

HEALTH AND WELLBEING BOARD MINUTES

1 NOVEMBER 2018

Chair:	* Councillor Graham Henson		
Board Members:	* Councillor Ghazanfar Ali	Harrow Council	
	* Councillor Simon Brown	Harrow Council	
	* Councillor Janet Mote	Harrow Council	
	* Councillor Christine Robson	Harrow Council	
	* Dr Himagauri Kelshiker (1)	Clinical Commissioning Group	
	* Javina Sehgal	Clinical Commissioning Group	
	* Dr Genevieve Small (VC)	Clinical Commissioning Group	
Non Voting Members:	* Varsha Dodhia	Representative of the Voluntary and Community Sector	Voluntary and Community Sector
	* Carole Furlong	Director of Public Health	Harrow Council
	* Paul Hewitt	Corporate Director, People (Interim)	Harrow Council
	* Chris Miller	Chair, Harrow Safeguarding Children Board	
	* Detective Chief Superintendent Simon Rose	Borough Commander, Harrow, Brent & Barnet Police	Metropolitan Police Service
	* Visva Sathasivam	Interim Director of Adult Social Services	Harrow Council

In attendance: (Officers)	Dr Kathie Binysh	Head of Screening	NHS England
	Kim Chilvers	Commissioner, People Services	Harrow Council
	Donna Edwards	Finance Business Partner, Adults and Public Health, People Services	Harrow Council
	Tom Erlich	Assistant Managing Director	Harrow Clinical Commissioning Group
	Uzoma Ihedoro	Head of QIPP and Delivery	Harrow Clinical Commissioning Group
	Seth Mills	Head of Service for Specialist Learning, Disability Care and Children and Young Adults Disabilities Services and Client and Finance Brokerage, People Services	Harrow Council
	Sue Spurlock	Manager of Safeguarding Adults and DOLS Services, People Services	Harrow Council
	M Vagdia	Commissioner, People Services	Harrow Council

* Denotes Member present

(1) Denotes category of Reserve Member

21. Attendance by Reserve Members

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

Ordinary Member

Dr Muhammad Shahzad

Reserve Member

Dr Himagauri Kelshiker

22. Welcome

The Chair outlined his vision for the Board stating that the presence of influential members from partner organisations provided an opportunity to consider proposals on how to work better together and to remove duplication. Successful collaboration could assist Harrow's case for fairer funding. The Health and Wellbeing Board Executive played an important part in agenda development and to facilitate and identify any barriers.

Dr Genevieve Small was congratulated on her appointment as Chair of the Clinical Commissioning Group and welcomed as Vice-Chair of the Board.

Chief Superintendent Simon Rose was welcomed as the police representative. The benefit of having a police representative was recognised and in his absence a substitute officer would be sought.

23. Change of Membership

RESOLVED: That the following membership changes be noted:

- the appointment of Dr Genevieve Small as Vice-Chair by virtue of her appointment as Chair of the Harrow Clinical Commissioning Group;
- the appointment of Dr Muhammad Shahzad as a CCG Clinical representative and Dr Himagauri Kelshiker as a Reserve;
- the appointment of Chief Superintendent Simon Rose, Borough Commander for Harrow and Brent, as the police representative;
- the appointment of Darren Morgan as the Reserve representative for Healthwatch Harrow;
- the resignation of Jo Olson as the NHS England representative.

24. Declarations of Interest

RESOLVED: To note that the following interests were declared:

Agenda Item 9 – Development of the GP Access Centre at Alexandra Avenue Medical Centre

Dr Genevieve Small declared a non-pecuniary interest in that the GP surgery where she worked provided services at the Alexandra Avenue Medical Centre. She would remain in the room whilst the matter was considered and voted upon.

Councillor Ghazanfar Ali declared a non-pecuniary interest in that he was a patient at the Alexandra Avenue Medical Centre. He would remain in the room whilst the matter was considered and voted upon.

Councillor Graham Henson declared a non-pecuniary interest in that he was a Councillor for Roxbourne Ward. He would remain in the room whilst the matter was considered and voted upon.

Councillor Maxine Henson declared a non-pecuniary interest in that she was a Councillor for Roxbourne Ward. She would remain in the room whilst the matter was considered and voted upon.

Councillor Christine Robson declared a non-pecuniary interest in that she was a resident in South Harrow and it had been suggested by her GP that she attend a Harrow walk in centre. She would remain in the room whilst the matter was considered and voted upon.

25. Minutes

RESOLVED: That the minutes of the meeting held on 5 July 2018, be taken as read and signed as a correct record.

26. Public Questions, Petitions and Deputations

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

RESOLVED ITEMS

27. Harrow CCG 2019/21 Commissioning Intentions

The Board received a report which set out the Harrow CCG 2019/21 Commissioning Intentions. It was noted that the report contained the NWL collated commissioning intentions approach with local appendices.

