

# HEALTH AND WELLBEING BOARD MINUTES

## 30 JUNE 2016

<b>Chair:</b>	* Councillor Sachin Shah		
<b>Board Members:</b>	* Councillor Simon Brown	Harrow Council	
	* Councillor Janet Mote		
	* Councillor Varsha Parmar	Harrow Council	
	* Councillor Mrs Christine Robson	Harrow Council	
	* Dr Amol Kelshiker (VC)	Chair of Harrow CCG	
	* Arvind Sharma	Harrow Healthwatch	
	* Dr Genevieve Small	Clinical Commissioning Group	
<b>Non Voting Members:</b>	* Varsha Dodhia	Deputy Representative of the Voluntary and Community Sector	Voluntary and Community Sector
	* 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	Corporate Director, People	Harrow Council

<b>In attendance:</b>	Sarah Crouch	Public Health Consultant	Harrow Council
	Jon Manzoni	Head of Strategic Commissioning	Harrow Council
	Joanne Murfitt	Director of Public Health Commissioning and Health in the Justice System and Military Health	NHS England
	Susan Whiting	Assistant Chief Operating Officer	Harrow Clinical Commissioning Group

- \* Denotes Member present
- † Denotes apologies received

#### 142. Attendance by Reserve Members

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

#### 143. Amendment to Terms of Reference

It was noted that the number of Members of the Council nominated by the Leader of the Council had been increased from 4 to 5. This decision had been taken in accordance with the procedure for minor matters as the next meeting of the Council was not until 22 September 2016.

In response to a question, the Chair stated that the increase in numbers enabled him to take a place on the Board as Leader of the Council and to enable the continued attendance of an opposition Member. The Vice-Chair expressed concern at the change in membership as it would have an impact on the voting balance between Council and other nominations, although it was noted that a vote had not yet been taken on a decision of the Board.

**RESOLVED:** That the change in membership be noted.

#### 144. Appointment of Vice-Chair

**RESOLVED:** It was noted that Amol Kelshiker was appointed as Vice-Chair of the Board for the 2016/17 municipal year in his capacity as Chair of the Harrow Clinical Commissioning Group.

#### 145. **Declarations of Interest**

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

Agenda Item 10 – Information Report – Walk In Centres

Dr Genevieve Small declared a non-pecuniary interest in that she was a GP at the Ridgeway Surgery, one of the successful providers. She would remain in the room whilst the matter was considered and voted upon.

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.

Councillor Janet Mote declared a non-pecuniary interest in that she was a patient at the Pinn Medical Centre. She would remain in the room whilst the matter was considered and voted upon.

Agenda Item 16 – Harrow and Brent Systems Resilience Group (SRG)

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.

#### 146. **Minutes**

**RESOLVED:** That the minutes of the meeting held on 11 May 2016, be taken as read and signed as a correct record.

#### 147. **Public Questions, Petitions and Deputations**

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

### **RESOLVED ITEMS**

#### 148. **INFORMATION REPORT - NHS England's Annual Update on the Delivery of National Immunisation and Screening Programmes in Harrow**

The Board received an update on the progress in the delivery of national immunisation and screening programmes. It updated members on performance and actions undertaken by NHS England where performance had not met national targets.

The representative of NHS England drew particular attention to the following:

- the need to encourage early access to ante natal bookings to ensure sufficient time to screen pregnant women and explain the results. Other challenges included improvement in the processing of laboratory request forms, a focus on the reduction in the proportion of babies having to have a repeat bloodspot sample taken, and timely referral for women who had screened positive for hepatitis B;

- the promotion of the shingles vaccination was welcomed;
- there had not been a serious flu outbreak recently which could be due to the preventative immunisation of children as they were 'super spreaders' or because there had not been a serious outbreak recently;
- with regard to cancer screening, NHSE were concerned at the reduction in the uptake of cervical screening especially amongst younger women. With regard to bowel cancer screening, the proposal for one test instead of three from 2018 was hoped to increase take up;
- data for diabetic eye screening programmes had not been available since the procurement exercise to reconfigure the seventeen programmes to five. There was a backlog of patients which was being addressed;
- a pilot of e-red books, which included phone reminders regarding vaccination appointments, would commence in December 2016.

