

# HEALTH AND WELLBEING BOARD MINUTES

## 7 MARCH 2019

<b>Chair:</b>	* Councillor Graham Henson		
<b>Board Members:</b>	* Councillor Ghazanfar Ali		
	* Councillor Simon Brown		
	* Councillor Janet Mote		
	* Councillor Christine Robson		
	* Dr Genevieve Small (VC)	Chair, Clinical Commissioning Group	
	* Marie Pate	Healthwatch Harrow	
	* Javina Sehgal	Harrow Clinical Commissioning Group	
	* Dr Muhammad Shahzad Vacancy	Clinical Commissioning Group	Clinical Commissioning Group
<b>Non Voting Members:</b>	† 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	Harrow Council
	* Chris Miller	Chair, Harrow Safeguarding Children Board	Harrow Council
	† Detective Chief Superintendent Simon Rose	Borough Commander, Harrow, Brent & Barnet Police	Metropolitan Police Service

	* Visva Sathasivam	Interim Director of Adult Social Services	Harrow Council
<b>In attendance: (Officers)</b>	Andrew Campion	Head of Asset Management	Harrow Council
	Sally Cartwright	Public Health Consultant	Harrow Council
	Lennie Dick	Head of Commissioning for MH & LD	Harrow Clinical Commissioning Group
	Donna Edwards	Finance Business Partner, Adults and Public Health	Harrow Council
	Anita Harris	Head of Children's Services	Harrow Clinical Commissioning Group
	Jonathan Hill – Brown	Public Health Commissioning Manager	Harrow Council
	Richard Pantlin	Programme Manager NHS Integration	Harrow Council
	Mick Sheehy	Service Manager Adaptations, People Directorate	Harrow Council

\* Denotes Member present

† Denotes apologies received

#### 50. Attendance by Reserve Members

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

#### 51. Change of Membership

The Board was informed that Chief Superintendent Sara Leach had been appointed as a temporary Non Voting Member of the Board whilst Chief Superintendent Simon Rose was on secondment.

**RESOLVED:** That the change of membership be noted

#### 52. Declarations of Interest

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

#### 53. Minutes

**RESOLVED:** That the minutes of the meeting held on 10 January 2019, be taken as read and signed as a correct record subject to it being noted that Dr Genevieve Small was the Vice-Chair of the Board.

#### **54. Public Questions, Petitions and Deputations**

**RESOLVED:** To note that no public questions, petitions or deputations were received at this meeting.

#### **RESOLVED ITEMS**

#### **55. INFORMATION REPORT - Learning Disability Integrated Services**

The Board received a report on the development of an integrated team for learning disability community services across social care and the NHS under a single operational management structure.

The Interim Director Adult Social Services introduced the report highlighting that a specialist social care learning disability service had been launched in October 2017 in line with the new operating model. The Board was informed of the target to operate a single integrated operational management structure from November 2019 with the NHS CNWL Community Learning Disability team, although it was recognised that identification and preparation of suitable premises for up to 42 staff could take longer. It was noted that formal consultation would take place on the restructure and staff terms and conditions would be unchanged. The CCG Managing Director expressed the view that the restructure should not be delayed due to difficulty in finding premises.

In response to questions, the Board was informed that:

- With regard to safeguarding, Social Workers would ensure the inclusion of relatives in discussions to ensure that the most appropriate prognosis was agreed. The aim was to base the Children and Young Adults with Disabilities Team (CYAD) in the same office;
- the public communications process would include a quantitative survey of people with learning disabilities and their families undertaken by Harrow Mencap;
- with regard to adults with learning difficulties or mental health concerns who had children, officers worked closely with other agencies to focus on high risk cases;
- dependant on the premises chosen for the co-location, all clinics might continue at Kingswood Hospital

The Chair stated that the development of an integrated team was an excellent example of organisations working together to obtain better outcomes for people with learning disabilities and their families.

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

## **56. INFORMATION REPORT - Disabled Facilities Grant**

The Board received a report which set out the current challenges in delivering statutory Disabled Facilities Grants and proposals to meet them. Members of the Board agreed to consider the item as a matter of urgency as the Government was currently deciding the individual authority Disabled Facilities Grants allocation.

Members were informed of the grant allocations and noted the disparity in Harrow funding from government in comparison to neighbouring authorities. An officer outlined cross-functional group initiatives including increased Council capital funding in the short term. Particular attention was drawn to the training of Trusted Assessors which would enable the adaptations team to carry out around 80% of major adaptations with minimal occupational therapy input, allowing the in house Occupational Therapists to deal with complex cases so dealing with cases quicker and more effectively. There was a system of deferred adaptations in place to help manage the demand and make best use of the Disabled Facilities Grant.

