

HEALTH AND WELLBEING BOARD MINUTES

2 NOVEMBER 2017

Chair:	* Councillor Sachin Shah		
Board Members:	* Councillor Simon Brown		Harrow Council
	* Councillor Paul Osborn		Harrow Council
	* Councillor Mrs Christine Robson		Harrow Council
	* Councillor Anne Whitehead (2)		Harrow Council
	† Mina Kakaiya		Healthwatch Harrow
	* Dr Amol Kelshiker		Clinical Commissioning Group
	† Rob Larkman		Accountable Officer, Harrow Clinical Commissioning Group
	* Dr Genevieve Small		Clinical Commissioning Group
Non Voting Members:	† 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
	Jo Ohlson	Director of Commissioning Operations	NW London NHS England
	† Chief Superintendent Simon Ovens	Borough Commander, Harrow Police	Metropolitan Police

	* Visva Sathasivam	Interim Director of Adult Social Services	Harrow Council
	* Chris Spencer	Corporate Director, People	Harrow Council
In attendance: (Officers)	Donna Edwards	Finance Business Partner, People Directorate	Harrow Council
	Carole Furlong,	Public Health Consultant	Harrow Council
	Garry Griffiths	Assistant Chief Operating Officer	Harrow CCG
	Chris Miller	Independent Chair Harrow LSCB	Harrow LSCB

- * Denotes Member present
- (2) Denote category of Reserve Members
- † Denotes apologies received

235. Attendance by Reserve Members

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

Ordinary Member

Reserve Member

Councillor Varsha Parmar

Councillor Anne Whitehead

236. Change in Membership

RESOLVED: That the following changes in membership of the Board be noted:

- (1) the appointment of Councillor Paul Osborn as the Conservative Group representative and Councillor Janet Mote as Reserve;
- (2) the approval by Council to the inclusion of the Accountable Officer of Harrow Clinical Commissioning Group as a voting member and the deletion of the paragraph on Sub Groups;
- (3) the approval by the Monitoring Officer to the minor administrative change to the voting membership of the Board from 'Chair of Healthwatch' to 'Representative of Healthwatch Harrow'.

237. Declarations of Interest

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

238. Minutes

RESOLVED: That the minutes of the meeting held on 7 September 2017, be taken as read and signed as a correct record.

239. Public Questions, Petitions and Deputations

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

RESOLVED ITEMS

240. INFORMATION REPORT - HSCB Annual Report 2016/17

The Board received the Harrow Safeguarding Children's Board (HSCB) Annual Report 2016-17. The Chair of the HSCB introduced the report and drew particular attention to the following:

- the HSCB had been of the view that more could be achieved if the focus was on a small number of priorities. Four key priorities had been identified in areas where it was considered that partnership would make a difference;
- many areas of strength had been confirmed by Ofsted. Areas for further development were also identified which had helped to inform the business plan for 2017 to 2019;
- objectives around vulnerability and exploitation had been highlighted for future consideration.

In response to a question the Board was informed that the historic comparison in how Harrow compared with England and its statistical neighbours was based on figures prior to a reassessment of thresholds. As gatekeepers the Board needed to know that the thresholds were adhered to and whether follow up action was undertaken as appropriate.

Members were pleased to be advised of the closer working with safeguarding adults, in particular the joint conference held in January 2017 and the formation of working groups in relation to areas of vulnerability.

The Board was advised that new legislation in the next 12 to 18 months would reduce certain statutory requirements and introduce new freedoms to operate. Harrow's partners would no longer be required to have a safeguarding board although a set of multi agency safeguarding partnerships to suit the locality would be needed. The Chair of the Board stated that one option could be to work with neighbouring boroughs.

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

241. INFORMATION REPORT - CCG Financial Sustainability Plan

Consideration was given to a report on the Clinical Commissioning Group (CCG) Financial Sustainability Plan.

An officer introduced the report stating that it was a high level overview. In order to address the challenge of an overall financial savings requirement of £18.1 million, which was 6% of turnover, the CCG had put in place a single Programme Management Office to support financial recovery and oversee delivery of the savings plans. He advised on the current high, medium and low financial risk of Quality, Innovation, Productivity and Prevention (QIPP) delivery.

Key actions were taking place across North West London NHS and particular mention was made of the 'prescribing wisely' initiative which included a reduction in the prescribing of drugs that could be bought over the counter and the monitoring of repeat prescriptions. The CCG was working on a Financial Recovery Plan for 2018/19 which would be submitted to the Health and Wellbeing Board in January 2018.

The Board noted that to date approximately £13.5m of savings had been secured with £7.2m high risk savings still to be delivered. A Member of the Board asked whether the savings by the CCG would have an effect on providers, particularly entering the winter period. The Vice-Chair stated that it was important for the CCG, providers and commissioners to work together as there was a finite funding pot in health and health care. He referred to the need to align changes to the wider changes across the system such as the Sustainability and Transformation Programme (STP) and for the promotion of integrated care in Harrow to include discussion on patient pathways.

