LONDON BOROUGH OF HARROW

Health and Wellbeing Board

Minutes

12 September 2024

Present:			
Chair:	Councillor Jean Lammiman		
Board Members:	Councillor Ghazanfar Ali		Harrow Council
	Councillor Hitesh Karia		Harrow Council
	Councillor Pritesh Patel		Harrow Council
	Councillor Norman Stevenson		Harrow Council
	Dr Radhika Balu (VC)		North West London Integrated Care Board
	Yaa Asamany		Healthwatch Harrow
	Hugh Caslake		North West London Integrated Care Board (Reserve)
	Simon Crawford		London North West University Healthcare NHS Trust
Non Voting Members:	Carole Furlong	Director of Public Health	Harrow Council
	Lisa Henschen	Managing Director	Harrow Borough Based Partnership
In attendance (Online)	Jackie Allain	Central London Community Healthcare NHS Trust	
In attendance: (Officers)	Laurence Gibson	Deputy Director of Public Health	Harrow Council
	Andrea Gibson	Public Health	Harrow Council

Strategist

Peter Marriott
Public Health Strategist
Harrow Council

Apologies received:	James Benson	Isha Coombes
	Liz Bruce	John Higgins
	Parmjit Chahal	Chris Miller

96. Attendance by Reserve Members

RESOLVED: To note that there were no Reserve Members in attendance.

97. Declarations of Interest

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

98. Minutes

RESOLVED: That the minutes of the meeting held on 23 July 2024, be taken as read and signed as a correct record.

99. Public Questions, Petitions and Deputations

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

100. Harrow Borough Based Partnership: Update report

The Board received a report which provided an update on the key activities of the Harrow Borough Based Partnership across June and July.

Lisa Henschen, Managing Director of the Harrow Borough Based Partnership, presented the report, which covered key points and updated the Board on the priorities and progress of the Harrow Borough Based Partnership, which included the local authority, NHS providers, Voluntary Community Sector, and North-West London Integrated Care Board (ICB).

The Chair also addressed a matter arising from the last meeting of risks in occupational therapy provision.

Integrated Intermediate Care Team:
The Integrated Intermediate Care Team for Harrow was now live. The service, developed over several years, was mobilised with the support of colleagues from the Trust, NCSC, social care, and the NHS. The integrated team aims to

strengthen post-discharge support, combining social care reablement and NHS community therapy. An evaluation would take place at six months to assess outcomes. Initial indications show a reduction in rehabilitation bed delays from an average of six to seven days per week to zero.

Early Supported Discharge for Stroke Patients:
Harrow now has an Early Supported Discharge and Community-Based Rehabilitation model for stroke patients. The service, long advocated for, was being mobilised and would be launched at the end of the month. Recruitment was underway, and it would be fully operational before winter.

Child Tooth Decay:
The board received an update on the child tooth decay rates in Harrow. While national data was treated with caution due to the small sample size, there are positive signs. A decrease in hospital admissions for children under five with tooth decay suggests progress in this area, thanks in large part to the leadership of the Public Health Team.

Winter Wellness Program:
The board discussed the Winter Wellness Program and the transition of "warm hubs" into "community hubs." The work of the Community Champions, reported at the last meeting, has been mobilised to engage the community, share health messages, and gather feedback to improve services.

Integrated Neighbourhood Teams:
All integrated neighbourhood teams in Harrow are now operational, with agreed priorities and funding streams in place. These teams focus on addressing health inequalities, and more funding had been directed to primary care. Multidisciplinary teams were being developed within neighbourhoods, concentrating on maternity, children and young people, working-age populations, and older adults. A borough-wide workshop in July found both long-term strategic goals and short-term practical changes to improve services.

Winter Plan and Funding:
The board's winter plan has been finalised, with actions already underway. Admission rates in Harrow and a funding gap were highlighted. The partnership applied for discretionary funding to address specific gaps. The Joint Management Board oversaw the application.

