

Health and Wellbeing Board

Minutes

2 November 2023

Present:

Chair: Councillor Paul Osborn

Board Members:

Councillor Marilyn Ashton	Harrow Council
Councillor Simon Brown	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)
Isha Coombes	North West London Integrated Care Board

Non Voting Members:

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

In attendance: (Officers)

Sebastien Baugh	Consultant in Public Health
Nahreen Matlib	Senior Scrutiny Officer

David McNulty	Director of Housing
Dipti Patel	Corporate Director Place
Meghan Zinkewich-Peotti	Project Manager- Housing Strategy

Apologies received: Parmjit Chahal

Absent: Inspector Edward Baildon

60. Attendance by Reserve Members

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

Ordinary Member

Councillor Ghazanfar Ali
Councillor Hitesh Karia
James Benson

Reserve Member

Councillor Simon Brown
Councillor Marilyn Ashton
Jackie Allain

61. Declarations of Interest

RESOLVED: To note that the following interest was declared:-

All agenda items

Councillor Simon Brown declared a non pecuniary interest in that his daughter was employed by Central and Northwest London NHS Trust. He would remain in the meeting room whilst the items were considered and voted upon.

62. Minutes

RESOLVED: That the minutes of the meeting held on 13 September 2023 be taken as read and signed as a correct record.

63. Public Questions, Petitions and Deputations

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

Resolved Items

64. Harrow System Pressures Metrics Report

The Board received a report and tabled presentation which set out a draft schedule of an expanded set of system metrics that were designed to indicate demand pressure on the Harrow health and care system and the effectiveness of the system's response to that demand.

During the presentation, the Board were informed of the impact of the strikes on winter pressures at London North West University Hospitals Trust and advised that details in terms of the number of cancelled procedures and increase in numbers on the waiting list since the start of the year could be provided. Further, data for the following four key indicators was being collated, validated and would be included in future reports:-

- Success of prevention measures;
- Pathway improvement;
- Demand pressure; and
- Utilisation of community resources.

The Board made the following comments on the tabled presentation:-

- It was important to contextualise the statistics so that the Board could assess whether performance was good, bad or average and gauge what was 'normal';
- An explanatory note should appear alongside Hospital Capacity Status;
- It should be clarified that FCP was an abbreviation for Full Capacity Protocol. The Board was advised that the Integrated Management Board had previewed the public health report and that consideration was being given to the possible early work that could be done in order to prevent patients becoming 'critical';
- The impact of the strikes was on the social care sector as a whole so the report should reflect that.

The Board was advised that there was a good post discharge support offer but that there were two rehabilitation units in the borough where delays were being seen. Due to the increased complexity of needs it could be challenging sourcing the appropriate placement which led to delay. This year, a bridging service on hospital wards to facilitate the discharge of patients home by working with clinical staff had been introduced.

In response to a Member's suggestion that the extension of admission times to care homes to include weekends could assist with the discharge of patients from hospital, the Board was advised that whilst some homes would accept a Saturday admission it was whether the time of day was appropriate. There was a forum of care providers and it was clear which establishments would accept weekend admissions. The Board was further advised that safety of the patient was paramount and that some care providers did not feel confident to take patients at the weekend due to clinical capacity. Home care capacity was not an issue in Harrow.

It was requested that the next report include both discharge and re-admission figures and also the impact on voluntary sector resources. Social care funding was being increasingly impacted by discharges.

RESOLVED: That the report and presentation be noted.

65. Annual Director of Public Health Report (ADPHR)

The Board received the Annual Report of the Director of Public Health which was an independent report from the Director of Public Health which reflected the local population's health and wellbeing needs.

The Director of Public Health introduced the report and explained how it should be used and navigated and undertook to respond to any detailed questions following the meeting. In response to a question in relation to the work on poverty, she advised that this would take some months and that it was necessary to understand and improve the inequalities across the borough.

In terms of those residents with learning disabilities, the Vice Chair stated that the report showed that this group were living 19 years less in Harrow and that this information was important for GPs to be aware of. She urged that this information be communicated on.

