

HEALTH AND WELLBEING BOARD MINUTES

3 OCTOBER 2013

Chairman:	* Councillor Susan Hall		
Board Members:	* Councillor Margaret Davine	Harrow Council	
	* Councillor Krishna James	Harrow Council	
	* Councillor Simon Williams	Harrow Council	
	† Dr Amol Kelshiker (VC)	Chair of Harrow CCG	
	* Dr Kaushik Karia	Harrow CCG	
	* 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	Harrow Council
	† 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

31. Attendance by Reserve Members

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

32. Declarations of Interest

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

33. Minutes

RESOLVED: That the minutes of the meeting held on 1 August 2013, be taken as read and signed as a correct record.

34. 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
Mrs Varsha Dodhis	Chairman of the Board (Councillor Susan Hall)	<p>Carers say there is inequity in service delivery for Carers in Harrow.</p> <p>There are over 24,000 carers in Harrow with nearly 5,000 people providing over 50 hours of unpaid care a week. 3000 Carers providing over 50 hours of care are of working age so many have to leave their jobs because of their substantial caring responsibilities.</p> <p>Does the Health and Wellbeing Board agree with this assessment? What evaluation and evidence has been gathered to show that equity exists for Carers across age, gender, ethnicity, faith, and disability groups of the cared for. Are Carers treated as true 'partners' in service delivery for carers services and services for the people they care for in Harrow?</p>

The Chairman responded as follows: “We agree with the statistical information provided as this is taken from the 2011 Census. However, the way national and local systems collect data on carers does not allow household composition and employment status to be measured against the level of unpaid care, which makes it impossible to respond to the assessment.

The way families provide their care and support is very changeable and dynamic and we try and support all carers known to the Council in difficult circumstances by providing them with information and advice about what support is available to them in the community and also signposted to organisations who can support them with benefit entitlement to ensure that they are supported if they are experiencing financial hardship due to their employment status.

There is also a continuous effort made by the Council to try to identify hidden carers and carers, who may not recognise themselves as carers to ensure they can access support. This year we have held a number of events across the borough, such as Under One Sky, to reach out to people that do not see themselves as carers to provide advice and support.

NHS Harrow CCG also acknowledges the personal challenge that Carers face, and have started a process of engagement and listening to support the development of services within the borough. Work will take place to link this with carers initiatives already underway from the Council.

The first phase of the CCG work has resulted in the development of a General Practice Carers Awareness scheme that is currently being implemented across the borough and is supported by local carers with a view to support the standardisation of skills and support within primary care. Work is on-going to develop local support for carers underpinned by acknowledgement of the diverse needs across the borough.

Carers we are in touch with are a good reflection of the diversity in our local community. The Council’s own surveys of carers and the national census data support this equality of service provision.

As referenced above the CCG work around General Practice Carers Awareness scheme is underway.

The Council and CCG value the massive contribution Carers make in our local community which demonstrates the strong family values in Harrow. The Council works closely in partnership with Carers in a variety of different ways to listen to their views. Big community decisions are fully commented on and decided in public.

We are pleased to find that carers in Harrow rated their quality of life as third highest in London.”

The member of the public asked a supplementary question: “A lady came up to me about her mother-in-law who is 85 and had a fall and was in hospital. She is anxious after discharge and wanders around the house saying ‘hide the girls’ and wakes her up three or four times a night. She was from Uganda when the Asians were expelled. She works full time, runs a house and has no time to spare. Will she seek help, find other ways to cope, or will help come when she reaches crisis”. The Chairman responded that “Many of us get into the situation where we become carers. This is often only recognised when the carer goes into decline themselves. This subject needs further work. People like you bring the issue into the forefront and are highly thought of. We are grateful to you for identifying carers in crisis and bringing them to our attention so that they can be signposted for help.

- (2) 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
Joan Penrose	Chairman of the Board (Councillor Susan Hall)	“Why is there no transparency around staffing and commissioning by both the Clinical Commissioning Group and Harrow Council Commissioners? This question includes: who is doing the buying of services; what are they buying and what are the required outcomes?”

The Chairman responded as follows: “The CCG and Harrow Council commission and procure services in compliance with national and European regulations Care and good practice, which sets standards for transparency and fairness. Contracts are listed on the public London Contracts Register website, in line with practice for all Councils. Both organisations are subject to the provisions of the Freedom of Information (FOI) Act 2000.

Harrow’s social care contracts and CCG contracts both set out the levels of service and outcomes that are being sought. The providers of those services are then monitored to see that they are delivering against those targets and agree actions where they are not being achieved.

