

Health and Wellbeing Board

Minutes

7 November 2024

Present:

Chair: Councillor Jean Lammiman

Board Members:	Councillor Ghazanfar Ali	Harrow Council
	Councillor Hitesh Karia	Harrow Council
	Councillor Anjana Patel	Harrow Council
	Councillor Pritesh Patel	Harrow Council
	Dr Radhika Balu (VC)	North West London Integrated Care Board
	Jackie Allain	NHS (Reserve)
Isha Coombes	North West London Integrated Care Board	

Non Voting Members:	Carole Furlong	Director of Public Health	Harrow Council
	Lisa Henschen	Managing Director	Harrow Borough Based Partnership
	John Higgins	Voluntary Sector Representative	Voluntary and Community Sector
	Chris Miller	Chair, Harrow Safeguarding Boards	Harrow Council
	James Mass	Strategic Director of Adult Social Care and Public Health	Harrow Council

In attendance: (Officers)	Jason Antrobus	
	Jennie Whitford	Harrow Council

**Apologies
received:**

Parmjit Chahal
James Benson

Simon Crawford
Lorraine Goude

104. Attendance by Reserve Members

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

Ordinary Member

Reserve Member

Councillor Norman Stevenson

Councillor Anjana Patel

105. Declarations of Interest

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

106. Minutes

RESOLVED: That the minutes of the meeting held on 12 September 2024, be taken as read and signed as a correct record.

107. Public Questions, Petitions and Deputations

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

Resolved Items

108. Harrow Borough Based Partnership: Managing Director update report

The Managing Director of the Harrow Borough Based Partnership provided an update on the activities of the Harrow Borough-Based Partnership over August and September. She highlighted the partnership's role in integrating health and care services across Harrow, this involved key stakeholders such as CLCH (Central London Community Healthcare), CNWL(Central and North West London), Harrow Council, Northwest London ICB (Integrated Care Board), London Northwest University Hospital Trust, and local voluntary sectors.

Winter Plan:

- The winter plan was finalised and mobilised, incorporating lessons learned from the previous year.
- Initiatives focused on reducing hospital admissions through vaccination programs, warm hubs, support for urgent community response, and safe discharge processes.
- Discharge funding was allocated to expand bridging services and increase bed capacity for individuals with dementia and delirium, as well as to pilot a 24-hour home care service.

Preventing Admissions:

- The Preventing Admissions Steering Group, utilising data insights, had implemented measures to address high admission rates in Harrow.
- Admissions from Ambulatory Care Sensitive conditions have begun to plateau, and efforts were ongoing to support vulnerable residents through proactive care planning and multidisciplinary team involvement.

Strategic Planning:

- The partnership was evaluating the impact of its three-year plan and beginning to draft a new strategy and delivery plan set for April.
- The upcoming NHS 10-year plan would influence priorities. Current efforts were focused on assessing public needs and improving system performance.

Integrated Neighbourhood Team:

- Development of integrated neighbourhood team had progressed, with Harrow's three neighbourhoods (West, Central, and East) confirmed.
- Emphasis was placed on aligning health and social care services within these neighbourhoods, with frontline staff receiving support to collaborate and deliver coordinated care.

Performance and Outcomes:

- Positive trends were noted in reducing the number of children under five with tooth decay and in patient-reported access to general practice services.
- Admissions, although still high, were showing signs of plateauing for ambulatory care sensitive conditions.

Risks:

- Ongoing challenges included occupational therapy provision for children, discharge capacity, and gaps in children's continence services.

The Chair thanked the Managing Director of the Harrow Borough Based Partnership for the comprehensive update and acknowledged the ongoing efforts to address the outlined challenges.

