

HEALTH AND WELLBEING BOARD MINUTES

5 MARCH 2015

Chair:	* 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 Sector.	Harrow Mencap
	† Javina Sehgal	Chief Operating Officer	Harrow Clinical Commissioning Group

In attendance: (Officers)	Chris Hogan	Chair of Local Safeguarding Children Board	Harrow Council
	Roger Rickman	Divisional Director, Special Needs Services, Children and Families Directorate	Harrow Council
	Sue Whiting	Assistant Chief Operating Officer	Harrow Clinical Commissioning Group
	Carol Yarde	Head of Transformation and Business Support Services, Community Health and Wellbeing	Harrow Council

* Denotes Member present

† Denotes apologies received

53. Attendance by Reserve Members

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

54. Announcements

The Board expressed its appreciation to Paul Najsarek, who was attending his last meeting as he was leaving the Council's service, for the work he had undertaken on its behalf.

55. Declarations of Interest

RESOLVED: To note that the following interests were declared:

Agenda Item 7. Primary Care Commissioning; 8. Information Report – Implementation of the Special Educational Needs and Disability (SEND) Reforms; 9. Child Sexual Exploitation; 10. Pharmaceutical Needs Assessment
Councillor Simon Brown declared a non-pecuniary interest in that his daughter was employed by 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 7. Primary Care Commissioning

Dr Amol Kelshiker declared a non-pecuniary interest in that he was a GP and Chair of the Harrow Clinical Commissioning Group. He would remain in the room whilst the matter was considered and voted upon.

Dr Genevieve Small declared a non-pecuniary interest in that she was a GP. She would remain in the room whilst the matter was considered and voted upon.

56. Minutes

RESOLVED: That the minutes of the meeting held on 8 January 2015, be taken as read and signed as a correct record.

57. Public Questions, Petitions and Deputations

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

RESOLVED ITEMS

58. Primary Care Commissioning

The Vice-Chair introduced a report which informed the Board of the submission of an application by the eight NWL CCGs to NHS England to undertake co-commissioning of primary care (GP) services. It was noted that the previous proposal for a joint committee had not aligned with NHS England legislation as it could not delegate functions directly to a joint committee. The Chair referred to the inclusion of the Council's response to the proposals in the report.

It was noted that a meeting of all GP practices in Harrow would be held to consider the proposals and its decision would be considered at a meeting of the CCG Governing Body on 31 March. If agreed, the new arrangements would begin in April 2015.

In response to questions, it was noted that performance management of the contract was a concern of practitioners and would need to be considered prior to the investment of new funds. The Board was informed that the CCG had been informed only 12 hours prior to the closure of a local surgery, and had had insufficient opportunity to arrange alternative provision.

Further concerns were raised regarding: capacity had transferred to NHSE during the previous 3 years; Harrow Council also had contracts with GPs; NHSE was also reorganising; and that as nearly 75% of surgeries dealt with personal medical care (PMC) a major review could have funding implications. Interventions were funded year on year which would restrict a long term view and CCGs were currently unable to transfer funds to primary care. Requirements including manpower and management demands were unknown.

The Vice-Chair stated that the form the commissioning would take was unknown but that, in order to address potential conflict of interest of GPs, the decision-making body was to be chaired by lay members who would form a majority.

Discussion took place on the potential representation on the new body by HWBs, officers, Healthwatch and local medical groups which would require dialogue amongst the 8 CCGs. The Healthwatch representative referred to the current excellent relationship with the CCG and was concerned that the new arrangements would diminish the local voice. The Board expressed the view that democratic representation would ensure that Harrow's voice would not get lost and supported a Councillor representing the HWB. However, it was recognised that the commissioning body should not be of a size to become unmanageable, and that one Councillor representative or proportional representation could ensue.

RESOLVED: That the

- (1) work to consider the co-commissioning of primary care services in Harrow and the benefits that this will bring be noted;
- (2) support to the proposals to undertake primary care co-commissioning from 1 April 2015 be offered;
- (3) nomination of a Councillor representative from the Health and Wellbeing Board to be involved in commissioning committee meetings be proposed, should NWL CCGs agree to proceed;
- (4) principal of democratic representation on the commissioning committee be proposed, whilst it was recognised that the form that this would take would be subject to wider discussion by constituent CCGs.

