

# HEALTH AND WELLBEING BOARD MINUTES

## 5 JULY 2018

<b>Chair:</b>	† Councillor Graham Henson		
<b>Board Members:</b>	* Councillor Ghazanfar Ali	Harrow Council	
	* Councillor Simon Brown	(in the Chair)	
	* Councillor Janet Mote	Harrow Council	
	* Councillor Christine Robson	Harrow Council	
	* Councillor Krishna Suresh (3)	Harrow Council	
	* Dr Sharanjit Takher	Harrow Clinical Commissioning Group	
	* Marie Pate	Healthwatch Harrow	
	* Javina Sehgal	Harrow Clinical Commissioning Group	
	† Dr Genevieve Small	Clinical Commissioning Group	
<b>Non Voting Members:</b>	* Varsha Dodhia	Representative of the Voluntary and Community Sector	Voluntary and Community Sector
	* Carole Furlong	Director of Public Health	Harrow Council
	† Paul Hewitt	Corporate Director, People (Interim)	Harrow Council
	† Chris Miller	Chair, Harrow Safeguarding Children Board	Harrow Council
	Jo Ohlson	Director of Commissioning Operations	NW London NHS England
	Visva Sathasivam	Interim Director of Adult Social Services	Harrow Council

	Vacancy	Borough Commander	Metropolitan Police
	Vacancy	Officer Representative	Harrow Clinical Commissioning Group
<b>Officers:</b>	Bridget O'Dwyer	Senior Public Health Commissioner	Harrow Council

- \* Denotes Member present  
 (3) Denote category of Reserve Members  
 † Denotes apologies received

## 11. Appointment of Chair for the Meeting

**RESOLVED:** That, in the absence of the Chair and Vice-Chair, Councillor Simon Brown be appointed as Chair for the meeting.

## 12. Changes to Membership

**RESOLVED:** That the following membership changes be noted:

- (1) the appointment of Javina Sehgal as Accountable Officer or Nominee, Harrow Clinical Commissioning Group in place of Rob Larkman;
- (2) the appointment of Varsha Dodhia as representative of the Voluntary and Community Sector in place of Carol Foyle and the appointment of Shona Duncan as Deputy.

## 13. Attendance by Reserve Members

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

### Ordinary Member

Councillor Graham Henson  
 Dr Amol Kelshiker

### Reserve Member

Councillor Krishna Suresh  
 Dr Sharanjit Takher

## 14. Declarations of Interest

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

### All Agenda Items

Councillor Krishna Suresh declared a non-pecuniary interest in that his mother was in receipt of benefits. He would remain in the room whilst the matters were considered and voted upon.

#### Item 7 – Information Report: 9-12 PH Nursing Commissioning Update

Varsha Dodhia declared a non-pecuniary interest in that she was an employee of CNWL. She would remain in the room whilst the matters were considered and voted upon.

#### **15. Minutes**

**RESOLVED:** That the minutes of the meeting held on 7 June 2018, be taken as read and signed as a correct record.

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

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

### **RESOLVED ITEMS**

#### **17. Information Report: 0-19 PH Nursing Commissioning Update**

The Board received a joint update report from the Director of Public Health and Chief Operating Officer on the award of the contract for the 0-19 Health Visiting and School Nursing services to CNWL with effect from 1 July 2018. It was noted that the three main public health priorities were oral health, healthy weight and school readiness.

The Director of Public Health advised the Board that the new service had been in operation in new premises from 2 July 2018. The first two days had been taken up with induction training. The Director drew particular attention to the following:

- the key focus during the transition had been on the use of a risk register to manage and monitor risks;
- the new service enabled the breastfeeding service to continue and also absorb the planned £65k budget saving. It would also enable the introduction of vision screening for all reception-aged pupils which, if funded as a stand alone service, would have cost in excess of £75k per annum;
- oral health was now the responsibility of all health visitors, school nurses and other staff instead of a specialist oral health promoter;
- additional checks, initially for the most vulnerable, would take place at age 4-5 months and at 3.5-4.5 years old. The latter aimed to improve school readiness in those not already attending an early years setting;
- the new service would provide an increased school nurse presence in every school and the introduction of questionnaires for secondary aged pupils in order to identify and address areas of concern to young people and to build on the recent Young People's Needs Assessment;

- the delivery model for school nursing in the two PMLD special schools would be brought in line with the statutory guidance on supporting pupils with medical conditions at school.

The CCG representative emphasised the commitment to working closely with Public Health and CNWL which had made a positive impact during the tendering process and early mobilisation. The CCG welcomed the inclusion of additional health checks to aid early identification and intervention and hoped the increase in school nurse provision would improve multi agency collaboration. It was however important to monitor whether nurses withdrew as a result of the change in the delivery model for school nursing in the two PMLD schools. She also stressed that health advice should include signposting alternatives to A&E.

The Board was informed that discussions were taking place between the CCG, Harrow Council and NWL regarding a joint specification for speech and language development, an area which had absorbed a £50k reduction in Council spending. Although no clinical risks had been identified it was hoped that in the longer term provision to meet the rising demand, linked to the increasing numbers of Education Health and Care Plans, would be commissioned.

The CCG representative expressed the hope that the suggested change to the school nursing delivery models for PMLD special schools would not result in unreasonable cost pressures for the CCG.

A CCG clinical representative stated that it was important for health visitors to liaise with primary care and GPs. Feedback on the new arrangements would be welcomed. The additional health checks would be useful in supporting improvement in low immunisation rates.

A Member referred to the discussion at the Corporate Parenting Panel earlier that week on CNWL Looked After Children (LAC) health team and stated that this confirmed the successful partnership working.

In response to questions, the Board was informed that:

- links with other services ensured signposting to other referral pathways. Specific mental health needs were given as an example. Mothers with mental health needs were identified as soon as possible and were given additional support known as universal+ and universal partnership+. Prenatal visits focused on vulnerable people and first time mothers. GP checks at 6 and 8 weeks would include assessments of maternal mental health and the new 4-5 months check by the health visitors would give an additional opportunity for identification of maternal mental health issues;
- the officer undertook to provide information on the number of staff employed in the 0-19 Public Health Nursing service at Milmans. There were approximately 70 staff in the service as a whole;

- there was no provision for inflation in the contract. It was a set price contract and efficiency savings were expected throughout the life of the contract to counter the impact of inflation.

A Member stated that the Young Harrow Foundation sought the raising of the profile of emotional and mental wellbeing, particularly in view of suicide and self harming. The Director of Public Health stated that meetings had taken place with Thrive London and the CCG regarding mental health needs and funding. The public health team were also delivering more Mental Health First Aid training for schools and other groups that worked with young people. This was in addition to the national MHFA in secondary schools programme that was now being rolled out in Harrow.

A Member who had served on the Scrutiny Review stated that she was delighted that all the recommendations had been taken into account.

The Director of Public Health stated that regular performance meetings would be held with the Trust and key performance indicators would be monitored. An update would be submitted to the Board.

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

#### **18. INFORMATION REPORT: Harrow Integrated Sexual & Reproductive Health Service Commissioning update**

The Board received an update report on the Harrow Integrated Sexual and Reproductive Health Service. It was noted that Harrow's Sexual Health Strategy had been approved by the Board in 2015.

An officer introduced the report outlining the key objectives of the strategy and the services included in the fully integrated and comprehensive system. The Board was informed that following a procurement exercise, the Lead provider for ISRH Services across Ealing, Harrow and Brent was London North West Healthcare NHS Trust (LNWHT).

The officer reported the replacement of the previous fragmented provision by an integrated multi-agency local service. This integrated seamlessly with the new Pan London e-service and STI Home Sampling Service. The initial focus was to move lower risk patients from exceptionally busy clinics to enable focus on patients with additional needs or vulnerabilities.

In response to questions the Board was informed that:

- branding for the new service and an official launch, including the e-service, would take place shortly. Initial signposting would be from GP services, LNWHT ISRH or clinics;
- safeguarding was at the heart of the new e-service and the officer had facilitated a presentation in respect of safeguarding arrangements to Harrow LSCB Violence, Vulnerability and Exploitation sub group. Questions from the group were submitted to the lead commissioner at the City of London and responses had been received;

- Harrow's contribution to the e-service and the Pan-London Sexual Health Programme was based on the cost per appointment/test and was robustly tested. The previous system for calculating recharges for Harrow residents who chose to be treated elsewhere had been cumbersome. A Member commented that the e-service could reduce the number of residents attending out of borough due to confidentiality;
- it would be the responsibility of the LNWHT to consider any extension of the hours of the Alexandra Avenue Clinic. Other sites across Harrow were under consideration and the Board would be informed of any developments;
- the distribution of condoms and dispensing machines seven days a week was being investigated and the officer undertook to inform Board members of the current availability. A Member suggested that the information be made available on leaflets in GP surgeries. Pharmacies were keen to become distribution points for emergency contraception and this would increase access without incurring additional costs.

The Board endorsed the one stop approach as the way forward. A further report including monitoring satisfaction and hours of delivery would be submitted to a future meeting.

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

## **19. Information Report: Diabetes Care**

The Board received and considered the Diabetes Care Report produced by Healthwatch Harrow. The Healthwatch Harrow representative advised that the report was based on a survey, focus groups, Healthwatch Forum and the CRISPI database (concerns, request for information, signposting and intelligence) and national and local influences.

The Healthwatch Harrow representative stated that the report set out to gain a better understanding of the experiences of local people with regard to diabetes care and service provision and set out recommendations to improve the quality of service. She outlined the key issues and the six specific recommendations based on the workshops and survey.

Members expressed concern that Harrow had the third highest incidence of diabetes and commented that it was essential that primary care worked with GPs to promote a programme of prevention, such a programme to include encouraging people to attend for blood tests. A Member suggested that a diabetes prevention programme be introduced in schools from an early age in the same manner as sex education.

The Director of Public Health welcomed the participation of Healthwatch Harrow in raising awareness. She advised that the Schools National Childhood Measurement Programme indicated that Harrow was lower than the national level when started school but higher than the national level at 11. Programmes for physical activity and healthy eating were promoted. Harrow was in the third wave of the new National Diabetes Prevention Programme.

The CCG representative informed the Board that diabetes prevention was a priority for the North West London STP and a lot of work had been undertaken with primary health and social care on a model using an outcomes based approach. The Harrow Health app was also being actively used for raising awareness and signposting messages.

The Board discussed the initiatives being undertaken including school children walking a mile, adult walking groups in parks, patient participation groups to encourage both staff and patients to walk. It was reported that the Harrow Parks User Group was looking at nature and ecology walks.

Discussion ensued on the need to encourage those not already walking particularly those in the 30-50 year group. The representative of the voluntary and community sector suggested focussing on areas where high footfall and tapping into communities, for example having a representative for diabetes in each ward. The Board recognised the parental influence on the amount of physical activity their children undertook.

The Director of Public Health undertook to make arrangements to reinstate the walk in the local area for Members of the Board and officers prior to Board meetings.

The Chair thanked Healthwatch Harrow for an excellent report.

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

## **20. Any Other Business**

### **CQC Inspection of Drug and Alcohol Provider**

The Director of Public Health advised the Board of the excellent report by the CQC on the Council's drug and alcohol provider WDP which outlined the four areas where it was leading the way.

### **Award of Gold Standard to Schools**

The Chair reported that 9 Harrow schools had been awarded the gold standard at the recent London Health Schools Award ceremony at London City Hall. Norbury School had given a presentation at the ceremony which had been well received. The Board expressed its congratulations to all the schools involved.

(Note: The meeting, having commenced at 12.30 pm, closed at 1.40 pm).

(Signed) COUNCILLOR SIMON BROWN  
In the Chair