisure facilities.

The London Borough of Harrow is drafting an Indoor and Outdoor Facilities Strategy with the following aims:

1. Improving health and well-being and reducing health inequalities by increasing participation in sport and physical activity in the borough, ensuring facilities for indoor and outdoor sports are of the appropriate quality and are available and accessible. This will support the delivery of Harrow Council's Corporate Priority that Harrow is '*a place where those in need are supported*'.
2. To provide an evidence base and clear priorities for improving present provision and supporting/providing justification for new provision to inform spatial planning policy and decisions and responses to future planning applications, capital investment plans and external funding bids for new and/or enhanced indoor and outdoor sports facilities.
3. To inform the most efficient management and maintenance of playing pitch provision.
4. Development of an Action Plan and a list of key priorities which will help to meet any current deficiencies and provide for future demands.

The council's leisure service had 1,198,851 visits in 2022-23 compared to 777,565 visits in 2021-22. The leisure centre offers the following to improve participation for people a range of client groups.

- Exercise on Referral Membership

- 60-64 year old reduced swimming price
- 65+ Free Swimming
- £10 for 60+ Leisure Card – Offers 10% and 20% discount on certain activities
- £40 for residents leisure card – Offers 10% and 20% discount on certain activities
- Kingfisher Disability group are able to hire and have exclusive use to the main pool and teaching pool for approx. £10 per hour. Have full exclusive use.
- The Leisure Centre recently benefited from fitting changing places toilets for severely disabled people and access to swimming pools.

Our Cultural Services deliver a range of services at Harrow Arts Centre and Headstone Manor and Museum. In 2022/23 there were over 230,000 visitors.

In April 2022 we successfully obtained government funding via Learn Harrow to produce a newly structured 'Young Creatives Programme', consisting of two termly 12-week courses for those aged 19-25. The main aim being to engage young adults and develop their skills and understanding of the arts industry. We also developed a range of workshops and events to improve accessibility and promote These included:

- 6-week swing dance course for adults
- Wire sculpting workshops
- Mask Making for families with Special Educational Needs (SEN)
- Educational Heritage Talks for adults
- African Drumming workshops for all ages
- Pottery Workshop for families with SEN
- Festive Carolling course for families
- Islamic Geometry Workshop for families

This year we opened the new Greenhill building, which offers four large modern workshop spaces for physical activity and a small room for multi-arts use.

These activities to increase community participation in cultural and leisure activities provide opportunities to increase mental and physical activities and improve mental and physical wellbeing.

Financial Implications/Comments

There are no direct costs associated with delivering the health and wellbeing strategy.

Whilst there are no additional direct financial implications arising from this report, the prioritisation of strategy, through the wider system, will need to be contained within existing partner resources, which includes the annual public health grant.

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.

Risk Management Implications

The health and wellbeing strategy does not present any risks, or suggest any mitigation

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**

Council Priorities

This report supports the following priorities:

1. **A council that puts residents first**
2. **A borough that is clean and safe**
3. **A place where those in need are supported**

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

Statutory Officer: Donna Edwards
Signed on behalf of the Chief Financial Officer
Date: 30/08/2023

Statutory Officer: Sharon Clarke
Signed on behalf of the Monitoring Officer
Date: 29/08/2023

Chief Officer: Senel Arkut
Signed by the Corporate Director
Date: 31/08/2023

Mandatory Checks

Ward Councillors notified: NO as it impacts on all Wards

Section 4 - Contact Details and Background Papers

Contact: Carole Furlong, Carole.Furlong@harrow.gov.uk

Background Papers:

[Harrow Health and Wellbeing Strategy](#)

[Harrow Economic Strategy](#)

[Climate Change and Nature Recovery in Harrow | MyHarrow Talk](#)

If appropriate, does the report include the following considerations?

