

HEALTH AND WELLBEING BOARD MINUTES

6 NOVEMBER 2014

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| Chairman: | * Councillor Anne Whitehead | | |
| Board Members: | * 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 |
| Non Voting Members: | * 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 | Head of Assurance | 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 |

In attendance: (Officers)

Jason Antrobus, Assistant Chief Operating Officer, Harrow CCG
Donna Edwards, Finance Business Partner, Community Health and Wellbeing, Harrow Council
Carole Furlong, Public Health Consultant, Harrow Council
Dr Wazirzada Khan, Senior Health Improvement Specialist, Harrow Council
Dr Heschi Lewin, GP Cancer Lead, Harrow CCG
Jonathan Price, Head of Provider Services, Community Health and Wellbeing, Harrow Council
Carol Yarde, Head of Transformation and Business Support, Community Health and Wellbeing, Harrow Council

* Denotes Member present
† Denotes apologies received

29. Attendance by Reserve Members

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

30. Declarations of Interest

RESOLVED: To note that the following interests were declared:

Agenda Items: 7. Care Quality Commission (CQC) Compliance Improvement Plan, 8. Information Item – Update on Pressures at Northwick Park Hospital A & E, 9. Cancer Strategy, 10. Information Item – Update on Screening Assurance in Harrow, 11. Sexual Health Strategy, 12. Pharmaceutical Needs Assessment, 13. Information Item – Update on ‘Take Part’ Council Budget Engagement Programme, 14. Harrow CCG Commissioning Intentions 2015/16, 15. Better Care Fund.

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.

31. Minutes

RESOLVED: That the minutes of the meeting held on 11 September 2014, be taken as read and signed as a correct record.

32. Public Questions

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

33. Petitions

RESOLVED: To note that no petitions or deputations were received at this meeting.

RESOLVED ITEMS

34. INFORMATION ITEM - Care Quality Commission (CQC) Compliance Improvement Plan

The Board expressed disappointment that a representative from the London North West Healthcare NHS Trust was not in attendance to respond to questions arising from this report. It was agreed that the officers would notify the Trust of the questions and concerns raised at the meeting and seek a meeting in the interim to discuss some of the issues. In addition, the CCG, as one of the main commissioners, would write to express its disappointment that the Trust was not present to hear the Board's concerns.

A Board member referred to a recent visit to A&E at Northwick Park Hospital and raised concerns regarding staffing numbers, insufficient accommodation in the waiting area, non availability of beds, the lack of a separate area for inebriated people and the need for a system for public with mental health issues who were waiting to be seen. These themes were echoed by Board representatives.

Board Members discussed concerns at the current situation and sought information from the LNWH NHS Trust with regard to:

- would there be sufficient capacity in the new ward to meet demand;
- what was the increase in size of the new A&E provision in comparison with present arrangements, and had both the major and minors areas been increased;
- car parking provision for the additional patients visiting A&E;
- the steps being taken to resolve issues concerning mental health patient handling in A&E;
- the types of engagement used.

RESOLVED: That

- (1) London North West Healthcare NHS Trust be informed of the Board's disappointment at the non attendance of a representative at the meeting and that a representative be invited to attend the next Board meeting;
- (2) the London North West Healthcare NHS Trust be notified of the concerns and questions raised at the meeting.

35. INFORMATION ITEM - Update on Pressures at Northwick Park Hospital A&E

In the absence of a representative from London North West Healthcare NHS Trust, a CCG officer updated the Board. Information was provided on measures that had been put into place the previous day to deal with the pressures that had arisen.

The Board was informed that the Trust was not expected to reach the target of 95% for treatment at A&E within 4 hours until November 2015, the current figure being 88%. Although attendances at A&E had reduced from 4500 each month in 2011/12 to 3200 the pressure remained, particularly as the complexity of cases had increased. Commissioning initiatives aimed at a contractual remedial action plan with financial penalties if not met. The 17 action points included the recognition of insufficient capacity, the phasing in of 114 additional beds, and 14 actions relating to staffing. The new A&E provision should open in November and it would be bigger and closer to facilities.

