

Health and Wellbeing Board Agenda

Date: Tuesday 8 June 2021

Time: 10.00 am

Venue: Virtual - Online

Membership (Quorum 5)

Chair: Councillor Graham Henson

Board Members:

Sheik Auladin	Clinical Commissioning Group
Councillor Simon Brown	Harrow Council
Councillor Janet Mote	Harrow Council
Marie Pate	Healthwatch Harrow
Councillor Christine Robson	Harrow Council
Dr Muhammad Shahzad	Harrow Clinical Commissioning Group
Dr Genevieve Small (VC)	Chair, Harrow Clinical Commissioning Group
Councillor Krishna Suresh	Harrow Council
1 Vacancy	Harrow Clinical Commissioning Group

Reserve Members

Councillor Sue Anderson	Harrow Council
Councillor Niraj Dattani	Harrow Council
Councillor Dean Gilligan	Harrow Council
Councillor Maxine Henson	Harrow Council
Councillor Dr Lesline Lewinson	Harrow Council
Dr Himagauri Kelshiker	Harrow Clinical Commissioning Group
Rasila Shah	Healthwatch Harrow
1 vacancy	Harrow Clinical Commissioning Group

Non Voting Members:

Inspector Edward Baidon, Harrow & Brent Police
Carole Furlong, Director of Public Health, Harrow Council
Paul Hewitt, Corporate Director - People, Harrow Council
John Higgins, Representative of the Voluntary and Community Sector
Chris Miller, Chair, Harrow Safeguarding Boards
Angela Morris, Director Adult Social Services, Harrow Council
Vacancy, NW London NHS England
Vacancy, Harrow Clinical Commissioning Group

Contact: Mwim Chellah, Senior Democratic & Electoral Services Officer
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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

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: Thursday 27 May 2021

Agenda - Part I

1. **Appointment of Vice-Chair**

To note the appointment of the Chair of Harrow Clinical Commissioning Group as Vice-Chair of the Board for the 2021 – 2022 Municipal Year.

2. **Petitions**

To receive petitions (if any) submitted by members of the public/Councillors under the provisions of Board Procedure Rule 13 (Part 4B-1 of the Constitution).

3. **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.

4. **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 Board;
- (b) all other Members present.

5. **Minutes** (Pages 7 - 14)

That the minutes of the meeting held on 23 March 2021 be taken as read and signed as a correct record.

6. **Public Questions ***

To receive any public questions received in accordance with Board Procedure Rule 14.

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, 1 June 2021. Questions should be sent to publicquestions@harrow.gov.uk

No person may submit more than one question].

7. **Deputations**

To receive deputations (if any) under the provisions of Board Procedure Rule 13 (Part 4B-1 of the Constitution).

8. **Coronavirus (Covid-19) and Vaccinations Update for Harrow (To Follow)**

9. **Development of the Harrow Integrated Care Partnership (To Follow)**

10. **Integrated Better Care Fund** (To Follow)
11. **Annual Public Health Report** (To Follow)
12. **Public Health Quarterly Update** (To Follow)
13. **Health Watch Report: The experience of GP Services (System Response)** (To Follow)
14. **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.]

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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
Healthwatch Harrow
Clinical Commissioning Group

Marie Pate
Dr Muhammad Shahzad

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

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

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Covid Report for Harrow Health and Wellbeing Board 08/06/2021

CAROLE FURLONG
DIRECTOR OF PUBLIC HEALTH

- ▶ Rates of Covid have been variable in the past 2 weeks due to undertaking surge testing in the week before half term.
- ▶ Currently we have confirmed rate of 11-12 cases per day to 2nd June although the interim data for the past 4 days suggests the rate will decrease in the coming week.
- ▶ Majority of cases (70%) are currently due to the Delta Variant and the remainder due to the Alpha Variant. The Delta Variant is 50-80% more transmissible than the Alpha variant so it is vital that we remain vigilant and identify contacts and isolate people as soon as we know about their diagnosis.