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



Report for: Health and Wellbeing Board

Date of Meeting:	13 September 2023
Subject:	Impact of Industrial Action on Elective Waiting List at London North West University Healthcare NHS Trust
Responsible Officer:	James Walters Chief Operating Officer LNWHT
Public:	Yes
Wards affected:	Borough wide
Enclosures:	Appendix 1- report on Impact of Industrial Action on Elective Waiting List at London North West University Healthcare NHS Trust

Section 1 – Summary and Recommendations

This report sets out an overview of the junior doctor and consultant strikes to date across 2023 as per the British Medical Association (BMA) campaign.

The Trust recognises there has been various other industrial actions taken such as the Royal College of Nursing and Society of Radiologists campaigns however the impact on the Trust elective waiting list has been as a result of the BMA industrial actions.

The reports summarises the priorities for maintaining elective capacity and the impact across elective procedures and outpatient activity.

Recommendations:

The Board is requested to note the report.

Section 2 – Report

Please refer to appendix 1 for the report

Ward Councillors' comments – N/A

Financial Implications/Comments

There are no financial implications outlined in the activity impact slides however the Trust has faced financial implications mainly in three ways:

- Cover for shifts on the rota, in hours and out of hours as well as backfill when workforce need to take time back for shifts covered.
- Loss of income from required activity reductions.
- Financial costs associated with putting on additional activity sessions to recover waiting times.

As the strikes have varied each time in terms of duration, weekdays versus weekends, and the extent of activity cancellations, it is challenging to accurately attribute a specific financial cost to each instance of strike action.

Legal Implications/Comments

One of the Health and Wellbeing Board's key responsibilities is to provide a forum for public accountability of NHS, public health, social care and other health and wellbeing services.

Risk Management Implications

The Trust maintains elective recovery as a key risk on the Trust Risk Register

Equalities implications / Public Sector Equality Duty

Was an Equality Impact Assessment carried out?

No as this was a nation-wide industrial action campaign however the Trust used clinical criteria to ensure safety and clinical urgency was prioritised.

Council Priorities

The Council's priorities are:

1. **A council that puts residents first**
2. **A borough that is clean and safe**
3. **A place where those in need are supported**

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

Statutory Officer: Donna Edwards

Signed on behalf of the Chief Financial Officer

Date: 30/08/2023

Statutory Officer: Sharon Clarke

Signed on behalf of the Monitoring Officer

Date: 31/08/2023

Chief Officer: Senel Arkut

Signed by the Corporate Director

Date: 31/08/2023

Mandatory Checks

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

Section 4 - Contact Details and Background Papers

Contact: James Walters, Chief Operating Officer LNWHT,
jwalters3@nhs.net

Background Papers: None

If appropriate, does the report include the following considerations?

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

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London North West
University Healthcare
NHS Trust

