

HEALTH AND WELLBEING BOARD MINUTES

8 SEPTEMBER 2016

Chair:	* Councillor Sachin Shah		
Board Members:	* Councillor Simon Brown	Harrow Council	
	* Councillor Janet Mote	Harrow Council	
	† Councillor Varsha Parmar	Harrow Council	
	* Councillor Mrs Christine Robson	Harrow Council	
	* Dr Amol Kelshiker (VC)	Chair of Harrow CCG	
	† Dr Shaheen Jinah	Clinical Commissioning Group	
	† Mina Kakaiya	Harrow Healthwatch	
	* Dr Genevieve Small	Clinical Commissioning Group	
Non Voting Members:	* Bernie Flaherty	Director of Adult Social Services	Harrow Council
	† Carol Foyle	Representative of the Voluntary and Community Sector	Voluntary and Community Sector
	* 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

In attendance: (Officers)	Kwesi Afful	Programme Manager	Harrow CCG
	Simon Crawford	Director of Strategy and Deputy Chief Executive	LW Healthcare NHS Trust
	Jonathon Davies	Deputy Director of Nursing	LW Healthcare NHS Trust
	David Freeman	Director ACP Development	CWHHE CCGs
	Julian Maw	Deputy Representative	Healthcare
	Visva Sathasivam	Assistant Director Adults	Harrow Council

* Denotes Member present

† Denotes apologies received

156. Attendance by Reserve Members

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

157. Change in Membership

RESOLVED: That the appointments of Dr Shaheen Jinah, Clinical Commissioning Group, and Mina Kakaiya, Healthwatch, be noted.

158. Declarations of Interest

RESOLVED: To note that the following interests were declared:

Agenda Items 8, 9, and 11 – INFORMATION ITEM – Outcome of the Care Quality Commission Inspection of the London North West Healthcare NHS Trust, Harrow Local Safeguarding Adults Board (LSAB) Annual Report 2015/16, and Update on Sustainability and Transformation Plan

Councillors Chris Mote and Janet Mote declared a non-pecuniary interest in that their daughter was a nurse at Northwick Park Hospital. They would remain in the room whilst the matter was considered and voted upon.

Agenda Item 9 – Harrow Local Safeguarding Adults Board (LSAB) Annual Report 2015/16

Councillor Sachin Shah declared a non-pecuniary interest in that his sister was a vet at two practices in Harrow. He would remain in the room whilst the matter was considered and voted upon.

159. Minutes

RESOLVED: That the minutes of the meeting held on 30 June 2016, be taken as read and signed as a correct record.

160. Public Questions, Petitions and Deputations

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

RESOLVED ITEMS

161. INFORMATION REPORT - Outcome of the Care Quality Commission Inspection of the London North West Healthcare NHS Trust

The Director of Strategy and Deputy Chief Executive Officer, London North West Healthcare NHS Trust introduced a report which outlined the actions by the Trust following the Care Quality Commission in October 2015 and the Quality Summit held on 13 July 2016.

The Board noted the areas highlighted in the report for improvement, the actions taken to address the issues raised, progress made, and confirmation of priorities for outstanding work. Six different action plans were monitored through the Trust Board and Sub Committees. Particular mention was made of the following:

- good ratings had been received for care of patients and a number of community services;
- a warning notice had been received in December 2015 for three key issues relating to: the elective high dependency unit, surgical incident reporting and radiology staffing out of hours and all three issues were fully addressed in January 2016 as follows:
 - the elective high dependency unit now complied with regulations;
 - all consultants were being reminded of the need to undertake surgery data reporting and evidence was in place now to show the increase in reporting;
 - on-call radiology arrangements had been changed and job plans were being reviewed to provide on-site weekend cover;
- the Trust had also received a Regulatory Notice in respect of Duty of Candour to patients when things went wrong. Subsequently the recording of Duty of Candour had improved and was recorded within the Trusts incident review processes;
- as an example of learning from incidents, the Trust was a national exemplar for nasogastric tubes;
- due to the shortage of critical care capacity at the Northwick Park site, investment in 13 new beds was under discussion with the three local CCGs in Brent, Harrow and Ealing. A change in operating practice was being made with immediate effect.

