

# Health and Social Care Scrutiny Sub-Committee AGENDA

**DATE:** Monday 8 June 2015

**TIME:** 7.30 pm

**VENUE:** Committee Room 5,  
Harrow Civic Centre

## **MEMBERSHIP** (Quorum 3)

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**Chair:** Councillor Mrs Rekha Shah

### **Councillors:**

Michael Borio  
Margaret Davine

Mrs Vina Mithani  
Chris Mote

### **Reserve Members:**

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|---------------------------|------------------|
| 1. Kairul Kareema Marikar | 1. Lynda Seymour |
| 2. Jo Dooley              | 2. Jean Lammiman |
| 3. Sasi Suresh            |                  |

### **Advisers: To Be Appointed**

**Contact:** Manize Talukdar, Democratic & Electoral Services Officer  
Tel: 020 8424 1323 E-mail: [manize.talukdar@harrow.gov.uk](mailto:manize.talukdar@harrow.gov.uk)

# AGENDA - PART I

## 1. ATTENDANCE BY RESERVE MEMBERS

To note the attendance at this meeting of any duly appointed Reserve Members.

Reserve Members may attend meetings:-

- (i) to take the place of an ordinary Member for whom they are a reserve;
- (ii) where the ordinary Member will be absent for the whole of the meeting; and
- (iii) the meeting notes at the start of the meeting at the item 'Reserves' that the Reserve Member is or will be attending as a reserve;
- (iv) if a Reserve Member whose intention to attend has been noted arrives after the commencement of the meeting, then that Reserve Member can only act as a Member from the start of the next item of business on the agenda after his/her arrival.

## 2. DECLARATIONS OF INTEREST

To receive declarations of disclosable pecuniary or non pecuniary interests, arising from business to be transacted at this meeting, from:

- (a) all Members of the Sub-Committee;
- (b) all other Members present.

## 3. APPOINTMENT OF VICE-CHAIR

To Appoint a Vice-Chair for the 2015/16 Municipal Year.

## 4. MINUTES (Pages 5 - 12)

That the minutes of the meeting held on 5 February 2015 be taken as read and signed as a correct record.

## 5. PUBLIC QUESTIONS \*

To receive any public questions received in accordance with Committee Procedure Rule 17 (Part 4B of the Constitution).

Questions will be asked in the order notice of them was received and there be a time limit of 15 minutes.

**[The deadline for receipt of public questions is 3.00 pm, 3 June 2015. Questions should be sent to [publicquestions@harrow.gov.uk](mailto:publicquestions@harrow.gov.uk)**

**No person may submit more than one question].**

## 6. PETITIONS

To receive petitions (if any) submitted by members of the public/Councillors under the provisions of Committee Procedure Rule 15 (Part 4B of the Constitution).

**7. REFERENCES FROM COUNCIL AND OTHER COMMITTEES/PANELS**

To receive any references from Council and/or other Committees or Panels.

**8. APPOINTMENT OF ADVISERS 2015/16** (Pages 13 - 16)

Report of the Director of Legal & Governance.

**9. JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE UPDATE** (Pages 17 - 22)

Report of the Divisional Director, Strategic Commissioning. (Item deferred from previous inquorate meeting).

**10. HEALTHWATCH UPDATE REPORT** (Pages 23 - 30)

Report of the Divisional Director, Strategic Commissioning. (Item deferred from previous inquorate meeting).

**11. HARROW'S LOCAL ACCOUNT 2013/14** (Pages 31 - 92)

Report of the Corporate Director of Community, Health and Wellbeing. (Item deferred from previous inquorate meeting).

**12. DEVELOPING A PROTOCOL FOR THE WORKING RELATIONSHIP BETWEEN SCRUTINY, THE HEALTH & WELLBEING BOARD AND HEALTHWATCH HARROW** (Pages 93 - 110)

Report of the Divisional Director, Strategic Commissioning.

**13. ANY OTHER BUSINESS**

Which the Chairman has decided is urgent and cannot otherwise be dealt with.

**AGENDA - PART II - NIL**

**\* DATA PROTECTION ACT NOTICE**

The Council will audio record item 4 (Public Questions) and will place the audio recording on the Council's website, which will be accessible to all.

[**Note:** The questions and answers will not be reproduced in the minutes.]

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# HEALTH AND SOCIAL CARE SCRUTINY SUB-COMMITTEE MINUTES

## 5 FEBRUARY 2015

**Chair:** \* Councillor Mrs Rekha Shah

**Councillors:** \* Michael Borio \* Mrs Vina Mithani  
\* Niraj Dattani \* Chris Mote

**Advisers:** \* Julian Maw - Harrow Healthwatch  
\* Dr N Merali - Harrow Local Medical Committee

\* Denotes Member present

### 1. Attendance by Reserve Members

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

### 2. Declarations of Interest

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

#### All Agenda Items

Councillor Mrs Vina Mithani declared a non-pecuniary interest in that she was employed by Public Health England. She would remain in the room whilst all matters were considered and voted upon.

#### All Agenda Items

Councillor Chris Mote declared a non-pecuniary interest in that his daughter was employed at Northwick Park Hospital. He would remain in the room whilst all matters were considered and voted upon.

### **3. Minutes**

**RESOLVED:** That the minutes of the meeting held on 24 November 2014 be taken as read and signed as a correct record.

### **4. Public Questions \*, Petitions & References**

**RESOLVED:** To note that none were received.

## **RESOLVED ITEMS**

### **5. Harrow and Barnet Public Health annual report**

The Sub-Committee received a report of the Director of Public Health which looked back over 50 years at a selection of topics which were public health issues fifty years ago and remained issues currently and contained proposals to address these.

Following a brief overview of the report, an officer responded to the following questions from Members:

- Obesity had a number of other conditions such as type 2 diabetes associated with it. What strategy was in place to deal with the high levels of diabetes among residents in Harrow?

There was an obesity strategy in place. Local analysis had shown that Harrow had one of the highest rates of diabetes nationally, which was prevalent mainly among those residents of South Asian origin. However, GPs provided excellent advice and services which were focussed on prevention. Harrow had the lowest complication rates for diabetes in the Country.

- Had the take up rate for NHS Health Checks trialled by Barnet and Harrow improved and had these been sufficiently publicised to the residents of both boroughs? Harrow had the highest rate of TB in London. What screening process was there for migrants who came to the UK who may be carriers?

The take up rate for Health Checks in both boroughs had improved since 2014. Point of care testing equipment had been rolled out to local pharmacies, where only a single visit, (as opposed to two or three visits to a GP) was required. These were also being offered at community venues.

Health checks for TB were required under visa conditions for travellers coming to the UK from south Asian countries. However, this would not eliminate those who had latent TB which could be exacerbated by a poor diet and living conditions and may be expressed at a later stage. Public Health England was rolling out a latent TB test which was being trialled at the clinic in Wealdstone.

- What was the strategy in relation to smoking cessation and deterring young people from starting smoking in the first place. Was there any evidence that e-cigarettes were less harmful than tobacco products?

The evidence base for or against e-cigarettes was not sufficiently strong to provide a definitive answer. Officers carried out test purchases of e-cigarettes and prosecuted any one found to be selling them to those under age. The National Institute for Clinical Excellence had set up London-wide and nationwide initiatives to look into this and was working in partnership with ASH and the National Centre for Smoking Cessation and Training (NCSCT).

- Were home STI testing kits being promoted?

The home testing kits were being promoted and were available for a number of different STI's. Early HIV testing was being promoted at clinics.

- Had the take up rates for the measles vaccination improved in Harrow?

In recent years there had been a national decrease in the take up rates for the measles vaccination. The take up rate in Harrow in percentage terms was in the low 90's. There was a targeted programme to ensure improved take up.

- What were the take up rates for the HPV vaccine and did the vaccine have any side effects?

The side effects for the vaccine were not major and the take up rate in Harrow was 80%.

- What was being done to ensure that GPs captured information from patients regarding their tobacco, shisha and e-cigarette smoking habits? What were the risks associated with shisha smoking?

It was a fallacy that Shisha was not harmful. There were a number of different ways shisha could be smoked and the level of risk would depend on the type of pipe and tobacco used as well as the heating method used. She added that hospitals should be encouraged to routinely ask questions regarding smoking and provide cessation support if required. Most smoking cessation information was delivered by Pharmacists, which reduced the pressure on GPs as the cessation programme lasted 5 weeks. Harrow was working closely with CNWL in this area.

Brent Council had recently undertaken an awareness raising campaign regarding the dangers of shisha smoking and Harrow would be looking to Brent for advice and support in designing its campaign. Additionally, there were plans to inspect every venue in Harrow where Shisha was available to ensure the premises were aware of their legal obligations. The university of Westminster campus would also be targeted.

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

## 6. **NWLHT A&E / Winter pressures**

The Sub-Committee received a report of the Chief Nurse at London North West Healthcare NHS Trust (LNWHT) which provided an update on the Trust's emergency pathway and the action it was undertaking to address the underperformance of the core A&E performance targets.

Following a brief overview of the report by the Chief Operating Officer at LNWHT, he responded to the following questions from Members:

- Had the recent introduction of a Golden Hour ward round helped to improve weekend discharges and reduce the length of stay or had this led to patients being discharged at odd hours, i.e. late at night?

Patients were not discharged at odd hours. The high rate of re-admissions at Northwick Park Hospital was average in comparison to other hospitals but this figure was rising. High re-admission rates may be due to patients being discharged too early, patients' difficult home circumstances and inadequate community based support.

- Why were the current levels of A&E waiting times so high?

This had been due to winter pressures i.e. illnesses such as flu outbreaks. However, the levels had not been as high as in previous years.

- Had penalty clauses for delays in delivering the construction of the modular unit been written into the building contract?

Penalty clauses had been written into the contract as there were inherent risks associated with working on such a complex site, however, he did not anticipate any major challenges which would lead to delays in completion by December 2015.

- What was being done to ensure better signage for and access to the A&E unit?

The estates service at Northwick Park was aware of the situation and was working to resolve it.

- What measures were in place to ensure that those patients who were not eligible for free treatment were being charged accordingly?

There was a well-developed income protection policy in place. However, this would not apply to emergency care as it was the ethos of the NHS to provide emergency care to everyone.

- What would be the net increase in bed capacity after the building works were completed at Northwick Park Hospital?

There had been an increase of 40 beds in the current financial year and there would be 66 additional beds once the modular build was complete. Although



this increase represented an increase in capacity that would bring the hospital on par with other A&E provision in London, it should be noted that demand at peak times would continue to exceed bed capacity, though this would occur with less frequency than previously.

- Ealing hospital had recently extended the level of consultant cover at weekends. Was there sufficient weekend consultant cover at Northwick Park Hospital?

Yes, as it was the Trust's policy that working arrangements and working conditions for staff at all three hospital sites should be the same.

- The Capita report of May 2014 suggested that an additional 100 beds were needed at Northwick Park Hospital – would this be sufficient?

The figures quoted in the report were a snapshot in time and this figure would increase as the local population continued to both increase and age. The increase in bed capacity would bring the hospital in line with other UK hospitals, however, this was not a one-off fix. Northwick Park continued to be in the top decile nationally for rates of occupancy and length of stay. This was due in part to the rise in chronic cases and increased number of acute beds. There were additional challenges in terms of community bed capacity and community services to support patients after they had been discharged.

- Had there been any cases where the discharge of patients had been delayed because care packages were not in place?

The number of delayed transfer of care cases had reduced during the winter, but here was room for improvement. The hospitals' merger and the creation of a Community Services Director had helped to mitigate against this.

- Was the current workforce adequate and why did the Trust need to employ more consultants?

The increase in bed capacity meant that additional consultants had to be deployed. This was an area of challenge nationally and there were difficulties in recruiting and retaining Emergency consultants. There were plans to recruit more sub-consultants.

- An adviser stated that GPs had the capacity to reduce hospital workloads and noted that although the number of attendances had not increased, the number of admissions had. Good risk assessment and management by senior consultants would lead to fewer admissions and earlier discharges would reduce the pressure on beds. He asked how many patients were currently waiting to be discharged pending a care package being implemented.

This figure was 10%, however, 10% of 600 beds was a high figure. In such cases patients were delayed awaiting care packages or support from social services and/or family members as well as due to logistical issues.

The Rapid Access and Treatment (Ratting) policy was designed to alleviate these pressures by helping identify those individuals who were medically fit for discharge.

- Had the Trust considered providing GP cover at Hospitals as a means of relieving pressure on A&E or looked at alternative models of provision, for example, opening 7-days a week between 8.00 am to 8.00 pm, allowing GPs to accompany consultants on ward rounds?

Northwick Park received around 500 patients per day. Half of these were urgent care cases. It was not a question of the volume of individuals who visited the hospital but related more to the number of medical admissions and how to ensure fewer repeat admissions.

- An adviser stated that the number of referrals by GPs to A&E had increased despite recent efforts to reduce them. Community units, for example, the Denham unit and contracts with other social care providers should also be considered as step-down units.

There was a campaign to ensure that the Alexandra Clinic remained open 7-days a week. The Trust was considering all of the measures mentioned above.

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

## 7. CQC inspection of CNWL Mental Health and Community Services

At its meeting of 24 November 2014, the Sub-Committee Members had indicated a desire to submit evidence and comments from the Sub-Committee to be fed back to the Care Quality Commission (CQC) in relation to its inspection of the CNWL planned for 23 February 2015.

An adviser from Harrow Healthwatch stated that Harrow Healthwatch had already forwarded comments to the CQC, which would inform the work of the inspectors. Patients' groups and user groups had also fed back to the CQC regarding improvements they would like to see made to local services.

In view of the above, the Sub-Committee decided not to send any additional comments to the CQC and requested that a copy of the inspectors findings and any subsequent compliance action plan be forwarded to Sub-Committee Members as soon as they were available.

**RESOLVED:** That the CQC be requested to forward a copy of the inspector's findings and any subsequent compliance action plan to Sub-Committee Members as soon as they were available.

(Note: The meeting, having commenced at 7.30 pm, closed at 9.10 pm).

(Signed) COUNCILLOR MRS REKHA SHAH  
Chair

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**REPORT FOR: HEALTH AND SOCIAL  
CARE SCRUTINY SUB-  
COMMITTEE**

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<b>Date of Meeting:</b>	8 June 2015
<b>Subject:</b>	Appointment of (non-voting) Advisers to the Sub-Committee 2015/16
<b>Responsible Officer:</b>	Hugh Peart, Director of Legal and Governance Services
<b>Exempt:</b>	No
<b>Enclosures:</b>	None

**Section 1 – Summary and Recommendations**

This report advises Members on the appointment of two non-voting advisers to the Sub-Committee. Members are requested to consider and agree the appointment of the advisers to the Sub-Committee for the 2015/16 Municipal Year.

**Recommendations:**

That, in accordance with the Committee Procedure Rules (Part 4B of the Constitution - Rule 32.9) the nominees named in this report, be appointed as advisers to the Sub-Committee for the 2015/16 municipal year.

**Reason:**

To appoint non-voting advisers for the 2015/16 Municipal Year, to assist in the work of the Sub-Committee.

## **Section 2 – Report**

### **Background**

- 2.1 Rule 32.9 of Committee Procedure Rules provides for a Scrutiny Sub-Committee to appoint non-voting advisers (to assist in the work of the Sub-Committee either generally or on specific matters). Advisers are subject to the Protocol on Co-optees and Advisers (Part 5H of the Constitution).
- 2.2 At its meeting on 7 December 2010, the Health Scrutiny Sub-Committee requested that Harrow LINK (now HealthWatch Harrow) and the Harrow Local Medical Committee (LMC) be requested to each nominate up to two of their members to become non-voting advisers to the Sub-Committee for the 2011/12 Municipal Year.
- 2.4 The following advisers' nominating organisations have confirmed that these individuals wish to continue as advisers to the Panel for the 2015/16 Municipal year:
- Dr Nizar Merali (LMC)  
Mr Julian Maw (HealthWatch Harrow)
- 2.5 If appointed, the advisers will be required to comply with the Council's Protocol on Co-optees and Advisers.

### **Financial Implications**

- 2.6 None.

### **Risk Management Implications**

- 2.7 If not appointed, the Sub-Committee may not have access to expert external advice when conducting its business.

### **Equalities implications**

- 2.8 Supports the Council's Public Sector Equality Duty.

### **Corporate Priorities**

- 2.9 Promotes 'Making a difference for Communities', by enabling representation on a Scrutiny Committee from the voluntary and community sector in Harrow.

### **Section 3 - Statutory Officer Clearance**

Name: Steve Tingle	<input checked="" type="checkbox"/>	on behalf of the Chief Financial Officer
Date: 27.5.15		
Name: Bob Huffam	<input checked="" type="checkbox"/>	on behalf of the Monitoring Officer
Date: 29.5.15		

### **Section 4 - Contact Details and Background Papers**

**Contact:** Manize Talukdar, Democratic and Electoral Services  
Officer 020 8424 1323

**Background Papers:** None

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**REPORT FOR: HEALTH & SOCIAL CARE SCRUTINY SUB-COMMITTEE**

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<b>Date of Meeting:</b>	22 April 2015
<b>Subject:</b>	Joint Health Overview and Scrutiny Committee Update
<b>Responsible Officer:</b>	Alex Dewsnap, Divisional Director Strategic Commissioning
<b>Scrutiny Lead Member area:</b>	Councillor Mrs Vina Mithani, Performance Lead  Councillor Michael Borio, Policy Lead Member
<b>Exempt:</b>	No
<b>Wards affected:</b>	All
<b>Enclosures:</b>	none

## **Section 1 – Summary and Recommendations**

This report provides an update on the outcomes of the Joint Health Overview and Scrutiny Committee meeting held on 3 March 2015.

### **Recommendations:**

That the sub-committee consider the update and provide any comments/ issues to be raised in advance of the next JHOSC meeting on 16 June 2015.

## **Section 2 – Report**

2.1 The North West London Joint Overview and Scrutiny Committee (JHOSC) comprising of elected members drawn from the boroughs geographically covered by the NHS NW London *Shaping a Healthier Future* programme was set up to consider the proposals and consultation process formally between the period of 2 July and 8 October 2012.

The proposals set out reconfiguration of the accident and emergency provision in North West London. This included changes to emergency maternity and paediatric care with clear implications on out-of- hospital care.

The JHOSC reported its final report in October 2012, making recommendations on how the *Shaping a Healthier Future* proposals could be developed and implemented including the risks that needed to be explored. This JHOSC also recommended that the Committee continue to meet to provide strategic scrutiny of the development and implementation of *Shaping a Healthier Future*.

2.2 The 3 March meeting of the JHOSC covered the various issues as detailed below:

### **JHOSC Terms of Reference**

The revised terms of reference of the North West London Joint Health Overview & Scrutiny Committee was agreed and endorsed.

### **London Ambulance Service**

The London Ambulance Service provided an update on the current performance of the service including an analysis of the impact on response and journey times since the closure of Hammersmith & Central Middlesex Hospitals as part of the *Shaping a Healthier Future* programme. The JHOSC also received an analysis on whether this information allows us to anticipate the impact of the planned closure of Charing Cross and Ealing Hospitals.

A detailed discussion took place and a decision was made that a further update report on performance figures was required and it was expressed that hopefully service improvements would have been made as in most areas the service was achieving between 50-60% where as it should be at a level of 75%.

### **Travel Advisory Group (TAG)**

The JHOSC received an update on the activity and progress of the Travel Advisory Group. The update included:

- An analysis of where the need for improved public transport access is greatest
- Suggested responses being developed
- key areas of concern emerging

As an outcome of the discussions, the TAG will consider issues raised concerning the route 204 and Sudbury Town Station and improved services from route 267 from Fulwell garage and feedback to the JHOSC in advance of the next meeting. The TAG also agreed to provide their work plan for 2015, and provide an update on whether suitable arrangements were in place in the various North West London hospitals in respect of parking for people with disabilities.

### **Shaping a Healthier Future Update**

As part of its remit to scrutinise the *Shaping a Healthier Future* reconfiguration of services in North West London, the JHOSC receives regular updates on the progress of the SaHF programme. A presentation was given, addressing:

- A&E waiting times: following the spike reported to the JHOSC at the October 2014 meeting and subsequent national and regional trends and mitigation that is being put in place
- An analysis of how local trends in NWL compare to the national and regional picture
- Following the closure of Hammersmith and Central Middlesex A&Es - whether there are there conclusions to be drawn about any future closure of A&Es?
- Maternity services - information on the timetable for the announcement of decisions regarding changes to maternity services

As an outcome of the discussions, the Chair will write to the Shaping a Healthier Future team requesting that the Implementation Business Case is provided to the JHOSC in advance of being signed off. In addition the JHOSC has also requested a comparison of the 111 service and the NHS Direct service along with details of training and qualifications of 111 staff.

