

Health and Wellbeing Board

AGENDA

DATE: Thursday 2 May 2019

TIME: 12.00 pm

VENUE: Committee Rooms 1 & 2, Harrow Civic Centre,
Station Road, Harrow, HA1 2XY

MEMBERSHIP (Quorum 5)

Chair: Councillor Graham Henson

Board Members:

Councillor Ghazanfar Ali

Harrow Council

Councillor Simon Brown

Harrow Council

Councillor Janet Mote

Harrow Council

Marie Pate

Healthwatch Harrow

Councillor Christine Robson

Harrow Council

Javina Sehgal

Managing Director, Harrow Clinical
Commissioning Group

Dr Muhammad Shahzad

Harrow Clinical Commissioning Group

Dr Genevieve Small (VC)

Chair, Harrow Clinical Commissioning Group

1 Vacancy

Harrow Clinical Commissioning Group

Reserve Members

Councillor Dean Gilligan

Harrow Council

Councillor Maxine Henson

Harrow Council

Councillor Dr Lesline Lewinson

Harrow Council

Councillor Krishna Suresh

Harrow Council

Dr Himagauri Kelshiker

Harrow Clinical Commissioning Group

1 vacancy

Harrow Clinical Commissioning Group

Non Voting Members:

Varsha Dodhia, Representative of the Voluntary and Community Sector

Carole Furlong, Director of Public Health, Harrow Council

Paul Hewitt, Corporate Director - People, Harrow Council

Chris Miller, Chair, Harrow Safeguarding Children Board

Vacancy, NW London NHS England

Chief Superintendent Sara Leach, Harrow & Brent Police

Vacancy, Harrow Clinical Commissioning Group

Vacancy, Director Adult Social Services, Harrow Council

Contact: Miriam Wearing, Senior Democratic Services Officer

Tel: 020 8424 1542 E-mail: miriam.wearing@harrow.gov.uk

Useful Information

Meeting details:

This meeting is open to the press and public.

Directions to the Civic Centre can be found at:
<http://www.harrow.gov.uk/site/scripts/location.php>.

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An induction loop system for people with hearing difficulties is available. Please ask at the Security Desk on the Middlesex Floor.

Agenda publication date: Wednesday 24 April 2019

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 Board;
- (b) all other Members present.

3. MINUTES (Pages 5 - 14)

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

4. PUBLIC QUESTIONS *

To receive any public questions received in accordance with Board Procedure Rule 14.

Questions will be asked in the order in which they were received. There will be a time limit of 15 minutes for the asking and answering of public questions.

[The deadline for receipt of public questions is 3.00 pm, Monday 29 April 2019. Questions should be sent to publicquestions@harrow.gov.uk

No person may submit more than one question].

5. PETITIONS

To receive petitions (if any) submitted by members of the public/Councillors under the provisions of Board Procedure Rule 13 (Part 4B-1 of the Constitution).

6. DEPUTATIONS

To receive deputations (if any) under the provisions of Board Procedure Rule 13 (Part 4B-1 of the Constitution).

7. DEVELOPMENT OF A VIRTUAL JOINT STRATEGIC NEEDS ASSESSMENT FOR HARROW (Pages 15 - 24)

Report of the Director of Public Health

8. STOP SMOKING OFFER IN HARROW (Pages 25 - 34)

Report of the Director of Public Health

9. RESILIENT HARROW PROGRAMME (Pages 35 - 46)

Report of the Corporate Director People

10. COMMISSIONING CAPABILITIES COURSE (To Follow)

Joint report of the Corporate Director People and the Managing Director Harrow Clinical Commissioning Group.

11. HEALTH AND SOCIAL CARE FOCUS GROUP (Pages 47 - 56)

Report of the Corporate Director People

12. ANY OTHER BUSINESS

Which 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.]