Harlow COVID 19 Dashboard

report date: 06/06/2021

Data from May 27 2021 to June 2 2021

Confirmed Positive Cases (all ages) in 7 days to 2/6/2021

% Change in past 7 days

Interim positive cases (all ages) in 7 days to 6/06/2021

Confirmed Positive Cases (age 60+) in 7 days to 2/6/2021

% Change in past 7 days

82

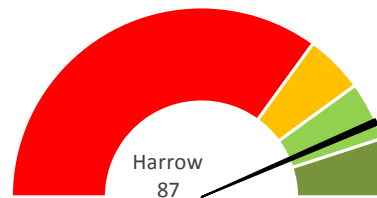
22%

64

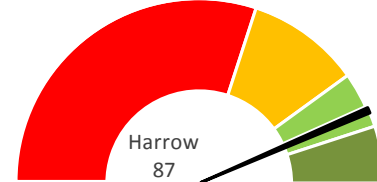
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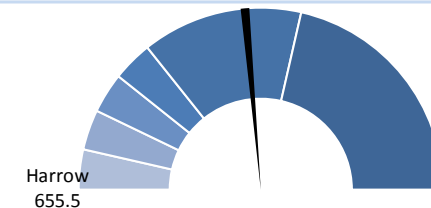
Test and Trace
Cases
(cumulative)
% Complete



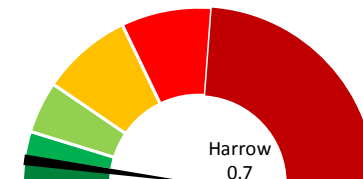
Test and Trace
Contacts
(cumulative)
% Complete



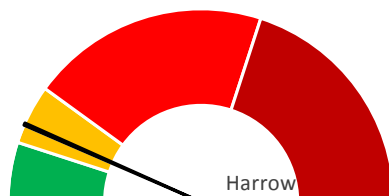
PCR Testing
rate
per 100,000



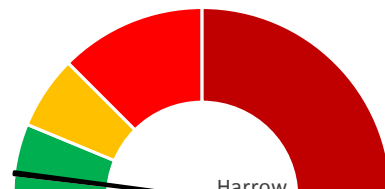
PCR Test
Positivity
rate



Incidence rate
(all ages)
in past 7 days
per 100,000

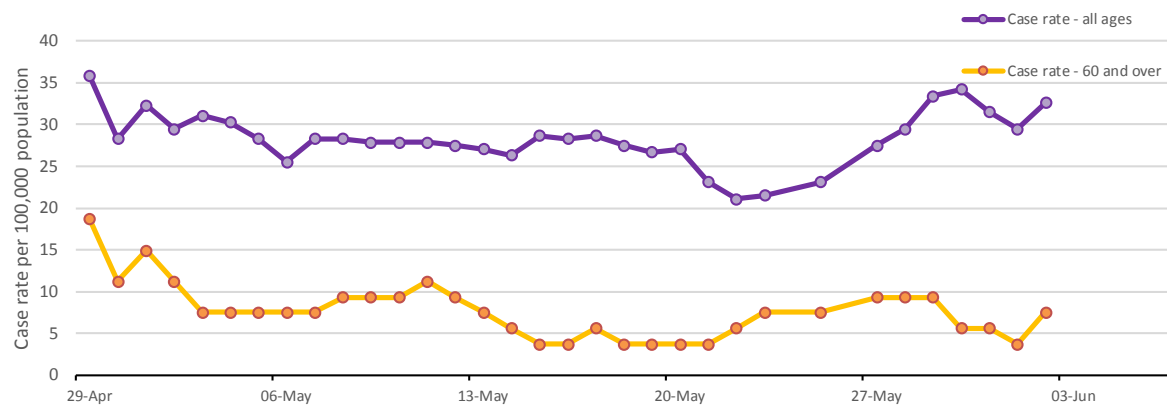


Incidence - 7 days
in 60 and over
per 100,000

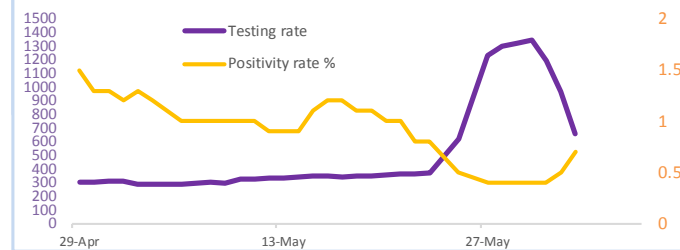


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Rate of COVID-19 Cases per 100,000 in Harlow by notification date
(note last 4-5 days are subject to change)