The Board expressed concern at the lack of the BCG vaccination and that, although a small amount had become available, there were no plans for a catch up programme. It was noted that priority was given to high risk families and the areas of highest incidence. The NHS England representative reported that providers had found it challenging to be proactive in communicating the situation to the public. It was noted that latent TB testing continued and was being promoted.

In response to questions, the Board was informed that:

- NHSE did not purchase vaccine, this was the responsibility of Public Health England. As the manufacture of vaccine was a complicated process with stringent requirements, the number of interested companies was low. Public Health England was trying to source additional suppliers;
- the NHSE representative undertook to contact the police representative with regard to the request for consideration to be given to the immunisation of key workers within the borough for flu;
- details would be sought on the 'baby in the box' system in use by Imperial Hospital Trust based on an initiative from Finland;
- additional funding had been offered to LNW to promote whooping cough vaccine for pregnant women and assistance of the CCG in this was sought. Harrow had achieved a 49.5% uptake compared to 52% across London and 61.4% in England. The offer of assistance by the community and voluntary sector was welcomed.

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

#### **149. INFORMATION REPORT - Walk-in Centres**

The Board received a report which set out the summary position and progress for the procurement and commissioning progress for Walk In Centres across the borough.

Members were informed that, as a result of the open procurement process, the Pinn Medical Centre and the Ridgeway Surgery had been selected as the preferred providers for implementation in August 2016. Proposals to implement and deliver a third Walk In Centre in the east of the borough had not met the core criteria of the service specification so a preferred provider had not been selected. The CCG had instigated a further procurement and it was anticipated that the new service would commence in November 2016.

Members of the Board expressed the hope that the Walk In Centres would alleviate pressure on A&E.

In response to questions from the Board, it was noted that:

- with regard to provision for the south east of the borough, a proportion of funding would be made available for the facility at Edgware community centre;
- an extension of hours was under consideration and would be reported to the Board. Within the limited resource envelope for integrated urgent care, clinical assessment and triage proposals were at design stage.

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

#### **150. INFORMATION REPORT - Future in Mind Update**

A CCG Clinical Lead updated the Board on the work that had been undertaken subsequent to the approval of the transformation plan in October 2015. It was noted that particular focus had been placed on tier 2 CAMHS children, those with behavioural, emotional and lower level mental health issues, who had not previously been part of the commissioning service. Particular attention was drawn to the new eating disorder service which aimed at a swift response, within 24 to 48 hours if required.

In response to questions it was noted that the Brandon Centre was the chosen provider for the mainstream schools pilot, in accordance with which a lot would be based within the school environment. The aim was to have a cross Harrow approach. There had been a good response from schools and a meeting was being held that morning with two secondary heads.

The Healthwatch representative expressed appreciation at the partnership work that was taking place and was interested to know if a correlation between the pilot and achievement and progress became evident. The CCG Clinical representative responded that it had been proven that early intervention made a significant impact.

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

#### **151. INFORMATION REPORT - Better Care Fund Update**

The Board received a report which set out the progress on the Better Care Fund for Quarter 4, 2015/16.

It was reported that the BCF 2016/17 was moving forward to the delivery and assurance stage. The final 2016/17 Plan was more data driven and it was the joint Council and CCG intention to ensure a greater level of analysis in future progress reports.

The submission of these regular quarterly progress reports would enable the Board to hold BCF 2016/17 delivery to account.

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

#### **152. Harrow Physical Activity and Sports Strategy 2016-20**

A report was received which set out the strategic priorities to increase levels of physical activity and sport in Harrow with particular focus on those groups more prone to physical inactivity and the associated ill health. It was noted that the action plan identified some of the indicators which would be used to measure success and that further work was planned.

It was noted that Sport England had set out in its new strategy a plan to invest over £250m in tackling inactivity. It was therefore imperative that the borough collaborate to be in the best position possible to attract new funding.

The Board supported the proposal that arrangements be made for representatives to complete a walk of a mile immediately prior to the meeting.

In response to questions from the Board, it was noted that:

- further stakeholder engagement would be carried out on 18 July and beyond with the communications campaign launching in September 2016. Local data from across Harrow had been used for the benchmarks that illustrated the report;
- the first walk for patients led by a local GP had taken place;
- good progress had been reported on the introduction of the 'golden mile' in schools;
- a competition had been held in Civic 1 of the Civic Centre for the most stairs climbed, the winner achieving 396 floors.

