

HEALTH AND WELLBEING BOARD MINUTES

11 JANUARY 2018

Chair:	* Councillor Sachin Shah		
Board Members:	* Councillor Simon Brown		Harrow Council
	* Councillor Paul Osborn		Harrow Council
	* Councillor Varsha Parmar		Harrow Council
	* Councillor Mrs Christine Robson		Harrow Council
	* Mina Kakaiya		Healthwatch Harrow
	* Dr Amol Kelshiker Rob Larkman		Clinical Commissioning Group Accountable Officer, Harrow Clinical Commissioning Group
	* Dr Genevieve Small		Clinical Commissioning Group
Non Voting Members:	* Varsha Dodhia	Deputy Representative of the Voluntary and Community Sector	
	* Andrew Howe	Director of Public Health	Harrow Council
	* Paul Jenkins	Interim Chief Operating 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

	† Visva Sathasivam	Interim Director of Adult Social Services	Harrow Council
	* Chris Spencer	Corporate Director, People	Harrow Council
In attendance: (Officers)	Donna Edwards	Finance Business Partner, Peoples Director	Harrow Council
	Emma Hedley	Named Nurse for Children Looked After	CNWL NHS Foundation
	Joanna Paul Zoe Sargent	Head of Integration Head of Children's Services and Operations	LNWH NHS Trust CNWL NHS Foundation
	Paul Walker	Corporate Director, Community	Harrow Council

- * Denotes Member present
- † Denotes apologies received

244. Attendance by Reserve Members

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

245. Declarations of Interest

RESOLVED: To note that the following interests were declared:

Agenda Item 11 – INFORMATION REPORT – Healthwatch Harrow GP Access Report

Dr Genevieve Small declared a non-pecuniary interest in that she was a GP provider. She would remain in the room whilst the matter was considered and voted upon.

246. Minutes

RESOLVED: That the minutes of the meeting held on 2 November 2017, be taken as read and signed as a correct record.

247. Public Questions, Petitions and Deputations

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

RECOMMENDED ITEMS

248. Request for Appointment of Additional Non-Voting Board Member

The Board considered the request by the Chair of the Harrow Safeguarding Children Board (HSCB) for a place as a non-voting member of the Board.

Members were informed that, whilst the Board was able to appoint additional voting members, the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 required that these would be voting members unless the Council decided that they should be non-voting.

Resolved to RECOMMEND: (to Council)

That the Chair of the Harrow Safeguarding Children Board (HSCB) be appointed as a non-voting member of the Health and Wellbeing Board.

RESOLVED ITEMS

249. Presentation on Ideas for Improving Health and Wellbeing through the Communities Directorate

The Board received a presentation by the Corporate Director Community on ideas for improving health and well being in Harrow. The ideas were based on the key messages from the Harrow Joint Strategic Needs Assessment (JSNA). The presentation outlined some new opportunities for each area, suggested some 'quick wins' and the development of relationships and partnerships to deliver real change.

A Member of the Board referred to the importance of building the resilience of voluntary organisations and suggested a community development approach in order to obtain a joined up rather than fragmented structure. The Corporate Director Community stated that work could commence immediately to identify essential relationships and how to join up and build on arrangements that had been shown to work. There was no shortage of opportunities which the Council could take with others and to consider how to take it further.

In response to a comment that social isolation was a major concern in Harrow, particularly within diverse communities, the Corporate Director Community identified the refuse service as the only service that visited every property and therefore had the opportunity to spot issues around safeguarding. Training to fulfil that role would need to take place over a period of time.

A non-voting Board Member sought the Corporate Director Community's ideas as to how the previously expressed aspirations for a car free Harrow and for a reduction in fast food establishments could be taken forward. The Corporate Director Community referred to the regeneration programme which would result in less car parking provision, for example the new Civic Centre, and the opportunity to use planning policies and develop relationships with businesses to provide a balance in the provision of fast food establishments.

The Corporate Director People commented that, in relation to obesity and inactivity, consideration should be given to encouraging the community and parents to assess danger in a proportionate way for outside play.

