

# Health and Wellbeing Board Agenda

**Date:** Tuesday 18 January 2022

**Time:** 10.00 am

**Venue:** Online (Virtual Meeting)

## Membership (Quorum 5)

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**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)	Harrow GP Governing Body Member for NWL CCG
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:

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Inspector Edward Baildon, 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

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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: Monday 10 January 2022**

# Agenda - Part I

## 1. **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).

## 2. **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.

## 3. **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.

## 4. **Minutes** (Pages 7 - 14)

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

## 5. **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, 13 January 2022. Questions should be sent to [publicquestions@harrow.gov.uk](mailto:publicquestions@harrow.gov.uk)**

**No person may submit more than one question].**

## 6. **Deputations**

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

## 7. **System Response to Covid-19 (Including Vaccination Programme) (To Follow)**

## 8. **Hospital Response to Covid-19 and Plans for Recovery (To Follow)**

## 9. **Demand Pressures on Primary and Community Services (To Follow)**

## 10. **Public Health Ward Profiles Report (To Follow)**

11. **Any Other Business**  
Which cannot otherwise be dealt with.

## **Agenda - Part II - Nil**

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

The Council will record the meeting and will place the recording on the Council's website.

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

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# Health and Wellbeing Board

## Minutes

### 23 November 2021

**Present:**

**Chair:** Councillor Graham Henson

**Board Members:** Councillor Simon Brown

Councillor Janet Mote  
Councillor Krishna Suresh

**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

**In attendance:**

Johanna Morgan  
Laurence Gibson  
Isha Coombes  
Hugh Caslake  
Lisa Henschen  
Simon Crawford  
Yaa Asamany  
Radhika Balu  
Hugh Caslake  
Tanya Paxton

**Apologies  
received:**

Sheik Auladin  
Angela Morris  
Marie Pate

Councillor Christine Robson  
Dr Genevieve Small

**162. Vote of Thanks - Dr G Small (Vice-Chair)**

The Board paid tribute to the Vice-Chair of the Board, Dr Genevieve Small, for her membership and dedication to the Health and Wellbeing Board over the years. Dr Small would be leaving her role as Borough Medical Director.

The Board welcomed Dr Radhika Balu, who would be the new Borough Medical Director.

**163. Attendance by Reserve Members**

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

**164. 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, and in addition Councillor Janet Mote declared a non-pecuniary in that her daughter worked as paediatric nurse at Northwick Park Hospital.

**165. Minutes**

Mr John Higgins advised that he did not attend the meeting on 28 September 2021, as stated in the minutes.

**RESOLVED:** That, with the correction above, the minutes of the meeting held on 28 September 2021, be taken as read and signed as a correct record.

**166. Public Questions**

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

**Resolved Items**

**167. Covid-19/Vaccinations and Winter Pressures Update**

The Board received updates on the vaccination statistics for the coronavirus (Covid-19) pandemic in the borough, as well as the winter planning position for Covid-19 care at London North West Hospitals.

As at 16 November 2021, 3,438,438 Covid-19 vaccinations had been administered, in the following categories: 1,656,419 (first dose); 1,443,272 (second dose); and 346,310 (booster dose).

An extension of the booster campaign to 40-49-year olds had begun with bookings being taken from Monday 22 November 2021. A nationwide initiative was being promoted on the last weekend of November 2021 across all cohorts, from 12 years of age upwards, that prompted people to get vaccinated (1st, 2nd and booster doses) before Christmas Day.

Approximately 10%-15% of the London North West Hospital Trusts had beds occupied with patients receiving care related to Covid-19 (around 80-100 patients). The majority of these patients were un-vaccinated.

Along with the heightened risk of infection, having this many beds devoted to care related to Covid-19 (going into the winter period) would be challenging. The critical care beds were expanded from 22 to 36 and were around 25% occupied by care related to Covid-19. The Accident and Emergency (A&E) departments, like other areas of the hospital had dedicated “red zones” to provide care for patients with Covid-19. Like many areas of the community, workforce pressures from Covid-19 and other seasonal illnesses were higher than usual for this time of year.