A CCG clinical lead expressed disappointment that there was no recognition of the work of the CCG or primary care in the strategy, particularly with regard to physiotherapy and respiratory rehabilitation for lung disease. The officer stated that the work on the strategy to date had focused on achieving

involvement throughout the Council in the strategy and that it was now in a good position to include representation from the CCG, such as with regard to diabetes and obesity. Details of the consultation event on 18 July 2016 would be circulated.

The Healthwatch representative considered that the strategy was a positive development in the number of partners wishing to work together.

**RESOLVED:** That

- (1) the report be endorsed;
- (2) members of the Board increase their personal levels of physical activity and act as champions in work and home setting;
- (3) further stakeholder engagement including the campaign launch later in the year be supported;
- (4) consideration be given to other strategic opportunities to encourage residents to be more active, making physical activity an integral part of policy, planning and commissioning across departments and cross sectors.

### **153. INFORMATION REPORT - Update on the Health and Wellbeing Action Plan**

The Board received a report which set out the progress made on Health and Wellbeing Strategy actions as of 31 May 2016.

An officer drew particular attention to the following:

- the pilot of integrated employment/mental health support was at risk due to Brexit as it was in part funded by European social fund;
- with regard to workplace health, there was a considerable interest from local organisations in the programme;
- the Health Impact assessment framework had been well received on two pilot Harrow regeneration schemes and had helped highlight demands from primary care services;
- with regard to involvement from the local community, the vacancy for a representative of the voluntary and community sector on the Board had now been filled and a number of initiatives with the police were taking place.

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

#### **154. Update on Sustainability and Transformation Plan**

The Board considered an update on the previous work presented at its meeting on 11 May 2016. The report focused on local work in two main areas: stakeholder engagement and the emerging local themes for the nine NWL priorities of work. It was noted that the final North West London checkpoint submission to NHS England would be presented to the next meeting of the Board.

It was reported that presentations had been given to the Harrow Voluntary and Community Services Forum and Healthwatch, the focus being to raise awareness of the STP and the local Harrow process. The Harrow chapter of the Plan detailed the plan of how to get ready, the delivery going forward and how the process would be held to account.

**RESOLVED:** That

- (1) the report be noted and the actions taken to progress the Harrow contribution to the North West London Sustainability and Transformation Plan be endorsed;
- (2) a development session on the Sustainability and Transformation Plan be held.

#### **155. Harrow and Brent Systems Resilience Group (SRG)**

The Board received a report on an overview of the Brent and Harrow System Resilience Group (SRG), with particular focus on Harrow.

Particular attention was drawn to the following:

- as a result of it being recognised by all parties that that the structure was not the most effective, there were now two sub – groups, Elective Sub-Group and Non Elective Sub-Group:
- the first run of the self-assessment had found that the SRG was currently rated as ‘Plans in Place’. It was anticipated that assessment of each change would move up in the ratings once leads had been identified to give comprehensive updates against the assessment data and once further documents and evidence were interrogated.

In response to questions from the Board it was noted that:

- robust analysis regarding the closure of the Ealing Hospital paediatric ward concluded that there was no anticipation that children would not be able to attend Accident and Emergency or urgent care assessment. The indication was that Hillingdon and Northwick Park Hospitals could accommodate extra patients and this would be monitored. A meeting was due to be held with the acute trust that day. Some work was taking place with Harrow CCG regarding community provision to ensure the most appropriate services in the community;



- the previous confusion of outpatients attending Ealing Hospital from other boroughs who then required follow up referrals or more complex care had been resolved. Any experience of further difficulty or other local intelligence would be followed up;
- with regard to social care, Harrow Council provided the most senior representative that was available depending on capacity. SRG was not a passive group but was powerful with senior representation;
- once the community systems were in place then a reduction in hospital beds could be made on an evidence base;
- consideration was being given to a patient empowerment app.

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

(Note: The meeting, having commenced at 12.30 pm, closed at 2.40 pm).

(Signed) COUNCILLOR SACHIN SHAH  
Chair