

# HEALTH AND WELLBEING BOARD MINUTES

## 7 JANUARY 2016

<b>Chair:</b>	* Councillor Anne Whitehead		
<b>Board Members:</b>	* 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	
<b>Non Voting Members:</b>	* 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
	† Chris Spencer	Corporate Director, People	Harrow Council
<b>In attendance: (Officers)</b>	Donna Edwards	Service Manager Adults and Housing	Harrow Council
	Carole Furlong	Public Health Consultant	Harrow Council
	Chris Hogan	Independent Chair	Harrow Safeguarding Children Board

Jonathan Price	Head of Strategic Commissioning & Provider Services	Harrow Council
Claude Seng	Consultant in Communicable Control	NW London Health Protection Team

\* Denotes Member present

† Denotes apologies received

#### 106. Attendance by Reserve Members

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

#### 107. Declarations of Interest

**RESOLVED:** To note that the following interest was declared:

Agenda Item 8 – Harrow Safeguarding Children Board (HSCB) Serious Case Review: Child F and Agenda Item 10 – A & E Performance

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.

#### 108. Minutes

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

#### 109. Public Questions

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

#### 110. Petitions and Deputations

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

### RESOLVED ITEMS

#### 111. CNWL Community Redesign Model for Mental Health Services

The Board was informed that this item had been withdrawn from the agenda.

#### 112. Harrow Safeguarding Children Board (HSCB) Serious Case Review: Child F

The Independent Chair of Harrow Safeguarding Children’s Board introduced the findings of a Serious Case Review into the death of a baby in 2014 in

order to share the multi-agency learning across relevant strategic partnerships.

The Board was informed that, as the findings of the review emerged, an interim action plan would be produced and a final action plan which would be reviewed and monitored by the Safeguarding Board.

In response to questions from the Board, it was noted that:

- the mother had received a six year prison sentence. The father had not been charged and was not held responsible because the mother had the care and control of the child at the time and had left the child unsupervised;
- two learning events had been held with practitioners and a number of learning events had been held subsequent to the publication of the Review, primarily through the Council but there would be other venues;
- the assertion by the mother that it was a travelling family had masked what was happening as the family was in fact settled. She had not been sufficiently looked for and she had been avoidant of professionals and services;
- transfer of information between Authorities was one of the action points and the Safeguarding Board would monitor and request information as part of the focus over the next couple of months;
- a Serious Case Review had been held during each of the previous three years in accordance with the criteria that a child had died or been seriously harmed. Officers needed to understand more about the circumstances of child neglect and to use respectful disbelief in such cases.

**RESOLVED:** That the report be noted.

### **113. INFORMATION REPORT - Annual Health Protection Profile for Harrow 2014**

The Director of Public Health introduced a report which presented a profile of health protection issues in Harrow and covered the local incidence of a number of communicable diseases and the actions being undertaken to address them. It was noted that since 2013 it had been the role of NHS England to track patterns of infection and inform the Local Authority.

A NW London Health Protection Team representative informed the Board that GPs and medical professionals had a duty to report communicable diseases. Particular attention was drawn to the incidence of tuberculosis in Harrow and the actions being taken to identify active and latent cases, support patients and prevent the occurrence of new cases. The Board noted that the CCG application for funding for latent TB screening of new registrations from high risk countries had been successful.

In response to questions it was noted that:

- the 2013 HIV statistics used to compile the 2014 annual report were the most up to date information in the public domain. The officer undertook to circulate more up to date information. The latest data showed that the rate of HIV in Harrow had reduced;
- a report by Public Health England on School Nursing would be submitted to the Board. The officers had not identified specific groups with a low take-up rate for 2 year and 5 year boosters but it was hoped that the data was available centrally. The officers were working with the health visitors and clinics to promote boosters. School nurses delivered the HPV vaccine. It was hoped that NHSE child health records would become linked with GP systems;
- certain groups, particularly the young, were treated for latent TB whereas in older people the practice was to observe and wait;
- transient people were not often registered with GPs and families were identified as a result of reports of infectious diseases from hospitals. Immunisation could be provided at any age, for example unaccompanied asylum seekers received a full set of immunisations as there was no record of what has been received.

