

HEALTH AND WELLBEING BOARD MINUTES

7 SEPTEMBER 2017

Chair:	* Councillor Sachin Shah		
Board Members:	* Councillor Simon Brown	Harrow Council	
	* Councillor Mote	Harrow Council	
	* Councillor Varsha Parmar	Harrow Council	
	* Councillor Mrs Christine Robson	Harrow Council	
	* Dr Shahla Ahmad (1)	Harrow Clinical Commissioning Group	
	* 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	Director of Commissioning Operations	NW London NHS England

	† Chief Superintendent Simon Ovens	Borough Commander, Harrow Police	Metropolitan Police
	* Chris Spencer	Corporate Director, People	Harrow Council
In attendance: (Officers)	Donna Edwards	Service Manager Adults and Housing	Harrow Council
	Carole Furlong	Public Health Consultant	Harrow Council
	Garry Griffiths	Assistant Chief Operating Officer	Harrow Clinical Commissioning Group
	Visva Sathasivam	Head of Adult Social Care	Harrow Council

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

225. Attendance by Reserve Members

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

Ordinary Member

Dr Amol Kelshiker

Reserve Member

Dr Shahla Ahmed

226. Declarations of Interest

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

227. Minutes

RESOLVED: That the minutes of the meeting held on 20 July 2017, be taken as read and signed as a correct record.

228. Public Questions, Petitions and Deputations

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

RESOLVED ITEMS

229. INFORMATION REPORT - Child Death Overview Panel Annual Report 2016/17

Board members received a report on the Child Death Overview Panel Annual Report 2016/17. It was noted that, as a result of the Wood review of local safeguarding children boards, CDOPs would in future be hosted within the NHS and supported by the Department of Health instead of the Department of Education.

The officer informed the Board of the difficulty in identifying trends or statistical inferences due to the small numbers. However, the expected mergers of CDOPs would result in larger numbers. Learning points had included the management of asthma and epilepsy in school aged children.

In response to questions, it was noted that:

- preparations for the merger of Panels across London were taking place and it was hoped that this would be concluded before the end of the year. This would result in an overarching data base for the whole of London to enable deeper analysis. A national database was considered overdue, particularly as a collation of CDOP data would have enabled national analysis;
- a report on milk allergy, as a result of a death, would raise awareness;
- further training by the Lullaby Trust on safe sleeping and the reduction in the risk of cot deaths was planned for the following year;
- the best advice for a healthy pregnancy was for pregnant women to book in early for support. There was no requirement to attend a GP surgery as it was open access booking.

RESOLVED: That the report be noted.

230. INFORMATION REPORT - Local Safeguarding Adults Board (LSAB) Report 2016/17

The Board received an overview of the Harrow Safeguarding Adults Board Annual Report for 2016/2017, which summarised safeguarding activity undertaken in that year by the Council and its key partners. It set out the progress made against priorities, analysed the referrals received and outlined priorities for 2017/2018.

An officer introduced the report and advised the Board of the concern that 'repeat referrals' had increased by 19% to comprise 31% of the total referrals. It was noted that a further analysis would be undertaken to understand why some safeguarding situations were not dealt with on the first occasion.

Particular attention was drawn to the following:

- 48% of referrals were from ethnic minority which reflected the ethnic makeup of Harrow. Work was being undertaken to increase referrals from ethnic minorities;
- 22% of referrals related to financial abuse. In order to minimise financial abuse and increase protection, there would be a focus on changes to delivery and targeting;
- older women in their own homes were most at risk of abuse;
- the increase in prosecutions to 16%, an increase of 4% was good news. Harrow was performing well against the indicator;
- officers from the Safeguarding Adults team visited schools in order to raise the awareness of pupils.

In response to a question it was advised that work had taken place with partners due to concern at attendance at training and there were currently no concerns on the issue.

A Member stated that it was important that the LSAB worked closely with the LSCB as part of the 'all family' approach and this was endorsed by the Board.

The Board was informed that the part time post of designated safeguarding nurse for adults had been increased to full time.

RESOLVED: That the report be noted.

231. Better Care Fund (BCF) Update

The Board was advised that representatives of Harrow Council and the Clinical Commissioning Group were in discussion on a draft Better Care Fund report which was due for submission to NHS England on 11 September 2017 for a two year period covering April 2017 to March 2019.

The Clinical Commissioning Group representative reported that NHSE targets around the Delayed Transfer of Care (DToC) trajectory presented a cause for concern across health and social care, which was not unique to Harrow. It was recognised that there was a reduction in the overall funding for social care, arising from the CCG financial position, although the CCG had proposed the minimum 30% uplifted for inflation over the next two years. A critical friend review of the plan had been positive.

A Council officer expressed concern that the 2017/18 and 2018/19 planned financial settlements were less than that for 2016/17. Whilst the CCG financial decisions were known, given the increase in social care referrals, 21% increase in the numbers coming into social care with the unit costs significantly increased due to complexity, the expectation would be that the funding for social care would increase, rather than the proposed reduction.

