

# HEALTH AND WELLBEING BOARD MINUTES

## 14 OCTOBER 2015

<b>Chair:</b>	* Councillor Anne Whitehead		
<b>Board Members:</b>	* Councillor Simon Brown	Harrow Council	
	* Councillor Janet Mote	Harrow Council	
	* Councillor Varsha Parmar	Harrow Council	
	* Dr Amol Kelshiker (VC)	Chair of Harrow CCG	
	Dr Kaushik Karia	Clinical Commissioning Group	
	* Arvind Sharma	Harrow Healthwatch	
	* Dr Genevieve Small	Clinical Commissioning Group	
<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
	Jo Ohlson	Head of Assurance	NW London NHS England
	Chief Superintendent Simon Ovens	Borough Commander, Harrow Police	Metropolitan Police
	* Javina Sehgal	Chief Operating Officer	Harrow Clinical Commissioning Group
	† Chris Spencer	Interim Corporate Director, People	Harrow Council
<b>In attendance: (Officers)</b>	Sarah Crouch	Consultant in Public Health	Harrow Council
	Carole Furlong	Consultant in Public Health	Harrow Council

Coral McGookin	HSCB Lead Professional	Harrow Council
Roger Rickman	Divisional Director Special Needs Service	Harrow Council
Visva Sathasivam	Assistant Director, Adults	Harrow Council
Jane Wheeler	Acting Deputy Director for Mental Health	NHS North West London Collaboration of CCGs

**80. Attendance by Reserve Members**

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

**81. Declarations of Interest**

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

**82. Minutes**

**RESOLVED:** That the minutes of the meeting held on 2 July 2015, be taken as read and signed as a correct record.

**83. Public Questions, Petitions and Deputations**

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

**RESOLVED ITEMS**

**84. Like Minded Case for Change**

The Board received a report which set out the background to the development of the North West London Mental Health and Wellbeing Strategy Case for Change, as part of the Like Minded Programme. It was noted that the Case for Change described a shared understanding of the issues the sector faced in relation to mental health and wellbeing and outlined the North West London (NWL) ambitions for change for development in the next phase of the programme.

The representative from NHS North West London Collaboration of CCGs informed the Board that the first phase was to understand and address the challenges. Data would be analysed and consultation take place with local people, Local Authority representatives, commissioners and Directors for Adult Services across London. The next steps for each work stream were set out in the report.

In response to questions as to what the programme meant for Harrow in particular, it was noted that, subsequent to consultation, high level modelling would place an emphasis on primary care support rather than inpatient services. It was intended that by December proposals would be borough

specific regarding investment, phrasing, and linkages to other parts of the system, for example social care and housing.

**RESOLVED:** That the Like Minded Case for Change be endorsed.

## **85. Health and Wellbeing Board Development**

Members received a report that proposed that, as the organisations had been working together as a Board for more than two years, there was the need to start to move onto developmental work and making better linkages. It was noted that in 2014 Harrow had secured £7k funding from the HWB Local Development Facilitation Fund to support the Board's continued development.

It was noted that one and a half hour development sessions would be more beneficial than the one hour recommended in the report.

**RESOLVED:** That

- (1) a one and a half hour development session for Board Members take place immediately after the Health and Wellbeing Board meeting on 5 November 2015;
- (2) the resulting requirement for alternate Health and Board meetings to have a reduced number of business items on the agenda to allow time for a development session to follow immediately after the Board meeting be noted.

## **86. Disabled Children's Charter for Health and Wellbeing Boards**

The Board received a report which outlined the objectives and expectations of the Disabled Children's Charter for Health and Wellbeing Boards and set out the anticipated benefits to be gained from signing up to the Charter.

Members were informed that responsible leads from each partner agency would identify the actions required in order to comply with the Charter and to then collate evidence to demonstrate that the commitments of the Charter had been met.

The Board was advised that there were no immediate financial implications of signing the Charter but any future service developments requiring funding of health services would need to be discussed with the Clinical Commissioning Group.