Occupational Therapy Provision:
The board discussed the increased demand for children’s occupational therapy, with a 100% increase in demand since 2018. There are currently 440 children on the waiting list, compared to 230 previously, without a corresponding increase in staffing. Short-term funding had been provided to reduce the backlog, but demand continues to grow. The team was now fully staffed, but demand was still challenging. Training had been provided to Special Educational Needs coordinators in schools to help manage the workload. Discussions are ongoing about potentially narrowing eligibility criteria for the service to manage the waiting list more effectively. An action plan would be presented to the Joint Management Board, and the impact of any changes would be assessed.

Discharge Pathway and Winter Pressures:
The board noted ongoing risks related to the discharge pathway and increasing patient volumes and complexity. These risks would be watched closely over the winter period to ensure smooth hospital discharges and support patient flow.

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:

The Board asked about the impact of the lack of funding for the Team Around the Family program and sought clarification on the changes in the ICB structure. The Managing Director of the Harrow Borough Based Partnership advised that The Team Around the Family approach was continuing, but without a dedicated coordinator due to the absence of funding. Options for resourcing were still being explored. Regarding the ICB, the Managing Director explained that the 30% reduction in management costs resulted in a 50% cut to the borough teams. The new structure had been implemented, with all posts now filled. The local team was adjusting, though there was concern over reduced ability.

The Board welcomed the update on the Early Supported Discharge Stroke Pathway and noted the positive news on child tooth decay rates, albeit with caution about the figures.

The Board enquired about the recruitment process and criteria for selecting Community Champions. The Managing Director of the Harrow Borough Based Partnership said that the Community Champions were recruited through Voluntary Action Harrow, primarily through local adverts, word of mouth, and voluntary sector links. The recruits were not clinicians but people with a passion for specific health topics.
The Board asked if the changes for admission prevention during the winter months were sufficient. The Managing Director of the Harrow Borough Based Partnership and the NHS representative were informed that while discharge pathways were strong, incoming hospital admissions stayed a challenge. Harrow faced a £10 million funding gap in community health services, which affected admission prevention. A falls prevention program had been launched and was receiving positive feedback. The Board was told that more targeted interventions, such as diabetes care, could reduce future admissions.

The Board requested information on patient satisfaction with GP services and whether some practices were underperforming. The Managing Director of the Harrow Borough Based Partnership confirmed that patient satisfaction survey results showed variation across practices. The ICB team was working more intensively with underperforming practices.

The Board raised concerns about the organisation and communication within the Occupational Therapy service. The Managing Director of the Harrow

Borough Based Partnership said that no immediate issues were recognised but agreed to investigate further and report back on any findings.

The Board and The Managing Director of the Harrow Borough Based Partnership agreed to continue checking the key issues, including the impact of ICB changes, winter admission prevention, and GP service performance.

The Managing Director of the Harrow Borough Based Partnership would also bring back the following items to the next meeting:

A detailed report on GP performance.

An investigation on Occupational Therapy Service. organisation, communication, and report back on any findings.

RESOLVED: That the report be noted.

101. Inspection of Local Authority Children's Services (ILACS) briefing.

The Board received a presentation from the Assistant Director of Children's Services and the Interim Head of Service Quality Assurance regarding the upcoming Inspection of Local Authority Children's Services (ILACS) by Ofsted.

The Managing Director explained that although Ofsted was commonly associated with schools, they also inspect children's services. The ILACS inspection for Harrow was expected in the next quarter, and it would still use single-word grading, despite changes being introduced for future inspections.

National Context: Of the 233 local authorities in England, around 60% were rated as either "Outstanding" or "Good." Harrow was last inspected in 2020, receiving a "Good" rating across three key areas: help and protection, children in care and care leavers, and leadership impact. Since December 2022, an additional category has been introduced, separating children in care from care leavers.

Inspection Process: The inspection would start with a one-week short, focused inspection but could extend to three weeks if Ofsted had concerns. Preparation for the inspection was already underway, with a self-evaluation being submitted soon, followed by engagement meetings. If the inspection went ahead, Ofsted would notify the Director of Children's Services with five working days' notice, and key partners, including health services, may be contacted to participate in focus groups.