HEALTH AND WELLBEING BOARD MINUTES

7 MARCH 2019

Chair:	* Councillor Graham Henson		
Board Members:	* Councillor Ghazanfar Ali		
	* Councillor Simon Brown		
	* Councillor Janet Mote		
	* Councillor Christine Robson		
	* Dr Genevieve Small (VC)	Chair, Clinical Commissioning Group	
	* Marie Pate	Healthwatch Harrow	
	* Javina Sehgal	Harrow Clinical Commissioning Group	
	* Dr Muhammad Shahzad Vacancy	Clinical Commissioning Group Clinical Commissioning Group	
Non Voting Members:	† Varsha Dodhia	Representative of the Voluntary and Community Sector	Voluntary and Community Sector
	* Carole Furlong	Director of Public Health	Harrow Council
	* Paul Hewitt	Corporate Director, People	Harrow Council
	* Chris Miller	Chair, Harrow Safeguarding Children Board	Harrow Council
	† Detective Chief Superintendent Simon Rose	Borough Commander, Harrow, Brent & Barnet Police	Metropolitan Police Service

	* Visva Sathasivam	Interim Director of Adult Social Services	Harrow Council
In attendance: (Officers)	Andrew Campion	Head of Asset Management	Harrow Council
	Sally Cartwright	Public Health Consultant	Harrow Council
	Lennie Dick	Head of Commissioning for MH & LD	Harrow Clinical Commissioning Group
	Donna Edwards	Finance Business Partner, Adults and Public Health	Harrow Council
	Anita Harris	Head of Children's Services	Harrow Clinical Commissioning Group
	Jonathan Hill – Brown	Public Health Commissioning Manager	Harrow Council
	Richard Pantlin	Programme Manager NHS Integration	Harrow Council
	Mick Sheehy	Service Manager Adaptations, People Directorate	Harrow Council

* Denotes Member present

† Denotes apologies received

50. Attendance by Reserve Members

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

51. Change of Membership

The Board was informed that Chief Superintendent Sara Leach had been appointed as a temporary Non Voting Member of the Board whilst Chief Superintendent Simon Rose was on secondment.

RESOLVED: That the change of membership be noted

52. Declarations of Interest

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

53. Minutes

RESOLVED: That the minutes of the meeting held on 10 January 2019, be taken as read and signed as a correct record subject to it being noted that Dr Genevieve Small was the Vice-Chair of the Board.

54. Public Questions, Petitions and Deputations

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

RESOLVED ITEMS

55. INFORMATION REPORT - Learning Disability Integrated Services

The Board received a report on the development of an integrated team for learning disability community services across social care and the NHS under a single operational management structure.

The Interim Director Adult Social Services introduced the report highlighting that a specialist social care learning disability service had been launched in October 2017 in line with the new operating model. The Board was informed of the target to operate a single integrated operational management structure from November 2019 with the NHS CNWL Community Learning Disability team, although it was recognised that identification and preparation of suitable premises for up to 42 staff could take longer. It was noted that formal consultation would take place on the restructure and staff terms and conditions would be unchanged. The CCG Managing Director expressed the view that the restructure should not be delayed due to difficulty in finding premises.

In response to questions, the Board was informed that:

- With regard to safeguarding, Social Workers would ensure the inclusion of relatives in discussions to ensure that the most appropriate prognosis was agreed. The aim was to base the Children and Young Adults with Disabilities Team (CYAD) in the same office;
- the public communications process would include a quantitative survey of people with learning disabilities and their families undertaken by Harrow Mencap;
- with regard to adults with learning difficulties or mental health concerns who had children, officers worked closely with other agencies to focus on high risk cases;
- dependant on the premises chosen for the co-location, all clinics might continue at Kingswood Hospital

The Chair stated that the development of an integrated team was an excellent example of organisations working together to obtain better outcomes for people with learning disabilities and their families.

RESOLVED: That the report be noted.

56. INFORMATION REPORT - Disabled Facilities Grant

The Board received a report which set out the current challenges in delivering statutory Disabled Facilities Grants and proposals to meet them. Members of the Board agreed to consider the item as a matter of urgency as the Government was currently deciding the individual authority Disabled Facilities Grants allocation.