**RESOLVED:** That

- (1) the Board sign up to the Disabled Children's Charter for Health and Wellbeing Boards;
- (2) a progress report on the delivery against the Charter's commitments be submitted by October 2016.

## **87. INFORMATION REPORT - Harrow Safeguarding Children Board Annual Report**

The Board received the Harrow Safeguarding Children Board Annual report for 2014-2015.

It was noted that the report reflected six months of leadership by the previous HCSB Chair and Lead professional and six months after the transfer of leadership. The Board was informed that the annual report evaluated individual and multi-agency performance in safeguarding and promoting the welfare of children in Harrow and drew upon this evidence in the development of its new key priority areas, including a stronger focus on vulnerabilities for young people for example, CSE, gangs, FGM.

**RESOLVED:** That the Harrow Safeguarding Children Board Annual Report be noted.

## **88. INFORMATION ITEM - Harrow Safeguarding Adults Board Annual Report**

The Board received the Harrow Local Safeguarding Adults Board Annual Report for 2014/2015 which summarised safeguarding activity undertaken by the Council and its key partners.

It was noted that it was the eighth annual report and the first under the statutory footing arising from the Care Act 2015. Particular attention was drawn to:

- the report would be presented to the Overview and Scrutiny Committee. In 2014/15 the LSAB built on the positive outcome of the Peer Review which concluded that the Harrow Safeguarding arrangements were moving from 'Good to Great'. LSAB has signed up to Silver level award for the national 'Making Safeguarding Personal' project. An away day had been led by Dr A Cooper who was the national lead for safeguarding of ADASS;
- the referral rate had improved and this suggested that the awareness campaign had been successful. The 88% completed referrals were in excess of the 81% nationally. Most performance indicators compared favourably with other authorities;
- mental health referrals increased slightly from 81 (13%) in 2013/14 to 103 (16%). This was still some distance away from the last national figure of 24%;
- the key focus of case file audits was the provision of feedback and learning opportunities.

The CCG representatives endorsed the work of the Safeguarding Board and advised that an advertisement had been placed for clinical expert/GP to become a member of the LSAB and this person would be able to attend the next Board meeting. CCG also commented on the good work of the Harrow safeguarding services. It also welcomed the Safeguarding Team's social workers holding strategy meetings in GP surgeries. With regard to female

genital mutilation, an understanding of the pathways for a multi agency approach was required and to this end the Designated Nurse would have discussions prior to the submission of a report to the Board.

**RESOLVED:** That the Harrow Local Safeguarding Adults Board Annual Report 2014/2015 be noted.

#### **89. INFORMATION REPORT - Child Death Overview Panel Annual Report**

Board Members received a report on the findings of the Child Death Overview Panel in 2014 which had the responsibility to review all deaths in children up to the age of 18 years. It was noted that it was a sub group of the Local Safeguarding Children Board and the report had been submitted to that Board.

It was reported that workshops, both nationally and in London, had identified the requirement for a better definition than 'modifiable factors' in relation to a death. In response to a question it was noted that the statistics encompassed all deaths whether in hospital, including outside the immediate vicinity and overseas, in the care of doctors or unexplained. A CCG representative suggested that the inclusion of SENDS would be a useful resource.

**RESOLVED:** That the Child Death Overview Panel Annual Report 2014 be noted.

#### **90. INFORMATION REPORT - Transfer of Public Health Commissioning Responsibilities For 0 - 5 Year Olds**

A report which set out the details of the transfer of the commissioning responsibility for Health Visiting to Harrow Council from the NHSE was received by the Board.

Members were informed that Harrow had been historically underfunded. It was advised that, working with other local authorities, Harrow had received an increase in the amount per child from £113 to £160. This increase equated to 9 or 10 health visitor posts, the actual number depending on skill mix required.

In response to questions it was noted that:

- the new level of funding was for 18 months to 31 March 2017. The ring fence was not specifically for health visitors. There was a need to clarify that the process was procurement compliant;
- some of the new health visitor posts were in children's centres and homes across the Borough.