The Vice-Chair endorsed the proposals stating that the provision of adaptations reduced the incidence of falls and hospital admissions. It was agreed that discussion take place on the definition of 'exceptional' circumstances for funding of expensive schemes such as property extensions for adult adaptations.

In response to a question, it was noted that report set out the individual allocations across London based on the 2016 allocations. It was agreed that the latest figures would be circulated to the Board.

The Chair noted the concerns raised previously by the Ombudsman about the waiting time and deferred adaptations policy, and the potential impact on vulnerable residents. Given the prioritisation system which was now being applied by the officers and the joint management oversight in place across both the Housing Department and the Adult Services Department, the Board were satisfied that the risks were being reasonably managed given the limited resources.

**RESOLVED:** That

- (1) the proposals detailed in the report be noted;
- (2) the Divisional Director (Housing Services) be authorised to write to Central Government on behalf of the Board and CCG outlining the Council's concerns about the funding allocation.

## **57. Social Prescribing - Update**

The Board received a verbal update on discussions regarding Social Prescribing. The Managing Director, Harrow Clinical Commissioning Group, referred to discussion at the last Board meeting where members were concerned about service delivery whilst the future service model was being scoped and developed. The Board was informed that the CCG and local

authority had collectively agreed to fund the service for an interim period of three months (quarter 1 of 2019/20) at a cost of £15k for each individual organisation whilst the service aspects were being considered. In tandem conversations were ongoing with primary care colleagues to understand areas which Primary Care Networks would be interested in funding given all the recent guidance placed a responsibility to make available access to social prescribing processes as part of the Network development. A proposal was awaited from Capable Communities which would include provision for over 65s resilience as part of a multi-faceted approach.

An officer stated that the current service provider had been updated on the direction of travel and would continue until at least June. She highlighted the need to monitor effectiveness in a more developed way including detailing development before and after social prescribing initiatives.

The Director of Public Health informed the Board that alternative sources of funding were being discussed for an increased offer of initiatives for arts and culture and collaborative discussions would take place with the voluntary sector.

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

#### **58. Future Key Priorities for Health and Wellbeing Board**

The Interim Director of People Services and CCG Managing Director led a discussion on the future key priorities for the Health and Wellbeing Board in the context of the NHS Long Term Plan, particularly with regard to consolidation of the work of the Board and maximisation of opportunities for a collective approach. Due to the large number of NHS initiatives that were the subject of consultation, it was pertinent to determine local priorities, interdependencies and identification of sequential changes to the work plan.

The Board was informed that discussions were planned with Board representatives, senior leaders at the CCG and Harrow Council, and community providers to sign up to the vision and identify proactive actions regarding the alignment of commissioning intentions, integration and the care landscape. The Learning Disability Integrated Services and JSNA were given as examples of collaborative proactive work which focused on the needs of Harrow residents.

It was considered that Harrow was efficiently delivering good services despite being underfunded in comparison with other boroughs. It was noted that work on interdependencies was taking place pending the results of the forthcoming spending review and the Fair Funding Review. The Board considered that integrated work was fundamental to responding to financial challenges. Priorities on the model of care in Harrow had been identified and action was now needed to align those priorities and consider how to do things differently.

A Board Member enquired whether the priorities would take into account the expansion of medical facilities to respond to the population increase particularly arising from regeneration projects. The Board was informed of a working group including the Corporate Director Community together with the

Chair of CCG and estate lead. It was noted that a Section 106 agreement arising from the Kodak site development provided for a GP practice covering a list size of over 2,000 patients. Following discussions at a recent CCG Primary Care Commissioning Committee the CCG would be writing to GP practices throughout Harrow to seek expressions of interest from those Practices that would be keen to relocate to the Kodak Development when ready, with a proviso that the expectation for this would be that these Practices would be able to expand their list size to accommodate new residents within these developments.

A CCG representative informed the Board that the primary care networks would be expected to share expertise and be able to provide equitable care for 100% of their network population. A health app (Harrow Health Help Now) was available to signpost patients to the most appropriate care aimed to remedy capacity difficulties at A&E.

The Director of Public Health reported that evidence for the JNSA Strategy refresh was being collated, including workshops with the community, for submission to next Board meeting. It was noted that the strategy took into account Harrow residents registered with GPs elsewhere and vice-versa.

