

HEALTH AND WELLBEING BOARD MINUTES

1 MAY 2014

Chairman:	* Councillor Susan Hall		
Board Members:	* 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	
Non Voting Members:	* 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

In attendance: Victoria Silver
(Councillors)

Minute 79

- * Denotes Member present
- † Denotes apologies received

Also in attendance:

Dr Mo Ali, GP Adviser, Harrow Clinical Commissioning Group
Jason Antrobus, Programme Director Integrated Care, Harrow Clinical Commissioning Group
Sheik Auladin, Operation Director Outer North West London Integrated Care Pilot, Harrow Clinical Commissioning Group
Anna Donovan, Lead on Primary Care Network, Harrow Clinical Commissioning Group
Hugh Evans, Interim Head of Commissioning and Partnerships, Harrow Council
Chris Greenway, Head of Safeguarding Assurance and Quality, Harrow Council
Sue Whiting, Head of Commissioning, Harrow Clinical Commissioning Group

72. Attendance by Reserve Members

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

73. Appointment of Vice-Chairman

74. Declarations of Interest

RESOLVED: To note that the following interest was declared:

Agenda Item 10 – Information Report: Harrow Carer Champion Project
Councillor Margaret Davine declared a personal interest in that she was a member of the Champion Carer Group. 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 19 March 2014, be taken as read and signed as a correct record.

76. Public Questions, Petitions and Deputations

RESOLVED: To note that no public questions were put, or petitions or deputations received.

RESOLVED ITEMS

77. INFORMATION REPORT: Situational Report: Tuberculosis in Harrow

The Board received a report which set out the main findings from a situational report on tuberculosis in Harrow conducted by the Public Health team. An officer introduced the report, stating that the recommendations were based on findings from the report, relevant recommendations from NICE guidance and other national policy, and interviews with key stakeholders.

The officer drew attention to the following:

- the London TB Control Board had an objective to achieve a 50% reduction in TB rates by 2018;
- a draft business case had recently been submitted for informal comment to the CCG by the NWLH NHS Trust highlighting the impact of staffing issues on the control of TB. Northwick Park Hospital currently had less than the recommended number of TB nurses. This business case was discussed at a Harrow CCG seminar and comments fed back to NWLHT on 3 December 2014. To date NWLHT has not resubmitted a revised business case to Harrow and wider CCGs;;
- the PHAST report found that most GPs across London had limited experience of treating TB;
- more consistent screening was required;
- the report contained recommendations for the Local Authority, CCG, and NHS England in working with primary care services and other agencies.

The Vice-Chairman informed the Board that TB screening took place at NWL chest clinics and the process for the GP to request screening was complex. The draft business case mentioned above had been received informally by the CCG but what was required was a seamless process with a multi-disciplinary approach. This would require a review of the whole issue of TB including prevention and neonatal care and discussion with NWL public health. He informed the Board that TB drugs were not dispensed by GPs but by specialists, the default rate was high and resistance to the drugs could be built up.

Additional analysis was requested from NWLHT as the draft business case targeted all treated patients at NWLHT, not just Harrow registered. The draft business case requested that Harrow CCG commissions the total service which is outside of Harrow CCGs commissioning responsibility.

Members of the Board commented that:

- it was important to ensure that GPs were trained in early warning of TB, especially for hard to reach groups, in order to arrange screening should there be any suspicion of TB. Awareness of symptoms should be extended beyond primary care;
- the recommendations for the CCG were more applicable to its role as commissioners rather than providers. The Council was in agreement with the thrust of the report and the Council role identified therein. The Community Health and Wellbeing department was well placed to ensure housing involvement as indicated;
- NHSE would take the opportunity regarding awareness training for GPs and ensure inclusion of mental health and drug and alcohol needs;
- A CCG clinical representative considered the report to be very useful and timely with a depth of information of use to the key provider. GPs in Harrow were aware of TB as a living disease in the borough;
- the NHSE representative undertook to discuss with her colleagues the difficulty experienced by newly immigrated vulnerable patients in registering with a GP due to the amount of information required by legislation to be provided;
- a CCG representative stated that the CCG had provided informal feedback to NWLHT on a draft business case. Discussions to date had been with one CCG but all NWLHT would be required to discuss the issue, including joint funding;
- a Council representative stated that a timescale was required to ensure the correct tariff was paid together with an improved service from NWLHT;
- the Director of Public Health undertook to provide information on the vaccination data for older children. The NHSE representative stated that more robust information was required as the latest available information was as of August 2013, was not NHSE information and could only be published once signed off by Public Health England;
- the officers accepted the offer by the Healthwatch representative to be involved in the design of a proactive campaign.

In response to a question, it was noted that screening by the Port Medical Officer, which had been discontinued, was to be considered as part of the National TB strategy. It was difficult to submit good evidence because latent TB was not shown at the point of entry.

The Board was reassured that the trend was now downwards but was not complacent. The item would be taken forward in a future meeting.

RESOLVED: That the report be noted.

78. INFORMATION REPORT: GP Hubs

A report was received that informed the Board with regard to progress in the drafting of a business case to develop a third Primary Care Centre, or hub, in Harrow. A CCG officer introduced the report, stating that the CCG had been supported by the NWL Transformation Team in the review of current premises capacity and condition to support Shaping a Healthier Future (SaHF) in bringing services out of hospital and close to home.

The Board was informed that phase 1 of the evaluation aimed to advise on:

- whether a new primary care centre or 'hub' was necessary to deliver Harrow's ambitious out of hospital programme and SaHF;
- which area of Harrow should be prioritised for development;
- which sites should be taken forward to the next stage.