A CCG clinical representative advised the Board of the expectation that the impact of drift in flu vaccines given in 2014/15 due to low protection vaccine would affect attendance for 2015-16. The officer confirmed that the vaccine had proved quite ineffective, at about 5%, and stated that work was being undertaken to improve the effectiveness and reduce side effects from the vaccine.

The clinical representative referred to a letter to GPs from the Chief Medical Officer regarding resistant strains of gonorrhoea being found in strains in London. The officer was unaware of this and advised that Public Health England was not involved in the management of sexually transmitted diseases.

**RESOLVED:** That the report be noted.

#### **114. A & E Performance**

The Chief Operating Officer, Clinical Commissioning Group, presented an update, on the commissioning perspective, on the A&E performance at London North West Healthcare Trust in 2015/16 up to November 2015 and compared it to the same period the previous year wherever possible.

The Board was informed that although A&E performance had been below the national 4 hour wait target of 95%, the situation had improved. Performance had been tracked and there were a number of reasons why performance had been below target including bed capacity, the number of people presenting,

patient flows and delays in discharge. Although the target had not been achieved for the week 3 January 2016, due to bed management, A&E triage and lack or unavailability of clinical team, there had been 670 breaches in the week which was a substantial reduction.

It was noted that two extra wards had been commissioned, resulting in availability of 48 additional beds from 18 January 2016. Community capacity and primary care capacity had increased with more out of hours and weekend appointments available. It was hoped to expand ambulatory care to children, look at Saturday discharge and EDT operation in conjunction with the Better Care Fund and new bed management. It was hoped that urgent meetings would be held with EAU in order to prevent breaches.

In response to questions, it was noted that:

- as soon as the 4 hour target was not met it was a breach. The number of breaches ranged from 160 a day at times to 30. The officer undertook to circulate an exact breakdown;
- staff shortages were a national problem and solutions were being investigated including recruitment from abroad and recruitment fairs. Staff in Hillingdon had a step down ward of 29 beds. The officer could provide comparatory work on staffing and work on the 48 beds;
- Harrow had an established bank system which provided increased opportunity arising from the merger of the two hospitals. It was hoped that the cap on agency payments from November would encourage bank and agency staff to become permanent;
- the officer would research the breakdown in the percentages for type 1 and type 2 admissions and inform the Board. It was noted that an emerging care model would push for all types to reduce through clinics etc.

The officer undertook to convey the positive feedback from a member of the Board to the provider and informed the Board that the Patients Passport had been well received by the public.

The Vice Chair reported that the aim was for 12 hour assessment, provision of more diagnostics and recruitment of front face consultants. There were resource implications as 7 day a week CT scanning and additional facilities for angiograms were required. There was strong evidence that the length of stay was less for over 85s who had a care plan. The virtual ward had reduced admissions significantly in East Harrow. An officer stated that a report on the Virtual Ward initiative would be submitted to the Board.

Healthwatch considered that the statistics of the last few weeks compared favourably to the previous year, particularly A&E at Northwick Park Hospital. Interventions from the Chief Operating Officer and Vice Chair in mapping patient experiences had been positive.

**RESOLVED:** That the report be noted.

**115. Community Services Model**

The Board was informed that this item had been withdrawn from the agenda.

**116. Better Care Fund Progress Report**

The Board received a report which set out progress on the Better Care Fund in the first two quarters of 2015/16 and looked at the feedback from the PA Consulting review.

It was reported that steady progress was being made on all the agreed schemes and national conditions which suggested that it was on course to deliver by the end of the BCF period. Work on the design of the 2016/17 BCF had commenced and the Plan would be submitted to the Board for approval in March 2016, following the submission of a draft plan in February.