Members were informed of the grant allocations and noted the disparity in Harrow funding from government in comparison to neighbouring authorities. An officer outlined cross-functional group initiatives including increased Council capital funding in the short term. Particular attention was drawn to the training of Trusted Assessors which would enable the adaptations team to carry out around 80% of major adaptations with minimal occupational therapy input, allowing the in house Occupational Therapists to deal with complex cases so dealing with cases quicker and more effectively. There was a system of deferred adaptations in place to help manage the demand and make best use of the Disabled Facilities Grant.

The Vice-Chair endorsed the proposals stating that the provision of adaptations reduced the incidence of falls and hospital admissions. It was agreed that discussion take place on the definition of 'exceptional' circumstances for funding of expensive schemes such as property extensions for adult adaptations.

In response to a question, it was noted that report set out the individual allocations across London based on the 2016 allocations. It was agreed that the latest figures would be circulated to the Board.

The Chair noted the concerns raised previously by the Ombudsman about the waiting time and deferred adaptations policy, and the potential impact on vulnerable residents. Given the prioritisation system which was now being applied by the officers and the joint management oversight in place across both the Housing Department and the Adult Services Department, the Board were satisfied that the risks were being reasonably managed given the limited resources.

RESOLVED: That

- (1) the proposals detailed in the report be noted;
- (2) the Divisional Director (Housing Services) be authorised to write to Central Government on behalf of the Board and CCG outlining the Council's concerns about the funding allocation.

57. Social Prescribing - Update

The Board received a verbal update on discussions regarding Social Prescribing. The Managing Director, Harrow Clinical Commissioning Group, referred to discussion at the last Board meeting where members were concerned about service delivery whilst the future service model was being scoped and developed. The Board was informed that the CCG and local

authority had collectively agreed to fund the service for an interim period of three months (quarter 1 of 2019/20) at a cost of £15k for each individual organisation whilst the service aspects were being considered. In tandem conversations were ongoing with primary care colleagues to understand areas which Primary Care Networks would be interested in funding given all the recent guidance placed a responsibility to make available access to social prescribing processes as part of the Network development. A proposal was awaited from Capable Communities which would include provision for over 65s resilience as part of a multi-faceted approach.

An officer stated that the current service provider had been updated on the direction of travel and would continue until at least June. She highlighted the need to monitor effectiveness in a more developed way including detailing development before and after social prescribing initiatives.

The Director of Public Health informed the Board that alternative sources of funding were being discussed for an increased offer of initiatives for arts and culture and collaborative discussions would take place with the voluntary sector.

RESOLVED: That the verbal report be noted.

58. Future Key Priorities for Health and Wellbeing Board

The Interim Director of People Services and CCG Managing Director led a discussion on the future key priorities for the Health and Wellbeing Board in the context of the NHS Long Term Plan, particularly with regard to consolidation of the work of the Board and maximisation of opportunities for a collective approach. Due to the large number of NHS initiatives that were the subject of consultation, it was pertinent to determine local priorities, interdependencies and identification of sequential changes to the work plan.

The Board was informed that discussions were planned with Board representatives, senior leaders at the CCG and Harrow Council, and community providers to sign up to the vision and identify proactive actions regarding the alignment of commissioning intentions, integration and the care landscape. The Learning Disability Integrated Services and JSNA were given as examples of collaborative proactive work which focused on the needs of Harrow residents.

It was considered that Harrow was efficiently delivering good services despite being underfunded in comparison with other boroughs. It was noted that work on interdependencies was taking place pending the results of the forthcoming spending review and the Fair Funding Review. The Board considered that integrated work was fundamental to responding to financial challenges. Priorities on the model of care in Harrow had been identified and action was now needed to align those priorities and consider how to do things differently.

A Board Member enquired whether the priorities would take into account the expansion of medical facilities to respond to the population increase particularly arising from regeneration projects. The Board was informed of a working group including the Corporate Director Community together with the

Chair of CCG and estate lead. It was noted that a Section 106 agreement arising from the Kodak site development provided for a GP practice covering a list size of over 2,000 patients. Following discussions at a recent CCG Primary Care Commissioning Committee the CCG would be writing to GP practices throughout Harrow to seek expressions of interest from those Practices that would be keen to relocate to the Kodak Development when ready, with a proviso that the expectation for this would be that these Practices would be able to expand their list size to accommodate new residents within these developments.

