HEALTH AND WELLBEING BOARD

MINUTES

9 JANUARY 2014

Chairman:	*	Councillor Susan Hall	
Board Members:	*	Councillor Mrinal Choudhury (1)	Harrow Council
	*	Councillor Krishna James	Harrow Council
	*	Councillor Simon Williams	Harrow Council
	*	Dr Amol Kelshiker (VC)	Chair of Harrow CCG
	*	Dr Kaushik Karia	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	Harrow Council
	*	Rob Larkman	Accountable Officer	Harrow Clinical Commissioning Group
	*	Joanne Murfitt	Head of Assurance	NW London NHS England
	*	Paul Najsarek	Interim Head of Paid Service, Corporate Director, Community Health and Wellbeing	Harrow Council
	*	Chief Superintendent Simon Ovens	Borough Commander, Harrow Police	Metropolitan Police
	*	Deven Pillay	Representative of	Harrow Mencap

		the Voluntary and Community Sector.	
*	Javina Sehgal	Chief Operating Officer	Harrow Clinical Commissioning Group

* Denotes Member present
(1) Denotes category of Reserve Member
† Denotes apologies received

Also in Attendance

Jason Antrobus	Head of Unscheduled Care	Harrow Clinical Commissioning Group
Kevin Bartholomew	Families First Coordinator	Harrow Council
Donna Edwards	Service Manager, Adults & Housing	Harrow Council
Jonathan Price	Head of Provider Services	Harrow Council
Carol Yarde	Head of Community, Health and Wellbeing Transformation	Harrow Council

44. Attendance by Reserve Members

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

Ordinary Member	Reserve Member
Councillor Margaret Davine	Councillor Mrinal Choudhury

45. Change in Membership

RESOLVED: That the appointment of Councillor Zarina Khalid as a Reserve Member in accordance with Council Procedure Rule 1.5 be noted.

46. Declarations of Interest

RESOLVED: To note that the following interests were declared:

Agenda Item 9 – JSNA Update – Health and Wellbeing Strategy Implementation Plan, Agenda Item 10 – Harrow 3 Year Strategic and Financial Recovery Plan, Agenda Item 11 – Harrow CCG Commissioning Intentions for 2014/15, Agenda Item 12 – 2014/15 NHS Funding Transfer and 2015/16 Better Care Fund, Agenda Item 13 – Review of the Delegations to the Board, Agenda Item 14 – Annual Public Health Report, Agenda Item 15 – Public Health Commissioning Intentions for 2014/15, Agenda Item 16 – Families First Update, Agenda Item 17 – General Autism Update, Agenda

Item 18 – Health and Wellbeing Priorities – Update on Strategic Groups, Agenda Item 20 – NHS England's Direct Commissioning Intentions for 2014/15

Councillor Mrinal Choudhury declared non - pecuniary interests in that he had received dental treatment at Northwick Park Hospital and had had treatment at University College hospital. He would remain in the room whilst the matters were considered and voted upon.

47. Minutes

RESOLVED: That the minutes of the meeting held on 3 October 2013, be taken as read and signed as a correct record.

48. Public Questions

To note that 3 public questions had been received and responded to and, in line with the statement made by the Chairman, the recording has been placed on the website.

49. Petitions and Deputations

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

50. References from Council and other Committees/Panels

RESOLVED: To note that there were none.

RESOLVED ITEMS

51. INFORMATION REPORT - JSNA Update - Health and Wellbeing Strategy Implementation Plan

The Board received a report which presented updated data on the first refreshes on six themes covered by the Joint Strategic Needs Assessment (JSNA): cardiovascular disease, children, dementia, diabetes, maternity and infant health, and mental health. Members agreed to consider the report of the Director of Public Health as a matter of urgency for the reasons set out in the supplemental agenda.

The officer reported that partners would be invited to a programme meeting to consider priorities for future policy refreshes.

