

# HEALTH AND WELLBEING BOARD MINUTES

## 8 MARCH 2018

<b>Chair:</b>	* Councillor Sachin Shah		
<b>Board Members:</b>	* Councillor Simon Brown	Harrow Council	
	* Councillor Paul Osborn	Harrow Council	
	* Councillor Varsha Parmar	Harrow Council	
	* Councillor Mrs Christine Robson	Harrow Council	
	* Dr Amol Kelshiker	Clinical Commissioning Group	
	* Marie Pate (1)	Harrow Healthwatch	
	* Dr Sharanjit Takher (1)	Clinical Commissioning Group	
<b>Non Voting Members:</b>	† Carol Foyle	Representative of the Voluntary and Community Sector	Voluntary and Community Sector
	* Paul Hewitt	Corporate Director, People (interim)	
	* Paul Jenkins	Interim Chief Operating Officer	Harrow Clinical Commissioning Group
	* Chris Miller	Chair, Harrow Safeguarding Children Board	Harrow Council
	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

<b>Officers (in attendance):</b>	* Donna Edwards	Finance Business Partner, People Directorate	Harrow Council
	* Carole Furlong	Public Health Consultant	Harrow Council

- \* Denotes Member present
- † Denotes apologies received

## 256. Attendance by Reserve Members

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

### Ordinary Member

Mina Kakaiya  
Dr Genevieve Small

### Reserve Member

Marie Pate  
Dr Sharanjit Takher

## 257. Change in Membership

**RESOLVED:** That the following appointments be noted:-

- Chris Miller, Chair of the Harrow Safeguarding Children Board as a non-voting member of the Board
- Marie Pate as the Reserve representative for Healthwatch Harrow
- Paul Hewitt, Interim Corporate Director People, as a non-voting member of the Board
- Dr Sharanjit Takher as a Reserve representative for Harrow Clinical Commissioning Group
- Carole Furlong, Director of Public Health from 1 April 2018, as a non-voting member of the Board

## 258. Declarations of Interest

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

Agenda Item 9 – Adult Social Care Vision and associated Deputation  
Councillors Chris Mote and Janet Mote declared a non-disclosurable interest in that they were carers. They would remain in the room whilst the matter was considered and voted upon.

## 259. Minutes

**RESOLVED:** That the minutes of the meeting held on 11 January 2018, be taken as read and signed as a correct record.

## **260. Petitions and Public Questions**

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

## **261. Deputations**

In accordance with Board Procedural Rule 13.2, the Board received a deputation on Enhancing the Health and Social Care Vision – Developing Community Resilience in Harrow.

The Deputee presented a proposal to set up a Harrow Learning Disability Health and Social Care Focus Group in line with the future vision for the Adult Social Care model outlined in agenda item 9. She stated that, since the Learning Disability Partnership Board had been disbanded, there had been an absence of a formal co-ordinated approach, including individuals, carers, charities and voluntary organisations, to raise concerns and ideas.

The Deputee outlined suggested terms of reference for such a focus group including representation, roles and ways of working. She indicated that she had discussed the proposal and received support from officers of Harrow Council, the CCG, and local MPs.

The Chair thanked the Deputee for providing advance notice of the proposal to enable consideration. Support for and commitment to the formation of a focus group was expressed by all sectors represented on the Board. It was recognised that other boroughs had such a body and it was hoped that a structured engagement would provide increased intelligence of community needs and would support carers as part of a preventative model. The focus group would fit well with the Adult Social Care vision and help build a more specialised learning disability service.

**RESOLVED:** That the proposal presented by the deputation be supported.

## **RESOLVED ITEMS**

## **262. Pharmaceutical Needs Assessment**

The Board considered a report on the Pharmaceutical Needs Assessment for 2018. It was noted that the Health and Wellbeing Board had a statutory duty to complete a PNA at least every three years.

The Designate Director of Public Health introduced the report and highlighted the following:

- the last PNA had been approved three years previously;
- the statutory consultation had been completed and had not identified any gaps in current provision of pharmaceutical services in Harrow nor anticipated any gaps within the next three years;
- the PNA would be reviewed quarterly and supplementary statements issued as necessary;

- one response to the consultation had been with regard to mental health and suicide prevention. Whilst this was not within the scope of the PNA it was suggested that an item on this subject be submitted to a future meeting of the Board.

In response to a question from a non-voting Board Member as to the rationale for the provision of a methadone service to seven pharmacies, it was noted that the methadone service was commissioned by the drug and alcohol provider. Experience had shown that service users used only pharmacies close to their residence. It was intended to submit an item on drug and alcohol services to the July meeting of the Board and the methadone service would be included.

