

# Health and Wellbeing Board

## Minutes

### 22 March 2022

**Present:**

**In The Chair:** Councillor Simon Brown  
Councillor Sue Anderson

**Board Members:** Councillor Dr Lesline Lewinson  
Councillor Christine Robson  
Councillor Krishna Suresh

Simon Crawford

London North West University  
Healthcare NHS Trust

**Non Voting Members:**

Carole Furlong Director of Public Health Harrow Council

Lisa Henschen NHS  
Paul Hewitt Corporate Director, Harrow Council  
People

Chris Miller Chair, Harrow Safeguarding Boards Harrow Council

Johanna Morgan Divisional Director, Harrow Council  
People Services Strategy;  
Commercialisation & Regeneration

**In attendance: (Officers)**

Yaa Asamany  
Shaun Riley  
Sebastian Baugh  
Alex Dewsnap  
Isha Coombes

**Apologies received:** Jackie Allain  
Sheik Auladin  
Inspector Edward Baildon  
Isha Coombes  
Laurence Gibson  
John Higgins

Dr Himagauri Kelshiker  
Angela Morris  
Marie Pate  
Tanya Paxton  
Rasila Shah  
Dr Muhammad Shahzad

**Councillor Apologies received:** Councillor Graham Henson (Chair)  
Councillor Janet Mote

### 180. Attendance by Reserve Members

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

Ordinary Member

Councillor Graham Henson (Chair)

Councillor Janet Mote

Reserve Member

Councillor Sue Anderson

Councillor Dr Lesline Lewinson

### 181. Declarations of Interest

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

### 182. Minutes

**RESOLVED:** That the minutes of the meeting held on 18 January 2022, be taken as read and signed as a correct record.

### 183. Public Questions

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

### Resolved Items

### 184. Living with Covid-19 - The Way Forward

The Board received an update on the current coronavirus (Covid-19) situation in the borough.

Harrow was currently in 18th position out of the 33 London boroughs for rate of Covid-19 (all ages) and 7th for over 60 age group. Interim case numbers were continuing to increase and on 22 March 2022, the number was 250 cases higher than the confirmed cases for 13 March 2022. Rates in the over 60s were now higher than in the other age groups.

In terms of hospitalisations, between 7 March 2022 and 13 March 2022, 73 went into hospital with Covid-19. This showed an increase of 14.1% compared to the previous 7 days. There were 73 patients in hospital with coronavirus on 15 March 2022. There were 2 Covid-19 coronavirus patients in hospital beds with a mechanical ventilator on 15 March 2022.

The number of deaths between 15 March 2022 and 21 March 2022 were two, within 28 days of a positive coronavirus test.

The vaccination uptake showed a slight increase: 190,748 people had having had a first dose by the end of 16 March 2022, only 67 up on the previous week; 178,384 people had been given a second dose by the – an increase of 415 on the previous week; and 133,506 had been given a booster or third dose - 363 more than the previous week.

There were four scenarios envisaged for Covid-19 in the borough and nationally:

### **1) Reasonable Best Case**

Short term: small resurgence in Autumn/winter 2022-2023 but low levels of severe disease.

Longer term: new variants occur but no major change in transmissibility or severity and little/no vaccine escape with annual boosters of current vaccine for vulnerable people. Covid years suppress flu infections.

### **2) Central Optimistic**

Short term: seasonal wave of infections similar to the Omicron wave.

Longer term: increasing global prevalence - increases in waves due to waning immunity annual seasonal infections with good and bad years. Annual updated vaccines for vulnerable and for others in bad years. Voluntary protective behaviours with mandated NPIs in bad years.

### **3) Central Pessimistic**

Short term: new variant emerges with high wave of infection. Severe disease in smaller unvaccinated, and vulnerable groups.

Longer term: high global incidence leads to unpredictable emergence of variants for many years and sometimes more than once per year. Widespread annual updated vaccines provide some level of protection. Widespread antiviral resistance. No reduction in flu widespread disruption and healthcare burden.

#### 4) Reasonable Worse Case

Short term: large waves of infections with severe disease in broad range of population groups.

Long term: High global incidence, variable vaccination, animal reservoirs leading to repeated emergence of variants some with significant immune escape. Unpredictable impacts. Widespread annual vaccination with updated vaccines, anti-viral resistance widespread, voluntary protective behaviours largely absent and cause societal.

The following concerns were highlighted on the future impact of Covid-19:

- 1) impact on disease transmission and lack of monitoring information;
- 2) risk of development of new variant and ability to detect new variant;
- 3) impact on vulnerable people, impact on “clinically vulnerable” people who are worried about mixing with other people;
- 4) lack of funding for local authorities for further actions; and
- 5) impact on inequalities ability to isolate in disadvantaged communities who could not get statutory sick pay (SSP).

The Board queried on hospital procedures for Covid-19. It was advised that patients with respiratory problems were still being tested for Covid-19. However, those who did not test positive were not placed in isolation wards. As numbers were rising, it was expected that more wards would be re-configured to cater to Covid-19 patients.

The Board also asked if care home residents would continue to be tested for Covid-19, and vaccinated for the fourth dose. It was advised that testing and vaccinations in care homes would continue. Those eligible for the fourth dose had begun receiving it in the preceding week.

The Board thanked officers for the presentation.

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

#### 185. Population Health Management and Updating the Joint Strategic Needs Analysis

The Board received the Population Health Management and the Joint Strategic Needs Assessment (JSNA).

