

# HEALTH AND WELLBEING BOARD MINUTES

## 19 MARCH 2014

<b>Chairman:</b>	* Councillor Susan Hall		
<b>Board Members:</b>	* Councillor Margaret Davine	Harrow Council	
	* Councillor Krishna James	Harrow Council	
	* Councillor Simon Williams	Harrow Council	
	* Dr Amol Kelshiker (VC)	Chair of Harrow CCG	
	Dr Kaushik Karia	Clinical Commissioning Group	
	* Dr Genevieve Small	Clinical Commissioning Group	
	* Ash Verma	Harrow Healthwatch	
<b>Non Voting Members:</b>	* Bernie Flaherty	Director of Adult Social Services	Harrow Council
	* Andrew Howe	Director of Public Health	Harrow Council
	† Rob Larkman	Accountable Officer	Harrow Clinical Commissioning Group
	Joanne Murfitt	Head of Assurance	NW London NHS England
	* Paul Najsarek	Interim Head of Paid Service, 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	Chief Operating Officer	Harrow Clinical Commissioning Group

- \* Denotes Member present
- † Denotes apologies received

**Also in attendance:**

Donna Edwards, Service Manager Adults and Housing, Harrow Council  
Ben Honey, Metropolitan Police  
Sandra Husbands, Public Health Consultant, Harrow Council  
Elisabeth Major, LSCB Senior Professional  
Alison Murphy, Interim Divisional Director, Education and Commissioning, Harrow Council  
Jonathan Price, Head of Provider Services, Harrow Council  
Rebecca Wellburn, Assistant Chief Operating Officer, Harrow Clinical Commissioning Group  
Sue Whiting, Head of Commissioning, Mental Health, Learning Disabilities and Carers, Harrow Clinical Commissioning Group  
Carole Yarde, Head of Transformation Management Support Team, Harrow Council

**62. Attendance by Reserve Members**

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

**63. Declarations of Interest**

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

**64. Minutes**

**RESOLVED:** That the minutes of the meeting held on 9 January 2014, be taken as read and signed as a correct record.

**65. Public Questions**

To note that 2 public questions had been received and responded to and, in line with the statement made by the Chairman, the recording has been placed on the website.

**66. Petitions and Deputations**

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

## RESOLVED ITEMS

### 67. **NHS Funding Transfer 2013/14 and 2014/15 and Better Care Fund 2015/16**

In accordance with the Local Government (Access to Information) Act 1985, the Board agreed to the late receipt of the report in order to comply with the timetable for the submission of a Better Care Fund to the NHSE by 4 April 2014.

An officer introduced the report, which had been jointly agreed by Harrow Council and Clinical Commissioning Group, stating that reaching an agreement had been a significant challenge for both organisations. The organisations were now in a good position for the submission of the funding arrangements to the NHSE by the deadline of 4 April 2014. The final paper had only just been agreed and was presented at the meeting. It was acknowledged that both the CCG and the Council had worked hard to meet the deadline of the Health and Wellbeing Board and changes to the final paper had taken place right up to the point of its presentation. The proposed options to reduce the CCG BCF expenditure in a full year from 1 April 2015, in partnership with Harrow Council, did not involve new funding but reflected changes in ambition for integrated working and how current funding was used across the health and Local Authority functions.

The options indicated in the report, for access to the West London Alliance framework for the CCG, ICE project, and the Integrated Care Pilot, had been agreed in principle but required further work to ensure that the delivery would be robust. The potential expenditure reductions for access to the West London Alliance framework could not be quantified as the services for the CCG would differ from those for the Local Authority but the estimate was legitimate. There were opportunities to extend the In Case of Emergency (ICE) project originally funded as a social care initiative by including this as an integrated element of the ICP. It is expected to pilot this and other jointly agreed options in 2014/15 and to report back to the Board.

The Local Authority was experiencing financial pressures and was required to identify substantial savings in addition to the Better Care Fund efficiencies. It was noted that both parties were concerned at the financial risk of entering into an agreement to deliver £3m of funding which had not yet been identified. As a result the CCG and Council had agreed a 50:50 benefits and risk share which commit both the CCG and Council to joint working to deliver a programme of health and social care integration. It was considered appropriate that this should be subject to the conditions outlined in the report. As a result, the BCF was agreed on the conditions set out in the report and Appendix 3.

In response to a question it was confirmed that both organisations recognised the need to invest to make savings and this was referenced in the financial implications contained in the report. The Board was informed that should either organisation identify efficiency savings for the other then they would share this information.

The Vice-Chairman stated that, whilst it had been challenging for both organisations, work had been undertaken in the spirit of the policy which was for closer collaboration. The discussions had shown the enormous potential arising from working together and with voluntary organisations and carers.

