

HEALTH AND WELLBEING BOARD MINUTES

3 NOVEMBER 2016

Chair:	* Councillor Sachin Shah		
Board Members:	* Councillor Simon Brown	Harrow Council	
	* Councillor Susan Hall (1)	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)	Carole Furlong	Consultant in Public Health	Harrow Council
	Coral McGookin	Business Manager	HSCB
	Johanna Morgan	Divisional Director Strategy, People	Harrow Council
	Visva Sathasivam	Head of Adult Social Care	Harrow Council
	Susan Whiting	Assistant Chief Operating Officer	Harrow Clinical Commissioning Group

- * Denotes Member present
- (1) Denotes category of Reserve Member
- † Denotes apologies received

165. Attendance by Reserve Members

RESOLVED: To note the attendance at this meeting of the following duly appointed Reserve Member:-

Ordinary Member

Reserve Member

Councillor Janet Mote

Councillor Susan Hall

166. Declarations of Interest

RESOLVED: To note that there were no declarations of interests made by Members.

167. Minutes

RESOLVED: That the minutes of the meeting held on 8 September 2016, be taken as read and signed as a correct record.

168. Public Questions, petitions and deputations

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

RESOLVED ITEMS

169. INFORMATION REPORT - Presentation by Speak Up Now Campaign Group

The Board received a presentation by representatives of the Speak Up Now Campaign Group, a project supported by Harrow Mencap that aimed to inspire people with learning disabilities to use their voice and experience to educate and inform the health system. The presentation concerned annual health checks for which additional funding was available from the Directed Enhanced Service.

The Board was informed that all 34 GP surgeries in Harrow had been contacted and asked whether they offered annual health checks for people with learning disabilities. The campaigners sought support from the Board to improve the situation as the response had been:

- 8 said that they offered annual health checks for people with learning disabilities
- 2 said that they did not offer health checks for people with learning disabilities
- 10 did not know what an annual health check for someone with learning disabilities was and
- 14 could not provide an answer, either because the hold time was more than ten minutes or because the campaigner was asked to call back another day to talk to another member of staff.

The Board expressed concern at the findings of the survey. The Vice-Chair stated that GP surgeries should have a register of those with learning difficulties and it was important to ensure that a letter was sent to all on the register to attend for an annual health check at a time suitable for them. He undertook that the CCG would repeat the audit in a structured manner in six months time. It was noted that GP surgeries received funding on completion of the health check.

The need to raise the awareness of receptionists as the first point of contact was discussed. The representative of the Voluntary and Community Sector reported that she undertook training for receptionists and undertook to raise the subject at their next meeting. The Mencap representative reported that patient and understanding receptionists made contact with GP surgeries easier for those with learning disabilities.

The Healthwatch Harrow representative informed the Board of research on GP access which would be reported to the Overview and Scrutiny Committee in February 2017.

The Board was informed of the pilot taking place in two surgeries of the Mencap GP WRAP scheme whereby people with learning disabilities undertook a 6 month placement.

The Chair undertook, together with the Vice-Chair, to write to Harrow GPs regarding the findings of the survey. He thanked the campaigners for their informative presentation stating that the comments made had been taken on board.

RESOLVED: That

- (1) the Chair, together with the Vice-Chair, write to Harrow GPs regarding the presentation and its findings;
- (2) the report be noted.

170. INFORMATION REPORT - Harrow Safeguarding Children's Board (HSCB) Annual Report 2015-16

The Board received the Harrow Safeguarding Children Board Annual Report for 2015-16. It was noted that a new Independent Chair of the HSCB had been appointed and would be starting in December.

