

HEALTH AND WELLBEING BOARD MINUTES

20 JULY 2017

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 Genevieve Small	Harrow 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
	* Paul Jenkins	Interim Chief Operating Officer	Harrow Clinical Commissioning Group
	† Rob Larkman	Accountable Officer	Harrow Clinical Commissioning Group
	Jo Ohlson	Director of Commissioning Operations	NW London NHS England
	Chief Superintendent Simon Ovens	Borough Commander, Harrow Police	Metropolitan Police

In attendance: (Officers)	Chris Greenway	Head of Safeguarding Assurance & Quality Services	Harrow Council
	Garry Griffiths	Assistant Chief Operating Officer	Harrow Clinical Commissioning Group
	Donna Edwards	Service Manager Adults and Housing	Harrow Council

212. Attendance by Reserve Members

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

213. Appointment of Vice-Chair

RESOLVED: That the appointment of the Chair of the Harrow Clinical Commissioning Group as Vice-Chair of the Board for the 2017-18 Municipal Year be noted.

214. Declarations of Interest

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

215. Minutes

RESOLVED: That the minutes of the meeting held on 11 May 2017, be taken as read and signed as a correct record.

216. Public Questions, Petitions and Deputations

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

RECOMMENDED ITEMS

217. Terms of Reference for Health and Wellbeing Board

Consideration was given to a request from the Harrow Clinical Commissioning Group to amend its membership to include the Accountable Officer as a Voting Board Member and to the deletion of the paragraph on Sub Groups as those groups had not been in operation. It was noted that the Accountable Officer was currently a non-voting member of the Board.

The Chair advised the Panel that the recent increase in the number of Members of the Council nominated by the Leader of the Council from 4 to 5

had enabled him to have a place on the Board and the continued attendance of an opposition member. The request from the CCG would restore the balance between the voting membership.

Resolved to RECOMMEND: (to Council)

That the terms of reference of the Board be amended to:

- (1) include the Accountable Officer of Harrow Clinical Commissioning Group as an additional Voting Board Member;
- (2) delete the paragraph on Sub Groups as these groups had not been in operation.

RESOLVED ITEMS

218. INFORMATION REPORT - Overview of Section 7a Immunisation Programmes in Harrow 2016/17

The Board received an update on the progress in the delivery of national immunisation and screening programmes. It detailed Harrow's performance against national targets and aspirations and noted local action plans and recommendations for improvement for Harrow residents.

The representative of NHS England drew particular attention to the following:

- the emphasis on whooping cough vaccine uptake for pregnant women, particularly relevant due to three pertussis disease deaths the previous year. The vaccine would be available in all maternity units in north west London in the current year in addition to the influenza vaccine;
- the supply of sufficient BCG vaccine for all births in the last six months. A targeted follow up by community providers for those children and adults not vaccinated during the two years when the vaccine had not been available;
- the increase in the number of babies born to mothers with hepatitis B. Mothers were identified through the antenatal screening programme and babies were followed up through primary care in Harrow;
- visits to be made to Harrow GP practices to see how the uptake of COVER (Cohort of Vaccination Evaluated Rapidly) reported vaccinations could be improved, supported by an increase in health protection communications;
- the reduction in take up of cervical cancer screening in Harrow had been less than nationally. Text via smartphone by GP practices for call and recall.

In response to questions, the Board was informed that:

- the uptake of Abdominal Aortic Aneurysm (AAA) screening for high risk patients in Harrow was 91%. Attendance was by invitation with non attendance followed up by the clinical nurse and those not attending a second time being personally contacted by the consultant;
- community pharmacists were primed to work with any Metropolitan Police division regarding seasonal flu vaccinations. Discussions on the provision of vaccinations for care home staff would be welcomed;
- a catch up for those who had missed BCG vaccinations during the period when vaccine was not available, would be launched once the stock could be guaranteed. It could be a few months before the supply stabilised.

RESOLVED: That the report be noted.

219. INFORMATION REPORT - A Review of Female Genital Mutilation in Harrow

The Board received a report which outlined the current intelligence on female genital mutilation for Harrow. The report included prevalence and detailed a range of issues to identify and to reduce the risk of FGM in young women and girls in Harrow.

The Director of Public Health presented an overview of the report. It was noted that the Local Safeguarding Children Board (LSCB) led the response and that awareness and training of staff took place across the Council. The Harrow Domestic and Sexual Violence Forum had identified FGM as a priority area and a series of posters and communication plan had been produced to raise awareness.

The Board was advised of the work undertaken by Norbury Primary School which was leading the way working with national agencies and had shared its approach and learning with other schools including schools outside Harrow. The FGM film created by Norbury Primary School had been used nationally and the school had been commended for its work. The programme was facilitating long term cultural change

In response to questions, the Board was informed that:

- once concerns were expressed, the reporting pathway outlined in the report was put into place. The staff involved in the process, including those at the clinics, were congratulated on the work undertaken;
- GPs were fully aware of the required reporting and recording response and referrals were made through MASH (multi agency safeguarding hub) as appropriate. The need to break disclosure with regard to FGM or potential FGM was now accepted by GPs as a wider safeguarding remit.

RESOLVED: That the report be noted.

220. INFORMATION REPORT - Ofsted Report on the Inspection of Services for Children in Need of Protection, Looked After Children and Care Leavers

Members of the Board considered the Ofsted report which had been issued following the recent statutory inspection of services for children in need of protection, looked after children and care leavers, together with the action plan required within 70 working days of the published inspection report.

The Corporate Director People gave an overview of the report and commended the staff involved on the achievement of a top quartile rating with below average spend. The report was pleasing overall but the department was not complacent.

