

# Health and Wellbeing Board

## Minutes

### 25 January 2024

**Present:**

**Chair:** Councillor Paul Osborn

**Board Members:**

Councillor Ghazanfar Ali	Harrow Council
Councillor Pritesh Patel	Harrow Council
Councillor Norman Stevenson	Harrow Council
Yaa Asamany	Healthwatch Harrow
Isha Coombes	North West London Integrated Care Board

**Non Voting Members:**

Parmjit Chahal	Director of Children's Services	Harrow Council
Lisa Henschen	Managing Director	Harrow Borough Based Partnership
Chris Miller	Chair, Harrow Safeguarding Boards	Harrow Council

**In attendance: (Councillors-Online)**

Councillor Anjana Patel	Harrow Council
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**In attendance: (Officers)**

Ayo Adekoyo	Associate Director for Integration	Harrow Borough Based Partnership
Jason Antrobus (online)	Deputy Chief Operating Officer	London North West Health Care Trust
Sebastien Baugh	Consultant in Public Health	Public Health
Laurence Gibson	Consultant in	Public Health

Tim Hodgson	Public Health Medical Director	University College London Hospital
Patrick Laffey Mathilde Kerr	Health Improvement Officer	Public Health
Andrea Lagos	Public Health Strategist	Public Health
Tanya Nanuwan	Child Death Review Team Leader	

**Apologies received:**

Senel Arkut  
Dr Radhika Balu  
James Benson

Carole Furlong  
John Higgins  
Councillor Hitesh Karia

**Absent:**

Inspector Edward Baildon

**69. Attendance by Reserve Members**

**RESOLVED:** To note

- (1) the attendance at this meeting of the following duly appointed Reserve Member:-

Ordinary Member

Councillor Hitesh Karia

Reserve Member

Councillor Anjana Patel

- (2) that apologies for absence had been received from Dr Radhika Balu, Carole Furlong, James Benson and John Higgins.

**70. Declarations of Interest**

**RESOLVED:** To note that there were no declarations of interest.

**71. Minutes**

**RESOLVED:** That the minutes of the meeting held on 2 November 2023 be taken as read and signed as a correct record subject to noting that Yaa Asamany, Healthwatch Harrow, had been in attendance virtually.

**72. Public Questions**

To note that two public questions had been received and one was responded to.

### **73. Petitions**

**RESOLVED:** To note that no petitions had been received.

### **74. Deputations**

**RESOLVED:** To note that no deputations had been received.

## **Resolved Items**

### **75. Harrow Borough Partnership Winter Improvement Plan and System Pressures Metrics Report**

The Board received a report which provided an update on the delivery of the planned actions set out in the Winter Improvement Plan and also set out system pressures metrics which were designed to indicate demand pressure on the Harrow health and care system and the effectiveness of the system's response to that demand.

Lisa Henschen, Managing Director, Harrow Borough Based Partnership, introduced the report and advised that the Plan was being implemented and that whilst the system was busy, it was coping with the pressures and there had not been a need to move into a major incident. Since the publication of the report in December, the most pressurised week of the winter had been experienced in the first week of January, partly due to increased demand and the Doctors' strike. There continued to be a trend of a higher level of admissions than there had been last year resulting in an increased number of people requiring support through the discharge process. There had not been an increase in the numbers requiring social care but the number continuing to receive social care in the community had increased since last year. She outlined the key points of the Plan including improved performance in London Ambulance handovers. The Trust continued to look at admission and discharge performance, the bridging services and rehabilitation beds. The vaccination programme in terms of flu and Covid had slowed, although still available, and there was now a focus on raising awareness of the mental health service offer.

Jason Antrobus, Deputy Chief Operating Officer of the London North West Health Care Trust, advised the Board that work was underway with the London Ambulance Service and wider system partners to support flow in and out of the hospital. He explained that there had been a key focus on the Reach model and single point of access to allow primary care providers and the ambulance service to contact the hospital in advance of admission. He reported that there continued to be an increase in the number of patients moving daily to the discharge lounge which freed up hospital beds and that the winter capacity plan was in place. He added that all staff had been offered flu and Covid vaccinations.