### **Healthcare Commission – Verbal Update**

The North West London Healthcare Commission, an independent commission launched on 1 December 2014 to examine the impact and implementation of the *Shaping a Healthier Future* programme. The Commission currently involves Ealing, Brent, Hounslow and Hammersmith & Fulham Councils.

Hammersmith and Fulham, and Ealing expressed that they wished to have it recorded that they did not support the case for change when the *Shaping a Healthier Future* proposals were discussed ahead of the JHOSC's consultation response that was submitted in October 2012.

**Any other Business**

The JHOSC agreed that a discussion paper should be prepared on the potential benefits and risks of broadening the scope of the JHOSC to other pan North West London issues at the health/social care interface, including which issues should be discussed and which are outside the scope of the JHOSC.

**Financial Implications**

None

**Performance Issues**

None

**Environmental Impact**

None

**Risk Management Implications**

None

**Equalities implications**

There are a number of equalities implications that relate to the reconfiguration of health services in North West London as a whole. These implications form part of the on-going considerations of the JHOSC.

**Council Priorities**

The work of JHOSC committee relates to all four of council's priorities:

- Making a difference for the most vulnerable
- Making a difference for communities
- Making a difference for local businesses
- Making a difference for families

**Section 3 - Statutory Officer Clearance**

<b>Ward Councillors notified:</b>	<b>NO</b>
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## **Section 4 - Contact Details and Background Papers**

**Contact:** Fola Irikefe, Policy Officer, ext. 5389

**Background Papers:** JHOSC Agenda, 3<sup>rd</sup> March 2015

<http://modern.gov:8080/ieListDocuments.aspx?CId=1102&MId=626>  
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**REPORT FOR: HEALTH & SOCIAL CARE  
SCRUTINY SUB-  
COMMITTEE**

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<b>Date of Meeting:</b>	22 <sup>nd</sup> April 2015
<b>Subject:</b>	Healthwatch Update Report
<b>Responsible Officer:</b>	Alex Dewsnap, Divisional Director, Strategic Commissioning
<b>Scrutiny Lead Member area:</b>	Councillor Michael Borio, Policy Lead Member & Councillor Mrs Vina Mithani, Performance Lead Member
<b>Exempt:</b>	No
<b>Wards affected:</b>	All
<b>Enclosures:</b>	No

**Section 1 – Summary and Recommendations**

This report provides an update on the work of the Harrow Healthwatch...

**Recommendations:** That the Sub Committee notes the report

## Section 2 – Report

1. The Health and Social care Act made local authorities responsible for commissioning a local Healthwatch. Local Healthwatch are statutorily responsible for:

- Promoting involvement of local people in the commissioning, development and assessment of local health and social care services;
- Monitoring health and care services through; ‘Enter and View’ visits, listening to users and carers and surveys to assess the effectiveness of services;
- Obtaining the views of users of health and social care services on the effectiveness of these services;
- Issuing reports and recommendations on local services to commissioners and providers of services in order to create better services; and
- Influencing commissioners of health and social care so that their plans meet our needs
- Supporting individuals to exercise choice by signposting them to services. In particular, they will support people who lack the means or capacity to make choices; and
- Reporting concerns about the quality of local health and social care services to Healthwatch England, independently of their local authority. Healthwatch England will be able recommend that the Care Quality Commission takes action.

2. Locally, Harrow Healthwatch is expected to achieve outcomes in two areas:

1. Engagement and influence – The Consumer Champion; and
2. Information and Advice - Signposting

These functions are outlined in more detail below.

*Engagement and influence – The Consumer Champion - What should individuals and organisations experience?*

*Individuals should experience:*

- Systematic and appropriate engagement with all sections of the local population, especially the ‘seldom heard’;
- An organisation which seeks the communities’ views about current health and social care services and any planned changes;
- Consultation and engagement that is co-ordinated with other relevant organisations;
- An organisation that has due regard to what others are doing;



- An organisation that employs staff and volunteers who reflect the local community, who are skilled and informed to deliver Healthwatch Harrow's objectives;
- An organisation that is easy to contact;
- A welcoming, inclusive, listening organisation; and
- An organisation that provides easily accessible, relevant and understandable information which supports engagement activity.

*Organisations (Community, Statutory, Regulator, the Health and Well-being Board and HealthWatch England) should experience:*

- An organisation which makes a positive contribution to local strategic planning and service commissioning through clear communication of the local communities' views, based on credible evidence, presented in an accessible, relevant way;
- Constructive challenge on behalf of the community when required to assist service change and improvements to quality;
- Informed, robust relationships based on mutual respect and an appreciation of the different roles each organisation plays;
- Judicious use of 'enter and view' powers by collaborative working with other inspection regimes;
- Prompt appropriate contact and reporting of concerns about service quality and safety; and
- Co-ordinated work between local Healthwatches where providers or issues cross borough boundaries.

#### *Information and Advice – Signposting*

There is a flourishing and well-established network of sources of advice and information in existence in Harrow. HH will not be expected to replicate or duplicate existing provision but to try to co-ordinate current activities and challenge inaccuracies to ensure the best possible range of sources of high quality and accurate advice and information. If gaps in provision are identified, HH will be expected to ensure that these are met either by an already existing organisation or organisations or by direct provision.

#### *What should individuals and organisations experience?*

*Individuals should experience:*

A service which:

- Is easy to find and access;
- Informs them about how they can manage and improve their own health and be involved in their own social care;
- Informs them about how they can get involved in HealthWatch to bring about change to health and social care services;

- Provides information through a range of mediums and formats e.g. leaflets, electronic, telephone;
- Communicates general health and social care information through local networks;
- Supports and promotes local public health information and awareness raising activities;
- Provides and /or points to accurate and accessible information for patients, carers and families about local health and social care services and helps introduce people to local networks and support groups

*Organisations (Community, Statutory, Regulatory, the Health and Wellbeing Board and HealthWatch England) should experience:*

- A service which links with other local information sources for health and social care;
- An organisation with extensive local networks;
- An organisation which actively communicates information from local health and social care organisations to the local community through its networks;
- An organisation which provides an early warning system for local health and social care commissioning and provider bodies by identifying issues or gaps in services; and
- An organisation which understands the limits of the local HealthWatch information and advice giving function.

### *Expectations*

HealthWatch Harrow should be guided by the following expectations:

- HH will be independent and commissioned to co ordinate and support all relevant local advocacy and information advice services rather than directly providing them;
- HH will develop a clear identity, operating standards and, in partnership with the Commissioner, a performance framework;
- HH will adopt a governance framework that, within the requirement to deliver the outcomes in this specification, enables communities in Harrow to shape its priorities and activities;
- HH will conduct its business openly and transparently and report its activities and the impact that they have had to Harrow Council on a regular basis;
- HH will seek to achieve value for money through delivering its services as efficiently and effectively as possible;

- HH will promote equality of opportunity and observe the requirements of the Equalities Act 2010; and
- HH will work collaboratively with other agencies.

3. Healthwatch has been provided by Harrow in Business for the last two years. The Council decided to reduce the budget for Healthwatch by 43% for the current and future financial years and, as a consequence, it was decided to seek new tenders. The budget decision was related to the volume of activity that the service needed to undertake rather than being based around the indicative un-ring-fenced grant that the Government provided when the function was changed from the previous LINK.

4. Tenders have been received and evaluated and a new contract has been awarded to Harrow in Business for a further three years with options to extend the contract for two further years. In awarding this new contract, the Council has made it clear that it expects to see a better record on enter and view. This is the unique attribute of Healthwatch and is able to reassure the public that independent people are making sure that their health and social care establishments are operating at a reasonable standard from a sensible common sense point of view. Enter and view is not about judging complex clinic issues not is it the type of inspection that the CQC operates but is an unobtrusive, helpful and reassuring presence that is designed to:

Gather data on people's experiences of the NHS and publicly funded social care services from the lay perspective and

- Increase Healthwatch's contact with the local communities it serves;
- Increase Healthwatch's contact with local service providers, commissioners and the Care Quality Commission (CQC).
- Be properly integrated into the organisational structure and the processes are in place to ensure that the data gathered is effectively used to improve health and social care;
- Use data that is demonstrably evidence based;
- Make all reports are available in the public domain.
- Enter and View visits should be carried out with a clear purpose and all data gathering activities are designed to reflect that purpose;
- Enter and View visits should be carried out by authorised representatives who are selected through a robust recruitment system, and receive appropriate training and support to ensure they carry out their duties to the highest standards.
- Enter and View visits should be undertaken only where they can have an impact on the service users.
- With all visits, whether reactionary or part of a planned programme of work, the decision to visit should be informed by intelligence gathered, or presented, to Healthwatch. At the time of deciding to schedule a visit the following should also be decided:
  - The Purpose of the visit; and
  - Any relevant parameters for the visits.

- Any concerns about a service identified through an enter and view visit (or any other means actually) should be escalated through the appropriate channels

Healthwatch should ensure that the health and safety of service users, staff members, visitors and members of the public that the visit team comes into contact with during the course of an Enter and View visit is not compromised by the actions or presence of any authorised representatives. This includes ensuring that:

- There is no spread of infection through an unwell authorised representative taking part in visit;
- Authorised representatives comply with the health and safety regulations of a location.

Healthwatch should be equally committed to ensuring that the dignity of service users is not compromised by your actions.

Where authorised representatives witness, are informed of, or suspect there is a safeguarding issue they are obliged, by law, to pass that information on to the appropriate bodies as soon as possible. Authorised representatives are obliged to report any appropriate matters to the Care Quality Commission (CQC).

Each visit should generate a report. Ideally, every draft report should be shared with the service provider within ten working days of the visit. The report should be based only on the data gathered during the Enter and View visit and should be written in an objective and factual style, with all statements grounded in data and free from subjectivity. No individual service user or family member should be personally identifiable in the report. Staff members will not be named in the report, however they may be personally identifiable due to their role.

The service visited should be encouraged to respond to the draft report within ten working days of receiving it and, where appropriate, to develop an action plan outlining how they will respond appropriately to the recommendations outlined in the draft report. The final report should take account of the service's response and the service visited will receive a copy of the final report directly.

All services that receive an Enter and View visit should be asked to complete an evaluation form of the visit itself and to provide feedback on their experience of the Enter and View process as a whole.

5. Secondly, the Council would like to see Healthwatch develop a greater reach and provide improved accessibility for the public to engage with Healthwatch. The unique structure of Harrow Healthwatch is a major asset but it has perhaps not been developed as much as it could be. With the new contract providing a significantly reduced budget, it is now more vital than ever that the Advisory Board partners make the most of their links with their constituencies of health and care users to help inform Healthwatch of their

needs and experiences. Partners could also increase the visibility of Healthwatch to the public at large through their other activities and their bases in the Borough. The Council would like to see the Healthwatch brand represented in the activities, publications, events and offices of all of the delivery partners. The Healthwatch partnership needs to be more active and more real than in the first two years when the service was finding its feet.

## **Financial Implications**

None

## **Performance Issues**

Harrow Healthwatch will continue to supply monitoring and an annual report to the Council which will be reported to Health Sub-Committee and the Health and Well Being Board as appropriate.

## **Environmental Impact**

None

## **Risk Management Implications**

None

## **Equalities Implications**

The EqIA for the re-tendering process raised no issues.

## **Council Priorities**

The Healthwatch work programme and functions are relevant to the Council's priorities:

- Making a difference for the vulnerable
- Making a difference for communities
- Making a difference for families

### Section 3 - Statutory Officer Clearance

Name: Not required for Scrutiny reports.	<input type="checkbox"/>	on behalf of the Chief Financial Officer
Date:	.....	
Name: Not required for Scrutiny reports	<input type="checkbox"/>	on behalf of the Monitoring Officer
Date:	.....	

<b>Ward Councillors notified:</b>	<b>NO</b>
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### Section 4 - Contact Details and Background Papers

Contact: Mike Howes [mike.howes@harrow.gov.uk](mailto:mike.howes@harrow.gov.uk) Ext 5637

Background Papers: None

**REPORT FOR: Health & Social Care  
Scrutiny Sub-Committee**

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<b>Date of Meeting:</b>	April 2015
<b>Subject:</b>	Harrow's Local Account 2013-14
<b>Responsible Officer:</b>	Paul Najsarek, Corporate Director of Community, Health and Wellbeing
<b>Scrutiny Lead Member area:</b>	Councillor Chris Mote, Policy Lead Member  Councillor Karin Ramchandani, Performance Lead Member
<b>Exempt:</b>	No
<b>Wards affected:</b>	All
<b>Enclosures:</b>	Appendix One: Harrow's Local Account 2013 -14

## **Section 1 – Summary and Recommendations**

This report sets out the main elements of the Harrow Local Account Report 2013 – 2014

**Recommendations:** Scrutiny is requested to note the information report.

**Reason:** To provide Scrutiny with an overview of Harrow Adult Social Care performance during 2013 – 2014

## **Section 2 – Report**

### **Introductory paragraph**

The Local Account is an important aspect of our overall approach to improving quality. It highlights best practice and demonstrates the progress we are making towards positive outcomes for all those who depend on our services.

Local accounts are used by councils across the country to assess how well adult social care services are performing. In recent years, government policy has encouraged a trend away from reporting to central government. Instead, councils report directly to local residents via the Local Account.

We produced our third local account last year, and have gathered feedback to ensure that our Local Account continues to reflect the voice of service users and carers and aimed at the whole community.

### **Options considered**

This report refers to activities already undertaken and is presented to Health and Social Care Scrutiny Sub-Committee for information and not for decision.

### **Background**

The Local Account matters because it is rooted in our desire to ensure that we are accountable to Harrow's vulnerable adults and carers. Throughout our Local account you will see evidence of the ways in which we have engaged with the local community and the ways in which we have responded to their collective voice. When the community has spoken, we have listened closely and taken positive action to improve Harrow's adult social care services.

### ***The National Context***

Understanding what we have achieved must be understood within the context of the changing care landscape. This year has seen our response to Winterbourne View, integration of health and social care and the development of the Better Care Fund, and the progress of The Care Act. The funding challenges continue, so we need to support ever-more people, with less.

We have chosen to meet the challenges with innovation and partnership working. We will continue to push for high quality services and continue to challenge poor quality care and support wherever it may be.

### ***Quality Assurance***

In this Local Account we explore our approach to safeguarding assurance and quality of services and how MyCommunity ePurse is affecting people's lives.

As a result of extensive discussions with the Local Account Group, we have tailored the style of the document to service users and carers, using more pictures and many more case studies to give context to our achievements.



It is important to recognise the contribution that has been made over the past year by Harrow's Local Account Group. The group is an important part of our engagement with the local community. As we move through 2015, the Local Account Group will conduct regular surveys and continue to contribute towards the quality assurance of Harrow's adult social care services.

In this year's Local Account Report we will:

- Explain adult social care and give you the chance to read about people who use our services
- Explain the National and local context for adult social care, including the Care Act 2014 and our priorities for the future
- Publish facts and figures about how we have spent our money and how we have performed compared to other Local Authorities
- Look at the new and exciting initiatives that have been taking place and hearing from people who are involved
- Give an insight into what our Safeguarding Assurance and Quality Services team have been doing over the last year to protect vulnerable people and demonstrate our commitment to driving up Quality Standards.

In addition the report covers what the community said to us, and use case studies to provide context:

- Mental health recovery
- Personal budgets and personalised solutions
- Dementia support
- Harrow shared lives scheme – a family orientated solution to long term care needs
- Reablement
- MyCommunity ePurse – transacting personal budgets online

### **Current situation**

The Local Account is an important tool for the public to use in holding the local authority to account for how money is spent and on the quality of the services it provides.

### **Financial Implications**

Any future actions are contained within existing plans and budgets as part of our continuing improvement cycle.

### **Legal Implications**

During the period covered by the Local Account 2013-14 there was no overarching statutory framework covering adult safeguarding and no legal obligation to produce an annual report covering safeguarding activity undertaken by the council.

Adult safeguarding is led by local authorities, based on the 'No Secrets' Guidance 2000 issued by the Department of Health under Section 7 of the Local Authorities Social Services Act 1970. The Care Act 2014 reforms the

law relating to care and support for adults and for carers, and to make provision about safeguarding adults in primary legislation.

It puts Safeguarding Adults Boards on a statutory footing with the Council, Clinical Commissioning Groups and Police as core members. The Council, having consulted the aforementioned bodies, will be able to appoint other persons as it considers appropriate. Councils will remain the lead agency for safeguarding. The Boards will be required to publish an annual strategic plan detailing its strategy for achieving its objectives and what each member is to do to implement that strategy. In preparing such a strategy, there is a requirement to consult the local Healthwatch group and involve the local community. The Board will also be required to publish an annual report setting out what it has done in the previous year to implement its strategy and objectives.

## **Performance Issues**

Adult Social Care Outcomes Framework (ASCOF):

- Enhancing quality of life for people with care and support needs
- Delaying and reducing the need for care and support
- Ensuring that people have a positive experience of care and support
- Safeguarding adults whose circumstances make them vulnerable and protecting them from avoidable harm

The report provides performance information gathered from performance indicators, survey data, inspections, consultations and user feedback.

## **Environmental Impact**

None

## **Risk Management Implications**

Risk included on Directorate risk register? No

Separate risk register in place? No

## **Equalities implications**

An EqlA has not been undertaken for the production of the report. This information report details activity across Adult Services. Many of the activities detailed in the Local Account report have undergone an EqlA and are available on line.

## Corporate Priorities

The Local Account encompasses the 'Supporting and protecting people who are most in need' and a 'United and involved communities: A Council that listens and leads' council priorities. It does this through ensuring robust QA measures are in place that safeguard service users and listen and learn from user feedback and complaints.

## Section 3 - Statutory Officer Clearance

Name: Donna Edwards	<input checked="" type="checkbox"/>	on behalf of the Chief Financial Officer
Date: 8 <sup>th</sup> April 2015		

Ward Councillors notified:	No
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## Section 4 - Contact Details and Background Papers

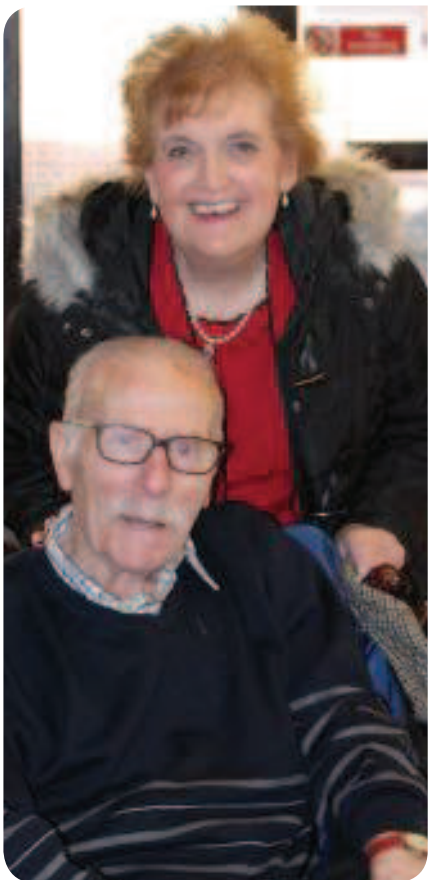
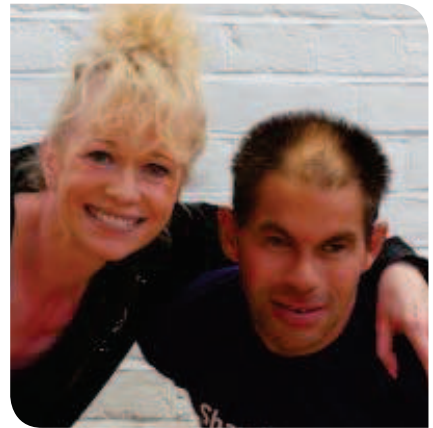
**Contact:** Chris Greenway, Community Health and Wellbeing Directorate,  
Head of Safeguarding Assurance and Quality Services

Ext: 2188

[Chris.greenway@harrow.gov.uk](mailto:Chris.greenway@harrow.gov.uk)

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# The Annual Local Account Report



## A Review of Adult Social Care in Harrow

“Personalisation runs through Harrow’s work  
like letters in a stick of rock”

