

# HEALTH AND WELLBEING BOARD MINUTES

## 11 SEPTEMBER 2014

<b>Chairman:</b>	* Councillor Anne Whitehead		
<b>Board Members:</b>	* Councillor Simon Brown	Harrow Council	
	* Councillor Margaret Davine	Harrow Council	
	* Councillor Janet Mote	Harrow Council	
	† Dr Amol Kelshiker (VC)	Chair of Harrow CCG	
	† Dr Kaushik Karia	Clinical Commissioning Group	
	* Arvind Sharma	Harrow Healthwatch	
	* Dr Genevieve Small	Clinical Commissioning Group	
<b>Non Voting Members:</b>	* 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
	* Paul Najsarek	Interim Head of Paid Service, Corporate Director, Community Health and Wellbeing	Harrow Council
	* Jo Ohlson		NW London NHS England
	* 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
	* Chris Spencer	Interim Corporate Director of Children &	Harrow Council

		Families	
<b>In attendance (Officers):</b>	Jason Antrobus	Assistant Chief Operating Officer	Harrow CCG
	Dylan Champion	Programme Director for Integrated Care, Harrow Wide	Harrow Clinical Commissioning Group
	Simon Crawford	Director of Finance	NW London Hospital Trust
	Sarah Crouch	Consultant in Public Health	Harrow Council
	Sue Dixon	Designated Nurse Safeguarding Children	Harrow CCG
	Donna Edwards	Service Manager, Adults and Housing	Harrow Council
	Hugh Evans	Interim Head of Commissioning and Partnerships	Harrow Council
	Mike Howes	Senior Policy Officer	Harrow Council
	Luke Kwamya	Population Health Practitioner Manager, NW London	NHS England
	Deborah Lightfoot Visva Sathasivam	Independent Chair Head of Adult Social Care	Harrow LSCB Harrow Council
Carol Yarde	Head of Community, Health and Wellbeing Transformation	Harrow Council	

- \* Denotes Member present
- † Denotes apologies received

## 12. The Openness of Local Government Bodies Regulations 2014

**RESOLVED:** That Health and Wellbeing Procedure Rule 23 be suspended to enable the recording or photographing or broadcasting of any part of the meeting.

## 13. Attendance by Reserve Members

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

## 14. Change in Membership

**RESOLVED:** That the appointment of Arvind Sharma as the Healthwatch representative and Jo Ohlson as the representative of NW London NHS England representative was noted.

## 15. Declarations of Interest

**RESOLVED:** To note that the following interests were declared:

Agenda Items: 8. Information Report – Update on Immunisation Assurance, 9. Information Report - Domestic and Sexual Violence Strategy 2014-17, 10. Information Report – CQC Review of Health For Children and Safeguarding – Progress on Action Plan, 11. Health and Wellbeing Strategy Implementation Plan – Annual Update - 12. Information Report – Update on Task and Finish Groups Delivering Harrow’s Health and Wellbeing Priorities, 13. Better Care Fund, 14. Information Report – Harrow Local Safeguarding Adults Board Annual Report 2013-14, 15 .Information Report – Harrow Local Safeguarding Childrens Board Annual Report 2013-14, 16. Information Report – Assuring a Safe Transition of Emergency Serices at Central Middlesex Hospital, 17. Information Report – Update on Merger of North West London and Ealing Hospitals

Councillor Simon Brown declared a non-pecuniary interest in that his daughter was employed by the CNWL NHS Foundation Trust. He would remain in the room whilst the matters were considered and voted upon.

Councillor Janet Mote declared a non-pecuniary interest in that her daughter was employed as a nurse at Northwick Park Hospital. She would remain in the room whilst the matters were considered and voted upon.

#### **16. Minutes**

**RESOLVED:** That the minutes of the meeting held on 3 July 2014, be taken as read and signed as a correct record.

#### **17. Public Questions**

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

#### **18. Petitions and Deputations**

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

### **RESOLVED ITEMS**

#### **19. INFORMATION REPORT - Update on Immunisation Assurance**

The Board received an update, and accompanying report from NHS England, on the childhood immunisation coverage in Harrow which detailed the local challenges, actions and NHS England governance arrangements to quality assure immunisation performance. Harrow Council sought an assurance that immunisation rates were high and that action was being taken to protect disadvantaged groups

It was noted that NHS England took over commissioning for immunisation in April 2013 with the scrutiny responsibility for Harrow remaining with the Council.

