

HEALTH AND WELLBEING BOARD MINUTES

2 MAY 2019

Chair:	* Councillor Graham Henson		
Board Members:	* Councillor Ghazanfar Ali		
	* Councillor Simon Brown		
	* Councillor Janet Mote		
	* Councillor Christine Robson		
	* Dr Genevieve Small (VC)	Chair, Clinical Commissioning Group	
	* Marie Pate	Healthwatch Harrow	
	* Javina Sehgal	Harrow Clinical Commissioning Group	
	* Dr Muhammad Shahzad	Clinical Commissioning Group	
Non Voting Members:	* 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	Harrow Council
	Chief Superintendent Sara Leach	Harrow, Brent & Barnet Police	Metropolitan Police Service
	* Chris Miller	Chair, Harrow Safeguarding Children Board	Harrow Council

In attendance: (Officers)	Sarita Bahri	Public Health Analyst	Harrow Council
	Sally Cartwright	Consultant in Public Health	Harrow Council
	Donna Edwards	Finance Business Partner – Adults and Transformation	Harrow Council
	Mital Vagdia	Project Manager	Harrow Council

* Denotes Member present

62. Attendance by Reserve Members

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

63. Declarations of Interest

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

64. Minutes

RESOLVED: That the minutes of the meeting held on 7 March 2019, be taken as read and signed as a correct record.

65. Public Questions, Petitions and Deputations

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

RESOLVED ITEMS

66. Development of a Virtual Joint Strategic Needs Assessment for Harrow

The Board received a report on the implementation of a new web-based Joint Strategic Needs Assessment (JSNA) work programme in conjunction with a presentation of a mock up of the new site.

The Director of Public Health introduced the report highlighting that stakeholder workshops and engagement with councillors, the public and CCG had taken place. The Board was informed that the web-based approach enabled a rolling programme of updates, and that the JSNA would be divided into the four areas of start well, live well, work well and age well with an update of one area taking place each quarter. The first area to go live would be the start well section and it was hoped to go live by the end of May 2019. Graphics provided information for comparison purposes for those who did not want narratives.

Board Members welcomed the inclusion of physical and mental health as overlapping subjects in the JSNA and that emotional wellbeing and development was one of the topics.

In response to questions from the Board, it was noted that:

- the officers would seek information on the Leeds initiative regarding helping parents to encourage children to eat different types of food and would share the learning with the Board;
- the provision of water fountains, exercise programmes and the promotion of healthy mile walks were examples of the work undertaken in schools;
- the web tool calculated the numbers accessing the site. In addition the officers would investigate: a search engine, the creation of alerts on the main webpage, setting up a register of the emails of users and stakeholders, the introduction of focus groups, and the provision of a contact email for feedback;
- some information was 2016/17 data due to the time taken to process nationally, other information such as local data on hospital admissions came from the CCG. Discussions were taking place with the CCG regarding up to date Child and Adolescent Mental Health Service (CAMHS) data Not all information would be updated on a quarterly basis but most data did not change significantly in the short term. The officers agreed to indicate when all data had last been updated and to provide a link to the originating website;
- the JSNA was a tool to identify need and help commissioners develop services and help voluntary groups bid for funding. It was suggested that this should be made clear on the website and that there should be signposting for members of the public who wanted general information;

On behalf of the CCG, the Vice-Chair stated that it was an excellent development in the use of the JSNA, and the information therein would be useful in shaping discussions on the transformation of services.

RESOLVED: That the work undertaken be noted.

67. Stop Smoking Offer in Harrow

The Board considered a report which set out the rationale and plans for stop smoking support in Harrow. It detailed the annual costs and components of three service options.

The Director of Public Health introduced the report stating that, although there had not been smoking cessation provision in Harrow for the last two years due to financial constraints, commissioning and the development of new services savings had enabled the service to be reintroduced. It was noted that in 2017 9% of adults in Harrow were smokers which was the lowest in London but were significant numbers when considering health inequality.

The Vice-Chair stated that the CCG welcomed the review, and that she had been part of the group which met with the Chief Executive of Public Health

England during which he had raised the importance of stop smoking services. The CCG Managing Director advised the Board that CNWL would provide data re smoking during pregnancy which would be discussed at the next HWB Executive meeting.

In response to questions the Board was advised that:

- the 0.6 FTE stop smoking advisor in option 2 was an offer to support primary care in running three clinics, one for mental health, one for pregnancy and one to see what was needed. The Advisor could also visit voluntary sector groups. A 12 week quitting course was being developed;
- the rates of young people 15+ smoking was similar to adults. It was not a priority for young people to give up as evidence indicated that it was usually triggered by an event;
- the £10k option for purchasing from/joining with a neighbouring service for stop smoking support in pregnancy would be centred at Northwick Park Hospital in conjunction with Bren;
- the initiative included preventative work to raise awareness, particularly amongst young people that schools could use as part of their PSHE modules.

