

Health and Wellbeing Board

Minutes

8 June 2021

Present:

Chair: Councillor Graham Henson

Board Members: Councillor Maxine Henson

Councillor Janet Mote
Councillor Christine Robson
Councillor Krishna Suresh

Marie Pate	Healthwatch Harrow
Dr Muhammad Shahzad	Clinical Commissioning Group
Dr Genevieve Small	Chair, Clinical Commissioning Group

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:

Ayo Adekoya	North West London Collaboration of CCG
Jackie Allain	Central London Community Healthcare NHS Trust
Laurence Gibson	Harrow Council

Lisa Henschen NHS Harrow CCG
Simon Morioka Managing Partner at PPL

In attendance:
(Councillors) Councillor Chris Mote

Apologies received:
Councillor Simon Brown
Councillor Christine Robson
Inspector Edward Baildon
Sheik Auladin

140. Appointment of Vice-Chair

RESOLVED: That, in accordance with Committee Procedure Rule 7.2.2, Dr Genevieve Small was appointed Vice-Chair of the Board for the 2021/2022 Municipal Year.

141. Attendance by Reserve Members

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

<u>Ordinary Member</u>	<u>Reserve Member</u>
Councillor Simon Brown	Councillor Maxine Henson

142. 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.

143. Minutes

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

144. Public Questions

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

Resolved Items

145. Coronavirus (Covid-19) and Vaccinations Update for Harrow

Members received the Coronavirus (Covid-19) and Vaccination Update Report for Harrow.

Rates of Covid-19 had been variable in the past two weeks. There was a confirmed rate of 11-12 cases per day leading up to 2 June 2021.

However, interim data suggested that the rate would decrease in the coming weeks. The majority of cases (70%) were due to the Delta Variant, and the remainder due to the Alpha Variant. The Delta Variant was 50-80% more transmissible than the Alpha variant. It was vital that residents remained vigilant and identified contacts. It was also important to isolate people as soon as their diagnosis was found to be positive to Covid-19.

The vaccination programme had covered over 150,000 people above 18-years-old in Harrow, as of 4 June 2021. These had received at least one dose of the vaccine. Furthermore, over 105,000 had also had their second dose.

There were some significant differences in vaccine uptake within the population. While the White British, Indian, Irish and other Asian groups had uptake between 60 and 80%, Black Caribbean, Black African and other Black groups had uptake below 50%. Moreover, people living in the most affluent parts of Harrow were more likely to be vaccinated than those living in the most deprived areas (74% compared to 38%).

Of the 31,000 people that had not received their first vaccination, less than 2,000 were in the Joint Committee on Vaccination and Immunisation (JCVI) identified groups 1-4; around 20,000 were in JCVI groups 5-9; and around 10,000 were in the under 40s.

The Board thanked all partners for their hard work in ensuring that as many people as possible were vaccinated.

RESOLVED: That the update be noted.

146. Development of the Harrow Integrated Care Partnership

The Board received the Report on the Development of the Harrow Integrated Care Partnership.

Integrated Care Partnerships (ICP) were at the heart of health and care integration and improving population health in England. Unlike the Integrated Care Systems (ICSs) that had been mandated across England, or Primary Care Networks which were designated building-blocks in the NHS Long Term Plan, the scope, ambition and focus of ICP development had been relatively undefined and varied significantly nationwide.

Both recent publications from NHS England, the Department of Health and Social Care White Paper had re-emphasised the “primacy of place”. This was in the London context of borough-based ICPs, and in the future architecture of the NHS.

Developing ICPs had proven particularly complex in the context of ongoing financial and operational pressures across health and social care services and the voluntary and community sectors.

In 2019, the decision was made to transition from the development stage of the ICP (which included prototyping service developments) to a delivery stage, involving “scaling-up” and accelerating change across the system.

At the start of 2020 the Harrow Joint Management Board (JMB) re-affirmed the vision and objectives of the ICP jointly developed across Harrow - committing to a clear roadmap for improvements at scale, built around the future health and wellbeing of the people of Harrow.

In June 2020 the ICP published its “Out of Hospital Recovery Plan”, jointly developed with all partners and used as a model across London focussing on renewed commitments to mutual aid and support; and applying the learning from COVID-19, re-doubling efforts to address health inequalities in Harrow.

From March 2021 the ICP has been looking at how it continued to develop and put patients, citizens and communities at the heart of their work.

