

HEALTH AND WELLBEING BOARD MINUTES

12 JANUARY 2017

Chair:	* Councillor Sachin Shah		
Board Members:	* Councillor Simon Brown	Harrow Council	
	* Councillor Janet Mote	Harrow Council	
	* Councillor Varsha Parmar	Harrow Council	
	* Councillor Mrs Christine Robson	Harrow Council	
	* Dr Amol Kelshiker (VC)	Chair of Harrow CCG	
	Dr Shaheen Jinah	Clinical Commissioning Group	
	* Mina Kakaiya	Healthwatch Harrow	
	* 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
	* Paul Jenkins	Interim Chief Operating Officer	Harrow Clinical Commissioning Group
	† 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
	* Chris Spencer	Corporate Director, People	Harrow Council

In attendance: (Officers)	* Kwesi Afful	Programme Manager	Harrow CCG
	* Hugh Caslake	Head of Qipp and Performance	Harrow CCG
	* Sarah Crouch	Consultant in Public Health	Harrow Council
	* Donna Edwards	Service Manager, Adults and Housing	Harrow Council
	* Garry Griffiths	Assistant Chief Operating Officer	Harrow CCG
	* Angela Ward	Programme Director, Strategic Commissioning Framework/ Models of Care	Harrow CCG
	* Jane Wheeler	Deputy Director, Mental Health and Wellbeing	Collaboration of North West London CCGs

- * Denotes Member present
- † Denotes apologies received

179. Attendance by Reserve Members

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

180. Declarations of Interest

RESOLVED: To note that the following interests were declared:

Agenda Item 12 – Transforming Primary Care

Dr Genevieve Small declared a non-pecuniary interest in that she was a GP whose practice ran a walk in centre. 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 whose practice ran a walk in centre. He would remain in the room whilst the matter was considered and voted upon.

Dr Shahla Ahmad declared a non-pecuniary interest in that she was a GP and Soar Beyond worked on a one to one basis with her practice. She would remain in the room whilst the matter was considered and voted upon.

181. Change in Membership

RESOLVED: That the appointment of Dr Shahla Ahmad as a Harrow Clinical Commissioning Group Reserve and Paul Jenkins, Interim Chief Operating Officer, was noted.

182. Minutes

RESOLVED: That the minutes of the meeting held on 3 November 2016, be taken as read and signed as a correct record.

183. Petitions, Public Questions and Deputations

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

RESOLVED ITEMS

184. INFORMATION ITEM -Transforming Models of Care for Adults with Serious and Long Term Mental Health Needs

The Board received a report which set out the ambition of the proposed new model of care for adults with serious and long term mental health needs for the period 2016/17 to 2020/21 which described the potential impact on health and social services during that period.

The representative of the Collaboration of North West London Clinical Commissioning Groups outlined the Model of Care and Support and it was noted that, whilst all eight north west London CCGs had signed up to supporting the principles, local work had yet to be finalised and no decisions had been made to implement the model at the borough level.

Members noted that it was important to ensure that the model of care took into account that CCGs had different starting points, needs and challenges, for example, Harrow had a greater reliance on mental health beds in crisis. Representatives of local commissioners and the public were represented on a Health and Social Care subgroup which had been established to consider the implications for Harrow, the phasing and timings. The model of care was aligned to 4A of the Sustainability and Transformation Plan.

The Board was informed that :it was a Community based model; excess bed usage restricted the funding available for community schemes; and that £450,000 had been made available for the learning disability pathway.

The Board discussed the report and, in response to questions, was advised of the following:

- the concerns expressed regarding the affect of a period in the cells for those with mental issues brought in by the police from the streets was an under addressed problem for urgent care. A NWL workshop in February was expected to be well attended by the police. In addition, work was underway to address place of safety provision;
- the 4 different settings of care involving working with the police required variable evidence and different support;

- the 440 in attendance at the 2016 programme of training for non mental health specialists had included police representatives and additional funding for non mental health specialists had been secured. Mental health first aid training had taken place and a more tailored approach was being adopted;
- five boroughs had received additional community funding for peri natal mental health from April 2017 and training would be for both specialists and the police. It was planned to embed training in two of the models in order to respond to those with increased skills obtaining employment elsewhere;
- a social prescribing model had been successful in Brent and Hackney. There was a need to bring together and build upon the effective social prescribing work being undertaken.