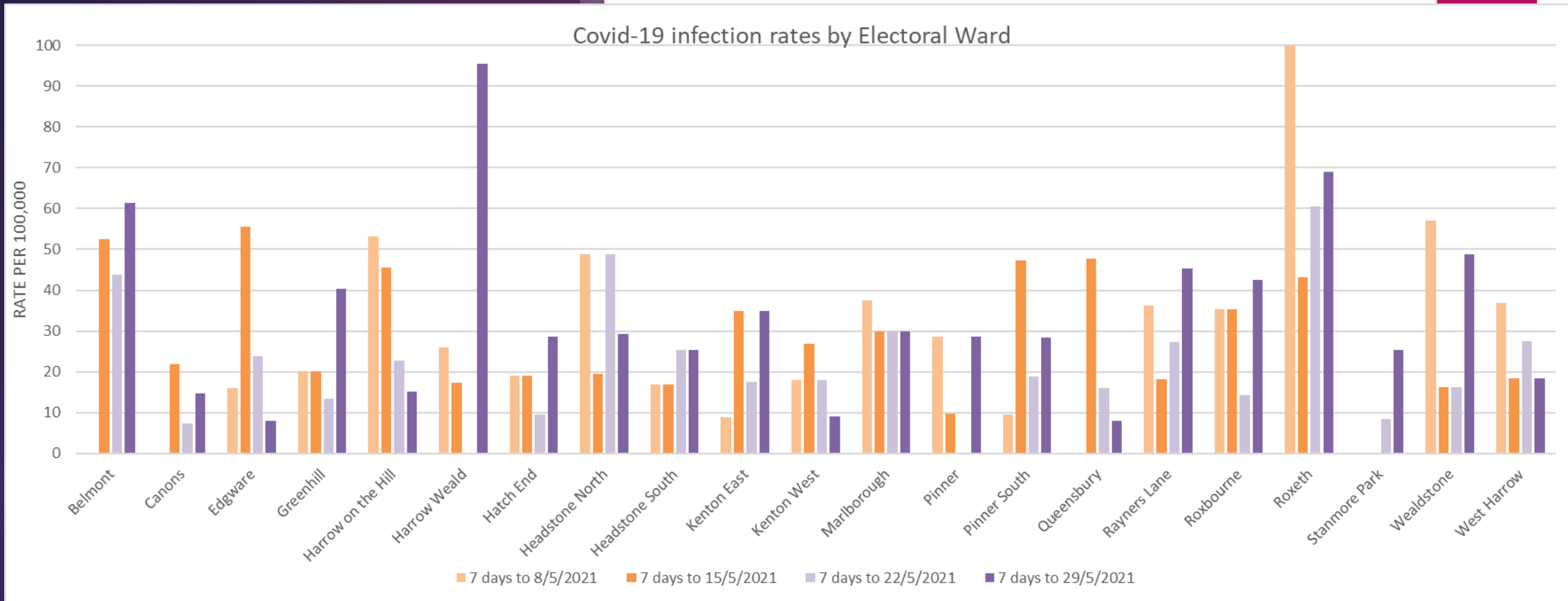
Trends in PCR testing rates and test positivity



Fewer than one third of cases in Harlow are due to the Alpha variant and we assume that the majority of the remainder are due to the Delta variant. Two doses of the vaccines are effective against the Delta variant so it remains vital that people get both doses of the vaccine as soon as they can.

Rates by Ward

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Due to the surge testing last week we saw an increase in the number of cases across the borough. Family clusters were identified in some wards contributing to higher rates. The highest rates in the seven days to 29/5/2021 were in Harrow Weald and Roxeth.