The CCG Managing Director introduced the report and outlined the commissioning, communications and engagement approach and timelines. The 2018/19 local schemes rolling into the 2019/20 Quality Improvement Prevention and Productivity (QIPP), and the top 10 2019/20 QIPP projects were noted. Particular attention was drawn to the focus on four elements: improvements in health and wellbeing, empowerment of residents, development of strategies and improved performance.

A Board Member enquired as to the CCG intentions with regard to additional GP practices in Harrow town centre due to the pressure of the increase in population on the one surgery in the area given the new developments taking place. The Managing Director informed the Board that a Task and Finish Group with senior representation from both the CCG and the Council had been established to consider the impacts of all the current and future planned new developments taking place in Harrow. Whilst considering what flexibilities would be available via the section 106 and other planning arrangements, the CCG would need to consider additional GP resources through their current delegated Primary Care Commissioning arrangements to assess the total future impact in conjunction with existing pressures. The outcomes and learning from work undertaken recently with new developments at Barnet Council would also be considered. The Board was informed that a work plan would be introduced for a small group of functions which would then be extended to other parts of social care, eg education, leisure, with a three year timeline for changes. It was agreed that Councillors representing Greenhill and other affected Wards as notified by Council officers would be kept informed of developments. Resident involvement to help shape the plans would be on a single health/leisure/care discussion.

A non-voting Board Member expressed the opinion that the document contained insufficient information to adequately measure the outcomes. The Managing Director stated that the Commissioning Intentions was a simplified document backed up by matrix and dependencies. The Vice-Chair stated that the Commissioning Intentions were aligned to the Health and Wellbeing

Strategy and that every contract required qualitative information. The CCG undertook to consider whether key Performance Indicators could be more meaningful, including the sharing of information on how partners dealt with key performance indicators.

In response to questions regarding the proposals and priorities for the improvement of children's mental and physical health and wellbeing, the Board was informed that the CCG would look at the Hillingdon Council model of seamless service and, subject to the outcomes, would submit proposals to the Board at an early stage for discussion. The CCG was aware of the crisis points and was undertaking dynamic profiling of young people and looking at the possibility of commissioning to keep the young person out of high intensity provision.

It was reported that the Child Sexual Abuse (CSA) hub was a pilot process to test the concept. The CCG was pleased that Harrow Council had been successful in its Child Death Overview Panel (CDOP) Bid which was going through due process with some issues from the CCG and Safeguarding Board being considered. It was presumed that all NWL areas would contribute to the project. Subsequent to the change in legislation following the Children and Social Work Act 2017, it had been agreed to work together regarding model 2 of the proposals with later consideration of option 3.

In response to a question it was reported that the inclusion of a needs analysis regarding unmet children's mental health needs and how the Board partners could jointly address this would be discussed by the Health and Wellbeing Board Executive.

The Community and Voluntary representative thanked the CCG and partners for including the sector in the discussions on Integrated Care and the Managing Director expressed appreciation of the assistance given.

Discussion took place on the need for a definition of 'Harrow resident' because the term could mean: registered with a Harrow GP; living in Harrow but registered with a GP in a neighbouring borough; or attending school in Harrow. It was agreed to discuss a definition further at the Health and Wellbeing Board Executive.

RESOLVED: That

- (1) the report be noted;
- (2) the Health and Wellbeing Board Executive consider both a common definition of the term "Harrow resident" and a needs analysis regarding unmet children's mental health needs and how the Board partners could jointly address this;
- (3) the Board share information on performance indicators to measure improvements in the health and wellbeing of residents;
- (4) a further report be considered by the Executive prior to submission to the next Board meeting.

28. Development of the GP Access Centre at Alexandra Avenue Medical Centre

The Board considered an update on the development of the General Practice Access Centre (GPAS) at the Alexandra Avenue Medical Centre in South Harrow which had opened that day. The Board agreed on the grounds of urgency to consider an appendix to the report which set out questions asked and answers given at the Health and Social Care Scrutiny Sub-Committee when it discussed the matter at its meeting on 16 October.

The Managing Director introduced the report stating that the GPAS arrangements were in accordance with the requirements of the agreed London Specification for Improved Access which included the availability of GP Extended Access pre bookable appointments that were available for the CCG area registered population. A CCG officer stated that the walk-in centres were not seen as long term care for which patients would have a better outcome through their GP practice. For general needs, if a GP practice had insufficient appointments and there was a need for an appointment within 24 hours, an appointment could be made for Alexandra Avenue at which patient's records would be available, rather than a 'sticking plaster' approach.

The Board was informed that an engagement event was due to be held at Harrow Baptist Church that evening.