A CCG representative stated that the proposed increase of just over £1.1m in the 2016/17 plan ie the 'protecting social care' element (£6.529 – 5.411m in 2015/16) would result in an overall shortfall in the BCF budget.

A Council officer indicated that the Council had assumed the full amount in its budget plan in line with expectation and as minuted following the approval of the 2015/16 BCF although the actual allocations had yet to be confirmed and in the absence of the formal national guidance having been released.

Anything beyond the previous years figure (£5.4m) would be subject to negotiation as it was not built into the CCG financial plan.

The Board noted that ongoing discussions would be held between Harrow Council and CCG on the Better Care Plan 2016/17.

**RESOLVED:** That

- (1) the report be noted;
- (2) the officers be delegated to develop and progress the 2016/17 BCF and submit in March for sign-off.

**117. INFORMATION REPORT - Draft Revenue Budget 2016/17 & Medium Term Financial Strategy 2016/17 to 2019/20**

The Director of Adult Social Services introduced the report which detailed Harrow's Draft Revenue Budget 2016/17 and Medium Term Financial Strategy 2016/17 to 2019/20, as reported to the Council's Cabinet on 10 December 2015. It was noted that the budget and MTFs would return to Cabinet in February 2016 for final approval and recommendation to Council.

The Board's attention was drawn to the Council's Commercialisation Strategy which was expected to deliver significant benefits and to innovate partnership working. The report summarised ongoing activities and the Board noted the

aim for further potential commercialisation in conjunction with the community and partners. As a result of the joint working on commercialisation, the officers considered that achievements had been made that would not have been feasible previously and they had been advised that the Council was better at listening.

The Chair stated that a substantial thinking and planning had gone into the budget exercise, not just cutting and saving but the production of a commercial product to address the challenge.

A CCG clinical representative welcomed the submission of the report to the Board. The CCG was also experiencing a substantial financial challenge, innovation was positive and assistance was available with regard to the adult services directorate proposals. Harrow CCG had a few concerns regarding the draft budget and would be responding formally to the consultation. Specific concerns were around how Children's Services would be aligned to the 'starting well' HWB priority, the challenge as how early intervention would develop, and the proposal to take finance from public health. The CCG also raised a concern around the BCF assumptions made in the draft budget report.

The Healthwatch representative stated that, whilst he appreciated the Council's position, the incremental stripping off approach undermined the economic benefit of preventive measures. Healthwatch welcomed some of the commercialisation projects. The in year grant reduction for public health and the possibility of ongoing grant reductions, together with consultation on its funding from retained business rates receipts, was of concern as prevention was cheap and good quality and more economic than remedial measures. The CCG concerns were shared and any support CCG could give to wider discussions would be welcomed.

The Board was informed that projects on early intervention, children's centres and early years were being launched. Minute 299 of the Cabinet meeting resolved to delete health visiting provision from the Public Health budget reduction proposals. Consideration as to the integration of health visitors was being undertaken.

In response to a question, an officer reported that the ring fencing for public health was expected to continue for 2 years until 31 March 2018. The grant allocation for 2016/17 would be reduced but the grant funding had not yet been confirmed. The Public Health England response to the spending review indicated average reductions of 3.9% per year to 2020/21. Consultation was expected on the removal of the ring fence from April 2018 and future model funded by business rates. The Vice-Chairman stated that some consultation was required and suggested a joint response as the centre needed to be able to consider the implications. The Chair welcomed the suggestion of a joint response, noting that the reduction would not have been expected if Public Health had remained the responsibility of the CCG.

A CCG representative drew attention to need for further discussion with the Council concerning the 'Protecting Social Care' funding proposed to be drawn from the Better Care Fund. It was agreed that this would be discussed outside the meeting once the formal BCF guidance had been published.

**RESOLVED:** That the report be noted.

(Note: The meeting, having commenced at 12.45 pm, closed at 2.40 pm).

(Signed) COUNCILLOR ANNE WHITEHEAD  
Chair