Harrow’s Local Account is a key component of a programme of sector-led improvement in social care and provides a greater emphasis than the previous regulatory framework on localism and transparency and sets out the standards we are achieving. Harrow CCG have commissioned NWL Commissioning Support Unit to carry out all provider management on the CCG behalf.

Harrow has developed an award winning approach to transparency for our My Community ePurse portal, which is a public space where providers, their quality and costs are fully available to the community.”

The Chairman further stated that the questioner would be shown how to locate the information referred to if she was unaware of how to access websites.

The member of the public also asked a supplementary question: That the offer to be shown how to access websites be made to other people in the questioner’s situation. There was a gap between what is happening at the top and the answers service users and carers have on the ground. The Chairman advised that a meeting would be arranged regarding how best to educate the public on how to access the websites.

35. Petitions and Deputations

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

36. References from Council And Other Committees/Panels

The Board received a reference from the Corporate Parenting Panel on 8 July 2013 regarding the Report of Mental Health Care for Children Looked After.

It was reported that a joint piece of work would be undertaken by the CCG and Children’s department regarding pathways and revising strategy. A report would be submitted to a future meeting and would include the issues raised by the Corporate Parenting Panel.

RESOLVED ITEMS

37. 2013/14 Funding Transfer from NHS England to Social Care - Section 256 Agreement

In accordance with the decision of the Board at its meeting on 1 August 2013 to authorise the officers to enter into discussions with Harrow CCG to conclude the Section 256 agreement, the Board was informed that discussions had taken place but had not been concluded. A verbal report was received on the position to date.

An officer from Harrow Council reported that both the CCG and Harrow Council were facing financial challenges and there were immediate pressures to work out an agreement for the transfer of approximately £3,471,178 from the CCG to the Council. The standard national criteria for the allocation of funding includes:

- Community equipment and adaptations;
- Telecare;
- Integrated crisis and rapid response services;
- Maintaining eligibility criteria;
- Re-enablement services;

- Bed-based intermediate care services;
- Early supported hospital discharge schemes;
- Mental health services;
- Other preventative services;
- Other schemes to be specified locally.

The transfer would require sign-off by CCG. The discussions were relatively close to reaching a position that was acceptable to all and which included a request for Council support of the STARRS services.

An officer of the CCG reported that subsequent to the discussions at the Joint Executive meeting on 25 September, an internal discussion had been held with the Harrow CCG Quality, Innovation, Productivity and Prevention Committee (QIPP) Committee. Whilst there had been earlier discussions between Council and CCG about the allocation for the 2013/14 S256 funding, the Committee felt that it was not able to support the discussion which took place at the Joint Executive. The Committee wanted the Council to give consideration to funding the STARRS stretch element before it could sign off any proposals. The QIIPP Committee also requested that clear principles of working are agreed across both organisations with respect to this and any other future allocations.

As a result officers from the CCG were seeking to find a mutually agreeable position as a way forward as a 'half way house' between what had been agreed with Harrow officers and the requirements of the QIPP. The areas to be considered in finding a way forward are:

- the need to expand the existing STARRS service, which would be of benefit to both the CCG and Harrow Council;
- clarity on how any outstanding legacy public health invoices will be settled;
- the Council's allocation of £3.5 million as it currently stood was a valid allocation, however the CCG would appreciate it if pressures on both sides could be examined and incorporated into the allocation. Winter social care monies was part of the allocation and Harrow Council would receive a share should any underspends be identified.

A Board clinical lead representative of the CCG stated that there was the opportunity to work together to ensure the best use of funding, and to appreciate each others pressures. The future value of the Health and Wellbeing Board was in jointly formulating plans and ensuring that discussions took place early in the financial year and not mid year.

The Chairman expressed concern that the £3.471 million was outstanding as she had been briefed that agreement had been reached. She stated that she was not supportive of a 'half way house' solution. It was important that the deadline was adhered to to enable the provision of services. She sought information on the mechanisms required to enable a solution by the end of the following week if not earlier. The winter monies raised as an issue by the CCG representative had been a one-off funding arrangement.

Following discussion, the officers expressed agreement that the final deadline for an agreement to be reached was 31 October 2013; however it was the intention that there would be an agreed position by 11 October 2013. If agreement was not reached by this date guidance would be sought from other parties such as the LGA and NHS England.

The Chairman urged that funding arrangements be resolved early for the 2014/15 financial year and that the two parties work together for the benefit of Harrow residents.