A Member stated that her understanding had been that the walk-in centres provided for emergencies, in order to reduce the pressure on A and E or when GP appointments were not available. She expressed concern that the new arrangements would further increase the use of Northwick Park Hospital urgent care centre. In response, the Managing Director stated that discussion and planning were underway regarding the impact of the new arrangements on A&E. It was reported that the PPC provider regularly monitored the situation and that attendance at A&E that day had included three people from Brent and Hillingdon. Patients registered with Hillingdon and Brent GPs had been consulted. Fortnightly escalation meetings, an A&E delivery board for each hospital and monthly contract monitoring were taking place.

With regard to comments on the other 2 centres in Harrow, it was reported that no changes were currently under discussion and early engagement would be undertaken should there be any future proposals.

In response to a question, the CCG undertook to circulate information on the number of times an ambulance had been called to a walk-in centre or if someone was taken ill at a GP surgery.

Concern was expressed that: there had been insufficient discussion prior to the implementation of the new arrangements; the number of appointments was a third less than the number of people who attended the previous year; the effect on Harrow residents who were not registered with a Harrow GP; previous publicity had stated not to attend walk in clinic unless seriously ill but the new process allocated appointments there; the effect on Northwick Park Hospital which was now accepting people from a wider area.

Information was sought by Board Members on the number of Harrow residents registered with GP practices outside Harrow, whether visitors to Harrow residents could be treated at the Medical Centre; the capacity at the Pinn Surgery, and whether, provided they arrived prior to 8pm, all would be seen.

In response to questions, the Managing Director informed the Board that

- recharging arrangements with other CCGs were in existence but required the agreement of the other CCG. Such an agreement was in place with Hillingdon CCG. Neither of the neighbouring boroughs wished to buy into the Harrow offer to commission extra capacity at the Medical Centre;
- there was a duty of care which included treating visiting relatives in an emergency;
- further analysis would take place and be disseminated by herself or senior staff. Approximately 50% of the available appointments at the Medical Centre had been booked by midday;
- it was hoped to improve the engagement on mandatory assessment.

RESOLVED: That

- (1) the report be noted;
- (2) further information and an update be submitted to the next meeting;
- (3) information be circulated on the number of times an ambulance was called to a walk in centre or GP practice.

29. Joint Commissioning Strategy and Action Plan for Carers 2018-2021

The Board considered a report that set out the strategic priorities and commissioning intentions for the provision of support for carers in Harrow.

An officer introduced the report and explained the development of and consultation on the Strategy and Action Plan which was to adopt a full family approach. The impact of the strategy would be monitored including events with carers and a statutory return on which carers were consulted.

The voluntary and community representative referred to the difficulty experienced by working carers with regard to the lack of provision outside of working hours. In addition, women carers were required to work longer due to the increase in the pension age to 67 and therefore were more likely to have medical problems themselves. The officer reported that analysis in the report could only take account of the opinions of carers who had responded to the consultation. In addition, some people did not identify themselves as carers. The officer undertook to check the inclusion of respite services.

A Member suggested that carers' health needs could be supported by the arrangement of twenty minute GP appointments, ten minutes for the person cared for and ten minutes for the carer. The officer undertook to take the suggestion to the next action plan group

In response to questions, the Board was informed that:

- a needs assessment was taken of all members of the household. The opportunity would be taken to listen to the young carer separately;
- the difficulty of the parent advising the young person of their responsibilities was acknowledged;
- youth club provision and champions going into schools to have an informal chat with young carers and encourage them to have an assessment of their needs were under consideration;
- training regarding listening to young carers was the responsibility of the strategy group.

RESOLVED: That the report and implementation plan be approved.

30. INFORMATION REPORT - Harrow Safeguarding Adults Board (HSAB) Annual Report 2017/2018

The Board received a report which presented an overview of safeguarding adults activity undertaken in 2017/18 by the Council and its key partners through the work of the Harrow Safeguarding Adults Board (HSAB). It set out the progress made against objectives, analysed the referrals received and outlined priorities for 2018/19.

In introducing the report, the officer stated that there had been a lot of multi agency work and that the most likely person to experience abuse was an elderly woman in her own home by family/partner. Attention was drawn to the fact that there had not been any Serious Case reviews during the year. There had been four incidences of modern slavery compared with none the previous year and a rapid increase in domestic abuse. A third HSAB and HSCB joint conference on trafficking and modern slavery would be held during the year.

A Member referred to the Little Book of Big Scams produced by the Metropolitan Police/Home Office and commended its use.

In response to a question the Board was informed that there had been instances of cuckooing and work had been undertaken jointly with local police including taking issues to the Court of Protection.

The Board commended the Safeguarding team and its partners on their hard work.

