

# Health and Social Care Scrutiny Sub-Committee Agenda

**Date:** Tuesday 23 February 2021

**Time:** 6.30 pm

**Venue:** Virtual Meeting - Online

## Membership (Quorum 3)

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**Chair:** Councillor Rekha Shah

**Labour Councillors:** Michael Borio  
Natasha Proctor

**Conservative Councillors:** Dr Lesline Lewinson  
Vina Mithani (VC)

**Labour Reserve Members:**

1. Niraj Dattani
2. Dan Anderson
3. Chloe Smith

**Conservative Reserve Members:**

1. Chetna Halai
2. Chris Mote

**Advisers:** Julian Maw – Healthwatch Harrow  
Dr N Merali – Harrow Local Medical Committee

**Contact:** Andrew Seaman, Senior Democratic & Electoral Services Officer  
E-mail: [andrew.seaman@harrow.gov.uk](mailto:andrew.seaman@harrow.gov.uk)

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# **Useful Information**

## **Meeting details**

This meeting is open to the press and public and can be viewed on [www.harrow.gov.uk/virtualmeeting](http://www.harrow.gov.uk/virtualmeeting)

## **Filming / recording of meetings**

Please note that proceedings at this meeting may be recorded or filmed. If you choose to attend, you will be deemed to have consented to being recorded and/or filmed.

The recording will be made available on the Council website following the meeting.

**Agenda publication date: Tuesday 16 February 2021**

# Agenda - Part I

## 1. Attendance by Reserve Members

To note the attendance at this meeting of any duly appointed Reserve Members.

Reserve Members may attend meetings:-

- (i) to take the place of an ordinary Member for whom they are a reserve;
- (ii) where the ordinary Member will be absent for the whole of the meeting; and
- (iii) the meeting notes at the start of the meeting at the item 'Reserves' that the Reserve Member is or will be attending as a reserve;
- (iv) if a Reserve Member whose intention to attend has been noted arrives after the commencement of the meeting, then that Reserve Member can only act as a Member from the start of the next item of business on the agenda after his/her arrival.

## 2. Declarations of Interest

To receive declarations of disclosable pecuniary or non pecuniary interests, arising from business to be transacted at this meeting, from:

- (a) all Members of the Sub-Committee;
- (b) all other Members present.

## 3. Minutes (Pages 5 - 14)

That the minutes of the meeting held on [DATE] be taken as read and signed as a correct record.

## 4. Public Questions \*

To receive any public questions received in accordance with Committee Procedure Rule 17 (Part 4B of the Constitution).

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, <DATE>. Questions should be sent to [publicquestions@harrow.gov.uk](mailto: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 under the provisions of Committee Procedure Rule 15 (Part 4B of the Constitution).

## 6. References from Council and Other Committees/Panels

To receive any references from Council and/or other Committees or Panels.

## 7. Mount Vernon Cancer Services Review - Update

Presentation to follow.

8. **Update on Health and Social Care Response to Covid-19**

Including:

- Local Infection Rates
- Vaccination Programme and Testing
- Access to Primary Care
- Staff Resilience and Wellbeing

Presentation to follow.

9. **Update from NW London Joint Health Overview & Scrutiny Committee** (Pages 15 - 18)

10. **Any Other Business**

Which cannot otherwise be dealt with.

## **Agenda - Part II - NIL**

### **\* Data Protection Act Notice**

The Council will audio record item 4 (Public Questions) and will place the audio recording on the Council's website, which will be accessible to all.

[**Note:** The questions and answers will not be reproduced in the minutes.]



# Health and Social Care Scrutiny Sub-Committee

## Minutes

### 19 November 2020

**Present:**

**Chair:** Councillor Rekha Shah

**Councillors:** Michael Borio  
Dr Lesline Lewinson  
Vina Mithani  
Natasha Proctor

**Advisers:** Julian Maw  
Dr N Merali  
– Healthwatch Harrow  
– Harrow Local Medical  
Committee

**In attendance  
(Councillors):** Simon Brown  
Christine Robson  
Minute 79-91  
Minute 79-91

**79. Welcome**

The Chair welcomed all those present to the virtual meeting of the Health and Social Scrutiny Sub-Committee and made some general announcements. Present at the meeting were Members and Advisers of the Sub-Committee, Council Officers, representatives from Partner Organisations – CCG, NWLH NHS Trust, CNWL – and the Portfolio Holders for Adults and Public Health. Children and Young People.

