

# HEALTH AND WELLBEING BOARD MINUTES

## 2 MARCH 2017

<b>Chair:</b>	* Councillor Sachin Shah		
<b>Board Members:</b>	* Councillor Simon Brown	Harrow Council	
	* Councillor Janet Mote	Harrow Council	
	Councillor Varsha Parmar	Harrow Council	
	† Councillor Mrs Christine Robson	Harrow Council	
<b>Non Voting Members:</b>	* 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
	Paul Jenkins	Interim Chief Operating Officer	Harrow Clinical Commissioning Group
	† 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
	* Chris Spencer	Corporate Director, People	Harrow Council

<b>In attendance: (Officers)</b>	Carole Furlong	Public Health Consultant	Harrow Council
	Coral McGookin	Business Manager	HSCB
	Tom Shakespeare	Head of Health and Wellbeing	WLA
	Visva Sathasivam	Head of Adult Social Care	Harrow Council

- \* Denotes Member present
- (1) Denotes Reserve Members
- † Denotes apologies received

### 193. Attendance by Reserve Members

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

Ordinary Member

Dr Shaheen Jinah

Reserve Member

Dr Shahla Ahmad

### 194. Declarations of Interest

**RESOLVED:** To note that the following interests were declared:

Agenda Item 9 – London North West Hospitals Trust (LNWHT) A&E Delivery Board

Councillor Janet Mote declared a non pecuniary interest in that her daughter was a staff nurse at Northwick Park Hospital. She would remain in the room whilst the matter was considered and voted upon.

Agenda Item 8 – Diabetes Strategy and Agenda item 9 – London North West Hospitals Trust (LNWHT) A&E Delivery Board

Councillor Chris Mote declared a non pecuniary interest in that his daughter was a staff nurse at Northwick Park Hospital and that he had diabetic and kidney problems. He would remain in the room whilst the matters were considered and voted upon.

Agenda Item 9 – Report and public question on Diabetes Strategy

Councillor Sachin Shah declared a non pecuniary interest in that his father is a National Council of Vanik Association committee member and that he is a volunteer. He would remain in the room whilst the matters were considered and voted upon.

### 195. Minutes

**RESOLVED:** That the minutes of the meeting held on 12 January 2017, be taken as read and signed as a correct record subject to an amendment to the

second sentence of the second paragraph in minute 190 to read ‘... and the option to include 3% at 2 years was available.’

#### **196. Public Questions**

To note that one public question had been received and responded to and the recording had been placed on the website.

The Board agreed that the questioner be invited to participate in the discussion on the Diabetes Strategy and accordingly his contributions were included in minute 199.

#### **197. Petitions and Deputations**

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

### **RESOLVED ITEMS**

#### **198. NWL Sustainability and Transformation Plan Update**

A representative of the West London Alliance presented an update of progress made in the formation of the North West London Sustainability and Transformation Plan and integration of local services. A steer from the Board was sought that the strategy for transforming Primary Care and out of hospital services was in the right direction to enable the initiative to be taken forward.

The attention of the Board was drawn to the set of principles through which transformation funding and system-wide monies would be allocated. Confirmation was awaited of the expectation that the level of transformation would not be forthcoming in the format and scale expected. The Health and Care transformation group would provide a useful steer to the delivery board on how to progress the actions required to obtain the best return and to provide flexibility. Implementation plans would ensure that allocations were made to areas where resources had been identified as critical.

The Director of Adult Social Services referred to the impact on Harrow of the example care pathway for older people which sought planned and urgent care through hubs with hospital discharge in a timely manner with appropriate care.

The Interim Chief Operating Officer advised the Board that the incidence of delays in transfer of care in Harrow compared favourably with other areas in London.

**RESOLVED:** That the draft North West London Sustainability Transformation Plan be supported.

## 199. Diabetes Strategy

The Board received a report which set out the recent analysis by Harrow Clinical Commissioning Group of the impact of diabetes in Harrow. Consideration was given to a draft strategy for improving the prevention of Type 2 diabetes and for improving diabetes treatment and care in Harrow.