A CCG representative informed the Board that the primary care networks would be expected to share expertise and be able to provide equitable care for 100% of their network population. A health app (Harrow Health Help Now) was available to signpost patients to the most appropriate care aimed to remedy capacity difficulties at A&E.

The Director of Public Health reported that evidence for the JNSA Strategy refresh was being collated, including workshops with the community, for submission to next Board meeting. It was noted that the strategy took into account Harrow residents registered with GPs elsewhere and vice-versa.

In response to questions, the Board was informed that:

- the police sought greater involvement in the co-design of health and wellbeing, recognising the benefit in comparison to integration at a later date. The police were particularly interested in mental health pathways;
- whilst there was a demand for digital services it was recognised that it was a concern for some residents. Initiatives included a health app which included a local directory, a website which listed all surgeries that had signed up would be available shortly. Skype had been tested and appeared useful, such as for long term conditions with patients being referred to surgery if required. It needed to be bourn in mind that all information obtained outside the system needed to be input into the patient records.

The Board was informed that work was progressing and a report would be submitted at the next stage.

RESOLVED: That the discussion be noted.

59. INFORMATION REPORT - Update on the new 0-19 Health Visiting and School Nursing Service

The Board received an update on the 0-19 Health Visiting and School Nursing service contract which outlined the performance, key achievements and some of the challenges since the first day of operation in 2 July 2019.

An officer introduced the report and drew particular attention to:

- the capacity in the health visiting service to deliver the new check at 4-5 months depended on GPs sending through additional information from the existing 6-8 week checks. This would be tested in a pilot;
- introduction of the new check at 3.5 years was dependent on a different way of working at the 2 year check points with early years settings;
- all key data was being reported on but it would be some time before all data required by the new service specification would be reported as it went much further in its data requirements;
- there had been a dip in the ante-natal checks which would hopefully start to improve in the next quarter.

In response to questions, the Board was informed that:

- all parents were offered the 6-8 week check and additional clinics had been provided on a Saturday;
- there were new indicators for all children deemed vulnerable to make sure they were being seen at each of the check points. The new contract asked for much better data generally. It would take some time to work through the data protection and technical issues before the data was available. Prior to recommissioning, parental feedback in the consultation showed that parents were often confused between the GP and health visitor checks at 6-8 weeks. A mini project could review retrospectively whether there were earlier chances to intervene with those children who were subsequently put on a Child Protection Plan and whether there was a correlation between missing appointments for checks and later having a Children Protection Plan. It was noted that the data for Quality Assurance belonged to the Provider;
- data indicated that 98% of age 0-5 year tooth extractions were due to dental problems. It was noted that toothbrushes were distributed by the health visiting service, training undertaken with healthcare professionals and work was being undertaken with schools to install water fountains. The service had carried out an audit for the SEND inspection. As part of the service's SEND action plan as a result, it was drafting a letter to send to parents/carers of Elective Home Education pupils;
- the service capacity was strongly focussed on delivering the significant changes to the service offer. Initial contact had been made with the Romanian Community Trust as Romanian was now the principal non-English language spoken in Harrow. This had already yielded useful feedback. In the next phase of the service development the service would be looking to set up feedback groups for the four most commonly spoken languages in Harrow.

RESOLVED: That the report be noted.

60. Feedback regarding Visit from Duncan Selbie, Chief Executive Public Health England

The Interim Corporate Director People informed the Board of a visit to Harrow by the Chief Executive of NHS England, Duncan Selbie. He stated that the visit was supportive but challenging and highlighted that confirmation had been received that the ring fence on the public health grant would continue beyond the following year. The CCG Managing Director reported that the CCG had been invited and Dr Genevieve Small had been in attendance as CCG Chair.