Surge Testing for Covid-19 variant of Concern

- ▶ Data suggests that the Delta Variant (the variant first identified in India) is now replacing the Alpha Variant (the variant first identified in Kent) in many areas of the UK including London. While many of the original cases were linked to international travel or were contacts of those who had travelled, many of the more recent cases are thought to be due to community spread. As it takes around 2 weeks before the results of genome sequencing are available, we are only able to look at this data retrospectively.
- ▶ Because of the pattern of new cases in Harrow every student that attends a secondary school/college in Harrow and every member of staff that works in one was asked to take a test last week. The response from the schools was phenomenal and around 14,000 tests were taken within the schools. An additional 13,000 family members also took a test at home (interim data).
- ▶ All of those tested positive have been asked to isolate immediately and NHS Test and Trace informed of contacts.
- ▶ This testing will, in combination with measures such as hands-face-space-fresh air and following national guidance, help to suppress and control the spread of the virus, while enabling a better understanding of the new variant.
- ▶ Considering the number of tests we have undertaken, a relatively low number of positive tests have been found – the positivity rate during the time we did surge testing was 0.4% (this includes those who were tested because they has symptoms).

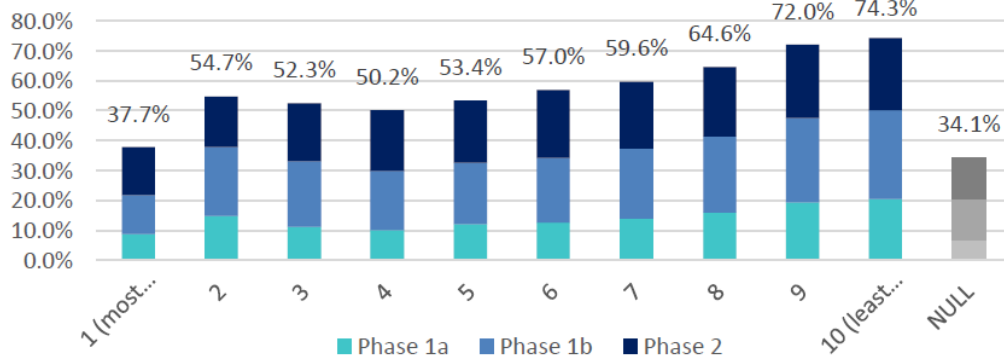
Vaccination

- 150,000 people over 18 in Harrow have had at least one dose of the vaccine. Over 105,000 have also had their second dose (as of 4 June 2021).
- There are some significant differences in vaccine uptake within the population. While the White British, Indian, Irish and other Asian groups have uptake between 60 and 80%, Black Caribbean, Black African and other Black groups have uptake below 50%.
- People living in the most affluent part of Harrow are much more likely to be vaccinated than those living in the most deprived (74% compared to 38%)
- Of the 31,000 people that haven't had their first vaccination, less than 2,000 are in the JCVI groups 1-4; around 20,000 are in groups 5-9 and around 10,000 are in the under 40s

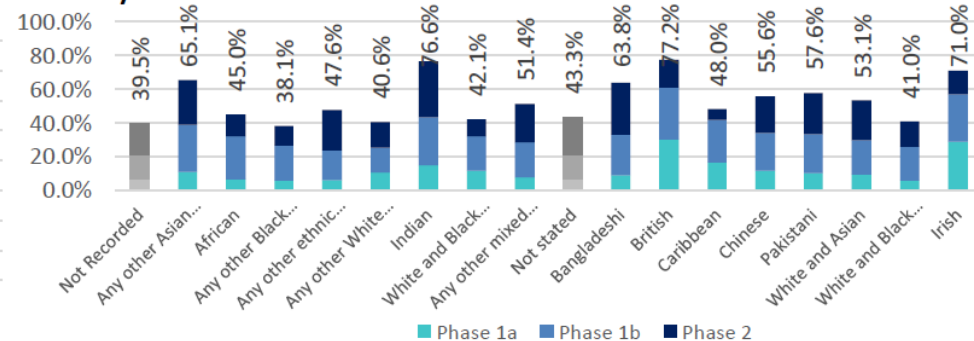
Proportion of population vaccinated by protected characteristic

