

# Health and Wellbeing Board

## Minutes

### 23 March 2021

**Present:**

**Chair:** Councillor Graham Henson

**Board Members:** Councillor Ghazanfar Ali  
 Councillor Simon Brown  
 Councillor Janet Mote  
 Councillor Christine Robson  
 Dr Genevieve Small (VC) Chair, Clinical Commissioning Group  
 Marie Pate Healthwatch Harrow  
 Dr Muhammad Shahzad Clinical Commissioning Group

**Non Voting Members:** Carole Furlong Director of Public Health Harrow Council  
 Paul Hewitt Corporate Director, People Harrow Council  
 John Higgins Voluntary Sector Representative Voluntary and Community Sector  
 Chris Miller Chair, Harrow Safeguarding Boards Harrow Council  
 Angela Morris Director of Adult Social Services Harrow Council

**In attendance:** Donna Edwards  
 Philippa Johnson  
 Simon Morioka  
 Claire Kennedy  
 Tanya Paxton  
 Lisa Henschen  
 James Walters

**In attendance: (Councillors)** Maxine Henson  
Chris Mote

**Apologies received:** Sheik Auladin  
Simon Crawford  
Dr Himagauri Kelshiker  
Rasila Shah

**131. Attendance by Reserve Members**

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

**132. Declarations of Interest**

**RESOLVED:** To note that the Declarations of Interests published in advance of the meeting on the Council's website were taken as read.

**133. Minutes**

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

**134. Public Questions**

**RESOLVED:** To note that one public question was received, and responded to in writing. Supplemental questions were also received and responded to in writing.

**Resolved Items**

**135. Integrated Care System [Consultation and Progress Report]**

Members received the report on the Harrow Integrated Care Partnership - Next Steps on Integrating Care (Consultation and progress on future development of Integrated Care Systems in England).

It reflected a number of principles which were supported by and reflected in arrangements in NW London and Harrow ICP including: stronger partnerships at a place level between the NHS, local government and the voluntary and community sector; a focus on improving population health and tackling inequalities - including a "Triple Aim" duty for all NHS providers; the central role for primary care in providing joined-up care; the role of mutual aid development of relationships and support during the pandemic and opportunities to pool funding; the importance of data sharing and digital alongside a culture of collaboration and agile collective decision-making; the importance of local government and place in the planning, design and delivery of care; the principle of subsidiarity – the system taking responsibility only for things where there was a clear need to work on a larger footprint, as agreed with local places.

The document invited feedback by 8 January 2021. Whilst proposed legislative changes are unlikely before April 2022 and subject to parliamentary approval, the document set out an NHS direction of travel including requests for submission of ICS development plans by April 2021 and implementation plans by September 2021.

Discussions had highlighted the importance of clarity in relation to a number of areas, such as the Department of Health and Social Care White Paper published in February 2021. It was proposed that new arrangements should begin to be implemented in 2022.

Following on from the presentation, Members raised questions around: the implications of proposed changes for financial controls within the system; the role and powers of commissioning; collaboration between partners and the potential future increased involvement of the private sector in health provision; and the involvement of the voluntary and community sector, including its ability to operate at a local scale to address inequalities.

A further question was raised around the role of pan-London and cross-ICS working, including in areas such as investigating child deaths and improving support to learning disabilities.

Simon Morioka and Claire Kennedy, presenting, emphasised the importance of the continued development of place based arrangements, even in the absence of clarity in a number of areas and in advance of further guidance, to ensure that the population of Harrow benefitted from, and were not adversely impacted by, these changes.

This included in relation to the overlapping set of future responsibilities that would exist in relation to finances, and the ongoing and enhanced need for joint planning and assurance, irrespective of changes to commissioning structures.

The role of GPs and the voluntary and community sector in the Harrow response to Covid-19 was highlighted as an example of how joint working was already making a difference in local areas.

The Chair added that the role of partnership and trust in building relationships at an ICS and borough level was important.

The Vice-Chair welcomed opportunities for working collaboratively to address future challenges.

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

### **136. Adult Social Care Budget [2021/2022]**

Members received the Adult Social Care Budget (2021-2022). Local Authorities were already financially challenged pre-Covid-19 pandemic. Reduced funding was against a backdrop of increasing population and increased need for social care services.

Over the period 2013/14 to 2021/22, there had been a reduction in revenue support grant of £50.5m (£52.1m reduced to £1.6m in 2021/22). The Council would have to make savings of £147.3m to deliver a balanced budget. In the current Municipal Year (2020/21), the use of reserves to balance the budget would be required.

Harrow was one of the lowest funded councils in London and nationally.

The following proposals had been made: increased Council Tax at 1.99%; and full use of social care precept at 3%. There was £300m nationally for additional social care funding (£326 000 for Harrow – which was assumed to be ongoing); and £1.55bn nationally to meet additional Covid-19 expenditure pressures, with Harrow receiving (£4.6m as a one-off payment.

Members were concerned that there was little room for financial manoeuvre, especially in the current circumstances with the Covid-19 pandemic, making it difficult to make long-term plans.