The Board was informed that Mr Selbie had been particularly impressed by the health visiting provision. He had expressed reservations regarding the lack of a smoking cessation programme. The Director of Public Health reported on the models of provision that were under consideration and being costed and that the outcome would be reported to a future Board meeting. It was noted that Harrow had signed up to a London-wide portal which also included a telephone connection. A CCG representative stated that some pharmacies in Barnet had provided a service for Harrow and Brent residents but were now requesting evidence of a Barnet home address. He further stated that a telephone link was not beneficial as it did not include prescription.

The Director of Public Health reported that the Association of Directors of Public Health would be meeting with Duncan Selbie shortly.

The Chair stated that it had been a worthwhile visit and further feedback would be welcomed on his return visit.

RESOLVED: That the verbal report be noted.

61. Any Other Business

(a) Five Year Framework letter to all GP Harrow Practices:

The Managing Director, Harrow Clinical Commissioning Group, informed the Board of a letter to all Harrow GP practices with regard to the changes to the GP contract arising from the publication of the five year framework. The item was considered urgent as the changes took place from April 2019 with new network contracts to be introduced from July 2019. She summarised the information on collaborative arrangements for future Primary Care Networks to enable Ward Councillors to be aware of the situation should they be contacted by residents.

RESOLVED: That the information be noted.

(b) Visva Sathasivam:

The Board thanked Visva Sathasivam for the major contribution he had made to Adult Social Services and wished him well for the future.

(Note: The meeting, having commenced at 12.00 pm, closed at 2.00 pm).

(Signed) COUNCILLOR GRAHAM HENSON
Chair

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REPORT FOR: HEALTH AND WELLBEING BOARD

Date of Meeting: 2 May 2019

Subject: **Development of a virtual Joint Strategic Needs Assessment for Harrow**

Responsible Officer: Carole Furlong,
Director of Public Health, Harrow Council

Public: Yes

Wards affected: All

Enclosures: None

Section 1 – Summary and Recommendations

This paper discusses how a new web-based Joint Strategic Needs Assessment (JSNA) work programme will be delivered in Harrow. It will be accompanied by a presentation of a mock up of the new site.

Recommendations:

The Board is requested to note the work that has been undertaken since the previous paper in 2018-9 and support the delivery plan for the JSNA.

Section 2 – Report

1.1 Background

Public Health team has previously presented a paper to the Health and Wellbeing Board outlining three proposals to progress the JSNA in Harrow, in light of financial and staffing constraints. Of the three options considered, the proposal for a virtual (web-based) JSNA, was agreed to be the most efficient way forward for Joint Strategic Needs Assessments in Harrow.

This paper outlines the process to develop and update the Harrow web-based JSNA during 2019 so that it is in place to replace the current JSNA for 2015-2020. The JSNA will then become a rolling report rather than relating to one specific time period.

1.2 What is the JSNA?

A Joint Strategic Needs Assessment (JSNA) is an ongoing process by which local authorities, clinical commissioning groups and other public sector partners jointly describe the current and future health and wellbeing needs of its local population and identify priorities for action process.

The Health and Wellbeing Boards in each Local Authority have a statutory duty to undertake a JSNA in relation to their area (Health and Social Care Act 2012, Department of Health, 26 March 2013).

The Harrow CCG and Harrow Council have a legal obligation to have regard to the relevant JSNA and JHWS in exercising their functions.

