

HEALTH AND WELLBEING BOARD MINUTES

2 JULY 2015

Chair: * Councillor Anne Whitehead

Board

Members:

* Councillor Simon Brown	Harrow Council
* Councillor Janet Mote	Harrow Council
* Councillor Varsha Parmar	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
Jo Ohlson		NW London NHS England
† Chief Superintendent Simon Ovens	Borough Commander, Harrow Police	Metropolitan Police
Vacancy	Representative of the Voluntary and Community Sector.	
* Javina Sehgal	Chief Operating Officer	Harrow Clinical Commissioning Group

In attendance: (Officers)	* Sarah Crouch	Consultant in Public Health	Harrow Council
	* Carole Furlong	Consultant in Public Health	Harrow Council
	* Chris Greenway	Head of Service, Safeguarding Assurance & Quality Services	Harrow Council
	* Mike Howes	Senior Policy Officer	Harrow Council
	* Chris Spencer	Interim Corporate Director of Children & Families	Harrow Council

* Denotes Member present

† Denotes apologies received

62. Appointment of Reserve Members

RESOLVED: That the reserve members notified by the Labour Group and Healthwatch be noted.

63. Attendance by Reserve Members

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

64. Appointment of Vice-Chair

RESOLVED: To note the appointment of the Chair of the Harrow Clinical Commissioning Group, Dr Amol Kelshiker, as Vice-Chair of the Board for the 2015/2016 Municipal Year.

65. Declarations of Interest

RESOLVED: To note that the following interests were declared:

Agenda Item 9 – Developing a Protocol for the Working Relationship between Scrutiny, the Health and Wellbeing Board and Healthwatch Harrow

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 – Information Report – Substance Misuse Strategy

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.

Agenda Item 15 – Information Report – Update on NHS Primary Care Co-Commissioning

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.

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.

Agenda Item 17 – Update on Systems Resilience

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.

66. Minutes

RESOLVED: That the minutes of the meeting held on 5 March 2015, be taken as read and signed as a correct record.

67. Public Questions

RESOLVED: To note that no public questions had been received.

68. Petitions

RESOLVED: To note that no petitions had been received.

69. Deputations

RESOLVED: To note that no deputations had been received.

RESOLVED ITEMS

70. Developing a Protocol for the Working Relationship between Scrutiny, the Health and Wellbeing Board and Healthwatch Harrow

The Board received a report which report set out the rationale behind developing a draft protocol for the working relationship between Harrow's scrutiny function, the Health and Wellbeing Board and the local Healthwatch. The Board expressed their compliments on the quality of the report and a member of the Board stated that it provided a clear sense of the relationship and roles. It was also commented that having principles to determine whether Scrutiny or the Board should consider particular issues would be helpful.

The officer commented that the relevant bodies should only consider areas within their remit.

RESOLVED: That the set of shared principles listed under the 'Working Together for Better Outcomes' section of the report be agreed and that

officers ensure that these were reflected in the Board's work programme and approach to future working.

71. INFORMATION REPORT - Substance Misuse Strategy

The Board received the Harrow Substance Misuse Strategy 2015-20 which outlined what could be done to prevent substance misuse and how families and the wider community could be protected from harm. It also outlined how those who required early treatment could be identified and be supported to recover from dependence to go on to lead fulfilling and healthy lives.

The Board were advised that Harrow Council had a responsibility to provide substance misuse services and had just re-commissioned the contracts for adults and young people for 2.5 years from 1 October – 31 March 2018 with an option to extend for up to a further 2 years. The officer added that the actions within the strategy centred around the three priority areas of prevention of harmful use of substances by influencing supply and demand, protection of others from indirect harm caused by substance misuse and, thirdly, promotion of sustained recovery from dependence by intervening early and offering comprehensive services which would rebuild lives.

A Member questioned how Harrow's diverse community fed into the Strategy and was advised that a range of groups had been engaged. The model developed included outreach work. In terms of support and signposts for those suffering domestic violence, financial pressures, mental health and other issues, the officer stated that she was enthusiastic about the new care providers but that there was a need to do more comprehensive work in this area.

