Harrow COUNCIL LONDON

HEALTH AND WELLBEING BOARD

MINUTES

17 MARCH 2016

Chair:	*	Councillor Anne Whitehead		
Board Members:	*	Councillor Simon Brown	Harrow Council	
	*	Councillor Janet Mote	Harrow Council	
	*	Councillor Mrs Christine Robson (3)	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	

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
		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
In attendance: (Officers)	*	Chris Spencer	Corporate Director, People	Harrow Council
	*	Sarah Crouch	Public Health Consultant	Harrow Council
	*	Garry Griffiths	Assistant Chief Operating Officer	Harrow CCG

*	Adam Mackintosh	Integrated Care Lead	Harrow CCG
*	Jon Manzoni	Head of Provider Services	Harrow Council
*	Tanya Paxton	Harrow Borough Director	CNWL

* Denotes Member present
(3) Denotes category of Reserve Member
† Denotes apologies received

118. Attendance by Reserve Members

RESOLVED: To note the attendance at this meeting of the following duly appointed Reserve Member:-

Ordinary Member	Reserve Member
Councillor Varsha Parmar	Councillor Mrs Christine Robson

119. Declarations of Interest

RESOLVED: To note that the following interests were declared:

Agenda Item 11. - Information Report – Integrated Urgent Care System
Dr Amol Kelshiker declared a non-pecuniary interest in that he was a GP at the Pinn Medical Centre which had a Walk In Centre. He would remain in the room whilst the matter was considered and voted upon.

Agenda Item 11. - Information Report – Integrated Urgent Care System
Dr Genevieve Small declared a non-pecuniary interest in that she worked for the PMC which provided services in the system. She would remain in the room whilst the matter was considered and voted upon.

Agenda Item 8 – Harrow Health and Wellbeing Strategy 2016 Action Plan
Councillor Janet Mote declared a non-pecuniary interest in that her daughter was a nurse at Northwick Park Hospital. She would remain in the room whilst the matter was considered and voted upon.

Agenda Item 7 – Information Item – CNWL Community Services Redesign for Jointly Funded CCG and LA Mental Health Community Services
Councillor Simon Brown declared a non-pecuniary interest in that his daughter was employed by CNWL in Harrow. He would remain in the room whilst the matter was considered and voted upon.

120. Minutes

RESOLVED: That the minutes of the meeting held on 7 January 2016, be taken as read and signed as a correct record.

121. Public Questions

RESOLVED: To note that no public questions had been received in accordance with Board Procedure Rule 14.

122. Petitions and Deputations

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

RESOLVED ITEMS

123. INFORMATION ITEM - CNWL Community Services Redesign for Jointly Funded CCG and LA Mental Health Community Services

The Harrow Borough Director, Central North West London NHS Foundation Trust introduced a report which outlined the plans by CNWL to redesign Mental Health Community Servijces, which had gone live on 14 March 2016. The Board was informed of the case for change and the current position. It was noted that the redeployment of staff, mainly from administrative and management positions, had prevented the need for redundancies.

In response to a suggestion from a member of the Board that it would be more appropriate to label the service as adult services due to the lack of focus on children, the Director undertook to take this on board.

The improved assessment time, single access and local base within the borough were commended by Members of the Board. In response to a question as to whether all patient needs would be met or if not what was the back up, the Director stated that the redesigned service resulted in a more holistic and streamlined approach which provided better services with all needs met as previously. It was not possible to meet all needs as the service dealt with physical and mental health needs and not social needs.

A Clinical representative stated that she had contacted the service that morning on behalf of a patient and it had worked very well. Mental health formed part of the patient assessment made by a GP and the CCG commissioned CNWL for some mental health services.

In response to questions it was noted that:

- service users would attend the hub to see a doctor, with a large number receiving home visits. No feedback had been received from service users on geographical location and there were good transport links. The transfer between co-ordinators, necessary for a small number of service users, was facilitated by use of a transfer sheet and three-way meetings. All named consultants remained the same for the interim;

- for older clients, the virtual ward would assist with a link to peer groups based on GP services;

- the review of the draft policy included service users and carers. Some task and finish groups had not yet completed their work. The Trust sought service user representation on the training and supervision Group, and community users on a task and finish group locally. There would be a review of group programmes and a questionnaire would be undertaken after six months of operation to review the redesign;

- the Director was unaware of the number of people in Harrow with mental health issues and the demand for such services. However, the service was ensuring a good throughput from secondary care and it was important to identify issues early in order to avoid secondary care.

The Chair concluded the discussion by commending the more personal based service. She stated that partnership working was important in applying for funding and that housing, employment and local authority services should focus their work to aim to identify people with mental health issues earlier before it became a serious condition.

RESOLVED: That the report be noted.

124. Harrow Health and Wellbeing Strategy 2016 Action Plan

The Board received a report which outlined the feedback received from stakeholders following publication of the Health and Wellbeing Strategy, together with a measurable action plan to implement the Strategy in 2016. It was noted that the focus was on mental health, integration and improved partnership working.

In discussing the report, it was noted that special educational needs and disability (SEND) in schools was included as a mental health strand for the first time. In response to an observation that the obesity strategy for children was from year 6 onwards, it was reported that for younger children environmental change was the major element and the introduction of a sugar tax was welcomed as having the potential to make a real impact on commercial provision. Officers had been investigating the proximity of fast food outlets to schools and considering available initiatives. The introduction of the daily mile in schools was welcomed by the Board and it was queried whether a correlation between the daily mile and educational achievement and progression would be observed.

RESOLVED: That the actions for implementation in 2016 be agreed and monitored on a quarterly basis with a view to understanding how to celebrate and improve partnership working.