Impact of industrial action on elective waiting list

37
Harrow Health and Wellbeing Board
13 September 2023



Industrial action so far in 2023, past and planned

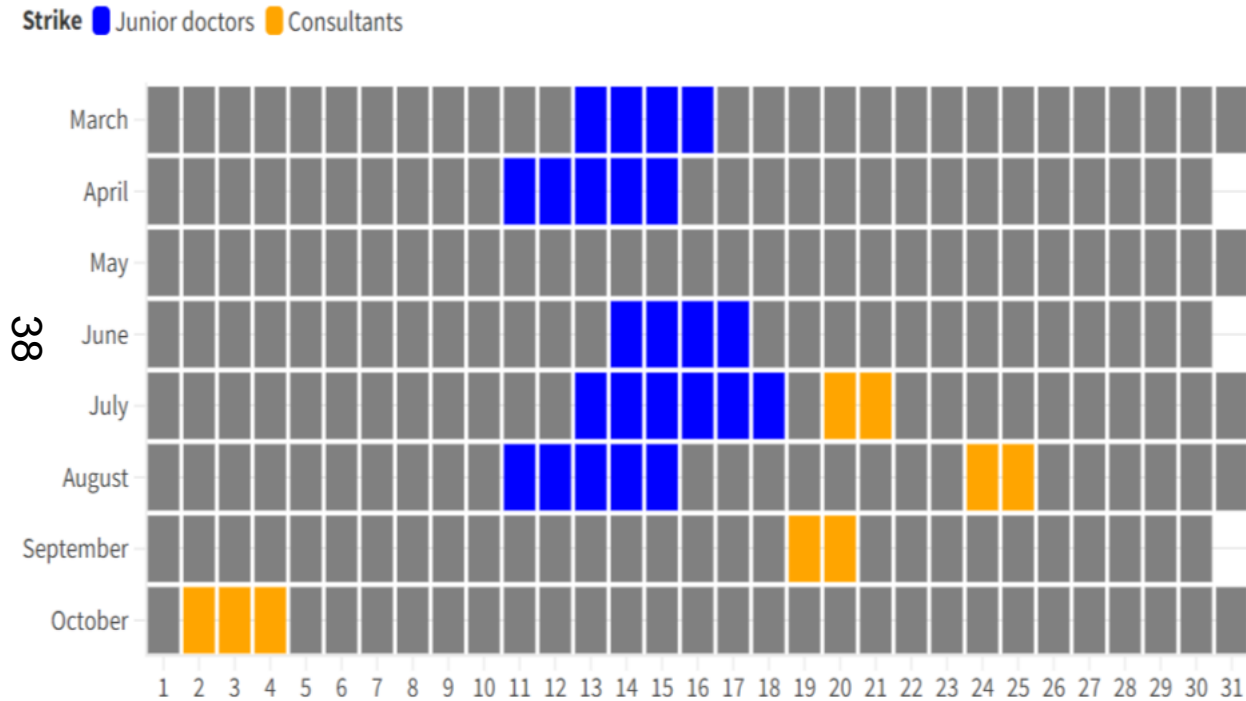
To date there has been 5 sets of junior doctor strikes and 2 consultant strikes completed.

Currently there is a further 2 consultant strikes planned across September and October.

During each strike the Trust implemented a Gold Command approach similar to what was set up during the Covid pandemic.

Leading up to each strike, staffing rotas were planned to schedule as much activity as possible, whilst maintaining clinical safety.

Additional daily checkpoint huddles and staffing safety checks were implemented during the days of the strikes.



Prioritising of capacity

Throughout the various instances of industrial actions, there has been a necessity to decrease overall activity.

The determination of which activities should proceed was guided by the following factors:

39

1. Clinical urgency
2. Patients on a cancer treatment pathway
3. Patients who had surpassed a 52-week waiting period on a referral-to-treatment (RTT) pathway
4. Activities that could be sustained without adversely affecting the workforce required to provide secure care within hospital wards.

Impact of industrial action on planned activity

To date across the strikes, the following activity has been impacted

- 6,607 outpatient cancellations
- 968 elective ordinary operations (cases requiring an overnight admission post operation)
- 993 elective day case procedures (cases where the patient is discharged on the day of the procedure)

Percentage of elective activity (operations) impacted

- During the initial strike, day case activity was reduced by 28% and elective ordinary cases by 43%
- The second strike had the largest impact as this was scheduled during the Easter Bank Holiday week, which doubled the cancellations
- The next set of junior doctor strikes had a lower impact as more doctors remained on the rota

Percentage of outpatient activity impacted

- During the initial strike in June, outpatient appointments were impacted by 25%
- The second strike had the largest impact as this was scheduled during the Easter Bank Holiday week, increased the impact to 43%
- The next set of junior doctor strikes had a much lower impact as more doctors remained on the rota, where only 11% of appointments were impacted