In response to questions, it was noted that:

- the Vice-Chairman explained that the upward fluctuation in coronary heart disease (CHD) emergency admissions was in response to a change in diagnosis and criteria for acute services. Factors included NWLHT being a regional stroke centre (Hyper Acute Stroke Unit HASU) and Northwick Park Hospital becoming a major cardiac hospital;

- the focus of the refresh had been on data. Nevertheless engagement would continue with the voluntary and community sector being invited to contribute to the first priority area which was vulnerable children;

- the Council had been working with Silver Star to promote awareness of diabetes. National Health diabetes checks for all adults aged 40-74 were being rolled out;

- the data, some of which was two to three years old, indicated that infant mortality rates in Harrow were higher than the London average. Research was continuing with the Child Death Review Panel suggesting that the majority of the approximately 20 deaths per annum were as a result of congenital anomalies and prematurity, both of which had increased across London in recent years.

RESOLVED: That the report be noted.

52. INFORMATION REPORTS - Harrow 3 Year Strategic and Financial Recovery Plan and Harrow CCG Commissioning Intentions for 2014/15

The Board received a report setting out the NHS Harrow CCG three year Strategic and Financial Recovery Plan. The Plan included the CCG's commissioning strategy, individual service strategies and the associated financial plan, including QIPP savings to help the CCG to achieve financial balance. This report was considered together with the CCG Commissioning Intentions for 2014/15 which notified providers as to what services the CCG intended to commission for 2014 – 2015 because the Commissioning Intentions had been developed as part of the three year planning process. Members agreed to consider the reports of the Chief Operating Officer, Harrow Clinical Commissioning Group as a matter of urgency for the reasons set out in the supplemental agenda.

An officer from the CCG explained that the Five Year Strategic Plan referred to on the agenda sheet had since been developed as a Three Year financial recovery Plan. In response to the requirement for the CCG to reach financial balance, the financial plan was for three years detailed planning together with two additional years which indicated the savings required to deliver a balanced plan by 2018/19. To achieve financial balance in 2014/15 would require a QIPP of £22.7 million, which would represent a 10% QIPP which would be realistic. To achieve a break even over the five year planning period would require a cumulative QIPP of £47.8m

Attention was drawn to the 2013/14 deficit of £10.4 million. It was noted that NHS England required an updated financial recovery plan to be submitted by the CCG by 31 November 2014. A new round of strategy planning discussions was taking place internally and with partners based on the Call to Action and anticipated demographic challenges.

With regard to growth, two scenarios had been modelled:

- one based on a 4% QIPP assumption per annum which reduced the deficit from a £22.7m gap in 2014/15 to a £0.2m surplus by 2018/19 with a small surplus in 2018/19;

- the other based on a 3% QIPP which would result in a £11.9m deficit by 2018/19. This scenario would have an impact on the development of the Integrated Transformation Fund and any payments to CCG would have to be reimbursed.

Subsequent to a report earlier in the year, NHS England had now requested that the CCG submit a revised plan by 30 January 2014 based on the actual growth allocation of 4.2%. The contract negotiations arising from the Commissioning Intentions would be modelled into the plans. Consideration would be given to the revised document which would be submitted to the Board at its next meeting. The percentage increase required was not sufficient to require a further round of consultation.

The Vice-Chairman raised the issue that the CCG had been underfunded historically and stated that Clinicians could not undermine the quality of clinical care. It would not be possible to make funding reductions if the CCG would be unable to sustain clinical frontline services and it was important to stress to NHS England that some CCGs had surpluses of £60-70 million.

A CCG officer stated that the CCG had inherited a very difficult budget position from the PCT. Clinical leads had made substantial progress in the nine months that the CCG had been in operation.

The representative from NW London NHS England informed the Board that NHS England needed to ensure a reasonable pace of change for all CCGs across England and to this end had provided an element of growth for all CCGs. A larger allocation had been provided to those CCGs, including Harrow, which were furthest away from their financial targets. This was in recognition of the challenges such underfunded CCG faced.