- **Glen Mason,**  
*Director of People, Communities  
and Local Government*

*Department of Health*



PERSONALISATION  
HARROW

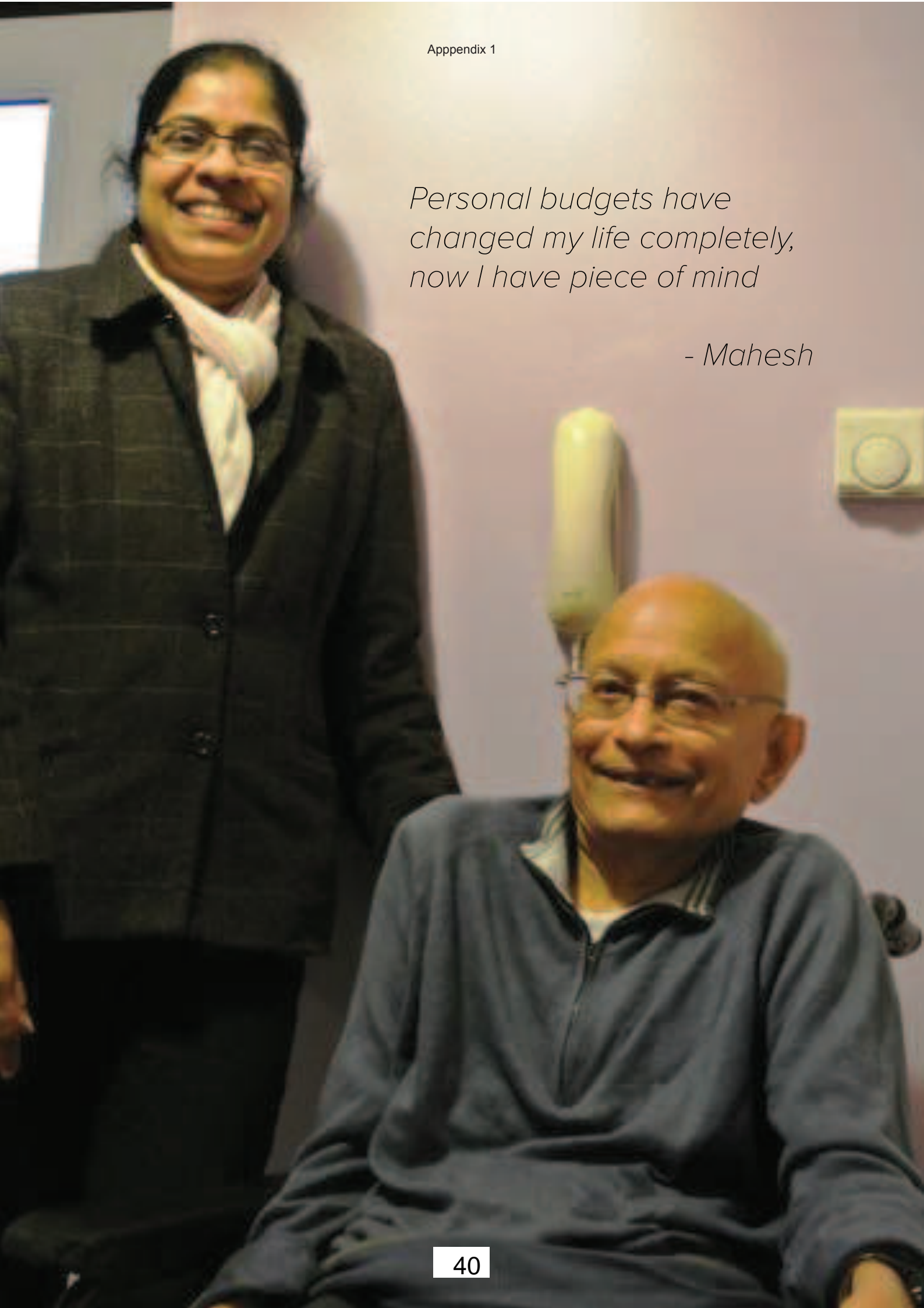
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*Personal budgets have  
changed my life completely,  
now I have piece of mind*

*- Mahesh*





# Foreword by the Portfolio Holder

## Councillor Margaret Davine

Adults and Older People Portfolio Holder



Welcome to Harrow Adult Social Care's 2013-14 Local Account. This is our chance to share with you how well we are doing at meeting the needs of vulnerable adults across Harrow, to share our plans for the future, and to invite you to tell us what you think.

Adult Social Services faces several challenges. We know more people are living longer, and with more complex long term conditions at some point they will therefore require social care help. At the same time, councils are receiving less funding overall and so will have to find different ways of doing things in order to continue to meet the needs of our most vulnerable people.

The people of Harrow have told us they want real choice in their care, they want personalised care which suits them and they want to stay independent for as long as possible. Our commitment to achieving this was rewarded

with the national accolade of having the highest percentage of cash personal budgets in the Country.

There continue to be big challenges ahead in adult social care, we are changing the way in which we deliver our services so we can continue to offer quality care and value for money for the future. We are also committed to improving social care outcomes within the constraints of a challenging financial climate.

This Local Account was developed by our Local Account group, which includes those who use our services and their carers. They have helped us to decide what people wanted to know about our services and how we perform. I would like to thank all those who contributed.

Please take the time to read this document and to share your views with us.

# Executive Summary

## by Bernie Flaherty

### Director of Adult Social Services

Harrow's Adult Social Care team continues to face some of the biggest changes ever; with the Care Bill receiving Royal Assent in May 2014 and becoming the Care Act, this Local Account captures our preparation for the important duties it lays out for us as a local authority in delivering health and social care.

As always, we seek to improve the lives of vulnerable adults and in response to the various challenges, it never fails to impress me, how Harrow council officers, with our partners endeavour to achieve the best possible outcomes for our clients.

#### **Safeguarding**

2013 saw adult social care receiving its first formal Peer Challenge Review of our Safeguarding services. The peer team consisted of senior social care staff from other authorities and a national expert on safeguarding. One of the headline messages in their feedback was: 'There is very impressive safeguarding adults practice which is overseen by strong leadership and commitment from senior officers and elected Councillors and they informed us that the local safeguarding adults arrangements continue to move from 'good' to 'great'.

The Safeguarding Team have worked closely with both Harrow Police and the London Fire Brigade to raise the awareness of those most vulnerable about keeping safe both at home and in the community. Events have taken place across the community to



share information about safeguarding and to offer people free home fire safety checks and also to introduce people to smartwater to prevent burglaries.

Work is currently underway to introduce the "Safe Place" scheme to Harrow which will help people with disabilities to feel more safe and supported in their local communities.

Our unique 'Safety Helix' is a tool we have developed to ensure more robust and sophisticated quality monitoring and we have created a Safeguarding Assurance and Quality Services team to make sure services are achieving the required standards.

#### **Personalisation**

Through pioneering initiatives we have continued to passionately support the personalisation agenda. A user-led ethos underpins our approach and this has resulted in Harrow's recognition as a consistent national and regional leader in this area. During 2013/14, Harrow's social care department have welcomed

number of visitors to the Council to see how personalisation works. Dignitaries and Senior Health and Social Care representatives from across the UK, Sweden, and Japan's first minister have come to Harrow to see this ground-breaking work.

### **Innovation**

A highlight for us has been the growing use of 'My Community ePurse' (MCEP) for personal budgets, with Harrow now having the highest number of people nationally using a cash personal budget. We are seeing the development of MCEP's potential in responding to the Care Act's technological requirements.

Our integration with Public Health partners has made the development of projects like 'Ballet Burst' a reality. This is a research programme on the links between Learning Disability and Obesity. Ballet Burst has been

accredited by esteemed academics at the Tizard Centre based at the University of Kent who are working with us to deliver its benefits.

You will read about these initiatives and others and about the people who make it happen in this Local Account. Each of our initiatives contributes to improving the quality of care, support and wellbeing in Harrow.

### **The Local Account Group**

This report is an important aspect of our overall approach to improving quality and we give a special thanks to the Local Account Group, alongside whom we have co-produced some excellent work throughout the year.

We have widened the participation in the Local Account Group, and continue to support the team of enthusiastic and committed experts-by-experience, to improve and develop Harrow's adult social care system.



Inclusive fun for everyone: 'A Ballet Burst' taster session

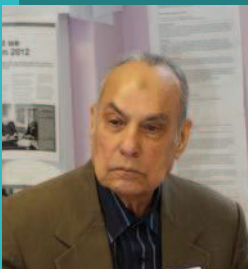
# Welcome to Harrow's Local Account Report 2013/14

## An introduction by the Local Account Group

Lee: "As a service user, I like the fact that I am able to give something back to adult social care and also see things from other perspectives."



Karrar: "Being on the local account has enabled us as a group to look at how Harrow council is working towards meeting the needs of all service users."

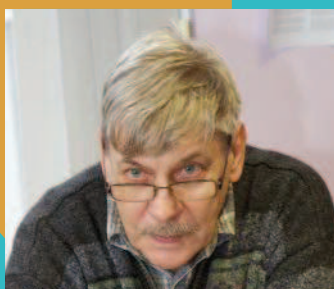


George: "This group allows us to widen our knowledge of what is happening in Harrow and also being able to share this further afield."

Sally: "It's nice to feel part of a group that showcases what is happening in social care."



Peter: "Being on the group gives me the opportunity to share my ideas and I can then share these with other service users across Harrow."



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**The Local Account group co-produced this report, incorporating the views and feedback from both service users and carers. The Local Account group members are all experts by experience who have an interest in making sure that we represent the views of people who use services in Harrow. They have chosen what goes in this report and how it should look. They said “We feel real stories by service users, carers and their families are the best way to give evidence as to how Harrow’s adult services has delivered it’s social care outcomes”.**

**This Local Account Report demonstrates a commitment to service user and carer engagement and co-production.**



The Local Account Report provides evidence of the ways in which Harrow Council have engaged with the local community and the ways in which they have responded to their collective voice.

In this year’s Local Account report, we will:

- Explain adult social care and give you the chance to read about people who use our services.
- Explain the National and local context for adult social care, including the Care Act 2014 and our priorities for the future.
- Publish facts and figures about how we have spent our money and how we have performed compared to other Local Authorities.
- Look at the new and exciting initiatives that have been taking place and hearing from people who are involved.
- Give an insight into what our Safeguarding Assurance and Quality Services Team has been doing over the last year to protect vulnerable people and demonstrate our commitment to driving up Quality Standards.

...vinda: “As one of the first people to receive a personal budget (for my mother’s care) it has been good to meet other people and spread the word about personalisation and to see how this has grown in Harrow.”



# The National & Local Context

## The Care Act Update

The Care Act received Royal assent in May 2014 and will come into force in two phases: April 2015 and April 2016. The final guidance for the implementation of the first phase was published in November 2014, with draft guidance expected in January 2015 for phase two implementation.

The Act focuses on the 'wellbeing' principle and the concept of coordinated, person-centred services. The Act also puts Carers on the same legal footing as those they care for and brings together years of good practice and updates outdated Social Care Law. In the second phase of the Act it will bring in a cap on social care costs with the introduction of Care Accounts in April 2016.

The Care Act underlines the importance of Personalisation, giving service users and carers choice and control over the money spent on their care. Harrow as National Leaders in Personalisation have already introduced Personal Budgets for all Service Users and Carers in the Community. This makes Harrow well placed to meet the requirements of the Care Act.

## Integration of Health and Social Care

The Health and Social Care Act 2012 replaced Local Involvement Network (LINK), with a new body called Harrow Healthwatch in 2013. This will benefit patients, users of services, carers and the public by helping to get the best out of services, improving outcomes, and helping services to be more responsive to what people want and need. The expectation is that Healthwatch will bring important issues to the Harrow Health and Wellbeing Board.

Over the last year the integration agenda has developed both nationally and at the North West London level. Nationally, there is a recognition that increasing the integration of NHS and local authority/social care activity between both the commissioners and providers of services will make significant improvements to people's quality of life, experience and outcomes

## Our Progress

We have developed an Integrated Care Pilot which involves GPs, healthcare professionals and local authorities working in a more cohesive way to improve health and social care for vulnerable patients. This is developing into the 'whole systems' integrated care programme, which is Harrow's part of the North West London Integration Pioneers Early Adopters programme.

## The development of Harrow In case of Emergency vulnerable adults programme

Social care reablement and reablement plus services has underpinned the Harrow In Case of Emergency (HICE) project which had the overall aim of reducing the number of older people who are regularly admitted to hospital. The HICE programme provided a range of preventative support mechanisms and saw significant reduction in admissions as well as improvements in outcomes including Health and Wellbeing, Safety and Carers quality of life.

## Funding Challenges

Like all councils, we are facing tough times but we are committed to support the most vulnerable and will target resources where they are most needed.

We will continue to work in partnership with Harrow Clinical Commissioning Group (CCG), Voluntary Sector organisations and other Community Groups to find new ways of delivering more integrated care services and help people to remain independent.

# Local Account 2013/14

## Our Objectives

This is our third Local Account and it provides a method for demonstrating accountability for performance and outcomes. It helps plan improvements through engagement with people who use services and getting feedback on their experience.

The Department of Health provides a framework which we use to assess adult social care outcomes and enables us to measure our performance in key areas.

The Adult Social Care Outcomes Framework (also known as ASCOF) tells local authorities what we must do to improve outcomes.

The ASCOF is divided into four sections (called domains). These are:

- **Safeguarding adults whose circumstances make them vulnerable and protecting them from unavoidable harm**
- **Enhancing quality of life for people with care and support needs**
- **Delaying and reducing the need for care and support**
- **Ensuring that people have a positive experience of care and support**

# A Guide to Adult Social Care in Harrow



Some people need support to lead an active life and do the everyday things that most of us take for granted. The social care system for adults provides this support for those who need it and to help them keep their independence and dignity. The adult social care department, part of Harrow Council's social services, is responsible for assessing people's need for 'community care' or 'social care' services.

Safeguarding and Quality Assurance is at the centre of everything we do in Adult Social Care. Over the next few pages we will take you, step by step through each of the stages above, explaining what they are and giving examples of our achievements in each area.





*'Ballet Burst' Officially  
launched in 2014*

# What to expect from Adult Social Care

**Access Harrow:** The customer journey starts with Access Harrow as the first point of contact with Harrow Council. Based on the callers response to a series of questions, an officer from Access Harrow will follow up with the necessary action. This could be giving you information and advice as appropriate, for example details of health related resources or referring you to an appropriate partner organisation such as the Citizen's Advice Bureau. If the reason for the call cannot be resolved at first point of contact the caller is transferred to the Reablement team.

**Reablement:** The reablement service provides planned, short term intensive support to people who may have had a set back in their life, for example an injury caused by a fall. Reablement is designed to help people restore their independence, regain lost skills, build confidence and help people to do as much as possible for themselves rather than someone doing things for them. The aim is to enable people to live in their homes for as long as possible.

The Reablement service in Harrow is available to residents aged 18 years and older. The team provides a multi-disciplinary approach that sign-posts and supports people to be as independent as possible for as long as possible. Typically a Reablement support package may be offered for a maximum of up to 6 weeks.

**Personalisation:** Personalisation is delivered by three different teams in Harrow.

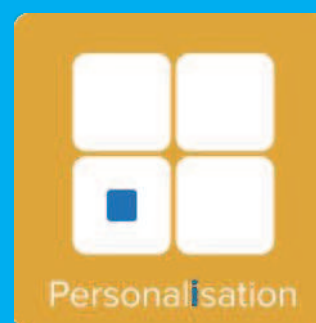
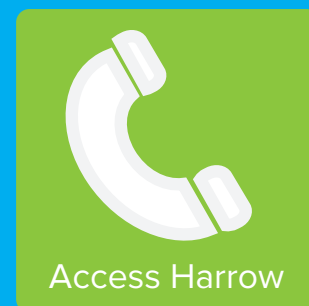
The Personalisation 1 team undertake initial assessments of people, using a supported self-assessment which is essential for determining a Personal Budget amount.

When the necessary information is gathered, the Personalisation 2 team follow up by developing a Support Plan with the individual.

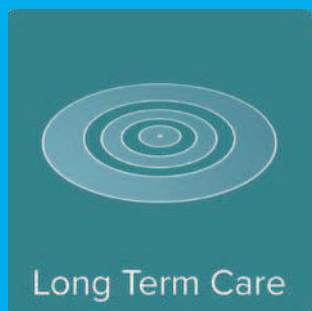
The Support Plan is developed using 'My Community ePurse'. This online technology is a website that gives you access to a social care directory and useful information including the rated quality of care and an idea of what you should pay.

Support Plans are reviewed every year by the Personalisation 3 team or more frequently if required. All services are monitored by the 'Safeguarding Assurance and Quality Services team'.

Please see our case studies for more information about how personalisation is working in Harrow.

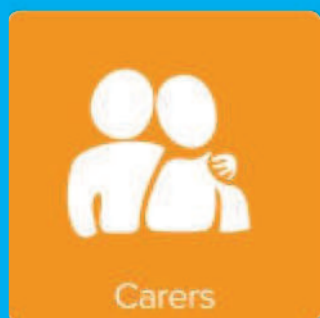


**Long Term Care:** The Long Term team deals with more complex needs that are likely to need ongoing support and long term care.

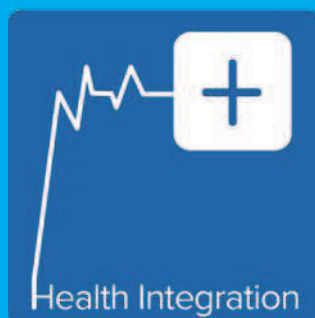


The Team primarily work with people who need supported living arrangements, residential or nursing placements.

The team work in partnership with the sensory services team supporting people living in Harrow who may have visual impairments, are hard of hearing or are deafblind. They provide information, advice, support and assessments for specialist equipment adaptations.



**Support for Carers:** With the refresh of the National Carers' Strategy and the equality of carers' rights under the Care Act, carers are being put at the forefront more than ever before. We were pleased to find that in 2013/14, carers in Harrow rated their quality of life as third highest in London. Harrow contributes to the wellbeing of carers by working closely with third sector groups, and hosting regular carer events and opportunities that actively encourage carers to give their feedback.



**Health Integration:** The vision for integrated care is based around three key commitments to people using services. People and their carers and families will be empowered to:

- Exercise choice and control,
- Manage their own health and well-being
- Receive the care they need in their own homes or in their local community.

GPs will be at the centre of organising and coordinating people's care.

Integrated initiatives have included 'Winter Warmers' and the Harrow In Case of Emergency project targeting people over 75 with high hospital admission rates with the aim of reducing the number of avoidable admissions.

# Safeguarding Adults

## Safeguarding of Vulnerable Adults during 2013/2014

The safeguarding of vulnerable adults is a legal responsibility placed on health and social care organisations to work together through a duty of partnership.

A vulnerable adult is defined as a person aged 18 or over, who is or may be in need of community care services by reason of mental health or other disability, age or illness; and who is or may be unable to take care of him or herself or unable to protect him or herself against significant harm or exploitation.

The Local Safeguarding Adults Board (LSAB) is chaired by Bernie Flaherty (Director – Adult Social Services, Harrow Council) and is the body that oversees how organisations across Harrow work together to address the safeguarding agenda. The board met four times in 2013/14. This included an Annual Review Day.

Key safeguarding activities through 2013/14 have included:

- **A Safeguarding Peer Review:** Peer reviews have been developed by the London Government Association to develop excellence in adult social care. In November 2013 a Peer Review team led by Cathy Kerr, Director of Adults Social Care in Richmond reviewed Harrow's safeguarding practices and procedures. The team concluded that Harrow has a very impressive service with evidence of strong practice and leadership. The review team judged that Harrow is placed in a strong position to tackle future challenges and provided recommendations to enable us to move 'from good to great'.
- **Specialist Training:** A total of 2176 people received safeguarding training in 2013/14 - this was an increase of 698 people from 2012/13. A new three year training strategy was developed and agreed by the board.

### Deprivation of Liberty Safeguards (DoLS)

The use of these safeguards is important in the Board's oversight of the prevention of abuse and as they are relevant for some of the most vulnerable people known to local services (and those that are placed out of borough), the LSAB needs to be reassured that they are carefully monitored.

There were a series of briefings about DoLS to more than 250 individual stakeholders e.g. social care staff, school staff and police.



# Safeguarding adults whose circumstances make them vulnerable and protecting them from avoidable harm

The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom.



## Service users produced and presented a film to the Local Safeguarding Adults Board annual review day

There were 14 requests for authorisations last year (an increase of 1 from the previous year) of which 9 were granted. The main change is that there were 5 requests from hospitals compared to none in 2013/2013. The remaining 9 were from registered care settings, primarily nursing homes.

- 5 authorisations were for 18 – 64 year old (younger) adults and 9 were for older people
- 9 authorisations were for men and 5 were for women

The 14 referrals were across a range of disabilities: 6 for people with a physical disability; 3 for people with a mental health difficulty; 3 for people with a learning disability and 2 for people with more than one disability (learning disability / mental health and sensory).

1003 people raised a safeguarding concern. This was an increase of 346 in the last year which demonstrated that more people were coming forward to raise safeguarding concerns. This reflects the impact of awareness raised by the Local Safeguarding Adult Board.

The Safeguarding Team have worked closely with both Harrow Police and the London Fire Brigade to raise awareness to those most vulnerable about keeping safe both at home and in the community. Events have taken place across the community to share information about safeguarding and to offer people free home fire safety checks and also to introduce people to smartwater, an innovative scheme to identify stolen property and prevent burglaries.

See page 54 for Safeguarding contact details

# Our Approach & Achievements

## Safeguarding Assurance & Quality Services

We protect the most vulnerable residents. This process puts the service user at the centre and uses techniques we have developed.