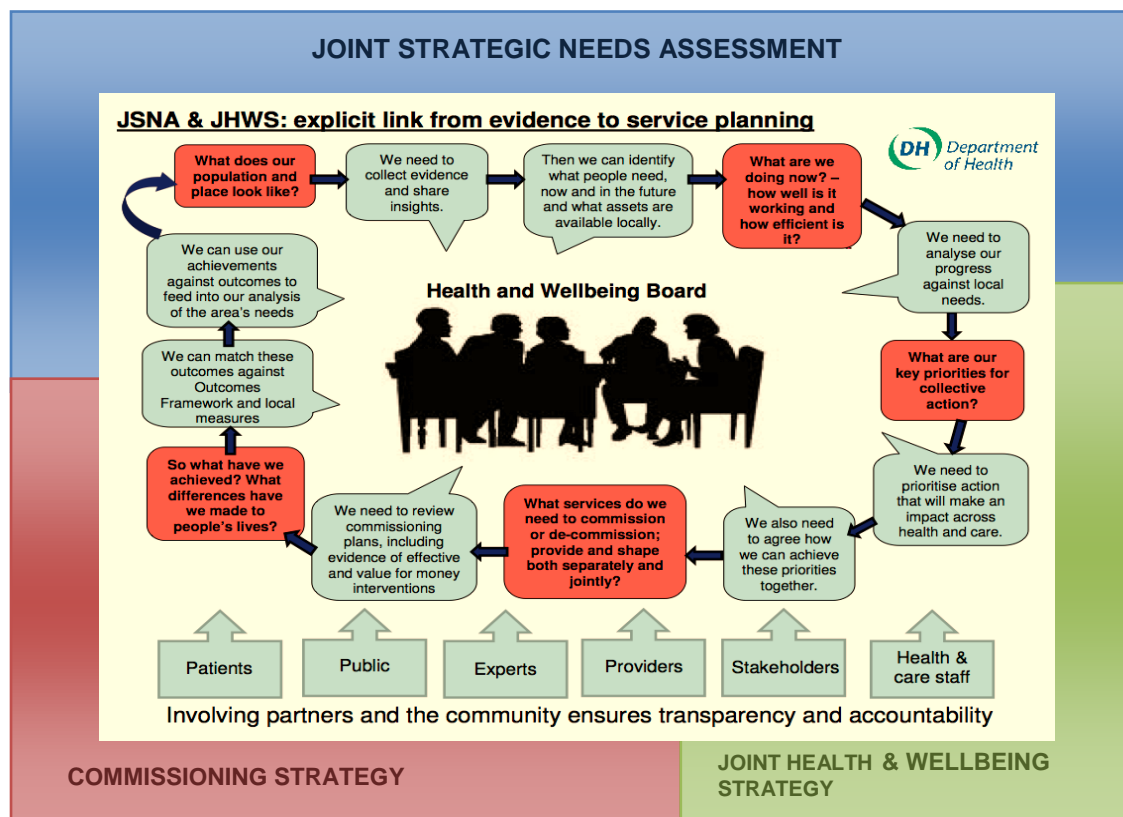
1.3 Purpose of the JSNA

The Joint Strategic Needs Assessments guidance clearly states that, the vision and purpose for a JSNA is to: *“lead to stronger partnerships between communities, local government, and the NHS, providing a firm foundation for commissioning that improves health and social care provision and reduces inequalities”*, which can be enhanced through adopting an asset based approach to empower the local community, thus promoting independence.

The process of developing JSNA involves key decision-makers from the Health and Wellbeing Board. The result should be a needs assessment that encompasses health and social issues as well as the broader determinants of health. The NHS White Paper: Equity and Excellence: Liberating the NHS clarifies that JSNAs are important tools for commissioning. JSNAs will be used to inform Joint Health and Wellbeing Strategies which, in turn, will drive local commissioning decisions.

The following diagram demonstrates the roles and responsibilities of each partner contribution towards the JSNA process and how JSNAs provide the evidence base, from which strategies such as the JHWS are developed and services are commissioned. An effective and successful JSNA requires a

collaborative approach, which includes the involvement of the local authority, the CCG and local community views throughout the entire JSNA process.



1.4 The Vision for a Web-based JSNA

We have researched web-based JSNA tools across other local authorities. They are used by a wide range of stakeholders and contain varying levels of data. Rather than designing an expensive new bespoke website with a searchable database and web tools, we propose to use existing tools available to the local authority to create an interactive website that mirrors the life course approach of the Joint Health and Wellbeing Strategy (JHWS).

