

HEALTH AND WELLBEING BOARD MINUTES

19 JUNE 2013

Chairman:	* Councillor Krishna James		
Board Members:	* Councillor Margaret Davine	Harrow Council	
	* Councillor Zarina Khalid	Harrow Council	
	* Councillor Simon Williams	Harrow Council	
	* Dr Amol Kelshiker	Clinical Commissioning Group	
	† Dr Genevieve Small	Clinical Commissioning Group	
	* Ash Verma	Harrow Healthwatch	
Non Voting Members:	* Catherine Doran	Corporate Director, Children and Families	Harrow Council
	† Bernie Flaherty	Director of Adult Social Services	Harrow Council
	* Andrew Howe	Director of Public Health	Adult Health and Wellbeing Group
	† Rob Larkman	Accountable Officer	Harrow Clinical Commissioning Group
	* Joanne Murfitt	Head of Assurance	NW London NHS England
	* Paul Najsarek	Corporate Director, Community Health and Wellbeing	Harrow Council
	* Chief Superintendent Simon Ovens	Borough Commander, Harrow Police	Metropolitan Police
	* Deven Pillay	Representative of the Voluntary and Community Sector.	Harrow Mencap
	* Javina Sehgal	Borough Director	Harrow PCT

Guests:	* Pauline Johnson	Interim Deputy Director BEHH CCGs of Quality and Safety
	* Elisabeth Major	LSCB Senior Professional

- * Denotes Member present
- † Denotes apologies received

1. Welcome

The Chairman welcomed those present to the inaugural meeting of the Health and Wellbeing Board.

2. Attendance by Reserve Members

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

3. Declarations of Interest

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

4. Appointment of Chairman and Vice-Chairman

It was reported that, at the Extraordinary Council meeting of 23 May 2013, Councillor Krishna James had been appointed Chairman and Dr Amol Kelshiker, in his capacity as Chairman of the Harrow Council Clinical Commissioning Group, had been appointed Vice-Chairman of the Board.

RESOLVED: That the appointments be noted.

5. Public Questions, Petitions & Deputations

RESOLVED: To note that no public questions, petitions or deputations were received received within the deadlines for this meeting.

It was however noted that two questions were received but not within the timeframe set out for public questions. The two questions would be responded to and brought to the next Health and Wellbeing Board.

RESOLVED ITEMS

6. INFORMATION REPORT - Health and Wellbeing Board, Health Scrutiny, Public Health and Changes to the Constitution

The Health and Wellbeing Board received a report of the Director of Legal and Governance Services, which set out the terms of reference and procedure rules for the Board and associated constitutional changes. The report reflected the transfer of public health functions to local authorities, and the

revisions to the Terms of Reference of the Health and Social Care Scrutiny Sub-Committee, as agreed by Council.

RESOLVED: That the report be noted.

7. Health and Wellbeing Strategy Implementation Plan

The Board received a report of the Director of Public Health, which provided an update on the Joint Health and Wellbeing Strategy Implementation Plan for 2013-16.

The Director highlighted the following aspects of the report:

- the Joint Health and Wellbeing Strategy, which took a broad approach to health and social care, and the main focus of which was prevention, had been formulated following extensive consultation with local stakeholders and completion of a Joint Strategic Needs Assessment;
- the Implementation Plan, which set out the actions attributed to the HWB and partners over the lifetime of the strategy, would address the following seven key priority areas: long-term conditions, cancer, worklessness, poverty, mental health and wellbeing, supporting parents and the community to protect children and maximise their life chances and dementia;
- it would be possible to amend the Implementation Plan in the future, for example, on the basis of findings of the Equality Impact Assessment (EqIA) which was due to be carried out shortly;
- the Plan would be formally reviewed in a year's time.