Discussion arose on the need for substantial integrated working with a greater focus on the better outcomes for patient care. A CCG officer stated, that as part of a study to identify patients who spent a lot of time in hospital, it had been discovered that 1400 people had had two to thirteen admissions over the previous twelve months at a cost of over £12m. Whilst recognising the seasonable fluctuations on admissions, discussion with partners was sought on how to avoid hospital admissions while ensuring such patients could get the care needed. An officer suggested that discussion take place around the increase in referrals to social care by 24% and the greater complexity of needs being experienced and the need to build resilience in the community with strategies that prevented or delayed residential admissions or a return to hospital. It was stated that the position could be assessed as the work in conjunction with IBM (Infinity) regarding integration of care was rolled out.

In response to a question as to the barriers that had been experienced in the achievement of a fast programme to effective integrated services, the Vice-Chair stated that Harrow had formed an integrated board but that implementation of initiatives had been slower than envisaged. He gave as examples the need to ensure a social care presence on the three virtual wards that supported all patients, improved IT connectivity, holistic care plans to replace the separate care plans, and to look at the 1400 frequently

admitted patients to identify what would be required to keep them out of hospital.

A Board Member commented that the components of the plan appeared to be adult orientated. A Clinical representative referred to the child development pathways and statutory requirements for children whereas the system was more fragmented for elderly people. Elderly people experienced new problems that changed their medical requirements and there were different layers of complexity particularly for the frail.

In order to increase the awareness of Members to the challenges being experienced, the CCG officer undertook to circulate a more detailed breakdown of the ten top schemes in the £7.2m high risk savings at the current time.

Arising from discussion, it was agreed that the incorporation of medical facilities in new developments within the regeneration programme to give access to GPs should be taken forward.

RESOLVED: That the report be noted.

242. Better Care Fund (BCF) 2017/18 and Quarter 1 Update

The Board received a report which set out the agreed 2017/19 Better Care Fund Plan, together with further actions around the wider whole systems financial challenges.

A CCG officer informed the Board that NHS England had approved the Better Care Fund Plan with conditions and had invited the resubmission of the plan by 2 November. The formal sign off was expected shortly.

It was noted that discussion had been held between Harrow Council and CCG finance officers regarding the challenges of the indicative metrics for the reduction in delayed transfers of care (DToc) with expected reductions in both social care delays and NHS delays based on local circumstances. NHSEngland were happy with the position.

A mid term review regarding the impact of the BCF on integration would take place the following week. Schemes were live and monitoring was undertaken to ensure that they were on target. The first set of templates from NHSEngland were awaited.

An officer informed the Board that the BCF represented substantial work including negotiation regarding the understanding each other's position. There had been a reduction in the settlement from the previous year and the impact of this had been discussed. Now that agreement had been reached discussion was taking place on the conditions and ensuring appropriate follow up action was taken.

RESOLVED: That

- (1) the Better Care Fund Plan submitted to NHS England on 11 September 2017 in accordance with the mandated national deadline be noted;
- (2) it be noted that, subject to final sign off by NHSE the Board would be required to submit a quarterly return on progress of the plan and that the BCF partners would be required to undertake a mid-point review to assess the impact of the plan.

243. Child Poverty and Life Chances Strategy and Action Plan - verbal update

The Board received a verbal update on the Child Poverty and Life Chances Strategy and Action Plan. Members were informed of examples of initiatives undertaken in accordance with the five priorities as follows

- English as a second language: programmes to enhance earning capability;
- Financial exclusion: Together with Families Programme; incorporation of commitment to pay the London Living Wage in the Council's procurement policies and consideration of a reduction in business rates for employers who implemented the provisions; Housing officers working with tenants with regard to money management and universal credit and circulating a specialist magazine;
- Inward investment and funding: a bid to develop community workspace for the voluntary and community sector; provision of £50,000 health education funding from the public health team including mental health and first aid in schools;
- Working with schools and early years sectors on children's health: Five Harrow schools had obtained London Healthy Schools gold awards; 0-19 nursery services were going out to tender;
- Housing and temporary accommodation regarding managing finances and debt: Digital inclusion such as how to use computers; Homing In magazine and on website.

The Strategy Review Group would be meeting in the new year to assess the initiatives undertaken and a report would be submitted to the Board in the spring.

In response to a question regarding oral health promotion, the Board was informed of the implementation of a training package to give practitioners in early years the skills rather than waiting for a visit from a health professional.

With regard to the implementation of universal credit, the attention of the Citizens Advice Bureau had been drawn to the presentation by Canons High

School on advice on debt management. The school was taking bookings from parents a term in advance due to the success of the scheme.

The Board was informed of a revised Winter Well programme regarding fuel poverty and that Islington Council would be leading on the programme.

RESOLVED: That the verbal report be noted.

(Note: The meeting, having commenced at 12.30 pm, closed at 1.40 pm).

(Signed) COUNCILLOR SACHIN SHAH
Chair