

# HEALTH AND WELLBEING BOARD MINUTES

## 3 JULY 2014

<b>Chairman:</b>	* Councillor Anne Whitehead		
<b>Board Members:</b>	* Councillor Simon Brown	Harrow Council	
	* Councillor Margaret Davine	Harrow Council	
	Councillor Chris Mote	Harrow Council	
	* Councillor Janet Mote		
	* 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

<b>In</b>	David Perry	Minute No. 88 – 91
<b>attendance:</b>	Susan Hall	Minute No. 81 – 87
<b>(Councillors)</b>	Michael Borio	Minute No. 81 – 91
	Christine Robson	Minute No. 81 – 91

- \* Denotes Member present
- † Denotes apologies received

Also in attendance:

Dylan Champion, Project Manager for Harrow Whole Systems Integrated Care Early Adopter Project, NHS North West London Collaboration of Clinical Commissioning Groups

Sue Dixon, Designated Nurse, Safeguarding Children and Children Looked After, Harrow Clinical Commissioning Group

Hugh Evans, Interim Head of Commissioning and Partnerships, Harrow Council

Laura Fabunmi, Consultant in Public Health

Ursula Gallagher, Director of Quality and Safety Brent and Harrow Clinical Commissioning Groups

Sue Whiting, Head of Commissioning, Harrow Clinical Commissioning Group

## 1. **Membership**

The Board agreed to consider the following item which was admitted late on the agenda for the reasons set out in the supplemental agenda.

**RESOLVED:** That the appointment of Councillor Janet Mote as a Member of the Board in place of Councillor Chris Mote in accordance with Council Procedure Rule 1.5 and following notification from the Conservative Group Leader be noted.

That, with effect from 4 July 2014, the appointment of Councillors Pamela Fitzpatrick and Adam Swersky as Reserve Members in place of Councillors Michael Borio and Rekha Shah in accordance with Council Procedure Rule 1.5 and following notification from the Labour Group Leader be noted.

## 2. **Attendance by Reserve Members**

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

## 3. **Appointment of Vice-Chairman**

**RESOLVED:** That Dr Amol Kelshiker, the Chairman of the Harrow Clinical Commissioning Group, be appointed as Vice-Chairman for the Municipal Year 2014-15.

#### 4. **Declarations of Interest**

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

Agenda Items 8 – Response to CQC Report on Review of Health for Children Looked After and Safeguarding in Harrow, 9 – Francis Report Update, 10 – Update on Whole Systems Integrated Care Programme and 11 – Harrow CCG Quality Premium Increasing Medication Incident Reporting Rates

Councillor Janet Mote declared a non-pecuniary interest in that her daughter worked as a nurse at Northwick Park Hospital and as she was a carer for her mother. She would remain in the room whilst the matters were considered and voted upon.

Agenda Items 8 – Response to CQC Report on Review of Health for Children Looked After and Safeguarding in Harrow, 9 – Francis Report Update, 10 – Update on Whole Systems Integrated Care Programme and 11 – Harrow CCG Quality Premium Increasing Medication Incident Reporting Rates

Councillor Mrs Christine Robson declared a non-pecuniary interest in that she worked for Central and North West London NHS Foundation Trust. She would remain in the room to listen to the debate on the above items.

#### 5. **Minutes**

The Board agreed to consider the following item which was admitted late on the agenda for the reasons set out in the supplemental agenda.

**RESOLVED:** That the minutes of the meeting held on 1 May 2014, be taken as read and signed as a correct record.

#### 6. **Public Questions**

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

#### 7. **Petitions and Deputations**

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

### **RESOLVED ITEMS**

#### 8. **Response to CQC report on review of health for children looked after and safeguarding in Harrow**

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

The Chief Operating Officer, Harrow Clinical Commissioning Group (CCG) and the Designated Nurse for Safeguarding Children and Children Looked After, Harrow CCG, introduced the report of the Director of Quality and Safety

Brent, Harrow and Hillingdon. The Board requested that the Action Plan be considered further at its meeting in September 2014.

A Board Member questioned what impact the proposed merger between Ealing Hospital Trust (EHT) and North West London Hospital Trust (NWLHT) would have in relation to the action plan and children looked after and safeguarding in Harrow. The Designated Nurse for Safeguarding Children and Children Looked After responded that the proposed merger would help to address the challenge of division of staff and help to reduce staffing fragmentation. In addition, consideration would be given to how to deliver the service across three boroughs as there would be a larger virtual team and therefore retention of staff and career progression would need to be addressed.

Concerns were raised over the timeliness of health checks for the most vulnerable children in the borough and it was explained that the CCG's role focused more on coordination of the health checks. Contingencies had been in place but these had failed and a new longer term plan was being progressed. In the interim, a shorter term solution was being developed.