The Chairman stated that the need for NHS England to address underfunded CCGs was recognised. She expressed concern that the document did not allude to those areas of concern raised by the Council during the draft process and stressed that it was important that the partners worked together. The Council was unable to overspend and costs could arise for the Council from the actions identified in the CCG plans. It was noted that the Council had raised issues regarding the impact of both the CCG's commissioning intentions and strategic and financial plans on the Local Authority. The CCG committed to discussing these with Council officers.

The discussion recognised that both organisations faced substantial financial challenges and highlighted the need for the planning cycles for the Council and CCG to be better aligned. It was agreed that it was essential that the CCG and Council were aware of the existing planning cycles and that discussion took place to clarify closer working with regard to planning cycles and budget provision before the next meeting of the Board. It was recognised

that work had already been undertaken by CCG and Public Health representatives to align priorities with regard to children and that further integration in that area would be discussed.

A Council representative reported that, as a result of a meeting with the CCG the previous day, he would be meeting monthly with the Chief Operating Officer to identify areas for joint working. He suggested the formation of a sub group to look at commissioning intentions and greater integration. A CCG officer suggested that the impact of the commissioning intentions should be examined and any adverse impacts should be monitored and reduced.

RESOLVED: That the reports be noted.

53. 2014/15 NHS Funding Transfer and 2015/16 Better Care Fund

An officer presented a joint report on the 2014/15 funding transfer from NHS England to Social Care and the funding allocation for the Better Care Fund (BCF formerly referred to as the Integration Transformation Fund) 2015/16. The Health and Wellbeing Joint Executive Group had been meeting on a monthly basis to discuss and propose how the funding would be allocated to assist the financial planning for each organisation over the next two financial years. Members agreed to consider the report of the Director of Adult Services, Harrow Council, and Chief Operating Officer, Harrow Clinical Commissioning Group as a matter of urgency for the reasons set out in the second supplemental agenda.

Further to the meeting held on 1 October 2013, the Section 256 agreement for 2013/14 had been submitted on 5 December 2013 and payment was awaited from NHS England once the necessary paperwork had been submitted by the Council.

It was noted whilst there was further work to be done to refine the schemes which would be funded for 2015/16; the Council and CCG had agreed the service areas which would be considered for revenue spend through both the NHS Funding Transfer (2014/15) and the BCF 2015/16. The joint officer working group would continue to meet to refine the final plan, to be submitted by 4 April 2014, which would be submitted to the Board at its next meeting.

The financial implications were set out in the report and the Council's partners were thanked for the amount of time and effort that had been put in to get to the present position. It was considered that future financial planning would be easier once the framework was in place.

It was agreed that the 2013/14 figures would be circulated to Members of the Board for comparison purposes. Members of the Board referred to the table on page 5 of the report which listed some budget headings as zero. The officers undertook to discuss the context, including the suggestion that asterisks should be inserted next to zero allocations with explanatory text to explain that the services were supported but not by this particular fund.

RESOLVED: That

(1) the priority service areas and funding allocations identified for year 1 (2014/15) together with the draft allocation for 2015/16 as detailed in the proposed funding allocations paragraph as the submission to NHS England for 14 February 2014 be agreed;

(2) the progress made to agree priority areas for year 2 (2015/16) but that the detailed allocation/ distribution is yet to be agreed and will be completed prior to the 4 April 2014 final submission be noted;

(3) the NHS Funding Transfer allocation of £4.445m for 2014/15 and the BCF funding allocation of £14.373m for 2015/16 for Harrow locally be noted;

(4) the agreed funding allocation for 2014/15 be noted;

(5) the proposed priority areas for 2015/16 and the on-going requirement to agree and complete between both organisations the detailed allocation/distribution for the April submission be noted;

(6) a final draft of the BCF template will be the subject of a report to the Board at its next meeting ahead of the final submission by 4 April 2014 be noted;

(7) the BCF allocation 2015/16 includes funding for Social Care Reform and capital allocations in relation to Disabled Facilities Grants (DFG) and Social Care Capital Grant be noted;

(8) the 2013/14 figures be circulated to Members of the Board for information.

