

HEALTH AND WELLBEING BOARD MINUTES

11 MAY 2016

Chair:	* Councillor Anne Whitehead		
Board Members:	* 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	
Non Voting Members:	* Bernie Flaherty	Director of Adult Social Services	Harrow Council
	* Carol Foyle	Representative of the Voluntary and Community Sector	Voluntary and Community Sector
	* 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 People Director,	Harrow Council
	Carole Furlong	Consultant in Public	Harrow Council

Garry Griffiths	Health Assistant Chief Operating Officer	Harrow CCG
Frank Hennessy	Director of Redevelopment	Royal National Orthopaedic Hospital NHS Trust
Jon Manzoni	Head of Strategic Commissioning	Harrow Council
Audrey Salmon	Head of Public Health Commissioning	Barnet and Harrow Joint Public Service
Jane Wheeler	Deputy Director, Mental Health	NHS NW London Collaboration of CCGs

* Denotes Member present

129. Attendance by Reserve Members

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

130. Change in Membership

The Board welcomed Carol Foyle to her first meeting as the representative of Harrow's Voluntary and Community Sector Forum.

RESOLVED: That the change in membership be noted.

131. Declarations of Interest

RESOLVED: To note that the following interests were declared:

Agenda Item 8 – Royal National Orthopaedic Hospital Redevelopment Phase 1 Project

Councillor Janet Mote declared a non-pecuniary interest in that she had been a patient at the hospital as a child. She would remain in the room whilst the matter was considered and voted upon.

Councillor Anne Whitehead declared a non-pecuniary interest in that her daughter was employed as a dietitian at the hospital. She would remain in the room whilst the matter was considered and voted upon.

Agenda Items 11 – Sustainability and Transformation Plan Update and 12 – Information Report – Update on the Better Care Fund

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.

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.

132. Minutes

RESOLVED: That the minutes of the meeting held on 17 March 2016, be taken as read and signed as a correct record.

133. Public Questions, Petitions and Deputations

RESOLVED: To note that no public questions, petitions or deputations were received at this meeting.

RESOLVED ITEMS

134. Royal National Orthopaedic Hospital (RNOH) Redevelopment Phase 1 Project

The Board received a presentation on the first phase of the redevelopment of the Royal National Orthopaedic Hospital. It was noted that the scheme was subject to planning consent and development plans. Planning permission for reserved matters had been submitted to the Local Planning Authority on 29 April with the aim of consideration by the Planning Committee on 20 July 2016.

The presentation outlined the background and components of the scheme. It was noted that health provision was to be concentrated into the central development zone. Phase 1 did not replace all the current inpatient beds but consisted of 91 beds with the possibility of a further 32 beds on the top floor when funding and use were determined.

The Director of Development undertook to inform the Executive Team of the concern that the issue from the primary and secondary care perspective was the difficulty in accessing services at the hospital for Harrow patients. This had resulted in Harrow residents either having to seek private consultations in order to obtain treatment at the hospital or having to attend city hospitals. A change in policy was sought to develop a better relationship with local CCGs.

In response, the officer stated that as a specialist tertiary hospital it was difficult for local people to obtain access. The hospital team was looking at some partnerships for capacity for more routine orthopaedics. The Board expressed the view that RNOH was not seen as a local hospital and that the difficulty of access was a tertiary problem. Although the hospital was recognised throughout the country as a centre of excellence, it needed better contact with the people of Harrow in order to be seen as part of the community and a facility to be proud of. The Healthwatch representative reported that the organisation had contributed to self assessment and quality reviews and had registered the sense of inequity for Harrow residents. A balance was sought between national and local use to enable a proportion of capacity to be available if required by a Harrow child or the ageing population in Harrow to enable them to benefit from a centre of excellent in the locality.

RESOLVED: That

- (1) the proposal to build a 91 bed inpatient ward block as Phase 1 of the 10 phase hospital redevelopment be endorsed;
- (2) the concern of the Board with regard to the availability of facilities to Harrow residents and the need for an improved relationship be conveyed to RNOH.

135. Like Minded - Update on the Transforming Care Partnership Plan (TCP) for People With Learning Disabilities, Autism and Challenging Behaviour

The Board received an update on the progress of the North West London Transforming Care Partnership Plan for people with learning disabilities, autism and challenging behaviour. It was noted that feedback had been received the previous week that the NWL plan had been the only London plan to be approved so far. It was intended to submit further detail in July during the period for resubmission of unsuccessful plans.

The representative of the NHS North West London Collaboration of CCGs informed the Board that the Plan brought together best practice in order to share the learning and indicated the areas where there was agreement to align resources, capabilities and expertise. Any differences and nuances, would be outlined in each borough's local plans. There was an emphasis on co-production in areas that reflected the wishes of users and their families.

A CCG representative referred to the existing cohort, for example users of the Kingswood Unit, which despite being local provision was not considered to be meeting the needs of residents and was costly. A report was due to be submitted to the CCG executive on 30 May and to the joint executive between CCG and Harrow Council which would look at the existing cohort and consider the appropriateness of individual or bespoke care, group setting or otherwise to meet need. It was acknowledged that there was a gap in provision and it was being addressed.

In response to questions it was noted that:

- the allocation of the £30million to be made available nationally by NHS England was unknown. As it was understood to be match funding, current investment would be emphasised;
- autism was a priority and featured in both child and adult plans;
- respite provision was a key requirement and best practice and innovation in the eight authorities would be shared, for example, Hillingdon used temporary fostering for respite care.