In the discussion that ensued, the following points were highlighted:

- Harrow was increasingly being seen as a leader in this space, with the Harrow ICP Covid-19 Recovery Plan highlighted as an exemplar;
- a formal review had been conducted in 2021, with positive feedback from across Harrow. This was being used to identify and prioritise next steps in the ICP’s development, including how patients and citizens remained at the heart of the ICP and how the ICP would need to develop in relation to national and local changes around the health service; and
- representatives of over 40 different organisations and communities in Harrow were being directly involved, with an open invitation to other groups to join. Preliminary recommendations were expected in July 2021.

RESOLVED: That the update be noted.

147. Integrated Better Care Fund

RESOLVED: That the report could be signed off by the Chair, through use of his delegated authority, outside of the meeting. The final report could be shared as public information at the next meeting.

[The draft report had already been shared with the Board members, prior to the meeting.]

148. Annual Public Health Report

The Board received the Annual Public Health Report.

The report was titled "*Let's Go Outside - Using Nature to Recover*". It described the wealth of Harrow's green spaces, which were meant to be enjoyed. This, would, also support residents' wellbeing.

After a year where residents had all spent much time in their homes and many people had suffered hardship and loss due to the health pandemic around coronavirus (Covid-19), getting outside and seeing nature was a positive opportunity.

It was envisaged that by outlining the benefits of green space on physical and mental wellbeing, as well as the greater benefits to society, partners would be inspired to enthusiastically promote green spaces to their clients and consider them in their own projects.

RESOLVED: That the recommendations in the report be noted.

149. Public Health Quarterly Update

Members received the Public Health Quarterly Update.

The coronavirus (Covid-19) pandemic had brought an unprecedented situation, nationally, and locally. The Update highlighted the acute extent of the pandemic in Harrow over the last 14 months; how Council services had changed during the pandemic, and the how Council was planning recovery.

The pandemic had highlighted existing health inequalities: being male, living in more deprived areas, and being from a Black, Asian and Minority Ethnic (BAME) background were found to be associated with worse outcomes than in the White population.

The Council's Covid-19 recovery contained the following relaunch programmes: Expert Patient Programme, staff group and targeted work; Healthy Schools London (58/62) and Healthy Early Years (45/200); The South Harrow Physical Activity Community Champion being reviewed with additional champions funded by London Sport; and the Walking for Health Scheme restarted in June 2021, subject to risk assessment.

New programmes included: Oral Health; Brush4Life packs to the HV team; Harrow Council workplace mental health; suicide prevention; Healthy Start Group; Developing Youth mental health support, with Thrive (24 Schools so far had accepted); further training was planned across CYP partners; and Parent Champion and Youth Champion launches.

The Council's recovery from Covid-19 would consist of the Outbreak Management Plan with components in: surveillance, vaccination, testing and IPC support to partners; resumption of service contract monitoring (YP Substance Misuse HNA); increased focus on mental health and inequalities – targeting Schools, Carers, Staff, and engagement (with a focus on infant mortality and obesity); and health promotion, and Population Health Management.

RESOLVED: That the update be noted.

150. Health Watch Report: The experience of GP Services (System Response)

Members received the Health Watch Report: The Experience of GP Services (System Response).

Healthwatch Harrow had been the residents' local voice and consumer champion for health and social care across the London Borough of Harrow since 2013. It was an independent body and engaged with the residents of Harrow and worked with various organisations. Their role was to gather intelligence and evidence, to check and challenge service delivery, identify where services needed to change and make recommendations to the Clinical Commissioning Group (CCG), Council and other health and social care providers.

The last year had been an extremely difficult year for everyone because of the coronavirus (Covid-19) pandemic. The purpose of the report was to share what Harrow residents were saying about their mental wellbeing and how the pandemic had affected them. There were both positive and negative comments in the feedback received.

The impact of the pandemic on mental wellbeing, and in general life was:

- over two thirds of feedback (70%) was negative in nature;
- access to activities (16% of comments) and the living environment (14%) were also considered important;
- respondents from a Black, Asian and Minority Ethnic (BAME) background, those of later working age (45-64) or with mental health conditions were least likely to give positive feedback.

The easing of restrictions would improve some of the key issues identified regarding loneliness and isolation, as people would be able to meet with friends and family and be able to take up their hobbies.

The longer-term impact placed a greater reliance on support services being available and people being aware of where they could get support. This related to local community support through Community teams, GP's and the voluntary sector and also through Central and North West London NHS Foundation Trusts (CNWL) who cared for people with a wide range of physical and mental health needs.

There needed to be greater communication of the support that was available and future commissioning of services needs to meet the increasing demand.

RESOLVED: That the report be noted.

(Note: The meeting, having commenced at 10.00 am, closed at 12.03 pm).

(Signed) Councillor Graham Henson
Chair