On a high demand day there were up to 1,100 urgent and A&E patients from Harrow, Ealing and Brent. Beds were currently occupied up to 96%, with the higher occupancy levels at Northwick Park Hospital, which was usually the highest in London.

The following steps were being undertaken to prepare for winter:

- 1) increasing the bed base to allow surgical work to continue where possible;
- 2) extending the opening hours of Same Day Emergency Care Unit to see more patients;
- 3) vaccinating staff for winter and providing flu vaccines;
- 4) maintaining strict Infection Prevention and Control procedures (Central Middlesex Hospital would continue to be set up as a “green” Covid-19 protected site for elective care, supported by green pathways at Northwick Park and Ealing Hospitals;
- 5) recruiting a range of NHS staff, to improve patient flow. This also helped to spread the load across a number of professional workforce groups, rather than just doctors, nurses and beds;
- 6) working with partners in the Integrated Care System and Community Services to maintain the discharge hub and get patients home as safely and efficiently as possible;
- 7) working with London Ambulance Service to reduce ambulance pressures on our Northwick Park Hospital site; and
- 8) working as an Integrated Care Partnership would support elective and non-elective care pressures in winter. For example, recruiting additional staff and volunteers to work with mental health patients in A&E and working collaboratively with the Urgent Care Provider to help maintain safety when they are at their busiest (this included re-direction to extended hours GP’s).

The Board inquired if young children (12-15-year olds) had been admitted to hospital for Covid-19 treatment, and of those, how many had been

vaccinated. Did some have underlying conditions which caused them to end up in hospital despite being vaccinated?

It was advised that the number of 12-15-year olds admitted to hospital for Covid-19 was relatively small. Furthermore, data was currently not available on how many admitted children had been vaccinated, and if they had underlying conditions that contributed to them being hospitalised with Covid-19.

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

## **168. Progress of the Integrated Care Partnership -100 Day Plan**

The Board received the Integrated Care Partnership – 100 Day Plan.

In February 2020, the Harrow Care Partnership produced their first 100-day plan, setting out the next 100 days of the ICP development.

In June 2020, following the first wave of the coronavirus (Covid-19) pandemic, the Harrow Health and Care Executive produced their first Out of Hospital Recovery Plan. The Plan built on what the partnership had learned over the first wave of the pandemic.

Four strategic conversations were then held to shape the way forward:

- 1) putting patients and citizens at the heart of the ICP - including in the planning, delivery and assurance of better health and care outcomes;
- 2) how to hold the ICP to account - including the role of primary care leadership, future of commissioning, self-assurance, conflict resolution and relationship with the North West London Integrated Care System (ICS);
- 3) reaffirming the shared delivery commitments - including the operational changes and workstream development to support the above; and
- 4) developing shared culture - including how to make this real for people, engaging staff, integrated training and development, and promoting staff wellbeing.

The 100 Plan was about laying the foundations for a strong ICP, building the momentum for change as well as delivering change for citizens. It was expected that opportunities for positive change would emerge through the process and the team would be supported to enact and learn through delivery over the 100-day period.

There were four priority areas:

- 1) establish a shared purpose for work across the local health and care system;

- 2) secure citizens and staff at the heart of the Integrated Care Partnership in Harrow;
- 3) establish the agency to deliver; and
- 4) clear transformation programme in place for the ICP.

The Board asked how dental treatments could be integrated into local care plans, and whether residents could use dental services outside Harrow.

It was advised that dental treatment was a fragmented area, as the budget was held centrally by NHS England. However, it was envisaged that dental services would be commissioned locally in the future. Residents could use dental services outside the borough.

The Board also queried on accountability. How would public monies be accounted for?

It was advised that governance responsibilities lay with sovereign organisations, who brought their plans to the ICP for ratification. The governance structures of sovereign organisations could be shared with the Board to show transparency and accountability.