Inspection Focus Areas: The inspection would look at various aspects, including early help, child protection, referral processes, and care for looked-after children and care leavers. Inspectors would closely examine multi-agency working, decision-making processes, and the quality of corporate parenting.

Post-Inspection: After the inspection, Ofsted would issue a draft report within ten working days, with five days for comments and challenges. The final report would be published after 22 working days, though the results would remain confidential until publication.

Portfolio Holder for Children's Services Cllr Karia thanked the Children's Services team, highlighting the substantial efforts in improving training and performance management. He emphasised the challenges faced due to nationwide resource and staff retention pressures but noted progress in staff development and multi-agency working. Additionally, he acknowledged the importance of health partners in early intervention efforts, family hubs, and maintaining the quality of healthcare plans. Cllr Karia expressed optimism about Harrow's preparedness for the inspection and ongoing commitment to delivering outstanding services for children.

The Health and Wellbeing Board asked several questions and sought clarifications on the inspection of Local Authority Children's Services. The Children's Services team provided responses, advising the following:

The Chair raised a question about support from the acute trust for safeguarding. The Children's Services team advised that multi-agency working was in place, and the quality of interaction between agencies would be a key focus for Ofsted. The team acknowledged that while challenges exist, open and honest conversations are held to address concerns in the best interests of children. The Board confirmed their readiness to provide support as needed.

The NHS representative asked about input from the acute trust in terms of safeguarding leads. The team advised that while there were no specific issues raised, it was important to ensure everything was in place prior to the inspection. Children's Services agreed to take this back and consult with the acute trust for further clarification.

The Vice Chair queried whether the service had conducted a stocktake of current readiness and whether any surprises were anticipated. The Children's Services team advised that they had been reviewing their services extensively over the last seven to eight months, with external evaluations and improvement plans in place. They noted that while they expect to perform well, Ofsted inspections could present unpredictable elements, and the team would be transparent about areas needing improvement.

The Managing Director of the Harrow Borough Based Partnership suggested that sharing the self-assessment with partners could be useful for collective preparation. The Children's Services team agreed to consider sharing the self-evaluation confidentially with key partners to ensure a unified understanding of strengths and areas for development.

The Assistant Director of Children's Services reiterated that the service feels well-prepared, acknowledging the support received from partners, particularly in safeguarding and corporate parenting. She confirmed that while surprises may occur, the partnership has been instrumental in helping the team prepare for the inspection.

Portfolio Holder for Children's Services Cllr Karia highlighted the increased focus and scrutiny on the service over recent months, as well as the additional resources provided by the administration to address issues and ensure positive outcomes. He mentioned ongoing work to improve collaboration with health partners, particularly in creating a one-stop shop model at Children's Centres.

The Board thanked the Children's Services team for their efforts.

RESOLVED: That the report be noted.

102. Tobacco Control Strategy

The Director of Public Health, presented the draft Tobacco Control Strategy to the Board, inviting input on priorities and delivery. She highlighted that smoking remains a leading cause of premature death in the UK, with 74,500 deaths annually attributed to tobacco. Harrow sees around 303 tobacco-related deaths each year, equivalent to the capacity of three buses.

Key points discussed included:

- The UK government's plan to raise the legal age for purchasing tobacco, with the goal of preventing the next generation from smoking.
- The strong link between smoking and deprivation, with the most deprived areas of Harrow having twice the smoking rates of the least deprived areas.
- Environmental impacts of smoking, including cigarette waste and carbon emissions equivalent to multiple flights from London to Sydney.

Harrow envisioned to be smoke-free by 2030, which would require reducing smoking rates by 0.5% annually. Priorities included preventing smoking in younger generations, promoting smoke-free pregnancies, reducing smoking-related inequalities, and improving services to help smokers quit.

New funding of £192,000 would be used to recruit additional staff and explore alternative smoking cessation methods, such as collaborating with pharmacists and vape shops. The Director of Public Health also emphasised the need for a collaborative, whole-systems approach to achieve the strategy's goals.

