

PERFORMANCE AND FINANCE SCRUTINY SUB-COMMITTEE MINUTES

27 MARCH 2019

Chair: * Councillor Ghazanfar Ali

Councillors: † Jeff Anderson * Ajay Maru
* Nitesh Hirani * Pritesh Patel

* Denotes Member present

† Denotes apologies received

19. Attendance by Reserve Members

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

20. Declarations of Interest

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

21. Minutes

RESOLVED: That the minutes of the meeting held on 13 December 2018 be taken as read and signed as a correct record, subject to the following comments:

Councillor Patel informed the Group that he had still not received a breakdown of figures from the Director of Finance, on page 7, about:

- (1) the Rayners Lane Triangle project to see if it was partly crowd funded;
and

- (2) the breakdown of the £400k which was allocated for the development of unmanned aerial vehicles to support a range of Council services.

22. Public Questions and Petitions

RESOLVED: To note that there were none.

23. References from Council and Other Committees/Panels

RESOLVED: To note that there were none.

RESOLVED ITEMS

24. Annual Equalities Report 2018/19

The Divisional Director, Strategic Commissioning presented the Annual Equalities Report 2018/19. He explained that it outlined progress against the Council's three equality objectives and was reviewed every four years – the next one would be at the end of the forthcoming financial year. An officer advised that the priorities for the next report cycle would be determined at the Corporate Priorities Group meeting at the end of 2019.

Members asked the following questions and officers provided the following responses:

Page 27: *'Harrow Council has the second highest proportion of in-work Housing Benefit households in the country, reflecting the number of low-paid jobs available in the borough.'* – Are these recipients working inside the borough or outside it?

The Divisional Director, Strategic Commissioning advised that the data was based on household income and it was not therefore possible to tell if these people worked in the borough. However, previous studies had shown that there was in-work poverty in Harrow.

Page 28: *'In 2011, the census showed that 14.6% of residents in Harrow had a limiting long-term illness or disability. This was an increase of 13.2% (+4000) since 2001. Harrow's rate is now higher than the average for London (14.2%).'* – What type(s) of sickness did people have as this could determine what type of resourcing needed to be put into place?

The Director of Public Health stated that these figures referred to census data and not to a local data set. The census question was: 'Do you have an illness/disability that limits your daily life?' Respondents would have answered yes for a variety of conditions such as: ageing, mental illness, infirmity, learning disabilities, sensory impairments and other issues due to ongoing illness (including those that were self-diagnosed). The Director of Public Health confirmed that Harrow and Leicester had the highest rates of diabetes in the UK and that this was an ongoing challenge. However, other chronic conditions were not as prevalent in the borough.

Page 30: what was the definition of child poverty that was used to compile the data?

The Director of Public Health clarified that it was the central Government definition which related to low income households in receipt of benefits.

Page 31: *'At 10%, Harrow has the second lowest proportion of social housing of any of the London boroughs'*. The Council's current regeneration strategy will deliver a number of new 2 bedroom flats but the report stated that there is a demand for larger properties. How will the Council reconcile this shortfall and should it consider building larger family homes?

The Divisional Director, Strategic Commissioning stated that he did not have detailed figures regarding the number and size of homes to be delivered by the Regeneration Plan. He added that private developers would be obliged to adhere to planning policy.

The Director of Public Health also advised that some of the current overcrowding in the borough was due to people living in extended families because numbers of affordable first-time homes were lacking, as opposed to the availability of larger properties.

The Divisional Director, Strategic Commissioning undertook to ensure that this query was fed back to those responsible for the Regeneration Plan.

Page 22: *'Natural change showed 2,177 more births than deaths. International migration to Harrow decreased in 2016-17 with a net gain of 3,035 people into Harrow, lower than the previous year's level which showed a net gain of 3,831 people into Harrow.'* – Do we have a forecast for future population trends in the next few years to help with the planning of service provision?

The Divisional Director, Strategic Commissioning explained that the Greater London Authority (GLA) predicted the level of development based on the house building targets set by the Mayor of London in the London Plan. The target was an estimated figure and subject to numerous factors affecting population loss and gain. The Director of Public Health stated that the population of Harrow was expected to be 259,000 by 2030 (approximately 11,000 more than present), but it was not possible to tell what proportion of this would be elderly given that population forecasting was frequently based on different models and variables. She undertook to send a link to the information online to Members after the meeting.

Page 23: *'9.6% of Harrow's working age population classified themselves as disabled, a total of 23,900 people.'* – What were the metrics for staff undertaking the Equality Matters training and what is the plan to increase uptake? The statistics showed that new starters are completing this but existing staff are not.