The Board Member representing Healthwatch Harrow stated the need for a concerted effort by all parties regarding inequalities in the budget and a commitment to hear from the local community where additional funds should be directed. A CCG representative stated that it would be helpful to hear from other agencies to support CCG having a further share of funds.

RESOLVED: That

- officers from Harrow Council and CCG continue discussions to conclude the Section 256 agreement by 11 October 2013. Should this not prove possible the final deadline would be 31 October 2013;
- Members of the Board would make relevant representations regarding a fairer deal for the Health Service in Harrow.

38. INFORMATION REPORT - Our Plan: Children and Families

The Board received a report which introduced the new joint plan for children and family services.

An officer informed the Board that the Plan, which had been launched that day, replaced the 2011/14 Children and Young People Commissioning Plan. He made the following points:

- it was more accessible being an A5 sized booklet;
- it was based on the previous Joint Strategic Needs Assessment (JSNA) and the commissioning intentions outlined by the Health and Wellbeing Board;
- the Plan would be refreshed in six months following wide consultation which would include parents, front line staff, young people, partner and provider organisations;
- the Plan detailed the co-produced outcomes expected at key stages in the child's development;
- transparency would be achieved by simplifying governance and decision-making and making improvements to the way the system was designed;

- the Plan covered the period 2013 to 2018 which aligned with the Council's transformation programme.

The Board welcomed the report as a demonstration of the integrated work being undertaken by the Local Authority and CCG. It was partly health led and partly LA led and addressed common needs. The format enabled the Plan to be refreshed as needs and plans became more definite.

In response to a question as to how outcomes were monitored it was noted that:

- the Performance Board would bring together the health projects;
- Health Visiting and School Nursing papers would provide targets and look at added value.

A representative of the Board stated that there was a need to relate back to the overriding plan to ensure inclusion of all needs such as autism.

RESOLVED: That the new joint plan entitled Our Plan: Children and Families be noted.

39. Update on NWL Integration Work and Pioneer Bid

The Board received a joint verbal report from Harrow Council and the CCG on integration work and the Pioneer Bid.

Board Members were aware that the emphasis was on support for people at home wherever possible and to this end:

- 5711 people now had shared care plans;
- five new projects had been implemented – including the formation of a team supporting care homes, work with Age UK regarding the home/hospital service and the launch of a blue book where all client information was shared;
- work was now being undertaken to the next level and this would continue whether or not the Pioneer Bid was approved.

The achievements of the Director of Adult Services, the Chairman of the CCG and the CCG were recognised.

It would be known in October whether the Pioneer Bid had been successful. The next six months would be crucial with the need to understand how the eight boroughs involved in the programme would work together and how to ensure that the outcomes met the needs of Harrow residents.

It was noted that a three year integration plan would be set up, to be concluded in March 2014. £3.8 billion Integration Transformation Fund (ITF) had been allocated nationally for this work, with Harrow's share being £14-15 million which would need to be accounted for. The majority of this was not

'new money' and the CCG was requested to consider making an allocation for this.

By 15 February 2014 there was the need to submit a return in outline on the purposes of the plan and how it would meet the key outcomes.

The Board welcomed the verbal report and reconfirmed the principles, which were agreed by the HWB at the June meeting. A discussion ensued on the importance of engagement and partnership, to also deal with the rise in expectations and to seek to imbed self care with integrated care planning. The Board considered that this could be furthered by the role of the neighbourhood champion, the recognition of peer support groups such as for mental health and diabetes, a long term strategy for engagement, and activities at Healthwatch Harrow supported by a matrix of priority.

RESOLVED: That

- (1) the six principles underpinning the Pioneer Bid be confirmed in relation to the ITF;
- (2) the CCG and Council be authorised to make submissions to the Board in January prior to submission on 14 February 2014;
- (3) a report on a final three year plan be submitted to a meeting of the Board in March/April 2014;
- (4) a report on engagement on the plan and a broader piece of work on engagement be submitted to a future meeting of the Board.

40. INFORMATION REPORT - Review of School Nursing and Health Visiting in Harrow and Barnet and INFORMATION REPORT - Update On Call To action; National Plan To recruit Additional Health Visitors

The Board received a report reviewing School Nursing and Health Visiting in Harrow and Barnet, together with an update on Call to Action; National Plan to Recruit Additional Health Visitors. There was a joint discussion on the items due to the common themes.

It was noted that the representative of NHS England (NHSE) had submitted apologies for absence from the meeting.

