

HEALTH AND WELLBEING BOARD MINUTES

5 NOVEMBER 2015

Chair:	* Councillor Anne Whitehead		
Board	* 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	Head of Assurance	NW London NHS England
	Chief Superintendent Simon Ovens	Borough Commander, Harrow Police	Metropolitan Police
	* Javina Sehgal	Chief Operating Officer	Harrow Clinical Commissioning Group
In attendance: (Officers)	Dylan Champion	Assistant Chief Operating Officer	Harrow Clinical Commissioning Group
	Sarah Crouch	Public Health Consultant	Harrow Council
	Carole Furlong	Public Health Consultant	Harrow Council

Tanya Paxton	Harrow Borough Director	Central and North West London NHS Foundation Trust Harrow Council
Jonathan Price	Head of Strategic Commissioning & Provider Services	
Susan Whiting	Assistant Chief Operating Officer	Harrow Clinical Commissioning Group

* Denotes Member present

† Denotes apologies received

94. Attendance by Reserve Members

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

95. Declarations of Interest

RESOLVED: To note that the following interests were declared:

Agenda Item 7 – Information Report – Outcome of the CQC Inspection Report on CNWL Harrow Mental Health Services

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

96. Minutes

RESOLVED: That the minutes of the meeting held on 14 October 2015, be taken as read and signed as a correct record.

97. Public Questions

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

98. Petitions and Deputations

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

RESOLVED ITEMS

99. INFORMATION REPORT - Outcome of the CQC Inspection Report on CNWL Harrow Mental Health Service.

The Harrow Borough Director introduced a report from the Central North West London NHS Foundation Trust which set out the outcomes of the Care Quality Commission (CQC) inspection for those CNWL Harrow mental health services under her management.

The board was informed that, subsequent to the CQC finding that improvement was required, action plans had been created for the community and acute teams which detailed planned improvements and timescales. Team managers and service managers were tasked with updating the plans and then reporting on progress at senior management team meetings and the trust board. The attention of the Board was drawn to the positive feedback specific to Harrow from the inspection.

It was noted that for acute services there were 14 'must dos' that the CQC required to be undertaken as soon as possible. Of these, all had been completed except for the four items related to bed pressures which had since been significantly improved, such as time spent by patients waiting in A&E or the assessment lounge for inpatient beds.

For the 4 'must dos' for community services, the automated external defibrillators were maintained on a regular basis, accessible and available for use. With regard to risk assessments in the community recovery team, this had been improved with the last audit showing 40 to be completed. A few people were waiting for care co-ordination and a Care Co-ordinator would be employed from the following Monday. Despite regular interviews for vacancies and consistent advertisements there remained a need for agency staff for unfilled posts. Physical health checks for patients using community services were being regularly updated.

The Borough Director stated that It was not possible to increase the staffing numbers so the aim was to use the current resources more effectively.

With regard to 'should dos' for acute services the night observations on Ellington Ward had become less intrusive and further CCTV cameras had been ordered for Ferneley Ward. Community services 'should dos' had been considered with community design on which there would be a presentation to the Board in January 2016. Further training for personality disorders was still required. There remained long waits for psychological intervention. A single point of access had been implemented.

The Board was informed that a mock CQC inspection would be held during November to assess where the Trust was in becoming compliant with the inspection recommendation.

In response to questions the Board was informed that:

- risk assessments were reviewed with the supervisor on a monthly basis and with the Department Management Team. A zoning method would place a patient in the appropriate zoned risk category. Monitoring was undertaken by Internal Audit for inpatients and by the Clinical Governance Team for community audit reviews;
- a number of consultants and all Governing Body commissioners had been invited to attend the community redesign meetings. The Trust would be keen to present the redesign to the CCG and it was noted that the Mental Health Commissioner had been in attendance at the CNWL mental health service meetings;

- whilst the sense of comradery amongst staff prior to the CQC inspection findings had diminished when the inadequate rating was confirmed, it had been recognised by staff that improvement was beyond their control and feedback such as in relation to the lack of beds had probably been welcomed. There had been a change of culture arising from the replacement of a system of service lines without designated boroughs by a whole system culture in Harrow which would aid the overseeing of the pathway. Emphasis was being placed on working through the recommendations, ensuring staff were listened and informed including a bimonthly communications centre;
- the mock inspection was centrally administered so the Borough Director was unaware of the composition of the inspection team. Feedback would be made internally and the Borough Director would be questioned on issues as appropriate;
- a quality impact assessment had not been completed for the CQC action plan to be implemented but would be assessed for any future change.

Members of the Board recognised the hard work undertaken by staff and the disappointment resulting from the CQC report. Appreciation was expressed at the improvement resulting from the new A&E provision at Northwick Park Hospital, particularly the new rooms for mental health patients. The Healthwatch representative reported that there had been reduction in issues raised by the public concerning A&E.

RESOLVED: That the report be noted.

100. Harrow Health and Wellbeing Strategy

The Board considered the Health and Wellbeing Strategy which set out the purpose and vision of the Harrow Health and Wellbeing Board for the next five years. It was noted that it was a live document which would evolve over time.

