

Health and Wellbeing Board

Minutes

28 September 2021

Present:

Chair: Councillor Graham Henson

Board Members: Councillor Simon Brown

Councillor Janet Mote
 Councillor Christine Robson
 Councillor Krishna Suresh
 Dr Genevieve Small (VC) Chair, Clinical Commissioning Group
 Sheik Auladin Clinical Commissioning Group
 Marie Pate Healthwatch Harrow
 Dr Muhammad Shahzad 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:

Isha Coombes	NWL CCG
Lisa Henschen	Harrow ICP
James Walters	London North West Healthcare NHS Trust
Simon Crawford	London North West Healthcare NHS Trust
Tanya Paxton	CNWL NHS Trust
Dean Ramjeet	CNWL NHS Trust

151. Minute of Silence - Councillor Chris Mote

The Board observed a Minute's Silence in honour of the former Deputy Mayor and Leader of the Council, Councillor Chris Mote, who had sadly passed in July 2021. He was the Ward Councillor for Pinner South.

Councillor Mote had served the Council for 27 years with dedication, humility and kindness, and would be sorely missed.

152. Attendance by Reserve Members

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

153. 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.

154. Minutes

RESOLVED: That the minutes of the meeting held on 8 June 2021, be taken as read and signed as a correct record.

155. Public Questions

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

Resolved Items

156. Covid-19 and Vaccination Progress and Update

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

Rates of Covid-19 in the borough initially increased with the return to school. However, rates had subsequently decreased and remained at under 100 per day. The general trend showed a stable rate in the over 60 population, and the focus was on any impact on hospital admissions. The increasing rates in school age children was not leading to hospitalisations.

Hospitals had seen a steady number of people being admitted with Covid-19 but they faced continued pressure due to non Covid-19 related admissions.

Vaccination rates were continuing to increase slowly and there was plenty of slots available for those wishing to be vaccinated. There were significant inequalities in vaccination uptake with people of Black heritage and those living in the most deprived parts of the borough.

The universal vaccination programme for 12- to 15-year-olds was now being rolled out across schools by the NHS using a test and learn approach.

The third dose programme was being rolled out for all groups and was available for anyone who had their second dose 6 months ago or more.

The mandated vaccination of care home staff was being carefully monitored for all staff intending to continue working in care homes.

The annual flu programme had started with a need to carefully coordinate delivery alongside the Covid-19 programme.

The guidance on Covid-19 remained: to follow the “Keep Harrow Safe” guidelines of “Hands, Face, Space, Ventilate” even for those who had been double vaccinated.

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.

157. The Integrated Care Partnership 100 Day Plan

Members received the Harrow Integrated Care Partnership (ICP) 100 Day Plan: Developing our Understanding and Delivering Action.

In February 2020, the Harrow Health and 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), the Harrow Health and Care Executive produced their Out of Hospital Recovery Plan. The Plan built on what the partnership had rapidly learnt over the first wave of the Covid-19 pandemic, as well as the long-term aspirations of this partnership; delivery of integrated, person centred care.

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) Holding the ICP to account? Including the role of primary care leadership, future of commissioning, self-assurance, conflict resolution and relationship with the ICS;
- 3) Reaffirming the shared delivery commitments - including the operational changes and workstream development to support the above; and
- 4) Developing the shared culture - including how to make this real for people, engaging staff, integrated training and development, and promoting staff wellbeing.

The priorities for the 100- day plan have been developed through:

- a) the outcomes of the Harrow Health and Care Executive four strategic conversations, the key conclusions from which were: the need to start engaging the wider workforce, giving people the permission / freedom to start the process of integration; the importance of values but the need for these to come from people, not from the system leadership; the consistent themes from the conversation sessions around improving access, jointly developing workforce, and embedding community voices; and the need for the next “100 day plan” to be about empowering, asking others and addressing power dynamics, not just providing a new set of workstreams and priorities. Potential availability of support and funding to enable this journey through dedicated transformation funding;
- b) the priorities of the transformational workstreams and how the work was being driven to reduce health inequalities, improve care and develop a sustainable local health care system;
- c) the commitment to the delivery of the ICP priority areas that had been set across North West London and the set of metrics that had been agreed to measure their delivery; reducing health inequalities - Population Health Management underpinning all decisions; development of Primary Care Networks and reducing Primary Care variation; integrating and organising teams at a neighbourhood level; diabetes – achieve new specifications to improve health; and community mental health – deliver model and access as agreed by North West London Vaccines, addressing hesitancy and post-Covid-19 care; and
- d) the development of the wider Integrated Care System in North West London and the need to deliver system priorities, including having a robust Borough Delivery Plan in place.

