HEALTH AND WELLBEING BOARD

MINUTES

1 AUGUST 2013

Chairman:	*	Councillor Krishna James	
Board Members:	*	Councillor Margaret Davine	Harrow Council
	*	Councillor Zarina Khalid	Harrow Council
	*	Councillor Simon Williams	Harrow Council
	†	Dr Amol Kelshiker	Clinical Commissioning Group
	*	Dr Genevieve Small	Clinical Commissioning Group
	*	Ash Verma	Harrow Healthwatch

Non Voting Members:	†	Catherine Doran	Corporate Director, Children and Families	Harrow Council
	*	Bernie Flaherty	Director of Adult Social Services	Harrow Council
	†	Andrew Howe	Director of Public Health	Adult Health and Wellbeing Group
	†	Rob Larkman	Accountable Officer	Harrow Clinical Commissioning Group
	*	Joanne Murfitt	Head of Assurance	NW London NHS England
	†	Paul Najsarek	Corporate Director, Community Health and Wellbeing	Harrow Council
	†	Chief Superintendent Simon Ovens	Borough Commander, Harrow Police	Metropolitan Police
	*	Deven Pillay	Representative of the Voluntary and Community Sector.	Harrow Mencap
	*	Javina Sehgal	Chief Operating Officer	Harrow Clinical Commissioning Group

* Denotes Member present
† Denotes apologies received

15. Attendance by Reserve Members

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

Ordinary Member	Reserve Member
Catherine Doran	Melissa Caslake
Andrew Howe	Sandra Husbands
Simon Ovens	Claire Smart

16. Declarations of Interest

RESOLVED: To note that the following interests were declared:

Agenda Item 15 – Healthwatch Harrow
Councillor Graham Henson declared a non-pecuniary interest in that he was partially responsible for creating the framework for Healthwatch Harrow when he was the relevant Portfolio Holder.

17. Minutes

RESOLVED: That the minutes of the meeting held on 19 June 2013, be taken as read and signed as a correct record.

18. Public Questions

(1) The following question had been submitted by a member of the public in accordance with Rule 14.3 of the Health and Wellbeing Board Procedure Rules:-

Question By	Question Of	Text Of Question
Jenny Stephany	Chairman of the Board (Councillor Krishna James)	"The agreed purpose and key responsibilities of the Health and Wellbeing Board, the additional resources to be transferred to Health and Social Care in 2014-15 (Osborne statement June 2013) as well as the application to become a Health and Social Care integration pioneer could offer a unique opportunity for innovative schemes to be piloted. What health and social care groups and processes (including timelines/cycle) for considering requests from the voluntary and community sector and allocating funding are proposed within Harrow? How will these new

arrangements to be published?"

The question was answered orally by the Chairman. The member of the public asked a supplementary question, which the Chair advised would be subject to a written response.

(2) A further question was submitted by a member of the public which did not accord with Rule 14.3 of the Health and Wellbeing Board Procedure Rules. The Board agreed to admit the question to the meeting.

Question by	Question of	Text of Question
Jeff Anderson	Chairman of the Board (Councillor Krishna James)	"What are the immediate concerns and priorities facing the Health and Wellbeing Board and how would it develop partnerships with local stakeholders".

The member of the public also asked a supplementary question. The Chair advised that both the question and supplementary question would be subject to written responses.

19. Petitions

RESOLVED: To note that no petitions had been received.

20. Deputations

RESOLVED: To note that no deputations were received.

21. References from Council and Other Committees/Panels

RESOLVED: To note that there were no references.

RESOLVED ITEMS

22. Pharmaceutical Needs Assessment

The Board received a report which provided information on its responsibilities in relation to the Pharmaceutical Needs Assessment (PNA), the status of the current document and the plans for the next assessment.

A representative from the Public Health team introduced the report and made the following points:

- the Health and Wellbeing Board now had a statutory responsibility to deliver a PNA;

- the PNA was the document that the NHS used when deciding if new pharmacies were required and to make decisions on which NHS funded services were to be provided by local community pharmacies;

- the Board were required to produce the first PNA by 1 April 2015. It was decided that the PNA should be completed this year as resources were available.

During the discussion on this item, Members of the Board raised a number of queries which were responded to as follows:

- the PNA was about basic dependency functions and not about Public Health services. It would contain information required by statute;

- the PNA had an allocated budget to resource its production. Any underspend would be allocated to other health improvement projects to directly benefit the residents of Harrow.

RESOLVED: That the report be noted.