The Board welcomed the report which would underpin the strategies moving forward. It was commented that working with London Councils, comparative data might be useful in order to both learn from other boroughs and share Harrow's good practice with them. The Director of Public Health confirmed that the data had been shared with the Integrated Care Board as part of the joint needs assessment.

RESOLVED: That the report be noted and the recommendations within the Annual Report be supported.

66. Health and Wellbeing strategy Update: Healthy Places

The Board received a report and presentation which set out the work and commitments being taken forward as part of the healthy place domain of the health and wellbeing strategy, which included community safety and housing.

The Board were informed that the Community Safety Strategy had been approved by Council in September and was an ambitious plan to ensure that Harrow remained one of the safest boroughs in London. The strategy included six key community safety priorities and each priority area had a sub-group led by a senior officer. In response to a question, the officer advised that the delivery planned would be informed by workstreams and be reported to the Safer Harrow Partnership on a quarterly basis.

The Board received a presentation on the Housing element of the report and noted that the information provided in the Director of Public Health's Annual report would be useful in terms of condition of housing and areas where language might be a barrier. In considering the report and presentation in relation to housing, the following comments were made:-

- The Chair commented that the Grange Farm re-development would make a significant difference to residents' lives and health and he requested that data/improvements be monitored.

- The Vice Chair praised the Rough Sleeper service.
- In terms of damp and mould in properties, a leaflet outlining where residents could go for assistance, in different languages if possible, would be helpful, particularly for GPs who were seeing patients who might be in poor health as a result.
- Clarity on the extent of the voluntary sector involvement in promoting the initiatives was sought and the Board was advised that the Council was working with West London Alliance to track funding.
- In response to a question in relation to households moving from long term to short term leasing arrangements, the officer advised that landlords found it more financially viable to lease on a longer term basis, although these had fallen due to the market. The Chair advised that this issue was being considered as part of the budget setting process as there could potentially be a significant cost pressure in two years' time.

In response to the positive feedback in terms of the move to neighbourhood working in relation to Environmental Health, the Chair indicated that it would be useful to set out to government, as a good example, how this had impacted on demand for services.

RESOLVED: That

- (1) the work underway and planned to support the delivery of the health and wellbeing strategy be noted;
- (2) the approach being taken to improve the health and wellbeing of Harrow be endorsed.

67. Harrow Safeguarding Partners' Annual Report

The Board received the Harrow Safeguarding Partners' Annual Report, a joint report which covered the work of the partnership to safeguard both adults and children.

In considering the report, the Chair stated that the borough needed to be in a good place in light of the potentially imminent OFSTED and Care Quality Commission (CQC) inspections and that it was important for Harrow to receive its fair share of funding. The contribution from the Police was also an issue and needed to be addressed as the police were key in terms of safeguarding. Another member of the Board added that equitable funding was a long standing issue and that the Integrated Care Board was reviewing its out of hospital spend. It was hoped that the financial position would be clearer by April 2024.

The Corporate Director, People, sought to reassure the Board that work on the recommendations set out in report was underway. The Partnership had decided to separate the Board arrangements for Children and Adults due to

inspection arrangements. In response to the comment that funding was a significant issue and that each of the three statutory partners should contribute their share as the burden often fell on the Council, the Corporate Director advised that back office arrangements were important and that partners would be asked to contribute too. Safeguarding was everybody's responsibility and the correct resource should be dedicated to the sub-group.

In response to the question as to who the recommendations of the report were addressed to, the Board was advised that it was to the statutory leads of the three main partners. The regulations stated that the Safeguarding Children Partnership must report annually but also have independent scrutiny. In terms of the Safeguarding Adults Partnership, each of the three partners were required to report what they had done against the strategic plan.

RESOLVED: That the Harrow Safeguarding Partners' Annual Report be endorsed.

68. Creating a smokefree generation and tackling youth vaping

This item had been withdrawn from the agenda.

(Note: The meeting, having commenced at 10.00 am, closed at 11.44 am).

(Signed) Councillor Paul Osborn
Chair