Members queried the role of safeguarding, which seemed to be missing from the Plan.

It was advised that the Plan was still in transition, and safeguarding would be included. A new post was being created to deal with that.

RESOLVED: That the Plan be noted.

158. Central North West London (CNWL) Mental Health Services - Update and Progress

Members received the Harrow Mental Health Transformation and Community Services Model.

Central and North West London (CNWL) NHS Foundation Trust was implementing a new integrated model for Community Mental Health Services to ensure people were offered the care they needed in a joined up way.

Harrow was a National Early Implementer of the new model. The community hubs would wrap around Primary Care Networks, using population health approach, integrate primary, secondary and social care for adults with severe mental illnesses and deliver intervention-based care in line with national expectations.

The NHS Long Term Plan for Mental Health Services were:

- joined-up and coordinated care to support the increasing number of people with long-term health conditions;
- more proactive in services provided with a local focus;
- more differentiated support offered to people to take more control of how they manage their physical and mental wellbeing; and
- integration of mental and physical health care.

Members were concerned with the timeframe for patients accessing services, and the differences in timescales between local and national organisations.

It was advised that Harrow was striving to reduce the timeframe, and bring it below the national average.

RESOLVED: That the Model be noted.

159. Healthwatch and Primary Care Summit

Members received the COVID Recovery in General Practice: Healthwatch Harrow and Harrow Primary Care Summit presentation.

The health and care system in Harrow, along with the rest of the country, was experiencing very high demand for services. This was being driven by a number of factors: a backlog of patients not accessing services over the coronavirus (Covid-19) pandemic period, who were now coming forward for services, many with conditions that were more complex because of a delay in seeking treatment; continued responsibilities of health and care services in the Covid-19 response; ongoing treatment for patients with Covid-19 and post Covid-19 conditions and ongoing delivering of the vaccination programme; and the ongoing needed to ensure effective infection and prevention control measures which has an impact of the model of care delivery.

The Second Quarter (Q2) Trend Analysis Reports would be produced in mid-October, with more detailed information. However, three key themes were emerging: poor levels of GP access; knock on effect at A&E (6 to 7 hour waits were now common); and impact on staff working conditions and morale. Patients had found it increasingly difficult to secure appointments, with congested telephones and generally longer waiting times reported. Those

using online services are marginally more satisfied, however the overall rate remains below 50%.

RESOLVED: That the Report be noted.

160. Quarterly Update on Wider Determinants of Public Health

Members received the Quarterly Public Health Report (Quarter 1 2021/22).

The coronavirus (Covid-19) pandemic had brought an unprecedented situation in the borough, the country and worldwide. There had been an epidemic rise of confirmed Covid-19 cases in Harrow from 16 June 2021 to 14 September 2021, which had resulted in increases of daily number of Covid-19 patients admitted to hospital in Harrow.

Examples of inter-organisational work within Harrow included: strengthening key messaging: hands, face, space and fresh air; routine testing, isolation and vaccination; strengthening key engagement: Working with the Community and Voluntary Sector to share knowledge, and understand behaviours particularly around vaccination; using the relationships with the NHS: to support care homes, deliver vaccination, and ensure appropriate testing venues (both PCR and LFT); supporting schools: outbreak management, contact tracing, interpretation of guidance, and being partners with them to roll out the 12- to 15-year olds vaccinations; data exchange - pooling knowledge and data to build the foundation of Population Health Management / Risk Management

Covid-19 risk factors were: age, body mass index (BMI), deprivation, ethnicity, respiratory conditions and other vulnerabilities.

Public Health specific actions (June – September 2021) were: the 2021 flu programme preparation; promotion of childhood vaccinations such as Measles, Mumps and Rubella; highlight the management of Asthma in children; restarted the weight management through Watford Football Club; recommissioning of the Children and Young Person's Substance Misuse service; developing closer links with CNWL in the promotion of good mental health and suicide prevention; school based How Are You survey (HAY) Harrow; and to refresh the approach to the Expert Patient Programme, which is a peer level education and support programme.

RESOLVED: That the Report be noted.

161. Refresh of the Terms of Reference

The Board would be briefed on the Terms of Reference at a future meeting.

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

(Signed) Councillor Graham Henson
Chair