Our last local account introduced the Quality Assurance Quadrant (QAQ), a regular internal report which looks at four key areas of our work; Reablement; Personalisation; Safeguarding and Providers.

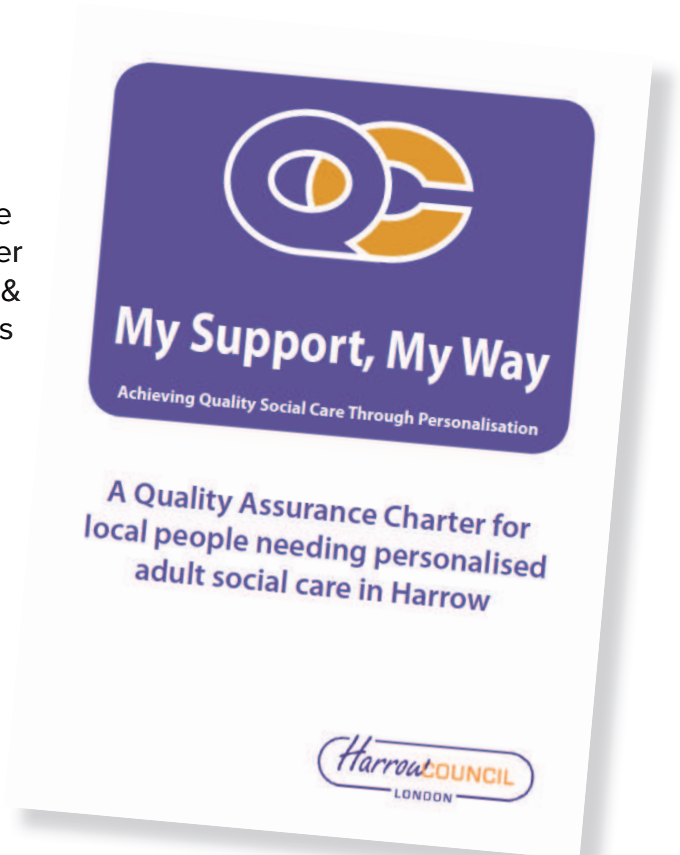


2013/14 sees the development of a dedicated Safeguarding Assurance and Quality Services team. This team will incorporate a monitoring role responsible for checking compliance across all social care services through inspection and tracking actions that arise.

## Local Quality Charter printed and promoted

Disturbing levels of poor care and ill treatment by some staff in care homes has been reported in the media over the last couple of years. The Safeguarding Assurance & Quality Services team in Harrow monitor all care homes in the Borough and homes outside Harrow where Harrow clients are based to ensure that all minimum standards are met and the quality of care meets those published in our Quality Charter. This is now available to all providers who wish to deliver personalised services in Harrow

The team continues to focus on helping care homes to improve their standards and works closely with the homes to ensure the needs of residents are met with dignity and respect. The attention in the media highlights the importance of the continuation and strengthening of this service to ensure that standards of care are exceeded.



## Winterbourne View in-Depth Review

Following the abuse that occurred at Winterbourne View, a private hospital in South Gloucestershire, Harrow Council has worked tirelessly to address factors highlighted in the national response to the Winterbourne View scandal through our safeguarding adults partnership board. The safeguarding assurance team has successfully developed a framework to ensure that Harrow remains a forerunner in relation to issues highlighted and we are building a strong culture of joint working with the Harrow Clinical Commissioning Group (CCG).

In March 2014 Harrow was notified that the Department of Health intended to conduct an in-depth review (IDR) of progress regarding the Winterbourne View Concordat. We were chosen in part due to the diversity and demography of the borough.

### Responding to Winterbourne View -

#### Progress to date:

- Joint Winterbourne View panel and processes: Working with service providers and families to review people in learning disability or autism inpatient hospital beds to agree a personal care plan based on needs
- Personalised care and care in community settings: Assessments and support plans have been completed with families and service providers. In addition Harrow are first across London for cash Personal Budgets
- Established Winterbourne View Task and Finish group: to deliver the concordat requirements and develop and deliver local action plans with accountability to the Health and Wellbeing Board
- Guidelines for placements and panel decisions: Terms of Reference in place to support placements and panel decisions
- Increased availability of local services: Universal access to all services for clients with learning disability and autism, specialist multi-disciplinary community team and newly commissioned CAMHS (Child and Adolescent Mental Health services), learning disability and challenging behaviour service.
- Internal Specialist Provision: Roxborough Park Residential Unit has gained National Autistic Society Accreditation
- Assessment and Treatment placements: All cases are subject to regular multi agency, in depth reviews with clear action plans to step down into lower intensity care settings
- Funding arrangements: Funding arrangements are jointly discussed and agreed via multi-agency panels with agreement to joint fund as required
- All clients have a named coordinator: Named health and social care professional for every admission
- Dispute Resolution Policy in place and adopted by other London Boroughs.
- Dedicated Transition Team for children with learning disabilities and challenging behaviours moving to Adult Services: Joint future care planning.

**The Winterbourne View Concordat can be viewed at [gov.uk](http://gov.uk) - search 'Winterbourne View Concordat'**

# Our Approach & Achievements

## Autism Strategy Update

In February 2014, the Autism Lead for Association of Directors Adult Social Services (ADASS) plus representatives from the Department of Health Policy Unit, the Local Government Association, and The National Autistic Society visited Harrow. They met a group of people from Adult Social Services, Harrow Clinical Commissioning Group (CCG) and the voluntary sector. The group explored how well Harrow was doing to put the strategy into practice locally and which challenges they were coming across.

The visitors were particularly impressed with Harrow Council's training model which involves a local support organisation and people with autism in delivering autism awareness training to health and social care professionals. Consequently, Harrow Council was the only London borough (a) selected to take part in this review, and (b) invited to the autism strategy launch session.

The service user led awareness training in Harrow has been published as a case study representing a model of good practice in the Government's latest Autism Strategy refresh presented by Norman Lamb, April 2014 'Think Autism: Fulfilling and Rewarding Lives, the strategy for adults with autism in England: an update.'

They quote:

### Autism awareness training for staff in Harrow

Harrow Adult Social Care has worked with a local voluntary organisation to set up Autism Awareness training for staff. The training model involves adults with autism and parents or carers as part of the local Empowering Ourselves to be Heard Project. Using local speakers brings a unique insight into autism and personal experiences of services. Attendees then have the opportunity to participate in group sessions with speakers, ask questions and discuss how to improve their practice. As well as social care, training places have been extended to housing, customer services and voluntary sector advocacy staff. The inclusion of customer services has proved particularly effective. The courses have been popular and will continue to run regularly. This work has also led to links being made between the Empowering Project and other parts of the Council, providing adults with autism opportunities to participate in improving the delivery of a range of services.

To read the whole document:

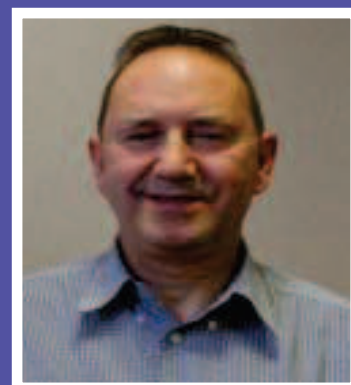
*Think Autism, Fulfilling and Rewarding Lives, the strategy for adults with autism in England: an update*  
Visit:

[www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/299866/Autism\\_Strategy.pdf](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/299866/Autism_Strategy.pdf)



Peter:

“Having recently joined the local account as someone with autism I find it refreshing to be part of a group where we can all contribute, we are listened to and make a difference. I have been very impressed by the improvements that have been made in adult social care and all within a tight budget. As a former accountant I can appreciate that this is quite an achievement. I have been involved in the Autism Awareness training all the way through as an adult with autism and have been very impressed by the response from the staff members attending. One positive change resulting directly from the training related to the often highly stressful experience of autistic people coming to the Civic Centre requiring help. Some found the procedure they needed to go through to get help too stressful and had to give up and go home in some distress. On hearing about this during the training, one member of staff worked out a stress-free way that we could come and get help, avoiding the previous procedure. This was tested out on one of those who had experienced difficulties and worked well. It has now become available to all autistic people.”



## MyCommunity ePurse



MyCommunity ePurse is a web-based online solution that uses PayPal's payment technology to administer personal budgets. Also known as MCEP, this pioneering approach to personalisation and delivering outcome focussed personal budgets goes from strength to strength. The solution addresses many barriers to cash personal budgets including improved management of fraud risk and accountability. Harrow has now secured intellectual Property Rights (IPR) to MCEP and has already attracted several expressions of interest from other local authorities to buy and use the technology. Please see our case studies for examples of how it is being used.

# Our Approach & Achievements

## Complaints and Compliments

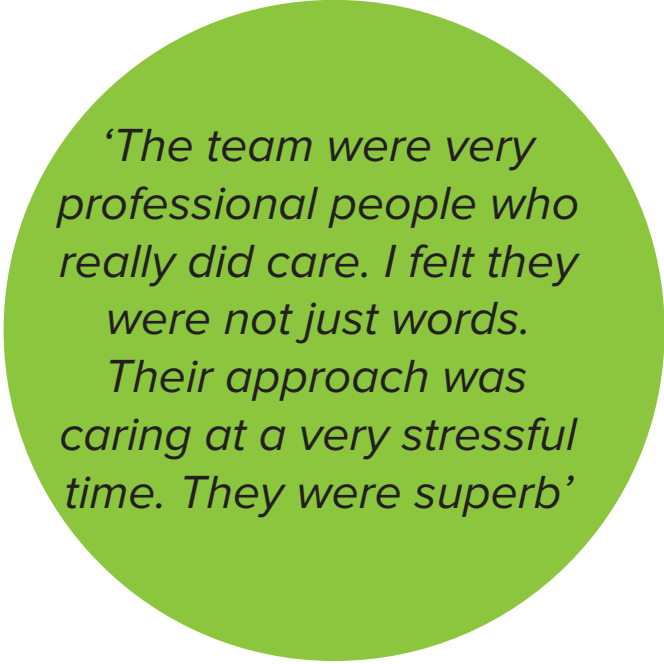
A year on from the last report has seen some improvements in the number of complaints compared to the previous Year.

5.4% of complaints escalated to stage 2 of the complaints process. We attribute that this low rate is due to the sound practice in resolving complaints effectively. It also suggests that service users concerns are being heard and resolutions found at the earliest point in the complaints process, in line with best practice.

Harrow has been committed to try to resolve complaints as quickly as possible. All service areas exceeded targets with an overall level of 86% of complaints being dealt within ten days

In addition to formal mediation meetings there were numerous informal meetings with complainants as a way to assist them with the process or engage with them to discuss specific issues.

Feedback about the service we provide is important to us and we welcome comments or suggestions whether good or bad as they help us learn and improve. In addition to complaints we also received 44 compliments.



*'The team were very professional people who really did care. I felt they were not just words. Their approach was caring at a very stressful time. They were superb'*

## Complaints Team Contact Details

Telephone: 0800 136 104

email: [Complaints.adultsandchildrens@harrow.gov.uk](mailto:Complaints.adultsandchildrens@harrow.gov.uk)

Fax: 020 8736 6882

Text: 07584 464628

## Market Position Statement

Our first Market Position Statement (MPS) is a summary of what we have learned from feedback and sets out how providers can make Harrow the best place to receive adult social care and support.

The Institute of Public Care (IPC), who are helping councils to develop MPS said they were “Really struck by the service user input and sense of community and personalised care articulated through the MPS giving the user a voice”. They also described Harrow’s MPS as “Very Compelling” and “Having a really good tone”.



## Global interest in Harrow

Four dignitaries from the Swedish Association of Local Authorities and Regions visited Harrow in late-March. They were given presentations about personalisation and a variety of initiatives we use to achieve high-quality outcomes for service users and carers. Jennie Björstad, Swedish Association of Local Authorities and Regions, said “the visit gave them a lot of inspiration! We want to further explore some of the very interesting activities mentioned to spread to others back home.” In particular they were interested in Ballet Burst, Harrow’s Local Account and Quality Charter.



# Carers Update



## National Carers Week 2013

We launched Harrow's very own "carers' shopping centre" in June 2013.

31 organisations joined forces to become a live shopping centre where carers could meet with organisations face to face to see what they were able to offer and how they may be able to provide information, advice, care, and support. The event was extremely well attended from start to finish and the general consensus was that the event was a great success and should be repeated on a regular basis. The stall-holders said that they had benefited from attending and having the opportunity to not only meet with carers but also to see what other organisations were able to offer.

With the refresh of the National Carers' Strategy and equality of carers' rights under the Care Act, it is positive to see carers more than ever before are being put at the forefront of the local community. We were pleased to find that carers in Harrow rated their quality of life as third highest in London. Harrow contributes to the wellbeing of carers by working closely with third-sector groups, and have hosted regular carer events and opportunities where carers are actively encouraged to give their views and feedback.



## The Carer's strategy

In March 2013 the Carer's Task and Finish group – comprising members from Adult Social Care, Public Health and Harrow Clinical Commissioning Group – hosted a workshop to gather views and experiences from carers and voluntary organisations. The feedback was used to improve future events and contributed directly into the development of the Carer Strategy 14/15.

## Carers Revival

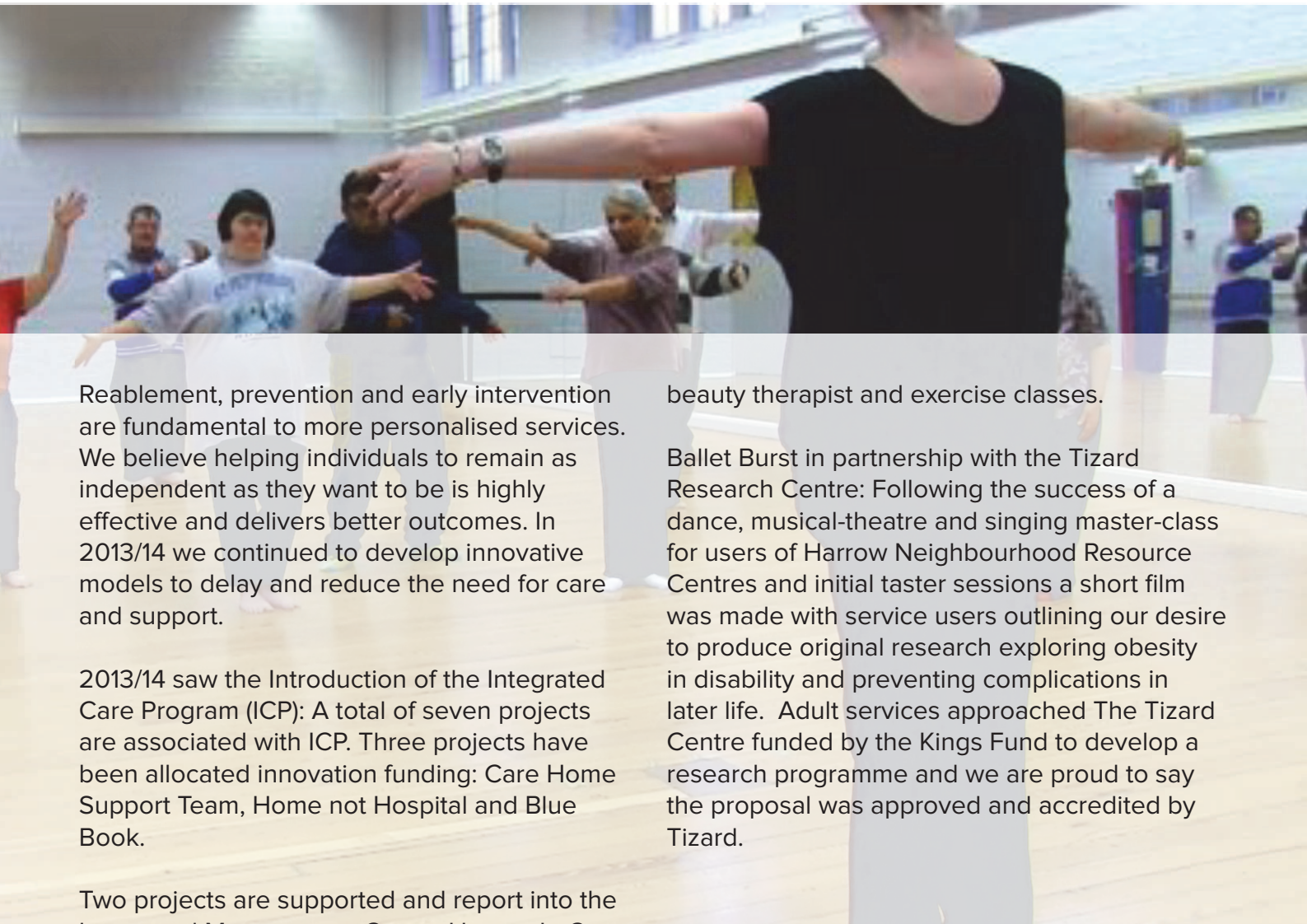
All carers were invited to attend a local church on a monthly basis to learn more about the support that is available for unpaid carers in Harrow.

There have been a wide variety of speakers including Caroline Tomlinson, a co-founder of In Control\* – who focused her presentation on the introduction of personal budgets for carers and support planning. Carers were given the opportunity to engage in practical exercises which enabled them to gain more understanding of how personal budgets may be of benefit to them. Many guest speakers are invited to share information about their organisations and carers are given the opportunity to develop more understanding of how new initiatives and plans for carers are supported by Harrow council.

Carers revival is also an opportunity to engage with carers when shaping new services as Harrow Council recognises their roles as experts by experience and values their thoughts, ideas and feedback.

*\*In-Control are a national charity 'working for an inclusive society where everyone has the support they need to live a good life and make a valued contribution' for more information please visit: [www.in-control.org.uk](http://www.in-control.org.uk)*

# Health Integration Update



Reablement, prevention and early intervention are fundamental to more personalised services. We believe helping individuals to remain as independent as they want to be is highly effective and delivers better outcomes. In 2013/14 we continued to develop innovative models to delay and reduce the need for care and support.

2013/14 saw the Introduction of the Integrated Care Program (ICP): A total of seven projects are associated with ICP. Three projects have been allocated innovation funding: Care Home Support Team, Home not Hospital and Blue Book.

Two projects are supported and report into the Integrated Management Group: Harrow In Case of Emergency and a Telehealth pilot. A further two projects are 'branded' with ICP support and information is regularly shared through ICP: These are:

Annie's Place and Ballet Burst in partnership with the Tizard Research Centre.

**Annie's Place:** Annie's Place is a Drop-In service at Milmans Day centre every Thursday. The Drop-in is available for people with Dementia, their carers and wider family. Annie's place provides information on services available, support and practical advice on reminiscence and other therapies, support for carers and access to personal services such as hairdresser,

beauty therapist and exercise classes.

**Ballet Burst** in partnership with the Tizard Research Centre: Following the success of a dance, musical-theatre and singing master-class for users of Harrow Neighbourhood Resource Centres and initial taster sessions a short film was made with service users outlining our desire to produce original research exploring obesity in disability and preventing complications in later life. Adult services approached The Tizard Centre funded by the Kings Fund to develop a research programme and we are proud to say the proposal was approved and accredited by Tizard.



## Whole System Approach

Many of services across health and social care are inter dependent, but are managed (and funded) separately by the Council or the local NHS. Across the country this is also largely the same, although in some areas services are provided jointly. The Better Care Fund (BCF) was announced by Government in the June 2013 spending plans, and requires the NHS and local government to work more closely together around people, placing their well-being as the focus of health and care services in local areas, pooling resources to make best use of available funding. In Harrow, given the collective financial pressures faced by both organisations, working in this way has proved difficult, however after much joint working and negotiation there is now an agreed plan. The integrated care pilot (ICP) shares these principles, and is expected to build on the innovative local authority-led initiatives such as Harrow In Case of Emergency (HICE) and the WLA Commissioning Framework to develop, in the longer term, a whole-system plan, which may (across the whole system) achieve efficiencies which enable the wider health and social care economy to respond to the reducing funding envelope that is expected.

## Harrow In Case of Emergency (HICE) Pilot

Recognising through the Integrated Care Programme (ICP) the challenges from increased admissions to hospital in Harrow's health and social care economy, Harrow Council developed a six week pilot programme targeted at people with two or more admissions to hospital in the previous six months. The pilot analysis has demonstrated that there was an average reduction in admissions to hospital for the 25 pilot participants from 18.5 admissions per month before completion of the pilot to 4.2 admissions per month post pilot. This average monthly reduction of 14.3 admissions for this client group, translates into a 77% reduction in admissions over this period.

The HICE programme provided arrange of support mechanisms; advice, physiotherapy led exercises and pharmacy consultation for a cohort of 25 service users with sessions based at Milmans Neighbourhood Resource Centre. Feedback from the programme has been very positive following the programme with significant improvements on outcomes including health and wellbeing, safety and carers quality of life.