The Board asked the following questions and discussed the following:

The Board raised concerns regarding the termination of discharge funding on 1 November 2024 and sought clarification on mitigation strategies to address the impact. The Managing Director of the Harrow Borough Based Partnership confirmed that additional funding had been secured to continue services through to March 2025. Although a long-term solution was still under development, immediate risks over the winter period were mitigated. Additionally, an action plan existed to reduce non-elective admissions for

ambulatory conditions, this focused on conditions like asthma, diabetes, and kidney disease. Efforts included IV antibiotic management within the community and increased asthma reviews in primary care.

The Board discussed difficulties in arranging safe hospital discharges, especially for elderly patients. It was noted that services like the Voluntary Home and Settle program were available but may not be sufficiently communicated. The Board also raised the need for improved support for dementia care, particularly for ethnic minorities. A detailed report on available dementia services, including the memory clinic and post-diagnosis support, was requested for the next meeting.

The Board expressed a need for clarity on leadership and oversight of child mortality reporting. It was noted that despite investments in the child death overview panel, local follow-up actions may need further attention. The Board agreed to follow up on this and confirm the Governance and oversight of this area.

The Board highlighted the importance of preventive care, particularly in partnership with the voluntary sector, as demonstrated during COVID-19. The Board requested a report to further formalise and enhance collaboration with community groups to strengthen preventive measures.

RESOLVED: That The Board reviewed and noted the updates on the winter plan and the work of the Borough-Based Partnership.

109. North West London - Integrated Care Board (ICB) Organisational Restructure

The Board were briefed by the Harrow Borough Director on the North West London - Integrated Care Board's (ICB) organisational restructure, initiated in response to NHS England's directive to reduce running costs by 30% and to ensure a fit for purpose ICB in light of the changing NHS landscape.

The ICB, covering a diverse population of 2.1 million in North West London with an annual budget of £6 billion, aims to improve healthcare quality, tackle inequalities, and optimise resource use. The restructure involves significant reductions, primarily in staffing and estate costs, to align with the financial requirements.

Priorities and Local Alignment:

The nine priorities of the Integrated Care System (ICS) were reviewed, aligning with the borough partnership priorities and focusing on reducing health inequalities. Key priorities included:

- The development of Integrated Neighbourhood Teams (INTs) to improve access and provide proactive joined up care for people with LTC and complex needs.
- Improved CYP mental health services, including targeted interventions.
- Improved Mental Health services in the community for those in crisis.

- Embed access to high quality community-based services.
- Optimise and improve ease of movement of people – ensuring residents were treated in the most appropriate setting.
- Transform maternity services to reduce inequalities in outcomes and improve overall quality.
- Perinatal Deaths.

Impact of Restructure on Harrow Team:

The Harrow Borough team had been reduced from 24 to 14 staff members, which covered both clinical and non-clinical roles, with limited full-time clinical support. The team focused on adapting to new ways of working and strengthening collaboration with stakeholders to ensure effective service delivery.

The following questions and observations were made by the Board:

The Board raised questions on Harrow's specific funding allocation within the ICB's £6 billion budget and asked for clarification on monitoring measures to assess performance against the plan's goals. The Harrow Borough Director for North West London - Integrated Care Board advised that the NHS funding formulas were very complex, which considered GP-registered populations and deprivation levels but confirmed that Harrow historically faced underfunding challenges. There was also a call for more transparency on resource allocation.

The Harrow Borough Based Partnership Managing Director addressed historic funding gaps, particularly in Harrow's primary care, stating the ICB's commitment to equalising funding across the system. Significant recent investments in Harrow's primary care were noted as part of this "levelling up" agenda, with ongoing efforts to address community service shortfalls.

The Board expressed concerns over the reduction in Harrow's team from 24 to 14 members, questioning the potential impact on service delivery and whether partnership organisations were prepared to support affected areas. The Harrow Borough Director for North West London - Integrated Care Board assured that all workstreams continue to be supported but noted a reduction in support depth, managed by assigning broader responsibilities across partnerships and NWL ICB Programme Teams.

