HEALTH AND WELLBEING BOARD

MINUTES

8 JANUARY 2015

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	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	Harrow Mencap

		Sector.	
	* Javina Sehgal	Chief Operating Officer	Harrow Clinical Commissioning Group

In attendance: (officers)

Jason Antrobus	Assistant Chief Operating Officer	Harrow CCG
Donna Edwards	Finance Business Partner, Community Health and Wellbeing	Harrow Council
Hugh Evans	Interim Head of Commissioning and Partnerships	Harrow Council
Jennifer Roye	CQC Compliance Lead	LNWH NHS Trust
James Walters	Divisional General Manager, Emergency and Specialist Medicine	LNWH NHS Trust
Carol Yarde	Head of Transformation and Business Support, Community Health and Wellbeing	Harrow Council

* Denotes Member present
† Denotes apologies received

43. Attendance by Reserve Members

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

44. Declarations of Interest

RESOLVED: To note that the following interests were declared:

Agenda Item 7. CQC Inspection Report on NWLH and Action Plan; 8. Update on Pressures at Northwick Park Hospital A&E; 9. Director of Public Health's Annual Report; 10. Draft Council Budget; 11. 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 matter was 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 matter was considered and voted upon.

Agenda Item 10. Draft Council Budget
Councillor Anne Whitehead declared a non-pecuniary interest in that she was Chair of the Law Centre which was in receipt of a grant from Harrow Council. She would remain in the room whilst the matter was considered and voted upon.

45. Minutes

RESOLVED: That the minutes of the meeting held on 6 November 2014, be taken as read and signed as a correct record.

46. Public Questions, Petitions and Deputations

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

RESOLVED ITEMS

47. CQC Inspection Report on North West London Healthcare Trust and Action Plan

The Board received an update on the achievement of the CQC Compliance Improvement Plan and progress on the implementation of the Trust Quality Improvement Plan.

It was reported that the majority of key actions from the Compliance Plan had been completed or were on track for delivery. The three main areas of work to be progressed in 2015 were: the provision of additional beds as part of the remodelling in order to increase capacity particularly for winter pressures, the reconfiguration of Jack's Place regarding visibility and the Shaping a Healthier Future budget.

In response to questions from Board Members, representatives of the North West Healthcare London NHS Trusty reported that:

- the redesign of paediatrics as part of the Shaping a Healthier Future initiative was taking place and options for the provision of an increase in beds for children from A&E were under consideration;

- a team to deal specifically with recruitment had been formed and a number of initiatives were taking place including revision of bank rates and staff being encouraged to work additional hours for the Trust instead of an agency, with such additional hours being monitored. Rates for bank staff were the same as for permanent staff, the same uniform was worn and they were considered to be part of the workforce;

- bank services were being merged to encourage staff to work at other sites if a shift was not available at their usual workplace. Work with neighbouring trusts aimed to prevent salary inflation, such as doctors in A&E;

- ongoing international recruitment was taking place in Scotland and London, and attendance at university recruitment events was undertaken several times a year;

- the Healthwatch representative welcomed the proposal for a presentation to the organisation by the Trust on the action plan;

- a Member suggested that an investigation take place regarding the number of patients who missed their appointments and therefore wasted the time of doctors etc;

- with regard to monitoring and assurance, a CQC Compliance Lead had been appointed to oversee the action plan. Monthly reports would be submitted to the division committees, management teams, and the sub-Trust committees. Reports would be submitted to the Trust Development Authority (TDA) and Commissioners (CCG);

- the aim was that the detailed work and plans would be available thus ensuring that the public were aware that the Trust was working to improve the patient experience.

The Chair suggested the submission of a report back to the Board in 6 months which would allow for a lead in time to obtain results and bed in improvements. The work being undertaken needed to provide the public with a sense of vision to enable them to be proud of their local hospital, whereas in recent years the public reaction to Northwick Park Hospital had been negative, for example mothers choosing to give birth at other hospitals. The appointment of a new Trust Chief Executive provided an opportunity to move forward and she proposed that arrangements be made for the Board to meet the new Chief Executive. The CCG, Trust and Local Authority needed to work together in conveying the vision.

The Vice-Chair stated that in many aspects, for example vascular, and ophthalmology links with Moorfields Eye Hospital, Northwick Park Hospital was world class. It should be recognised that the public also had a responsibility not to call ambulances or attend A&E when it was not necessary as the resources were finite.

RESOLVED: That the report be noted.

48. Update on Pressures at Northwick Park Hospital A&E

The Divisional General Manager for Emergency and Specialist Medicine for the London North West Healthcare (NWLH) NHS Trust provided an update on the Trust's emergency pathway and the action being undertaken to address the current under performance of the core A&E performance targets. The officer stated that it had been unfortunate that the move to the new A&E department had had to take place during a period when the Trust had been struggling to deal with the high demand.

The Board were advised that the three main factors that had affected A&E performance were ambulance conveyances, bed capacity and workforce and that the following initiatives were taking place:

- Northwick Park Hospital was receiving approximately 100 ambulances a day, of which about 20 were blue light emergencies. It was estimated that the merger of A&E departments would result in an additional 20 ambulances per day. The implementation of Intelligent

Conveyancing enabled ambulances to be diverted to hospitals with capacity;

- with regard to bed capacity, it had recently been agreed to go out to tender for an additional 63 bedded modular unit that was likely to be in operation around December 2015. It had been calculated that in excess of 100 additional beds were required and there were some local plans to increase the bed space whenever possible;

- all A&E staff from Central Middlesex Hospital had been consolidated onto the Northwick Park Hospital site. A reduction in the number of locums and agency staff was being sought by increasing bank staff. A restructured rota aimed to ensure that capacity was available during the peak A&E demand of 7.00 pm to midnight.