Impact of industrial action on planned waiting lists

The impact on the post-covid elective waiting list recovery

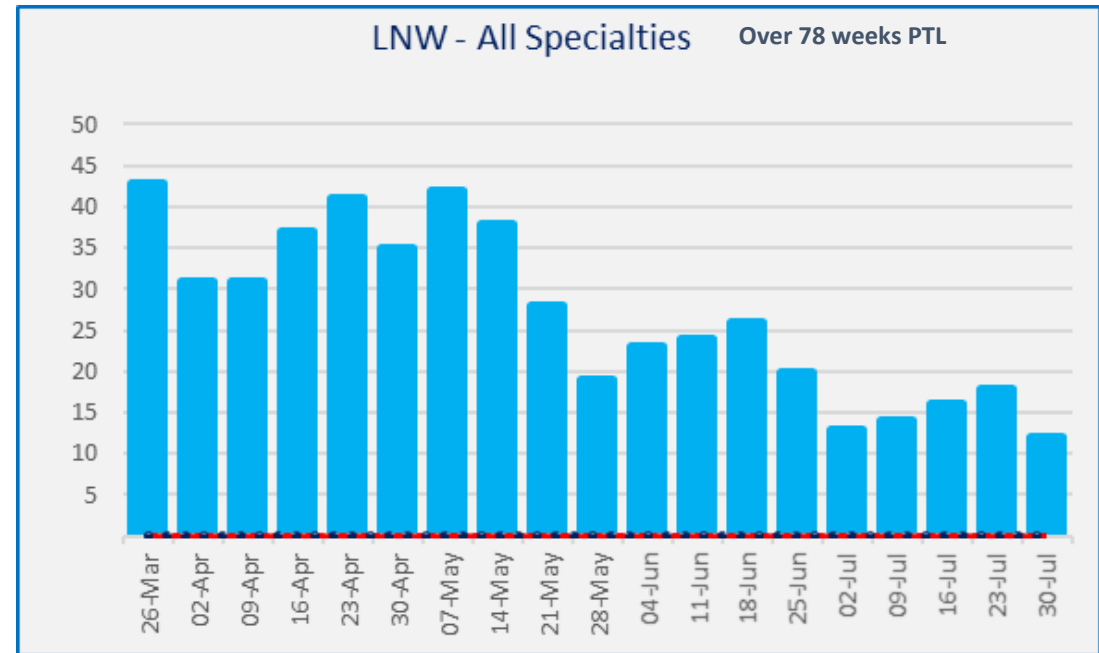
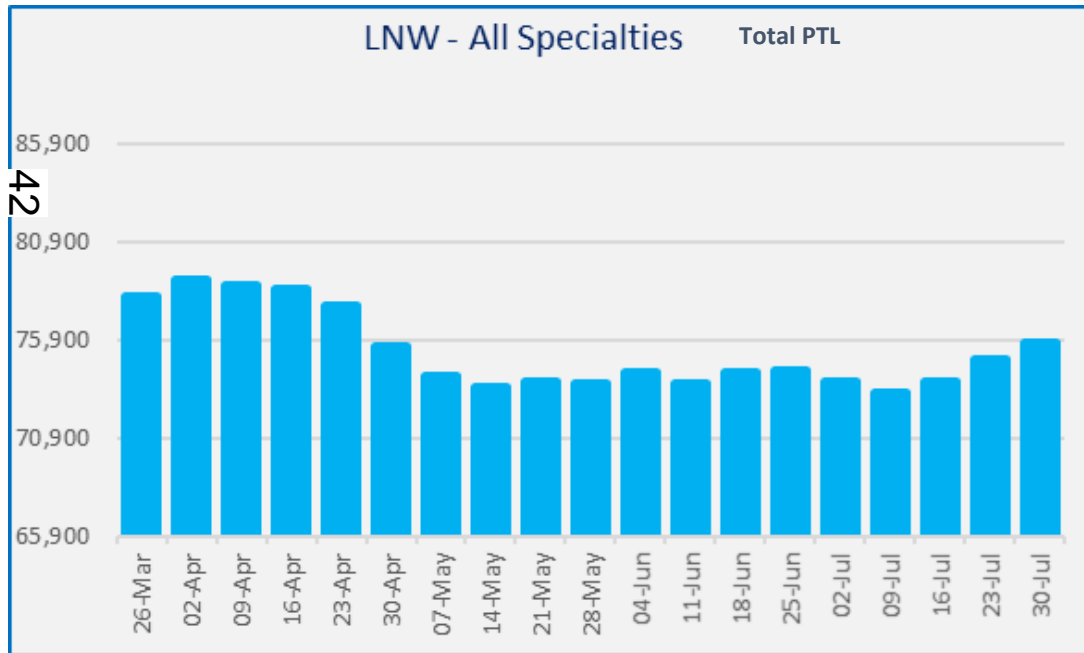
- 77.4% of the cancellations been waiting for less than 52 weeks
- 5.3% of the cancellations been waiting for more than 52ww
- 1.5% of the cancellations been waiting for more than 65ww
- 0.2% of the cancellations been waiting for more than78ww