Following questions and comments from Board members, it was advised that:

- NHS England was implementing joint working among all the children's Commissioners in referring those who had experienced sexual violence. The CCG would set up a group to review care pathways in this area and to ensure that appropriate resources were in place and any gaps in provision were filled. A children's safeguarding app for i-phones had been developed and was available for use;
- there was scope to engage with local businesses to provide health checks for employees, and this had been identified as a priority, however, this would have resource implications;
- the transfer of Public Health Services to the Council was a joint venture, requiring equal participation by the Council and the NHS, and all council departments would be contributing to this initiative. It should be noted that Harrow's HWB delivery plan was more extensive than that of many other authorities;

- the CCG would work closely with the Metropolitan Police Authority to ensure greater co-operation and a multi-agency approach to supporting those with mental health and substance misuse issues, implement early intervention measures for those identified as being at risk of being detained by the Police and seek guidance from RETHINK, the national mental health charity, regarding the restraint policy;
- a more detailed copy of the Implementation Plan, which set out which targets were ascribed to the CCG and which to the Local Authority, the level of resources required from each, would be circulated to members of the Board. Performance measures and targets set out in the Plan would be monitored and reviewed in a year's time;
- it would be the remit of the Overview and Scrutiny Committees at both Barnet and Harrow Councils to monitor the work of the joint public health team and have oversight of the joint public health partnership between the two authorities. This would be reported at a future meeting of the Board.

RESOLVED: That the Joint Health and Wellbeing Strategy Implementation plan:

1. be agreed;
2. be formally reviewed in a year's time
3. be forwarded as a reference to Council for information.

8. Integrated Care Pilot

In accordance with the Local Government (Access to Information) Act 1985, the following item was admitted late on the agenda as the data in the report had not been finalised at the time the main agenda was printed and circulated. The Board was requested to consider the report in order to consider the most up to date information.

The Board received a report of the Chair of the Clinical Commissioning Group (CCG) which set out information regarding the Integrated Care Pilot. It was reported that:

- the pilot, which had been running since July 2012, had seen GPs working closely with healthcare professionals and local authorities to improve the delivery of health and social care for specific groups of patients identified as vulnerable, in a more cohesive way;
- approximately 2,500 patients in Harrow were admitted to hospital more than five times a year. Under the pilot, there had been a more cohesive and holistic approach to the care and monitoring of these patients;

- the care plan detailed in the report aimed to reduce costs, re-admission rates and provide more care in a home setting. It also demonstrated remote monitoring of high-risk patients cared for at home or in nursing homes and how working with the voluntary sector would reduce the risk of hospitalisation for these patients;
- there were some issues of double accounting, however, in the interest of transparency, these would be clarified in future reports;
- outcomes would be regularly reported to the Board in the future.

Following questions and comments from members of the Board, it was advised that:

- community pharmacists were a resource and they would be involved in the Nursing Home Innovation Project;
- the report had identified a number of savings, and demonstrated the benefits of integrated care;
- CCG were to articulate the savings and identify how they would be apportioned across partners.

The Chairman requested that, in the future, all reports being submitted to the Board should be timely.

RESOLVED: That the report be noted.

9. Health and Social Care Integration 'Pioneers'

The Board received a report of the Chair of the Clinical Commissioning Group (CCG) and of the Corporate Director of Community Health and Wellbeing which set out details of the opportunity to express interest in becoming a pioneer for health and social care integration, as part of the North West London joint application.

A member of the Board stated that:

- this initiative would provide a tri-borough opportunity to potentially pool health and social care budgets. There was a strong evidence base that corroborated the value of providing integrated care and the North West London CCG (NWL CCG) had proposed itself as a bidder. The joint working of the London Boroughs of Kensington and Chelsea, Hammersmith and Fulham and Westminster were a successful example of such an initiative;
- the Government had identified several applications from bidders that wished to be pioneers and to date, twenty potential Pioneer sites had been identified across England;

- Harrow's Joint Health and Wellbeing Strategy, its Action Plan and the formulation of joint priorities demonstrated that the CCG and the Council could work collaboratively, in a pro-active way;
- five main areas, which encompassed all aspects of the spectrum of care had been identified as requiring closer working;
- the NWL CCG was committed to out-of-hospital integrated working and had a local-led strategic direction of travel and governance arrangements;
- the timeline for discussions was between 12-13 weeks. A partner user event was planned for 17 June 2013. The application submission date was 28 June 2013;
- this initiative would receive bespoke support from Central Government and would focus on six work streams at the co-decision stage;
- it was important to ensure transparency, both individually and collectively.