The number of health facing social workers, supporting the discharge process, had been reduced from six to two. Meetings had been held with the Clinical Commissioning Group as the reduction was in social workers who mainly worked with acute wards resulting in an impact on the whole system

The Corporate Director of People reported that there had been some productive meetings on this issue between the CCG and Council officers and the situation did not reflect a lack of will by anyone. However, it was necessary to register that the Council would experience a significant reduction in funding from the BCF. Whilst some areas had been mitigated by agreement others were one off and the same position would be experienced the following year. The Council had planned its budget assuming that the previously agreed BCF funding would continue, based on detailed discussion at previous Board meetings where the CCG had indicated the steady state funding. An early indication of any future changes during the next 12 months would be helpful to assist local authority financial planning.

Members were informed that the CCG financial recovery plan which included future projections would be presented to the CCG Executive on 26 September. Funding for 2018/19 had been discussed with Council representatives given that the submission represented a two year settlement. This would assist the Council in its budget planning and also enable the CCG to honour the funding for the submission period.

The Chair stated that social care was already under significant pressure as a result of reductions in public sector finances and the reduction in the BCF funding together with the potential impact of the DToC targets caused significant concern for social care in Harrow. The purpose of the Health and Wellbeing Board was to represent the whole system. The introduction of a two year settlement should ensure that the current situation would not be repeated. The Council looked to an increase in the BCF.

RESOLVED: That the verbal report be noted.

232. INFORMATION REPORT - Public Health Service Reorganisation

The Board received a report on the reorganisation of the Public Health Service for Harrow and the parameters to be used for the design of the new service structure. It noted the expiry of the Joint Public Health Service Inter Authority Agreement with Barnet Council and the resulting disaggregation requirements.

The Corporate Director People informed the Board that the reorganisation was a result of severe budget pressures. The Public Health team in Harrow would be reduced from 17 to 4.5 with mandatory services as listed in the report maintained, including liaison and support to the CCG. Responses to the staff consultation, which finished on 31 August 2017, were under consideration. Requests to reinstate some resource had to be considered alongside bids for growth from elsewhere in the Council. Although the reorganisation was not due for implementation until March 2018, staff were resigning for employment elsewhere as opportunities arose.

The Board was advised that the decision by Barnet Council not to renew the five year agreement had been partly due to that Council becoming more involved in the north central London health area and also as a result of the Harrow Council budget proposals and the corresponding reduction from the Council to the partnership. Two project groups were looking at the disaggregation of the partnership and priority was being given to support those staff affected by the reorganisation.

The Board expressed regret at the need for the reduction in the Public Health Service. The Healthwatch Harrow representative requested that the sustainability plan with regard to the equality impact be shared and that discussion take place to identify different ways of harnessing intelligence and expertise. The Corporate Director People advised that, whilst a whole Council approach using health and equality budgets would mitigate the situation, the reorganisation would have significant impact.

A CCG Clinical representative reported the concern of colleagues at the effect on areas related to health such as the high incidence of diabetes in Harrow. GPs undertook the registration of pre diabetes but support was required on health and lifestyle.

The Chair stated that whilst the importance of prevention was recognised it was a discretionary function. In reviewing budget focus was placed on mandatory functions due to the scale of reductions required.

RESOLVED: That the report be noted.

233. Pharmaceutical Needs Assessment 2018

The Board received a report on the progress of the revised Pharmaceutical Needs Assessment (PNA) which was due for completion by 1 April 2018. It was noted that it was a statutory responsibility of the Board to update the PNA at least every three years. The last Harrow PNA was produced in 2015 and covered the period 1 April 2015 – 31 March 2018.

In introducing the report the officer informed the Board that, as a result of Public Health England and NHS England building in a three week period to enable them to comment on the draft prior to consultation, the timetable did not meet the timing of the next Health and Wellbeing meeting in November. Approval was therefore sought to delegated authority for the sign off of the PNA draft document for public consultation.

The Board was advised that the organisation that had been commissioned from the three bids that had been submitted had also coincidentally been appointed by the majority of neighbouring areas which would make it easier to collate the report on accessibility of services in bordering areas.

In response to a question from a Board Member, it was noted that over 100 responses had been received to date. It was hoped that this questionnaire and the opinion of the pharmacists themselves would identify potential services that could be commissioned from pharmacists. However, future services from pharmacists would require consideration within programme

planning and availability of funding by commissioners (NHSE, Harrow CCG and Harrow Council).

RESOLVED: That

- (1) the following be noted:
 - (a) the commencement of the process to produce a revised Pharmaceutical Needs Assessment by 1 April 2018;
 - (b) the terms of reference of the Harrow PNA Steering Group;
 - (c) the update on progress and project plan timelines from the PNA Steering Group on the production of the 2018 Harrow PNA;
- (2) the sign-off of the draft PNA be delegated to the Corporate Director People in consultation with the Portfolio Holder for Public Health and the Director of Public Health.

234. Any Other Business

(1) Healthwatch Harrow Update

The Healthwatch Harrow representative informed the Board that

- with effect from July 2017, Healthwatch Harrow had reduced its operating hours to Monday to Wednesday only due to financial reductions. The organisation would continue to work in partnership with Harrow Council and would continue to meet its core objectives;
- a Healthwatch Harrow GP Access report event would be held on 27 September 2017. It was requested that a ten minute update on the Access report be presented to the next meeting of the Board.

(2) Thank you to Bernie Flaherty

The Board recorded its thanks to Bernie Flaherty, Director of Adult Social Services, for her services to the Board and wished her well in her new post.

(Note: The meeting, having commenced at 12.30 pm, closed at 1.45 pm).

(Signed) COUNCILLOR SACHIN SHAH
Chair