It was noted that, of the available options, those that scored most highly in the evaluation by a non-conflicted Estates Panel were a redevelopment of the Belmont Health Centre and a new development on the Kenmore site, the latter being land currently owned by the NHS. Both sites were being considered as two separate options and were going forward for outline business case with the PID having been submitted to NHSE for comment.

In response to a question with regard to ensuring an affordable rent, the Board was informed that value for money detail had not yet been evaluated as it had yet to be decided whether to demolish, refurbish or make better use of existing premises. It was envisaged that additional CCG services beyond GP practices would be provided by the hub with some of the funding being for services currently provided in hospital. A Council officer reported that one of the recent steps in collaboration with the CCG and other partners was to ascertain opportunities in respect to co-locating where it was of benefit to the public and to the estate.

The CCG officer stated that Council input would be welcomed and undertook to liaise with Council departments. The process would include a review of Alexander Avenue Health Centre which was currently underused.

The NHSE representative reported that prioritisation of potential business cases for the redevelopment of hubs, together with a review of ongoing problems with existing arrangements, was being undertaken in its capacity as the key funder of GP premises. This included determination on whether proposals represented value for money and would result in some difficult decisions having to be made given the limited budget.

The Vice-Chairman reported that the new development at Northwick Park Hospital had cost £50 million whereas a new hub would cost in the region of £3-4 million. There was a commitment that services would not be moved out of hospitals until suitable premises were available in the community. The Alexander Avenue hub, Belmont Health Centre and the Kenmore site did not

have adequate public transport connections. Whilst there was an aspiration for provision in east Harrow, there was also a need to address the lack of provision in central Harrow. Phase 2 of the process would be the stakeholder and Council involvement and a lot of consultation would take place between the outline and final business case.

RESOLVED: That the report be noted.

79. INFORMATION REPORT: Harrow Integrated Care Pilot 2

The Board received a review of progress on the Integrated Care Programme in 2013/14 together with the priorities and anticipated outcomes for 2014/15, supporting the Whole Systems agenda and the Better Care Fund.

Members of the Board were informed that the Harrow ICP had become the strong platform for health and social care integration and the foundation on which to move forward to whole system integration in 2014/15. The aim was to set up multidisciplinary groups starting in Harrow, and then in other boroughs, which would provide the foundations to take on care planning, case conferences and ongoing 'year of care' provision to the most vulnerable. 100% of the population of GP practices in Harrow had signed up to the ICP from its commencement. A bespoke patient scheme showed that patients considered that they could discuss the process and speak to GPs. A key element had been the opportunity to plan new and innovative schemes to reduce unnecessary hospital admissions such as new ways of working in a nursing home and liaison with Age Concern in returning to the community.

It was noted that whole scheme integration aimed to bring health and care together around enablement and innovative projects for which a new model had been produced with the aim of responding to changing patient needs, incorporating ongoing reviews and encouraging monthly multi-disciplinary practice discussions and feedback.

Care plans would be reviewed at key points throughout the year in response to 'trigger events'. The new role of the Health and Social Care Navigator will ensure that patient care was co-ordinated and actions were followed up. In response to a question, it was noted that the involvement of carers, with the consent of the patient, was critical in discussion of the care plan,

RESOLVED: That the report be noted.

80. INFORMATION REPORT: Harrow Carer Champion Project

The Board received a report produced by the Carers' Champions, a group of carers who had signed up to be part of the Champions Project which aimed to improve awareness of carers' experiences and the support available.

The Chairman invited Councillor Victoria Silver to present the report to the Board on behalf of the Carer Champions. Councillor Silver drew the Board's attention to the following areas of the report:

- she urged the Board to consider the inclusion of carers in decision making. The Board was informed that there were examples of carers who were unable to leave the home for days on end, did not have access to the internet and could not get to services. She expressed the wish for further capacity in relation to support for carers;
- she suggested the creation of a carer charter with carer rights, a study of the treatment of carers during visits to Council premises, a reward scheme for carers, further availability of short breaks, enhanced networks and opportunities for carers to be listened to;
- Councillor Silver stated that the report was not an academic document containing expert evidence but was stories from carers giving details of their personal experiences.

The Chairman endorsed the report introduction that carers were one of the most valuable assets within the community, making a vital contribution and undertaking a difficult job in difficult circumstances. She drew the Board's attention to the following areas of the report:

- the report did not acknowledge the work undertaken by the Council and its partners in support of carers. An example was the request for the introduction of short respite breaks for carers, provision of which was currently available. The report mentioned that many carers were not claiming carers allowances, an allowance paid by the DWP to which the Council would help provide the contact details;
- the financial information contained in the report was incorrect and there were factual errors;
- she acknowledged that carers from BAME groups often experienced isolation. Whilst it was not possible to provide assistance to all carers, assistance should be available for those who wanted it;
- the report was based on the views of a small sample of carers;
- she undertook to circulate a list of the provision made for carers;
- she sought clarification from Councillor Silver as to whether or not she had any commercial or business interest in the report and its recommendations and findings.

The Portfolio Holder for Health and Wellbeing stated that the role of carers was recognised by the Board and questions from carers had been responded to at previous meetings. Membership of the Board included Councillor Davine, who was a carer champion, and representatives from Healthwatch and the voluntary and community sector. Other members present had a responsibility for older people or medical circumstances.

Councillor Davine reported that her involvement in the report process and listening to carers revealed that whilst the service of the Carer Lead was

appreciated, if all carers in Harrow registered for the service there would be insufficient resources to provide for all problems. In her view a forum for the wider community of carers should be facilitated. She noted that some carers did not wish to have contact with the Council.

RESOLVED: That the report and comments be noted.

(Note: The meeting, having commenced at 12.30 pm, closed at 1.50 pm).

(Signed) COUNCILLOR SUSAN HALL
Chairman