54. Review of the Delegations to the Board

The Board was informed that, as required by the Boards' Terms of Reference, a review had been undertaken to consider whether any decision making powers were required. In addition, the opportunity had been taken to review the meeting frequency and to consider the dates and times of meetings for the 2014/15 municipal year.

The report did not propose any delegation to the Board but delegation to the Corporate Director of Community Health and Wellbeing, in consultation with the Leader of the Council, on certain matters to enable decisions to be taken on behalf of the Council without recourse to Cabinet or Council.

It was agreed that the next meetings be held on Wednesday 19 March 2014 at 2.00 pm and Thursday 1 May 2014 at 12.30 pm.

RESOLVED: That

(1) the recommendation to Council on the proposed delegation to the Corporate Director of Community Health and Wellbeing, in consultation with the Leader of the Council, as outlined in paragraph 2.6 be noted;

(2) the intention to meet bimonthly, whenever possible, be confirmed;

(3) procedural rule 12.1 be revised as detailed in the report and rule 12.2 be deleted;

(4) the dates and times of meetings for the 2014/15 municipal year as set out in paragraph 2.8 be agreed, subject to confirmation by Cabinet.

55. Annual Public Health Report

In accordance with section 73B (5) of the Health and Social Care Act 2012, which required the Director of Public Health to prepare an annual report on the health of the people in the area of the local authority and the local authority to publish the report, the Board received the first annual report of the joint Director of Public Health for the London Boroughs of Barnet and Harrow.

The report dealt with a single topic which was a Call to Action on physical activity. The officer stated that it was a Call to Action to all partners and that he would welcome the opportunity to talk to any group on the report.

In connection with physical activity, the Board was advised that an Active Harrow weekend was being held on 22 and 23 March to coincide with Sport Relief Day although the Council was committed to improve health and fitness throughout the year.

In response to a question regarding the expansion of outdoor gym provision, it was noted that activators were recruited to instruct the public on how to use the equipment.

RESOLVED: That the report be noted.

56. Public Health Commissioning Intentions

The Board received a report on the draft commissioning intentions for Public Health in Harrow for 2014-15. Members were informed that the intentions supported the delivery of statutory requirements and the provision of discretionary services within the Local Government Public Health remit. The intentions aligned with the priorities of the Harrow Health and Wellbeing Strategy and Council corporate priorities. Members agreed to consider the report of the Director of Public Health as a matter of urgency for the reasons set out in the supplemental agenda.

It was noted that:

- the procurement plan dealt with a period of a year to 18 months. As a result of growth in the Public Health budget, the opportunity had been taken to undertake new areas for investment as listed in the report;

- Work had been undertaken by the CCG and Council to address the shortfall in school health provision and it was intended that health would be at the forefront at schools.

RESOLVED: That the report be noted.

57. Families First Update

The Board received a report which set out the progress of the Families First project in Harrow and noted the developments for phase 2 of the Troubled Families agenda in 2015/6. The Board was pleased to note that the Council's performance was 32nd in the country and that it was second in the number of people helped back into work.

It was noted that the second phase would commence in May 2015 with a wider criteria and an expectation of a significantly increased numbers of families. The Council had not yet been advised of the future criteria.

An officer stated that it was an important area because early intervention could alleviate the financial impact on other agencies. In response to a question it was noted that the criteria was whether the child was affected by the circumstances and could include children with parents in highly stressful employment. Officers undertook to provide information to a future meeting on the geographical mapping of referrals.

RESOLVED: That the report be noted.

58. General Autism Update

In accordance with the Department of Health review process, the Board discussed the second autism self assessment as required by the end of January 2014.