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

#### **169. Better Care Fund Update**

The Board received the Better Care Fund (BCF) Update, and Plan.

The BCF Plan comprised three elements:

- 1) financial schedules - funding arrangements between the Local Authority and Clinical Commissioning Group (CCG) and scheme schedules had been agreed;
- 2) BCF Outcome Metrics - proposed plans for 2021/22 outcome measures that will be submitted for sign-off by NHS Executive;
- 3) supporting narrative - the details of the 2021/22 BCF submission had been shared with and endorsed by the Harrow Health and Care Executive (HH&CE), the membership of which included all local providers, the CCG and Local Authority, including the DPH, the voluntary sector and representatives of patients' groups.

There would be monthly reporting of performance against BCF Outcome Metrics to HH&CE for assurance of implementation of plans and the alignment of developing system priorities and service development.

**RESOVLED:** That the BCF Update be noted, and the BCF Plan be agreed.

## **170. Annual Reports of Adults' Safeguarding Board and Children's Safeguarding Board**

The Board received Annual Reports of the Harrow Harrow Safeguarding Children Board and Harrow Safeguarding Adults Board 2020 – 2021.

Both reports had been published and were publicly available, with the links provided to view them on the Council's website.

Both Boards had good engagement with relevant agencies, resilience and adaptability through the coronavirus (Covid-19) pandemic, understanding performance information, as well as working with other Boards and Partnerships.

However, the Multi agency Audit Arrangements were better for the Children's Board than the Adults' Board, which still had some work to do.

Furthermore, both boards had much work to do in terms of challenge by and involvement of service users and families, and resourcing commitment of partners.

Harrow's safeguarding Partnerships were cooperative and had a good degree of healthy openness. There was more work to be done on making scrutiny and audit of routine activity truly multi agency. The "serious incident/ review" process was a strong suit. Both parts of the partnership still retained a distinct identity and that ensured that bespoke issues were pursued.

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

## **171. Public Health Quarterly Report**

The Board received the Public Health Quarterly Report.

The coronavirus (Covid-19) rates had continued to remain high into the Autumn. There was need to continue to promote "Infection, Prevention and Control" measures, urge testing and encourage vaccination against Covid-19 and flu.

The Council was supporting schools with their Covid-19 outbreaks.

Furthermore, the Maternal and Early Childhood Sustained Health Visiting programme (MECSH) was a structured plan of sustained health visitor interventions for families at risk of poorer maternal and child health and development outcomes. It was also an effective intervention for vulnerable and at-risk mothers living in areas of socio-economic disadvantage. It was currently in the planning and recruitment phase, to start Spring 2022.

There was also a Weight Management programme that had been developed, with Shape Up Harrow (which is delivered in partnership with Watford FC

Sports Community and Education Trust). It would be a face to face service at 3 hubs across the borough. There is also a digital offer for those who preferred it or who found it difficult to get to one of the hubs.

Harrow was the Integrated Care Partnership lead for the prevention of mental ill health. The MECSH programme was working to identify vulnerable cohorts and develop appropriate, working jointly with Brent Council. Work on a ward profile update was ongoing and would be ready by December 2021.

Furthermore, there was a Pharmaceutical Needs Assessment (PNA), which was a statutory requirement for the Health and Wellbeing Board. The process was being facilitated by Soar Beyond, who wrote the last PNA and would come to the Board in 2022. The PNA assessed the provision of local pharmaceutical services according to need. It set out a statement of the pharmaceutical services which were currently provided, together with when and where these would be available. Details of planned or likely changes which may affect the future provision of pharmaceutical services, and any current or future gaps in pharmaceutical services would be identified.

- There would be two development sessions to question how else the Council could work with Community Pharmacy in January 2022. A public questionnaire was now on the Council website.

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

(Note: The meeting, having commenced at 10.00 am, closed at 12.00 pm).

(Signed) Councillor Graham Henson  
Chair

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