Particular attention was drawn to:

- as the early support element of children who needed help and protection had not met the criteria for a good rating, the section as a whole had been rated as requiring improvement. A framework Action Plan had been produced and Ofsted would be advised of the outcome. All other sections had been rated as good. The one or two local authorities that had been graded as outstanding had had much lower caseloads than those at Harrow;
- future inspections would be ILACS (Inspection of Local Authority Childrens Services) with an emphasis on examination of effectiveness as partners.

RESOLVED: That the report be noted.

221. INFORMATION REPORT - Sustainability and Transformation Plan Update

The Board received a report on 'Harrow's chapter' of the Sustainability and Transformation Plan which had been reviewed at the Health and Wellbeing Board Seminar.

The Interim Chief Operating Officer introduced the report, stating that the document was for use as a communications tool which focussed on change and areas of inequality.

A Member referred to the CQUIN (commissioning for equality and innovation) scheme intended to deliver clinical quality improvements and drive transformational change. She expressed disappointment that only 7% of mental health expenditure was allocated to children's mental health. A CCG clinical representative referenced the Future In Mind Programme, stating that, both as a Board and individually, a lot of work had been undertaken regarding children's mental health.

In response to comments that the anticipated injection of resources to support the agreed priorities in the STP had not been forthcoming and that the

importance of prevention had not been sufficiently acknowledged, the Interim Chief Operating Officer stated that financial resources had been redirected. Diabetes was an example of an area where funding had been allocated across the NWL STP. The CCG 2017/18 programme prioritised prevention and there was a local incentive scheme for respiratory work and diabetes.

The Chair expressed the view that during a period of financial restraint prevention was integral to the future design of services.

RESOLVED: That the report be noted.

222. INFORMATION REPORT - Better Care Fund (BCF) Update Quarter 4 2016/17 and 2017/18

The Board received a report which set out the progress on the Better Care Fund (BCF) in the fourth quarter of 2016/17. The submission of the report to NHS England on 31 May 2017, in accordance with prescribed deadlines, was noted.

A CCG officer informed the Board that:

- the plan was compliant in all but two of the national conditions, delivery of seven day services across health and social care and support services. Improvements to both were in progress;
- despite significant progress across the nationally and locally defined metrics, not all targets had been met. Harrow was currently the third lowest in London for delayed transfer of care and had reported 'none';
- delivery of the BCF had promoted positive joint working, for example discharge and the assess joint initiative;
- the final guidance and template had been received and financial discussions between the CCG and Harrow Council prior to the deadline of 21 July. A further report would be made to the Board subsequent to submission of the full plan to NHS England by the deadline of 11 September 2017. The draft plan would be circulated prior to this.

The Board was advised that maintaining the discharge position would be challenging and would require some virement of funds. The achievement of a good level of performance together with an improving relationship on difficult and challenging issues. Concern was expressed at the possible withdrawal of LGA support for the BCF.

RESOLVED: That the report be noted.

223. INFORMATION REPORT - Harrow Clinical Commissioning Group Annual Report and Annual Accounts 2016/17

The Board received a report on the Harrow Clinical Commissioning Group (CCG) annual report for 2016/17 which provided an overview of its

performance and achievements during the past 12 months together with details of expenditure and provision of services.

The Interim Chief Operating Officer provided an overview of the report and drew particular attention to the following:

- achievement of the A&E four hour wait target continued to be challenging with the year end position at 86.2%;
- access to diagnostic services had good improvement to year end performance of 98% which was slightly below the 99% target;
- good improvement on cancer waiting times, improved access to psychological therapies and dementia diagnosis;
- a slight deficit at the year end had resulted in qualified accounts. The savings target for 2017/18 was approximately 5% of turnover.

In response to questions, it was stated that:

- joint work was being undertaken with regard to emotional health and wellbeing and resource for CAMHS. The officer undertook to inform a Member of data on child mental health services;
- there had been a large response to the engagement on the Choosing Wisely proposals with regard to medicine management which ended on 30 June 2017. The majority of respondents had considered the proposals acceptable. An equality impact assessment would look at the quality and equality impact. The proposals would be considered by the CCG Governing Body in August. The Chair stated that he would respond formally and reported that the Health and Social Care Scrutiny Sub-Committee had responded to the consultation. A CCG clinical lead stated that it would be important to ensure that the proposals would not be to the detriment of patients and that it was not a question of asking patients to pay but ascertaining whether they would be willing to pay.

With regard to a question on the planning for an in-year deficit of £21.2m, the Board was advised that the CCG had a two year financial turnaround position to address the underlying deficit. A programme of almost £8m financial savings from the transformational process and invest to save initiatives such as the referral system management had been identified. The 3-4% target for the last four year had been achieved and a similar saving level for 2018-19 was included in the current two year plan. Regular dialogue took place with the regulators.

RESOLVED: That the report be noted.

224. INFORMATION REPORT - Revenue and Capital Outturn 2016/17

The Board was requested to note the report detailing Harrow Council's Revenue and Capital Outturn 2016/17, as reported to the Council's Cabinet on 15 June 2017.

An officer informed the Board that 2016/7 had remained a very challenging financial environment with continuing demand pressures on the budget. Budget pressures had been mitigated to reach a balanced budget. The period 2 report indicated continued budget pressures, notably in children's services.

The Board would be updated on the budget position.

RESOLVED: That the report be noted.

(Note: The meeting, having commenced at 12.30 pm, closed at 1.45 pm).

(Signed) COUNCILLOR SACHIN SHAH
Chair