An officer reported that NHS England was leading a London-wide data linkage project which aimed to improve the accuracy of childhood immunisation rates and enable Harrow to meet the 95% uptake target for London. Data owned by Public Health England continued to be reported on former PCT geographical areas and GPs used different services and means of recording. Immunisation rates in Harrow did not include those not registered with GPs at present but a plan was in place to include this data in the future. There were initiatives in place to increase the immunisation uptake in hard to reach communities and improve rates of school boosters and MMR.

In response to questions, the Board was informed that:

- CHIS aimed to have in place standardised and improved reporting by October 2015. NHS England is to commission Immunisation Task Forces for community immunisation services to be delivered by community providers via community clinics;
- a Ward analysis of take up had been undertaken and could be repeated. Immunisation task forces included both community pharmacists and GPs;
- in conjunction with Local Authorities, new entrants to the country were identified for immunisation purposes when parents sought information such as housing provision via local authority system NOTIFY;
- initiatives such as financially rewarding parents or not allowing children to attend school without a certificate of immunisation had been discussed but the National approach adopted was to provide parents with a choice and to require consent to vaccination. Consistent messages to encourage take-up were given such as at children's centres and the question as to whether immunisations had been received could be asked during the school admission process.

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

## **20. INFORMATION REPORT - Domestic and Sexual Violence Strategy 2014-17**

A report was received which set out the Domestic and Sexual Violence Strategy 2014-17 and action plan. Subject to approval by Cabinet on 18 September 2014, work would commence on a multi agency strategy group.

A Member of the Board commented that outreach work aided wider reporting. Improvement with regard to victims who had attended police stations to report domestic violence was still required. Emphasis should be placed on the support of victims at time of arrest and reporting to allow criminal justice intervention.

The definition of domestic violence contained in the report was considered to be helpful. The employment of people from within the communities in the programme was welcomed.

Members of the Board welcomed the report and the Portfolio Holder for Adults and Older People undertook to inform Cabinet that HWB had received the report and unanimously supported it.

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

**21. INFORMATION REPORT - CQC Review of Health for Children and Safeguarding - Progress on Action Plan**

Further to the request by the Board at its meeting on 3 July 2014, the CQC Review of Health Services for Children Looked After and Safeguarding in Harrow, together with an update on the CQC Action Plan was received.

It was noted that all providers were required to compile an action plan to progress the recommendations contained in the report which was being monitored. Attention was drawn to areas recommended for improvement in the Plan.

A Member expressed concern at the timeliness of health assessments for Children Looked After, particularly with regard to out of borough placements and was advised of the difficulty in identifying appropriate officers in another area. Officers had simplified the paperwork involved. The CCG were aware of the concerns and aimed, together with Harrow Council, to put an interim service provider in place as early as December 2014.

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

**22. Health and Wellbeing Strategy Implementation Plan - Annual Update**

The Board received an update on the progress of the Health and Wellbeing Strategy Implementation Plan for 2013-14 as part of the delivery of the 3 year plan 2013-2016.

It was noted that the majority of actions had been completed within the timeframe. The plan would be monitored over the next 12 months to review those plans showing slow progress.

**RESOLVED:** That

- (1) the progress set out in the report and the attached implementation plan be noted:
- (2) the replacement of the original Health and Wellbeing action plan for children's services by the Harrow Children's Strategy Action Plan be noted.

**23. INFORMATION ITEM - Update on Task and Finish Groups Delivering Harrow's Health and Wellbeing Priorities**

The Board received a progress update on the work of task and finish groups which were responsible for delivering Harrow's health and wellbeing priorities.

In response to a question, it was noted that user engagement would be one of the issues to be discussed with Board members as part of the review.

**RESOLVED:** That

- (1) the progress made by the various groups be noted;
- (2) the intention to use planned development activity with Health and Wellbeing Board members to review progress against health and wellbeing priorities and agree the best approach for addressing both existing and future priorities be noted.

#### **24. Better Care Fund**

In accordance with the Local Government (Access to Information) Act 1985, the following item was tabled at the meeting as the report had not been finalised at the time the main agenda was printed and circulated. The Board was requested to consider the report due to the requirement to submit a revised Harrow Better Care Fund (BCF) Plan by 19 September 2014.

The Board was informed that although representatives from Harrow Council and the Harrow Clinical Commissioning Group had undertaken excellent partnership work, some areas remained to be concluded.