RESOLVED: That the report be noted.

185. INFORMATION REPORT - Harrow Clinical Commissioning Group (CCG) Patient App Presentation

The Board received an update on the development of a smartphone App and accompanying website which would promote the self-management of health conditions and signpost to services which improved wellbeing.

A representative of the Clinical Commissioning Group undertook a presentation and reported that £40,000 funding for significant development for the following year had been secured. It was proposed to use the funding to develop an appointment system, prescriptions ordering, and the display of opening times for walk in centres. A further development, in conjunction with Google, to display waiting times for walk in centres was under discussion.

In response to questions, the Board was informed that:

- the process of procuring and reshaping the 111 service was underway including a small piece of work to integrate urgent care through the Clinical Assessment and Triage (CAT) service. The development of the App would hold patient information on a secure site to enable information obtained via the 111 service to be available for subsequent referrals and to tap into a more varied service. Currently the information obtained by the 111 service was transferred to the GP rather than the walk in service;
- 4150 hits had been received by the App to date. A campaign would be taking place through Facebook and google which would decrease the download time. The App was one of many tools available to GPs to obtain joined up information;
- consultation would be taking place in relation to the Inffinity project which dealt with data in connection with social prescribing and

cognitive ability. Work on the project would be taking place during the next six months, including ensuring a joined up approach;

- the clinical commissioning assurance included the need to ensure that the App reached all communities in order to obtain their feedback. A 12 month consultation plan was available;
- an initial estimate for a translation button was due to be discussed with clinical leads. The aim was to release an easy to read version in the most spoken five languages in June/July;
- a dedicated young persons section was planned for March/beginning of April in conjunction with the youth action group which would feed into the Council youth app;
- the App management report would indicate which section of the App had been selected by the user and a feedback form within each section would capture whether the engagement with the public had resulted from use of the App. This feedback provided a tangible measure of success as it could be seen if the action taken as a result of the App changed behaviour, for example an alternative to A&E.

RESOLVED: That the report and presentation be noted.

186. INFORMATION REPORT - Diabetes Update

The Board received an update on the development of the Harrow Diabetes Strategy, which was led by the Clinical Commissioning Group. Members were informed that Harrow had one of the highest rates of type 2 diabetes in the country. There was an increasing recognition of the value of diabetes prevention and early recognition. All 34 GP practices in Harrow were undertaking clinical audits in order to set up pre-diabetes registers and health checks and the APP, referred to in minute 185 above, was intended to highlight the prevalence of diabetes and the available choices.

An officer introduced the report and stated that a draft strategy, written in conjunction with public health, which evaluated the pathway from prevention to tertiary care would be released for consultation shortly. The NWL STPs had shared the information in the development of a NWL overall strategy. 70% of GP practices had contributed to the strategy. A stakeholder workshop would be held to gain formal feedback on current services and identify any gaps within current services in Harrow. There was an increased focus on community based provision. A draft business case would be submitted to the Board in due course.

It was noted that diabetes was one of the four domains to be considered by STPs nationally.

RESOLVED: That the report be noted.

187. INFORMATION ITEM - Update on the Mental Health and Employment Trailblazer Project in Harrow.

The Board received a progress report on the Mental Health and Employment Trailblazer project in Harrow. It was noted that the project had been significantly delayed due to complications within the ESF but that the mobilisation processes had now started. The pilot project was expected to run until December 2018.

The officer outlined the scheme details and reported that the project was externally funded from a bid received from ESF and DCLG with match funding from public health. The scheme enabled 119 individuals to be targeted in Harrow.

In response to a question as to whether GPs were aware of this intervention which would benefit their patients, it was reported that the organisation would ensure that they were notified of the details prior to implementation.

RESOLVED: That the report be noted.