The impact on the elective waiting list was as follows:

- 15.6% of the cancellations were on an urgent two week wait pathway

Impact on waiting list size

The strikes have had an impact on wait times for our patients however the Trust has ensured it prioritises patients based on clinical urgency, cancer and those patients who have waited a long time, had cancellations previously and managed to keep the PTL stable and continue to reduce the longest waiting patients over 78 weeks.





Report for: Health and Wellbeing Board

Date of Meeting:	13 September 2023
Subject:	Better Care Fund (BCF) 2023-25 Submission Update
Responsible Officer:	Isha Coombes Borough Director (Harrow), NW London Senel Arkut, Corporate Director People Services
Public:	Yes
Wards affected:	All Wards
Enclosures:	Appendix 1 - BCF Funding Allocations

Section 1 – Summary and Recommendations

This information report provides the Health and Wellbeing Board with the Better Care Fund (BCF) 2023-25 submission up-date.

Recommendations:

1. Note the details of the report.
2. the Chair of the Health and Wellbeing Board, following consultation with the Director Harrow Place Based Partnership and Corporate Director People Services, be authorised to approve of the final submission for BCF 2023-25.

Section 2 – Report

Introduction

1. This report presents an update on the BCF Plan for 2023-25. A report was presented to the Health Wellbeing Board in July covering the draft Plan.
2. The BCF plan covers a two year period: 2023/24 and 2024/25 and consists of the following elements:
 - A financial plan;
 - An account of demand and capacity in local intermediate care services;
 - BCF performance metrics (2023/24 only)
 - A narrative plan explaining how Harrow will meet the national requirements for integrated care.
3. It is one of the BCF National Conditions for the submission to be agreed by the Health and Wellbeing Board and submitted to NHS England by 28th June.
4. At the time of presenting the report in July, the funding had not been agreed by North West London Integrated Care Board. (NWL ICB). NWL ICB have now reviewed the draft Plans and have agreed the funding.
5. The Health and Wellbeing Board is asked to agree to delegate to the Chair, in consultation with the Director Harrow Place Based Partnership and Corporate Director People Services, the approval of the final submission for BCF 2023-25.

The Better Care Fund

6. The Better Care Fund was established by the Government to provide funds to local areas to support the integration of health and social care and to seek to achieve the National Conditions and Local Objectives.
7. Since 2015, the Government's aims around integrating health, social care and housing, through the Better Care Fund (BCF), have played a key role in the journey towards person-centred integrated care. The aims have provided a context in which the NHS and local authorities work together, as equal partners, with shared objectives. The plans produced are presented and agreed by the Health and Wellbeing Board and represent a single, local plan for the integration of health and social care.
8. In accordance with the Government's legislation for health and social care, Harrow is now part of the North West London Integrated Care System (ICS) across 8 local authority areas. The Harrow Place Based Partnership (HBbP) is established through the Harrow Health and Care Executive (HHaCE) and Joint Management Board, with representatives from the PCNs, health providers, Voluntary and Community Sector (VCS) and the local Authority.
9. The Council and ICB agree their BCF schemes for 2023-25 as part of the s75 agreement and in accordance with Government requirements.
10. The Harrow Borough-Based Partnership's mission, is to support better care and healthier lives and the BCF contributes significantly to the integration of health and care services. The funding is critical to the continuation of services and improving the outcomes for residents of Harrow. Within the HBbP, BCF contributes to the transformation priority on Frailty which includes the Integrated Intermediate Care programme and hospital discharge. The BCF projects contribute to the Council's priorities of Putting Residents First and supporting those most in need by improving services for citizens through an integrated approach and focus on individuals.

