

Health and Wellbeing Board

Minutes

18 January 2022

Present:

Chair: Councillor Graham Henson

Board Members: Councillor Simon Brown

Councillor Janet Mote
Councillor Christine Robson
Councillor Krishna Suresh

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: Jackie Allain
Yaa Asamany
Radhika Balu
Isha Coombes
Simon Crawford
Laurence Gibson
Lisa Henschen
Johanna Morgan
Tanya Paxton

Apologies received:	Sheik Auladin Inspector Edward Baildon Dr Himagauri Kelshiker	Marie Pate Rasila Shah Dr Muhammad Shahzad
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172. Attendance by Reserve Members

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

173. Declarations of Interest

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

174. Minutes

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

175. Public Questions

The Board received four public questions, which were responded to.

Question 1: "Can you please advise what we need to do for Harrow Council's support to sponsor or promote the work of Mind Angels Charity for the Health and Wellbeing of Harrow residents?"

Response: *Mental Health and wellbeing are important areas of work for the council and especially so since the pandemic began. Our role, as a council, is to identify and address the local health and wellbeing needs of our population. As part of these needs' assessments, we review the evidence of effectiveness and cost effectiveness of the various options and how they might meet our needs.*

Local Authority procurement is a carefully balanced process given the requirements, the resources and the capacity we have. We work as a strong partnership with schools, the voluntary sector and all of our NHS partners to co-produce this evidence based and carefully evaluated programmes. We involve young people in designing or reviewing the programmes themselves.

Over the past few years, we have funded many programmes – probably too many to mention here - but working in such a close partnership has allowed us to gain additional funding to address the health needs. One of the innovative programmes which I'm sure you are aware of is the How are You (or HAY) Harrow programme. The evidence from this programme has allowed us to bid for funding from a variety of sources including private investors.

What we do not get involved in is the initial evaluation of the products of private companies. That is for them to do. Our role is to review the evidence of effectiveness of such products and how they might fit into the programme we are commissioning.

Question 2: “The Bridge has provided valuable support to mental health service users over the years. Since the pandemic services have been online, however I understood there were plans to bring face to face services back. I would like to know what is happening about this, and how Rethink will ensure that all service users are made aware of the current position.”

Response: *Rethink have continued to support service users throughout the pandemic virtually. In person, or face-to-face services commenced from 1st December 2021. However, the government restrictions put in place on 28th December 2021 due to the increased number of infections of the Omicron variant meant that Rethink temporarily moved the face-to-face groups to online to keep clients and staff safe due to the increased rate of infection. This will continue until there is a change to the Government’s restrictions.*

Rethink’s intention is to deliver the Peer led group with Covid Safe numbers and guidelines when they are able to return to face-to-face groups.

All service users who are receiving an intervention with a support worker have been informed of updates and what provision is available to support them by their support workers.

Rethink are working to establish the following service offer soon:

- *a variety of groups hosted from the Bridge and other venues throughout Harrow;*
- *drop-in sessions;*
- *coffee morning groups to enable people to access support and develop support planning;*
- *the introducing a care navigator to support service users with Physical wellbeing. This will include hosting low impact exercise classes with a fully qualified gym instructor at the Bridge and supporting access to the wider exercise offer across Harrow. This is in response to the feedback from the transitions groups that Rethink hosted during 2021 to inform the post pandemic offer; and*
- *working in partnership with other providers to enhance the offer across Harrow to reduce any cliff edges and support warm handovers and ease access to alternative services.*

In addition, Rethink’s further developments are as follows:

- *co-production workshops to ensure that the service offer develops alongside the need of Harrows Citizens;*
- *exploring a co-production leads to ensure accountability when implementing changes;*

- *developing their marketing strategy including leaflets and posters to promote the service;*
- *developing a Harrow Community Newsletter published quarterly with services updates including information on how to self-refer. As part of this Rethink are aiming at creating unique volunteering opportunities that will support the editing and writing of the newsletter and to this in collaboration with other providers in Harrow; and*
- *developing a 'Meet and Greet' role to ensure that new clients feel welcome.*

Question 3: “How is Harrow’s implementation of the new autism strategy going have particular areas of challenge been identified and how are adults with autism but without learning disabilities, and their families and carers, being kept informed of progress.”

Response: *In terms of how the implementation of the strategy is going, we can inform that we have had several focus meetings with service users, carers partners and VCS over the last four months.*

This has helped us identify key focus themes such as, late diagnosis for individuals, improving pathways for diagnosis and post diagnostic support, building the right support in the community, improving access to education and employment and supporting positive transitions into adulthood.

We are now at the drafting stage of the joint (CCG/Harrow Council) all age strategy and are seeking ratification first half of this year.