The Board discussed the rising use of e-cigarettes among young people and stressed the importance of consistent messaging around vaping. It was noted that vaping could be a harm-reduction tool for smokers, but non-smokers should not start vaping.

The Tobacco Control Strategy would be finalised after further consultation with stakeholders, with a delivery plan to follow. The Board was encouraged to support the strategy and contribute ideas for its implementation.

The Board raised concerns about vaping trends among children, stressing the importance of addressing the issue in schools and through social media. They suggested more comprehensive outreach efforts targeting both schools and children's engagement with social media platforms. The Director of Public Health responded that there was an ongoing programme in schools that incorporates anti-smoking education into the curriculum.

The Board highlighted the challenges faced by healthcare workers visiting homebound patients who smoke. They suggested expanding the smoking cessation services to include video or telephone support for these individuals. The Director of Public Health agreed and mentioned that they had secured funding for a "stop and swap" initiative, which provides free vapes to homebound patients to reduce second-hand smoke exposure for healthcare workers.

The Vice Chair expressed concern over the rise of vaping among young people in Harrow, particularly near schools, and the visibility of vape advertisements in local shops. She emphasised the need for stricter enforcement by trading standards.

The Director of Public Health acknowledged the issue, stating that vape shop advertisements were not currently regulated. She suggested exploring local legislative measures, such as requiring licenses for vape shops, to curb their influence.

The Board raised the issue of chewing tobacco and paan shops selling illicit tobacco, particularly within the Asian community. They asked if the public health strategy considered addressing the prevalence of chewing tobacco, as this practice often goes unrecorded in official GP statistics. The Director of Public Health confirmed that GP records primarily track cigarette smoking but no other forms of tobacco use, such as paan, snuff, or shisha. She emphasised the need for better data collection and enforcement against illicit tobacco sales in these shops. Trading standards were already investigating these practices, and future collaborations were suggested to enhance enforcement.

The Board proposed involving local sports personalities in smoking and vaping prevention campaigns, believing that their influence could be more impactful on youth than traditional public health messaging. The Director of Public Health supported the idea, noting that sports figures were often more relatable to young people. She cautioned, however, that some sports professionals may be using snuff (chewing tobacco), which would need to be addressed if they were to be role models.

The Chair emphasised the importance of creating a collaborative working group to enhance enforcement efforts against underage sales of vapes and illicit tobacco. She suggested that the group involved trading standards, environmental health, and the local tobacco alliance. The Director of Public Health agreed to extend the tobacco alliance's work to include a focus on these current issues and urged for swift action to protect vulnerable populations, particularly the youth.

The Board acknowledged the importance of acting quickly to tackle these emerging challenges, especially regarding vaping and illicit tobacco sales. There was consensus on forming a working group to address these issues and collaborating with local enforcement agencies to protect young people and other at-risk groups.

RESOLVED: That the report be noted with a plan to prioritise these concerns in the next strategy update.

103. MECC (Making Every Contact Count) update, strategy and programme evaluation.

The Deputy Director of Public Health presented an update on the MECC (Make Every Contact Count) programme, with the presentation led by Public Health Strategist, who has been instrumental in driving the programme.

Key points highlighted:

Background: The MECC (Make Every Contact Count) programme focuses on organisational behaviour change. It began internally in 2001, with training delivered by Voluntary Action Harrow from 2002. The programme equips frontline staff with the skills to initiate light-touch conversations aimed at promoting health behaviour changes, such as smoking cessation and increased physical activity.
Evaluation: A comprehensive evaluation was conducted, indicating positive outcomes in increasing staff confidence in initiating health conversations. Tailoring the programme to meet local needs has been central to its success. Initially, six focus areas were identified, but the scope expanded to include topics like neurodiversity, hypertension, and homelessness based on service needs.
Outcomes: The programme trained 380 staff, exceeding the target of 350, with a total of seven hundred registered. Feedback highlighted a preference for face-to-face training, which allows for better engagement and practice through role-playing.
Future: Voluntary Action Harrow has been re-commissioned to continue delivering the programme until July 2025. There was a strategic target to train 750 frontline staff by 2027. Efforts would focus on improving accessibility to training and continuing programme evaluation to ensure ongoing improvement.