Members of the Board were informed that the three priority areas from the engagement events were mental wellbeing, new ways of delivery and integrating health and social care.

It was noted that in future the Health and Wellbeing Board would focus on a small range of priorities, which were relevant to every Board member and where whole systems work could bring about significant change. Members expressed support for the approach to move away from a disease or deficit-focused approach and instead focus on a model for enhancing health and wellbeing across the life course.

A CCG representative reported that the Strategy had been presented to the CCG Board which had supported the shift from disease to wellbeing and that it enhanced wellbeing across the life course that aligned with transformation work across Harrow and the wider community.

The Healthwatch representative informed the Board that the report would be presented to its next Board meeting

RESOLVED: That

- (1) the Harrow Health and Wellbeing Strategy be approved;
- (2) a report back be received in January 2016 incorporating an action plan and feedback from stakeholders following public dissemination of the Strategy;
- (3) Harrow Health and Wellbeing Board agendas be planned around the 'start well', 'live well', 'work well', 'age well' objectives and that the other process and performance changes outlined in the strategy be implemented;
- (4) the Board agreed to advocate that the Harrow Health and Wellbeing Strategy should underpin all commissioning intentions in Harrow.

101. INFORMATION REPORT - Annual Report of the Director of Public Health 2015

The Board received the Annual report of the Director of Public Health for 2015. It was noted that the report complemented the Like Minded work on mental health services that was taking place across North West London and that it focused on social isolation and loneliness and the steps that could be taken to improve wellbeing.

RESOLVED: That the report be noted.

102. INFORMATION ITEM - Better Care Fund (BCF) Progress Report

A report was received which set out the progress on the Better Care Fund between April 2015 and September 2015. It was noted that NHS England had commissioned PA Consulting to offer support in the review of BCF progress and that a report would be included in the next update report to the Board.

A CCG representative informed the Board that the Section 75 agreement that was signed on 31 August 2015 was available for public inspection.

RESOLVED: That the report be noted.

103. Clinical Commissioning Group (CCG) Commissioning Intentions

The Board received a report on the CCG commissioning intentions for 2016/17, the aim of which was to set out clearly how the CCG would use its resource allocation in 2016/17 to deliver its vision and to highlight any significant changes it was planning to the services that it commissioned during that time. It was noted that the format mirrored the Life Course report and the principles of transformation in North West London.

In response to a question on diabetes, it was noted that CCGs would be co-commissioning diabetes with NHS England. A lot of diabetes treatment had shifted from hospital to primary care and the resource had not quite realigned.

The CCG representative reported that the CCG was running a broad education programme with Harrow and Hillingdon Councils which included way to upskill the workforce, such as health professionals. The Chair referred to the Expert Patient programme at Harrow and suggested such a forum to train those with diabetes to manage the condition.

With regard to a question on tuberculosis, it was noted that, with the provision of resources from NHS England, the Lead Nurse had submitted a successful bid for Brent and Harrow. It was further noted that a report on health protection would be submitted to the next Board meeting and would include reference to tuberculosis.

RESOLVED: That

- (1) the Commissioning Intentions developed by Harrow CCG for 2016/17 be endorsed;
- (2) the extensive stakeholder engagement that had taken place to inform the commissioning intentions be noted;
- (3) the important part the commissioning intentions would play in the delivery of the Health and Wellbeing Strategy.

104. INFORMATION REPORT - Whole Systems Integrated Care Update Report

The Board received a report of the good progress being made by partners in Harrow in implementing whole systems integrated care. Members were informed that as one of the North West London Collaboration of CCGs, Harrow continued to lead as one of the national NHS Integrated Care Pioneer Partnerships Programme.

It was noted that the key priority for 2015/16 was the roll out of Virtual Wards, which had been developed to provide additional anticipatory support for people over 65 years of age with one or more long term conditions.

RESOLVED: That

- (1) the progress being made to develop better support arrangements for over 65s with one or more long term condition/s as part of the Harrow-wide WSIC Early Adopter Project be noted;
- (2) the continuing development of Harrow-wide WSIC Pioneer Partnership proposals for the Harrow area by a partnership of local organisations be endorsed.

105. Female Genital Mutilation

The Board received a report outlining information on the mandatory reporting of Female Genital Mutilation that came into effect on 31 October 2015. Members were informed that there was a change in emphasis on how information was gathered on national databases as the Serious Crime Act placed the responsibility for reporting on registered professionals.

In response to a question, it was explained that by using terms understood by the women, health professionals could convey that they were trying to help. A more vigorous approach could result in the practice of FGM going underground. GPs should be honest in their approach and offer an ongoing relationship to support them and work in partnership on issues raised. The benefit of reporting to assist the prevention of further incidents was recognised.

The Board was informed that the Local Safeguarding Children Board would take FGM forward as an issue and report regularly. It was important to be clear what should be recorded and reported and whilst cultural issues arose in its discussion it was nevertheless illegal so courageous conversation was required. A Member of the Board suggested that to assist people within the cultures to address others in their community would be best way to proceed.

RESOLVED: That the report be noted.

(Note: The meeting, having commenced at 12.35 pm, closed at 2.05 pm).

(Signed) COUNCILLOR ANNE WHITEHEAD
Chair