An officer introduced the report stating that it was a positive joint report indicating progress by both the Council and CCG. With regard to RAG status improvements, the percentage of Green rated results had improved significantly to 58.82% (a 13.11% increase) over the two year period since the first self assessment and there were still no Red rated indicators. Improvements were recognised including a residential unit specifically for autism. The voluntary sector provided a large amount of assistance in the provision of Day services. The Council was one of the national leaders on employment of those with a learning disability. There was strong support with a Carer officer, an Engagement Officer and Outreach staff going into schools. There was a team of Educational Psychologists. The majority of schools in Harrow had bought into the SLAs

It was noted that Carers Aware was a new initiative that would enable identification to make adjustments for their time and care.

Officers undertook to provide a Councillor with details on the number of autistic children in Harrow.

RESOLVED: That the report be noted.

59. Health and Wellbeing Priorities - Update on Strategic Groups

The Board received a progress update on the status of the strategic groups which reported to the Health and Wellbeing Board. This was in response to the decision to bring the adult Partnership Boards to an end and replace them with alternative groups that were focussed on delivering Harrow's health and wellbeing priorities.

It was requested that the next report list the members of each strategic group and indicate the intentions with regard to engagement and the inclusion of service users and representatives.

It was noted that the Local Safeguarding Children Board would be included in the next report.

RESOLVED: That the progress made by the strategic groups since the last report to the Board on 3 October 2013 be noted.

60. Tuberculosis Outbreaks

The Vice-Chairman referred to outbreaks of tuberculosis and suggested discussion of the position in Harrow. It was included in the commissioning intentions but there was a need to look at it wider, for example its management.

An officer reported that a review had commenced the previous day and it was agreed that a report be submitted to the next meeting.

The Chairman reported a discussion with Chief Superintendent Ovens to ascertain whether the police could assist in the enforcement aspects of the campaign against spitting.

RESOLVED: That a report on the management of tuberculosis in Harrow be submitted to the next meeting.

61. INFORMATION REPORT - NHS England's Direct Commissioning Intentions for 2014/15

The representative of NHS England presented the report on the commissioning intentions developed by NHS England (London). It was noted that since April 2013 the organisation had had responsibility for commissioning services for primary care, specialised services, screening, immunisations and health in the justice service. The Board was informed that the Strategic Planning Group for North West London would take the Intentions

forward as part of developing the sector's plan. Members agreed to consider the report of the North West London Head of Assurance, NHS England, as a matter of urgency for the reasons set out in the supplemental agenda.

The representative of NHS England noted that for the first time CCGs had received a two year allocation to assist with their work to develop and agree both 2 year CCG operational plans and 5 year strategic plans for North West London Area. Initial submissions of the 2 year plan were due on 14 February, with final versions of the 2 year plan and first drafts of the 5 year plan due on 4 April. The Better Care fund submission was also due on 4 April.

Concern was expressed that the Council had been unable to obtain breast cancer screening data in the last nine months. The NHS England representative undertook to investigate the situation as she had been told that officers had access to the information.

In response to questions, it was noted that:

- work in connection with breast cancer was focussed on promoting attendance at screening programmes and joint messages with public health to encourage this;

- a lot of information comes from Public Health England and there was clear guidance as to what could be published or shared. The information sharing agreement for immunisation was currently with the Council for signing.

- the concern expressed with regard to lack of accurate data on sexual health was problematical for us and need to work together;

- with regard to whether there was a link with the commissioning intentions and the London Mayors Plan on Health and Equalities, the NHSE London commissioning intentions were shared with the Mayor's office. An officer stated that the London Health Commission had just stated with a focus on primary care and some hospital commissioning.

RESOLVED: That the report be noted.

(Note: The meeting, having commenced at 12.30 pm, closed at 2.40 pm).

(Signed) COUNCILLOR SUSAN HALL
Chairman