In considering the Strategy, members of the Board made a number of comments as follows:

- When the Strategy Implementation Group was established it would be necessary to align with other contract management.
- There was some concern that schools did not always take up the special services that were available to them. The officer explained that there were some reservations in terms of advising young people of the services available so that they were not encouraged to misuse substances. The new providers would, however, provide training to teachers so that they could identify issues and know how to deal with them.
- In terms of safeguarding, the Board were advised that it was about joining up the pathways, doing monitoring and implementing learning.
- A Member questioned whether the Junior Citizen Scheme was still in existence and suggested that this should be considered. Another Member indicated it was important that schools were involved and that he would be happy to raise the matter with head teachers and governors at the regular meetings.

- It was important to support children in families where a family member may misuse substances.
- It was a positive to see a one to one end provider and it was reported that GPs were seeing older people with substance misuse issues and it was questioned how misuse of alcohol in the home could be dealt with and how the thinking that misuse in the home was more acceptable could be challenged.

RESOLVED: That the report be noted.

72. Joint Strategic Needs Assessment

The Board received an urgent report, for the reasons set out on the supplemental agenda, which detailed the 'big picture' of local needs so it could work together to improve the health and wellbeing of people in Harrow. Local Authorities and Clinical Commissioning Groups were required by Section 116 of the Local Government and Public Involvement of Health Act 2007 to prepare a Joint Strategic Needs Assessment (JSNA).

The officer advised that the document would not include everything that the Board might expect or wish to see included as it was a process and did not finish with its the publication. Suggestions and comments would, however, be taken on board where possible. The JSNA would be used as the basis to develop the Health and Wellbeing Strategy. The Board were advised that an event would be held on 16 July 2015 to support the production of the Strategy.

Referring to page 109 of the report, the Vice Chair urged caution in the use of the terminology 'best' and 'worse' wards in relation to the inequalities in health care across the borough. In considering the JSNA, it was also commented that the life expectancy gap had widened between men and women, the children's section required more detail and that some of the comments included should be caveated so that when the document was reviewed in the future, an explanation as to why certain information had not been available was given.

The representative of Healthwatch sought clarification on the dissemination of the JSNA and suggested that key priorities within the document be identified so that the Board could monitor them. The officer advised that partners would be requested to focus on the sections of the document relevant to them and that a series of focus groups would be held in order to seek views and to hear about peoples' experiences.

In terms of additional information members of the Board indicated that they would like the JSNA to include, reference to levels of child poverty in Harrow and the gender imbalance in relation to Children Looked After and young carers were highlighted. It was noted that children often did not view themselves as carers and may not seek help/support for fear of an intervention on the family. The Interim Corporate Director of Children and Families advised that the health of young carers and their identification was

an issue and that a new approach to this was evolving. He added that the ethnic make up of the borough also had an impact on the number of young carers. A CCG representative stated that whilst GPs were encouraged to identify carers, schools had a role to play as they had more regular contact.

Responding to the comments in relation to levels of child poverty, the Interim Corporate Director of Children and Families reported that referrals had increased due to a rise in demand and changes in the eligibility criteria. Ofsted had indicated that Harrow's thresholds had been too high and work was being done in this area. In terms of the Children Looked After gender balance in Harrow, these figures were in line with the national average.

RESOLVED: That, subject to the comments of the Board, the Joint Strategic Needs Assessment be agreed for publication.

73. Local Assurance Test (LAT)

The Board received an urgent report, for the reasons set out on the supplemental agenda, which set out the assurance arrangements as they related to the Council's proposals to create a People's Directorate.

RESOLVED: That the report be noted.

74. INFORMATION REPORT - Warm Homes Healthy People Update

The Board received a report which provided an evaluation of the Warm Homes Healthy People project.

The Board welcomed the report and the impact that the £50,000 had made as it had been used wisely. The officer advised that those most in need had been targeted via social care, discharge information from hospital and using MOSAIC profiling. This year officers would look at reducing fuel poverty.