The Board enquired about gaps resulting from the centralisation of ICB resources. The Harrow Borough Based Partnership Managing Director observed that Harrow teams there might be a need to focus on delivery rather than strategic functions, with centralised ICB teams providing support as needed. The need for local relationships to remain strong, especially for services like continuing healthcare and mental health aftercare, was emphasised.

The Chair proposed that this should be monitored, and any potential risks related to capacity issues in Harrow, with any emerging concerns be

escalated to the Council. The Director of Public Health suggested logging these risks on the BBP risk register for ongoing review.

RESOLVED: That the report be noted and approved further monitoring measures.

110. GP Patient Survey Results and Improving Access

The Harrow Director of the North West London Integrated Care Board (ICB) presented the GP Patient Survey Results and ongoing initiatives to improve access to primary care.

Primary Care and Access: The Director emphasised that primary care included not only GP appointments but also preventive care, such as immunisation and cancer screening, and proactive management of long-term conditions. Challenges in primary care continue to grow, particularly around access.

GP Access in North West London: Access to GP services remained a priority, and several methods to improve accessibility had been implemented, this included online platforms video and phone consultations, self-care pathways, and pharmacy-first schemes. New roles within practices resulted in increased appointment availability significantly, with more than 15.5 million GP appointments annually and an additional 1.1 million online consultations.

Enhanced Access Hubs: Hubs provided appointments outside of core hours, including weekends. These hubs were intended to alleviate pressure on primary care by offering more flexible access.

Harrow had a registered population of around 300,000, served by 31 GP contracts across five Primary Care Networks (PCNs). Despite a total of 1.6 million appointments provided in the past year, demand continued to grow, partly driven by increased health needs and population growth.

NHS National Patient Survey: The survey, with over 3,300 responses, measured patient satisfaction across GP practices. Results varied, with one Harrow PCN scoring highest in ease of contact in Northwest London, though most PCNs were around the national average. Plans were in place to address variations in performance and improve areas of need.

HealthWatch Findings: Additional insights were provided by HealthWatch surveys, highlighting high ratings for quality of care and compassion but also challenges with telephone access and hospital wait times.

Challenges and Areas for Improvement: Significant challenges were noted, including an aging GP workforce, the need for improved estates, digital exclusion, health inequalities, and a rising demand due to population growth.

Actions to Improve Access: The ICB (Integrated Care Board), aims to increase same-day access, reduce defaulting to urgent care due to the lack of same-day appointments, and address winter pressures. Workforce development was also underway, with the introduction of diverse roles such

as pharmacists, mental health practitioners, and social prescribers in primary care settings to ensure patients see the appropriate clinician.

The Board asked the following questions:

The Board raised concerns about over 50% of GPs in Harrow being over 65 and the potential for practice closures. The Board enquired about plans to attract new practices. The Vice Chair responded that a new GP recruitment scheme aimed to place newly qualified GPs in Harrow. The Vice Chair anticipated 6-10 new GPs under the scheme, would GP shortages.

The Board noted a lack of continuity of care with an increase in locum doctors, which made it challenging for patients to see familiar GPs. The Vice Chair clarified that Harrow currently had a stable salaried GP workforce and fewer locum issues compared to other boroughs.

The Board highlighted difficulties that elderly residents face when accessing GPs through digital systems like Patches, resulting in delayed care and A&E pressures. The Board emphasised the need for improvements, especially for those who cannot access digital platforms. The Director of the North West London Integrated Care Board (ICB) confirmed ongoing efforts to improve same-day access and alternative communication methods, alongside implementation of new same-day access hubs to ease system pressures

The Board also questioned NHS dental access in Harrow. The Director of the North West London (ICB) stated that NHS dental services, recently taken over by the ICB, are making progress, this included budget reallocations to clear waiting lists for children's procedures.

The Chair echoed concerns about NHS dental availability, citing frequent public complaints. The Director of Public Health outlined plans for preventative oral health programs targeting children, which could include initial dental exams to increase registration rates.

