

Health and Wellbeing Board

Minutes

26 July 2022

Present:

Chair: Councillor Paul Osborn

Board Members: Councillor Ghazanfar Ali Harrow Council

Councillor David Ashton Harrow Council
Councillor Pritesh Patel Harrow Council

Jackie Allain Harrow CCG
Isha Coombes Harrow CCG

Non Voting Members: Carole Furlong Director of Public Health Harrow Council
Laurence Gibson Public Health Consultant Harrow Council
Lisa Henschen Managing Director Harrow Integrated Care Partnership
John Higgins Voluntary Sector Representative Voluntary and Community Sector
Chris Miller Chair, Harrow Safeguarding Boards Harrow Council

In attendance: Yaa Asamany
Sebastian Baugh
Mark Billington
Shaun Riley
John Ross
Peter Tolley

Apologies received: Sheik Auladin Councillor Hitesh Karia
Dr Radhika Balu Dr Himagauri Kelshiker

1. Appointment of Vice-Chair

RESOLVED: That, in accordance with Committee Procedure Rule 7.2.2, Dr Radhika Balu was appointed Vice-Chair of the Committee for the 2022/2023 Municipal Year.

2. Attendance by Reserve Members

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

Ordinary Member

Reserve Member

Councillor Norman Stevenson

Councillor David Ashton

3. Declarations of Interest

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

4. Minutes

RESOLVED: That the minutes of the meeting held on 22 March 2022, be taken as read and signed as a correct record.

5. Public Questions

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

Resolved Items

6. Health and Care Integration: national, regional and local changes

The Board received the Health and Care Integration: National, Regional and Local Changes Report.

Statutory Changes had taken effect from 1 July 2022. From 30 June 2022 Clinical Commissioning Groups (CCG) were abolished. These changes included: Integrated Care Systems being placed on a statutory footing; and Integrated Care (ICS) Boards coming into being. This meant a new organisation in North West London had been created.

The North West London ICS covered the eight boroughs of North West London and brought together all health and care organisations working to

deliver against the four core national objectives of ICSs. The ICS did not have a budget or employ staff.

In North West London, the Integrated Care Board (ICB) was known publicly as NHS NW London. This was the statutory NHS organisation responsible for developing a plan for meeting the health needs of the population, managing the NHS budget and arranging for the provision of health services in North West London. It held a budget and employed staff (those in employment of the CCG on 30 June 2022 had their employment transferred to the ICB).

The Integrated Care Partnership (ICP) was the statutory committee jointly formed between the NHS Integrated Care Board and all local authorities in North West London. The ICP was responsible for producing the overall strategy on how to meet the health and wellbeing needs of the population in NW London.

The ICP also did not have a budget or employ staff.

The Borough Based Partnerships (BBP) were the eight local partnerships who delivered the strategy. These partnerships included primary care, community care, acute trusts, mental health, local authorities and the voluntary sector.

RESOLVED: That the Report be noted.

7. Harrow' Health and Wellbeing Strategy

The Board received Harrow's Draft Joint Health and Wellbeing Strategy.

The highlights were:

- a) 1 in 5 children were overweight or obese at reception; 1 in 3 children were overweight or obese at year 6; and the percentage of 5-year-olds with experience of visually obvious dental decay was high at 42%, compared with the national average of 23.4%;
- b) the percentage of patients aged 17 years and over with diabetes mellitus, as recorded on practice disease registers, was also high at 10.1%, compared with 7.1% nationally;
- c) the difference in life expectancy between those living in the most and least deprived areas was 4.4. years for men, and 5.6 years for women.

Many of these behaviours and health outcomes were interlinked and correlated with employment, housing and education outcomes.

Preventative action was required for citizens to know and reduce risks to health. Citizens should be engaged and take control. Engagement approaches ranged from: manipulation and therapy where citizens were cured or educated to partnership where power was shared, and delegation where committees were formed with citizen representation. However, engagement would need resourcing.

In the short term, it was planned to provide a range of commissioned services that focused on prevention and improving the health and wellbeing of residents and embed resident centred initiatives and programmes that focused on people's strengths and community assets. There was need to design and implement services to meet the needs of the population including: sports and leisure review; post dementia diagnosis support; integrated intermediate care services review; and integrated frailty model. Furthermore, there was need to embed and deliver enabling programmes that supported residents to be more resilient including; addressing digital exclusion; urgent care plan portal; and estates development.

In the long term, it was planned to increase life expectancy and reduce the life expectancy inequality gap. Assistive technology and digital solutions would support residents to be more resilient and lead more independent, healthier lives. This would develop and support a stronger community and voluntary sectors, using local community assets to support residents achieve healthier lives. Furthermore, this would improve the value of people's lives, directly impacting on residents' emotional wellbeing.

RESOLVED: That the Strategy be noted.

8. Harrow Borough Based Partnership: Draft Borough Plan

The Board received the Harrow Borough Based Partnership Report, which gave details on the Borough Based Partnership Plan and 2022/23 delivery priorities.

The aim was to work with children, families and communities to support better care and healthier lives.

The objectives were to:

- 1) reduce health inequalities through embedding a robust population health management approach at a borough and neighbourhood level;
- 2) develop an integrated out of hospital teams at a neighbourhood level to improve citizens' experience of care and reduce unplanned acute care and intensive social care packages; and
- 3) deliver transformational change in care pathways to deliver high quality integrated care, improving outcomes and addressing variation.

The outcomes delivered through this plan, were considered within the context of the Health and Wellbeing Strategy, and the longer term outcomes that it would deliver. To support this contextual understanding, there would be the process of developing a logic model detailing the broad outcome and delivery framework for the Borough Based Partnership. Of the outcomes identified, the most impactful had been acknowledged as the priorities of the partnership, and those which the partnership could monitor on an annual basis.

RESOLVED: That the Report be noted.

9. System Pressures and Winter Planning

The Board received the System Pressures and Winter Planning Report.

This provided Members with an overview of the coronavirus (COVID-19) recovery programme, management of system pressures and planning for winter.

General Practice (GP) in Harrow continued to see increasing levels of demand against a backdrop of an increase in the number of COVID-19 positive cases. GP appointments available in North West London continued to be above the April 2021 baseline with an additional 23.7% appointments in May 2022.

As at 11 July 2022, there was a new COVID-19 surge, and the Trust was expecting around 200 positive inpatients across all sites (with about 150 at Northwick Park Hospital).

There was no confirmation yet of what additional winter pressures funding of community based and primary care services would be available in 2022/2023, or of the process for its allocation.

RESOLVED: That the Report be noted.

10. Better Care Fund Report

The Board received the Better Care Fund (BCF) Report for the End of Year 2020/2021.

The BCF Plan comprised 3 elements:

- 1) financial schedules - funding arrangements and scheme schedules had been agreed;
- 2) outcome metrics - plans for 2021/2022 outcome measures and Year End position; and
- 3) supporting narrative – the summary was provided in the Elements of the Plan.

For the next steps, the preparation of the BCF 2022- 2023 Plan, an integrated BCF Working Group will develop plans and present reports to the Board at future meetings. The BCF Working Group would be incorporated into the Harrow Place Based Partnership transformation priority on frailty which included the Integrated Intermediate Care Programme.

RESOLVED: That the Report be noted.

(Note: The meeting, having commenced at 10.00 am, closed at 11.50 am).

(Signed) Councillor Paul Osborn
Chair