There was a statutory obligation on Local Authorities and Clinical Commissioning Groups to produce the Assessment, to understand the health and wellbeing of the Harrow population, prioritise health and wellbeing needs of the borough, address them through a planned approach opportunity around the alignment of the findings from the JSNA for partnership, and provide a life

course approach to understand the impacts on the population at different stages of life.

Population health was a whole-systems approach that aimed to improve physical and mental health outcomes, promote wellbeing and reduce health inequalities across a defined population. It sought to find where there were the greatest inequalities, using data, evidence, and insight from local communities.

This was done by identifying groups of people at risk of ill health and designing interventions that could enable them enjoy better health, considering the wider aspects which influenced health outcomes.

The Board thanked officers for the presentation.

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

#### **186. Recovery - Progress Across the Health and Care System in Harrow**

The Board received the Recovery and Management of System Pressures update.

This provided an overview of the coronavirus (Covid-19) recovery programme and management of system pressures in Harrow, which were: Primary Care, Hospital based care, and Social Care.

The Harrow Health and Care Executive met weekly, and collaboratively planned the recovery efforts. They had worked to manage system pressures, with the health, wellbeing and experience of Harrow residents at the fore.

For Primary Care, changes to GP contracts would introduce the following in 2022-2023:

- 1) a change to the existing contractual requirement that 25% of appointments could be booked online to a more targeted requirement that all appointments which did not require triage were able to be booked online, as well as in person or via the telephone – further guidance was awaited;
- 2) from October 2022, Primary Care Networks (PCNs) would be expected to provide bookable appointments between 6.30pm-8pm weekday evenings, and 9am-5pm on Saturdays; and
- 3) appointments at those times must use the full multidisciplinary team and offer a range of general practice services, including routine services such as screening, vaccinations and health checks, in line with patient preferences.

For Hospital based care, there had been leadership changes with the appointments of a new Chief Executive Officer and Chief Operating Officer, as well as Chair of the NWL Acute Providers. Admissions due to Covid-19 were falling, with very few patients needing critical care. There had been a successful deployment of new antiviral treatments, with a hub at Northwick Park. About 6% of admitted patients had incidental Covid-19, with possible

signs of community rates rising. The ongoing vaccination effort had seen 47% the eligible Harrow population boosted. The expansion of permanent critical care capacity to 36 beds had been made.

The consolidation of the protected elective surgery hub at Central Middlesex Hospital (CMH), with plans to further develop Orthopaedic and other high-volume activity was also done, as well as the relocation of colorectal services to CMH and consolidation of elderly care at Northwick Park Hospital.

For Social Care, demand remained high with 60 new requests per week - up 24% on pre-pandemic levels. Teams were unable to complete work quickly enough to avoid growing queues and backlog. There were more than 200 people in the community waiting to engage with the Team, and more than 3 months of work queued up with people.

Before the Covid-19 pandemic, an average 9.5 new clients a week received Care Act eligible support out of hospital. The equivalent figure currently was 13.1. It took on average more than 2 weeks before the community team had capacity to begin working with citizens who had been discharged from hospital.

Due to very high caseloads, staff were unable to complete annual reviews on every citizen. Safeguarding enquiries (investigations) remained high compared to the previous two years. Complexity of needs for people with learning disabilities through the pandemic was leading to significant increases in the cost of supporting them. The average increase in costs was £337 per week from £200 per week before pandemic.

The Board was concerned about the consistency of service offer across Harrow's PCNs, especially for the elderly, and those who were digitally challenged. It was advised that PCNs were required to respond adequately to the needs of communities, and supporting PCNs in that regard was one of the goals of partners. Further updates would be provided at a later meeting, including how to ensure that Harrow residents received consistent quality access and outcomes across Harrow's PCN services.

The Board was also concerned that repeat prescriptions could only be done online or in-person, and not over the phone. This impacted negatively on those who were digitally challenged. It was acknowledged that that was an issue. However, it was not peculiar to Harrow, and was nationwide. PCNs were going through challenges providing adequate access to the public, and it was important that these were addressed.

The Board thanked officers for the update.

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

## 187. Developing a Unified Borough Plan

The Board received the Borough Plan, which had been developed with partners through the Harrow Strategic Partnership, and approved by the Council in February 2022.

The Borough Plan set out the strategic direction for the borough for the next 10 years. All other plans and strategies should be anchored in the Plan and set out their contribution to some or all of the eight priorities and the two cross cutting priorities.

The eight priorities were:

- 1) Improving the environment and tackling climate change;
- 2) Tackling poverty and inequality;
- 3) Building homes and infrastructure;
- 4) Addressing health and social inequality;
- 5) Thriving economy;
- 6) Sustaining quality education and training;
- 7) Celebrating communities and cohesion; and
- 8) Maintaining low crime and improving community safety.

The cross-cutting themes were tackling disadvantage; and tackling racial disproportionality.

Furthermore, specific contributions that the Health and Wellbeing Strategy was being asked to focus on were: tackling poverty and inequality; as well as addressing health and social inequality.

The Board thanked officers for the Borough Plan.

**RESOLVED:** That the Borough Plan be noted.

## 188. Vote of Thanks to Chair

The Board paid tribute to Councillor Graham Henson for his role as Chair of the Health and Wellbeing Board during the 2022-2023 Municipal Year.

The Board also paid tribute to Councillor Christine Robson, who would be standing down at the next Municipal Government Elections in May 2022.

The Board thanked Angela Morris, Director of Adult Social Services, for her work at Harrow Council, as she would be leaving in the coming weeks.

(Note: The meeting, having commenced at 10.00 am, closed at 11.55 am).

(Signed) Councillor Simon Brown  
In the Chair