The Vice-Chair welcomed the advanced service provision from community pharmacies and sought information on the envisaged direction of travel, the services that could benefit from incentives and a map of the range of enhanced services provision. The officer undertook to circulate further information and stated that pharmacists were an underused source of expertise. Training in healthy living had taken place and some pharmacists had expressed an interest in providing maternity support services.

The Healthwatch Harrow representative stated that, whilst no concerns had been reported, it could be queried whether 201 responses were fully representative. However complaints had been received regarding lack of awareness on the change in arrangements for repeat prescriptions. The Board was informed of clinical concerns around repeat prescriptions particularly in connection with asthma, diabetes and analgesics.

**RESOLVED:** That

- (1) the Pharmaceutical Need Assessment 2018 be approved as an accurate statement of pharmaceutical needs of the London Borough of Harrow;
- (2) the plan for the maintenance of the PNA over the next three years in order to comply with the regulations be noted.

## **263. INFORMATION REPORT - Annual Public Health Report**

In accordance with the requirements of the National Health Service Act 2006, the Board received the Annual Report of the Director of Public Health 2018 which looked at health and wellbeing across the borough in the form of a suite of ward profiles.

The Designate Director of Public Health introduced the report stating that the profiles indicated the make up of the ward in terms of geography, essential services and residents. Information mirrored the health and wellbeing strategy with sections on Start Well, Work Well and Age Well.

In response to a question, the Director agreed to publish supplemental information on the incidence of diabetes. With regard to long term mental health, it was not classified on a ward basis.

**RESOLVED:** That the Annual Report of the Director of Public Health 2018 be noted.

## **264. INFORMATION REPORT - Adult Social Care Vision**

The Board received a report which set out the Adult Social Care Vision, a three tier approach for the adult social care navigation pathway for citizens, staff and other stakeholders in order to manage customer expectation arising from increased longevity and an increase in referrals.

The Director of Adult Social Services introduced the report highlighting:

- the vision paved the way for integrated health and social care provision, for example to mirror GP cluster hubs with the possibility of colocation. Harrow At Home initiatives included the use of extra care housing to reduce reliance on care homes and could include a cluster of homes with a central hub;
- the aim was the transformation of care from a model of needs to one of strengths and empowerment to make meaningful community connections utilising community assets including the voluntary and community sector;
- digitisation of the website would enable provision of sufficient information for residents to assess their own needs, eligibility for services and the financial consequences of their decisions for their care. Specialist brokers would work with families to identify accommodation and negotiate rent etc.

In response to a question with regard to arrangements with partners to achieve economies of scale, the Board was informed that of work with providers regarding the development of enhanced telecare and adaptive technology.

The Vice-Chair welcomed the Adult Social Care Vision, particularly with regard to prevention and patient empowerment. He suggested a seamless interface between Health and Social Care. Reference was made to the North West London dashboard which identified those with the highest likelihood of hospital admission, in particular frequent A&E attendees. Pilots for telemedicines were noted;

The Director of Adult Social Care undertook to investigate the use of the dashboard to share information and the insertion of a website link to the health website.

In response to a question the officer stated that discussion with the voluntary sector with regard to specialist sourced knowledge and will continue exploration of their key role.

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

## 265. Presentation on the Healthwise Prescribing Pilot

The Chief Executive Officer, Capable Communities, gave a presentation on the Healthwise Social Prescribing pilot scheme which was funded by the Department of Communities and Local Government through an external grant application undertaken by Harrow Council and managed by Capable Communities Ltd.

The Board noted that the scheme aimed to provide solutions to social issues and to address the wider determinants of inequality within the local demography. Members were informed of the referral process, service provision and financial returns. The organisation was in talks with Harrow Council and CCG with regard to future options.

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

## 266. Any other Business

### (a) Alexandra Walk In Clinic:

Due to public perception that there had been changes to the arrangements for the Alexandra walk in clinic, the Chair suggested that the Clinical Commissioning Group update the Board on the position. It was noted that the CCG was currently in the process of re-negotiating the contract with the provider so was unable to disclose any contractual information at this time.

The Interim Chief Operating Officer gave an assurance to the Board that consultation would take place on any changes to the current arrangements which provided up to 60,000 consultations per annum at three walk in centres in Harrow. There was a higher demand for the service than forecast with a particular impact of people who were not registered with GPs. Opportunities were therefore being considered to register those frequently accessing the service. Access to the service was not restricted to Harrow residents and 30% did not live in Harrow.

He informed the Board that additional funding of nearly £500k would be available to increase access and appointments in Primary Care Services for the next three years. Discussions were taking place with the Provider to manage the activity growth.

### (b) Thank you to Andrew Howe:

The Board recorded its thanks to Andrew Howe, Director of Public Health, for his services to the Board and Harrow Council and wished him well for the future.

(Note: The meeting, having commenced at 12.30 pm, closed at 1.50 pm).

(Signed) COUNCILLOR SACHIN SHAH  
Chair