A Member raised the issue of practitioners in Accident and Emergency (A&E) Departments, designated staff and the identification of vulnerable children in hospitals. The Designated Nurse for Safeguarding Children and Children Looked After explained that there was a Named Doctor and Nurse at each hospital (NWLHT and EHT) and that training was being delivered to A&E staff. In addition, there was a Safeguarding Midwife and a Mental Health Midwife. The liaison Health Visitor was the link between the hospital and the community. Safeguarding children concerns at the weekend or out of hours were covered by the Paediatrician who was designated as responsible for child protection.

It was explained that safeguarding was a part of the planning and assurance work for the expansion of Northwick Park A&E.

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

## **9. Francis Report Update**

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

The Director of Quality and Safety Brent and Harrow CCGs introduced the report to the Board and outlined the key issues.

The Members of the Board made the following comments and asked the following questions;

- good local progress had been made in response to the issues raised in the Francis Report but how would community awareness be

maintained and would there be continued engagement and re-assessments;

- the themed approach adopted within the action plan was welcomed and the level of transparency was good. It was beneficial that preventative measures were being introduced and that learning points were being taken from previous mistakes;
- what were the processes for making comments and raising complaints?
- what was the level of leadership visibility?

In response the Director of Quality and Safety Brent and Harrow CCGs made the following comments:

- a number of methods had been adopted to maintain community awareness which included revisions to the webpages, work with voluntary groups and patients to receive comments and the use of the local authority and Councillors as a conduit for information and feedback;
- there was the standard NHS process for comments and complaints but some individuals were reluctant to use this. The CCG operated a telephone service which could be used to make comments or complaints, there was a GP service alert and the website invited service users to record their experience;
- currently there was a mixed picture with regard to leadership visibility and monitoring was undertaken through the NHS Staff Survey and the new CQC inspection regime asked questions about leadership. There would be challenges if the proposed merger occurred due to the size of the new organisations and the effect this could have on visible leadership. There was ongoing work on local leadership within the organisation and how this would be supported.

It was proposed by the Interim Head of Paid Service and the Corporate Director, Community, Health and Wellbeing that the report be considered by the Adult Safeguarding Board and at a future meeting of the Health and Wellbeing Board.

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

## **10. Update on Whole Systems Integrated Care Programme**

The Board received the joint report of the Interim Head of Paid Service and the Corporate Director, Community, Health and Wellbeing and the Chief Officer, NHS Harrow CCG. The Project Manager for Harrow Whole Systems Integrated Care Early Adopter Project, NHS North West London Collaboration of CCGs introduced the report and provided a brief summary of the key points.

The Interim Head of Paid Service and the Corporate Director, Community, Health and Wellbeing commented that the report was positive and that Harrow was a pioneer regarding the delivery of a single approach to integrated health and social care. It was explained that there had been challenges, for example, with regard to finances, but that partnership working was improving. A detailed plan for the development of the transformation programme would be submitted by October 2014. This would identify risks and opportunities for each partner.

A Board Member commented that it was a different way of working which required the full commitment of all parties involved to make it a success. The partnership working was making a real difference.

A Member of the Board praised the good work of all those involved.

**RESOLVED:** That

- (a) the development of a single borough-wide health and social care transformation programme be endorsed, and that it be agreed to receive detailed reports in regard to this by October 2014;
- (b) the progress being made to develop better support arrangements for over 75s with one or more long term condition(s) as part of the Harrow-wide WSIC Early Adopter Project be noted;
- (c) the continuing development of Harrow-wide WSIC Early Adopter proposals for the area by a partnership of local organisations, including health and social care commissioners, providers, third sector organisations and service users be endorsed.

#### **11. Harrow CCG Quality Premium Increasing Medication Incident Reporting Rates**

The Board received the report of the Chief Operating Officer, Harrow CCG which the Director of Quality and Safety Brent, Harrow and Hillingdon CCGs introduced outlining the main points relating to the Quality Premium Medication Incident Reporting Rates.

The Members of the Board made the following comments and asked the following questions:

- was there a comparison between the total incident rates to help quantify the comparison of medication incident rates?
- was it anticipated that there would be an increase or a reduction in the number of incidents reported as a result in the changes of culture and in the reporting environment;
- it was welcomed that a culture was being developed which encouraged incident reporting and the information would be shared between practitioners. The reporting of 'near misses' would help to reduce the actual number of incidents.

The Director of Quality and Safety Brent, Harrow and Hillingdon CCGs made the following comments in response:

- it was anticipated that there would be an increase in the number of incidents reported in first two years after the implementation of the reporting system but that the number would decrease over a longer time period;
- the number of incidents would reduce as a result of changes to the design of medical equipment as the ability to make mistakes would be 'designed out' with technological and design improvements. In addition, there was a new medicine calculation test for nurses;
- comparisons were made between Trusts with regard to the total number of incidents reported;
- it was crucial that patients were made aware of the medication they were receiving and that patients were listened to as a part of medication progress.

**RESOLVED:** That the report be noted and that the Quality Premium Increasing Medication Incident Reporting Rates be endorsed.

(Note: The meeting, having commenced at 12.38 pm, closed at 2.07 pm).

(Signed) COUNCILLOR ANNE WHITEHEAD  
Chairman