A clinical representative informed the Board that the Plan provided the opportunity to improve current provision and that the life course approach and pilot for mild to moderate learning difficulties would have a knock on effect as

adults. It was necessary to be realistic regarding timescales and in the long term the cost of the proposals could be neutral.

It was noted that a working group of representatives from the CCG and Harrow Council had been established. The Joint Commissioning Strategy for people with learning disabilities and autism would be resubmitted to the Board.

RESOLVED: That

- (1) the direction of travel and priorities in the North West London Transforming Care Partnership Plan be endorsed and it be noted that the final implementation plan would not be agreed until confirmation regarding any additional funding or conditions had been received;
- (2) it be noted that the first draft of the plan had been agreed by Harrow CCG Governing Body.

136. Joint Commissioning Strategy for People with Learning Disabilities and Autism

It was noted that the item had been postponed to the next meeting of the Board.

137. Sustainability & Transformation Plan (STP) Update

Members of the Board considered an update on the progress of the Sustainability and Transformation Plan which comprised a North West London Plan and a local operational Plan. The Plan was due to be submitted at the end of June 2016 and would be presented to the Board at its meeting on 30 June 2016.

The Board was informed of the Harrow Sustainability and Transformation Plan Group which had made a submission to the shared five year plan aligned to the strategic objectives in NW London and Harrow. All care organisations had come together on the planning group to develop a local plan which brought together local place-based plans to address the health and care 'gaps' described in the Five Year Forward View. It was noted that all CCGs had been given a notional bid for three years and one for a further two years to enable the planning of submissions.

A CCG representative informed the Board that timescales were tight and that as a result Harrow officers were in attendance at the bi-weekly HSTPG meetings which co-ordinated the STP. In order for the submission to be meaningful for Harrow it would link in local work and indicate the actions to measure outcome. Focus groups would inform the stakeholder engagement and a large Harrow event would be arranged. It was noted that the plans would be submitted to the planning groups and the Board in order for them to keep abreast of developments and enable the endorsement of the five priorities. Although formal approval by the Board was not required, the CCG considered it good governance that the final submission be signed-off by the Chair and Vice Chair.

RESOLVED: That the report be noted and the priorities within be endorsed.

138. INFORMATION REPORT - Update on the Better Care Fund

The Board received an update on the Better Care Fund Plan for 2016/17, together with the outline plan which was submitted on 3 May 2016. It was informed that the Plan was solid and robust and symbolic of the growing strength of partnership between the CCG and the Local Authority

It was noted that three key areas were supported by the BCF Plan for 2016/17. These were: the protection of social care and maintaining levels of activity, Whole Systems Integrated Care and the Transformation of Community Services.

It was noted that approval by NHS England to the outline plan was expected shortly and that the final Plan would be submitted to the Board in June. Whilst the draft Plan had been aspirational, the final 2016/17 Plan was more data driven and backed up by metrics to track progress. There was commitment alongside the plan to look at ways in which the Council and CCG could work together to develop pathways and processes. This included taking forward a review of hospital discharge pathways into community services. Quarterly BCF updates to the Board would continue but with an emphasis on the metrics and data. An officer undertook to circulate the metrics spreadsheet to Members of the Board.

The Board expressed satisfaction at the move towards integrated provision and team work with a focus on addressing provision to all age groups.

RESOLVED: That the report be noted.

139. London Sexual Health Transformation Project

The Board received an update on the collaboration between London boroughs on Genitourinary Medicine (GUM) and Contraception and Sexual Health Service (CaSH) Services. Members of the Board were informed of the Barnet and Harrow Joint Public Health Service's plans to participate in a pan-London procurement for a web-based system to include a 'front end' portal and home/self-sampling. The service would also be participating in the Outer North West London sub-regional arrangements, with the London Boroughs of Brent and Ealing, for the procurement of Genitourinary Medicine and Contraception and Sexual Health Service (CaSH) Services, including primary care sexual health services, outreach and prevention.

It was noted that £2.6 million had been made available in Harrow of which just under £2 million would be allocated to GUM which was the main pressure. As 60% of Harrow service users used the local services there was more control over the cost and spend than most other boroughs.

In response to a question, the Board was informed:

- the focus on high risk and vulnerable residents was strengthened by the procurement process requesting information on how providers would ensure the needs of these groups were met;
- the clinic in a box was delivered to secondary schools and colleges and signposting was available for further information. The challenge was in raising awareness in areas where schools had not taken up the service and the officer undertook to map the information in order to gain an understanding of the situation.

RESOLVED: That the report be noted.

140. INFORMATION REPORT - Illicit Tobacco in Harrow

Consideration was given to a report which described the reasons why illicit tobacco was an important area for tobacco control to address. Board Members were informed of the work being undertaken across London and in the North West London networks as well as the work being undertaken in Harrow.

It was noted that, in order to raise awareness of the scale of the problem, researchers would be undertaking interviews with smokers across London during the following week.

Members expressed support of the initiative to contact magistrates with regard to sentencing guidelines. It was noted that a further report would be submitted to the Board as the tobacco control/stop smoking budget ceased at the end of March 2017.

RESOLVED: That the report be noted.

141. Any Other Business - Last meeting of 2015-2016 municipal year

The Board expressed its appreciation of the hard work undertaken on behalf of the Board by Councillor Anne Whitehead who was attending her last meeting as Chair.

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

(Signed) COUNCILLOR ANNE WHITEHEAD
Chair