23. Local Safeguarding Adults Board (LSAB) Annual Report 2012/2013

The Board received a report which provided an overview of the Local Safeguarding Adults Board (LSAB) Annual Report for 2012/13.

A Member of the Board representing Harrow Council introduced the report and made the following points:

- this was the 6th LSAB Annual Report. It provided an overview of safeguarding adults' activity by the Council and its key partners in 2012/13;

- the LSAB was made up of 20 members who talk to wider stakeholders and develop objectives going forwards;

- 657 alerts had been received in 2012/13 in comparison to 554 the year before. The growth in number was seen as positive given as this represents that people are more aware of their safeguarding representation responsibilities and more likely to report concerns;

- Harrow's statistics for the areas where reported abuse did take place, mirrored the national picture and were in line with the national average;

- allegations of physical abuse remained the most common at 29%. Neglect (19%), Financial Abuse (21%) and Emotional Abuse (22%) were the other significant figures;

- outcomes for victims were varied, however 'no further action' and 'increased monitoring' remained the most common;

- outcomes for perpetrators showed a static position in relation to criminal prosecutions;

- in relation to Deprivation of Liberty Safeguards, there were 13 requests for authorisations, 6 for people with dementia and 7 for people with learning difficulties;

- Theme One of the report related to Prevention and Community Engagement. One key development is that District Nurses now had the Safeguarding Adult Service 'Wallet Card' fixed to their ID badges;

- there had been a rise in alerts and broadening of sources for referrals e.g. Colleges and GPs;

- there had been a forum established with service users to discuss key concerns which was part of Harrow Mencap's ongoing Hate Crime campaign;

- there was now an updated risk assessment process giving additional safeguards to users managing their own money;

- outcomes and actions from issues surrounding Winterbourne View were first considered by the LSAB in June 2011 and at all subsequent meetings;

- a West Sussex model for institutional abuse had been piloted and adopted and more training had been provided to those people visiting care homes e.g. GPs and Contracts staff;

- Theme Two related to Training and Workforce Development. 1,478 people had received training in 2012/13, an increase of 220 from the previous year. There were an increased number of briefing sessions including specific briefing sessions for service users. Feedback had been positive;

- the third theme related to Quality and Performance Review. This theme included details of monthly meetings between the SGA Team and the Contracts Team to monitor concerns about care providers, user surveys completed by Age UK Harrow in relation to home care and stats being routinely monitored by the LSAB and SGA team;

- outcomes from this third theme had included a new protocol for working with harder to engage clients, further increase in user/family involvement in case conferences and a Placement Embargo policy had been refreshed to further define issues relating to safeguarding;

- Theme Four of the LSAB related to Policies, Procedures and Governance. Pan London policies and procedures had been used throughout 2012/13 and were covered in all relevant training sessions; an easy to read version of the Annual Report had also been produced;

- key objectives for the LSAB for 2013/14 and Year 1 of the new LSAB Strategic Plan included:

    1. ensuring that prevention of the abuse of adults remained a high priority within Harrow,

    2. ensuring that there was effective communication by the LSAB with its target audiences,

    3. ensuring that safeguarding adults priorities were clearly referenced in wider Community Safety strategies, enabling evidence to be produced that the Harrow LSAB's work was influenced by user feedback and priorities;

- the Health and Wellbeing Board could assist the work of the LSAB by continuing to support its work and ensuring attendance at the LSAB meetings of relevant senior officers. It could also sign the LSAB partner agreement which included a commitment to presenting Annual Reports to Executive or Management Boards;

- a Peer Review would be taking place in November 2013. This would be conducted by the Local Government Association who would work through quality measures for the Council and its partners;

- the Peer Review would last for 3 days and it was hoped that Members of the Board would support a proposal that the findings of this review be published and be made public;

- as a precursor to the Peer Review work had commenced in assessing the LSAB. An expert had visited the Council and that there was a good acknowledgement that safeguarding arrangements are strong in Harrow and that there was good focus and knowledge from senior officers in the Council. There were also positive comments in relation to budget priorities and personal budgets. However it was believed that the LSAB was too big in terms of its numbers and needed to reduce. It was also believed that more senior personnel had to be involved on the Board and that it should include representatives from Public Health and from the Department for Work and Pensions.

RESOLVED: That

(1) the Board agreed that outcomes of the Peer Review due to be held in November 2013 should be published;

(2) the report be noted.

24. Urgent Care

The Board welcomed a representative from the Clinical Commissioning Group who introduced a report which set out information relating to the recent activity

of the Urgent Care Board and the development of the Accident and Emergency Recovery and Improvement Plan.