BCF Funding 2023-25

11. There are three funding sources in the BCF:
 - NHS Minimum Contribution to the BCF
NHSE has published allocations from the national ring-fenced NHS contribution for each ICB and HWB area for 23/24 and 24/25. The allocations of the NHS Contribution to the BCF has been increased by 5.66% for each HWB area.
 - Grant Funding to Local Government – 2 funding streams:
Improved Better Care Fund (iBCF)
The funding may only be used for the purposes of:
 - Meeting adult social care needs;
 - Reducing pressures on the NHS, including seasonal winter pressures;

- Supporting more people to be discharged from hospital when they are ready; and
 - Ensuring that the social care provider market is supported.
- **Disabled Funding Grant (DFG)**
The DFG is pooled into the BCF to promote joined-up approaches to meeting people’s needs to support more people of all ages to live in suitable housing so they can stay independent for longer. Creating a home environment that supports people to live safely and independently can make a significant contribution to health and wellbeing, and should be an integral part of integration plans, including social care, and strategic use of the DFG can support this.
 - **Additional Discharge Funding**
This funding is intended to provide increased investment in social care and community capacity to support discharge and free up beds. Areas can use this funding where appropriate to continue to support investments made in services from the ASC Discharge Funding in 2022-23 but should not use the new discharge funding in 2023-24 to replace existing expenditure on social care and community services. There are two grants allocated separately to the LA and ICB.

12. The final total funding allocations for BCF are detailed as follows:

	2023-24	2024-25
ICB Schemes	11,550,048	12,203,781
LA Schemes (ICB funded)	7,527,723	7,953,792
iBCF (LA grant)	6,663,537	6,663,537
DFG (LA grant)	1,721,553	1,721,553
Additional LA discharge Funding	934,218	1,550,802
Additional ICB discharge Funding	1,312,211	1,312,211
Total	29,709,290	31,405,676

13. The schemes funded by the BCF allocations are presented at Annexe A. It should be noted that the funding for 2024-2025 maybe adjusted following the NWL review.

Next Steps Finalising 2023-2024 Submission

14. NWL has submitted the draft Plan to NHS England. Comments and feedback are awaited on the and will be responded to accordingly. However, it should be that the funding allocation has been agreed with NWL.
15. Delegation to the Chair of the Health and Wellbeing Board, in consultation with the Director Harrow Place Based Partnership and Corporate Director People Services, to approve the final submission for BCF 2023-25 is requested.

Ward Councillors' comments

16. None, this affects all Wards.

Financial Implications/Comments

17. The final total funding allocations for BCF are detailed as follows:

	2023-24	2024-25
ICB Schemes	11,550,048	12,203,781
LA Schemes (ICB funded)	7,527,723	7,953,792
iBCF (LA grant)	6,663,537	6,663,537
DFG (LA grant)	1,721,553	1,721,553
Additional LA discharge Funding	934,218	1,550,802
Additional ICB discharge Funding	1,312,211	1,312,211
Total	29,709,290	31,405,676

18. These BCF resources fund existing expenditure and are included within organisational budgets as part of the respective budget setting processes. The financial implication of any reductions to these assumptions will need to be considered and the impact reported accordingly.