In response to questions from Members, the Board was advised:-

- There were regular checks on capacity but it could sometimes be difficult to find an appropriate place in a care home to discharge a

patient to. Details of the numbers awaiting a care home places would be provided to Members;

- There were discussions underway with providers in relation to NRS contracts and the increased costs;
- Nationally, a Covid vaccination fatigue had been seen. In terms of flu vaccination take up, 42.2% of Harrow's population had received it which compared favourably to the rest of London. Up to December 2023, 21,000 Covid vaccinations had been given across Harrow and all vulnerable cohorts had received the vaccine;
- In terms of staffing, whilst the Trust was actively recruiting to all posts it had been challenging and some of the delays were due to the wider system;
- Many of the actions within the Plan were 'task and finish' and further details could be provided to the Board;
- Provider services in Harrow had not been affected by the 30% reduction in running costs;
- Clarification was provided in terms of the increase in patient beds in that these were non-recurrent and located in specific bays and included additional trolleys in the surgical assessment unit. These beds did not have access to a bed head and would be used in extreme situations when patients were in corridors. This would assist with the offloading of ambulances. There was a proposal to open an acute medical unit with 82 beds on the roof of Northwick Park Hospital which would be available 12 months of the year.
- In response to a concern expressed by a Member at the lack of availability of some medications, the Managing Director advised that she was not aware of any specific issues but would check with the local pharmaceutical office. The Health and Care Executive met fortnightly and she would raise this with the Pharmaceutical representative. Isha Coombes, representative of the North West London Integrated Care Board (NWLICB), advised that notification was given by suppliers if there was a shortage of a particular drug which was then communicated to GPs.

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

## **76. North Central London Start Well Programme Consultation**

The Board received a report which set out North Central London Integrated Care Board and NHS England (London) Specialised Commissioning consultation options for proposed changes in relation to maternity, neonatal and Children's Surgical Services in North Central London. The report set out the possible impact on Harrow residents, the approach to the consultation and how residents, staff and stakeholders could provide feedback on the proposals.

Anna Stewart, North Central London Start Well Programme Director, gave a presentation to the Board emphasising that no decisions had been made and that any comments/questions would be submitted as part of the consultation. Tim Hodgson, Medical Director, University College London Hospital,

explained that colleagues had been working together on the Start well Programme for two years.

During the presentation, the Board was advised how maternity and neonatal services were organised across North Central London, the clinical drivers for the proposed changes, the vision for maternity and neonatal care and the options for consultation, with the preference for Option A . Option A would mean the closure of maternity and neonatal services at the Royal Free Hospital and the impact for Harrow of this option was set out on page 71 of the papers, that is, 124 residents would be affected.

Anna Stewart, during her presentation, reported that there was a separate consultation on the closure of Edgware Birth Centre. Whilst the centre was well used for the purposes of antenatal and post-natal care and there were no proposed changes to those services, during the last financial year there had been 34 births.

Following the presentation, members of the Board asked questions and made comments which were responded to as follows:-

- The decline in usage of the Edgware Birth Centre for births might be due to the increase in complexity of births. The birth needed to be low risk and the number eligible had declined with a similar decline in units across London. The consultation had shown that women wanted the infrastructure/ support in place in case complications with the birth arose;
- In terms of planned deliveries at the Centre having to be transferred to a hospital due to complications with the delivery, the transfer rate was approximately 18% which was in line with other midwife units. The Medical Director advised that midwives and obstetricians were skilled in determining any issues / risks and if the delivery did not go as planned the patient would be transferred. Women wanted to have choice but in a safe environment;
- There was a range of patient choice across London with most opting for a local option;
- In response to a question as to whether there had been any analysis of how Harrow residents would be affected, the Board were advised that there had been an integrated impact assessment based on catchment areas. Anna Stewart undertook to check whether any particular community in Harrow would be affected.

The Board thanked the officers for their presentation. The Chair requested that the Managing Director of Harrow Borough Based Partnership liaise with the Communications Team about including information on the proposals in the weekly newsletter.