Simultaneously we are drafting an implementation plan to deliver the strategy.

Currently we use the members of the health social care focus groups to enable communication with their members, we also use the LD/Autism Newsletter and the VCS to disseminate updates.

However, we recognise that there is a cohort of people with autism alone that are not accessing or party to these modes of communication and therefore we need to consider how best we address this.

The difficulty being there are people with autism alone who manage their lives without contact with statutory services or newsletters.

We accept that there is always room for improvement and as such will table this as an agenda item at the next ASD Health and Social Care Focus Group.

Question 4: The Adult Safeguarding Report presented to the previous Health and Wellbeing Board included a number of priorities for 2021/2022. This included " Harrow Council to sign up to an Appropriate Adult scheme (which ensures that vulnerable adults in police custody receive appropriate health and support)." This has been an issue for many years, what progress is being made in ensuring there is an appropriate and effective scheme in place?

Response: Harrow Council commissioned The Appropriate Adult (AA) Service to deliver a pilot Appropriate Adult service in line with neighbouring Boroughs within the Met Police BCU (Brent and Barnet) and as part of the MOPAC Pan-London Appropriate Adult Scheme. This service is now in place and is working well and was formally commended by the Independent Chair of the Safeguarding Adult Board at their recent meeting in December. This Service will continue to be carefully monitored to ensure its effectiveness. Regular updates on the delivery of the service will be presented to the Safeguarding Board and to the Director of Adult Social Services and Director of Children Services. A decision on the continuation of the service is expected by April 2022, to coincide with the new financial year.

RESOLVED: To note the public questions.

Resolved Items

176. System Response to Covid-19 (Including Vaccination Programme)

The Board received the System Response to Covid-19 Including Vaccination Programme updates.

Rates of the coronavirus (Covid-19) illness were continuing at a high rate in Harrow and other London Boroughs. Harrow currently had the fourth highest rate in London. Although the number of people seriously ill in the latest phase was proportionately lower than previous waves, the numbers being admitted to hospital were increasing.

The current wave of Covid-19 was now affecting care homes in Harrow. A number had outbreaks and were closed to admissions which caused pressure on discharges from hospital. Temporary changes in testing had begun during the week. Anyone that tested positive asymptotically using an LFD test (lateral flow device) no longer needed to take a confirmatory PCR test. The LFD was a good test for infectious disease. The person should then begin their isolation for up to 10 days. This change may cause a decrease in the rates and numbers as many people do not record the result of their LFD test.

Changes had also been announced for early release from self-isolation. Two consecutive negative LFT taken 24 hours apart after day five would allow early release. Negative tests on day five and day six would allow early release from isolation. If either of the tests were positive, isolation must continue until there are two consecutive negatives or day ten reached.

With high rates in the community and particularly in schools, it was important to follow guidance on wearing masks in enclosed public spaces and on public transport; washing hands and using sanitiser regularly; as well as keeping physical distance from people from external households.

On vaccinations, 73% of Harrow's population (12+) had had their first doses, 92% of those who had had a first dose had a second dose as well. Seventy-three percent (73%) of those who had had a second dose had their booster

dose as well. Harrow had delivered over 461,000 vaccinations to date, 177,000 first doses, 163,000 second doses and 120,000 booster doses.

The schools-based vaccination has now recommenced from 10 January 2022 and would focus on those children aged 12-15 years old who were due a second dose. The programme would equally continue to promote and offer first doses. A number of universities would be visited by roving teams over the coming weeks to ensure access was made as easy as possible for students.

The Board inquired what impact vaccine hesitancy was having in care homes settings, and if the third dose had been taken up by both residents and workers.

It was advised that the majority of care home residents and workers had been fully vaccinated. Having a second dose met the definition of fully vaccinated. Booster doses were lower than this and was a struggle. However, there was not a large impact in Harrow of worker losses due to mandating of vaccination in care homes.

RESOLVED: That the updates be noted.

177. Hospital Response to Covid-19 and Plans for Recovery

The Board received the Hospital Response to Covid-19 and Plans for Recovery updates.

Around 22% of the London North West University Healthcare NHS Trust's general beds were occupied with patients receiving care related to Covid-19 (around 200 patients). Eighty percent (80%) of the genotyped Covid-19 patients were Omicron patients. Critical Care had expanded to 36 beds across two sites. Around 35% of the beds were occupied by patients receiving care related to Covid-19. The majority of patients in hospital with Covid-19 were unvaccinated.

Absence rates in the workforce had increased to 7% from 4%. Safety huddles helped move staff between wards and service areas to maintain safety and support staff. In addition to parts of the Critical Care and other higher dependency areas, eight wards were converted areas to 'Red' areas, meaning they specifically catered for cases of Covid-19. This also reduced the risk of hospital acquired infections.