It was noted that the presentation of the report to the Health and Wellbeing Board was a statutory requirement. The key priorities reflected a refocus on core business and continued with existing priorities which included reducing vulnerabilities for young people, actively incorporating the views of young people and staff and to further ensure effective collaboration with other strategic partnerships. It was reported that most issues for the Board reflected national issues and particular attention was drawn to the following:

- two serious case reviews had been undertaken during the year and learning shared. A further review was being undertaken;
- audits showed that the application of thresholds had improved due to a shared understanding across the partnership. The HSCB triangulated its evidence via a number of different auditing processes rather than reliance on one check;
- areas where the need for improvement had been identified included working with fathers, capturing the voice of siblings and obtaining consent from parents when sharing evidence.

In response to a question as to the remit of the Health and Wellbeing Board regarding the monitoring of budget reductions on the voluntary sector, the Chair said that it was something that could be considered. The officer stated that the HSCB's voluntary sector arm (VAH) had proved very successful in reaching smaller and more remote voluntary and faith organisations.

RESOLVED: That the Harrow Safeguarding Children Board Annual Report be noted.

171. Joint Commissioning Strategy for People with Learning Disabilities and Autism

The Board received a report which set out the strategic priorities and commissioning intentions for the provision of support for people with learning disabilities and autism in Harrow.

An officer introduced the report stating that the aim was to develop an inclusive service for users and carers with a whole life approach. The Strategy recognised the whole community need as well as individual need.

RESOLVED: That the Joint Commissioning Strategy for People with Learning Disabilities and People with Autistic Spectrum Conditions be endorsed.

172. Future in Mind Business Case

The business case for investing in and commissioning a joint targeted early intervention emotional health and wellbeing service for children and young people in Harrow was discussed by the Board.

A Clinical representative introduced the report and informed the Board that the CCG and Harrow Council were working closely together to bring together the different strands for a service for children and young people who did not reach the threshold for the Child and Adolescent Mental Health Services (CAMHS) service.

Particular attention was drawn to the introduction of a central form for additional needs for completion by the appropriate officer. The Board was informed of a pilot project for those with mild to moderate needs which offered short to medium term intervention to prevent further escalation of needs. Two special needs schools were involved in the pilot which would also be available to mainstream schools. The preferred option was based on school buy-in as match funding was available but if this was not achieved there was still potential for a core service for those with highest needs.

The CCG stated that it would be interested to hear more detail of cases mentioned by Healthwatch Harrow regarding the position of those with autism following the removal of a statement.

It was noted that the Lee Scott report on Special Educational Needs and Disability (SEND) would be issued shortly.

RESOLVED: That the investment of the allocated 'Future In Mind' funding in an emotional health and wellbeing service in Harrow, jointly with the Local Authority and Harrow schools, with the CCG as the Lead Commissioner be agreed.

173. INFORMATION REPORT - Child Death Overview Panel Annual Report 2015

Board members received a report on the findings of the Child Death Overview Panel in 2015 which had the responsibility to review all deaths in children up to the age of 18 years. It was noted that it was a sub group of the Local Safeguarding Children Board and that the report had been submitted to that Board.

In 2015, four CDO Panels were held and 18 cases were reviewed. As the numbers were small, it was difficult to identify trends or statistical inferences. Two cases had been referred for a serious case review and a third case had resulted in some training on safer sleep for early years workers in both the statutory and voluntary/private sector. It was reported that the Wood report, which reviewed the role and functions of Local Safeguarding Children Boards, recommended that CDOP be moved from the Department of Education to Department of Health and grouped into either 3, 4 or 5 authorities across London. This would enable an analysis of numbers for patterns, trends, and themes of death.

In response to a question it was reported that whilst the low numbers presenting before 12 weeks of pregnancy was a risk factor, it was not considered to be a factor in most cases.

RESOLVED: That the Child Death Overview Panel Annual Report be noted.

174. INFORMATION REPORT - Annual Public Health Report

The Board received the Annual report of the Director of Public Health for 2016. The topic of the report was child poverty and the long term consequences on children's lives.

It was noted that work with community groups, voluntary organisations and the Clinical Commissioning Group had begun in order to develop a Child Poverty Strategy which would be submitted to the Board in the New Year. The officer undertook to liaise with the Voluntary and Community Sector Representative regarding the workshop the following week.