A CCG representative welcomed the review and stressed the importance of CCG being part of the process due to its historic knowledge and experience of working closely with primary care. It was noted that the Health Visitor contract was held by NHSE with the monitoring delegated to Harrow CCG. The resources available for the service were limited and priority was given to items such as birth visits, safeguarding, and safety work.

An officer reported that a joint review was being undertaken with Barnet to ensure a model for the future. The issues for the two services were generally the same but there were separate providers with school nursing being a LA function and it was anticipated that Health Visiting would be commissioned by the LA from 1 April 2015.

The Board was advised that:

- due to procurement problems the selection of an alternative provider was under consideration. In order to increase the recruitment of health visitors, the specification was being revised in consultation with health visitors;
- a review was being undertaken by a steering group to create a best model of service which would deliver the best outcomes for children and young people. Current provision was being mapped, linked to health needs, with input from a wide range of stakeholders, and workforce gaps identified. The Early Year Reviews had fed into the review and some pan London work had taken place;
- school nursing numbers in Harrow were the lowest in west London. The Consultant, Public Health, had met with headteachers to see how recruitment could be improved in order to increase the number of staff available to undertake health checks in schools;
- as it was recognised that reviews could result in staff anxieties, service managers were included in the process to counter concerns during the transition.

The Board members expressed concern at the shortfall in Health Visitor numbers and discussion ensued on the need to advertise Harrow as an attractive employer for Health Visitors. It was noted that it was a national problem and that various models would be examined to ascertain best practice. Suggestions raised by Board Members and officers included emphasising: clinical leadership opportunities, the mixed caseload including generic public health work and the elderly, local support, building teams around GPs to ensure it is seen as an attractive profession, and mapping out some examples of complementary opportunities. It was noted that a London wide group chaired by the Chief Executive of Richmond Council was considering strategies to enhance recruitment.

An officer undertook to seek an assurance from NHS England that despite the lack of numbers, the school nursing service in Harrow was a safe environment.

A CCG officer referred to a discussion being held with NHS England which included workforce issues regarding an adaptable transition to Local Authorities and added value. A report back would be made once the review was completed.

The Board was informed of a delay in the completion of health assessments for Looked After Children, the performance indicator for which had been showing as red, due to staff illness. The Chairman mentioned that this had been raised with the CCG by the Council in December 2012. A CCG representative advised that the position had arisen as a result of no cover being available for the LAC nurse to ensure assessments were carried out in a timely way when she was away. For the purpose of maintaining an accurate

record, the CCG representative requested for it to be noted that the absence of the CLA nurse arose in August 2013 as opposed to December 2012.

The CCG was alerted to this situation at the beginning of September 2013, at which point a Contract Query was raised with Ealing ICO, (the current provider of the service), in line with the CCG contract monitoring arrangements. The CCG representative took the Board through details of the Contract Query process and highlighted that all LAC related discussions had included the local authority. The Board was updated on the position with the outstanding reviews and initial health assessments. The CCG representative reported that the provider took full responsibility for this situation and was carrying out their own internal investigation to see how the service had failed to identify this serious gap. The Board received an assurance that the CCG representative was satisfied with the action plan, which had been agreed by the Council and the provider, and that an assurance report with contingency plan was requested to ensure that the situation should not reoccur. Although there was now a 6 to 8 week delay in the assessments the provider would have completed all assessments by 25 October 2013. This would include any new assessments coming through via the normal referral process and the Board would be kept informed of the situation. A Member of the Board stated that it was important to examine the performance levels to ensure that the system was working correctly.

In response to a question from a Council representative as to whether there would be a report back to the Board at its January meeting, it was noted that the Director of Public Health would review the situation subsequent to the identification of the timetable for processing the basic workload data.

RESOLVED: That the reports be noted.

41. INFORMATION REPORT - Francis Report Action Plan

The Board received a report which advised on the action planning in relation to taking forward the key concerns raised by the Francis Inquiry together with the Keogh review into quality and treatment provided by 14 hospital trusts in England and the Berwick review of patient safety and safety within the NHS.

An officer from the CCG introduced the report and advised that there had been 220 recommendations from the Francis inquiry report of which 20 had been specifically targeted by the commission. In June working groups of managers and clinicians across the four BEHH CCGs with input from Harrow Members had undertaken work on the four key themes from the report:

- Accountability – who is accountable where there are lots of different organisations and to ensure that providers recognise their own accountability;
- Culture and leadership - to explain the role of commissioners regarding their provider organisations, for example specifications;
- listening and ensuring that hear what is being said with a greater imperative to respond. How to capture information from both individual consultations and more strategic consultations;

- information and transparency – to include further conversations with the Council regarding Information Technology.

