

# HEALTH AND WELLBEING BOARD MINUTES

## 25 JULY 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	
	Dr Himagauri Kelshiker	Clinical Commissioning Group (Reserve)	
	* Marie Pate	Healthwatch Harrow	
	* Javina Sehgal	Harrow Clinical Commissioning Group	
	* Dr Muhammad Shahzad	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
	† Chief Superintendent Sara Leach	Harrow, Brent & Barnet Police	Metropolitan Police Service
	* Chris Miller	Chair, Harrow Safeguarding Boards	Harrow Council

	* Angela Morris	Director of Adult Social Services	Harow Council
<b>In attendance: (Officers)</b>	Jackie Allain	Divisional Director of Operations	Harow Integrated Care and Brent Falls Service
	Mark Easton	Chief Officer	NHS North West London Collaboration of CCGs
	Sally Cartwright	Consultant in Public Health	Harow Council
	Alex Dewsnap	Director of Strategy Harow Council	Harow Council
	Donna Edwards	Service Manager, Adults and Housing	Harow Council
	Tanya Paxton	Harow Borough Director,	CNWL NHS Foundation Trust
	Johanna Morgan	Divisional Director, People Services	Harow Council
	Bridget O'Dwyer	Senior Commissioning Manager, Harow Substance Misuse Service/ Harow Integrated Sexual and Reproductive Health Service	Harow Council
	Sofor Uddin	Harow Health CIC	

**In attendance: (Councillors)** Chris Mote Minute 74

- \* Denotes Member present
- † Denotes apologies received

**72. Attendance by Reserve Members**

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

**73. Appointment of Vice-Chair**

**RESOLVED:** To note the appointment of Dr Genevieve Small, Chair of Harow Clinical Commissioning Group, as Vice-Chair of the Board for the 2019/2020 Municipal Year.

**74. Declarations of Interest**

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

## Agenda Item 9 – Update on Primary Care Networks and the Integrated Care Partnership

Councillor Chris Mote, who was not a member of the Board, declared a non-pecuniary interest in that he was a patient at the Pinn Medical Centre. He would remain in the room whilst the matter was considered and voted upon.

Councillor Janet Mote declared a non-pecuniary interest in that she was a patient at the Pinn Medical Centre. She would remain in the room whilst the matter was considered and voted upon.

During the course of the meeting, Councillor Christine Robson declared a non-pecuniary interest in that she was a patient at the St Peter's Medical Centre. She would remain in the room whilst the matter was considered and voted upon.

### **75. Minutes**

**RESOLVED:** That the minutes of the meeting held on 2 May 2019 be taken as read and signed as a correct record.

### **76. Petitions**

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

### **77. Public Questions**

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

### **78. Deputations**

**RESOLVED:** To note that no deputations had been received.

## **RESOLVED ITEMS**

### **79. NW London Commissioning Reform Programme: Public Draft Case for Change**

The Board received a report which set out the case for change and considered the implications of moving towards a single North West London Clinical Commissioning Group (CCG).

Mark Easton, Chief Officer, NHS North West London Collaboration of CCGs, gave a detailed outline of the background to 'The Case for Change' document and the proposal that all sustainability and transformation partnerships (STP) develop into an integrated care system (ICS) which would act as a regulator of health in a geographical area. In order to enable this change, it was proposed to change the organisation of CCGs to operate at ICS level and he advised that over the next couple of years the number of CCGs was likely to reduce from the current 196 to 44. The Board could influence the timing of

the changes and he was keen to see a substantial NHS presence retained in the boroughs. As the document had been updated since the production of the agenda, Mr Easton undertook to circulate the latest version to Board members.

The Chief Officer outlined the core issues arising from the proposals in terms of continuity and change as follows:-

- the proposals built on the existing collaboration of CCGs. It was proposed that 8 local borough based sub-committees of CCGs be established headed by a borough director with delegated budgets;
- work with local stakeholders would continue;
- public representation would continue;
- there were proposals in relation to memberships of North West London governing bodies.

He explained that the consultation would conclude on 24 August 2019 after which the necessary reports would be prepared for government. He outlined the advantages of the new way of working which included:

- there was evidence to support that patient pathways across London could be standardised;
- prices and costs across London currently varied;
- NWL CCG would look to reduce health inequalities;
- a reduction in the number of times the same decision had to be made;
- collaboration in terms of payment.

In response to comments from the Board, the Chief Officer advised that:

- the changes were based on policy guidance and that he was reasonably confident that there would be a continuity of staff and experience. In terms of timing, in order to reduce the uncertainty for staff, sooner rather than later might be preferable to mitigate the risk of staff leaving;
- in terms of Harrow CCG's financial deficit, it would be necessary to clarify the starting balance sheet of the new CCG. Guidance on this was awaited from NHS England but it might be possible to clear the historic debt and start with a 'clean sheet';
- in terms of seats for Healthwatch, discussions on the membership were on-going but he noted the comment that this body did not have the capacity to gather evidence and that this should be factored in;

- his view was that local services were best commissioned locally;
- he was keen to have continued scrutiny of health services so he did not expect to see changes to statutory boards. However, there was a North West London Joint Health Overview and Scrutiny Committee and there might be a need for a similar body for the Board;
- Equality Impact Assessments needed to improve in order to capture the needs of the diverse community and his expectation was that there would continue to be capacity to do this;
- in terms of the numbers of designated nurses, he did not envisage there being any changes in safeguarding arrangements;
- there were assurances in the consultation document about maintaining good joint commissioning such as CAHMS in Harrow.