The benefit of greater integration in social care and GP services in enabling dedicated identifiable signposting to care was acknowledged and the involvement of Age UK in this was acknowledged.

A Council officer drew attention to the national performance indicators and conditions required. It was noted that many of the performance indicators were being performed quite well and a continuous positive position was sought.

The Chairman expressed her thanks to the staff and representatives of the Council and CCG who had been involved in the discussions.

**RESOLVED:** That

- (1) the agreed funding arrangements for 2013/14 and the previously agreed funding arrangements for 2014/15 as set out in the report and as reflected in the NHS submission (Appendix 1) and supported by the Section 256 agreement (Appendix 2) be noted;
- (2) the conditional funding arrangements for 2015/16 as set out in the report and the Better Care Fund Plan (Appendix 3), which are subject to:
  - a) the efficiencies to be realised to fund the schemes within the financial Better Care Fund envelope;
  - b) the conditions attached to the benefits and risk share associated with the efficiencies be approved;
- (3) the submission of the Better Care Fund plan to National Health Service England (NHSE) on 4 April as detailed in appendix 3 for 2014/15 and 2015/16 be agreed;
- (4) it be noted that a section 75 pooled budget would be required prior to 1 April 2015.

## **68. Pharmaceutical Needs Assessment**

The Board received a report which set out the current status of the Pharmaceutical Needs Assessment, together with the process for engagement and future reporting.

An officer introduced the report informing the Board that, in accordance with the statutory duty to review the current PNA no later than 31 March 2015, an outside organisation had been commissioned and work had commenced. A Steering Group had been set up and volunteers were sought from Harrow

Council, CCG and Healthwatch. Subsequent to consultation a final report would be submitted to the Board by the end of the year.

**RESOLVED:** That

- (1) the report be noted;
- (2) any expressions of interest in volunteering for the Steering Group be conveyed to the Director of Public Health.

## **69. INFORMATION REPORT - Harrow Obesity Strategy 2014 - 2018**

A report was received which set out the strategic priorities for the prevention and treatment of overweight and obesity in Harrow. It was noted that, using intelligence from the Harrow Obesity Needs Assessment 2014 and evidence of effective approaches, it outlined the refinements needed to the obesity pathway across the life course.

The Board was informed that the draft Obesity Strategy had been developed in partnership with agencies, CCG and Harrow Council and much had been learned from users of services and partners. The Strategy would be further developed and finalised and an action plan produced. The intention to ensure that pregnant women, early years children and vulnerable adults such as those with mental health issues or disabled were properly linked into the obesity pathways was noted.

In response to questions, the Board was informed that:

- it was the intention that tailored physical health programmes for those with mental health issues would be available from specially trained staff;
- as part of the development of health checks, outreach and marketing initiatives were being examined in order to identify 'hidden' people, such as the housebound;
- the strategy was currently a draft and comments were welcomed;
- national figures indicated that obesity was more prevalent in women than men and in certain ethnic groups such as south Asian and black Caribbean/African who also had a lower threshold for adverse impacts of weight such as diabetics.

The Board was informed of details of the Active Harrow Weekend during March 22/23 2014, at which the Director of Public Health would be promoting what was available with regard to tackling obesity. Board Members were also asked to disseminate information on the Healthy Harrow Day on 2 April 2014.

The importance of the Council and CCG working with partners, including carers, regarding obesity was recognised. The propensity for those with

mental health issues to be heavier in general due to inactivity and isolation at home was recognised.

**RESOLVED:** That the Harrow Obesity Strategy 2014-2018 be noted.

**70. New Ofsted Implications for the LSCB (Local Safeguarding Children Board)**

A report by the Harrow LSCB Independent Chair was received which outlined the expectations of Ofsted in their forthcoming inspections for LSCBs.

An officer introduced the report and informed the Board that Ofsted's expectations signified a shift for Boards in terms of scrutiny of local safeguarding, including a transparent assessment of local strengths and weaknesses and a broadening to consider early help and preventive universal services.

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

**71. Protocol to Set Out Joint Arrangements Between the HWB and Local Safeguarding Children Board (LSCB)**

The Board considered a draft protocol which set out joint working arrangements between the Health and Wellbeing Board and Harrow Local Safeguarding Children Board.

It was noted that the governance arrangements would enable the HWB and LSCB to assess whether local agencies were fulfilling their statutory responsibilities to help, including early help, protect and care for children and young people. This protocol extended to the LSAB (Local Safeguarding Adults Board) and its at present non-statutory role in respect of vulnerable adults. It was agreed that every presented matter would be considered for its implications for both children and adults.

**RESOLVED:** That the protocol be approved.

(Note: The meeting, having commenced at 3.30 pm, closed at 4.33 pm).

(Signed) COUNCILLOR SUSAN HALL  
Chairman