The Board requested clarification on funding prioritisation for primary care, specifically related to population needs and practice mergers. The Director of the North West London (ICB) explained that primary care funding was based on GP registrations and noted ongoing efforts to expand primary care estate in Harrow to meet the growing demand.

The Board also raised concerns about digital poverty affecting patient access, suggesting collaboration with voluntary sectors to address this.

RESOLVED: The Board

- (1) noted the report which highlighted the increasing demand for primary care services as a result of an aging population and population growth as part of the Borough's regeneration programme; and
- (2) supported the initiatives and actions to improve access to services, specifically in relation to the estate's challenges highlighted in the report.

111. Annual Report of the Director of Public Health

The Director of Public Health at the London Borough of Harrow presented the Annual Public Health Report, she expressed gratitude to her team, particularly the Public Health Specialist for editorial support and the Deputy Director for Public Health for leading the report's development. The report adopted a monthly theme approach, which focused on health topics that aligned with awareness events and community relevance. The themes included:

- **January (Alcohol Awareness):** Promoting safe drinking habits, understanding unit limits, and the health benefits of moderation.
- **February (Mental Health):** Addressing seasonal mental health challenges, encouraging open discussions, and raising awareness of available support.
- **March (Start Well):** Focusing on early childhood health, including prenatal care, vaccination, oral health, and obesity prevention.
- **April (Vaccinations):** Emphasising the importance of childhood and adult immunisations, including flu and COVID boosters.
- **May (Tobacco Awareness):** Supporting the new tobacco and vapes bill, addressing nicotine addiction, and promoting smoking cessation.
- **June (Circulatory Health):** Encouraging regular health checks, particularly for blood pressure, to prevent cardiovascular diseases.
- **July (Environment and Health):** Raising awareness of the environment's impact on health and promoting small actions for climate resilience.
- **August (Physical Activity):** Motivating residents to increase activity levels, with programs like Couch to 5k and green gym initiatives.
- **September (Sexual Health):** Promoting safe sex, early HIV detection, and sexual health services to reduce transmission.
- **October (Women's Health) and November (Men's Health):** Encouraging cancer awareness, regular check-ups, and healthy lifestyle choices, with added emphasis on men's mental health support through campaigns like CALM.
- **December (Isolation and Loneliness):** Highlighting the effects of winter isolation, with community hubs and encouraging neighbourly support during the festive season.

Each theme included an online webpage with resources, events, and key messages to support the health and well-being of Harrow residents. The Director of Public Health noted that Harrow performed well in various health indicators, with low rates of preventable deaths and violent crime but faces challenges within areas such as childhood vaccinations and self-harm admissions.

The Board asked the following questions:

The Chair praised the health walks, noting that they were well-organised and supported by trained volunteers. The Director for Public Health acknowledged the dedication of volunteer walk leaders and, emphasised the value they add to Harrow's community efforts.

The Board requested more specific data in the report, suggesting that the figures for road safety incidents be broken down to distinguish between fatalities and serious injuries, which would aid in targeted road safety investments. The Board also asked for actual numbers alongside percentages for the location of deaths to improve clarity. The Director for Public Health confirmed the total deaths figure and agreed to incorporate both figures and percentages in future reports.

The Board expressed concerns about loneliness among the elderly, especially those unable to access community hubs or events. The Director for Public Health mentioned the West INT project, which includes a befriending scheme to support people in their homes and encourage social engagement. The Director for Public Health also highlighted digital solutions, such as telephone and online social groups, as innovative ways to reach isolated individuals.

The Board commended the Director for Public Health for her detailed and accessible reports over the years, expressing gratitude for her contributions and thanked her for her dedicated service.

RESOLVED: The Board noted and supported the findings and recommendations of the report.

112. Health & Wellbeing Strategy Quarterly Update - Learning Disabilities & Autism Strategy Update and Progress Report

The Strategic Commissioning Manager for Learning Disabilities and Autism provided an update on the Learning Disabilities and Autism Strategy, presenting on behalf of Assistant Director.