The Corporate Director of Community Health and Wellbeing stated that the pilot would offer a number of advantages. This initiative was radical and ambitious and he anticipated that the landscape of healthcare locally would be significantly changed and that there would be a number of challenges ahead. He added that:

- Harrow had developed some key principles which were recommended to be expressed in the bid;
- there would be a number of qualitative, financial and value benefits from this initiative as it would operate as a partnership, with shared governance arrangements, have a commitment to user-engagement and would focus on addressing local needs.

Board members made the following comments:

- integrated care pathways would allow increased data sharing among providers;
- there was an increasing need to move away from servicing client-specific groups, as this was not always cost-effective, for example, at least 80% of NHS resources were focussed on 20% of the population, namely the elderly;
- the 'Shaping a Healthier Future' Strategy had shown that 78% of NHS funding was used for acute hospital care, in the light of this, it was important to redefine care for patients outside the hospital setting which would help release funding into the community;

- the initiative would require an open-book, transparent method of accounting and there was some funding available for the transformation in 2013/14 and to support all partners in the early stages;
- the governance model detailed in the report appeared to be bureaucratic and may prove burdensome and stifle innovation and creativity, and Harrow's unique identity may be subsumed. It was therefore important to feed this back to the Department of Health to ensure local accountabilities were maintained and local needs were met;
- it was also important to focus on users and ascertain whether there would be sufficient investment on the community side to ensure success;
- the shadow CCG/HWB had formulated a risk-sharing strategy across all eight CCGs. A common pool of funding would be available to pump prime initiatives such as common informatics, which would enable the integration of IT systems between the eight local authorities. The business case would need to be ready for implementation in 2013/14;
- GP practices should be encouraged to extend their opening hours and undertake greater collaborative working and ensure GPs were available at Accident and Emergency units to deal with instances of unscheduled care.

RESOLVED: That

1. the draft expression of interest set out in the report be agreed;
2. responsibility for finalising and submitting the final expression of interest be delegated to the Chairman and the Vice-Chairman of the Board and the Corporate Director of Community Health and Wellbeing.

10. Government's Initial Response to the second Francis Inquiry

The Board received a report of the Chair of the Clinical Commissioning Group (CCG) which set out the main findings and recommendations from the Government's initial response to the second Francis Inquiry.

The Chair of the CCG advised that the Government's initial response to the inquiry had set out the following five point plan:

- preventing problems;
- detecting problems quickly;
- taking action promptly;
- ensuring robust accountability; and
- ensuring staff were trained and motivated.

The Chair of the CCG stated that the federation of four CCGs had set up a Francis Working Group, and would work on behalf of the CCGs Governing Bodies to co-ordinate the local response and a local action plan to the recommendations of the Francis report. He added that:

- the working groups would bring together all provision and providers, all quality monitoring data and all quality surveillance groups;
- the Care Quality Commission (CQC) would be establishing a Chief Inspector of Hospitals and a Chief Inspector of Social Care;
- hospitals would be inspected and given OFSTED-style ratings on the basis of these;
- if baseline standards set by the CQC were not met, then the hospital may face suspension or dissolution;
- any criminally negligent practices would be reported to the Health and Safety Executive;
- a 'duty of candour' would be placed on NHS boards to be open and transparent about any mistakes;
- an ongoing review into the NHS complaints process would identify existing best practice for handling complaints, and develop a set of common standards by which all NHS hospitals would be assessed and held accountable. It would consult all relevant stakeholders involved in complaint handling and make recommendations about this;
- the Cavendish Review was looking at the recruitment, training, management, development and support of healthcare and care assistants.