The Board expressed appreciation for the hard work by staff during the Christmas period and recognised the pressure they were working under.

In response to questions, the Board was advised that:

- the number of acute cases had increased by 20% and the public were encouraged to use alternative services as appropriate, for example ringing 111, GPs, pharmacies, and urgent care centres;

- it was important to ensure that patients were guided appropriately through triage and then divided into either walk-in major attendances or bed based attendances. If the bed base became compromised, it was important to maintain the walk-in flow to continue to treat patients who could often be cared for within the 4 hour period. An internal hospital task force was examining patient flows to make improvements in this regard;

- the introduction of side rooms had successfully changed the dynamics with regard to patients disturbing others and moving between cubicles. The introduction of a dedicated mental health room and separate drop off for ambulances had been successfully implemented and after the health care had been addressed the patient was moved to dedicated mental health lounges;

- the officer undertook to ascertain whether a doctor other than the allocated doctor could sign discharge papers and therefore reduce delays.

A CCG representative referred to the significant investment in the STARS service to support patients outside of hospital. Work to deal with winter pressures also aimed to reduce acute admissions.

An officer stated that the JSNA and Joint Health and Wellbeing Strategy were in the course of preparation and would address self care and the avoidance of raised expectations such as to have immediate care. A CCG representative

stated that it was important that such messages did not result in those needing to be seen by a doctor not seeking an appointment.

The LNWH NHS Trust representative referred to questions raised at the last Board meeting on 6 November 2014 and reported:

- it was not the intention for the emergency department to act as a holding area but during peaks in demand there could be a build up in patients waiting to move to the appropriate specialised areas;

- the drop off point and bus stop outside A&E remained as previously. There were good transport links and new short term metered parking. Additional signage was planned to improve directions from the long stay car park and ultimately the public would be able to walk through the building en route to the car parks. Patient representatives were included on an ongoing stakeholder engagement group.

The Chair thanked the officer for the feedback.

RESOLVED: That the report be noted.

49. Director of Public Health's Annual Report

The Director of Public Health presented his Annual Report for 2014. The report gave a timeline for each of the topics and the Board noted that the issues arising would be taken forward in the Joint Health and Wellbeing Strategy.

With regard to the strategy for a healthy life expectancy, it was noted that there had been some success through the Healthy Schools Award for which most schools had registered. The London Health Commission report included recommendations on food labelling and that no fast food be sold within a certain distance from schools. The Chair undertook to discuss with the planning officers the possibility of implementing planning controls to restrict the number of fast food outlets in an area.

RESOLVED: That the report be noted.

50. Draft Council Budget

The Interim Head of Paid Service introduced the report which detailed Harrow Council's Draft Revenue Budget 2015/16 and MTFS 2015/16 to 2018/19, as reported to the Council's Cabinet on 11 December 2014. It was noted that the budget would return to the Council's Cabinet in February 2015 for final approval and recommendation to Council.

The Board was informed of the large amount of feedback received in response to the Take Part consultation campaign which had been undertaken with regard to the need to address the budget gap for 2015-19 of £75m.

It was noted that £32m of savings would take place primarily in Year 1, 70-80% would not affect front line services.

RESOLVED: That the report be noted.

51. Better Care Fund

The Board agreed to the Harrow Better Care Fund plan being tabled at the meeting for discussion, given the deadline for a joint submission between the Council and CCG being 9 January 2015.

Following an adjournment to enable discussion between the parties on the Plan detail, the Interim Head of Paid Service reported that substantial progress had been made, resulting in a total planned revenue investment of £14,373m across the Health and Social Care Economy. In addition to approving the documentation and allocation the Board was informed of the following:

1. subsequent to the agreement of the Better Care Fund bid by the Board in January, the CCG had a lot of work to do to reach a balanced budget and the Council had produced a draft budget. A review process was agreed to ensure that the further protection of social care could be considered as part of the allocation of any health care resource available to the economy;

2. financial support for the emergency winter pressures for 2015/16 and the enhanced discharge scheme were not funded within the Better Care Fund and further conversations would be necessary as part of the overall planning and joint discussions;

3. the original 2015/16 Council draft budget allocation of £6.5m towards the protection of social care (including funding for the Care Act) for the Better Care Fund had been scaled back in the circulated Plan. The Council would assume in its planning for 2016/17 that £6.5m would be the minimum transfer under the BCF and this would be the starting point for discussion in future financial years.

The Accountable Officer, Harrow Clinical Commissioning Group, indicated support for the continual review of the Better Care Fund and that winter pressures would be the subject of separate discussions on how best to use the available resources. Whilst agreeable to the Council making the £6.5m the starting point for future year, the CCG could not make such a commitment given the need to manage uncertainty.

The Leader of Harrow Council stated that it was an excellent piece of work, resulting from continued partnership working to produce something that was acceptable to all parties.

RESOLVED: That the Harrow Better Care Fund Plan, as circulated at the meeting, be agreed and submitted to NHS England.

52. Any Other Business - Future Commissioning Arrangements for Primary Care

The Vice-Chair advised that an item would be submitted to the next Board meeting on the proposal that Harrow CCG collaborate with 7 other CCGs for commissioning primary care. The information was considered to be urgent as the CCG had to register an interest in participating by 9 January 2016.

RESOLVED: That the information be noted.

(Note: The meeting, having commenced at 12.30 pm, closed at 2.42 pm).

(Signed) COUNCILLOR ANNE WHITEHEAD
Chairman