The representative reported the following points:

- all Accident and Emergency (A & E) departments had a 95% target for patients attending to be seen within 4 hours;

- across the whole country some hospital trusts have had difficulty in meeting this target. Northwick Park Hospital (NPH) had struggled to meet this target;

- the difficulties encountered relating to this target had prompted NHS England to require all Local Area Teams (LATs) to start working on recovery and improvement plans for each local area;

- NHS England had advised that plans to improve current standards should be divided into three phases. This included a short term, medium term and long term strategy where changes made were implemented and sustainable;

- there were a number of issues faced by North West London Hospital Trust (NWLHT) A & E service. These included serious delay breaches and delays with ambulance handovers, having enough clinical staff and an inappropriate level of transfer of care;

- there were additional concerns that the implementation of 'Shaping a Healthier Future' will lead to further pressures on A & E in NPH, including potential increase caused by the potential closure of services in Ealing;

- the A & E Recovery and Improvement Plan had been developed to overcome these and other issues. It was divided into three Key Outcomes and five Top Priorities;

- current A & E performance indicated that NWLHT was improving and was now in line with the national 4 hour standard. Performance had improved significantly between April and June, following worrying performance at the start of the year;

- in the day before this meeting, NWLHT had a performance of 97% of patients being seen within 4 hours. However implementation of the Plan had not yet finished and a high performance would continue to be targeted;

- the Council had agreed a Motion at a previous Full Council meeting expressing concern with the A & E arrangements at NPH. This had been appropriate at the time and the CCG would be formally responding to this shortly;

- Harrow's Urgent Care Board would be responsible for winter pressures during 2013 and had commenced early discussions;

- in 2013/14 Pressure Surge (Winter) Planning will sit within the context of the Recovery and Improvement Plans;

- it was important to plan proactively in anticipation of the additional demands introduced by cold weather if a 95% performance was to be sustained;

- the aim of the Winter Planning was to provide more details about activity and assurance to meet targets whilst maintaining service quality and safety.

During the discussion on this item, Members of the Board raised a number of issues which representatives from the CCG responded to as follows:

- there were a number of actions in place to deal with inappropriate admissions. Within the Integrated Care Pilot work was taking place with the London Ambulance Service to ensure that patients were not brought to A & E inappropriately. In addition to this London Ambulance Services were also being asked to refer cases which did not require A & E admission to NPH to be treated as a day case;

- the STARRS scheme was also in operation which allowed for patients to be treated in the community rather than going to A & E if appropriate. General Practitioners would also be based in A & E to see and treat patients and prevent inappropriate admissions;

- the Recovery and Improvement Plan would be completed by the end of September 2013. At this stage the Plan was 75% complete. There had only been limited new funding to implement the Plan, but most the changes in the Plan had been achieved by making sustainable changes building resilience into the system;

- there had been evidence gathered in previous studies that many patients attended A & E rather than utilising other facilities in the health system, simply because it was more convenient for them to do so;

- there could be a role for the voluntary and community sector to play in assisting in signposting for residents to utilise parts of the health care system other than A & E if appropriate;

- there had been an increase in the number of people registered at GPs surgeries, which partly explained why there were an increasing number of referrals from GPs to A & E.

RESOLVED: That

(1) the report be noted;

(2) CCG provide a report which breaks down who is attending A & E and considers what role public health, social care and the Health and Wellbeing Board could play in supporting this work.

25. 2013/14 Funding transfer from NHS England to social care - section 256 funding

A Board Member from the Clinical Commissioning Group (CCG) introduced a report which set out the conditions, governance and reporting process for the 2013/14 funding transfer from NHS England to social care.

The Board Member reported the following:

- previously the Department of Health had made funding available for 2011/12 and 2012/13 to Primary Care Trusts via a section 256 transfer which was then passed on to the Council for agreed services;

- NHS England had issued a letter to the CCG regarding the allocation for 2013/14. During 2013/14 the money would be paid by NHS England directly to the Council rather than through the CCG;

- the criteria for the funding is that is must be used to support adult social services in each local authority, and must also have a health benefit;

- Local Authorities and the CCG must have regard to the Joint Strategic Need Assessment for their local population, in determining how the funding was used;

- Local Authorities and the relevant CCG must demonstrate how the funding transfer would make a positive difference to social care services;

- the funding could be used to support existing services for transformation programmes;

- it had been proposed in the recommendations of the report to use funding within Harrow in a similar way to previous years subject to further agreement and discussion between the Council and the CCG;

- the CCG proposed at the meeting that due consideration was given to the development of other possible new services to benefit the health care system rather than is using the way that the report proposed;

- it was important to ensure that the funding was used in the best possible way as it was a valuable resource. Innovation was also important.