Following questions and comments from Board Members, it was advised that:

- bi-monthly meetings of the CCG were held in public and the general public had access to all relevant reports and data. Each organisation had public meetings, a governance framework and engagement committees in place;
- the North West London Commissioning Support Unit would collate detailed monthly reports, acute and community providers would be set targets, Key Performance Indicators (KPIs) would be set for smaller providers, a Director of Performance and Delivery would oversee this process;
- new methods such as early warning system indicators, which would flag up any issues, were being trialled;
- the Director of NHS England was working to increase patient access to information and data and trying to make the information more explicit

and transparent and have due regard to feedback from patients and their families.

The Corporate Director of Community, Health and Wellbeing advised that Harrow would develop a shared policy assurance, which would incorporate cross-working and innovative methods of reporting CCGs activities and would make it easier for clinicians and other practitioners to raise an alert and for the CCG to take appropriate action. An Action Plan was being developed and this would be reported at a future meeting of the Board.

RESOLVED: That:

1. the ActionPlan be reported at a future meeting of the Board;
2. the report be noted.

11. Local Safeguarding Children's Annual Report

The Board received a copy of the Report of the Independent Chair of the Local Safeguarding Children Board (LSCB) and the Corporate Director of Children and Families.

An officer advised that the LSCBs objectives for 2012/13 had been to focus on the most vulnerable children in Harrow and improve the LSCBs scrutiny and challenge functions. Therefore, the following measures had been implemented:

- creating an effective partnership and ensuring all agencies' work had an impact on safeguarding children;
- improving the quality assurance framework and implementing revised governance procedures;
- introduction of contracts for members of the Executive Board;
- establishment of stronger partnership with agencies;
- establishment of a learning and development officer and identification of any issues and training and development for staff;

She added that, recently, there had been an increase in training attended, in the number of volunteers, in savings made and improved community engagement.

Following comments and questions from members of the Group, the Corporate Director of Children and Families advised that:

- recruitment and retention of social workers in this field was a key challenge and there had been investment and improvement in this area;

- there had been a 50% increase in the number of children being assessed and a 55 % increase in the number of the number of children going to proceedings. Benchmarking was being used to monitor performance.

A member of the Board stated that, although, there may be challenges in working with the voluntary and community sector, it was important to overcome these and for the council to engage with these groups as they were key to success in this area.

RESOLVED: That the report be noted.

12. Partnership Boards' Position Statement

The Board received a report of the Director of Adult Social Care which set out the current position of the Adult Partnership Boards and outlined an option to develop a series of sub groups as outlined in the Health and Wellbeing Board's Terms of Reference.

The Corporate Affairs Manager advised that:

- the Partnership Boards had undertaken good work and achieved some positive outcomes, however, there was some duplication of membership and work streams among them and some had since ceased to operate;
- the Partnership Boards had carried out reviews and were seeking guidance from the HWB regarding their future direction and priorities;
- would require an EqlA to be carried out;
- the proposed timescale for resolution was the next two months.

Board Members were of the view that:

- timescales and direction of travel should be clarified to the Partnership Boards at the earliest opportunity in order to minimise any anxiety on the part of the client groups and should not feel disenfranchised;
- it was noted that some Partnership Boards may be required by statute and, if so, these should continue;
- task groups or sub groups should be allocated areas of responsibility, however, they should equally be provided the opportunity to influence and contribute to setting the overall agenda, which would make them feel empowered and would thus ensure maximum engagement by them.

RESOLVED: That

1. to investigate disbanding the existing Partnership Boards, except for those stipulated in statute;
2. task and finish groups based on the Health Wellbeing Boards priorities be established;
3. the timescale for resolution detailed in the officer report, be agreed.

13. Any Other Urgent Business

In accordance with the Local Government (Access to Information) Act 1985, the following item was included late on the agenda as this would be the only opportunity for the Board to consider this issue.

The Corporate Director of Community Health and Wellbeing reported that both the local and national press had covered the issue of winter planning at Northwick Park hospital and requested the Vice-Chairman and the Chief Operating Officer of the CCG to submit a report regarding winter planning to the next meeting of the Board.

RESOLVED: That the request be noted.

(Note: The meeting, having commenced at 2.10 pm, closed at 4.20 pm).

(Signed) COUNCILLOR KRISHNA JAMES
Chairman