In response to a question on timescales, the Board was advised that the new CCG had to be established in either 2020 or 2021 with the former date reducing the uncertainty for staff and the latter providing more time to draft and finalise new governance documents/ constitutions. In terms of the role of providers in the new arrangements, this was dependent on the integration agenda and the Chief Officer added that it might be possible, in a few years, to create a statutory health and care entity to provide both commissioning and services.

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

## **80. Update on Primary Care Networks and the Integrated Care Partnership**

The Board received a report which provided the latest position in the development in Harrow of Primary Care Networks (PCN) and the Integrated Care Partnership.

Javina Sehgal, Managing Director, NHS Harrow CCG, tabled an update on the registration forms from prospective Primary Care Networks. She outlined the content of the report and explained that Harrow was likely to have six PCNs and that this proposal had been approved by NHS London.

A Member sought clarification on the practical implications of the PCNs on patients and questioned the links between the associated practices within the PCNs. The Board were informed that the CCG had determined the PCNs but that it was early in the process and that any feedback was to be welcomed.

The Voluntary and Community Sector representative stated that in terms of the extended hours requirement, as a patient, she would expect a GP to have her notes at a walk in centre. The Managing Director advised that, due to continuity of care, walk in centres were not in line with the NHS direction of travel and that from 1 April 2021 each PCN would be responsible for out of hours care provision for their population.

In response to comments that there was a need to 'scale up' the approach to serious case reviews, the Managing Director advised that it was intended to build expertise in all areas by educating GPs and PCNs but suggested this be discussed separately. There was no proposal to have more than one named GP.

The Vice Chair advised that place based care and the development of integrated care plans was key. There was a need to increase the pace and scale for more holistic wrap around care and the CCG had been working with the PCN providers, given that the PCNs had come into existence from July 2019 in order to deliver Integrated Care to the whole Harrow population by 2021. She acknowledged and agreed with a comment that as Harrow and Brent shared a major acute provider, each area's health and care integrated plans required consideration to ensure consistency of service.

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

## **81. Public Health Update**

The Board received a report which provided an update on areas of public health activity including the stop smoking service, social prescribing, the Joint Strategic Needs Assessment and the Joint Health and Wellbeing Strategy.

In response to a question, the Director of Public Health advised that GP referral would identify the most vulnerable to the stop smoking adviser. In addition, it was proposed to hold a stop smoking session with pregnant women, a target group. The Vice-Chair stated that mental health was a significant issue in terms of smoking.

The representative of the Community and Voluntary Sector advised health messages, such a stop smoking, might require translation in order to reach residents for whom English was not their first language.

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

## **82. Harrow Adult Substance Misuse**

The Board received a report which provided an update on the re-procurement of Harrow Adult Substance Misuse Service.

The Senior Commissioning Manager outlined the content of the report and made reference to incident planning for Fentanyl arriving into the illicit drug market. In response to guidance from the Local Government Association and Public Health England, Harrow Council had implemented a Framework to prepare for the threat. Harrow Adult Substance Misuse Service also worked jointly with Stakeholder Management in the Housing Team.

The members of the Board made a number of comments including:

- the night shelter for the homeless provided an opportunity to engage with this hard to reach group;

- the Mental Health Service was impacted when there was a reduction in the Adult Substance Misuse Service;
- a dual diagnosis specialist nurse should be considered given the reduced funding. The Senior Commissioning Manager responded that the previous £0.5 m reduction in budget resulted in a reduction of staff including a dual diagnosis nurse specialist. Care of service users with a dual diagnosis continued to be a component of the service specification and there was an opportunity for bidders to be innovative in the delivery of the care pathway.

The Senior Commissioning Manager advised that all agencies would be consulted on the service specification and that she would keep the Board updated. A report would be submitted to Cabinet in September 2019.

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

**83. SEND Strategy, Commissioning Plan and Local Area Inspection Self Evaluation**

The Board received a report which presented a suite of strategic documents related to children and young people with special educational needs and disabilities.

The Divisional Director People Services outlined the content of the report and provided an update on the latest developments, including the launch of the Harrow SEND conversation with Harrow partners and the meeting of the SEND Group on 8 July 2019 which aimed to provide a focus on the delivery of SEND reforms.

The Corporate Director, People, stated that the positive feedback from Inspectors was to be both welcomed and celebrated. This view was endorsed by the Board.

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

(Note: The meeting, having commenced at 12.00 pm, closed at 1.58 pm).

(Signed) COUNCILLOR GRAHAM HENSON  
Chair