### A Session at Milmans Neighbourhood Resource Centre



# Personalisation Update

Personalisation of adult social care services saw the introduction of personal budgets. Research indicates that personal budgets impact positively on well-being, increase choice and control and improve outcomes.

A pioneering approach to Personalisation in Harrow has involved the development of new technology to support an outcome focussed approach to Personal Budgets. This is being achieved through the continued development of My Community ePurse (MCeP).

This solution addressed the barriers that existed to cash personal budgets (formerly known as direct payments); including the concerns raised around accountability and potential fraud.

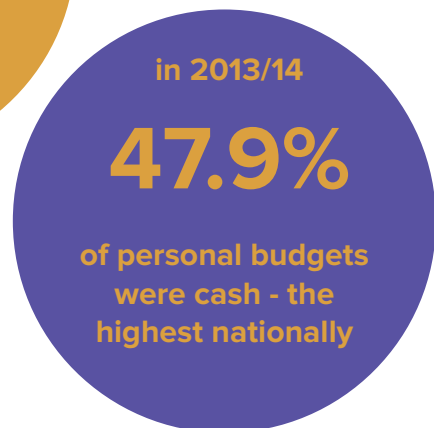
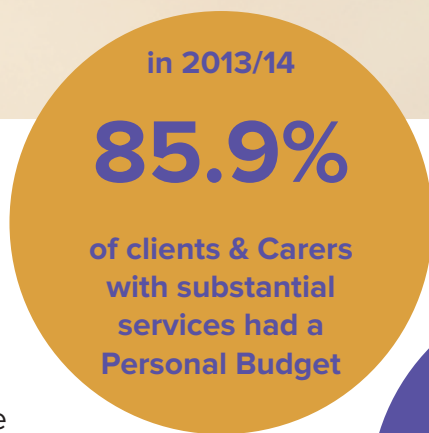
We chose to use PayPal as the method of payment for My Community ePurse because PayPal protects financial information with industry-leading security and fraud prevention systems. They have extensive fraud and risk detection models and dedicated security teams that work to help keep their customers' accounts secure from fraudulent transactions.

Harrow is the first local authority in the country to be able to offer a solution that addresses these issues and has successfully secured all Intellectual Property Rights (IPR)

to this technology to ensure that the Harrow Community benefits from the major interest we have already received from other local authorities.

In 2013/14 85.9% of all Harrow clients and carers with substantial adult services have a personal budget.

When it comes to the proportion of people who use services who have control over their daily lives 47.9% received their personal budget as a 'cash' payment. This means having control over making payments to the service provider directly through the use of direct payments or MyCommunity ePurse





# You said, we did: *user engagement*

User engagement is crucial to us to ensure we are fulfilling our duties to the residents of Harrow. Surveys are an important source of feedback and there can be several different surveys each year as well as feedback through forums, reviews, consultations, the local account group and through our partners including the voluntary sector. Some examples are:

The Department of Health Adult Social Care Outcomes Framework User Survey:

This happens every year. In 2014 The Department of Health User Survey was sent out to a random sample of 1,397 services users across the borough. The Council received 443 responses, a 38% increase in the number received the previous year. Overall the survey results show that satisfaction has been sustained at a similar level to the previous survey in 2012-13.

Strategic review of day services:

We consulted service users and their families, staff, community groups and the voluntary sector in relation to proposed changes to the Neighbourhood Resource Centres (NRCs) including reviewing service users attending Bentley NRC to assist with a smooth transition to Byron NRC and the closure of Bentley.

Review of learning disability residential accommodation:

We developed local residential service provision for adults with learning disabilities that responds to current and future demand for residential services. Through a more efficient and responsive service, not only were we able to be responsive to need but also to meet the council key financial planning document called MTFS 'medium term financial strategy'. This was achievable through sustaining local resource and not being dependant on expensive resources that in some cases can be a considerable distance from Harrow.

You said, We Did

We constantly strive to improve our services, the case studies from page 32 onwards are examples of how key strategic decisions are connected to a person centred approach. For example David's story on page 34.

David was one of the first service users to use Pay Pal to manage his personal budget and we recognise that when introducing new systems there will be challenges to overcome. Although David told us initially he experienced a long delay in getting a personal budget set up we responded by realigning the adult social process (see pages 14-15) in readiness for the roll out of MyCommunity ePurse to all service users eligible for a personal budget.

# Case Studies: *Real stories from real people* Over the next few pages you can read about:

Harrow's Local Account 2013/14

## 'I can now see a future for myself'

With one in four people suffering from a mental health issue, facilities such as Wiseworks, provided by the Disability Day Services of Harrow Council, are leading the way in mental health recovery. Service user Alan Franks explains how Wiseworks has turned his life around.

"After becoming unwell, had lost my confidence and was finding it hard to believe in myself" said Alan.  
"I visited Wiseworks and immediately felt I was somewhere I would feel comfortable and supported and, importantly, where people would understand my health issues. Wiseworks offered me work-related activities programmes where I had the chance to learn new skills and feel productive again."

"I started on the desktop publishing programme. The great thing in the classes are taught in small groups tailored to learners' needs. I had never thought of myself as creative but with the guidance of the Wiseworks staff, I discovered a new talent. Wiseworks also helped me to take on further study. I went to college in the evenings and gained a certificate in Graphic Design."



Alan Franks

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### Day Services in Harrow

Harrow Council is responsible for the 'In-house' (staffed and funded by Harrow Council) day centres providing services for older people, people with physical disabilities and people with learning disabilities. As a pre-occupational centre, Wiseworks provides work-related assessment, rehabilitation and training for people recovering from mental health problems. Based in Harrow, and provided by the Disability Day Services, the centre delivers a programme of courses which can help service users to move on to further education, voluntary work or paid employment.

Through these activities, service users are able to develop social skills relating to work, build confidence to seek work opportunities, and understand the effects of mental health on work-related activities.

**Further Information**

Wiseworks is a pre-occupational day care centre for people with mental health issues, offering education, training, employment support and opportunities for personal development.

Wiseworks is based in Marborough Hill, Harrow. It provides work assessment, rehabilitation and training for people recovering from mental health problems.

If you are aged 16 or over with a mental health issue and are interested in attending Wiseworks, you can ask your care coordinator about it further.

Alternatively contact the Service Manager on 020 8863 8704.

## Alan Franks: How Wiseworks opened up life changing opportunities

*"It's made a massive difference and is an amazing opportunity"*  
- David House

Harrow's Local Account 2013/14

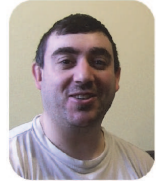
## Choosing the right support: David's Story

David lived with his grandmother for a large part of his life and they supported each other. David was identified as his grandmother's primary carer until she passed away. When David moved into a flat of his own, coping with everything alone was proving difficult.

It was then that David contacted Adult Services seeking advice and support. As he was struggling to manage essential daily tasks, he was keen to become independent as he could and needed that he would quickly have to learn new skills.

Following the assessment stage, David developed his own support plan to meet his social care outcomes. At that time, Harrow was embarking on an ending new partnership with PayPal for people to receive their personal budget payments electronically online. David identified that this would be a good way for him to manage his personal budget, with no added paperwork. David acknowledges he wanted to pick the people who work with him and to be able to make sure his personal budget was spent on activities he goals.

David was fully involved to interview potential providers to support him. The first provider David chose didn't fit in terms of meeting his specific personalised outcomes. It was then that he met Matt who at the time was doing some support work. David and Matt got on extremely well and Matt was approached to register his agency with Harrow's online social care directory as a provider. This way, David could take control and work directly with Matt to organise his support plan. Matt's plan directly through PayPal and he says he never gets a late payment.



David's lifestyle has changed significantly since having a personal budget. Initially Matt got involved in helping with everything from the menu planning and being a qualified fitness instructor means David can balance his activities with a regular fitness regime and now goes to the gym at least once a week.

Matt says "I decided I wanted to give something back to people and enjoy working with people...like the fact that personal budgets are person-centred".

David says "It's made a massive difference and is an amazing opportunity."

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## David House: Personal budgets offer personalised solutions but you need to have the right choice on offer

There are currently over 2,876 people who have been diagnosed with dementia in Harrow. This number is projected to increase at least 30% by 2025.

Dementia can lead to people feeling isolated and confused. Advice and support should be provided at the earliest possible time to offer reassurance and information about dementia and services available.

Over the last year the Council have been working closely with Health and Voluntary sector partners to develop dementia services and have established a pilot to offer an innovative Drop-in Service to support people in the early stages of dementia. The Drop-in has been called 'Annie's Place'.

Annie's Place offers a supportive environment where information is made available and discussion about the experience of the dementia illness can be shared with other people in the same situation.

The Drop-in is available for people with Dementia, their carers and their wider family. It provides information on services, support and practical advice on reminiscence and other therapies. This includes relaxation, computer support, care support, access to a hairdresser and beauty therapist, yoga and gentle exercise sessions provided via the STARRS team physiotherapist.

Harrow's Local Account 2013/14

## Annie's Place: Offering a supportive environment

Annie's Place offers a supportive environment where information is made available and discussion about the experience of the dementia illness can be shared with other people in the same situation.

The Drop-in is available for people with Dementia, their carers and their wider family. It provides information on services, support and practical advice on reminiscence and other therapies. This includes relaxation, computer support, care support, access to a hairdresser and beauty therapist, yoga and gentle exercise sessions provided via the STARRS team physiotherapist.



Ron and Joan Howard

In our last Local Account we featured a story about Ron and Joan who attend Annie's Place and we are delighted to let everyone know that their story and as a consequence of this a friend of Ron's got to leave after 50 years and asked him at Middlesbrough. Joan said it's actually a relief to leave Ron home. "It's because of Annie's Place that we have re-established our friendship and we are so thankful for the support and advice we are very lucky to have learnt about dementia and it's what to go for help advice and support is so important. I have been encouraged to be involved and invited to different meetings and events. I feel much more confident in knowing that to do for the best for Ron. It's the little snippets of information that get which make all the difference."

Philonema and Neville De Mello

Philonema has a diagnosis of Alzheimer's and lives with her husband Neville in Harrow. "We started to attend Annie's Place a few months ago and this has now become a regular event for us. There's the opportunity to go to another club for people with dementia however my husband isn't able to join me we were looking for someone to go together. At Annie's Place we get to spend time with other people who we are able to share our experiences with a gain support from each other."

Another positive is how less isolated we feel now that we have somewhere to go to a regular club. Neville would stay at home doing his crossword but now he gets to go out and spend time with really nice people.

Our favourite aspect of Annie's Place is the social for Ron. It's the little snippets of information that get which make all the difference.

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## Annie's Place: The launch of an innovative drop-in service offers support to people newly diagnosed with dementia and those who care for them

Harrow's Local Account 2013/14

*'I love being a shared lives carer because I make a difference in people's lives'*  
- Terry



### Joanne and Terry: Harrow's Shared Lives Scheme

Harrow Shared Lives Scheme offers local people the opportunity to open their home and their lives to supporting a vulnerable person. Whether this is long term (living with a carer and their family on a full time basis) or for respite (staying with the carer for a short break) many people have been able to take advantage of this scheme.

Without the need to have had extensive training or any experience in social care, Shared Lives creates an opportunity for people to develop skills and an understanding of what it takes to support a person who is unable to manage for themselves.

Harrow Shared Lives has had an amazing year. More carers have been recruited taking the total from 35. This has included identifying prospective carers, taking them through an intensive induction and training process and then finally approved at panel. Raising awareness of a scheme that is a person centred service takes time, but we have seen an increase in service users being up a placement from 19 to 32 and several more people are being matched. We hear positive stories of change in a daily basis and our carers do an amazing job in promoting the independence of all for the people they support.

Terry has been a Shared Lives Carer for 3 years.

Terry says: I love being a Shared Lives Carer because I make a difference in people's lives. I would encourage other people to consider the scheme as there are so many people who would love to become a part of a family. I have two wonderful ladies who live with me and my husband and we all get on great together because we respect each other and talk about everything. The ladies are a part of my extended family and we socialise together at family events.

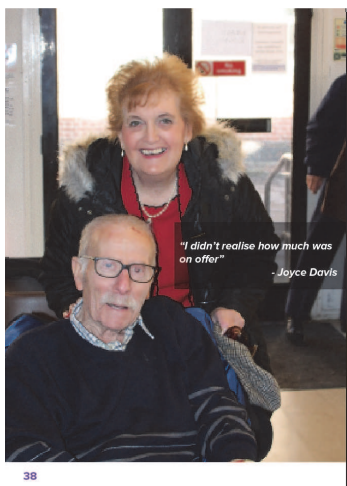
Joanne has been living with the scheme for two years with Terry.

Joanne says: I have been in the Shared Lives Scheme living with Terry for nearly two years and so much has happened in that time. Terry is really funny and great at helping me to become more independent, she is also a good company when we go out to places like the cinema, swimming and for meals. Terry helps me to manage my own bills like washing and shopping and also supports me to keep in regular contact with my family who are welcome to visit me anytime.

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## Shared Lives: Joanne and Terry share their experience of a family orientated solution to long term care needs

Harrow's Local Account 2013/14



*'I didn't realise how much was on offer'*  
- Joyce Davis

### Gerald and Joyce: Experiencing Reablement and MyCommunity ePurse

Joyce lives with husband Gerald in Sharnone. Gerald was a salesman by trade and enjoyed a fit and active life until he developed Parkinson's Disease which then progressed to dementia.

After a period in hospital Gerald was directed through to the reablement services in Harrow, this was their first encounter of the integrated support offered by health and adult social care.

Gerald was supported for six weeks with the aim of regaining as much independence as he could. During this period, Gerald was reviewed and assessed as eligible for further support. It was then that a personal budget was discussed. They were visited by a MyCommunity ePurse care manager and shown how the process of having a personal budget linked to an online social care marketplace worked. They opted for a culturally specific, day service that was available through the website and Gerald now attends for two days per week.

Joyce was supported to use a PayPal account that is linked to MyCommunity ePurse. Joyce can now manage this account online making sure the money is spent on the support Gerald receives without having to provide additional receipts or paperwork.

The support that Gerald gets also enables Joyce to have a well deserved break from her caring role and they can continue to live a very fulfilling life together. Joyce is a fan of quizzes and has appeared on many television programmes including 'Name that Tune', 'Blink It Lucky', 'The Chase' and 'Pointless'. Gerald and Joyce have always enjoyed the arts including theatre and music and they are avid supporters of the University of the Third Age (U3A) and acknowledge that belonging to U3A has enabled them to have a wide range of experiences including holidays and visits to places of interest.

For more information about the University of the Third Age visit [www.U3A.org.uk](http://www.U3A.org.uk)

**Facts about MyCommunity ePurse**

- MyCommunity ePurse is very secure as it uses PayPal technology
- You do not need to have your own computer, or necessarily have computer skills as you will be supported at all times
- You do not need to open a separate bank account and you do not have to show the council receipts of services you receive as a full statement of transactions is produced and held in your account information
- You can look at the range of services available to you including services you currently receive
- MyCommunity ePurse will enable more choice in selecting the services and social care support that best suit your needs
- It is a flexible and adaptable system enabling you to make changes to your Support Plan within your current Personal Budget

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## Gerald and Joyce: Set backs in life can occur at any time, Gerald and Joyce share their experience of reablement and getting on with their lives with the reassurance of a personal budget and MyCommunity ePurse

Harrow's Local Account 2013/14

## Reablement and STARRS



Lucy, 97, has returned to living independently in the community following a fall.

Lucy's son says: My mum is 97 and has worked hard all her life. Mum has had problems over the last ten years or so with falls and we have attended the falls clinic at Northwick Park Hospital. Sometimes these falls have resulted in injuries where she has needed hospital treatment. A recent fall resulted in a fractured wrist, following discharge mum went to stay with our brother and she deteriorated. An assessment with the STARRS team resulted with an offer of support through a placement at Denham Lodge where she spent three weeks, this with gradual encouragement from the physiotherapists and nurses, mum was helped to get back on her feet.

Amazingly mum has made a great recovery and with support from the reablement team we now have our mum back.

*'Denham Lodge is a reablement unit in Harrow.'*

Lucy

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Harrow's Local Account 2013/14



### June and Jim

June is 86 years old and has a diagnosis of dementia. June is well supported by her family, her son Jim lives locally and visits several times a day to support with shopping, medication and other tasks. With this support June is able to live independently in the community.

Jim says: "Following a fall that saw my mother admitted into hospital, we were supported by Harrow Council's reablement team and the STARRS team (short term assessment, rehabilitation and reablement service). Helpine was installed at mum's house as well as mobility aids including bed and bath rails and a bath lift and. We were also supported to a handman scheme.

We were told about 'Amni's Place' dementia drop-in where we have been attending for a few weeks. Mum feels very pleased with the help that she has been receiving"

June and Jim

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## Lucy, June and Jim: Getting back on their feet with a little help from STARRS (short-term assessment, rehabilitation and re-ablement service)

# 'I can now see a future for myself'

With one in four people suffering from a mental health issue, facilities such as Wiseworks, provided by the Disability Day Services of Harrow Council, are leading the way in mental health recovery. Service user Alan Franks explains how Wiseworks has turned his life around.

"After becoming unwell, I had lost my confidence and was finding it hard to believe in myself," said Alan.

"I visited Wiseworks and immediately felt I was somewhere I would feel comfortable and supported and, importantly, where people would understand my health issues. Wiseworks offered me work related activities programmes where I had the chance to learn new skills and feel productive again.

"I started on the desktop publishing programme. The great thing is the classes are taught in small groups and tailored to learners' needs. I had never thought of myself as creative but with the guidance of the Wiseworks staff, I discovered a new talent.

"Wiseworks also helped me to take on further study - I went to college in the evenings and gained a certificate in Graphic Design. On top of this, with Wiseworks support I successfully completed a teaching course.

"Being at Wiseworks has undoubtedly aided my recovery. I've learnt new skills and have been helped to think about what I might go on to do in the future.

As the programmes at Wiseworks are work-focused we get to work on real jobs for clients, such as producing leaflets and booklets, which has given me invaluable experience.

"I now help other service users, assisting with the photography and desktop publishing classes. I also helped to design and construct the water feature in our Wiseacre garden.

"Wiseworks has been invaluable for me. I feel like I have come a really long way since I first came here and can now see a future for myself."



Alan is lead designer on Wisewords; Wiseworks clients quarterly newsletter



*'It's made a massive difference  
and is an amazing opportunity'  
- David House*

# Choosing the right support: David's Story

David lived with his grandmother for a large part of his life and they supported each other. David eventually became his grandmother's primary carer until she passed away. When David moved into a flat of his own, coping with everything alone was proving difficult.

It was then that David contacted Adult Services seeking help and support. As David was struggling to manage essential daily tasks, he was keen to regain his independence and realised that he would quickly have to learn new skills.

Following the assessment stage, David developed his own support plan to meet his social care outcomes. At that time, Harrow was embarking on an exciting new partnership with PayPal for people to receive their personal budgets payments electronically online. David identified that this would be a good way for him to manage his personal budget, with no added paperwork. David acknowledges he wanted to pick the people who work with him and to be able to make sure his personal budget was spent on achieving his goals.

David was fully involved with interviewing potential providers to support him. The first provider David chose didn't work in terms of meeting his specific personalised outcomes. It was then that he met Matt who at the time was doing some support work. David and Matt got on extremely well and Matt was approached to register his agency with Harrow's online social care directory as a provider. This way, David could take control and work directly with Matt to organise his support plan. Matt is paid directly through PayPal and he says he never gets a late payment.



David's lifestyle has changed significantly since having a personal budget. Initially Matt got involved in helping with everyday things like menu planning and being a qualified fitness instructor means David can balance his nutrition with a regular fitness regime and goes to the gym at least once a week

Matt says 'I decided I wanted to give something back and I enjoy working with people...I like the fact that personal budgets are person centred'

David says 'it's made a massive difference and is an amazing opportunity'.



There are currently over 2,876 people who have been diagnosed with dementia in Harrow. This number is projected to increase at least 30% by 2025.

Dementia can lead to people feeling isolated and confused. Advice and support should be provided at the earliest possible time to offer reassurance and information about dementia and services available.

Over the last year, adult services have been working closely with health and voluntary sector partners to develop dementia services and have established a pilot to offer an innovative Drop-in Service to support people in the early stages of dementia. The drop-in has been called “Annie’s Place”.

Annie’s Place offers a supportive environment where information is made available and discussion about the experience of the dementia illness can be shared with other people in the same situation.

The Drop-In is available for people with Dementia, their carers and their wider family. It provides information on services, support and practical advice on reminiscence and other therapies. This includes relaxation, computer support, carer support, access to a hairdresser and beauty therapist, yoga and gentle exercise sessions provided via the STARRS team physiotherapist.





# Annie's Place: Offering a supportive environment



## Ron and Joan Howard

In our last Local Account we featured a story about Ron and Joan who attend Annie's Place. We are delighted to let everyone know that after the Local Account was published we also had an article in the Harrow People featuring Ron's story and as a consequence of this a friend of Ron's got in touch after 50 years and visited him at Milmans. Joan said "It actually brought a tear to Ron's face. It's because of Annie's Place that we have re-established our friendship and we are so thankful for this. We think of ourselves as very lucky to have learnt about dementia and knowing where to go for help advice and support is so important. I have been encouraged to be involved and invited to different meetings and events. I feel much more confident in knowing what to do that is best for Ron. It's the little snippets of information that I get which make all the difference".

## Philomena and Neville De Mello

Philomena has a diagnosis of Alzheimers and lives with her husband Neville in Harrow  
 "We started to attend Annie's Place a few months ago and this has now become a regular event for us. I have the opportunity to go to another club for people with dementia however my husband isn't able to join me so we were looking for somewhere to go together. At Annie's Place we get to spend time with other people who we are able to share our experiences with and gain support from each other. Another positive is how less isolated we feel now that we have somewhere to go on a regular basis. Neville would stay at home doing his crossword but now he gets to go out and spend time with really nice people. Our favourite aspect of Annies Place is the physiotherapy sessions that take place every other week. We both enjoy taking part in these".

*'I love being a shared lives carer  
because I make a difference in  
people's lives'*

*- Terry*



# Joanne and Terry: Harrow's Shared Lives Scheme

Harrow Shared Lives Scheme offers local people the opportunity to open their home and their lives to supporting a vulnerable person. Whether this is long term (living with a carer and their family on a full time basis) or for respite (staying with the carer for a short break) many people have been able to take advantage of the scheme.

Without the need to have had extensive training or any experience in social care, Shared Lives creates an opportunity for people to develop skills and an understanding of what it takes to support a person who is unable to manage for themselves. Harrow Shared Lives has had a successful year. More carers have been recruited taking the total from 10 to 35. This has included identifying prospective carers, taking them through an intensive induction and training process and then finally presenting to an approval panel.

Raising awareness of a scheme that is a person centred service takes time, but we have seen an increase in service users taking up a placement from 19 to 32 and several more people are waiting to be matched. We hear positive stories of change on a daily basis and our carers do an amazing job in promoting the independence of the people they support.

Terry has been a Shared Lives Carer for 3 years:

Terry says: I love being a Shared Lives Carer because I make a difference in peoples lives. I would encourage other people to consider the scheme as there are so many people who would love to become a part of a family. I have two wonderful ladies who live with me and my husband and we all get on great together because we respect each other and talk about everything. The ladies are a part of my extended family and we socialise together at family events.

Joanne has been living within the scheme for two years with Terry.

Joanne says: I have been in the Shared Lives Scheme living with Terry for nearly two years and so much has happened in that time. Terry is really funny and great at helping me to become more independent, she is also good company when we go out to places like the cinema, swimming and for meals. Terry helps me to manage my home skills like washing and shopping and also supports me to keep in regular contact with my family who are welcome to visit me anytime.



*“I didn’t realise how much was on offer”*

*- Joyce*

# Gerald and Joyce: Experiencing Reablement and MyCommunity ePurse

Joyce lives with husband Gerald in Stanmore. Gerald was a salesman by trade and enjoyed a fit and active life until he developed Parkinson's Disease which then progressed to dementia.

After a period in hospital Gerald was directed through to the reablement services in Harrow,. This was their first encounter of the integrated support offered by health and adult social care.

Gerald was supported for six weeks with the aim of regaining as much independence as he could. During this period, Gerald was reviewed and assessed as eligible for further support. It was then that a personal budget was discussed. They were visited by a MyCommunity ePurse care navigator and shown how the process of having a personal budget linked to an online social care marketplace worked. They opted for a culturally specific day service that was available through the website and Gerald now attends for two days per week.

Joyce was supported to use a PayPal account that is linked to MyCommunity ePurse. Joyce can now manage this account online making sure the money is spent on the support Gerald receives without having to provide additional receipts or paperwork.

The support that Gerald gets also enables Joyce to have a well deserved break from her caring role and they can continue to live a very fulfilling life together. Joyce is a fan of quizzes and has appeared on many television programmes including 'Name that Tune', 'Strike it Lucky', 'The Chase' and 'Pointless'. Gerald and Joyce have always enjoyed the arts including theatre and musicals and they are avid supporters of the University of the Third Age (U3A) and acknowledge that belonging to U3A has enabled them to have a wide range of experiences including holidays and visits to places of interest.

*For more information about the University of the Third Age visit [www.U3a.org.uk](http://www.U3a.org.uk)*

## Facts about MyCommunity ePurse

- **MyCommunity ePurse is very secure as it uses PayPal technology**
- **You do not need to have your own computer, or necessarily have computer skills as you will be supported at all times**
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# Reablement



**Lucy, 97, has returned to living independently in the community following a fall.**

Lucy's son says: My mum is 97 and has worked hard all her life. Mum has had problems over the last ten years or so with falls and we have attended the falls clinic at Northwick Park Hospital. Sometimes mums falls have resulted in injuries where she has needed hospital treatment. A recent fall resulted in a fractured wrist. Following discharge mum went to stay with our brother and she deteriorated. An assessment with the STARRS team (short-term assessment, rehabilitation and reablement service) resulted in an offer of support through a placement at Denham Lodge where she spent three weeks, and with gradual encouragement from the physiotherapists and nurses, mum was helped to get back on her feet.

Amazingly mum has made a great recovery and with support from the reablement team we now have our mum back.

*\*Denham Lodge is a reablement unit in Harrow.*

## June and Jim

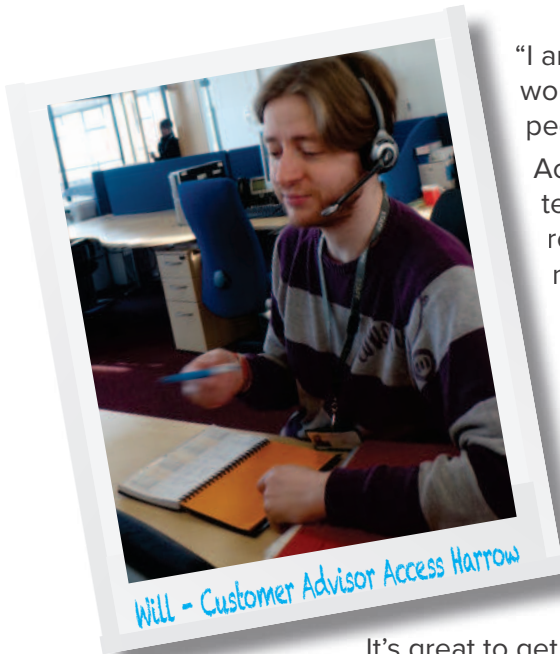
June is 86 years old and has a diagnosis of dementia. June is well supported by her family, her son Jim lives locally and visits several times a day to support with shopping, medication and other tasks. With this support June is able to live independently in the community.

Jim says: "Following a fall that saw my mother admitted into hospital, we were supported by Harrow Council's reablement team and the STARRS team (short-term assessment, rehabilitation and reablement service). Helpline was installed at mum's house as well as mobility aids including bed rails, bath rails and a bath lift, We were also signposted to a handyman scheme".

"We were told about 'Annie's Place' where we have been attending for a few weeks. Mum feels very blessed with the help that she has been receiving"



# Staff Snapshots



"I am Will, a Customer Advisor working in Access Harrow. I have worked for Harrow Council for 6 years previously working in older people services, concessionary travel and reablement,

Access Harrow is the frontline support for six Social Services teams. My work involves taking calls from customers, checking records, linking customers with their social care worker, adding new clients to our database and establishing what their needs are, looking at current activities of daily living and seeing what the current difficulties they are experiencing.

Most importantly we take safeguarding referrals for vulnerable people being reported at risk of abuse. These calls require time and sensitivity to allow the caller to open up about often very difficult issues.

The core of what we do is to support the Social Workers and Care Mangers to ensure they have more time to spend helping people.

It's great to get calls where people are just calling in to say thanks to their worker. It's easy to forget that we can make a real difference in people lives if only by listening and a few kind words".

Johanna, Care Manager, Long Term Team:

"I am Johanna, a care manager of many years working in the Long Term Team in the Civic Centre. The team supports vulnerable adults aged 18 years and upwards who have learning disabilities, physical disabilities and older people, all who are either in residential or nursing placements, supported living accommodation or need to be moved from the community into 24 hour care.

My role is extremely varied and diverse. I carry out needs led assessments which involve visiting the client and family as well as liaising with General Practitioners, hospital staff, district nurses and carers. I also liaise with placement managers. Once my assessment is completed I present the client's case to a panel of senior managers who manage the council's budgets. When the client is placed I carry out a review in the placement to ensure their ongoing needs are being met and he/she is happy and settled.

Another aspect of my job is to assess people moving into supported living accommodation in order for them to live in the community and to develop the skills they need for independent living in a safe and secure environment.

Although my job is very hectic I thoroughly enjoy my role and get immense satisfaction at successfully finding a suitable placement or accommodation. It is extremely satisfying to see a placement having a positive affect on the person's health and well being. I particularly enjoy building up a rapport and good working relationship with my clients and their families and all the agencies involved. I also enjoy the support and camaraderie I receive from my colleagues in my team as we all work together towards a shared goal".



## Examples of Harrow Council officers who work in the different areas of adult social care...



Rebecca - Care Manager, Personalisation Team 2:

"I've worked at Harrow Council for nearly 25 years, starting as a Residential Social Worker in a residential unit, then moving to Older Care Management and now Personalisation 2 where I am a Care Manager.

I really enjoy my job which is wide ranging and includes planning support with some of Harrow's most vulnerable people. These could be people who are existing personal budget users or may be new to our team. We use 'My Community ePurse' and 'Paypal' technology to create a support plan and help people to set up services using their personal budget.

Personalisation is about providing a person centred approach, using resources available locally to support people to meet their assessed needs.

It's my job to help find the right services and support organisations who can help them with the right care package. This involves working with people in their homes to search online via My Community ePurse for businesses and local services and then set up a payment system via Paypal. This approach enables people to have greater control over their lives. Overall it's a very fulfilling and rewarding job and it's great when I see how positively a support plan is working for someone".

Michelle – Care Manager Personalisation 1

"My main job role is to assess client's needs in the community often liaising with health partners, care agencies and different departments within Harrow as well as the private sector.

Our referrals come from the reablement team, Personalisation 3 team and the long term team. The outcome from our assessment s could result in a care package, day centre placement, sitting service, supported living, shared lives or other specialised services to meet the clients' individual needs. Another part of my job role is to assess carers to support them in their caring role.

The ever changing needs of the various different client groups require the ability to manage one's time and prioritise whilst maintaining high standards of care being and good health and safety practice following policy, procedure and legislation.

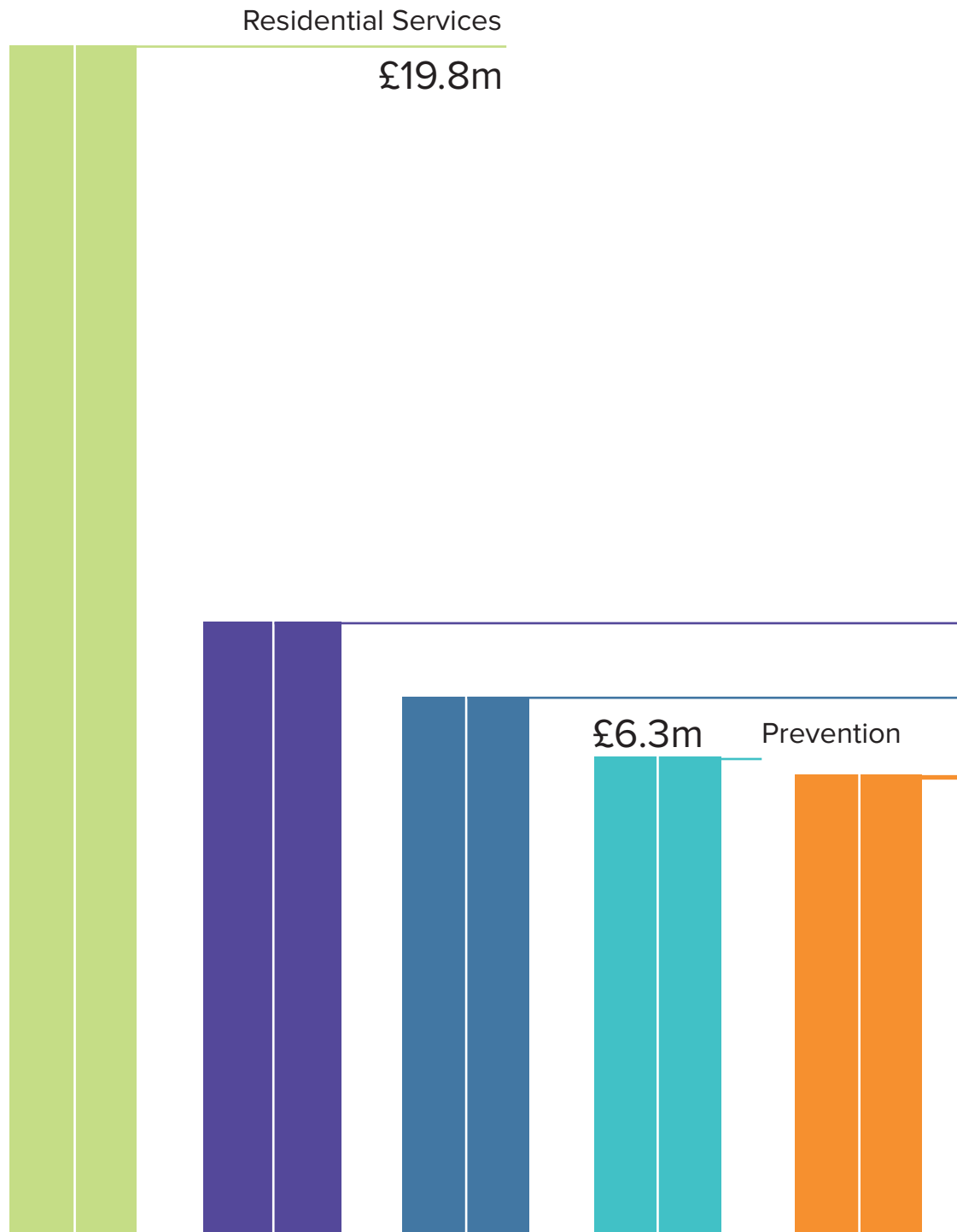
I work in a great team which is complimented by good management which makes it a happy working environment.

I absolutely love my work and am very passionate about getting the best outcome for my clients. I find this very rewarding".



# Finance Summary

How did we spend our money in 2013/14?



Breakdown of Adult Social Care Expenditure

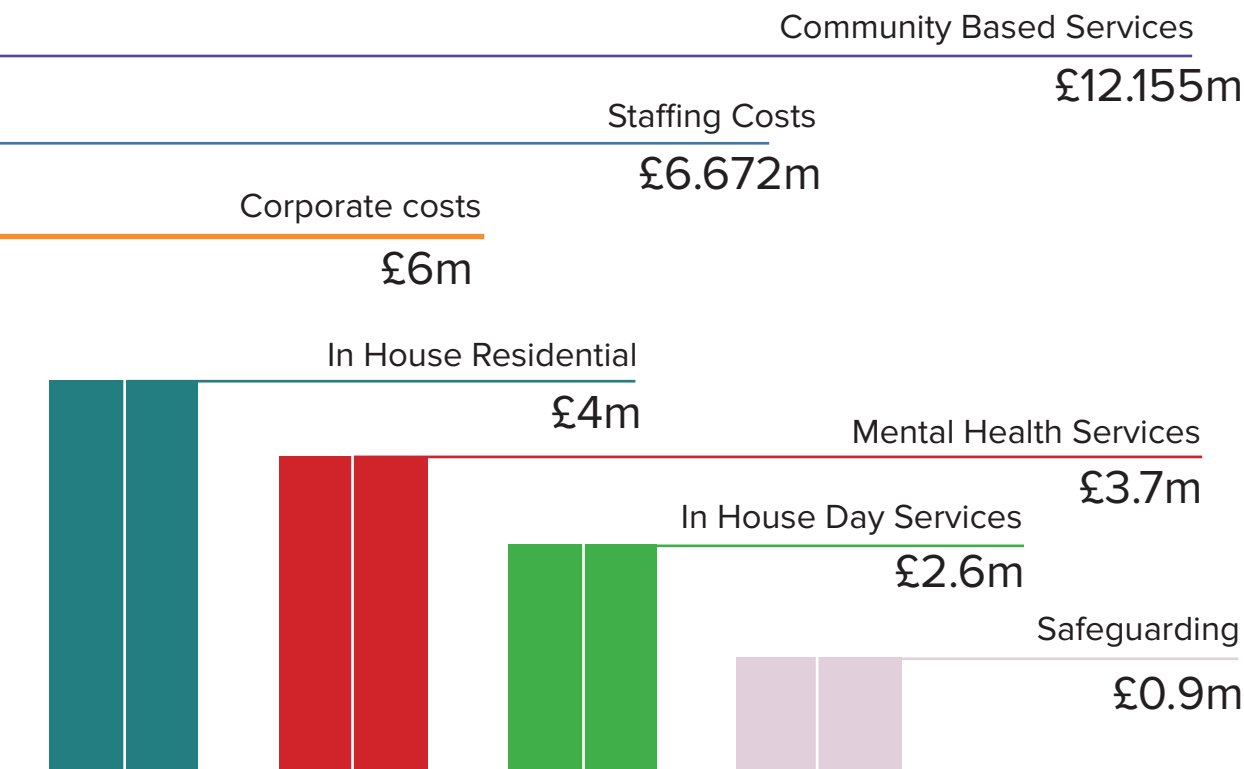
# The total Adult Social Care budget for 2013/14 was £62.2 million pounds

We provide services that support people in their own homes including home care, day care, reablement services and equipment. Our services concentrate on enabling people to remain at home or return home after hospital treatment or time spent in a residential home.

Most people prefer to be cared for in their own home so these services are crucial for helping people live independent lives. We also provide services to unpaid carers who look after people with adult social care needs.

Local authorities receive funding from central government that is allocated according to a formula. The delivery of care has changed significantly following a range of legislative, organisational and demographic changes.

Harrow is one of the lowest grant-funded boroughs in London. Despite the financial challenges, Harrow’s Adult Social Care department delivered its commitments within a managed budget resulting in no overspend.



# Performance Summary

We are measured independently, and regularly assess ourselves. These are a few of the indicators which show our strength and activity in personalisation, reablement and support for carers during 2013/14. Data figures are from the ASCOF (Adult Social Care Outcomes Framework and the ACCUE(Adult Community Care User Experience) surveys.

Performance was very strong at the end of the year with all corporate and departmental targets achieved. Adult Services achieved 85.9% of all clients and carers with substantial services now with a personal budget and of those 47.1% receive this as a cash payment.

Other performance highlights include 91.7% had their care needs reviewed during the year, and 19.6% of people with a learning disability were in paid employment.

**47.1%**

of people receiving personal budgets received them as cash

**5667**

social care reviews completed

**1st**

Highest nationally for the proportion of people receiving cash personal budgets

**85.9%**

of clients & Carers with substantial services had a Personal Budget

**1st**

in London for adults in contact with secondary mental health service who are in paid employment (9%)

**2nd**

Our national position of adults with learning disabilities in paid employment (19.6%)

**6th**

In London for delayed transfers of care following a hospital admission

**Carers  
Revival**

Free monthly event throughout 2013/14

**300**

people attended the carers support civic roadshow as part of Carers Week

**6700**

carers packs sent out giving information & advice

# Glossary of words used

<b>Adult social care</b>	Personal care and practical help for adults who have care or support needs due to age, illness or disability, to help them live their life as independently as possible.
<b>Advocacy</b>	Help for people to express their views about their needs and choices.
<b>Care Quality Commission</b>	An independent regulator of all health and social care services in England.
<b>Carer</b>	Someone who provides unpaid support to a family member or friend who cannot manage without this help.
<b>Clinical Commissioning Group (CCG)</b>	Clinical Commissioning Groups are responsible for implementing the commissioning roles as set out in the Health and Social Care Act 2012
<b>Commissioning</b>	Process the Council uses to plan and buy services for adults with care and support needs.
<b>CNWL</b>	Central and North West London NHS Foundation Trust
<b>Deferred payment scheme</b>	The deferred payment scheme which allows someone who goes into care to keep their property and still get help from the local authority with paying care home fees. The local authority recovers the fees from the proceeds when the property is sold. This scheme can also be used if there is a delay in selling a property.
<b>Dementia</b>	A syndrome (a group of related symptoms) associated with the ongoing decline of the brain and its abilities. Problems include memory loss, language and thinking speed.
<b>Direct Payments</b>	Cash payments given to people to pay for the community care services they have been assessed as needing. They are intended to give people greater choice in their care. The payment must be sufficient to enable the person to purchase services to meet their needs and must be spent on services that he or she needs.
<b>Director of Adult Social Services (DASS)</b>	The Director of Adult Social Services (DASS) is a staffposition that every local authority must have. The DASS has responsibility for ensuring high quality, responsive adult social services, promoting wellbeing and ensuring better integration of adult social services with a range of partner agencies in the local community.
<b>Domiciliary care</b>	See home care below.

<b>Eligibility criteria</b>	Guidance has been issued from the Department of Health about how each Council should set the criteria they use for a person to be eligible for social care services. Councils should ensure that each decision about a person's eligibility for support is taken following an appropriate community care assessment.
<b>Equipment and adaptations</b>	Specialist items provided to service users following an assessment by an occupational therapist or physiotherapist to help them remain safe in their home and perform daily activities.
<b>FACS (Fairer Access to Care Services)</b>	Government guidance for councils to help them set eligibility criteria for adult and social care services.
<b>Health and Wellbeing Board</b>	The Government has given local authorities a duty to set up these Boards. The aim is to bring together local Councillors, patient representatives and key decision-makers across health and social care so that local people benefit from coordinated and joined up local services. There is to be a focus on addressing health inequalities, combining resources across health and social care, and the empowerment and involvement of local people.
<b>HealthWatch</b>	An organisation established as a new independent consumer champion for health and social care. HealthWatch England is a statutory part of the Care Quality Commission.
<b>Home care</b>	Home care or Domiciliary care is care provided in an individual's home, normally of a personal nature such as help with dressing, washing or toileting. It can be arranged by Social Services following an assessment of need, or can be arranged privately by the individual themselves, or someone acting for them.
<b>Joint Strategic Needs Assessment (JSNA)</b>	This is a process to identify current and future health and well-being needs of the local population; informing the priorities and targets set by local authorities and the local NHS PCTs. It enables agreed commissioning priorities that will improve outcomes and reduce health inequalities. The Local Government and Public Involvement in Health Act 2007 places a duty on local authorities and PCTs to undertake these assessments.
<b>Local accounts</b>	Local accounts are reports used by councils across the country to tell residents what adult social care is doing and to assess how well adult social care services are performing.

<b>Local Safeguarding Adults Board (LSAB)</b>	Harrow's LSAB is a multi-agency partnership, made up of a wide range of statutory, independent and voluntary agencies and organisations, all working together to keep adults, particularly those who are more vulnerable, safe from the risk of abuse, harm or exploitation.
<b>Market Position Statement</b>	This is a tool that is designed for providers, and potential providers, of care and support services.
<b>MyCommunity ePurse</b>	A support planning and personal budget tool for service users and carers, which gives service users the facility to receive and manage their cash personal budget online.
<b>My Support, My Way</b>	This is Harrow Council's Quality Assurance Charter. It defines what local people have said is important to them. It is the basic standard of what local people should expect when they receive care and support in Harrow.
<b>NHS continuing care funding</b>	This describes a package of continuing health care provided outside hospital, arranged and funded solely by the NHS, for people with ongoing health needs. To decide if a person is eligible for this funding an assessment of healthcare needs takes place. Eligibility for continuing care funding is reviewed on a regular basis.
<b>Nursing care</b>	Care carried out or supervised by a qualified nurse, including injections and dressings paid for by the NHS.
<b>Outcome</b>	End result, change or benefit for an individual who uses social care and support services.
<b>Preventative Services</b>	Services that involve early interventions to prevent long term dependency or ill health.
<b>Personal Budgets</b>	An allocation of funding given to users of community care services after a community care assessment. The amount should be enough to meet their assessed needs. People can take them either as direct payments (see above) or – while choosing how their care needs are met and by whom – leave local authorities with the responsibility to commission the services; or they can have a combination of the two.
<b>Personalisation</b>	Personalisation is a social care approach described by the Department of Health as meaning that "every person who receives support, whether provided by statutory services or funded by themselves, will have choice and control over the shape of that support in all care settings". The purpose is to ensure that services are tailored to the needs of every individual, rather than being delivered in a "one-size-fits all" fashion.



<b>Portability</b>	The portability of social security benefits is the ability of workers to preserve, maintain, and transfer acquired social security rights (and social security rights in the process of transferring) from one private, occupational, or public social security scheme to another.
<b>Portfolio Holder</b>	A Portfolio Holder is a Cabinet member with a specific responsibility that has been delegated by the Leader of the Council.
<b>Providers</b>	These are organisations or agencies who are commissioned to provide services on behalf of the Council.
<b>Quality Assurance Quadrant (QAQ)</b>	The QAQ is a regular internal report which focuses on four areas: consumer/citizen challenge, independent challenge, provider challenge, and professional challenge.
<b>Reablement</b>	Timely and focussed intensive therapy and care in a person's home to improve their choice and quality of life and maximise long term independence. The aim is that, through short term intervention, people are helped to recover skills and confidence to enable them to live at home.
<b>Residential care</b>	Care in a care home providing personal care such as washing, dressing and taking medication.
<b>Safeguarding</b>	Protecting vulnerable people from neglect or physical, financial, psychological or verbal abuse.
<b>Self Directed Support</b>	A description of how a Council plans to arrange social care support by carrying out an assessment of need with an individual; agreeing what help is needed and then determining how much money will be provided to pay for it (this is called a Personal Budget). The Council then agrees a plan with an individual about how the money will be spent and who will manage the "personal budget". Some people chose to manage the money themselves.
<b>Telecare</b>	Equipment, devices and services to help vulnerable people stay safe and independent at home, including fall sensors and safety alarms.
<b>Telehealth</b>	Telehealth is the use of electronic information and telecommunications technologies to support long-distance clinical health care.
<b>Vulnerable adult</b>	A person aged 18 or over who may be unable to take care of themselves, or protect themselves from harm or exploitation due to mental health problems, disability, sensory impairment, frailty or other condition.

# Useful Contacts

## **Safeguarding Team Contact Details**

Telephone: 020 8420 9453  
Out of Hours: 020 8424 0999  
email: [safeguardingadults@harrow.gov.uk](mailto:safeguardingadults@harrow.gov.uk)

For information on Deprivation of Liberty Safeguards (DoLS)

Telephone: 020 8736 6153  
email: [dols@harrow.gov.uk](mailto:dols@harrow.gov.uk)

## **Harrow Council: Adult Services Golden Number**

020 8901 2680  
[www.harrow.gov.uk](http://www.harrow.gov.uk)

## **Safeguarding Assurance and Quality Services Team**

020 8424 1205  
email: [saqs@harrow.gov.uk](mailto:saqs@harrow.gov.uk)

## **Emergency out-of-hours Social Worker**

020 8424 0999

## **Police non-emergency number**

101  
[www.met.police.uk](http://www.met.police.uk)

## **NHS – fast but non-emergency medical help**

111

## **Harrow Citizens' Advice Bureau**

020 8427 9477  
[www.harrowcab.org.uk](http://www.harrowcab.org.uk)

## **Harrow Mencap**

020 8869 8484  
[www.harrowmencap.org.uk](http://www.harrowmencap.org.uk)

## **Harrow Association of Disabled People**

020 8861 9920

[www.had.org.uk](http://www.had.org.uk)

**Mind in Harrow**

020 8426 0929

[www.mindinharrow.org.uk](http://www.mindinharrow.org.uk)

**Rethink Mental Illness**

0300 5000 927

[www.rethink.org](http://www.rethink.org)

**Stroke Association**

0303 3033 100

[www.stroke.org.uk](http://www.stroke.org.uk)

**Parkinson's UK**

0808 800 0303

[www.parkinsons.org.uk](http://www.parkinsons.org.uk)

**Age UK Harrow**

020 8861 7980

[www.ageuk.org.uk](http://www.ageuk.org.uk)

**Alzheimer's Society**

020 7423 3500

[www.alzheimers.org.uk](http://www.alzheimers.org.uk)

**Carers UK**

020 7378 4999

[www.carersuk.org](http://www.carersuk.org)

**Crossroad Care Harrow**

020 8868 0903

[www.carers.org](http://www.carers.org)

**Harrow Carers**

020 8868 5224

[www.harrowcarers.org](http://www.harrowcarers.org)

**London Taxicard**

0845 415 4156 or 020 7934 9791

<http://www.londoncouncils.gov.uk/services/taxicard>

[www.harrow.gov.uk](http://www.harrow.gov.uk)

**REPORT FOR: HEALTH AND SOCIAL  
CARE SCRUTINY SUB-  
COMMITTEE**

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<b>Date of Meeting:</b>	8 June 2015
<b>Subject:</b>	Developing a protocol for the working relationship between Scrutiny, the Health & Wellbeing Board and Healthwatch Harrow
<b>Responsible Officer:</b>	Alex Dewsnap, Divisional Director, Strategic Commissioning
<b>Scrutiny Lead Member area:</b>	Health: Policy Lead – Councillor Michael Borio Performance Lead – Councillor Vina Mithani  Community Health and Wellbeing: Policy Lead – Councillor Chris Mote Performance Lead – Councillor Margaret Davine
<b>Exempt:</b>	No
<b>Wards affected:</b>	All
<b>Enclosures:</b>	

**Section 1 – Summary and Recommendations**

This report sets out the rationale behind developing a draft protocol for the working relationship between Harrow’s scrutiny function, the Health & Wellbeing Board and the local Healthwatch.

**Recommendations:**

The Health and Social Care Scrutiny Sub-Committee is asked to:

- Provide comments on developing a draft protocol
- Agree a way forward for a robust working relationship between the three bodies for the future.

## **Section 2 – Report**

This report attaches a briefing paper that has been developed through engagement with a number of key stakeholders involved in the local health and wellbeing agenda. This looks to develop a protocol of working for the Health & Wellbeing Board, Scrutiny and the local Healthwatch. It suggests a set of shared values/principles that can drive forward a robust working relationship between the three for the future.

A first draft of this protocol has been informally discussed with the Scrutiny Leadership Group and the chair of the Health & Wellbeing Board (who both originally commissioned this piece of work), as well as the relevant management teams within the council. There was agreement that, in line with arrangements in many other boroughs, the protocol should include the local Healthwatch once a new service had been recommissioned in April 2015.

The draft protocol is being formally presented to the Health and Social Care Scrutiny Sub-Committee in June and the Health & Wellbeing Board in July. Comments from Healthwatch are also currently being sought.

The Overview and Scrutiny Committee has delegated its duties around health scrutiny to the Health & Social Care Scrutiny Sub-Committee, although there remains the flexibility for issues to be considered at Overview & Scrutiny rather than Health & Social Care Sub-Committee, for reasons of timeliness or the strategic nature of the issue. Therefore the attached paper refers to the scrutiny function as a whole when discussing relationships. Appendix A details the key member roles involved in the Health & Wellbeing Board/Scrutiny relationship. It is assumed that the 'first port of call' for the working relationships with each body will be the chairs of each committee.

### **Financial Implications**

There are no additional costs directly related to adopting this protocol.

### **Performance Issues**

There is no specific performance issues associated with this report.

### **Environmental Impact**

There is no specific environmental impact associated with this report.

### **Risk Management Implications**

There are none specific to this report.

### **Equalities Implications**

There are no equalities implications in adopting this protocol. Addressing health inequalities is implicit in the work of the three bodies covered in this protocol by promoting the three aims of the Public Sector Equalities Duty. The general duty has three aims in that it requires public bodies to have due regard to the need to:

1. Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010;

2. Advance equality of opportunity between people from different groups; and
3. Foster good relations between people from different groups.

**Council Priorities**

- Making a difference for the vulnerable
- Making a difference for communities
- Making a difference for families

**Section 3 - Statutory Officer Clearance**

Statutory clearances not required.

Name:.....	<input type="checkbox"/>	on behalf of the Chief Financial Officer
Date: .....		
Name: .....	<input type="checkbox"/>	on behalf of the Monitoring Officer
Date: .....		

<b>Ward Councillors notified:</b>	N/A
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**Section 4 - Contact Details and Background Papers**

**Contact:**

Nahreen Matlib, Senior Policy Officer, 020 8420 9204

**Background Papers:**

- Developing a protocol for the working relationship between Scrutiny, the Health & Wellbeing Board and Healthwatch Harrow

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April 2015

## **Developing a protocol for the working relationship between Scrutiny, the Health & Wellbeing Board and Healthwatch Harrow**

This paper looks to develop a protocol of working for the Health & Wellbeing Board, Scrutiny and the local Healthwatch. It suggests a set of shared values/principles that can drive forward a robust working relationship between the three for the future.

A first draft of this protocol has been informally discussed with the Scrutiny Leadership Group and the chair of the Health & Wellbeing Board. There was agreement that, in line with arrangements in many other boroughs, the protocol should include the local Healthwatch once a new service had been recommissioned in April. The draft protocol will be formally presented to the Health and Social Care Scrutiny Sub-Committee in June and the Health & Wellbeing Board in July. Comments from Healthwatch are currently being sought and will be extremely valuable to these discussions.

The Overview and Scrutiny Committee has delegated its duties around health scrutiny to the Health & Social Care Scrutiny Sub-Committee, although there remains the flexibility for issues to be considered at Overview & Scrutiny rather than Health & Social Care Sub-Committee, for reasons of timeliness or the strategic nature of the issue. Therefore this paper refers to the scrutiny function as a whole when discussing relationships. Appendix A details the key member roles involved in the Health & Wellbeing Board/Scrutiny relationship. It is assumed that the 'first port of call' for the working relationships with each body will be the chairs of each committee.

### **Purpose of protocol**

This protocol aims to outline the independent, but complementary, roles and responsibilities of the council's health scrutiny function (referred to as 'Scrutiny'), the Health and Wellbeing Board (HWB) and the local Healthwatch (Healthwatch Harrow). Each body has distinct roles but there are potential overlaps in work and therefore the scope for duplication. This duplication can be positive if the bodies are approaching the issues from different angles and adding value, however where the duplication is unnecessary, this does not represent the best use of resources. Therefore developing a protocol for working collaboratively and making best use of resources, is particularly warranted at a time when resources in the public sector are being further stretched.

There is a three-way relationship between health and wellbeing boards, scrutiny and local Healthwatch. Each body is at a different stage of their lifecycles – with health scrutiny being the most established having operated for over a decade whilst health and wellbeing boards and local Healthwatch are two years into operation. It would therefore be worth regularly reviewing any protocol adopted to ensure that it continues to meet the needs and aspirations of each of the three bodies as the relationship develops.

In June 2014, the Department of Health published revised guidance to support local authorities and their partners deliver effective health scrutiny, to reflect the outcomes of the Francis report into the failings of care at Stafford Hospital. Robert Francis in his report included some clear messages for the role of council scrutiny in the local framework for health service accountability.

The Department of Health guidance<sup>1</sup> holds some key messages for health scrutiny going forward reiterating that health scrutiny has a strategic role in taking an overview of how well integration of health, public health and social care is working and how well health and wellbeing boards are carrying out their duty to promote integration. It also acknowledges that effective health scrutiny requires clarity at a local level about respective roles between the health scrutiny function, the NHS, the local authority, health and wellbeing boards and local Healthwatch.

As a result of the Francis report, local authorities need to satisfy themselves that they have open and effective channels by which the public can communicate concerns about the quality of NHS and public health services to health scrutiny bodies and that complaints information is used to get an impression of services overall and commissioners and providers are questioned about patterns and trends.

## **Statutory framework**

Each of the bodies in this protocol has a statutory footing. Given below is an outline of the functions of each body. More detail on their current powers and duties can be found in Appendix B.

### Council health scrutiny

Councils with social care functions can hold NHS bodies to account for the quality of their services through powers to obtain information, ask questions in public and make recommendations for improvements that have to be considered. Proposals for major changes to health services can be referred to the Secretary of State for determination if they are not considered to be in the interests of local health services. The way councils use the powers is commonly known as 'health scrutiny' and forms part of councils' overview and scrutiny arrangements. From April 2013 all commissioners and providers of publicly funded healthcare and social care have also been covered by the powers, along with health and social care policies arising from the Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies. Health scrutiny also has a valuable pro-active role, helping to understand communities and tackle health inequalities.

### Health and wellbeing boards

Health and wellbeing boards are committees of councils with social care responsibilities, made up of local councillors, directors of public health, adult social services and children's services, clinical commissioning groups, and local Healthwatch. They collectively take the lead on improving health and wellbeing outcomes and reducing health inequalities for their local communities. Health and wellbeing boards are an executive function of the council

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<sup>1</sup> Department of Health full guidance document can be found at:

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/324965/Local\\_authority\\_health\\_scrutiny.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/324965/Local_authority_health_scrutiny.pdf)

and are responsible for identifying current and future health and social care needs and assets in local areas through Joint Strategic Needs Assessments; and developing Joint Health and Wellbeing Strategies to set local health and social care priorities, providing a framework for the commissioning of local health and social care services. Individual Board members are held to account in different ways (for example, clinical commissioning groups are authorised and assessed by the NHS Commissioning Board) but health and wellbeing boards can also be collectively held to account for their effectiveness through council scrutiny.

### Local Healthwatch

The local Healthwatch is the local consumer champion for health and social care representing the collective voice of people who use services and the public. It builds up a local picture of community needs, aspirations and assets and the experience of people who use services. It reports any concerns about services to commissioners, providers and council health scrutiny. It does this by engaging with local communities including networks of local voluntary organisations, people who use services and the public. Through its seat on the health and wellbeing board, local Healthwatch presents information for the Joint Strategic Needs Assessment and discuss and agree with other members on the Board a Joint Health and Wellbeing Strategy. It also presents information to Healthwatch England to help form a national picture of health and social care. Local authorities need to ensure that their local Healthwatch operates effectively and is value for money; managing this through their local contractual arrangements.

### **Roles and responsibilities**

The Health and Wellbeing Board has a number of “active” duties and responsibilities including:

- Agreeing health and wellbeing priorities for Harrow;
- Developing the Joint Strategic Needs Assessment (JSNA);
- Promoting joint commissioning;
- Ensuring commissioning plans have had sufficient regard to the Joint Health and Wellbeing Strategy; and
- Considering how best to use the totality of the resources available for health and wellbeing.

None of these “active” duties conflicts with the responsibilities of the Health & Social Care Sub-Committee which can recommend the Council to refer proposals for change in the provision of health services to the Secretary of State as well as scrutinising the Council’s health functions (public health) and:

- Health and social care infrastructure and services
- The Health and Wellbeing Board and CCG
- Collaborative working with health agencies; and
- Commissioning and contracting health services.

There is, however, a possibility for duplication and confusion in relation to more “reflective” responsibilities of the Health and Wellbeing Board which include:

- Overseeing the quality of commissioned services;
- Providing a forum for public accountability of NHS, public health, social care and other health and wellbeing services;

- Monitoring the outcomes of the public health framework, social care framework and NHS framework;
- Considering and making recommendations for response to NHS;
- Consultations on proposed substantial developments/variations in health services that would affect the people of Harrow; and
- Considering and making recommendations for response to consultations from local Health Trusts, Department of Health, Care Quality Commission and any organisation which provides health services outside the local authority's area to inhabitants within it.

These “reflective “ duties appear to mirror the function of the Health & Social Care Scrutiny Sub-Committee and, specifically, its power to “consider and make recommendations for response to consultations from local Health Trusts, Department of Health, Care Quality Commission and any other organisation which provides health services outside the authority's area that would affect the people of LB Harrow.”

A recent guide by the LGA<sup>2</sup> has sought to clarify some of the confusion that remains about the respective roles of health and wellbeing boards and councils' health scrutiny arrangements:

*“Health scrutiny committees or panels, bodies which are independent of council cabinets and executives, are an important mechanism for holding the health and wellbeing board to account. They are also an important source of information, through the inquiries that they conduct, about the quality of services and issues of concern to patients, service users and the public. Local Healthwatch organisations have statutory powers to refer issues to health scrutiny. Therefore, there is a three-way relationship between health and wellbeing boards, scrutiny and local Healthwatch. A number of areas have clarified how these bodies will work together and separately through a written protocol or memorandum of understanding. Health and wellbeing boards are subject to scrutiny by their council's health scrutiny function. Health scrutiny has specific powers to ask for information and require attendance at meetings. These are laid down in regulations and guidance (see further information section below). Health scrutiny committees and their equivalents have special powers in relation to proposed substantial reconfigurations of services which they (or the council) can refer to the Secretary of State for Health under certain circumstances. It is particularly important, therefore, that health scrutiny bodies are engaged in discussions and consulted about proposals for change at an early stage, and given an opportunity to understand the reasons for the proposals, how they might improve access or quality of services, and how patients, service users and the public are engaged and consulted on the proposals.*

*The three-way relationship between health and wellbeing boards, scrutiny and local Healthwatch potentially gives rise to a number of conflicts of interest. For example, a councillor might be a member of a health and wellbeing board and also a member of the council's health scrutiny committee or of a joint health scrutiny committee. A local Healthwatch might refer a proposed service reconfiguration to a health scrutiny committee. In this case there could be a conflict of interest for the local Healthwatch representative on a health and wellbeing board that could be involved at some level in the commissioning of the proposed reconfiguration. Any conflicts of interest of this kind can be dealt with through the council's usual arrangements for committees.”*

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<sup>2</sup> *Making an impact through good governance: A practical guide for health and wellbeing boards*, LGA, October 2014. [http://www.local.gov.uk/health-and-wellbeing-boards/-/journal\\_content/56/10180/6656438/PUBLICATION](http://www.local.gov.uk/health-and-wellbeing-boards/-/journal_content/56/10180/6656438/PUBLICATION)

Harrow Council's governance arrangements have addressed such issues as potential conflicts of interest – no member of Scrutiny can sit on the HWB and vice-versa. Healthwatch hold positions on both bodies but they are different individuals.

## **Working together for better outcomes**

Within the roles and responsibilities of Scrutiny, the HWB and Healthwatch Harrow there are some **shared values** to build upon in developing a sound working relationship. Given the common aims across these bodies to improve health and wellbeing outcomes and ensure the commissioning and delivery of high quality, appropriate and efficient services, these can translate into a **set of shared principles** to drive forward joint working:

- Working together for the good of residents – achieving better outcomes for local people by working in partnership to improve services
- Working in a climate of mutual respect, courtesy, openness and transparency in partnership
- Having a shared understanding of respective roles, responsibilities, priorities and different perspectives
- Promoting and fostering an open relationship where issues of common interest and concern are shared and challenged in a constructive and mutually supportive way
- Ensuring a consistency across the council – ensuring individual activities are complementary, add value and reduce duplication, by developing work programmes together and sharing intelligence gathered
- Aligning work programmes so that they are complementary and add value – to decision making, exercising wellbeing powers, holding to account, policy development, fostering better partnership working, addressing health inequalities, and commissioning intentions for health and social care
- Monitoring performance
- Respecting independence
- Using resources effectively and efficiently - making best use of ever-stretched resources, that of both of the council and NHS
- Adding value to the democratic process
- Ensuring that the voice of the public and patients are heard and acted upon
- Proactive solution finding

Whilst recognising the common aims and the need for closer working, it is important to remember that the HWB, Scrutiny and Healthwatch Harrow are independent bodies and have autonomy over their work programmes, methods of working and any views or conclusions they may reach. Any protocol should not preclude any individual body from working with any other local, regional or national organisation to deliver their aims.

### How can each body bring value to each other's work?

Scrutiny can:

- Be a bridge between professionals and people who use services.
- Bring a collective memory of public engagement, policy development and local knowledge about community needs and assets.
- Be a valuable 'critical friend' in policy development and service provision.
- Evaluate policies arising from processes and decisions and outcomes from services.
- Consider whether service changes are in the best interests of the local health service.

- Carry out pro-active qualitative reviews that can inform and enhance policy and services.

The Health & Wellbeing Board can:

- Bring together individual and organisational knowledge, expertise and experience.
- Develop an area-wide view of health and social care needs and resources through the Joint Strategic Needs Assessment.
- Agree area-wide alignment of services to deliver improved health and wellbeing through the Joint Health and Wellbeing Strategy.
- Facilitate shared understanding of information to improve outcomes from decision making.

Healthwatch Harrow can:

- Share information from networks of voluntary and community groups.
- Gather and present evidence and information for Joint Strategic Needs Assessments and support council scrutiny reviews.
- Use good public engagement to demonstrate the 'real-time' experiences of people who use services.
- Highlight concerns about services to council health scrutiny.
- Cascade information to people who use services and the public about services that are available.

With a focus on the fundamental principle of improving outcomes for local people, listening and responding to what communities and residents who use services are saying is key to each function. Each will have different reasons and ways to gather these views and experiences however by sharing information and expertise, each can add value at different points throughout the cycle of assessing need, developing strategies, commissioning and providing services, and evaluating their efficacy. For example, there should be a commitment from the HWB to engage Scrutiny on the drafting of the JSNA and the Joint Health and Wellbeing Strategy, as well engaging Scrutiny on the commissioning intentions of the CCG and Adults Social Care Services.

#### How might this work in practice?

There are a number of health and social care developments locally that could benefit from a robust executive/scrutiny interface and strong working relationship. These include the implementation of the Care Act, the Better Care Fund, the reconfiguration of NHS services in NW London through the Shaping a Healthier Future programme, health and social care finances, supporting CQC inspections, safeguarding issues, and addressing health inequalities. One of the common criticisms to date of HWBs is a focus on health and the NHS and not on social care, nor the relationship between the two in delivering outcomes for health and wellbeing.

Some scenarios<sup>3</sup> (entirely fictional) that demonstrate how a strong working relationship could work in practice are given below:

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<sup>3</sup> Adapted from *Local Healthwatch, health and wellbeing boards and health scrutiny: Roles, relationships and adding value*, Centre for Public Scrutiny, October 2012

<b>Scenario 1:</b>	<b><i>A reconfiguration of maternity services at London North West Healthcare NHS Trust which includes Northwick Park, Central Middlesex and Ealing Hospitals</i></b>
Health & Wellbeing Board	<p>The Board, as the strategic multi-agency body charged with oversight of the local health and social care economy, will have a key role in the early shaping of any reconfiguration proposals and later in assessing the detail and impact of any such proposals on the wider economy of the area. It will also be charged with ensuring that the plans have taken account of the JSNA and Joint Health and Wellbeing Strategy (JHWBS).</p> <p>Coming out of the Shaping a Healthier Future NHS programme, providers have proposed this as a solution to improving outcomes and making better use of available resources. The HWB assesses whether the plans fit their JHWBS and takes a strategic view on the outcomes and engagement with the appropriate CCGs.</p> <p>Therefore the HWB could:</p> <ul style="list-style-type: none"> <li>➤ Confirm and challenge the impact assessment, including how proposals will seek to meet identified gaps in commissioning, identifying overlaps in the proposals and ensuring value for money;</li> <li>➤ Refer to Scrutiny for comments/opinions concerning outcomes, patient experiences, pathways and access issues;</li> <li>➤ Receive initial reports and in depth reports from Scrutiny Committee;</li> <li>➤ Use the findings to feed into further discussions about the commissioning of the proposed services and potential decommissioning of associated services;</li> <li>➤ Seek opinion of neighbouring Boards as appropriate;</li> <li>➤ Seek the views of Healthwatch Harrow; this will normally be done through the Healthwatch representative on the HWB;</li> <li>➤ Be reliant on professional relationships to influence change.</li> </ul>
Healthwatch Harrow	<p>Healthwatch, by virtue of its membership on the HWB and as an observer of the CCG Boards, will be a party to initial discussions and decisions which may lead to major reconfiguration of commissioned services. Whilst recognising this, Healthwatch nevertheless will have an independent role in the subsequent review and scrutiny or consultation of the proposals</p> <p>Undertakes a comprehensive exercise to gather the views from people who use services and the public, checks whether consultations reflect what is known about best practice and presents views as a HWB member and to the Health &amp; Social Care Scrutiny Sub-Committee in its advisory capacity and during the formal consultation process.</p> <p>Therefore Healthwatch Harrow could:</p> <ul style="list-style-type: none"> <li>➤ Consider the commissioning plans and offer a strategic view from the public perspective to the Board, including any cross-border issues and work with other relevant local Healthwatch organisations;</li> <li>➤ Undertake a detailed exercise to gather patients' and public views both in the pre consultation phase and during the consultation period using and co-ordinating available information and engagement processes, having particular regard to issues of quality and access;</li> <li>➤ Access the Healthwatch England information repository to add value to the evidence;</li> <li>➤ Inform/report to the Scrutiny Sub-Committee and the HWBd the outcome of the Healthwatch Harrow public opinion exercises regarding the potential impact for patients.</li> </ul>
Health scrutiny	<p>The Health &amp; Social Care Scrutiny Sub-Committee is a statutory consultee and has responsibility for ensuring that health service changes reflect the needs of the local population and are in the best interests of the area.</p> <p>Agrees that proposals are a substantial variation, and through joint scrutiny arrangements with other councils in NW London (the existing JHOSC), engages in early discussions with the commissioners/providers regarding policy, plans and consultations. It also engages</p>

	<p>during the formal consultation stage to analyse the proposals in a public forum, taking evidence and coming to a conclusion about whether the proposals are in the best interests of local people and the local health service.</p> <p>Therefore the Committee could:</p> <ul style="list-style-type: none"> <li>➤ Scrutinise the commissioners' perspective of the proposals;</li> <li>➤ Scrutinise the providers' perspective of the proposals;</li> <li>➤ Take information from other interested and affected bodies e.g. user/carer groups. Community/voluntary groups, staff representatives;</li> <li>➤ Consider the information provided by Healthwatch;</li> <li>➤ Come to a view about the matter and advise the HWB accordingly; or</li> <li>➤ Form a view as to whether an in-depth Review of the Patient Pathway and experience is needed in order to understand the outcomes for patients/users;</li> <li>➤ Seek opinion of neighbouring Committees as appropriate;</li> <li>➤ Report the review findings to the HWB;</li> <li>➤ Respond to the public consultation.</li> </ul>
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<b>Scenario 2:</b>	<b><i>The refreshed JSNA indicates that there is a need for integrated health and social care teams aligned with GP practices</i></b>
Health & Wellbeing Board	HWB has a duty to support integrated services and, reflecting on the JSNA decides to include integrated teams as a priority in the Joint Health and Wellbeing Strategy (JHWBS).
Healthwatch Harrow	Undertakes local research about what people who use the services are looking for, identifies gaps in service provision and feeds the outcomes into the HWB to influence the JHWBS.
Health scrutiny	Examines the process in light of councillors' knowledge of their local area and makes recommendations about how the people who use services, particularly vulnerable groups, can be informed about changes to services. Six months after implementation of the strategy, it assesses what impact the changes have had and makes recommendations for improvement.

<b>Scenario 3:</b>	<b><i>An issue related to health inequalities: a low uptake of child vaccination in particular wards in the borough</i></b>
Health & Wellbeing Board	The refreshed JSNA indicates a low uptake which has implications for health and social care in some council wards. Because the reasons are unclear, the HWB asks health scrutiny to review the issue.
Healthwatch Harrow	Through their seat on the HWB, Healthwatch Harrow were involved in reviewing the JSNA, and it now uses its local networks to gather views about why some children are not being immunised and reports this to the HWB and health scrutiny.
Health scrutiny	Health scrutiny asks Healthwatch Harrow to gather local views which it uses in a challenge panel on child vaccination in the borough. This includes evidence gathering and discussions with the CCG, schools, health visitors and social workers. As a result of these, health scrutiny makes recommendations about ways to improve the uptake of immunisations.

These scenarios demonstrate some fundamental lessons that councils have found to date with working relationships between the three bodies:

- Improved health and social care is a common goal
- Early discussions are vital to ensure inclusivity
- Everyone has responsibility to develop relationships – formal engagement alone is not enough
- Good relationships lead to good communication, identifying where value can be added



### What can success look like?

For the Health & Wellbeing Board:

- An open and honest arena for partner organisations to discuss the challenges faced
- Development of a comprehensive analysis of health and social care needs and assets
- Balancing those needs against national and local policy it has developed a robust strategy to improve health and social care and reduce inequalities which is well understood and accepted
- Constructive working relationship with Health Scrutiny

For Scrutiny:

- Influenced health and social care in a variety of ways by encouraging transparency, involvement and accountability throughout the planning and delivery of services
- Reviews provide timely evidence and constructive recommendations to commissioners and providers
- Early involvement in discussions around reconfiguration of services
- Acts as a 'bridge' between politicians, professionals and communities, so that solutions are identified collaboratively.

For Healthwatch Harrow:

- Involving a wide range of people and groups so that a comprehensive voice is heard at HWB, and this is reflected in strategies and commissioning plans for health and social care
- Problems are brought to the quick attention of partners, knowing that they are acted upon
- Gathering evidence and supporting scrutiny reviews

### **The way forward – next steps**

It is particularly timely in Harrow to develop a protocol of working between Scrutiny, the HWB and Healthwatch Harrow. Many things are coming together at the same time locally – the HWB is now fully established, the JSNA is being refreshed (to be published in May 2015) with the Joint Health and Wellbeing Strategy being developed shortly after, and a new Healthwatch service for Harrow has been commissioned with the new contract starting in April 2015. Healthwatch Harrow is a key player in the relationship around sharing local intelligence to inform discussions on better wellbeing outcomes for local communities, and has membership on both the HWB and Health & Social Care Scrutiny Sub-Committee.

A suggested way forward would be to agree a set of shared principles for the three bodies and develop these as a protocol of working with a view to regular review. Officers coordinating their respective work programmes could be charged with regularly ensuring that they are complementary. Now that a new contract for HealthWatch Harrow has been established, engagement on developing the protocol with Healthwatch could perhaps form part of Healthwatch's programme of early engagement with key stakeholders.

**Nahreen Matlib, Senior Policy Officer**  
**April 2015**

## Appendix A: Key member roles in Scrutiny/HWB relationship 2014/15

Overview & Scrutiny Committee	Chair: Cllr Jerry Miles (L) Vice-Chair: Cllr Paul Osborn (C)
Health & Social Care Scrutiny Sub-Committee	Chair: Cllr Rekha Shah (L) Vice-Chair: Cllr Michael Borio (L)  Advisor from Healthwatch Harrow: Julian Maws
Scrutiny Leads:  Community Health & Wellbeing  Health	  Policy: Cllr Chris Mote (C) Performance: Cllr Kiran Ramchandani (L)  Policy: Cllr Michael Borio (L) Performance: Cllr Vina Mithani (C)
NW London Joint Health Overview and Scrutiny Committee	Member: Cllr Rekha Shah (L) Reserve: Cllr Vina Mithani (C)
Council members on Health & Wellbeing Board	Chair: Cllr Anne Whitehead (L) Cllr Simon Brown (L) Cllr Margaret Davine (L) Cllr Janet Mote (C)  Chair of Healthwatch Harrow (voting member): Arvind Sharma

## Appendix B: Powers and duties

**Harrow's Health and Social Care Scrutiny Sub-Committee has the following powers and duties<sup>4</sup>:**

1. To be the key driver of the scrutiny function's health and social care scrutiny programme and maintain relationships with health and social care colleagues and partners in relation to shared stated priorities, in consultation with the Overview & Scrutiny Committee.
2. To be responsible in accordance with Regulation 28 of the Local Authority (Public Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 for scrutiny of the Council's health functions other than the power under Regulation 23(9) to make referrals to the Secretary of State.
3. To recommend to Council that a referral be made to the Secretary of State under Regulation 23(9) of the Local Authority (Public Health, Health and Wellbeing and Health Scrutiny) Regulations 2013.
4. To have specific responsibility for scrutiny of the following functions:
  - health and social care infrastructure and service
  - NHS England, Clinical Commissioning Groups (CCGs) and the Health and Wellbeing Board
  - Public Health
  - other policy proposals which may have an impact on health, public health, social care and wellbeing
  - collaborative working with health agencies
  - commissioning and contracting health services;
5. To review the planning, provision and operation of Health services in Harrow and ensure compliance with Regulation 21(1) of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 by inviting and taking account of information and reports from local health providers and other interested parties including the local HealthWatch.
6. Where a referral is made through the local HealthWatch arrangements, to comply with Regulation 21(3) of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 by ensuring that the referral is acknowledged within 20 days and that the referrer is informed of any action taken.
7. Where appropriate, to consider and make recommendations for response to NHS consultations on proposed substantial developments/variations in health services that would affect the people of LB Harrow.
8. Where appropriate, to consider and make recommendations for response to consultations from local health trusts, Department of Health, Care Quality Commission and any organisation which provides health services outside the local authority's area to inhabitants within it.
9. Continue to seek the development of relationship with NHS England, CCGs, Health and Wellbeing Boards, Care Quality Commission, HealthWatch and the Local Medical Council.

**Harrow's Health and Wellbeing Board<sup>5</sup>** is set up in accordance with section 102 of the Health and Social Care Act 2012. The Council can choose to delegate decision making powers to the Health and Wellbeing Board. Any recommendations are subject to the agreement of the Leader of the Council if they are not covered by the delegated authority.

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<sup>4</sup> <http://www.harrow.gov.uk/www2/mgCommitteeDetails.aspx?ID=1037>

<sup>5</sup> <http://www.harrow.gov.uk/www2/mgCommitteeDetails.aspx?ID=1280>

Statutory health and wellbeing boards will have 3 main functions:

- to assess the needs of the local population and lead the statutory joint strategic needs assessment
- to promote integration and partnership across areas, including through promoting joined up commissioning plans across NHS, social care and public health
- to support joint commissioning and pooled arrangements, where all parties agree this makes sense

The Board will cover both adult and children's issues.

The purpose of the Board is to improve health and wellbeing for the residents of Harrow and reduce inequalities in outcomes. The Board will hold partner agencies to account for delivering improvements to the provision of health, adult and children's services social care and housing services.

The key responsibilities of the Health and Wellbeing Board are:

- To agree health and wellbeing priorities for Harrow
- To develop the joint strategic needs assessment
- To develop a joint health and wellbeing strategy
- To promote joint commissioning
- To ensure that Harrow Council and the CCG commissioning plans have had sufficient regard to the Joint Health and Wellbeing strategy
- To have a role in agreeing the commissioning arrangements for local Healthwatch
- To consider how to best use the totality of resources available for health and wellbeing.
- To oversee the quality of commissioned health services
- To provide a forum for public accountability of NHS, public health, social care and other health and wellbeing services
- To monitor the outcomes of the public health framework, social care framework and NHS framework introduced from April 2013)
- To authorise Harrow's Clinical Commissioning Group annual assessment
- To produce a Pharmaceutical Needs Assessment and revise every three years (First PNA to be produced by 1<sup>st</sup> April 2015)
- Undertake additional responsibilities as delegated by the local authority or the Clinical Commissioning Group e.g. considering wider health determinants such as housing, or be the vehicle for lead commissioning of learning disabilities services.

#### **Healthwatch Harrow:**

- Provides information and signposting to help people choose and access services.
- Signposts people to independent complaints advocacy so that people can, if they need to, complain about services.
- Provides information about people's views and experiences of health and social care to make sure they are taken in to consideration when services are planned and delivered.

<sup>6</sup>The Health & Social Care Act 2012 imposes a duty on upper tier and unitary local authorities to contract with a Local Healthwatch organisation for the involvement of local people in the commissioning, provision and scrutiny of health and social services. These arrangements should include reporting arrangements to HWE (Section 182). Local Healthwatch organisations will not themselves be statutory bodies (ie they are not created by the Act).

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<sup>6</sup> Taken from Policy Briefing by LGiU: [http://www.local.gov.uk/c/document\\_library/get\\_file?uuid=f42d723c-1330-443e-a3a2-baff90676316](http://www.local.gov.uk/c/document_library/get_file?uuid=f42d723c-1330-443e-a3a2-baff90676316)

The Act also makes provision for contractual arrangements between local authorities and Local Healthwatch, which must be a social enterprise. It also enables local authorities to authorise Local Healthwatch organisations to contract with other organisations or individuals (known in the Act as Local Healthwatch contractors) to assist them to carry out their activities. Local authorities are given a number of duties in relation to monitoring and reporting on the work of Local Healthwatch (Section 183). The Secretary of State has powers to regulate the contractual relationships between local authorities, Local Healthwatch organisations and Local Healthwatch contractors (Section 184).

Under the Act, the Secretary of State can make regulations to require commissioners and providers of health or social care to respond to requests for information or reports or recommendations of Local Healthwatch organisations and to allow members of Local Healthwatch entry to premises (Section 186). The Secretary of State can also regulate for local authority overview and scrutiny committees to acknowledge referrals to them from Local Healthwatch. It is intended that service providers, such as local authorities and NHS bodies, will be under a duty to respond to Local Healthwatch recommendations. Commissioners and providers will also have to have regard to the reports and recommendations and will have to be able to justify their decision if they do not intend to follow through on them.

Local Healthwatch organisations must produce an annual report on their activities and finance and have regard to any guidance from the Secretary of State in preparing these reports. Copies of the annual reports must be sent to the NHS Commissioning Board, relevant Clinical Commissioning Groups and HWE among others specified in previous legislation (Section 187).

The legislation permits the Secretary of State to transfer property, rights, liabilities and staff from Local Involvement Networks (LINKs) to Local Healthwatch, to assist local authorities to transfer arrangements from LINKs to Local Healthwatch. A transfer scheme may require a local authority to pay compensation to a transferring organisation/LINK (Section 188). Local authorities must have regard and must require Local Healthwatch to have regard to guidance from the Secretary of State on managing potential conflicts of interests between being funded by local authorities and being able to challenge them effectively when required (Sections 183 and 187).

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