Members were informed of an event held the previous week on the launch of the Trust's dementia strategy which included presentations and guest speakers talking about the national 'John's campaign' which the Trust had signed up to. Arrangements were in place to support carers to be with families when able and to share the care at ward level. A risk assessment and care assessment was undertaken for each person to be supported.

The offer of collaborative working from the local authority regarding dementia care was welcomed by the Trust. It was considered that the inclusion of the Trust's initiatives in supporting the frail elderly and dementia care would result in a much stronger STP bid.

A clinical representative suggested that the first signs of patients being effected by dementia and identified by GPs needed to be collated as the early warning in systems were not necessarily being picked up in timely enough manner. Full participation by the acute trust with services in the community was welcomed.

The Trust representative stated that one of the key priorities in the current year was to bring acute and community services together, and to this end the NWL management structure had been changed to embed community services with medicine. The need to involve those at the clinical level was recognised and specific examples were given where this was of benefit to patients. It was acknowledged that the STP anticipated wider integration with other healthcare providers including GPs mental health as well as social services and the voluntary sector.

The Board was informed of other initiatives at the Trust that included: the advertisement of the post of Head of Patient Experience, the new Chief Nurse had re-invigorated the focus on quality, with the dashboard indicating, for example, the number of nurses on a ward or the number of falls in particular services. A weekly executive walkabout took place and the Chief Nurse and Deputy Director of Nursing monitored out of hours care by announced night working.

RESOLVED: That the report be noted.

162. Harrow Local Safeguarding Adults Board (LSAB) Annual Report 2015/16

The Board received the Harrow Local Safeguarding Adults Board Annual Report for 2015/16 which summarised safeguarding activity undertaken by the Council and its key partners. It was noted that the report now had a statutory footing arising from the Care Act 2015.

Particular attention was drawn to:

- the statistics contained in the report were largely in line with London averages. Feedback from the users was important in gaining a sense of the standard of service provided and reducing any experience of fear;

- current priorities included working together with the police on specific projects to tackle wider community safety issues as highlighted by users such as hate crime, distraction burglary/doorstep crimes, production of the Little Book of Big Scams and mystery shopping. An action plan was to be developed to address recommendations from the inspection of vulnerable people in custody report.

In response to a question, the Board was informed that a few referrals had been received concerning modern slavery and trafficking. The officers were actively canvassing the third sector with regard to the promotion of reporting these issues and the process for investigation and training had been changed.

Board Members expressed appreciation of the Safeguarding Adults work in Harrow and considered the Little Book of Big Scams to be useful reading for the residents. Concern was expressed on being informed that one in four people would experience domestic abuse and violence in a family situation. The officers confirmed that the home as a whole was assessed including children and pets. There was a lot of evidence of good joint working between children's services and other partners.

RESOLVED: That the Harrow Local Safeguarding Adults Board Annual Report 2015/2016 be noted.

163. Harrow Clinical Commissioning Group (CCG) Patient App

The Board received a report on the development by the Clinical Commissioning Group of a self-care and signposting smartphone App and accompanying website which would promote the management of health conditions and signpost services which improved wellbeing. The main focus was on not just health services but associated Council Services.

In response to questions, the Board was informed that:

- the Making Every Contact Help was key to the App which provided contact details and/or the appropriate referral form. The intention was to enable connections to be made and not for it to be stand alone;
- in addition to health service applications, voluntary sector information would also be included;
- discussions would be held between the CCG and Harrow Council on how the App could enhance the Infinity Project.

It was noted that the website was programmed to be available at the end of September and the App in October. The Chair invited the CCG to demonstrate the functionality of the App at a future meeting of the Board once the App was completed.