On behalf of the CCG, a representative informed the Board of a wish to participate in the new programmes because, with a growing population, there was a need for a strong alignment between primary care and health visitors, particularly in view of the demise of children's centres in the borough. A CCG representative advised that all health visitors would visit GP practices at least once a month to have a grouped discussion regarding families that they were concerned about.

It was noted that Board members would be updated on the detail of the consultative document issued the previous week on the reworking of public health calculations.

**RESOLVED:** That the report on the transfer of public health commissioning responsibilities for 0 – 5 year olds be noted.

## **91. INFORMATION REPORT - CCG Annual Reports and Accounts**

A CCG representative introduced the report on the CCG annual report and accounts. He advised the Board that the key drivers were the financial challenges, particularly with regard to Harrow remaining the second lowest funded CCG nationally.

The Board was advised of the following in particular:

- transformation of primary care included 17 out of 34 practices having PMS contracts;
- locally sensitive services were being developed as were modelling new models of care such as access to GPs 7 days a week between 8 am to 10 pm;
- initiatives to enable residents to remain their own beds, such as ongoing work on the Whole Systems Integrated Care with a virtual ward in the east of Harrow, a ward setting with multi agency staff, a major review of community beds, a major procurement of community nursing, and end of life.

In response to a question with regard to the 63% of the spend on the acute contract, it was stated that Harrow had one of the lowest referrals to A&E or elective care which was good due to the number of residents aged over eighty. With regard to benchmarking, Harrow did not pay more for acute care

A CCG representative referred to a meeting of the North West London Joint Health Overview and Scrutiny Committee (NWL JOSOC) to be held later that day and stressed the importance of developing out of hospital services. The CCG was also committed to a diabetes strategy particularly as Harrow had the largest prevalence in the country.

The Chair reported that the achievement of better provision in the east of the borough where practice facilities were less good was an important objective and one which was a priority for the CCG.

**RESOLVED:** That the Harrow Clinical Commissioning Group Annual Report be noted.

## **92. INFORMATION REPORT - Children Looked After Health Assessment**

The Board received an update on the new and jointly commissioned Children Looked After (CLA) Health Service.

A CCG representative reported that the new service went live on 1 June 2015 with an official launch on 5 June 2015. It was agreed that a letter be sent on behalf of Harrow Council and the CCG congratulating the service on the step change and the positive feedback from service users and professionals in relation to receptiveness and coordination of the new provision.

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

### **93. Future in Mind Harrow CAMHS Transformation Plan**

The Board received an urgent report from the Harrow Clinical Commissioning Group, for the reasons set out on the supplemental agenda, which set out the Harrow priorities for the next five years to transform children and young people's mental health provision in Harrow. The plan enabled the allocation of CAMHS Transformation Plan monies and as part of the assurance requirements sought a representative from the HWB to sign off the local submission. It was noted that the plan had been co-produced with the Local Authority, schools and stakeholders in Harrow and that it was an evolving plan.

It was reported that Harrow CCG had been allocated £426,625 annually for 5 years of which £121,785 per annum had to be allocated to the delivery of a Specialist Eating Disorder Service. The latter probably would pool across NWL as a niche service.

In response to questions:

- funding had been allocated by NHSE purely on total population and not weighted population;
- currently schools could not refer directly into CAMHS so as they were working in isolation there was potential for a seamless approach. The CCG had twice attended the Heads Forum and had obtained their support. Public Health investment in training enabled school teachers to become aware of symptoms at an early stage.

The Chair stated that she was happy to sign off the local plan and emphasised the benefit of protecting and building in resilience. This was particularly important where poverty and low pay had put enormous stress on the family.

**RESOLVED:** That the Chair of the Health and Wellbeing Board be nominated to sign off the Local CAMHS (Children and Adolescent Mental Health Services) Transformation Plan.

(Note: The meeting, having commenced at 12.30 pm, closed at 2.15 pm).

(Signed) COUNCILLOR ANNE WHITEHEAD  
Chair