It was noted that:

- ambulances were diverted as appropriate to hospitals with greater capacity and this was monitored;
- the annual winter fund allocation provided a considerable amount for additional staff and enabled the maintenance of increased rotas for pathways to LWLH;
- with regard to the affect of changes around Central Middlesex and Ealing and Harrow CCG, modelling had taken place at the point of closure of Central Middlesex and was being recalculated. Patient behaviour needed to be taken into account due to choice of treatment centre and attendance at A&E by people who were not registered with a GP and at times pharmacies were shut;
- NHS England was considering whether ACEs could attend other trusts. Attendance at an NHS England children's meeting had identified some problems which would be discussed further;
- the construction plans confirmed a multi storey car park at the front. All builders areas would revert back to car parks and the CCG representative would confirm the situation.

The Board discussed the issues and considered that further work should take place on preventive measures to prevent hospital admissions in the first place. This should be considered in conjunction with any considerations of reductions in own home provision.

It was stated that whether the new arrangements enabled transfer from ambulances without the ramp was immaterial if there were insufficient beds or staff. An analysis of ambulance patients was suggested in order to identify

unavoidable and unpredictable admissions which would provide an insight on prevention.

Initiatives such as the urgent care centre, expansion of Alexandra Clinic opening hours and wider community care transformation would seek to empower treatment in the community in preference to A&E.

RESOLVED: That the verbal updated be noted.

36. Cancer Strategy

The Board welcomed a report which set out to identify and clarify how Harrow CCG and Harrow Council could work in partnership to improve cancer outcomes in Harrow.

With regard to late diagnosis for lung cancer and the delayed development of symptoms, discussion took place on initiatives to encourage cancer screening. It was noted that GPs were required to screen patients for smoking and that pharmacists received incentives to provide treatment to stop smoking.

It was considered important to also focus on the workforce and to provide help as appropriate. The need to focus on prevention and the implications on alcohol and exercise regarding cancer was recognised. Advertising was assisted by a national campaign which was free to the Council to use. The need to engage with younger people was stressed and the excellent work on smoking with schools was recognised.

RESOLVED: That the joint objectives and support for partnership working be acknowledged.

37. INFORMATION ITEM - Update on Screening Assurance in Harrow

The Board received an update on screening assurance in Harrow from the Director of Public Health which enclosed a NHS England report on cancer screenings for London. Tabled information from NHS England was circulated as a representative from that organisation was not in attendance.

It was noted that available performance reporting suggested that screening uptake in Harrow was either stable or improving but was still below national targets in cervical, breast and bowel screening. A CCG representative undertook to provide information for inclusion on partners' websites.

Board members discussed measures to improve the low take up of bowel cancer screening and asked that NHS England be requested to undertake more advertising. A Board member stressed the need to use plain language.

A CCG Board member advised that, as part of a pilot, all Harrow residents over 55 were invited to have a sigmoidoscopy in addition to the nationwide testing that was available for those over 60.

In response to a question, the Board was informed that Public Health was unable to obtain an in depth breakdown of group take up in the Borough due

to data regulations. Board Members considered that it was not possible to target information if it was not known which groups were not presenting themselves.

RESOLVED: That the report be noted.

38. Sexual Health Strategy

The Board received a report which set out the future direction for an accessible, modern, coherent, cost effective and integrated sexual health and reproductive services at primary care, secondary care and community level.

In response to a question on raising awareness, an officer stated that using new platforms such as social media would also be explored. Public Health planned to work with Healthwatch to obtain a wider user level consultation at the implementation stage.

The Healthwatch representative reported that discussions had been held with the Youth Parliament and it was hoped to provide a 10-15 minute invitation to a future HWB meeting. Members of the Board stressed the need for services to be accessible but confidential.

RESOLVED: That the plans for Barnet and Harrow joint public health services as laid out in the report be noted.

39. Pharmaceutical Needs Assessment

Consideration was given to a report that set out the current position on the Pharmaceutical Needs Assessment.

In response to a question, it was noted that the discrepancies between the opening hours reported by Harrow Pharmacies in the Community Pharmacy Questionnaire and the opening hours recorded on the NHS Pharmaceutical list which was owned and managed by NHS England was a problem across London.

The proposed delegation would enable discrepancies to be resolved and the full 60 day consultation period to take place and the report published before the deadline date of 1 April 2015.