Cumulative of position (Source: WSIC. Reporting period cumulative of 30th May)

Deprivation

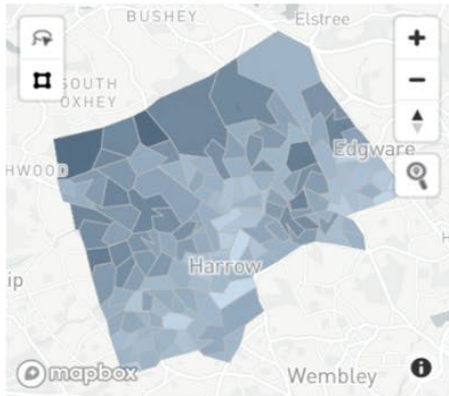


Ethnicity

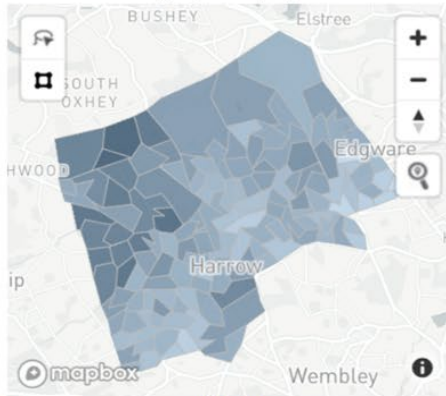


Note: (1) The denominator for uptake by deprivation and ethnicity is based on the total JCVI 1-12 cohorts of the relevant sub-cohort.
 (2) Phase 1a: JCVI cohorts 1-4. Phase 1b: JCVI cohorts 5-9. Phase 2: JCVI cohorts 10-12. Phase 2: JCVI cohorts 10-12 (3) Percentages represent the number of people vaccinated per decile/ quintile.

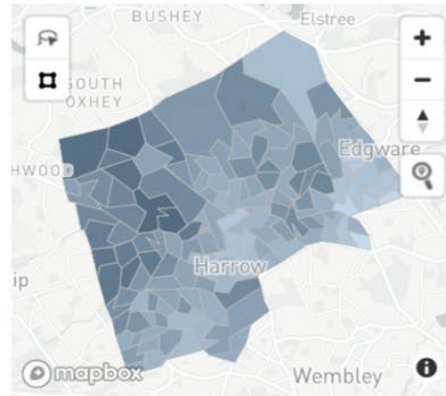
Dose 1 Coverage (18-29yrs)



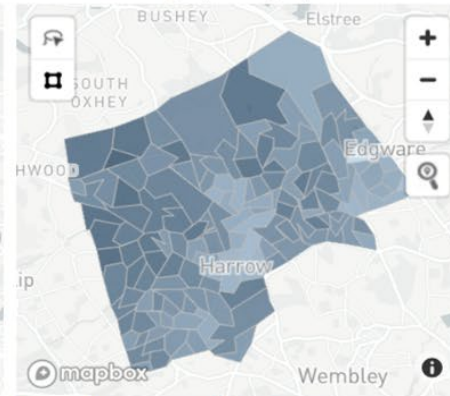
Dose 1 Coverage (30-39yrs)



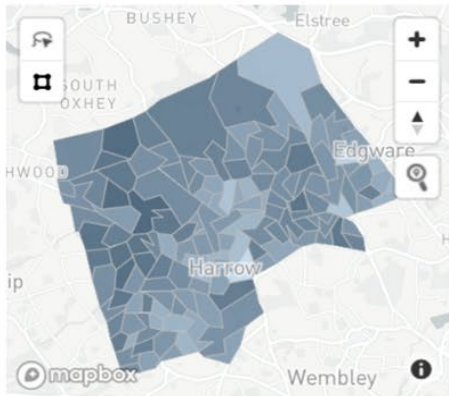
Dose 1 Coverage (40-49yrs)