The elective recovery programme continued to progress despite the current wave of the coronavirus (Covid-19) pandemic. The Trust was working in partnership with the North West London system to align recovery across all in-sector providers.

The process was supporting:

- increasing virtual/digital solutions to clinic appointments to maintain the national requirement for less than 25% of outpatient activity delivered virtually;

- prioritisation of admitted waiting lists to support waiting list management;
- tracking activity against pre Covid-19 baselines;
- mutual aid for admitted and non-admitted pathways to transfer waiting lists across the sector where clinical suitable and agreed by the patient;
- reducing long waiting patients monitoring patients waiting over 52 and 104 weeks;
- operating Central Middlesex Hospital as a non-Covid-19 site to maintain elective flow;
- maximising capacity using independent sector partnerships for outpatient, diagnostics, and theatre capacity;
- aligning the Trust's internal recovery plan to national benchmarking published via the Model Hospital (NHS Improvement); and
- each year protecting around 100 beds for elective and non-elective surgical care.

The Trust had receipt of CQC re-inspection of Maternity Services (undertaken early November 2021) at NWP on 24 December 2021. The Report noted significant progress – “Inadequate” ratings had been replaced with “Requires Improvement”, with Caring and Effective rated as “Good”. Overall, the Report referred to significant improvement and progress, but noted changes needed to be embedded over time. A presentation of the Report could be done at a future meeting.

RESOLVED: That the updates be noted.

178. Demand Pressures on Primary and Community Services

The Board received the Demand Pressures on Primary and Community Services update.

All parts of the health and care system in Harrow had been responding to the Level 4 NHS emergency status as a result of the Omicron variant of coronavirus (Covid-19) illness. The system had had to respond to increased demand for urgent care services, the need to support effective discharge from hospital, outbreaks in bed units and offices, as well as much higher-than-normal staff sickness levels.

Business continuity plans were in place across all organisations in advance of moving into the current Level 4 status. Specifically for Primary Care, on 7 December 2021, NHS England and NHS Improvement wrote to all GP Practices regarding temporary changes to the GP contract to support the vaccination programme and defined two key priorities: delivering the accelerated vaccination programme until 31 December 2021; and ensuring to

reduce the risk of admission to hospital with general practice looking to maximise on day care and essential proactive care.

On Primary Care Services, it was challenging to balance resources between the urgent needs of patients, the management of long-term conditions, and the vital task of vaccination and public health during the winter. Despite the challenges, primary care remained open and was continuing to serve the needs of the population. In response to accelerating the vaccination programme GP services had to pause some routine work, for example, routine health checks.

As the level of Covid-19 plateaued in London, there were plans to move towards recovery in the next few weeks. The focus across the system would be to bring back to 2019 level of achievement against targets.

Community based services had also been balancing the system of supporting booster vaccinations, managing urgent care, facility hospital discharge and managing core services with high staff sickness levels.

Central and North West London Mental Health and Children's Services were operating as normal, although with significant pressures. CLCH Adult Community Services had enacted their Business Continuity Plan.

It was noted that workforce sickness was showing some signs of improvement in the past week, and the Outer North West London division was now operating at the 6% mark, with 2% being Covid-19 related.

RESOLVED: That the update be noted.

179. Public Health Ward Profiles

The Board received the Public Health Ward Profiles across Harrow update.

The data depicted population statistics, life expectancy, employment, birth and death rates, dental issues, poverty indicators, as well as educational attainment (at GCSE level), and economic factors.

The Board was informed that the Ward Profiles were being undertaken now as there would be changes to the number of Wards after the Municipal Government Elections in May 2022.

The Board inquired if low birth weight was peculiar among certain ethnicities, and whether that had been factored into the update.

It was advised that low birth weight was the term used to describe babies who were born weighing less than 2,500 grams. This was not confined to ethnicities. However, it was common among some first-generation immigrant communities, where poor maternal health services could have been a contributory factor prior to coming to the UK.

Generally, Asian women had smaller babies. However, a lower-birth-weight baby may be healthy even though they were smaller. The public health team

was working to improve the uptake of maternal and early start vitamins and food vouchers to improve maternal nutrition and that of pre-school children.

It was further noted that despite low birthweight, the national Child Measurement Programme data showed that Asian children had higher rates of obesity than average. The work on addressing childhood obesity continued especially as this had worsened during the Covid-19 pandemic.

The Board also asked if there were any language barriers that could be included in the profiles.

It was advised that it was known to be an issue but the data to measure this was more difficult to quantify as it was not gathered routinely.

RESOLVED: That the update be noted.

(Note: The meeting, having commenced at 10.00 am, closed at 11.45 am).

(Signed) Councillor Graham Henson
Chair