188. INFORMATION ITEM - Transforming Primary Care

A report was received which outlined the various strategies that had been adopted within the CCG in relation to the transformation of primary care under the aegis of the nationally mandated Strategic Commissioning Framework.

The Board was informed that a significant input of resources would be required, beyond the capacity of efficiency savings, to achieve access, increased front line capacity and a five year commitment from the government for primary care. Provided the majority of GPs voted for full delegation, the aim was to achieve level 3 delegation from April 2017.

The strategy had identified a large number of vulnerable people who required co-ordination and enhanced care. In Harrow and NWL the focus was on disability, cancer, stroke prevention and dementia. Particular mention was made of new funding for GP practices including a hub in the east side of Harrow and increased central activity.

An officer referred to the integrated care work being undertaken in Harrow including virtual wards, reduced duplication and increased awareness by the CCG and Harrow Council of the work undertaken by the other.

RESOLVED: That the report be noted.

189. INFORMATION REPORT - Better Care Fund (BCF) Update Quarter 2 2016/17

A report which set out progress on the Better Care Fund in the second quarter of 2016/17 was received by the Board. National and locally defined metrics provided an indication of the estimated end position.

Particular attention was drawn to the opening of a third walk in centre in the east of the borough offering additional appointment capacity. A range of initiatives had been proposed to NHSE which would provide enhanced services in primary and community settings to support admission avoidance. Late transfer had been maintained at single figures despite demand and compared favourably with other areas.

It was noted that the information requirements for the quarter three return were expected to be made known on 30 January for submission on 30 March. As the 2017/18 guidance was awaited it had been difficult to build assumptions into the budget.

RESOLVED: That the report be noted.

190. INFORMATION REPORT - Draft Revenue Budget 2017/18 and Medium Term Financial Statement 2017/18 - 2019/20

The Board received a report which detailed Harrow Council's Draft Revenue Budget 2017/18 and Medium Term Financial Strategy 2017/18 to 2019/20, as reported to the Council's Cabinet on 8 December 2016. It was noted that the budget and MTFS would return to Cabinet in February 2017 for final approval and recommendation to Council.

An officer introduced the report and updated the position including the receipt of the local government settlement. A 3% social care precept, up from the previous limit of 2% was now authorised and the option to include 3 years at 3% was available. It was reported that the 3% would make a difference in Harrow as the 2% had already been used. The Adult Social Care support grant used new homes bonus monies so the net impact was negative.

A CCG representative referred to the consultation regarding the smoking cessation programme, as an example of an area where the CCG was unable to reinstate budget reductions made by the local authority.

In response to a question, the Director of Public Health provided further detail on the draft 2017/18 Public Health budget and stated that priority had been given to statutory services and substance misuse.

The Director of Adult Social Services responded to a question on funding of the first sector and it was noted that the feedback on the budget proposals by voluntary groups would be reported to the February Cabinet meeting.

RESOLVED: That the report be noted.

191. INFORMATION ITEM - STP Update

The Board received a report together with the final North West London Sustainability and Transformation Plan which had been submitted to NHS England on 21 October 2016.

Members were informed that the quality of health and social care collaboration in support of the NWL STP would be one determining factor in

the eventual allocation of a national fund of up to £3.8 billion over the next five years. The local Harrow input to the NWL plan was attached as an appendix. It was noted that Harrow's response had been to form the Harrow Sustainability and Transformation Plan Group, which comprised care commissioning and delivery organisations serving the Harrow population, for which Harrow CCG acted as the convenor.

The opportunity to make bids had been received at short notice and the officers were working on bids for mental health provision. It was noted that consideration would be given to priority setting on delivery areas.

It was reported that £100m had been allocated to the four areas for which bids, mainly clinical but integrated, would be made on 18 January 2017 followed by bids for other areas. The NHSE was looking for strong bids on social prescribing.

RESOLVED: That the report be noted.

192. Javina Sehgal

The Board expressed its appreciation to Javina Sehgal for the work undertaken on behalf of the Board and wished her well in her new role.

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

(Signed) COUNCILLOR SACHIN SHAH
Chair