In response to questions, the Board was informed that:

- the police sought greater involvement in the co-design of health and wellbeing, recognising the benefit in comparison to integration at a later date. The police were particularly interested in mental health pathways;
- whilst there was a demand for digital services it was recognised that it was a concern for some residents. Initiatives included a health app which included a local directory, a website which listed all surgeries that had signed up would be available shortly. Skype had been tested and appeared useful, such as for long term conditions with patients being referred to surgery if required. It needed to be bourn in mind that all information obtained outside the system needed to be input into the patient records.

The Board was informed that work was progressing and a report would be submitted at the next stage.

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

## **59. INFORMATION REPORT - Update on the new 0-19 Health Visiting and School Nursing Service**

The Board received an update on the 0-19 Health Visiting and School Nursing service contract which outlined the performance, key achievements and some of the challenges since the first day of operation in 2 July 2019.

An officer introduced the report and drew particular attention to:

- the capacity in the health visiting service to deliver the new check at 4-5 months depended on GPs sending through additional information from the existing 6-8 week checks. This would be tested in a pilot;
- introduction of the new check at 3.5 years was dependent on a different way of working at the 2 year check points with early years settings;
- all key data was being reported on but it would be some time before all data required by the new service specification would be reported as it went much further in its data requirements;
- there had been a dip in the ante-natal checks which would hopefully start to improve in the next quarter.

In response to questions, the Board was informed that:

- all parents were offered the 6-8 week check and additional clinics had been provided on a Saturday;
- there were new indicators for all children deemed vulnerable to make sure they were being seen at each of the check points. The new contract asked for much better data generally. It would take some time to work through the data protection and technical issues before the data was available. Prior to recommissioning, parental feedback in the consultation showed that parents were often confused between the GP and health visitor checks at 6-8 weeks. A mini project could review retrospectively whether there were earlier chances to intervene with those children who were subsequently put on a Child Protection Plan and whether there was a correlation between missing appointments for checks and later having a Children Protection Plan. It was noted that the data for Quality Assurance belonged to the Provider;
- data indicated that 98% of age 0-5 year tooth extractions were due to dental problems. It was noted that toothbrushes were distributed by the health visiting service, training undertaken with healthcare professionals and work was being undertaken with schools to install water fountains. The service had carried out an audit for the SEND inspection. As part of the service's SEND action plan as a result, it was drafting a letter to send to parents/carers of Elective Home Education pupils;
- the service capacity was strongly focussed on delivering the significant changes to the service offer. Initial contact had been made with the Romanian Community Trust as Romanian was now the principal non-English language spoken in Harrow. This had already yielded useful feedback. In the next phase of the service development the service would be looking to set up feedback groups for the four most commonly spoken languages in Harrow.

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

## 60. Feedback regarding Visit from Duncan Selbie, Chief Executive Public Health England

The Interim Corporate Director People informed the Board of a visit to Harrow by the Chief Executive of NHS England, Duncan Selbie. He stated that the visit was supportive but challenging and highlighted that confirmation had been received that the ring fence on the public health grant would continue beyond the following year. The CCG Managing Director reported that the CCG had been invited and Dr Genevieve Small had been in attendance as CCG Chair.

The Board was informed that Mr Selbie had been particularly impressed by the health visiting provision. He had expressed reservations regarding the lack of a smoking cessation programme. The Director of Public Health reported on the models of provision that were under consideration and being costed and that the outcome would be reported to a future Board meeting. It was noted that Harrow had signed up to a London-wide portal which also included a telephone connection. A CCG representative stated that some pharmacies in Barnet had provided a service for Harrow and Brent residents but were now requesting evidence of a Barnet home address. He further stated that a telephone link was not beneficial as it did not include prescription.

The Director of Public Health reported that the Association of Directors of Public Health would be meeting with Duncan Selbie shortly.

The Chair stated that it had been a worthwhile visit and further feedback would be welcomed on his return visit.

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

## 61. Any Other Business

(a) Five Year Framework letter to all GP Harrow Practices:

The Managing Director, Harrow Clinical Commissioning Group, informed the Board of a letter to all Harrow GP practices with regard to the changes to the GP contract arising from the publication of the five year framework. The item was considered urgent as the changes took place from April 2019 with new network contracts to be introduced from July 2019. She summarised the information on collaborative arrangements for future Primary Care Networks to enable Ward Councillors to be aware of the situation should they be contacted by residents.

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

(b) Visva Sathasivam:

The Board thanked Visva Sathasivam for the major contribution he had made to Adult Social Services and wished him well for the future.



(Note: The meeting, having commenced at 12.00 pm, closed at 2.00 pm).

(Signed) COUNCILLOR GRAHAM HENSON  
Chair