The Board was advised that the effectiveness of the measures was expected to be known by the end of June.

RESOLVED: That the further development of option 2 be endorsed as outlined in the report.

68. Resilient Harrow Programme

The Board received a report which set out details on the Resilient Harrow programme that had been established to implement the Adult Social Care Vision which had been reported to the Board in March 2018.

The Corporate Director, People introduced the report and highlighted the second phase which included up to 12 different projects regarding the demand for care. The initiative aligned the work of the CCG and partner agencies in the design which was the precursor for integration. The Managing Director CCG endorsed this and sought the inclusion of the CCG as a Integrated Care Partner.

The Voluntary and Community Sector representative stated that the Harrow Voluntary Sector Forum was keen to get organisations together and to help with planning.

The Board was informed that the delivery of the Vision would be led by Adult Social Care but would need the engagement and support of key partners in the statutory and VCS sectors. It would also be aligned with other changes

such as those set out in the NHS long term plan and local initiatives to deliver these.

In response to questions, it was noted that in addition to the initiative outlined above, collaborative funding bids were being submitted in order to develop assisted technology. Coproduction such as the Health and Social Care Focus Group would be integral.

Members of the Board supported the residents hearing one voice rather than different organisations and hoped that the new initiative would enable a better quality, more responsive service at a better cost.

RESOLVED: That the work undertaken to date and the continuation of the work in phase 2 of the programme be noted.

69. Commissioning Capabilities Course

The Board received a joint report of the Managing Director, Harrow CCG, and the Corporate Director People, Harrow Council, which provided an update on the Commissioning Capability Programme (CCP) in progress across Harrow which involved key stakeholders. The CCP was a 12 week programme which aimed to develop the leadership capability of the senior leadership teams.

The Vice-Chair introduced the report, stating that in order to achieve the objectives set out in the NHS Long Term Plan, NHS England was investing in a major capability building programme for senior commissioning leadership in order to help leaders develop and work together in a better way. The Director of Strategic Commissioning, Harrow Council, reported that it provided a valuable insight into the drivers for the CCG and the balance with the commitment to Harrow as a place which would make the increase in the pace of integration will be easier.

In response to questions, the Board was informed that It encouraged a sense of identity and the aim was to model local government arrangements in a similar way to the governance arrangements for NWL. It would be for the constituent members of the Integrated Care Partnership to decide whether to formalise a Harrow Social Care Partnership;

It was noted that an item on a Primary Care Network would be submitted to a future meeting of the Board as its governance was a crucial part of getting ICP signed off for Harrow.

The Chair requested feedback at a later date on whether the course had resulted in an improvement.

RESOLVED: That the report be noted.

70. Health and Social Care Focus Group

The Board received an update on the Harrow Learning Disabilities Health and Social Care focus group that was formed on 25 July 2018 as part of the implementation of Harrow's Adult Social Care vision.

The representative of the Voluntary and Community Sector expressed the view that a similar focus group would be beneficial for carers supporting families at the end of life when at home.

A Board Member reported that there was good collaboration particularly with the two carers who had proposed the formation of the focus group. An officer reported that the Focus Group met quarterly and was co-chaired between the Local Authority, Harrow CCG and Carer (Children and Adult non statutory representatives).

A Board Member suggested that the focus group be used as a blueprint and enquired whether any analysis had taken place of the critical factors for success. It was noted that an annual report would be submitted to the Board.

It was agreed that the Executive would consider the model and submit an update to the Board at its next meeting on an aspect of the focus group that had worked well. It would be seen whether the group was effective before expansion was considered.

RESOLVED: That the report be noted.

71. Any Other Business

Letter from NHS North West London Collaboration of Clinical Commissioning Groups on Shaping a Healthier Future

Reference was made to a letter from NHS North West London Collaboration of Clinical Commissioning Groups on Building on Shaping a Healthier Future. It stated that the SaHF programme would be superseded by a new programme as part of the response to the NHS Long Term Plan.

The Vice-Chair welcomed the clarity given on the new plan and the next steps to take plans forward. SaHF had not had a huge impact on Harrow as it had not included Northwick Park Hospital and the work on hubs had continued notwithstanding.

In response to a question the CCG Managing Director stated that discussions were continuing on the plans for Belmont continued and discussions had taken place with property services.

RESOLVED: That the receipt of the letter be noted.

(Note: The meeting, having commenced at 12.00 pm, closed at 1.55 pm).

(Signed) COUNCILLOR GRAHAM HENSON
Chair