An officer reported that the urgency of the work required was recognised by the executive groups across the Council and CCG. The attention of Scrutiny officers and members would be drawn to the recommendation with respect to Overview and Scrutiny as the Committee in the area of the review had not identified a problem.

The Board welcomed the dialogue and the engagement in the review of the current contracts. It was considered that transparency was vital whether or not it was good news.

RESOLVED: That

- (1) the report be noted;
- (2) a final action plan report be submitted to the January meeting.

42. INFORMATION REPORT - Moving from Partnership Boards to Strategic Groups focusing on HWB priorities

Further to a discussion at the Board meeting in June 2013 about the future of Partnership Boards in Harrow, a report was received that outlined the subsequent actions taken and conclusions in relation to ending Partnership Boards and details of their replacements.

It was noted that an initial report would be presented to the Health and Wellbeing Board on the progress and plans by each group. Each Strategic Group would then submit updates to the Board at agreed intervals of three to six months.

A Member of the Board representing the community stated that he had raised a number of issues regarding the EQIAs and in particular the need for underpinning with a communication strategy. In response, an officer stated that the risks were clear and well articulated. Reports would be submitted to future meetings on the work of the groups.

RESOLVED: To note that

- (1) the conclusions of Equality Impact Assessment (EQIAs) and discussion with Partnership Board members to bring the Boards to an end;
- (2) the alternative groups that will be focused on meeting HWB objectives and progress with implementing these;
- (3) Partnership Boards are not stipulated by statute and are at the discretion of local areas;
- (4) the CCG would nominate leads for Dementia and Carers' Groups.

- (5) reports from strategic groups would be submitted to the Board from January with a review in six months.

43. INFORMATION REPORT - Urgent Care

As requested at its last meeting, the Board received a report on the current performance of unscheduled care pressures, the additional Accident and Emergency funding bids for winter 2013/14, publicising the Accident and Emergency recovery plan and the NHS England assurance process. Harrow Council's performance in supporting discharge was highlighted as rated 7th best in London.

A CCG representative introduced the report and referred to the 95% target for patients attending A&E to be seen within four hours and the effect of timely discharges, an admission avoidance scheme and the 9% increase in the number of patients sent by GPs.

It was noted that the key focus was on the North West London Hospital Trust (NWLHT). An officer described the data which provided a snapshot of NWLHT's performance in unscheduled care activity. The current A&E performance indicated that NWLHT was improving and was now in line with the national 4 hour standard. Northwick Park Hospital performance had seen an improvement from 78% to 95%.

Attention was drawn to the fact that the key provider relied heavily on observation beds where diagnosis and treatment were not confirmed after four hours and of which the majority of cases were discharged. The principle cause of breaches in Northwick Park Hospital had been a large number of patients waiting for a bed. The A&E recovery plan and separate winter plan aimed to resolve pathway issues and to realign resources across the patient pathway. Compared to last years, A&E attendances had decreased in line with the expansion of the Urgent Care Centre, however less complex cases were reducing. There were schemes to treat simpler cases in the community with provision of additional re-enablement beds.

Extra support had been made available to support quarters 3 and 4 2013/14 to support winter pressures. This support included:

- additional Brent and Harrow community rehabilitation beds
- additional Brent and Harrow reablement beds
- increased resources to support acute capacity and flow at NWLHT
- London Ambulance intelligent conveyancing scheme
- acute psychiatric unit to support A & E
- increased capacity for Harrow existing community rehabilitation bed.

Sometimes key clinical resources were diverted further into the hospital in order that observation beds were available for a specialist to treat acute admissions. By the consultants working in A&E the bed was released if the patient could be discharged home with specialist care. NWLHT is entering a staff consultation to move to a seven day therapies model to support greater continuity of care and patient experience, which aligns to the whole systems integrated care model.

The Board thanked the officer for the explanation of the graphic information. It was considered that an officer/councillor group including the Head of Communications should take responsibility for identifying the action to be taken on communication. This would include use of Harrow People, review of appropriate discharges and identification of regular users of A&E.

RESOLVED: That

- (1) the report be noted;
- (2) Councillor Williams, together with the Director of Healthwatch, Head of Unscheduled Care, and Director of Public Health meet to consider the dissemination of communication regarding urgent care.

(Note: The meeting, having commenced at 11.00 am, closed at 1.10 pm).

(Signed) COUNCILLOR SUSAN HALL
Chairman