The Divisional Director, Strategic Commissioning stated that the majority of existing staff had already completed this training and were required to complete refresher training every two years. Three years ago there was a

drive to encourage all staff to undertake the training which resulted in a bulge in the figures at the time. Since then, there had been regular communications in place to remind staff to undertake the training as part of the broader improvement plan. The officer explained that efforts were underway to provide laptops to staff at the depot and that classroom training would also be considered for shift-workers.

RESOLVED: That the report be noted.

25. Update on the Health Visiting Scrutiny Review

The Director of Public Health presented an Update on the Health Visiting Scrutiny Review Recommendations. She confirmed that actions against the recommendations in her paper were all on track with key progress being made on a new combined contract for health visiting and school nursing (0-19) which was awarded to Central and North West London (CNWL) in July 2018, where feedback had been positive so far. By October 2018, all previous staffing issues had been resolved and all inductions (including equality training) were completed. More recently, the Council won a bid to help target Romanian women who had some of the highest rates of smoking during pregnancy.

The Director for Public Health also went through the performance graph on page 68 and explained that the key performance indicators (KPIs) were mandated by the Department of Health. She informed the Sub-Committee that statistics on children who had a 12 month review would appear to drop due to availability of data because of long-term sickness of a staff member in the team, but that this would be resolved by May 2019. There was also an anticipated delay in the National Child Measuring Programme due to the recruitment of new staff.

Members asked the following questions and received the following responses:

What health support is given for home schooled pupils and what types of health conditions do they face?

The Director of Public Health advised that parents may opt to home-school their children due to a severe disability, terminal conditions or parental choice, but that the exact numbers were unknown as the data was held by the Children and Families section. However, where known home schooled children were given access to the same school nurse advice as pupils in mainstream schools.

Dental disease among children in Harrow was at 33% – what facilities are available in school to tackle this?

The Director of Public Health explained that the public health team had taken the opportunity to change the model for oral health promotion when NHS England retendered their contract for community dentistry – the previous contract having been inherited by the local authority. The new programme was developed in collaboration with Public Health England (PHE) and Queen Mary Westfield College, University of London, and it provided training and

resources to school nurses, health visitors, early years staff in both children centres and private nurseries and childminders. As a result, oral hygiene was now regarded as everyone's responsibility rather than the sole responsibility of a single health promoter. Due to the success of this initiative, Harrow Council would be joining a PHE campaign in May/June 2019 to promote Harrow's achievements as an example of what could be done in neighbouring boroughs. Additionally, money from the Government's Sugar Tax was distributed back to the Council's Healthy Pupil Capital Fund where work is underway to install water fountains in schools and Affinity Water would be providing refillable water bottles to show pupils the link between protecting the environment and healthy living. A launch date for this would be confirmed soon and the Director of Public Health would email invitations to Members of the Group.

Members were also advised that dental health was only monitored every two years by a national dental survey in children under 5 but that earlier indications of success were to be measured using Clinical Commissioning Group (CCG) data on tooth extractions under general anaesthetic in children and attendances at Accident & Emergency for dental pain. The latest survey results would be released at the end of 2019 and were expected to provide more details about dental health in Harrow - where additional sampling had taken place to identify groups in the population with higher rates of dental disease. Separately, work was also being done to promote visits to the dentist by younger children so that they could build positive associations with this health service.

How much income had Harrow received from the Sugar Tax?

The Director of Public Health confirmed that a one-off payment of approximately £180k had been received for Community Schools in Harrow and that voluntary aided and private schools received their funds directly. Surplus funds remained and would be used to fund healthy food schemes such as school gardens.

What work is being done to tackle obesity in schools?

The Director of Public Health explained that the work done on preventing tooth decay was helping to tackle obesity as it was linked to the issue of sugary foods. There had also been a session at Glebe Primary School, attended by the Mayor of London, where demonstrations of sugar content in food took place and the concept of a 'daily mile' (through walking or running) was promoted. Most schools participated in this scheme and results had shown that it led to good behaviour and improved concentration among pupils. The national 'Food Smart' app, which used barcodes on food packaging to identify fat/sugar content, would also assist young people in making better dietary choices.

Have there been any cases of female genital mutilation (FGM) in Harrow?

There were very few cases of children at possible risk of FGM being referred to the MASH (Multi Agency Safeguarding Hub). Most cases in Harrow were generally identified in women at maternity units. The Local Safeguarding

Children's Board (LSCB), health professionals, schools and some voluntary sector groups are part of a project group looking into FGM including audits to identify additional data available. Nationally, there had only been one successful prosecution in an FGM case in the UK. Schools had raised awareness by distributing 'FGM information cards' to girls which outlined contact details of where they can access support or require help to tackle this.

RESOLVED: That the report be noted.

(Note: The meeting, having commenced at 7.30 pm, closed at 8.27 pm).

(Signed) COUNCILLOR GHAZANFAR ALI
Chair