The Interim Chief Operating Officer reported that the draft was submitted as part of the consultation process. The adoption of a strategy would enable access to the National Diabetes Prevention Programme and its resources. Comments from the Board on the draft strategy were sought prior to its consideration by the CCG Governing Body on 21 March 2017. The implementation plan to the strategy would identify targets.

Particular attention was drawn to the NICE targets which included urine testing, an area where the CCG was addressing the variation in target achievement between GPs and in reducing the need for amputations where there were still some issues although at a low level in Harrow.

A comment was made that the strategy should make reference to broader issues, for example that priority be given to meeting national targets. Concern was expressed that Harrow had been performing below the England percentages with regard to all eight care processes, which was continuing to reduce since the 2014-15 figures. There was a wide variation amongst GP practices for people receiving all eight care processes of 10.5% to 66.7% for Type 1 diabetes and 4.7% to 60.6% for Type 2 or other diabetes. The officer referred to the timescales set out in the report which would include the move to national targets and the expected output.

In response to questions, it was noted that:

- Type 1 diabetes was normally diagnosed in hospital. Standardisation across Harrow was important to identify type 2 diabetes including screening of high risk areas and the provision of information on diet and coronary heart disease;
- the formation of a Harrow Diabetes Network aimed to provide direction and leadership. Membership would comprise those with Type 1 and Type 2 diabetes, in addition to professionals from across the health care, social care and third sectors. A clear indication of targets would be required;
- the Equalities Impact Assessment, which was completed in 2016, incorporated leaflets for signposting in multiple languages and, as appropriate, provision of care plans in the relevant language. Recruitment of specialist clinical support from particular ethnic backgrounds was being undertaken. Opportunities regarding communications and working with community leaders to convey the message were taken.

The Chair thanked the Clinical Commissioning Group for the work undertaken in connection with the draft Diabetes Strategy as diabetes was a major issue in Harrow.

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

## **200. London North West Hospitals Trust (LNWHT) A&E Delivery Board**

The Board received a report from Harrow Clinical Commissioning Group which provided an overview of the London North West Healthcare Trust performance achievement against Constitutional Standard Targets, together with information on the formation of the Brent and Harrow Systems Resilience Group into the LNWHT A&E Delivery Board.

The Interim Chief Operating Officer introduced the report emphasising the task of the delivery board to ensure that different organisations and stakeholders worked together to ensure that patients received treatment in centres with the right facilities and expertise whilst also ensuring that individuals could have their urgent care needs met locally by services as close to home as possible. The creation of pathways regarding community support at home aimed to avoid unintended hospital admission.

In response to questions it was noted that alternatives to A&E in Harrow were being promoted and the aim was to enable access to a GP from 8 am to 8 pm, 7 days a week. The use of IT with a central resource to enable online consultations had proven to be beneficial elsewhere in the country. Work was taking place with regard to the 111 service which would form part of the new procurement process.

A Member commented on her experience of A&E arrangements and sought a linkage on the system to automatically transfer 111 information to GPs.

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

## **201. Progress on BCF Q3 2017/18**

The Board received a verbal report, noting that a Quarter 3 progress report agreed by the CCG and Harrow Council was due to be submitted to NHS England the following day. A detailed report would be submitted to the next meeting of the Board.

It was advised that the receipt of detailed guidance was still awaited with a consequential delay in progress.

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

## **202. Exclusion of the Press and Public**

**RESOLVED:** That in accordance with Part I of Schedule 12A to the Local Government Act 1972, the press and public be excluded from the meeting for the following item(s) for the reasons set out below:

<u>Item</u>	<u>Title</u>	<u>Reason</u>
13	HSCB Serious Case Review	Information under paragraph 2 (contains information which is likely to reveal the identity of an individual).

### **203. HSCB Serious Case Review**

The Board received an overview report for a serious case review. It was noted that the purpose of the review was to identify lessons for individual agencies and for multi-agency working in order to improve services for children and families in future.

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

(Note: The meeting, having commenced at 12.30 pm, closed at 2.00 pm).

(Signed) COUNCILLOR SACHIN SHAH  
Chair