RESOLVED: That the report be noted.

175. INFORMATION REPORT - Better Care Fund Update Quarter 1

The Board received a report which set out the progress of the Better Care Fund (BCF) in the first quarter of 2016/17.

It was reported that the annual plan had been submitted to NHS England in June 2016 and resubmitted in September subsequent to a number of changes by NHS England. As a result of a number of changes made to the reporting template which was released later than anticipated a delay in reporting timelines was incurred. The quarter 2 template had been received the previous week and the deadline for submission to NHS England was 25 November 2016. It was noted that the officers were working closely with the CCG and would meet with NHS England regarding the 2017/18 BCF which was due for submission prior to Christmas.

RESOLVED: That the report be noted.

176. INFORMATION REPORT - Clinical Commissioning Group Intentions

The Board considered the draft Harrow Clinical Commissioning Group's Commissioning Intentions for 2017/19. It was noted that these would evolve throughout its two year lifespan as a result of on-going discussions with the public, health and social care partners and providers of services to ensure that needs were met.

Particular attention was drawn to

- three local hubs and the development of access and provision. A third walk in centre opened on 1 November 2016 in the east of the Borough;
- the introduction of a central appointment system;

- increasing intermediate and community care;
- a whole systems integrated care platform with the integration of emerging care across outer CCGs and the promotion of a joined up urgent care system;
- the launch of the patient app.

The CCG Governing Body had signed off the Intentions for the following two years. Consultation on the commissioning intentions would commence in early October with the aim of making them reactive and proactive and the Board would be updated on progress. In response to a question regarding the part played by the voluntary sector in the delivery of outcomes, the Chair reported that consultation with the voluntary sector had closed at the end of September. The Community and Voluntary Sector representative stated that the voluntary sector had been contributing fully to the budget debate and she was of the view that the Council and CCG could improve their working together. The Vice-Chair stated that the CCG valued the voluntary sector with regard to integrated care and that the large scale of financial problems in Harrow was recognised. The two organisations considered the impact of each others commissioning strategies but there would inevitably be a difference of opinion.

RESOLVED: That the report be noted.

177. INFORMATION REPORT - Smoking Cessation Consultation

The Board received a report on the Council's budget consultation in relation to the proposal to end the Smoking Cessation Services on 1 April 2017, which was due to run until 3 November 2016. The proposals to deliver the agreed savings were set out. It was noted that the proposals had not been decided on. On completion of the consultation a report would be finalised in order to inform the December draft budget report to Cabinet.

The Vice-Chair informed the Board that nationally the CCG had significant concerns as the proposals to cease the service had implications across the strategy, undermined the STP, would impact on the most vulnerable, affect those least able to afford smoking therapies and result in higher costs in the long term.

The Chair responded that, whilst it was recognised that the cessation of the smoking service would be a difficult area in which to make a decision, Harrow Council would be losing half of its budget. He stated that the views of the meeting would be taken into account.

RESOLVED: That the report be noted.

178. Future In Mind Harrow CAMHS Transformation Plan Refresh

A Clinical Commissioning Group representative introduced the report, noting that this updated the previous Transformation Plan approved in December 2015. The direction of travel had been agreed and the Plan had already delivered in a number of areas which included increased access, improved outcomes for eating disorders, and the Anna Freud Centre. The report, due at the end of October, would be shared with the Board.

Particular mention was made of the following:

- some of the NHS England funding would be used to support health and social care for those with learning disabilities. There would also be some additional NHS England funding for YOP pathways;
- the working towards a single point of care 24 hours a day;
- although aware of challenges with regard to access targets, the aim was to be fully compliant;
- Harrow was part of a pilot to model a '3.5' model of care with measurable outcomes.

RESOLVED: That the Transformation Plan Refresh be endorsed.

(Note: The meeting, having commenced at 12.35 pm, closed at 2.10 pm).

(Signed) COUNCILLOR SACHIN SHAH
Chair