125. Better Care Fund 2016-17

The Board considered a tabled report which sought delegated authority to sign off the 2016/17 Better Care Fund submission as the deadline was 25 April and the next meeting of the Board was not until 11 May 2016. The report had not been available earlier due to the information relating to the process of submitting the bid having been recently updated by NHS England.

The report also set out progress on the BCF in the first 3 quarters of 2015/16 and provided an update on the development and submission of the BCF for 16/17.

In introducing the report, the officer stated that Harrow Council was continuing to support social care funding including rehabilitation and independence, personal budgets, carers support and safeguarding. The emphasis on the next BCF would be to maintain and enhance integrated working with the CCG. Discussions on funding arrangement for the following year were positive and progressing in advance of the previous year.

On behalf of the CCG, the Vice-Chair stated that a lot of work had been undertaken to ensure the protection of social services, for example whole systems integrated work and virtual wards.

The Board was informed of progress on two areas. Firstly, current support for discharge finished at 4 pm Friday and recommenced 8 am Monday which did not allow for admission into hospital during the period and did not have the flexibility of a 7 day service. It was hoped that 7 day discharge support would be available from 1 April as part of a pilot. Secondly, the aim was for the BCF to include the reduction of excess bed days arising from delayed transfer. The alignment of all single points of service into CATS would aid the seven day services.

RESOLVED: That an officer of the council be delegated to sign off the 2016/17 Better Care Fund submission in consultation with the Chair and Vice Chair.

126. INFORMATION REPORT - Community Health Services

The Board considered a report which provided an update on the new community health service for Harrow, the proposed operating model and the current mobilisation plan. Members were informed that the system was due to commence on 4 May 2016.

It was noted that the contract had been awarded to Central London Community Healthcare (CLCH) in December 2015. The Board was informed that TUPE (Transfer of Undertakings (Protection of Employment) Regulations) would conclude during the current week, with approximately 100 members of staff affected.

In response to questions, the Board was informed that:

- no change to the provision of services for the end of life was envisaged;
- detailed engagement with service users had been undertaken, including the housebound. Two patients were members of the Transformation Board.

RESOLVED: That the report be noted.

127. INFORMATION REPORT - Integrated Urgent Care System

A representative of the Harrow Clinical Commissioning Group introduced a report which provided an update of integrated services for Harrow and detailed the proposals by the North West London Collaboration of Clinical Commissioning Groups to provide a single entry point for patients with an urgent care need, through 111, to a network system of integrated care. The review had been underpinned by The Commissioning Standards for a Functionally Integrated Care Service in England issued by NHS England which came into effect in April 2017.

The Board's attention was drawn to the following:

- it had been recognised that some issues regarding the current 111 service had needed to be addressed. The new model saw 111 as a call handling service to direct people to services through triage. In accordance with the 8 core standards, the local clinical hub for NWL (CATS service) for clinical assessment would ensure patients attended the correct location to see the right person;

- the majority of contracts were due for renewal, with the walk in service procurement being from April. A new centre would operate in the east of the borough. The urgent care centre at Northwick Park Hospital aimed to provide an enhanced offering at the front of urgent care;

- in order to ensure patients rang 111 in the first instance, largescale patient engagement was being held across NWL including sessions in Harrow, one of which was due to take place that evening. A CCG commissioning intention event was due to take place in April;

- patients would be directed to the nearest appropriate place to their home address.

In response to questions, the Board was informed that:

- it was important to initially promote the telephone service to raise awareness of the service available. The process needed to be easy to understand so that people who automatically attended A&E were aware when their needs would be better served elsewhere. The IT integration enabled the system to recognise the patient reference, automatically populate the system and to view the last 3 transactions;

- the system was envisaged to smooth the way for healthcare professionals who needed to access another service;

- the review and redesign of the back end of 111 would result in an improved service. Subsequent to set up investment the service would be more effective without any reduction in capacity. Whilst 111 did not have clinical oversight, the NWL 111 would undertake administrative duties with a clinical bolt on. Staff would be working closely with Brent and Hillingdon;

- a new paediatric process would be fast tracked at UCC and the system would enable swift communication to senior clinics;

- the current 111 call centre was based in Hillingdon. The CAT service would lead with local clinicians. Procurement for immediate life threatening cases would be partnership of the 8 CCGs. National initiatives would be studied in order to achieve best practice.

The Chair commended the CCG for the engagement undertaken. She reported that she had attended an engagement session and found it informative and well attended.

RESOLVED: That the report be noted.

128. Designated Doctor Interim Assurance Report

The Board received a report which stated that, despite system wide engagement and an extended recruitment process, the CCG had been unsuccessful in the recruitment of a Designated Doctor for Safeguarding. Interim arrangements had therefore been made to ensure that the statutory duties were undertaken and these were presented in an interim plan.

Board members, who were also members of the Corporate Parenting Panel, stated that the Panel had been concerned at the vacancy and were pleased to be advised that workable and safe arrangements were being put into place. .

In response to questions the Board was informed:

- there had not been a visible reduction in the high target attainment of the service;

- it was noted that, whilst a designated doctor could not be provided, the individual elements of the role were provided and it depended on the view of the inspection regime as to whether the arrangements met the assurance test for statutory duties. The recruitment difficulty was not unique in England and NHS England were satisfied with the interim. The report was also being submitted to LSCB.

The Board expressed its support for the action taken as the best way forward in the circumstances.

RESOLVED: That the report be noted.

(Note: The meeting, having commenced at 12.30 pm, closed at 2.10 pm).

(Signed) COUNCILLOR ANNE WHITEHEAD
Chair