Furthermore, citizens' expectations needed to be reflected in as a potential risk factor, particularly the move to online support. There was need to pay carers higher amounts, and offer financial support when attending Covid-19 vaccinations.

It was acknowledged that expectations needed to be reflected in regards to online support. The Council had a robust Quality Assurance Team, and had made offers to agencies to pay for travel, and time off, for carers to receive vaccinations.

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

**137. Covid-19 Update - Infection Rates, Vaccination Plan, Local Outbreak Plan and Test and Trace**

Members received the Covid-19 Update on Infection Rates, Local Outbreak Plans, Vaccination Plan, and Test and Trace.

The current rate of infection was 59.7 cases per 100,000 people in Harrow. For the past 2 weeks the rate had been a broadly plateaued picture, albeit at high level. Harrow's rate was currently the fourth highest in London (behind Hillingdon, Hounslow and Ealing); and nationally, the third highest of local authorities in England.

In the past 12 months, 674 Harrow residents had died from Covid-19.

The vast majority of the new cases in Harrow remained due to the new UK variant.

The Community Testing Programme had been extended to the end of June 2021, at the least. The key message remained to get tested twice a week.

The Council had developed an updated Local Outbreak Management Plan. In addition to topics in the previous plan, which largely focused on testing in

various settings, the new plan covered inequalities issues in testing and vaccination, enduring transmission, monitoring and surveillance, supporting self isolation, community engagement and communications, enhanced contact tracing and Surge testing for variants of concern.

The plan also looked forward to the impact of coming out of lockdown and recovery but recognised risks associated with that. The plan would be posted on the council website in the coming weeks after it has been through the regional scrutiny.

Whilst Harrow's overall uptake of vaccination to date had been high, the large percentage masked inequalities in the population with high uptake amongst White and Asian or Asian British populations (85-90%); uptake amongst Black or Black British population was 57%; and Mixed ethnicity was 72%.

Joint action across the Local Authority, local Practices and Clinical Commissioning Group (CCG) was being taken to understand the concerns about vaccination amongst the population, through engagement with community leaders, faith groups and promotion of vaccination through trusted local clinicians.

Members expressed their appreciation to the Council and partners for the high delivery of the vaccination programme, as well as testing.

Members asked whether "mix and match" of vaccinations could be done.

It was advised that the same dose would be maintained.

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

### **138. Healthwatch Harrow - GP and Dental Service Access Report**

Members received the report from Healthwatch Harrow– GP and Dental Access Report.

Healthwatch Harrow had been the residents' local voice and consumer champion for health and social care across the London Borough of Harrow since 2013. Their role was to gather intelligence/evidence, to check and challenge service delivery, identify where services need to change and make recommendations to the Clinical Commissioning Group (CCG), Council and other health and social care providers.

One hundred people completed the survey during November and December 2020.

The report highlighted the key themes, issues and recommendations.

The Key Issues were:

- GP telephone systems and online booking systems were not efficient and did not meet the demands / needs of patients needing to contact the surgery;

- commissioning of NHS Dental Care was not meeting current demand;
- the Black, Asian and Minority Ethnic (BAME) communities were disproportionately affected in accessing services; and
- accessibility was particularly an issue for those patients with language, mental, health and learning disabilities.

The following were the recommendations:

- 1) CCG to work with the Primary Care Networks and Harrow GP surgeries to put in place improved, quicker and more accessible phone and online appointment booking systems to reduce patient waiting times and cancelling appointments, and to review the effectiveness of their GP texting service in reducing missed appointments;
- 2) NHS England to review the commissioning of NHS Dental Care in Harrow, to ensure commissioning is kept up to date with demand and that the dental contract is fit for purpose. For example, one element is the Units of Dental Activity (UDA'S), as each dental practice is commissioned for a set number of UDA's and in Harrow this is not meeting the current demand;
- 3) Primary Care Networks, GP practices and Dental Surgeries to work collaboratively with the Black, Asian and Minority Ethnic (BAME) communities to further understand the issues which are affecting these communities in accessing services e.g. language barriers, lack of digital access etc. and to put a plan of action in place to address these issues;
- 4) CCG to work with the Primary Care Networks and Harrow GP surgeries to improve accessibility particularly for those patients with language, mental health and learning disabilities.

The report would be shared with all key stakeholders, particularly those who commission the services and with the Harrow Health and Care Executive, the Health and Wellbeing Board and the Health and Social Care Scrutiny Sub-Committee and NHS England.

Healthwatch Harrow would work collaboratively to ensure appropriate action was taken.

Members shared the Report's concerns around access, and children having to pay for dental services.

The Vice-Chair acknowledged that the report was a good indicator of issues, which should be taken in the context of GPs managing more patients than before.

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

### **139. National Day of Reflection - Minute Silence**

At midday (12.00 pm), the Chair led Members in a Minute's Silence on the National Day of Reflection - Pause, Reflect and Shine a Light in memory of those who had died from, or been affected by, Covid-19 in the current pandemic.

(Note: The meeting, having commenced at 10.00 am, closed at 12.02 pm).

(Signed) Councillor Graham Henson  
Chair