The Board Member from NHS England commented that it was not appropriate for NHS England to get involved with local decision making on how the funding was utilised. However NHS England did expect a joint agreement on how the funding would be used. Good governance was important and a plan

would be expected by NHS England on how the funding would be used. An 18 month plan was recommended identifying the direction of travel.

An officer from Harrow Council commented that the allocation provided by the Section 256 transfer had already been assumed in the Council's budget for adult social care in 2013/14, this is necessary as the Council's budgets are set in advance of the financial year and without the funding planning for substantial cuts would need to start as early as possible. Further discussions were required and it could potentially have a big impact on the Council.

The Board Member from the CCG responded that it would be helpful if the Board could delegate the decision on how the Section 256 money was used to officers and the CCG to allow further discussions to take place. It was therefore suggested that only recommendations 1, 3 and 4 of the report were agreed to facilitate this. If funding was utilised in a different way than used previously, further information would be presented to future Board meetings on the relevant objectives and targets.

RESOLVED: That:

(1) the funding from NHS England of £3,471,178 for social care for 2013/14 subject to the signing of a Section 256 agreement be noted;

(2) officers be authorised to enter into discussions with Harrow CCG to conclude the Section 256 agreement;

(3) the proposed monitoring arrangements for the spending of the budget, which involves a monthly meeting between the Head of Commissioning and the Head of Unscheduled Care, be agreed.

26. NHS Harrow Clinical Commissioning Group Strategic Planning

The Board received a report which set out the high-level planning process by which Harrow Clinical Commissioning Group (CCG) was developing its 3 year Strategic and Financial Plan.

A Board Member from the CCG introduced the report and made the following points:

- it was recognised by the CCG that they had to develop services to ensure quality and safety for patients;
- good clinical outcomes were achieved and benchmarking was regularly conducted to ensure this continued;
- the CCG was working closely with its partners including the Council, to ensure that resources were used in the right way;
- the Joint Strategic Needs Assessment had allowed the CCG to highlight areas which required the most focus;

- research had been conducted on how the CCG spent its money. It demonstrated that 50% of resources were being spent on 5% of the population who were categorised as very high or high risk;

- the CCG existing plans which looked to transform how acute care was provided were fundamental to delivering higher quality care more effectively;

- the CCG also wanted to investigate further to see whether there could be more proactive and integrated management of high risk / high need patients including their social, mental and physical care needs;

- there would also be a greater focus on primary prevention for lower risk patients and secondary prevention to reduce the rate of increasing needs;

- the Plans of the CCG would be developed to both improve the quality of care and to allow operation within the CCG's financial resources. Once the Plan had been finalised it would be reported back to the Board.

During the discussion on this item, Members of the Board raised a number of issues which Board Members from the CCG responded to as follows:

- when a child was referred to the Child and Family Mental Health Services (CAMHS), it was appropriate for the child's GP to make this referral as opposed to a school nurse. This was because the GP held the entire health record for the child and was fully aware of all medical issues;

- the Public Health service may have further information on how resources were spent on health services on a ward basis within Harrow. It was important to note that there were differences within Harrow.

RESOLVED: That the report be noted.

27. NHS Commissioning Board - Roles, Responsibilities and Relationships

The Board received a presentation from the Board Member representing NHS England which set out its roles, responsibilities and relationships.

The Board Member made the following points:

- the 2012 Health and Social Care Act has resulted in a number of changes to who is responsible for commissioning National Health services;

- from April 2013 new organisations had been created to take on the responsibility for health services commissioning. These included the Clinical Commissioning Groups (CCGs) and the National

Commissioning Board known as NHS England. Local Authorities had been provided with the responsibility of public health functions;

- NHS England had a number of important roles including directly commissioning £25 billion worth of services including primary care and allocating £60 billion to CCGs and supporting them in the effective use of that money to buy local services;

- NHS England within London had been divided into 3 regions. Harrow was under the remit of the North West London Team;

- NHS England worked with a large number of partners nationally;

- NHS England's priorities included improving patient experience, commissioning development and patient safety;

- specific priorities within the North West London Team included participation in and supporting the work in North West London Hospitals in tacking key performance areas. Other priorities included focusing on patient experiences and providing an assurance of CCGs;