RESOLVED: That the report be noted.

164. Update on Sustainability and Transformation Plan

The Board received an update on the development of the North West London Sustainability and Transformation Plan, the latest version of which had been submitted to NHS England on 30 June.

At a North West London level, five delivery areas had been agreed to focus on to deliver at scale and pace. The five areas were designed to reflect the vision with DA1 focusing on improving health and wellbeing and addressing the wider determinants of health; DA2 focusing on preventing the escalation of risk factors through better management of long term conditions; and DA3 focusing on a better model of care for older people, keeping them out of hospital where appropriate and enabling them to die in the place of their choice. DA4 and DA5 focussed on those people whose needs were most acute, whether mental or physical health needs.

The overarching NWL STP plan was supported by eight local chapters relating to and providing more detail for each of the NWL health and care economies, Harrow being one.

The Harrow chapter needed to be supported by a detailed delivery action plan, which was as yet to be developed and which required immediate action. The Chief Operating Officer (CCG) and Corporate Director People (Harrow Council) had identified and discussed the required resource for this and were engaging with the key local stakeholder organisations for an equal share of contributions to this piece of work. All local stakeholders with the exception of Central and North West London Foundation Trust had agreed this proposal.

The Board was informed that the Chair of the Board was Vice-Chair of the overarching Board of which the Harrow Council Chief Executive was a member. The latter also co chaired, with the Brent CCG Chair, delivery area 1 focusing on improving health and wellbeing and addressing the wider determinants of health. Business cases relating to this delivery area were in the course of preparation for October.

In response to questions, it was noted that:

- the STP was supported by the Sustainability and Transformation Fund (STF), the exact value of which was to be confirmed. If NWL as a sector was successful as part of the wave one cohorts then it would receive a proportion of this funding of which Harrow would receive a share;
- the concern of the Board was that the Harrow STP plan would be subsumed by the NWL plan. Harrow residents were interested in the detail of Harrow provision and how it was split within the NWL plan. It was stated that the STP plans were an aggregation of all the local work taking place within the eight health and care local economies;
- although the delivery areas within the NWL plans were key for financial reward, the parameters were quite broad in shaping local plans. The

Board needed to collectively take responsibility for the plan and involve local people;

- 20% of children in year 6 who were obese represented a significant problem and some mapping had been undertaken against the national strategy. Initiatives included the daily mile and working with children's centres;
- Ealing paediatrics had closed on 30 June 2016 and an improved service was now available within NWL. Transfers were well planned for individuals and as Ealing did not take emergency A&E paediatrics, patients were seen in the urgent care section or to other receiving units for critical care. There was some overlap in the CQC on the London North West Healthcare NHS Trust on pressures and the right initiatives in STP, for example, evidence, treating in home. Acute providers were working together on initiatives to support configuration and procurement, including ensuring that the right professionals were on site to provide the appropriate care;
- an officer suggested that the production of a strong and evidenced business case on initiatives such as virtual wards would increase the funding opportunities. A CCG representative endorsed this, referring to a significant amount of work already in being such as new models of local services and rapid response services.

Whilst Board Members were pleased that the STP would improve outcomes for children, particularly those with mental health needs, it was considered essential that this was embedded throughout to balance funding between adults and children. An assurance was given that a focus on mental health for children and adults was an explicit priority and NWL had been selected to be one of the priority sites for commissioning specialised mental health, Tier 4 Services.

A CCG representative stated that the discussion had been helpful and the organisations were on target to raise the profile of the local chapters with the need to develop at pace a local plan which would link with care delivery. Members of the Board would be advised of two proposed dates for a communications group regarding public events.

RESOLVED: That the report be noted.

(Note: The meeting, having commenced at 1.45 pm, closed at 2.50 pm).

(Signed) COUNCILLOR SACHIN SHAH
Chair