RESOLVED: That the report be noted.

75. The Care Act First Month Update 2015

The Board received a report which set out the implementation of the Care Act and the initial live period and its impact. The report detailed the main changes to local authorities' duties.

RESOLVED: That the report be noted.

76. INFORMATION REPORT - Update on NHS Primary Care Co-commissioning

The Board received an information report following a request to present details of the developing local NHS Primary Care Co-Commissioning arrangements between NHS Harrow Clinical Commissioning Group (CCG) and NHS England. The report outlined the current details within the joint discussions in their area team and local professional networks regarding Primary Care Co Commissioning.

The Vice Chair of the Board reported that there was still some work to be done to clarify the governance arrangements of co-commissioning. Harrow's CCG had been working with other CCGs across North West London to address these issues which would be discussed within the locally established sub-committee, membership of which was made up of stakeholders. The aim was to ensure that investment in primary care was delivering what was needed locally to improve both outcomes and care provided to local residents.

The Board offered their support, if required, in relation co-commissioning.

RESOLVED: That the report be noted.

77. Update on Clinic Commissioning Group (CCG) Operating Plan 2015/16

The Board received a report which provided an overview of Harrow CCG's delivery targets set for 2015/16 and were advised that it should be read in conjunction with other CCG Strategic and planning documents, such as CCG Commissioning Intentions, given that there was considerable detail which sat behind the report.

The officer reported that in terms of the quality premium, there were two local areas identified which related to the Whole Systems Integrated Care work. In terms of workforce development, the plan was to train 20 Health Care Assistants by March 2016. The local stretch target that the CCG had set itself was to train 35 Health Care Assistants. This newly skilled workforce would help the GPs manage patients with complex care needs in the community. The second area was to achieve a target of 250 high risk patients receiving pro-active care management support in 2015/16 to manage their complex care.

The Director of Public Health stated that there needed to be a discussion in relation to the national diabetes prevention programme due to the overlap between public health and the CCG.

RESOLVED: That the report be noted.

78. Update on Systems Resilience

The Board received a report which set out the key priorities for the System Resilience Group for 2015/16 and the actions required to support the achievement of the year's priorities.

A CCG representative reported that work with hospitals was required in order to reach the national operating standard of seeing 95% of A and E patients within 4 hours. Sixty acute beds were coming on stream and it was reported that there had also been success in the transfer of care. The officer reported that the aim was to deliver Referral-to-Treatment standards in 2015/16 by quarter 2. In terms of the London Ambulance Service, a plan had been agreed in order to help the service meet the standards set.

The Director of Adult Social Services expressed her support for the System Resilience Group and reminded the Board that performance in relation to timely discharge had not always been as good as at present. This was due to working well with partners but she did flag up her concerns about sustainability due to the current budget position.

In response to a Board member's positive comments in relation to the passport system, the CCG representative advised that this was part of the care path system. With regard to a question related to intelligent conveyancing, it was explained that this was a system used by the London Ambulance Service to divert an ambulance to another hospital in situations where there was a queue on an ambulance waiting ramp at any hospital.

RESOLVED: That the 2015/16 priorities and challenges for the System Resilience framework operating in Brent and Harrow boroughs be noted.

79. INFORMATION ITEM - Maternity and Interconnected Services from Ealing Hospital

A representative of the CCG introduced the information report which set out the background to the closure of Ealing Maternity Unit on 1 July 2015.

The CCG representative reported that the decision had been taken by Ealing CCG and had been based on sound reasoning and the level of midwife to mother ratios and the number of doctors.

North West London CCGs had been reassured that there were sufficient maternity services available on alternative sites. The changes were currently in the early stages of implementation. He reassured the Board that there had been substantial consultation with both individual mothers and GPs across London.

A CCG Board member stated that she was confident that there would have been considerable consultation as each maternity unit had a maternity service liaison group.

RESOLVED: That the report be noted.

(Note: The meeting, having commenced at 12.32 pm, closed at 2.40 pm).

(Signed) COUNCILLOR ANNE WHITEHEAD
Chair