Legal Implications/Comments

19. Since 2015, The Better Care Fund (BCF) has required the NHS and local government to create a local single pooled budget to incentivise closer working around people, placing their wellbeing as the focus of health and care services, and shifting resources into social care and community services for the benefit of the people, communities and health and care systems.
20. The national conditions for the operation of BCF in 2023 to 2024 include that a jointly agreed plan between local health and social care commissioners is prepared and signed off by the Health and Wellbeing Board.

Risk Management Implications

21. N/A

Equalities implications / Public Sector Equality Duty

22. A priority for the Harrow Borough Based Partnership is to tackle inequalities. Impact assessments will be undertaken on the projects.
23. The BCF Plan aims to deliver the boroughs ambition regarding addressing the inequalities in Harrow.

Council Priorities

24. The BCF projects contribute to the Council's priorities of Putting Residents First and supporting those most in need by improving services for citizens through an integrated approach and focus on individuals.

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

Statutory Officer: Donna Edwards

Signed on behalf of the Chief Financial Officer

Date: 21 August 2023

Statutory Officer: Sharon Clarke

Signed on behalf of the Monitoring Officer

Date: 24 August 2023

Chief Officer: Senel Arkut

Signed by the Corporate Director

Date: 24 August 2023

Mandatory Checks

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

Section 4 - Contact Details and Background Papers

Contact: Johanna Morgan, Director People Services Strategy and Commissioning, Johanna.Morgan@harrow.gov.uk.

Background Papers: None

If appropriate, does the report include the following considerations?

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

Appendix 1

BCF Funding Allocations

ICB Schemes – funded by the NHS minimum contribution

Scheme	2023-24	2024-25
Short-Term Rehabilitation Team (reablement at home)	1,647,489	1,740,737
Rapid Response Team	1,515,744	1,601,536
Community Nursing	4,053,977	4,283,432
Diabetic Nursing	451,563	477,122
Community Cardiology	406,098	429,083
Respiratory Service	194,357	205,358
Falls	248,656	262,730
Safeguarding Support (Council – Adults & Childrens)	60,000	63,396
Community Equipment (hosted by Council)	1,239,323	1,309,469
NHS Community Service - Ageing Well Care Homes	196,745	207,881
NHS Community Service - Ageing Well Anticipatory Care	475,429	502,339
NHS Community Service - Ageing Well Diabetes	828,414	875,302
NHS Community Service - Ageing Well Fair shares of remainder/tackling inequalities	175,914	185,870
Tissue Viability	56,339	59,528
Total	11,550,048	12,203,781

LA Schemes – protection of social care services, funded by the NHS minimum contribution,

Scheme	2023-24	2024-25
Maintaining Minimum Standards	1,110,910	1,173,787
Care Act & Dols	511,984	540,962
Support for Carers	1,803,032	1,905,084
Supporting DToCs and safe hospital discharge	1,672,449	1,767,109
Promoting Independence	1,563,446	1,651,937
Integrated Service Support	505,186	533,779
Protecting Social Care – community	360,716	381,134
Total	7,527,723	7,953,792

iBCF – direct grant to LA funds baseline LA social care expenditure

Scheme	Both years
Managing Community Social Care Demand	2,348,966
Managing Demand for Residential	3,315,022
Winter Pressures	999,549
Total	6,663,537

ICB Discharge Funding

Scheme	Both years
Block beds to enable timely discharge	372,000
Residential / nursing beds to enable timely discharges	140,211
Support for timely hospital discharges	100,000
Avoidance of hospital admissions	50,000
Development of local scheme to bridge gap for P1 patients for prompt hospital discharge	650,000
Total	1,312,211

LA Discharge Funding

Scheme	2023-24	2024-25
Home-based intermediate care services	359,000	359,000
Home Care	245,218	316,802
Residential / nursing beds to enable timely discharges	330,000	875,000
Total	934,218	1,550,802