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

## **77. Health and Wellbeing strategy Update: Healthy People - start well**

The Board received a report which set out the work and commitments being taken forward as part of the healthy people domain of the health and

wellbeing strategy, with a particular focus on children and young people and starting well in life.

Sebastien Baugh, Consultant in Public Health, introduced the report and drew the Board's attention to the overarching metrics/ indicators and, in particular, the healthy life expectancy of females and unplanned hospitalisation for chronic ambulatory care sensitive conditions which were red. He also referred to the percentage of 5 year olds with visible and obvious dental decay for which there had not been a large enough sample to determine statistical significance.

Ayo Adekoyo, Associate Director for Integration, Harrow Borough Based Partnership (HBBP), set out in her presentation, the case for change to Children and Young People Services, the three tranches to the approach, the integrated offer, explained the Family Hub Networks and the aim to launch the first in March with the remainder to be rolled out by the Autumn.

Andrea Lagos, Public Health Strategist, introduced the presentation on Healthy Schools London Programme and Healthy Early Years London which were award schemes that supported, recognised and celebrated schools and early years providers that made a difference to the health of children and young people. Mathilde Kerr, Health Improvement Officer, Public Health, explained each of the awards and drew attention to the case studies with the circulated presentation. She reported that Harrow was one of the best achieving boroughs in London.

Following the presentations, the Chair commented that in terms of the performance measures the baseline data was out of date and requested that other measures that might provide additional information be considered. A Member indicated that it would be helpful to have a discussion in relation to Family Hub Networks.

**RESOLVED:** That

- (1) the work completed to date to support the delivery of more integrated services for children, young people and families in Harrow be noted, as well as the promotion and support of healthy early years and school settings within Harrow which had enabled the delivery of the Start Well elements of the Health and Wellbeing Strategy;
- (2) the integrated Children and Young People model and roadmap to implementation be endorsed.

## **78. North West London Child Death Review (CDR) Annual Report 2022/23**

The Board received a report which detailed the work of the North West London Child Death Review Team for the year 2023/24 and highlighted some issues relating to child mortality in North West London as a whole and also Harrow.

Chris Miller, Chair of the Harrow Children Safeguarding Board, introduced the report and advised that Harrow, having previously been a top performer in this area, was now more in the middle in terms of performance.

Tanya Nanuwan, Child Death Review (CDR) Team Leader, explained that this new team had been formed in 2020 and was a nurse led service with all practitioners having a paediatric background. The service aimed to offer support to families during one of the most difficult times in their lives following the death of their child. There were statutory guidelines to adhere to following any unexpected death of a child and the team worked with partner agencies, hospices and tertiary hospitals across North West London. When a child died, information was entered into the child mortality database which in turn enabled any trends to be identified. The team currently had a caseload of 220 child deaths and each of these would be reviewed by independent practitioners. The size of the caseload was due to police investigations and delays at the coroner's office (partly due to Covid).

Following the presentation, the Chair commented that the borough based breakdown on deprivation would be helpful and also the detail of the wards and requested that this be circulated to the Board. Laurence Gibson, Consultant in Public Health, urged caution about local perspective and expressed interest in terms of geographical hazards. He indicated that an appropriate training package would need to be put in place before launching a programme in a specific geographical area. The Chair suggested that the CDR team work with Public Health and the Communications team to establish what needed to be done in this regard.

Clarification was sought in terms of the comments made during the presentation about intravenous line deaths and discharges to the community and whether this information had been shared with the Medical Director. The Chair of the Harrow Children Safeguarding Board advised that there had been 56 recommendations from a review carried out 20 years ago and that the Deputy Chief Medical Officer for the UK was undertaking a review of intravenous line deaths and that he would forward the details. In terms of discharges, there had been some instances where children had not been able to return home as they would wish and that there were insufficient cooling blankets. He had written to the ICB about the disparity in resources for palliative care. The Board were also advised that if a discharge was not completed correctly the community team would not be aware of all the details of the child's circumstances.

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

(Note: The meeting, having commenced at 10.07 am, closed at 12.17 pm).

(Signed) Councillor Paul Osborn  
Chair