The Vice-Chair referred to the number of patients who had experienced injuries due to tripping on pavements and the resulting impact on hospital admissions and aftercare. He suggested the implementation of a falls prevention strategy, to include a contact number to report dangerous pavements, in order to mitigate the risk of further trips and the financial impact. A Member commented on the large amount of damage caused by cars parking on the pavement. The Corporate Director Community undertook to discuss the matter further with the Vice-Chair. A further Member stated that the Council had access to data from reports and insurance claims which could be analysed in conjunction with the sharing of information from GPs on the location of frequent trips.

The Chair thanked the officer for an interesting presentation that had resulted in the identification of some quick wins to pursue and ideas for working with GPs regarding fall hazards.

RESOLVED: That the report be noted.

250. INFORMATION REPORT - Children Looked After (CLA) Health Annual Report

The Board received the Annual Report of the Children Looked After (CLA) Health Service in Harrow which reviewed performance indicators, clinical work undertaken by the CLA health team, service improvements and gaps or challenges identified.

A representative of the CNWL NHS Foundation introduced the report and highlighted the following:

- that, despite an increase at the end of 2016/17 to 211 children looked after, a 93% achievement had been maintained with regard to review health assessments being undertaken on time which was higher than the England average and in line with statistical neighbours;
- immunisations were slightly behind schedule and this would be one of the priorities for the coming year;
- a survey focusing on the health needs of CLA and a client satisfaction survey had been undertaken.

In response to a question regarding improving immunisation rates, the officer stated that work was being taken as follows: meetings held with safeguarding GPs and clinical leads and the circulation of information; children reporting without documentation to receive a full course of immunisations rather than boosters as previously; monthly meetings with the monitoring team at Harrow Council, and informing carers of forthcoming immunisations.

The Corporate Director People referred to four years previously when CLA health had been an area of considerable concern and performance had been poor. The Board congratulated the officers on the significant improvement in performance subsequent to the retendered contract and thanked the team for its hard work.

RESOLVED: That the report be noted.

251. INFORMATION REPORT - Accountable Care System

The Board received an update on the accountable care system development in Harrow.

The Interim Chief Operating Officer introduced the report and highlighted the following:

- Accountable Care enables Commissioners and Providers to take collective responsibility for managing resources, quality and improvement and the total health and care needs of their population;
- the ACS provided the biggest opportunity for working together on issues such as obesity, self care and inactivity. Work to share ideas and opportunities was in progress on outcomes based health and care contracts for a defined cohort population;
- the Health Impact Pyramid provided a framework to improve health on a population level. The programme was drawn up in conjunction with partners and joining up of design, management and delivery of care for the over 65s cohort;
- the ACS looked at the entire resource in Harrow, integrating individual CCG or Council resources in order to make an impact;
- the ACS Joanna Paul was the programme director lead and Dr Amol Kelshiker the clinical lead.

The Programme Director outlined the communication programme. It was noted that the population segmentation of focussing on the over 65s service users was in process with a Harrow wide engagement programme underway with commissioning agencies, providers and service users.

The Corporate Director People endorsed the ACS as a common sense beginning to the integration of health and social care. It would result in strategic advantages and benefits and would broaden examples of integration.

The voluntary and community representative requested a glossary to the document and suggested that the voluntary sector could play a useful part in cascading information and providing assurance. The Healthwatch Harrow

representative emphasised the requirement for an equality impact assessment.

Discussion arose on the commissioning arrangements and the Chair stated that the Council would expect the commissioning to be with public sector companies for public services. It was noted that media coverage had referred to the opportunities for privatisation arising from commissioning.

RESOLVED: That the report be noted.

252. INFORMATION REPORT - Healthwatch Harrow GP Access Report

The Board received a report on the methodology and findings of the research undertaken by Healthwatch Harrow in order to gain an understanding of patients and service users experience of GP services within the Borough.

The Manager of Healthwatch Harrow introduced the report and highlighted the five key recommendations which would be fed back to the co-commissioning group and would be embedded in primary care work plans.