**RESOLVED:** That

- (1) the ongoing work on the Better Care Fund for Harrow be endorsed;
- (2) responsibility for the signing of the Better Care Fund proposal for Harrow be delegated to the Interim Head of Paid Service, Harrow Council, the Chairman of the Harrow Health and Wellbeing Board, and the Chair of Harrow Clinical Commissioning Group;
- (3) that, following moderation by the Department of Health, the Board receive and consider a final version of the Better Care Fund Plan and an accompanying section 75 agreement setting out how the joint fund would be administered.

#### **25. INFORMATION ITEM - Harrow Local Safeguarding Adults Board Annual Report 2013-14**

The Health and Wellbeing Board received the Harrow Local Safeguarding Adults Board Annual Report 2014/15. The report had also been considered by the Overview and Scrutiny Committee on 7 July 2014.

An officer reported that the Peer Review was significant and had concluded that there was good work and impressive practice. As users had requested the Council to talk to them more, the last 'away day' had included service users. From April 2015 the Care Act would place safeguarding adult boards on a statutory footing, however much of the work was already being undertaken.

**RESOLVED:** That the 2013-2014 Harrow Local Safeguarding Adults Board Annual Report be noted.

**26. INFORMATION ITEM - Harrow Local Safeguarding Childrens Board Annual Report 2013 - 14**

The Harrow Local Safeguarding Children's Board Annual Report 2013-14 was a statutory report which set out the safeguarding children assessment for Harrow by the Independent Chair.

The Board thanked Deborah Lightfoot for the work she had undertaken as the Independent Chair for the last three years.

**RESOLVED:** That the Local Safeguarding Children Board Annual Report for 2013-14 be noted.

**27. INFORMATION ITEM - Assuring a Safe Transition of Emergency Services at Central Middlesex Hospital**

An update on the closure of Accident and Emergency services at Central Middlesex Hospital was presented to the Board.

The Board was informed that the facility had closed the previous day as scheduled. Members were assured that the whole system was prepared for the change, taking into account quality, safety, workforce etc. Monitoring was undertaken to ensure that identified achievements were realised.

In response to a question, it was noted that the Accident and Emergency improvements at Northwick Park Hospital, to accommodate the increased volume of patients would be open in October.

Members of the Board raised a number of concerns around patient flows, impact on community services, transport and impact on Northwick Park Hospital. They were assured that these issues had been considered in the plan and would be monitored. Further reports would be made to the Board on progress as appropriate.

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

**28. INFORMATION ITEM - Update on Merger of North West London and Ealing Hospitals**

Members of the Board received a briefing report on the Full Business Case for the merger between Ealing Hospital NHS Trust and North West London Hospitals NHS Trust, together with a Stronger Together presentation. The report briefed the Board on the background to the merger, the current status and the steps to merger approval.

It was noted that it reflected the commissioning plans for the next five years. There was a need for a cultural change programme and to strengthen governance and internal processes and monitoring. The large scale of

operation resulted in a unique position for research and recruitment. The financial risk had been calculated in case assumptions were wrong and list of mitigations had been produced.

A Clinical Lead representative stated that clinical risk questions had resulted in an assurance that pre 1 October initiatives would be encompassed in the merger.

In response to questions, Members of the Board were advised that:

- with regard to the integration of IT systems, the two sets of data would continue for the remainder of the financial year but from 1 April 2015 the aim was for full integration;
- there was no change to community services as a direct result of the merger;
- no significant changes to travelling arrangements between hospitals were envisaged;
- A&E Central Middlesex was underutilised and permanent staff were now transferring to assist at Northwick Park Hospital. There were medium term plans to increase bed capacity for emergency admission;
- plans were in train to ensure maximum resilience in the system for the oncoming winter months when additional pressure arose. The CMHA closure would result in additional clinical resource at Northwick Park Hospital;
- although there were no specific implications for capacity for children, the officer would ascertain what was being done regarding Children's services;
- it was a challenging agenda with opportunities to deliver, such as clinical support. It had been made clear that the financial risks rested with the Trust and CCGs. A Harrow Council officer stated that if it was not resolved as planned it could have an affect on Council health and social care.

The Chairman stated that she was pleased to be informed that there would be an increase in consultant cover at Northwick Park A&E. She referred to the situation that had arisen at another Trust as a result of closure of an A&E facility and expressed concern lest discharge was held up due to a lack of facilities in the community resulting in a blockage in the system. It was important to be able to prevent the initial need for hospital admission and to have resources available for rehabilitation.

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

(Note: The meeting, having commenced at 12.30 pm, closed at 2.55 pm).



(Signed) COUNCILLOR ANNE WHITEHEAD  
Chairman