RESOLVED: That the report be noted.

31. Up-date Joint Commissioning Strategy for People with Learning Disabilities and People with Autistic Spectrum Condition

The Board received a report that provided an update on the implementation of the Strategy for Learning Disability and Autism.

In introducing the report, the Interim Director of Adult Social Services referred to the assistance in the achievement of the strategy from the deputation to the Board in 8 March 2018 who proposed a Harrow Learning Disability Health and Social Care Focus Group. The first meeting of the Learning Disability Focus Group had been in July and a second would be held in January.

A Council officer referred to the work undertaken in conjunction with health to create a lifelong approach delivered through a dedicated multi-disciplinary team with key specialisms.

An Assistant CCG Managing Director highlighted the successful dynamic risk register and that there had been no cases of unnecessary long stay admission to hospital or emergency placement to residential care since its implementation.

In response to a question as to the extent police custody was built into the pathway, it was reported that it was scope managed through the dynamic register and discussed at monthly meetings. The police representative informed the Board that the reorganisation would result in the vast majority with mental health issues being at Wembley station at which point it would be apparent if it was their first time in custody. It was noted that a Learning Disability specialist working in the Youth Offending Team (YOT) would screen young people coming out of custody.

The Chair reported that the Borough Command Unit (BCU) would come into operation before the next meeting. In this arrangement the custody suite in Wembley would be mainly used for Harrow residents, though there was also a custody suite in Colindale which could also be used. Early identification of preventative services would enable improved targeting of vulnerable young people.

RESOLVED: That the report be noted.

32. INFORMATION REPORT - Cancer Screening Update

The Board received an update on the delivery of the three NHS England (NHSE) London commissioned cancer screening programme: breast, bowel and cervical. It was noted that NHSE had taken over the commissioning from PCT Public Health Departments. Local Authorities retained a scrutiny responsibility.

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

- Harrow was performing reasonably well but was not achieving national standards for breast and cervical cancers. There was no national target for bowel cancer coverage. Joint working with the Sustainable Transformation Partnerships (STPs) aimed to address the performance;
- the two major forthcoming changes were the introduction by April 2019 of a new improved home test for screening for bowel cancer called faecal immunochemical test (FIT) which was more accurate and quantifiable and the implementation of primary human papilloma virus (HPV) testing as the primary screening test for cervical cancer.

It was noted that NHS England was also responsible for commissioning non-cancer screening programmes, a report on which would be submitted to the next meeting.

In response to a question, the NHSE representative undertook to ascertain the impact HPV screening would have regarding ethnic groups.

With regard to the question as to what the Council or CCG could do to help promote the screening services, it was stated that discussion was taking place at STP level and any suggestions would be welcome.

RESOLVED: That

- (1) the report be noted;
- (2) the submission of a report on non cancer screening at the next meeting be noted.

33. Harrow Integrated Care Programme (ICP)

The Board received a report which provided an overview and update of the Harrow Integrated Care Programme.

A CCG Assistant Managing Director advised that the key premise was to best manage the person to stay in the best place for them and to be based on need and not disease.

The Board was advised that Phase 1 was a tool to identify potentially frail individuals and End of Life patients at risk of admission to hospital or A&E, and to identify the interventions required. To date the programme had achieved the first two gateways and was currently developing Models of Care to be prototyped and tested in Harrow. These would be scaled up to deliver a new model of care in Harrow for older people (65+) running in shadow form from 1 April 2019.

The officer undertook to consider recognition of the linkages to the Commissioning Intentions documentation in relation to end of life and hospices.

RESOLVED: That the Harrow Integrated Care Programme be endorsed and supported and the progress made be noted.

34. Any Other Business - Section 117 of the Mental Health Act 1983

The Board agreed to the consideration of the item as Any Other Business to enable Members to be aware of discussions prior to the submission of a report to the next Board meeting.

The Managing Director of the Harrow Clinical Commissioning Group advised that, subsequent to discussion between officers of the Council, CCG and Mental Health Trust, a Section 117 funding matrix was under consideration. The intention was to review 137 section 117 cases by the end of March. The proposals were going through due process and had been approved by the CCG. A report would be submitted to the next meeting of the Board.

The Interim Corporate Director People advised that the Local Authority broadly agreed the principle. However, as the proposed timetable would be challenging, it was suggested that an implementation plan be submitted to the next meeting.

RESOLVED: That

- (1) the matter be discussed at the next HWB Executive meeting;
- (2) an implementation plan to deal with section 117 would be produced jointly by the CCG and local authority;
- (3) an update report be submitted to the next meeting.

(Note: The meeting, having commenced at 12.32 pm, closed at 2.50 pm).

(Signed) COUNCILLOR GRAHAM HENSON
Chair