The Board welcomed the report and the themes for learning to improve access and information. The Interim Chief Operating Officer advised the Board of investment to increase capacity, for example a pilot in the next few months on online consultations and booking services. Points arising from the survey would be built into CCG action and work programmes, for example arranged telephone messaging. He stated that patient and public groups played a key role in disseminating information..

In response to questions arising from the recent closure of a GP practice, the Board was informed that, as GPs were independent contractors, the CCG's role was behind the scenes and included raising awareness and supporting registration with alternative practices. It was noted that patients could choose to move to practices outside the Harrow boundary.

RESOLVED: That the report be noted.

253. INFORMATION REPORT - CCG Commissioning Intentions

The Board received an update report on the CCG's commissioning intentions which set out clearly how the CCG would utilise its resource allocation in 2017-18/19 to deliver its vision and to highlight any significant changes it was planning to the services that it commissioned during that time.

The Interim Chief Operating Officer introduced the report and highlighted the ten priority areas together with the main sections that had been refreshed which were listening to local people, commissioning intentions and provider commissioning intentions.

In response to a question, the officer informed the Board that the proposal for collaborate commissioning was underway with a more co-ordinated approach that included a reduction to one Accountable Officer across North West London from the current two. An appointment was expected to be made in

March. It was noted that there would also be a number of appointments across NWL CCGs in addition to the Accountable Officer including one chief finance officer and other support functions would be streamlined to achieve common processes in areas such as acute hospital contracting and mental health contracting. A report would be submitted to the next meeting of the Board on the form the collaborative arrangements would take. The Chair informed the Board that he was working with other Council Leaders regarding an increase in the involvement of local government in the appointment of Accountable Officers.

The Board was informed that there was currently no intention to amend the local management structure and the CCG would retain statutory responsibilities for commissioning healthcare in Harrow.

RESOLVED: That the report be noted.

254. INFORMATION REPORT - Draft Revenue Budget 2017/18 - 2019/20

The Board received a report which detailed Harrow Council's Draft Revenue Budget 2018/19 to 2020/21 and Medium Term Financial Strategy 2018/19 to 2020/21 as reported to the Council's Cabinet on 7 December 2017. It was noted that the budget and MFTS would return to Cabinet in February 2018 for final approval and recommendation to Council.

An officer introduced the report and drew particular attention to the key points relevant to the Health and Wellbeing Board including the continued financial challenges to the health and social care sector. Whilst a balanced budget was forecast, significant challenge was anticipated in the next few years with a budget gap of approximately £27m over the two years 2019/20 and 2020/21. As detailed in the report, the government grant had reduced from £52.1m in 2013/14 to £1.5m in 2019.20 which, together with demographic pressures, underpinned the budget process. The budget process refresh process identified further savings of £2m were planned for 2018/19 including £1,242,000 in adult services and £91,000 in Children and Family Services. The draft budget assumed a 1.99% Council Tax increase and 1.5% social care precept.

Members were informed of relevant growth of £2m in Children's Services, £5.8m in adult care and £275,000 in the public health budget. The draft Public Health commissioning intention expenditure(detailed in the appendix) included an increase in costs associated with health checks, the re-instatement of three posts and a reduction in the savings associated with the ongoing drug and alcohol services. The savings for Project Infinity had been proposed for reversal and income generated would be re-instated into the budget as and when realised. The Better Care Fund arrangements had been built into the budget.

In response to a question, the Board was advised that a two year Better Care Fund programme had been agreed between the Council and CCG and would be reviewed mid year and that the additional Improved BCF (IBCF) resources to the Council had been used to manage social care cost pressures and growth.

The CCG welcomed the reduction in the savings for drug and alcohol services and health checks.

RESOLVED: That the report be noted.

255. Any Other Business

Thank you to Chris Spencer

The Board recorded its thanks to Chris Spencer, Corporate Director People, for his services to the Board and Harrow Council and wished him well in his new post.

(Note: The meeting, having commenced at 12.30 pm, closed at 2.35 pm).

(Signed) COUNCILLOR SACHIN SHAH
Chair