- the regional team had 3 key overarching objectives which including acting as assurers of the system, commissioning specific healthcare services and managing the system through strategic project and programme delivery and effective partnerships;

- any CCG that had conditions attached, NHS England were working with them to remove these;

- regions had worked with national colleagues to develop a CCG assurance framework to provide a view of how CCGs were delivering quality and outcomes for patients and continually improving;

- finances were clearly important but there were also other things which NHS England would hold CCGs to account on. These included the quality of care and health outcomes for local people;

- NHS England also commissioned services directly. These included Primary Care services (for e.g. GPs, Dentists and Pharmacists) and offender health services. Consideration was currently being given to how NHS England would be held to account by CCGs for these relevant services;

- NHS England had an overall budget of £95 billion, of which £15.6 billion was allocated to London;

- regulatory responsibilities of NHS England included local responsible officer functions, managing individual performance issues for dentists, pharmacists, GPs and optical providers and helping to secure services for patients following a major incident such as fire, flood or a similar emergency;

- for specialist services, 74 Clinical Reference Groups had been clustered around 5 national Programmes of Care;

- NHS England commissioned a range pf public health services including national immunisation programmes and national screening programmes;

- both the Board and NHS England shared the same objective of improving the health and wellbeing of residents in Harrow and improving health outcomes. This was a key reason why a representative from NHS England should sit on the Board.

During the discussion on this item a Member of the Board queried how NHS England was to be held to account for their services. The Board Member from NHS England responded that it was clear that it should be held to account and a process was being developed. This could involve 360' feedback and surveys being conducted. A report could be presented to the Board in the future on this issue once the details had been finalised.

RESOLVED: That the presentation be noted.

28. Initial Stocktake of Progress against key Winterbourne View Concordat Commitments

The Board received a report which outlined the Winterbourne Stocktake which was submitted to the Winterbourne Programme on 5 July 2013.

An officer introduced the report and made the following points:

- the Winterbourne Programme was established to ensure all local areas deliver the commitments set out in the Concordat following the negative care quality at Winterbourne View Assessment & Treatment Centre;

- the stocktake aimed to provide an initial snapshot of progress;

- the stocktake in Harrow had been very thorough. There had been success in agreement between the Council and the Clinical Commissioning Group (CCG) and submitting the stocktake in time;

- 4 challenges were identified when responding which included concerns about how services will be funded in the future, the lack of an agreed Dispute Resolution Policy, the reviews had not been fully considered and that until recently there had been no agreement on the process for working together to consider Winterbourne clients;

- there was a task and finish group which would deliver the full programme of change required.

The Chair thanked officers for their work on this item.

RESOLVED: That the report be noted.

29. Healthwatch Harrow

The Board received a report setting out the background to Healthwatch Harrow, including governance and management arrangements, its priorities and progress.

The Board Member representing Healthwatch Harrow made the following points:

- there were a number of partners involved with Healthwatch Harrow and it was hoped that in the coming months further partners would become involved;

- Healthwatch Harrow had developed 3 key outcomes. These included developing its engagement and influence, providing information and advice and implanting effective linkages with Complaints Advocacy;

- a clear and detailed system of a monitoring performance framework had been agreed with the Council;

- Key Performance Indications as part of the Performance Monitoring Framework included the percentage of local people who had heard of Healthwatch Harrow, the number of Enter and View visits and the inclusion of unmet needs in the future Joint Strategic Needs Assessment;

- it was intended that the Delivery Board would have 15 Members and include lay people and an Independent Chair. A recruitment and selection process had already been agreed by the Delivery Board and was underway;

- Healthwatch Harrow had produced a Business and Community Engagement Plan. This generally involved obtaining information from the public to feed into the whole process;

- there had been significant progress made in raising the profile of the organisation.

RESOLVED: That the report be noted.

30. Harrow Compact

The Board received a report setting out details of the Compact which was an agreement between the bodies represented on the Harrow Partnership Board containing principles to guide the conduct of relationships with the voluntary and community sector organisations.

A Member of the Board commented that this report was helpful to allow all partners, including those who were new from the Clinical Commissioning Group, to be aware of the existence of the Compact and the principles contained within it.

An officer commented that there were sections of the Compact which were due to be updated at the next Harrow Partnership Board meeting. However, other than this no further refresh was currently required.

A Board Member representing the CCG commented that she would liaise with the CCG and NHS England on the Compact before they committed to it.

RESOLVED: That the report be noted.

(Note: The meeting, having commenced at 4.03 pm, closed at 6.21 pm).

(Signed) COUNCILLOR KRISHNA JAMES
Chairman