

# Health and Wellbeing Board

## Minutes

### 17 January 2023

**Present:**

**Chair:** Councillor Paul Osborn

**Board Members:**

Councillor Simon Brown	Harrow Council
Councillor Hitesh Karia	Harrow Council
Councillor Pritesh Patel	Harrow Council
Councillor Norman Stevenson	Harrow Council
Dr Radhika Balu (VC)	North West London Integrated Care Board
Jackie Allain	NHS (Reserve)
Yaa Asamany	Healthwatch Harrow
Hugh Caslake	North West London Integrated Care Board (Reserve)

**Non Voting Members:**

Senel Arkut	Corporate Director, People	Harrow Council
Carole Furlong	Director of Public Health	Harrow Council
Lisa Henschen	Managing Director	Harrow Borough Based Partnership
John Higgins	Voluntary Sector Representative	Voluntary and Community Sector
Chris Miller	Chair, Harrow Safeguarding Boards	Harrow Council

**In attendance: (Officers)**

Johanna Morgan	Divisional Director, People Services Strategy; Commercialisation & Regeneration
----------------	---

<b>In attendance virtually:</b>	Isha Coombes	North West London Integrated Care Board Health Security Agency
	Alicia Thornton	
	Lawrence Gibson	
	Jason Antrobus	
<b>Apologies received:</b>	Peter Tolley	
<b>Absent:</b>	Inspector Edward Baildon Simon Crawford	

## 22. Attendance by Reserve Members

**RESOLVED:** To note the attendance at this meeting of the following duly appointed Reserve Members:-

### Ordinary Member

Councillor Ghazanfar Ali  
James Benson

### Reserve Member

Councillor Simon Brown  
Jackie Allain

## 23. Declarations of Interest

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

## 24. Minutes

**RESOLVED:** That the minutes of the meeting held on 22 November 2022 be taken as read and signed as a correct record.

## 25. Public Questions, Petitions and Deputations

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

## Resolved Items

## 26. Winter Pressures Update

The Board received a report and presentation which set out the current winter pressures and vaccination uptake rates.

The Board were advised of the headlines in summary and that Northwick Park remained one of the busiest hospitals in the country with typically more

patients than beds available at the start of each day. Numbers attending appeared to be stabilising but patients had an increased complexity of needs and support due to the aging population.

In terms of the table setting out the Escalation status at Northwick Park Hospital, the Board were advised that, after the status of critical incident, the full capacity protocol (purple) was the second most serious situation meaning that there were zero available beds but a number of patients awaiting admission and that this did have an impact on staff working under consistent pressure. It was usual to stay in an escalation period (black) during the winter.

The Board received details of the discharge pathway and whilst the Covid rates had not been as high as expected there had been high numbers of flu and respiratory illness cases and also children being brought to A & E due to concerns about Strep A.

The Board were advised of the good take up rates of vaccinations in relation to both flu and Covid, the Public Health work on Making Every Contact Count and also the programme around vaccination hesitancy. There had been additional funding put into the system to deal with the responses to winter pressures.

In response to a question about the additional 24 beds that had been funded at Northwick Park Hospital it was clarified that these were winter escalation beds but that instead of medical staff looking after 4 patients in a bay they would be caring for 5 with the additional infrastructure having been put in to enable this. This did place additional pressure on staff and it was sometimes necessary to employ agency staff as well as stepping down elective work to expand capacity in wards. At the end of the winter it was planned to de-escalate and close these beds down.

A Member expressed concern in relation to the volume of requests for adult social care and also the number of vacancies in primary care and questioned what measures were being put in place to address the shortfall in staff. The Board were advised that the demand on adult social care from patients being discharged from hospital was huge and included support, advice and reablement. In terms of staffing, this was a challenge at a national level but work was being done with Harrow College to encourage people to work locally and also to see what could be done to attract people to work in Harrow. Retention of trained staff was key. Work was also being done in terms of recruiting internationally.

Following a comment that residents regularly complained about the length of time it took to be discharged from hospital as a result of having to wait to see a consultant and or receive medication to take home, the Board were advised that this was an issue in every hospital and that it was a balance between keeping a patient safe and allowing the patient to be discharged. The latest figures could be provided to the Board.

The Chair thanked the officers for all their work in what was a difficult situation.

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

## **27. NWL ICB Health Inequality Funding**

The Board received a report which set out the approach being taken by the Harrow Borough Based Partnership to address health inequalities following receipt of funding from the North West London Integrated Care Board. The report summarised the programme and expected outcomes as a result of non-recurrent and recurrent funding until March 2023/24.

The Director of Public Health outlined the content of the report and advised that the £492,000 recurrent funding was to be used to tackle health inequalities. A proposal had to be put to the Integrated Care Board (ICB) for the use of that funding and, due to being a considerable way through the year a bid for nonrecurrent funding had also been made.

In response to a question as to whether bids could be made for the innovation funding, the Director of Public Health confirmed that organisations could make a bid for this funding to address health inequalities. The bid would have to meet certain criteria and be considered by an ICB Panel.