The Board focused on the Make Every Contact Count (MECC) programme, addressing its effectiveness, diversity outreach, and how the programmed could be further developed to serve different communities better.

The Board had the following discussion and asked questions:

The Board asked about the outcomes and return on investment for the MECC programme, noting the significant effort that had been put into it, clarification of its value was also sought. The Deputy Director advised that the programme, being an organisational development initiative, was continuously

evolving. The need to evaluate its impact and ensure clarity on its outcomes was emphasised.

The Board highlighted the effectiveness of training sessions, particularly the use of case studies and videos highlighting best practices. It was noted that these resources were beneficial, not only for council duties but also in personal and professional life. The Board asked how such material could be used to its full potential.

A sizeable portion of the discussion centred around the lack of engagement with certain diverse communities. The Board suggested that there were missed opportunities in reaching out to underrepresented groups, which could benefit from MECC training. The Deputy Director acknowledged this gap and mentioned ongoing efforts to work with Harrow East and other areas, using funds from the NHS inequalities fund to address these issues. Plans were underway to train individuals from these communities so that they could deliver MECC within their own networks.

The Board raised the issue of ensuring that MECC training addresses the needs of people with learning disabilities, hearing impairments, and blindness. The Deputy Director agreed to investigate tailoring the programme for these groups, collaborating with community organisations like Community Connect to make the training more accessible.

It was suggested by the Board that awareness about the risks of chewing tobacco, particularly its link to oral cancer, should be included in future MECC training. The Deputy Director noted that this issue would be integrated into ongoing health improvement initiatives, especially within communities where chewing tobacco is prevalent.

The Board discussed the possibility of involving volunteers, such as those working in "warm hubs," to deliver training on long-term conditions and promote health awareness. The Deputy Director confirmed that this approach was already being explored, with community champions being a key part of disseminating health messages.

The Board suggested the use of social media and podcasts as tools to reach younger audiences with MECC messages. The Deputy Director shared that podcasts had already been developed for different health themes and were available, but they had not yet been fully publicised. Engaging youth health champions and other young people’s groups to determine the best methods of outreach was also discussed.

The Board linked MECC to the upcoming winter health campaign, emphasising the need for clear messages about flu immunisations, support for damp homes, and alternatives to A&E. It was agreed that MECC could play a key role in disseminating these messages, and the Deputy Director confirmed that existing MECC modules would be used for this purpose.

Actions Agreed:

Community Engagement: The MECC programme would work more closely with diverse and underrepresented communities, exploring opportunities for collaboration with local organisations, particularly those serving specific cultural or religious groups.

Tailoring Training for Disabilities: The expansion of the programme to include the needs of residents with disabilities will be explored within the contract terms with the current provider.

Incorporating Chewing Tobacco Awareness: Chewing tobacco and its associated health risks, including oral cancer, would be integrated into MECC training, particularly for communities where this practice was prevalent.
Volunteer Involvement: Volunteers in local initiatives like warm hubs would be trained to help deliver MECC messages, especially around long-term conditions such as hypertension.

Using social media and Podcasts: Social media platforms and podcasts would be more widely used to engage younger audiences and disseminate MECC messages. This would be done in collaboration with youth health champions.

Winter Health Campaign Coordination: The MECC programme would be aligned with the winter health campaign, it should be ensured that key messages about immunisations, winter nutrition, and health services would be communicated to the public.

The Deputy Director would provide updates on the development of tailored training modules, outreach efforts, and the use of podcasts and social media for promoting MECC. The Board agreed to remain involved in these initiatives.

RESOLVED: That the report be noted and

1. The Board agreed to promote MECC to frontline workers and volunteers. The Deputy Director of Public Health would take steps to gather all suggestions made during the meeting and prioritise actions moving forward.

(Note: The meeting, having commenced at 2.00 pm, closed at 4.04 pm).

(Signed) Councillor Jean Lammiman
Chair