RESOLVED: That responsibility for the signing off of the draft Pharmaceutical Needs Assessment be delegated to the Director of Public Health in consultation with the Chairman.

40. INFORMATION ITEM - Update on 'Take Part' Council budget Engagement Programme

The Board was informed of the programme of Resident Engagement entitled 'Take Part'.

A CCG Board member stated that the CCG would be responding formally and would be highlighting the concern of GPs on the priority given to children's

centres, voluntary groups and short term breaks. It was considered that it was important that the two organisations worked together.

The Healthwatch representative indicated that a response would be made on their wider concerns.

The representative of the Voluntary and Community Sector stated that the community had been consulted. The Equalities Impact Assessment (EIQ) would look at the cumulative affect on the most vulnerable in society and patients arising from health and community services.

RESOLVED: That the report be noted.

41. Harrow CCG Commissioning Intentions 2015/2016

A CCG representative introduced a report for consideration on the CCG's draft Commissioning Intentions for 2015/16. It was noted that these were an extension of those issued in 2014/15 and therefore added to rather than superseded the 2014/15 requirements and plans.

The report would be presented to the CCG Governing Body on 25 November 2014. Since the issue of the Intentions a couple of engagement events had taken place and lots of comments and questions had arisen, including from Harrow Council. The aim was to respond by 25 November so if any queries remained, the CCG should be advised. A record of questions from consultation events would be provided.

It was reported that Harrow Council had submitted a detailed response to the draft document. The CCG representative confirmed that Harrow Council's comments would be considered, that changes would be made as required to the final version of the Commissioning intentions document, and that a written response to the Council's comments would be forthcoming in light of the changes. An HWB joint executive meeting would be held in a couple of weeks, at which the final version of the Commissioning Intentions would be discussed.

A representative of the Voluntary and Community Sector suggested an improved alignment of budget processes and commissioning intentions for Harrow Council and CCG as an element of flexibility could be required if there were changes in Council funding and budget reductions. The CCG responded that a conversation had been held with all stakeholders who were supportive of each other. A Council representative stated that whilst it would take time to align there had been an improvement as the Council went out for consultation in September rather than the usual December.

A CCG Board member referred to the CCG's financial position and said that it was imperative that the proposals contained within Harrow Council's 'Take Part' consultation would not adversely affect the CCG.

It was noted that the comments from the Public Health Team had been responded to. In response to a question, it was noted that, whilst the GP contract was controlled by NHSE, a lot was dependent on transforming and adding to primary care therefore shadowing co-commissioning had been

suggested. It would be possible to transfer through co-commissioning from hospitals to primary care.

In response to a question, the process for public consultation was outlined. 36 persons had been in attendance at the consultation events.

RESOLVED: That the report be noted.

42. Better Care Fund

The Portfolio Holder for Adults and Older People advised the Board that problems had been encountered in finalising the Better Care Fund (BCF) and that officers and members were keen to bring it to a satisfactory conclusion. She had been in attendance at the National Childrens and Adult Services conference the previous week where the positive and innovative work at Harrow had been mentioned, and discussion had taken place in regard to the Harrow Better Care Fund submission with Norman Lamb MP. The Portfolio Holder stated that Norman Lamb had emphasised the importance of social care reablement services as part of a whole system of support for older, frail and vulnerable people, and that he had made clear his expectation that local authorities would be receiving designated reablement resource from CCGs.

It was reported that following the National Consistent Assurance Review (NCAR) process, Harrow's BCF had been approved subject to conditions: the first being a need to show how adult social care was to be protected as part of the BCF, and the second being a need to demonstrate the financial viability of the plan as a whole.

An officer reported that following the NCAR process, further assistance had been offered by the National BCF Task Force. Robin Douglas, a Public Service Development Specialist was named as Harrow's BCF advisor. A recovery plan submission was required by November 2014 and the aim was to meet with him to resolve the two issues within the timeframe.

A CCG Board Member stated that whilst there was an obligation to fulfil the conditions it should be an integrated network with a combination of health and social care.

RESOLVED: That the Council and CCG work together on the recovery plan with the assistance of Robin Douglas.

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

(Signed) COUNCILLOR ANNE WHITEHEAD
Chairman