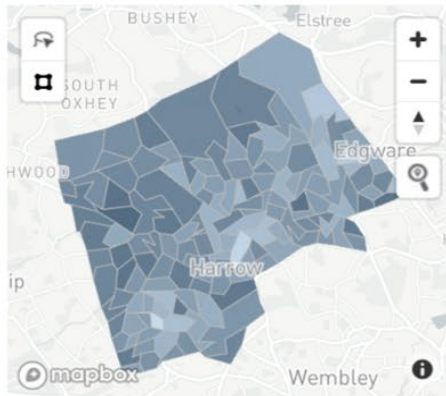
Dose 1 Coverage (50-59yrs)



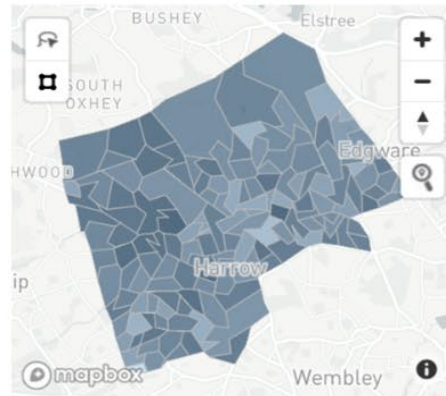
Dose 1 Coverage (60-69yrs)



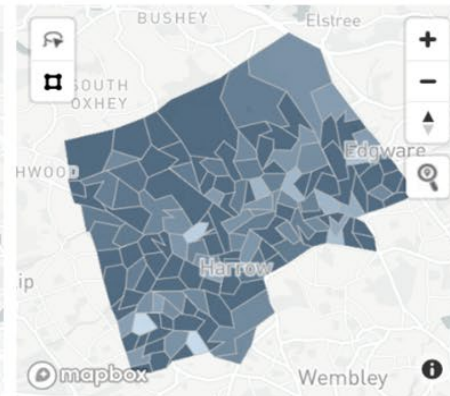
Dose 1 Coverage (70-79yrs)



Dose 1 Coverage (80-89yrs)

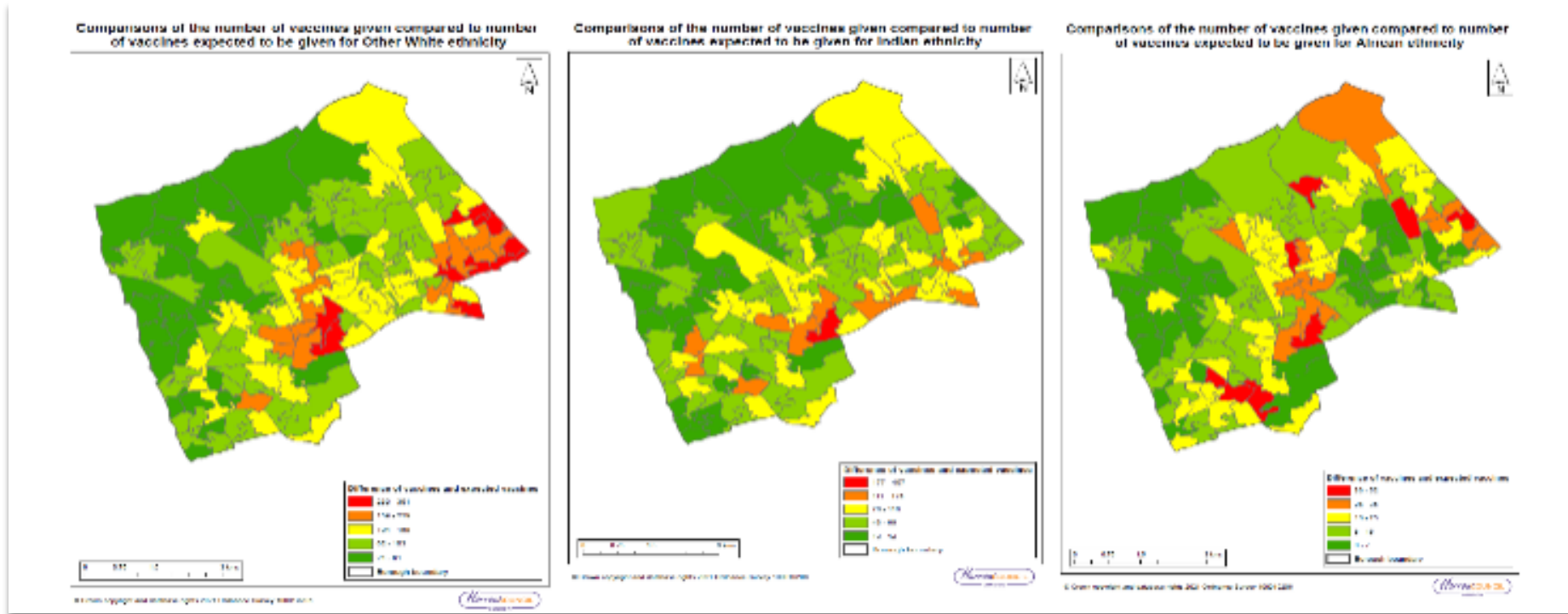


Dose 1 Coverage (90+yrs)



Covid Vaccine Coverage by age group (Dose 1)

The pattern of vaccine coverage varies across age groups but the areas with lower coverage tend to be in the centre of the borough and south west and the to a lesser extent in the south east of the borough in under 50s groups.

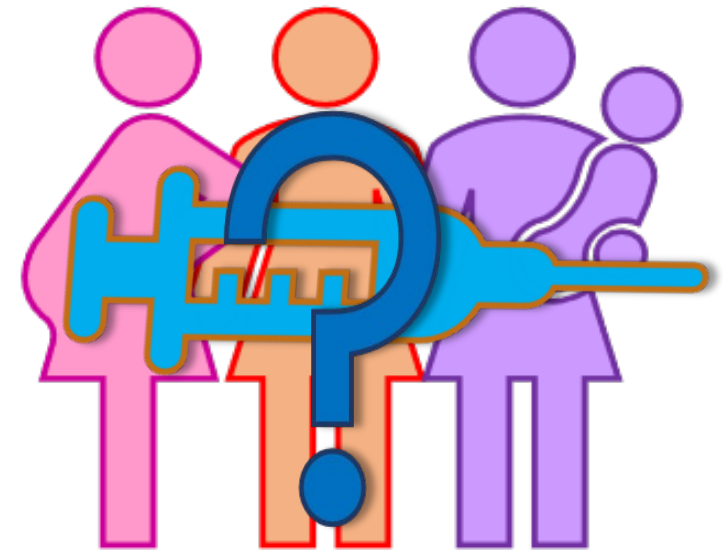


Targeting areas for action on vaccination based on ethnicity and uptake

Note variation in patterns uptake at LSOA level which will allow us to help the vaccine community champions to focus on specific areas. It will also allow us to look at where we might need to set up pop up clinics

COVID-19 vaccine, pregnancy, fertility and breastfeeding webinar

- ▶ This free webinar is essential to hear from NHS specialists to answer your questions and concerns about the Covid-19 vaccines with regards to fertility, pregnancy and breastfeeding.
- ▶ **Who should attend:** The event is open to all residents in North West London, particularly if you are pregnant, breastfeeding or have concerns about fertility.
- ▶ **Date and time:** Monday 14 June 2021 6 to 7:30pm
- ▶ **The panel:** The panel will consist of NHS specialists and independent chair to join in the discussion and provide updated information.
- ▶ Click on the eventbrite registration below, if you wish to register, after registration you will receive notification of your webinar ticket and you will receive the webinar link 24 hours before for the webinar.
- ▶ <https://www.eventbrite.co.uk/e/covid-19-vaccines-pregnancy-fertility-and-breastfeeding-second-webinar-tickets-156867658389>
- ▶ If you want to submit your questions for the panel before the webinar click this link <https://www.surveymonkey.co.uk/r/KWJWH5W>
- ▶ , or you can simply ask your questions on the night.



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