The main benefits of a web-based JSNA are:

- the platform will allow for an ongoing programme with more up to date data so it is not out of date
- it allows for a rolling JSNA programme with reports being added as work is done by various partners that contribute to knowledge about a topic area rather than one report every 3-5 years.
- both in depth reports and shorter briefings can be included
- links to other relevant local reports can be used to avoid duplication (e.g. planning or housing strategy; vitality profiles)
- a link to source data such as PHE profiles /Fingertips tool can be embedded in the tool

- allows regular reports to be brought to the Health and Wellbeing Board on topics updated on the website meaning that the board can potentially focus on different topics in themed meetings.
- Allows for flexibility to the public health team who coordinate the JSNA and other contributors, so that work can be undertaken around other important business processes.

The council will host the new JSNA on it's website but we will seek to have a link to it from the CCG website too. The web-based JSNA tool will be divided into the various chapters corresponding to the JHWS:

- **Start Well** : Topics will include those related to maternity, children, and education
- **Live well**: Topics will include demographics. lifestyle, environment and housing, mental health, disease groups, and long term conditions
- **Work Well** : Topics related to work, worklessness, skills development, welfare and benefits and enterprise
- **Age well** : Topics will include those related to older people, dementia, winter wellness, death and palliative care

There will be flexibility around the content of the main sections and the stakeholder group will have input into this.

The JHWS model acknowledges that:

- Health and wellbeing is not about health services alone. The biggest impacts on an individual's health and wellbeing are derived from the environment they are born in, that they live and work in; from their education and wealth; and from their relationships with others.
- It is important to note that, inequalities in health and well being are a result of an accumulation of disadvantages through life.
- The environment in which we live is a major determinant of health and well being. Therefore, collaboration across practitioner professionals such as planners, public health, service providers, and ecologists, urban designers, across transport, air quality, community development and economic departments is essential.
- Tackling determinants of health are required across the life cycle, using a life course approach (rather than at a single point in a certain time), using the Marmot approach which addresses health inequalities between vulnerable and well-off populations focusing on all ages and stages of life.
- Local health and wellbeing of the population can be assessed utilising a series of outcome indicators available such as the Public Health Outcomes Framework, NHS outcomes Framework and Adult Health and Social Care Outcomes Framework to improve the health and well being of the population.

1.5 Stakeholder Engagement Workshops

As part of the JSNA work programme, a workshop with stakeholders was held in February 2019. The purpose of the workshop was to engage all stakeholders in the JSNA and to seek their opinions on the initial proposal for a web based system.

The event was opened by the Leader of the Council and vice chair of the CCG in order to represent partnership working. In addition to the Portfolio Holders and other Councillors, key stakeholders from the voluntary sector, the local authority and CCG attended.

After presenting stakeholders with information about past JSNAs in Harrow, there was a demonstration of how a web based tool might work.

Stakeholders were then asked questions about why they needed data on health and wellbeing and how they use it; where they currently access data; and what topics were of key importance to them so that the steering group could plan for content in the coming year.

1.5.1 Usefulness of the JSNA as a local information source

There was overwhelming agreement that the JSNA was the main source of information – despite the data being somewhat out of date. The key purpose of the JSNA was to provide both data and narrative about population health needs.

It was highlighted that council and NHS strategies need to be more closely aligned. For the voluntary sector, the JSNA was seen as the key resource to support funding bids but information was found in a wide range of other sources including local information gathering from service users.

Stakeholders thought that a wider range of data sources would enrich the JSNA. Of particular interest were the needs of new communities and on going needs of vulnerable groups. There was also wide recognition of how national politics were influencing local policies and how this was changing people's expectation of health. As a result stakeholders had a keen interest in comparative data. Horizon scanning for potential health problems was also thought to be important

1.5.2 Capturing User / Resident Voice

The data on service user experience and opinions and health concerns of the local population are not well captured in the JSNA and this needs to improve. As part of the ongoing process, the steering group will seek qualitative evidence such as Healthwatch reports, surveys and user group opinions as the topics on the website are developed. If there is no existing data forthcoming, the steering group will consider how this might be sought within the financial constraints of the partners. Ideas include surveys, focus groups and workshops.