It was agreed that the order of the agenda be varied by moving item 11: Mental Health Strategy/Mental Health Review forward as first substantial item for discussion.

**80. Attendance by Reserve Members**

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

## 81. Declarations of Interest

**RESOLVED:** To note that the declaration of interests, which had been published on the Council website, be taken as read and that during the course of the meeting:

- (1) Councillor Vina Mithani, a member of the Committee, declared a non-pecuniary interest in relation to Item 8: Response to Covid Update in that she was employed by Public Health England and had been involved in the work relating to Covid-19. She would remain in the room whilst the matter was considered and voted upon.

## 82. Minutes

**RESOLVED:** That the minutes of the meeting held on 24 June 2020, be taken as read and signed as a correct record.

## 83. Public Questions

The Committee received one public question, relating to Item 11: Mental Health Strategy/Mental Health Review. Having heard the question, the Chair explained that the matter fell within the remit of the Council's Executive but, given that it related to an existing agenda item, a response would be provided as part of the wider discussion on that item.

**RESOLVED:** To note that one public question had been received and the recording had been placed on the website.

## 84. Petitions

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

## 85. References from Council and Other Committees/Panels

None received.

## Resolved Items

### 86. Mental Health Strategy/Mental Health Review

The Sub-Committee received a presentation, setting out Harrow's emerging Mental Health Strategy and Mental Health Review.

Officers outlined the presentation, focusing on the following key points:

- mental health disorders were common and on the rise. The ongoing Covid-19 pandemic had had a detrimental impact, exacerbating long standing issues relating to age, occupation and long-term health conditions, in particular within the Harrow's BAME community, with deterioration expected to continue across the wider population;

- a number of mental health areas had been identified which needed to be addressed through the provision of a comprehensive service and utilisation of a range of approaches;
- services for young people and proactive collaboration with schools played a key element in the mental health strategy. Models such as Thrive were being used to promote good mental health amongst young people and the Council would take part in the 2020/21 wave of NHS England Mental Health Support Teams roll out in schools;
- mental health review not fully completed but had been able to move forward with some of the recommendations, drawing upon the service users experience and engagement with stakeholders and partners. Further work was required on the pathway to employment which needed to be developed further;
- the review findings highlighted the number of existing interdependencies between care partnerships, CCG and community hubs, the lack of appropriate accommodation pathway as well as lack of recognition of the full partnership potential of the community and voluntary sector. Further work was required in improving collaboration and building on local experience;
- at the heart of the strategy was the community centred approach based around the needs of the individual, which was the Council was co-producing with residents and service users. The strategy would seek to expand on new ways of working and accommodate emerging needs as a result of the Covid-19 pandemic as well as explore a range of community offers;
- next steps of the strategy included a refresh of the partnership between the Council and CNWL, establishing a co-production group, re-designing the community support service and developing the recovery pathway.

The Chair thanked officers for their presentation. Prior to opening the discussion, she gave an opportunity for a response to be provided to the public question received earlier at item 4.

Ms Freeman asked her original and supplemental questions which were responded to in brief by the Director of Strategy and Partnerships who was present at virtual meeting. Due to time constraints, it was agreed that a detailed response would be provided in writing following the meeting.

The Chair thanked the resident for their question and invited further comments on the presentation from Members of the Sub-committee which were responded to as follows:

- online support was available for young people prone to mental health illnesses as a result of Covid. Further investment was expected in the new financial year towards mental health from NHS England, which

would enable transformation and development of appropriate mental health pathway;

- number of school aged children reported anxiety as a result of Covid and lack of social interactions. The Council was working towards providing a range of creative solutions and support but a significant surge of mental health referrals was nevertheless anticipated over the coming months;
- work with service users in designing the new mental health strategy was under way and the Council was continuing to develop virtual resources alongside its partner Wiseworks as well as exploring additional economic development opportunities.

The Portfolio Holder for Adults and Public Health, who was present in the virtual meeting, welcomed the presentation and thanked officers for their work on the strategy and the review. He endorsed the community engagement and person-centred approach and emphasised the need to have a robust and comprehensive recovery pathway. He added that at this stage it was unclear when a return to normal working ways would take place due to the associated Covid-19 risks but provided assurance that closing council buildings was not currently under consideration.

**RESOLVED:** That the presentation on Mental Health Strategy/Mental Health Review be noted.

#### **87. Mount Vernon Cancer Centre Review Update - November 2020**

Members received a presentation from NHS England and NHS Improvement representatives, which had been included in the published agenda pack, updating the Sub-Committee on the Mount Vernon Cancer Centre Review.

The Sub-Committee was informed that the Cancer Centre covered a large area with nearly 2 million people, 9% of which were Harrow residents. A review had been instigated following concerns over the state of the buildings and the limited clinical support available, which had led to some patients being transferred to other acute hospitals.

Having introduced the presentation, officers raised a number of key points:

- management of the Cancer Centre was in the process of being transferred to UCLH and some of the services were being relocated to an acute site;
- potential options for a new site were being explored from across the catchment area, including sites in Harrow, Hillingdon, Watford and Luton. Alongside engagement with stakeholders and the public, officers were working on a range of modelling factors to assess the suitability of each site. It was expected that shortlist would take place in December, followed by a further shortlisting in March/April 2021;

- significant amount of work had been focused on public consultation and community engagement, with a range of workshops, online focus groups, telephone calls and events being held. Further round of events with a stronger focus on geographical areas was planned for the period between January and March 2021 and a new website was also about to launch;
- public consultation on the new site was expected to begin in June 2021, with a final decision likely to be made by the end of 2021;
- discussions were under way to secure capital resources, which was one of the priority work areas.

Members raised a number of questions which were responded to as follows:

- participation at workshop had been open although majority of attendees were aged over 50, mainly due to prevalence of cancer amongst older people. Younger people had not been engaged yet but working with Healthwatch and community groups;
- following the recent securing of funding by Watford General Hospital and planned transformation of the area, exploratory conversations were now being held with each of the Trusts in the catchment area as. The Watford hospital transformation was seen as a positive route to capital for Mount Vernon but a complex process would need to be followed before being able to add any additional requirements to the schemes;
- discussions with Hillingdon Council were under way on the future of Mount Vernon Hospital once the Cancer Centre was moved to a new site. No clear plans or proposals were available at this stage but officers offered to update the Sub-Committee at a future meeting.

The Sub-Committee thanked the NHS England and NHS Improvement representatives for their presentation. Due to time constraints, it was agreed that any additional questions from Members be sent directly to the NHS representatives for a response after the meeting.

**RESOLVED:** That the Mount Vernon Cancer Centre Review Update be noted.

## **88. Progress on Out of Hospital Plan**

Having varied the agenda order, the Sub-Committee received a presentation from NHS representatives setting out details on Harrow's transition to a single CCG as well as progress on the Out of Hospital Plan.

NHS representatives outlined the presentation, focusing on the following key points:

- work was under way to complete the move towards setting up a single CCG for North West London by April 2021, as part of the integrated care system. Agreement from all eight CCG member practices had been received paving the way towards the merge allowing an application to be submitted to NHS England;
- collaboration played a key role in the process, with strong relationships between participating Local Authorities, specialists and medical partners already in place, united towards delivering change in Harrow;
- a number of work streams such as population health, economic regeneration and system delivery had been set up, which would seek to address pre-existing inequalities, facilitate community and staff engagement and support staff wellbeing. Specific modules had been set up within some of the work streams to help match aims with specific activities as well as identify any service gaps.

Members welcomed the update and in the followed discussion, asked a series of questions which were responded to as follows:

- delivering services to local residents remained at the heart of NHS's ethos. All Harrow GP practices were open and able to see patients who needed face to face appointments in a safe and a secure way. However, it was important to maximise digital remote access opportunities to ensure the system did not get overwhelmed over the coming months. A bespoke approach was required in order to identify any digital exclusion and put mitigations in place;
- despite some initial operational delays in delivering stock supplies, the flu vaccination programme in Harrow had been successful, with over 67% of over 65s and 35% of at-risk groups vaccinated;
- as part of the new arrangements, the single CCG unit for North West London would have sole budget responsibility for funds received by NHS England, which would need to be managed efficiently and in line with set objectives. Money would be allocated to different partners on a case by case basis, with strict allocation lines expected to be followed. A key long-term priority was achieving consistency in the provision of services offered by the participating boroughs.

The Portfolio Holder for Children and Young People, who was present at the virtual meeting, wished to express her thanks to officers for their presentation and ongoing work. Referencing the presentation, she requested that the six recommendations which arose from the children and young people work stream be shared following this meeting.

Before moving on to the next agenda item, the Chair announced that this was the last meeting of Javina Seghal, Chief Operating Officer at Harrow CCG. On behalf the Sub-Committee, the Chair wished to thank Ms Seghal for her time and expertise and wished her every success in her future endeavours.

Members also welcomed Sheik Auladin, Chief Executive Officer, Harrow, Brent and Hillingdon CCG, who would be attending future meetings.

**RESOLVED:** That the presentation on Progress on Out of Hospital Plan be noted.

## **89. Response to Covid Update**

The Sub-Committee received a presentation from the Directors of Public Health and Adult Social Care which provided an update on the latest Covid-19 figures in Harrow, the borough's response to the pandemic and its winter surge plans.

The Director outlined the presentation, focusing on a number of key points:

- rate of infections in Harrow was on the rise and at the time of the reporting stood at 192.3 per 100 000 of population. Of particular concern was the rise in the over 60s rate, which had increased by nearly 45% from the previous week. In terms of deaths in Harrow, the Director reported 412 recorded by the end of October 2020, the majority of which had occurred between March and June. The virus was spreading equally across the borough with no specific patterns or areas hot spots;
- testing was under way and the borough's major testing site in South Harrow was operating at full capacity . In addition to the existing mobile testing unit and care home testing, the Council was looking to develop two further sites, subject to confirmation by the Department of Health. Preparations were also under way for the roll out of lateral flow devices, which would enable quicker results;
- whilst 80% of positive Covid cases were contacted by NHS Test and Trace, the Council was still receiving referrals and was supporting the contact tracing process on a local level. However, progress was slowed or impeded due to incomplete or incorrect data;
- business grants and personal isolation payments for people on low income affected by Covid-19 were available. Issues remained with some employers requesting staff to self-isolate without entering their details on the NHS Test and Trace system.
- delivery of the UK vaccination programme would be led by the NHS, with Harrow Council working with the Clinical Commissioning Group in identifying mass vaccination sites in the borough as well as GPs in setting up plans for meeting government targets. It was expected that the first batch of vaccines would be available from the middle of December 2020 to care home patients and staff, with a general public roll out to follow.
- Harrow Council had adopted the National Winter Plan which was published in September 2020, and had incorporated a number of

recommendations, including risks to care market service continuity, contingency and collaborative work across several areas. The Plan had been shared with key partners and would be updated on a regular basis.

Members welcomed the update and in the followed discussion, asked a series of questions which were responded to as follows:

- lateral flow tests were very sensitive and detected almost 95% of positive Covid cases, providing an alternative to traditional PCR tests. Occasional batch problems were possible and there was a need to provide appropriate training to staff in their administration and interpretation, which was part of the Council's roll out strategy;
- amongst the explanations behind the rising number of Covid cases amongst young people, was their recent return to college or university, lack of social distancing, prevalence of face-to-face work and general attitude towards the virus. Further work was required on sending out a clear message to young people warning them about the risks in inadvertently spreading the virus, particular through household mixing;
- no clear indication of numbers of asymptomatic people available but some indication available through antibody testing, blood donor testing and symptomatic trackers. By the end of the summer an estimate 17% of Londoners were infected with Covid, with a high proportion of asymptomatic cases found in care homes. The number of positive cases before the asymptomatic tests were rolled out was just 1.7%. The Council was exploring the possibility of introducing a rapid testing in care homes and schools, which may result in further detection of cases. The Director of Public Health confirmed that although the Council was not part of the initial roll out of rapid testing in London, it had submitted an expression of interest and had put a plan in place in preparation for the roll out;
- amongst the lessons learned from the first wave of Covid-19 cases was how to apply a whole systems approach to mitigate the impact on care homes and hospitals in case of disruption to PPE; maintaining communication with providers; providing rapid clinical help; and process of hospital discharge, which avoids further re-infection in care homes;
- hospitals were expected to provide appropriate advice to people accompanying Covid patients. Anyone who tested positive of Covid-19 outside of hospitals would be entered into the NHS Test and Trace system, which would reach out to their close contacts and relatives. According to the latest figures, there were 81 Covid positive patients in Harrow, compared to 71 the previous week. Numbers had stabilised and Northwick Park Hospital had sufficient beds to treat patients in a timely manner and there was good support from partners. In addition, Central Middlesex Hospital had been identified as a lateral flow test

site. The test was piloted across staff in the hospital and was due to be rolled out from next week.

Having thanked officers for their presentation and expressed reassurance towards Harrow's capacity to deal with the pandemic, the Sub-Committee

**RESOLVED:** That the update on Harrow's response to Covid be noted.

## **90. Adult Social Care Strategy**

Members received a presentation on Harrow's Adult Social Care Strategy, which outlined the Council's priorities and vision. The Sub-Committee was informed that the Strategy would also be presented to the Council's Health and Wellbeing Board at its meeting on 24 November 2020.

The Director of Adult Social Services stated that the strategy provided a clear vision for its staff, focusing on setting out a new targeted work approach concentrating on the strengths and skillsets of its workforce. At the centre of the strategy was also strengthening the community by providing appropriate and timely level of support to residents, supporting their independence and protecting those at risk, whilst at the same time allowing the Council to remain accountable and make best use of the available resources.

Amongst the projects under way as part of the strategy was the Enablement Project, which aimed at working with people with disabilities and connecting them to employment and volunteering opportunities as well as developing an outreach community service.

Members asked a series of questions which were responded to as follows:

- balancing staff training and development against the everyday pressures of their work was key. Focusing on the strength based approach, a number of "bite size" events and reflective sessions aimed at celebrating success whilst being relevant to work were being organised;
- staff turnover in Harrow was generally low. However, the response to Covid-19 coupled with the complexity of residents needs, had challenged and stretched the workforce. A recruitment campaign was also underway hoping to fill six vacant social workers posts;
- acknowledging the similarities in social care curriculums and training standards in other countries, officers explained that no overseas staff had been approached at this stage of the recruitment campaign. However, the Adult Social Care Service had indicated their interest in joining a cross Directorate initiative should one was to take place as this was a more cost efficient approach;
- further work was required in supporting carers to reflect the important role they played in the community. The council had appointed a dedicated resource in the form of a Carer Champion, who, over the last 12 months had been working to promote support to carers;

- use of assisted technology had been considered but a number of practical challenges remained. It was therefore important to ensure that the infrastructure was safe and in place in order to make best use of council resources and ensure long-term sustainability.

**RESOLVED:** That the presentation on the Adult Social Care Strategy be noted.

**91. Update from NW London Joint Health Overview and Scrutiny Committee**

The Sub-Committee received a report, which set out the discussions held at the meeting of the North West London Joint Health Overview and Scrutiny Committee (JHOSC) on 7 September 2020.

**RESOLVED:** That the report be noted.

(Note: The meeting, having commenced at 6.30 pm, closed at 9.14 pm).

(Signed) Councillor Rekha Shah  
Chair



**Report for: Health and Social Care  
Scrutiny Sub-Committee**

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<b>Date of Meeting:</b>	23 February 2021
<b>Subject:</b>	Update from NW London Joint Health Overview and Scrutiny Committee
<b>Responsible Officer:</b>	Alex Dewsnap, Director of Strategy & Partnerships
<b>Scrutiny Lead Member area:</b>	Health: Policy Lead – Councillor Michael Borio Performance Lead – Councillor Vina Mithani
<b>Exempt:</b>	No
<b>Wards affected:</b>	All
<b>Enclosures:</b>	None

**Section 1 – Summary and Recommendations**

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This report provides an update on discussions held at the meeting of the NW London Joint Health Overview and Scrutiny Committee (JHOSC) on 14 January 2021.

**Recommendations:**

The Sub Committee is asked to:

1. Consider the update and provide any comments / issues that are to be raised through the JHOSC by Harrow’s representatives.
2. Consider the issues raised at the last JHOSC meeting to inform its own consideration of the impact of Covid-19 and the roll-out of the vaccination programme at a local level.

## Section 2 – Report

### Background

The North West London Joint Health Overview and Scrutiny Committee (JHOSC) comprises elected members drawn from the boroughs geographically covered by the NHS NW London Shaping a Healthier Future (SaHF) programme and was set up to consider the proposals and consultation process formally between the period of 2 July and 8 October 2012. The proposals set out the reconfiguration of the accident and emergency provision in North West London. This included changes to emergency maternity and paediatric care with clear implications for out-of-hospital care.

The JHOSC published its final report in October 2012, making recommendations on how the SaHF proposals could be developed and implemented, including the risks that needed to be explored. The JHOSC also recommended that the committee continue to meet beyond the original consultation period to provide ongoing strategic scrutiny of the development and implementation of Shaping a Healthier Future.

Harrow's ongoing participation in the JHOSC examining the implementation of the SaHF ensures that scrutiny of the issues is maintained at a regional level and that Harrow residents' perspectives are put forward to the NHS as it implements the SaHF programme. The Health and Social Care Scrutiny Sub Committee receives regular update reports on the JHOSC so that it can pick up any local issues in its own work programme as well as feed into the JHOSC's agenda planning and deliberations. Harrow's member representatives on the JHOSC for 2019/20 are Councillors Rekha Shah and Vina Mithani.

On 26 March 2019, the Secretary of State for Health announced the closing down of the Shaping a Healthier Future programme. In a letter dated 26 March 2019, the NW London Collaboration of CCGs confirmed the decision and stated:

*“All parts of the NHS are now in agreement to draw the SaHF programme to a conclusion and bring our on-going efforts to improve health and care together in a new programme as part of our NHS Long Term Plan response. We will not be taking forward the plans as set out in SaHF for changes to Ealing and Charing Cross hospitals, but this does not mean that services across NW London will not change...We want to work with local people, communities and organisations to develop this new plan for NW London, which ensures high quality care for all our residents. We think it should include continuing our expansion of primary and community services and the development of more integrated care. We are also clear that services will need to be configured in such a way as to build a health system that is both clinically and financially sustainable. If we are to improve care and outcomes for local residents, we know that the status quo is not an option. This new plan for health and care in NW London will therefore still need to include changes, involving some difficult decisions and trade-offs, if we are to offer high quality, person-centred care sustainably. By*

*realigning under the NHS Long Term Plan, updating our planning assumptions and enabling all of our staff, patients, partners and stakeholders to be involved in its development and delivery over time, we will have the best possible chance of success.”*

The terms of reference for the JHOSC were revised to reflect the closure of the Shaping a Healthier Future programme.

### **JHOSC meeting 14 January 2021**

The last JHOSC meeting held on 14 January 2021 was a virtual meeting hosted by the London Borough of Ealing. The meeting was attended by Councillor Rekha Shah. Discussion focused on:

NW London Covid-19 situation and vaccination programme – the JHOSC received verbal updates from NHS colleagues. At the time of the meeting, NWL had tripled the number of intensive care beds in the region, with mutual agreement between trusts to transfer patients, if necessary, so to make best use of hospital capacity. The majority of ICU beds were being used by patients with Covid. There has been an impact on elective treatments. Challenging times were anticipated for the weeks ahead. There is collective support from primary care as the first port of call and there are Covid clinics in each area for people who need care but not in hospital.

NW London is the most populated ICS in London and will need to offer 6 million vaccines to complete its vaccination programme, following the national prioritisation/criteria. The aim is to achieve vaccination for 75% of the adult population. London has the lowest uptake of vaccination in the country.

There has been good work across the NHS and local authorities on the vaccination programme. A programme of myth-busting in targeted communities is planned.

The next meeting of the JHOSC is on 18 March 2021, when the agenda will include a Covid update and consideration of the NWL NHS financial/budget strategy.

### **Ward Councillors' comments**

Not applicable as report relates to all wards.

### **Financial Implications**

There are no financial issues associated with this report.

### **Performance Issues**

There are no performance issues associated with this report.

### **Environmental Impact**

There is no environmental impact associated with this report.

## **Risk Management Implications**

There are no risk management implications associated with this report.

## **Equalities implications / Public Sector Equality Duty**

An Equalities Impact Assessment has not been undertaken for this report as it summarises the activities of the JHOSC and does not propose any changes to service delivery.

## **Council Priorities**

The work of the JHOSC relates most to the delivery of the council priority to:

- Addressing health and social care inequality

## **Section 3 - Statutory Officer Clearance**

Not required for this report.

## **Mandatory Checks**

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

## **Section 4 - Contact Details and Background Papers**

**Contact:** Nahreen Matlib, Senior Policy Officer,  
[nahreen.matlib@harrow.gov.uk](mailto:nahreen.matlib@harrow.gov.uk)

**Background Papers:** None