In terms of questions in relation to Warm Hubs, one of the initiatives being funded by this programme, the Board were advised that there were 27 Hubs and that the expected footfall was expected to be 20-40 people visiting once a week. Help Harrow were the partners in terms of the Hubs but Harrow Community Kitchen and Harrow Carers also offered Warm Hubs. Hubs were based in a variety of venues and people had been quite innovative in terms of what was offered and this demonstrated the strong voluntary sector in Harrow. A member of the Board suggested that it would be helpful to have the relevant data so this work could be built on, not just in the winter, but for the future.

A Member sought clarification in terms of the allocation of funding for Warm Hubs and the Board was advised that the Hubs could either bid for a £2,000 flat rate towards their costs or submit a specific bid to the ICB Panel. There were currently 35 Hubs in operation and the remaining funding was being allocated that week.

**RESOLVED:** That the Partnership approach to tackling health inequalities in Harrow be noted.

## **28. Adults Discharge Funding 2022-23**

The Board received a report which provided details of the additional funding announced by the Department of Health and Social Care to support timely discharges from hospital.

The Corporate Director, People, outlined the content of the report and appendix and advised that a condition of the funding, in the case of Harrow £1.808m, was that a report was to be provided to the government every two weeks on the use of the money.

In response to a question, the Corporate Director advised that in terms of discharges from hospital, the additional funding had provided some relief but that the hospital was still under considerable pressure. The Board were informed that the wait for beds in nursing homes were not necessarily capacity driven as there were other factors, such as family preference, involved. Reablement was also key in terms of discharge from hospital.

The Corporate Director outlined the risks of a shortfall in funding including that there would be an increase in the number of people in 24 hour care and the number of people remaining in hospital beds and also any bought in step down beds. The increasing frailty of the population put pressure on the long term care home budget.

The Board were advised that the recruitment of social workers, in competition with neighbouring boroughs, was also an ongoing challenge. Recruitment exercises both internationally and locally was being carried out as well as work to ensure that Harrow was competitive.

Members of the Board noted that the additional funding was only for two years and questioned the projection for the third year, noting that funding in care homes was key. Adult social care was a key enabler of hospital discharge. The Corporate Director confirmed that there was currently no commitment from the Government to fund from 2025 and there would be a substantial deficit without this continuation of funding.

The Chair requested that future reports include a risk section as the main risk was that lack of additional funding from 2025. The Council's Section 151 Officer had made repeated requests for this.

**RESOLVED:** That

- (1) the funding allocations be noted;
- (2) the schemes detailed in Appendix 1 to the officer report be agreed.

## **29. Health Protection Update**

The Board received a report and presentation which provided an update on health protection in Harrow.

The Board welcomed Alicia Thornton, Health Security Agency, who outlined the content of the presentation and highlighted the following:

- Group Strep A – there had been an unprecedented number of notifications, as had been reported in the press, and also of scarlet fever which was a notifiable disease. There had been considerable communications work on this including visual hygiene messages. Children were more susceptible to scarlet fever but no longer contagious after receiving 24 hours of antibiotics.
- Acute Respiratory Infection – in the period up to Christmas higher levels on incidents of flu had been seen but now appeared to be decreasing. Covid rates had been relatively low but were increasing.

A new Omicron variant was spreading across the United States. There had been changes in the testing regime for those passengers arriving at Heathrow from China.

- Avian Influenza – there had been unprecedented outbreaks in birds and work with the local authority on the potential risks to the public was ongoing.
- Diphtheria – there had been outbreaks in several asylum seeker communities within centres, predominantly Syrian, Afghan and Iraqi. Whilst the risk to the general public was low there was concern for other asylum seekers housed in these centres as their vaccination status was unknown.
- MPox – Cases had now reduced from approximately 300 a week to 5 per week which was due to a combination of vaccination and behavioural change.
- Polio – there was ongoing surveillance work and Becton Sewage works and no clinical cases had been seen in hospitals. There had been a booster campaign for children aged 1 – 9 across London.

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

### **30. Proposal for a Health and Wellbeing Board Development Offer**

The Board received a report which set out a proposal to commence a development programme for the Harrow Health and Wellbeing Board which would be supported by the Local Government Association (LGA).

The Board were advised that it would be useful to have external support, particularly due to the major changes in health and social care. The LGA had proposed an initial diagnostic exercise for Board Members and, as a result of this exercise, a programme of support would be put in place to deliver a number of objectives set out within the report.

The Board welcomed the proposal, expressed support for the programme and noted that the LGA would shortly be carrying out a peer review of the Council and had also provided mentoring to Cabinet Members. The Chair commented that as the Board comprised a number of senior officers he was keen to add value by making decisions rather than just noting information reports.

**RESOLVED:** That the development programme be progressed.

(Note: The meeting, having commenced at 10.00 am, closed at 11.21 am).

(Signed) Councillor Paul Osborn  
Chair