59. INFORMATION REPORT - Implementation of the Special Educational Needs and Disability (SEND) Reforms

The Board received a report which set out the arrangements for the implementation of the SEND reforms introduced by the Children and Families Act 2014.

An officer outlined the benefits and challenges experienced in the first six months of operation. Members welcomed the more systematic approach and the positive developments. Reference was made to a recent survey which had highlighted a lack of available information, particularly for parents of preschool children. It was suggested that information be made available earlier, particularly peer group support, and that parents of pre school children be made aware of the relevant section of the website.

A representative of the Board noted that the core offer for personal budgets was being reviewed and expressed concern that the timescale had been delayed for a further six months with joint commissioning meetings with partners being cancelled. The officer responded that there was a continual demand for core budgets and that the situation would be reviewed in six months time and discussions on eligibility would take place.

The Board was informed that the Local Authority was required to publish the local offer and it was on the Council's website. The feedback from parents

had been that it was well received. As a result of an early technical difficulty due to the volume of information, a subsite had been created.

RESOLVED: That the report be noted.

60. Child Sexual Exploitation

The Chair of the Local Safeguarding Children Board presented an overview of Child Sexual Exploitation (CSE) which provided information on the national context and the processes to monitor and respond to the incidence of CSE in Harrow.

Reference was made to the recommendations of the first Rotherham report which provided useful guidance. Whilst systems had not been as well established in Harrow, a lot of work had been undertaken recently and a summary of the key issues and activity was set out in the report. Attention was drawn to joint commissioning by Harrow, Enfield and Hounslow of an independent peer review of the response to CSE by the Local Authority, LSCB and a MASH (multi Agency Safeguarding Hub) to ensure that information from these meetings was properly shared to identify hotspots and themes.

It was noted that there was no specific crime of child sexual exploitation and it was therefore not possible to obtain data from police statistics. Of the 27 people identified in Harrow, none had been prosecuted. The Board was informed that Ofsted expectations were high and priority was given to the issue including the identification of hotspots in liaison with the police in order to prevent, disrupt and prosecute. Whilst procedures were in place such as Section 47 for children at risk, it was recognised that historically children had not been believed. An officer stated that there was now a presumption that CSE was taking place and that the Council had to assure the authorities that robust processes and procedures were in place in Harrow. Initiatives included the MASE, health contacts, communication with playgroups and religious leaders, work in schools and children's homes regarding disabled children. The Chebea's Choice drama group visited schools and connected well with young people.

A Board member highlighted the need to consider the NEET group, particularly those with moderate learning difficulties, as it was recognised that they did not engage and could possibly become involved with gangs. It was important to engage with a wide group of people.

The Board was disappointed that a police representative was unable to be in attendance at the meeting to discuss the issue. A whole community approach was considered essential, such as the identification of children who should be at school, input from organisations such as the RSPCA, and the general need for systems for people to provide information, secure ways to report, and addressing the fact that the young people did not see themselves as victims.

RESOLVED: That

(1) the report be noted;

- (2) safeguarding the protection of children from abuse, and CSE in particular, be agreed as a strategic priority for Harrow and the strategic direction for the development of comprehensive partnership action plan in response to the risk of CSE in Harrow be endorsed;
- (3) consideration of CSE during the development of the JSNA in Harrow be agreed.

61. Pharmaceutical Needs Assessment

The Board gave consideration to a Pharmaceutical Needs Assessment, which had been subject to a 60 day consultation period, and the consultation responses.

Members of the Board were informed that replies had been received from all Harrow pharmacies. The data received had been analysed in conjunction with services and local demographics and indicated that there was no requirement for additional pharmacies in the Borough. The officers would support initiatives such as GP extended opening hours, improvement to access for disabled people and the giving of vaccinations by pharmacists. The PNA would be continually reviewed and should there be a new contract or change in opening hours, supplementary statements, possibly on a quarterly basis, would be issued.

In response to a question, it was stated that it was the responsibility of NHSE, and not the Local Authority, to give guidance on 24 hour opening. Any pharmacy considering this would need to ensure that it was feasible.

A Member suggested that hospitals with 24 hour pharmacies could investigate the provision of services for the public.

RESOLVED: That the final pharmaceutical needs assessment be approved and published.

(Note: The meeting, having commenced at 12.35 pm, closed at 2.00 pm).

(Signed) COUNCILLOR ANNE WHITEHEAD
Chair