

HEALTH AND WELLBEING BOARD MINUTES

19 SEPTEMBER 2019

Chair:	* Councillor Graham Henson		
Board Members:	* Councillor Ghazanfar Ali		
	* Councillor Simon Brown		
	* Councillor Dr Lesline Lewinson (1)		
	* Councillor Christine Robson		
	* Dr Genevieve Small (VC)	Chair, Clinical Commissioning Group	
	† Javina Sehgal	Harrow Clinical Commissioning Group	
	* Rasila Shah	Healthwatch Harrow (Reserve)	
	* 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 Boards	Harrow Council

	Angela Morris	Director of Adult Social Services	Harrow Council
In attendance: (Officers)	Simon Crawford	Director of Strategy and Deputy CE	London Northwest Healthcare NHS Trust
	Alex Dewsnap	Director of Strategy.	Harrow Council
	Michael Levitan	Service Manager Adults and Housing CEO	Harrow Council
			The Middlesex Pharmaceutical Group of LPCs

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

84. Attendance by Reserve Members

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

Ordinary Member

Councillor Janet Mote
Marie Pate

Reserve Member

Councillor Dr Lesline Lewinson
Rasila Shah

85. Declarations of Interest

RESOLVED: To note that the following interests were declared:

Agenda Item 11 – NWL CCGs Commissioning Reform Update

During discussion, Councillor Graham Henson declared a non-pecuniary interest in that he was Chair of the STP Partnership Board. He would remain in the room whilst the matter was considered and voted upon.

86. Minutes

RESOLVED: That the minutes of the meeting held on 25 July 2019, be taken as read and signed as a correct record.

87. Public Questions, Petitions and Deputations

RESOLVED: To note that no public questions had been received.

RESOLVED ITEMS

88. Health and Wellbeing Board Terms of Reference

In view of the significant changes in the structure of health services in London and the greater recognition of the role of provider organisations in the system of health and social care, the Board discussed whether changes to the

Board's terms of reference would be required in order to enable the wider participation of providers.

It was noted that the significant health partners had been invited to both this and the previous meeting in accordance with the current terms of reference which included the invitation of Providers as required depending on the subject under discussion.

Representatives from the London Northwest Healthcare NHS Trust and the Middlesex Pharmaceutical Group of Local Pharmaceutical Committees were in attendance and welcomed the opportunity to further work together, in particular with regard to mental health services and the changes to the new pharmacy contract.

The Vice-Chair expressed the view that, if the Board aimed to deliver change for the wider determinates for health, it was important to have the right people in the room for discussion. However, if the membership was extended the representatives would attend only if the conversation was important enough to be a priority in their diary. She suggested that as board development sessions had not been held for some time that there should be a session to meet and reconfirm the direction of travel.

The Board supported a review of the terms of reference in order to examine the available options and ensure the flexibility required. Depending on the business of each agenda, those people invited could be positively encouraged to attend. It was recognised that the move to one CCG for the population of north west London would result in the prioritisation of officer attendance at meetings.

The Chair stated that it was important that the Harrow HWB did not lose its current influence arising from the significant changes in health services in London. The appointment of designated members from external organisations would make them more likely to attend and thereby enable progress in a positive way for Harrow residents and ensure their needs were met.

RESOLVED: That the Board's terms of reference be reviewed and updated for consideration at the next Board meeting;

89. Better Care Fund

The Board received a report of the Director of Adult Social Services, Harrow Council, and the Managing Director Harrow Clinical Commissioning Group which set out the agreed high level 2019-20 Better Care Fund Plan. Members were requested to consider this item, as a matter of urgency, in order to meet the NHS England deadline.

An officer introduced the report and highlighted the policy and planning requirements, funding sources and expenditure plans. It was noted that the planning requirement documentation had been published in July for submissions in September. The Board was informed that the funding was a continuation from the previous year so was built into the Council's existing budget.

A representative from the London Northwest Healthcare NHS Trust referred to the winter pressures and stated that the A&E delivery board considered the situation for Ealing, Brent and Harrow. A meeting was scheduled for the following Tuesday at which draft plans would be requested. The Chair stated that priorities could be examined should further funding become available.

RESOLVED: That:

- (1) the overarching schemes for the 2019-20 Better Care Fund Plan for submission to NHS England on 27 September 2019, in accordance with the mandated national deadline, be agreed;
- (2) the reporting of the detailed schemes and Quarter 2 BCF update to the next meeting be noted.

90. Public Health Quarterly Update

The Board received a report which provided an update to the work programmes of the Public Health team for the first quarter of 2019-20. The Director of Public Health summarised the report, highlighting that a workshop would be held with the Board members in October. The strategy would then be developed further and a draft for consultation would be submitted to the November meeting of the Board.

The Board was informed that the Council had been unsuccessful in the appointment of a Stop Smoking Adviser. The advertisement had been for .6 of a post and consideration was being given to whether additional resources could be made available or alternative means of delivery.

Particular mention was made of the achievement of the 0-19 nursery service as 98% of children had had their weight and height measurements taken. The Director of Public Health stated that the inclusion of these measurements with vision tests may have been a factor .

In response to questions, the Board was informed that:

- health intelligence data would be included in the next annual report;
- Healthwatch Harrow and user groups would be included in the discussions appertaining to mental health;
- the Integrated Sexual & Reproductive Health Service was tied in with FGM and domestic abuse processes.

A Council representative stated that the SEND local review had received a strong positive review and was a positive example of working together.

The Director of Public Health welcomed the offer of the London Northwest Healthcare NHS Trust representative to help support events in relation to the Expert Patient Programme.

RESOLVED: That the report be noted.

91. Review of the Active Harrow Physical Activity and Sports Strategy 2016-20

The Board received a report which provided a summary of the achievements of the Active Harrow Physical Activity and Sports Strategy 2016-20 and the draft Active Harrow Dashboard 2019-24 which set out the proposed outcomes and indicators which had been agreed by all partners. It was noted that the strategy and the dashboard were monitored by the Active Harrow Strategic Group.

The Board noted that a lot of the work undertaken was due to support in kind and external funding. Harrow had been unsuccessful in obtaining the a £13 million grant which would have been used to implement some of the smaller schemes such as to increase physical activity in South Harrow.

In response to questions, the Board was informed that:

- activities were advertised by means of the active harrow website, leaflets in libraries and GP surgeries, and word of mouth. The Harrow Communications section publicised particular events in newsletters. The Vice-Chair suggested that public health campaigns could be publicised on the television screens in GP surgeries;
- swimming sessions and walking football were made available to clients at Wiseworks;
- Active Harrow integrated with environmental strategies and contributed to public health;
- the healthy eating initiative was ongoing with work taking place on an obesity strategy.

RESOLVED: That the report be noted.

92. NWL CCGs Commissioning Reform update

The Board received a report of the Managing Director, Harrow Clinical Commissioning Group, which provided an update on the NWL CCG's commissioning reform and the recommendation to governing bodies for the merger to a single CCG for North West London to take place on 1 April 2021.

The Vice-Chair informed the Board of the feedback from stakeholders which included the view that implementation in April 2020 was ambitious given the need to focus on financial recovery and issues as to how the new arrangements would operate in practice. The Chief Executive and Chairs of the eight NWL CCGs had met to decide the best way forward. Due to the major financial challenge and need to maintain financial balance which was

taking energy it had been agreed to work collectively by April 2021. This was the latest date suggested in the Long Term Plan.

RESOLVED: That the report be noted.

93. Update on the Primary Care Networks and the Integrated Care Partnership

The Board received a report of the Managing Director, Harrow Clinical Commissioning Group, which set out the latest position in the development in Harrow of Primary Care Networks and the Integrated Care Partnership. The PCN structure was the foundation for the delivery of Integrated Care in Harrow.

The Vice-Chair introduced the report, highlighting that five PCNs had been confirmed since the last Board meeting in July, the PCN name and practices covered were detailed in the report. Extended hours and funding had been made available to support the development of social hubs including pharmacies and paramedics.

The Corporate Director People reported that engagement evidenced by a number of strategic and operational meetings had been well attended with high levels of commitment. A delineated Governance structure would help drive the change in relationships at strategic and operational levels.

In response to a statement, the Vice Chair stated that as structures were embedded work streams would be needed to coalise as whole population provision.

RESOLVED: That the report be noted.

94. Harrow Safeguarding Adults Board (HSAB) Annual Report 2018/19 and Safeguarding Children Board (HSCB) Annual Report 2018/19

The Board received and discussed the annual reports of the Harrow Safeguarding Adults and Safeguarding Children Boards. The Independent Chair reported that the Harrow Safeguarding Children Board Annual report had been agreed at the HSCB meeting on 17 September.

It was noted that from 2019/20 the two Boards would come under the governance of the newly established Harrow Strategic Safeguarding Partnership. The Board Members considered it beneficial that both annual reports had been submitted to the same meeting in order that issues could be discussed for both Boards. The Independent Chairman stated that the reports would be presented in a similar format in future.

In introducing the report, the Independent Chair made reference to the complexity and external risk handled across both agendas which required strong partnership working. The Boards employed different methods but had good lines of enquiry and responsibility to challenge from audit.

The Board was informed of the need for improved data in order to achieve a holistic picture for partnerships, for example a joint business intelligence unit. The Director of Strategy, Harrow Council, with responsibility for business intelligence requested that his team be included in any discussions on this matter.

The Corporate Director People referred to a recent joint audit regarding the identification of female genitalia mutilation in hospital settings which had support and challenge from the Board.

The Board congratulated the Independent Chair and the team who underpinned the work.

RESOLVED: That the reports be noted.

95. Confirmation of meeting dates for the 2019/20 municipal year

RESOLVED: That the dates of the Board meetings for the remainder of the municipal year be noted.

(Note: The meeting, having commenced at 12.00 pm, closed at 1.44 pm).

(Signed) COUNCILLOR GRAHAM HENSON
Chair