Key points covered included:

Strategy Overview: The Learning Disabilities and Autism Strategy, co-produced with partners and residents, launched in December 2022. It focused on five priority areas encompassing holistic support for residents, including health, independence, and competent support.

Collaboration Successes: Effective partnerships with primary care, the ICB, public health, and education have significantly contributed to achieving the strategy's objectives.

Resident Inclusion: The strategy aimed to empower residents, reduce dependency, and improve access to information. It supported not only individuals with learning disabilities and autism but also neurodivergent individuals and family carers.

Progress Monitoring: The LDA Strategic Group would be renamed the Learning Disability and Autism Strategy Monitoring Group to improve transparency. The group, inclusive of residents and sector partners, oversees progress.

Upcoming Actions: A refresh of the outcome's framework would begin in January 2025, with input from residents and partners, to assess achievements and address gaps.

The Board raised several points and queried the Learning Disabilities and Autism Strategy:

The Board expressed interest in the new translation service, noting its application beyond traditional translation, including support for young residents with specific communication needs. The Strategic Commissioning Manager advised that the service was designed to meet diverse communication requirements, including those of individuals with sensory impairments, to enhance accessibility.

The Board commended the Strategic Commissioning Manager and the team on their collaborative work and the strategy's impact on the borough. The Board queried the potential for expanding collaboration with health and social care partners across boroughs, particularly for long-term resource efficiency. The Strategic Commissioning Manager acknowledged the value of multi-borough collaboration and noted that efforts were underway to extend partnerships.

The Board expressed particular interest in the Reignite Employment Group for residents over 18, emphasising support for employment and volunteering opportunities beyond Harrow through initiatives like the West London Alliance. The Strategic Commissioning Manager highlighted that the alliance broadens available employment and internship opportunities, such as positions at nearby airports.

The Board raised the possibility of integrating health and support services within a new special needs school as part of a long-term project. The Strategic Commissioning Manager confirmed that plans were being explored to establish such connections within the school's facilities, providing holistic support for students.

RESOLVED: That

- (1) the Board noted the report; and
- (2) achievements and endorsed the recommendations provided in the update.

113. Harrow Safeguarding Adult Board Annual Report and Strategic Plan

The Independent Chair of the Harrow Safeguarding Adults Board (HSAB) presented the Annual Report and Strategic Plan to the Board, noting key areas and developments:

Introduction and Context: The Chair of HSAB introduced herself and the report, noting that although there was no statutory requirement to present it to the Health and Wellbeing Board, it was shared to strengthen collaboration and

awareness. The report highlighted activities and governance changes undertaken by HSAB during the reporting period.

Governance and Structure: The Chair of HSAB reported that the board had revised its governance structures, implementing new arrangements effective January 2024. Similar changes were undertaken for the children's board, aligning the approach to safeguarding across services.

Safeguarding Performance: Key statistics were presented, showing that risks were reduced or removed in 89% of adult safeguarding inquiries. The Chair identified an area for improvement, noting that only 70% of initial concerns led to identified risks, indicating a need to enhance initial assessments.

Making Safeguarding Personal: The Chair of HSAB emphasised the board's commitment to a "Making Safeguarding Personal" approach, with case studies included in board meetings. The report indicated that in 80% of cases, individuals were asked their desired outcomes, with 97% of these outcomes either partially or fully achieved.

Strategic Plan Highlights: The Chair of HSAB outlined HSAB's new strategic priorities, focusing on prevention, early intervention, quality assurance, engagement, communication, and partnership strengthening. A quality assurance framework was introduced to support these efforts.

Safeguarding Adult Reviews (SARs): While there were no new SARs in the financial year, the Board worked to complete outstanding actions from previous reviews.