1.5.3 Engaging other stakeholders

There were no representatives from the police at the stakeholder workshop. Crime and violence are important issues that have an impact on the health and wellbeing of the population. It will be important to capture this information in the JSNA.

1.5.4 Further requests

The voluntary sector requested that the JSNA be enhanced to include both a service directory and links to further information resource. While this is not within the scope of the JSNA,. The steering group will consider how links to evidence based information and to information on services is presented.

1.5.5 Prioritising topics

With regard to the priorities for the website development, there was a very wide range of topics mentioned. However, the impact of poverty on health and the topic of mental health were both mentioned most frequently. It was stressed that mental health shouldn't be siloed in a separate section but should be integrated into the main sections of the report.

1.6 JSNA Delivery programme

A steering group will be established comprising of the Public Health Consultant and Analyst, The Head of Business Intelligence at the Council, and a senior manager from the CCG. Consideration needs to be given as to how to involve the voluntary sector partners in this process. A member of the web development team from the council will be involved to resolve any website issues. Other members will be co-opted to the group depending on the topic being developed e.g. subject specific voluntary sector groups.

We propose that the web site is developed in stages and the delivery plan for the JSNA is aligned to the Health and Wellbeing Strategy Board schedule, so that on completion of each section, it can be presented at the board meetings for discussion and review. This does not mean that no work will be undertaken on other topics in this time, merely that the new website pages will be developed and reported to the Board quarterly.

1.6.1 First Section

The JSNA work programme will commence with the Start Well stage, as the 'best start for all our children' is vital for a healthy and thriving future society. All the evidence shows us that what happens in early childhood and the developing years' impacts on health and well-being and life chances throughout the life course. Supporting parents, children, young people and communities is an investment in both the present and the future for individuals and society as a whole. In addition, the public health team and other council teams and stakeholders have undertaken a number of needs assessments

around the topic of child health recently so pragmatically it will be the easiest to populate first.

The sections will include a wide variety of subtopics which may not cover every issue that might be of interest within the strategy stage. These will be added to in future quarters. The following table shows the plan for the website development over the coming year.

Delivery Plan : Harrow JSNA 2019 website work programme	
Output	Go live date on website:
1. Start Well Stage	End May-19
2. Age Well Stage	End Sep-19
3. Live Well Stage	End Dec-19
4. Work Well Stage	End Mar-20

1.6.2 Communicating JSNA updates

In order to communicate the updates, we will develop a communications plan which will include short briefings of data or documents that have been added to the JSNA each quarter. This will be distributed to stakeholders through an email list (which will be GDPR compliant).

Ward Councillors' comments

A number of ward councillors were in attendance at the stakeholder workshop. Their opinions and comments have been included in the previous section of this report.

Financial Implications/Comments

The JSNA is the responsibility of all partners on the Health and Wellbeing Board. It is managed and coordinated by the Public Health team on behalf of the Board, although other council teams and the CCG are also required to contribute to the JSNA.

There are no direct financial implications arising directly from this report however, there is no specific budget earmarked to support the delivery of the JSNA. The development of a web based report, which can be implemented and updated over time and enabling partners to contribute, should avoid the need to identify specific budget provision and enable this to be managed within existing budgetary resources.

Legal Implications/Comments

None

Risk Management Implications

None

Equalities implications

Was an Equality Impact Assessment carried out? No

Reducing health inequalities is one of the primary focuses of the JSNA. Therefore, equalities information will be included in the different sections of the JSNA where possible.

Council Priorities

The JSNA is a vital document in supporting the delivery of the council's and the CCG's priorities. It identifies inequalities in health, demonstrated the need for action or for targeting of services and measures the impact of those services on the priorities. As such, it contributes to all of the council priorities.

1. Building a Better Harrow

- Create a thriving modern, inclusive and vibrant Harrow that people can be proud to call home
- Increase the supply of genuinely affordable and quality housing for Harrow residents
- Ensure every Harrow child has a school place
- Keep Harrow clean
- More people are actively engaged in sporting, artistic and cultural activities in ways that improve physical and mental health and community cohesion

2. