

# HEALTH AND WELLBEING BOARD MINUTES

## 10 JANUARY 2019

<b>Chair:</b>	* Councillor Graham Henson		
<b>Board Members:</b>	* Councillor Ghazanfar Ali		
	* Councillor Simon Brown		
	* Councillor Janet Mote		
	* Councillor Christine Robson		
	* Javina Sehgal (VC)	Managing Director	
	Dr Himagauri Kelshiker	Clinical Commissioning Group (Reserve)	
	* Marie Pate	Healthwatch Harrow	
	* Dr Muhammad Shahzad	Clinical Commissioning Group	
	* Dr Genevieve Small	Clinical Commissioning Group	
<b>Non Voting Members:</b>	* 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
	* Tajinder Nijjar	Chief Executive Officer, Harrow Citizens' Advice Bureau	Voluntary and Community Sector
	† Detective Chief Superintendent Simon Rose	Borough Commander, Harrow, Brent & Barnet Police	Metropolitan Police Service

<b>In attendance: (Officers)</b>	† Visva Sathasivam	Interim Director of Adult Social Services	Harrow Council
	Matthew Cruice	Deputy Team Leader, Adult Screening Programmes	NHS England
	Donna Edwards	Finance Business Partner, Adults and Public Health	Harrow Council
	Priya Ganatra	Children's Commissioner, Peoples Directorate	Harrow Council
	Anita Harris	Head of Children's Services	Harrow Clinical Commissioning Group
	Catherine Heffernan	Principal Adviser for Commissioning Immunisations and Vaccination Services	NHS England
	Lisa Henschen	Assistant Managing Director	Harrow Clinical Commissioning Group
	Seth Mills	Head of Service for Specialist Learning, Disability Care and Children and Young Adults Disabilities Services and Client and Finance Brokerage, People Services	Harrow Council
	Lucy Rumbellow	Immunisation Commissioning Manager	Harrow Clinical Commissioning Group
	Peter Tolley	Divisional Director Children and Young People Services	Harrow Council

\* Denotes Member present

† Denotes apologies received

### 35. Attendance by Reserve Members

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

### 36. Change to Membership

The Board was advised that Tajinder Nijjar had been appointed as the Deputy representative of the Voluntary and Community Sector and that Dr Sharanjit Takher was no longer a CCG Reserve representative.

### 37. **Declarations of Interest**

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

Agenda Item 10 – Section 117 of the Mental Health Act 1983

Councillor Graham Henson declared a non pecuniary interest in that his wife was employed by Rethink Mental Illness. He would remain in the room whilst the matter was considered and voted upon.

All Agenda Items

Councillors Chris and Janet Mote declared a non-pecuniary interest in that their daughter worked at Northwick Park Hospital. They would remain in the room whilst the matter was considered and voted upon

Dr Muhammad Shahzad declared a non-pecuniary interest in that he was a GP in Harrow, part of the Harrow Clinical Commissioning Group. He would remain in the room whilst the matter was considered and voted upon.

### 38. **Minutes**

**RESOLVED:** That the minutes of the meeting held on 1 November 2018, be taken as read and signed as a correct record.

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

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

### 40. **Clinical Commission Group (CCG) Commissioning Intentions Update**

Subsequent to detailed discussion at the last meeting, the Board received a report on the final version of the 2019/21 Clinical Commissioning Group Commissioning Intentions. The Board was informed that the Commissioning Intentions had been approved by the CCG. It was noted that any significant change would be reported back to the Board.

The CCG Managing Director introduced the report and outlined the areas updated since the last meeting of the Board:

- Inclusion of the themes from the finalised Primary Care Strategy
- Reflection of the expected Harrow population growth, infrastructure and planning
- Inclusion of additional feedback from engagement events
- Strengthening of the commitment to support homelessness in Harrow
- Outlining the assumed outcomes expected as a result of the Commissioning Intentions

In response to a question the Board was informed that CCG support for the Child Death Overview Panel would continue as at present pending the outcome of consultations, subsequent to which some functions would transfer to the Sustainability and Transformation Partnership (STP).

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

#### **41. Primary Care Strategy**

The Board received a report which set out the Primary Care Strategy for Harrow CCG and set out the current position and challenges faced within General Practice in Harrow and the transformational programme that would be delivered to respond to them.

A CCG Assistant Managing Director introduced the report and expressed appreciation to partners who had contributed to the strategy. She outlined the six objectives to deliver the vision for primary care in Harrow. The Board was informed that population growth was shown to be of particular concern to Harrow residents.

The Board asked questions regarding the provision of data in the strategy and noted the inclusion of information from the latest public health annual report. Annual data was available for childhood obesity and it was hoped that access to the General Practice database could more accurately provide information on adult obesity. Estimates had been included for ethnicity population but accurate measurement were available in census data.

A Board Member sought assurances that the NHS health checks were available for all adults in the borough. The Director of Public Health informed the Board that although the number of invitations issued was still too low in Harrow, uptake for those who had been invited was about 55% which was in line with national uptake. Whilst Harrow Council, through the Public Health team, commissioned NHS Health checks, not all practices signed up to deliver them. It was noted that in line with the primary care at scale that was part of the strategy, health checks could take place at an alternative practice or clinic within a locality in order to deliver greater population coverage. Public Health and Primary Care Commissioners agreed to work together to facilitate this.

In response to a questions the Board was informed that:

- the findings from the National GP Patient Survey 2018 indicated that Harrow was above national benchmark for some of these access indicators, but below in overall access to GP services. This was a key reason why it was a central objective within the Strategy;
- there was a range of workforce initiatives to encourage recruitment to fill gaps in the Harrow workforce including the First Fives programme for newly registered GPs and the Last Fives for succession planning which included mentoring;
- the CCG was aware of the need to support the homeless and non-registered to access services;

- consideration would be given to the provision of annual checks for those with needs although they were not part of the Continuing Care programme.

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

#### **42. Social Prescribing**

The Board received a report on the engagement events and work on developing resilient communities within the context of a wider Community Based Asset Development approach.

The Director of Public Health introduced the report and informed the Board that the scheme being delivered by Capable Communities, which was funded by a grant from the Department for Communities and Local Government, had finished in December 2018. The officer confirmed that the CCG and Harrow Council had agreed to fund the continuation of the scheme on a 50/50 basis until the end of March 2019.

The Director of Public Health informed the Board that contrary to the proposal in the report, the work was not ready for a decision on an options appraisal. Particular mention was made of the need for feedback and evaluation from any social prescribing scheme. It was noted that GPs had not been receiving feedback on whether people had taken up the opportunities offered and, if so, what they had done and what were the outcomes.

Support was sought for consideration of the possible options as outlined in the report. Officers of the Council and CCG would look at these options and see how well they fitted in with the aspiration for a scheme that could be evaluated; that could target interventions to priority groups; and that would provide a good return on investment. The officers would continue to build on Lateral work on community resilience with the voluntary sector and consultation would include Board Members. A progress report would be submitted to the Board at its March or May meeting.

**RESOLVED:** That the report be noted and the direction of travel endorsed.

#### **43. Section 117 of the Mental Health Act 1983**

Subsequent to an initial discussion at the last meeting, the Board received a report which set out the agreed approach including procedures and terms of reference and implementation plan to support people in receipt of Section 117 support (Mental Health Act 1983) in the form of after hospital health and/or social care support. The report was considered as urgent in accordance with the Local Government (Access to Information) Act 1985.

A CCG officer introduced the report outlining work undertaken, in conjunction with Harrow officers, to manage those in receipt of Section 117 care who had an individual care package. It was noted that a new matrix would determine the funding split for new and review cases and make clearer where and how the costs would be apportioned. Members were informed that it would be implemented once training was in place.

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

**44. INFORMATION REPORT - Draft Revenue Budget 2019/20 and Medium Term Financial Strategy 2019/20 to 2021/22**

The Board received a report which detailed Harrow Council's Draft Revenue Budget 2019/20 and Medium Term Financial Strategy 2019/20 to 2021/22 as reported to the Council's Cabinet on 6 December 2018. It was noted that the budget and MTFS would return to Cabinet in February 2019 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. The additional funding for social care had not been confirmed beyond 2020. The continuation of the Improved Better Care Fund of approximately £5.5m had been assumed although confirmation had not yet been received. The appendix contained information on savings. With regard to adult services savings there were no new savings beyond those in the 2017/18 budget. Whilst a balanced budget was forecast, significant challenge was anticipated in the next few years.

The Vice-Chair indicated that the CCG recognised the financial difficulties that the Council was experiencing and commended the work undertaken. She stated that, as the health service was also demand led, the opportunities for integrated and innovative work should be taken for the benefit of Harrow residents. An assurance that population growth was modelled into the budget was sought and a question was asked as to the size of the public health reserve.

The officer stated that the public health reserve was carried forward as it was ring fenced. Work continued to analyse population growth and the budget implications.

The Chair stated that the consultation enabled openness and transparency. He made particular reference to the business rates consultation pilot under which £2.6m had been allocated to Harrow but it was not known whether it would continue.

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

**45. Harrow CAMHS Transformation Refresh 2018 Report to NHS England**

The Board received a report which set out the progress and plans for mental health services for Harrow young people in line with the expectations of the government's Future in Mind initiative. Consideration was given to the North West London (NWL) CAMHS Transformation Plan and the Harrow CAMHS Transformation Plan Refresh.

The CCG Managing Director introduced the report, informing the Board that due to the timing of the meeting the draft NWL CAMHS Transformation Plan had been submitted to NHS England prior to consideration by the Board.

Feedback from NHS England could result in some further amendment ahead of a resubmission date of 4 February 2019.

A CCG officer outlined the five priorities and three enabling work streams and drew particular attention to:

- waiting times for CAMHS had shown steady improvement when compared to 2016/17 data, with the numbers of children and young people waiting, both for referral to assessment and referral to treatment, showing a reduction;
- Harrow Horizons assessment to treatment target for quarter 2 was also achieved;
- waiting time from referral to assessment would continue to be a priority, so that children and young people were able to access services and support in a timely way;
- the Plan included an explanation of the support available for young people with Autism, Learning Disabilities and Challenging Behaviour as well as services for looked after children and young offenders;
- the improved transition to adult services for the 18-25 age group and the aspiration for a 0-25 service.

In response to a question from the Chair of the Harrow Safeguarding Children Board, the Managing Director undertook to speak to NWL colleagues with regard to an update on the data for self harm hospital admissions and circulate to the Board.

**RESOLVED:** That the NWL CAMHS Transformation Plan and the Harrow CAMHS Transformation Refresh be endorsed.

#### **46. Harrow Safeguarding Children Board (HSCB) Annual Report**

The Board received the Harrow Safeguarding Children's Board (HSCB) Annual Report 2017-18. The Chair of the HSCB introduced the report and drew particular attention to the following:

- as indicated in appendix 2 to the annual report, there was an inequality of funding with Harrow Council contributing more than a fair share;
- the need to better understand how the data from each agency contributed to the overall picture;
- there was good reason to have confidence in the new future arrangements.

Members of the Board spoke in support of the work of the HSCB and one stated that, although not a requirement, the Board had maintained its natural

partnership with education and schools in planning for the future. A Member stated that she had been impressed during her visit to the MESH.

In response to a question as to the affect of childhood poverty, the Board was informed that the remit to ensure cooperation to protect children from harm could have reference to circumstances arising from poverty.

**RESOLVED:** That the Harrow Safeguarding Children Board Annual Report be endorsed.

#### **47. Annual Report on Immunisation**

The Board received an update on the delivery of the NHS (London) commissioned Childhood and School Age Immunisation Programmes. Members were informed of the uptake of the different programmes against nationally set targets, exception reports and actions being taken to improve performance or manage any serious incidents affecting Harrow residents.

A representative from NHSE (London) introduced the report stating that Harrow's immunisation rates were similar to or slightly higher than the national rates. A survey indicated that a third of children in London had moved at least once by age one resulting in difficulty in tracking families. NHSE was investigating digital analysis to overcome this problem.

Particular mention was made of:

- only one case of measles in Harrow in the last year indicated that vaccination was at a good level;
- HPV vaccinations would be provided in Year 9 in the future;
- evaluating the pilot of delivery of maternal vaccinations in maternity units across London.

In response to questions regarding BCG immunisations, it was noted that babies born at Northwick Park Hospital were routinely vaccinated against BCG. BCG immunisation was targeted to high risk areas only or high risk households with health visitors referring cases if appropriate. There was now sufficient licensed vaccine to include a mop up session for the cohort who had missed out due to the previous shortage.

With regard to flu immunisation in schools, the officer undertook to inform the Director of Public Health of the outcome of discussions with the London immunisation Board representatives. For immunisations where there was no alternative to animal based vaccine it was a personal decision for those groups affected and a guide was available to support them.

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



#### **48. Adult Non-Cancer Screening Update**

The Board received a report that set out the performance of the adult non-cancer screening programmes commissioned by NHS England for the Harrow population. The two programmes were the Abdominal Aortic Aneurysm Screening Programme (AAASP) and Diabetic Eye Screening Programme (DESP).

A NHS England representative introduced the report and advised of a lack of Harrow specific data for AAASP as it was included within the national data for NWL and North London. AAASP performance had fallen the previous year due to the London-wide procurement programme which sought to improve resilience. All men had now been invited and screening invitations were back on track.

It was noted that for DESP the London region had the highest uptake in the country and that Harrow had the highest uptake in London. The Board was informed of the development of DESP screening programme software which would enable a targeted health inequalities strategy to be delivered. It was hoped that the strategy would be available in six to nine months and information submitted in the next report to the Board.

**RESOLVED:** That the report be noted

#### **49. Any Other Business**

##### NHS Long Term Plan

It was agreed that the Plan be discussed at the next meeting.

(Note: The meeting, having commenced at 12.00 pm, closed at 2.05 pm).

(Signed) COUNCILLOR GRAHAM HENSON  
Chair