The Board raised several queries regarding the Harrow Safeguarding Adults Board (HSAB) Annual Report and Strategic Plan, with responses provided by the Independent Chair of HSAB.

The Board enquired about the development and implementation of co-production arrangements. The Independent Chair acknowledged that HSAB was in the early stages of establishing co-production practices, aiming to create an engagement and communication strategy by April 2025. They highlighted plans to collaborate with community groups, including youth and carer organisations, to foster a co-produced approach. The Chair emphasised the need for resource investment from partners and noted that HSAB was considering the addition of lay members for a broader perspective.

The Board asked if the recent CQC inspection offered feedback on safeguarding arrangements in the borough. The Independent Chair advised that while the local authority's rating was close to "Good," the report included a section on safeguarding. HSAB was commended for its progress, though some operational areas were identified for improvement. The Chair noted that multi-agency audits were being implemented to monitor safeguarding quality and effectiveness.

RESOLVED: That the report be noted.

114. Better Care Fund Q2 Update

The Better Care Fund (BCF) Quarter two update was presented by the Borough Lead for NWL ICB. The update, jointly prepared by the local authority and ICP colleagues, was submitted to NHS England.

The Quarter 2 update covered finances, capacity and demand, and key indicator metrics, with a more comprehensive report due at the financial year's end.

- The total value of BCF services was approximately £33 million, with 47.7% of funds spent by the end of Quarter 2. Delays were due to additional discharge funding received mid-year, which the local authority utilised for services supporting hospital discharge, such as temporary residential care and home care.
- Spending was expected to align by year-end, with no immediate concerns raised.
- All initiatives planned with winter in mind were confirmed to be in place. Anticipated winter pressures were acknowledged, but the Board was assured that preparations were robust.

Unplanned Hospitalisations for Chronic Ambulatory Care-Sensitive Conditions: There were inaccuracies in national data indicating overperformance. Harrow Borough Partnership developed an admission avoidance strategy and prioritised reducing ambulatory care-sensitive (ACS) conditions through integrated neighbourhood teams, virtual wards, and monitoring programs. A data accuracy review was underway by NHS England.

Discharge to Normal Place of Residence: The target was 95.9%, with a current achievement of 94.9%. Complex cases, especially those with social and housing needs, impacted this metric. Additional discharge funding aimed to improve this indicator by supporting reablement efforts, allowing patients to return home when possible.

Emergency Admissions for Falls in Individuals Over 65: National data inaccurately suggested strong performance. The Board had implemented an integrated falls service, with ongoing efforts to improve outcomes despite unreliable data.

Admissions to Permanent Residential Care: This indicator was assessed annually. Various initiatives and additional funding were being applied to minimise admissions to permanent care.

Following the presentation, the board discussed the challenges with the accuracy and timeliness of data. Key points included:

The Chair expressed disappointment over the unreliable data, though she commended the effort put into the update. The Board raised concerns about the quarterly data collection and processing delays, noting that in a commercial setting, timely data collection is standard and suggesting that the

BCF adopt a more rigorous approach. The Assistant Director of Integration and Delivery clarified that data collection was conducted by local hospitals and providers, and then submitted centrally. Issues had arisen during the central processing phase, not at the local collection level. If necessary, the Board would consider using locally sourced data to provide a more accurate report for the next quarter.

The Board agreed to treat data accuracy and processing as a separate issue to be monitored. They expressed gratitude for the transparency provided on this matter. The Director for Public Health noted frustrations with delayed confirmation of discharge funding, which often depended on Treasury processes and impacted planning. The Director observed that this issue was widely recognised and that incremental improvements had been made.

The Chair suggested the Board support efforts to ensure data reliability, proposing action if needed to assist in securing accurate and timely data.

RESOLVED: The Board noted the report and acknowledged the challenges with data collection and processing.

(Note: The meeting, having commenced at 2.00 pm, closed at 4.37 pm).

(Signed) Councillor Jean Lammiman
Chair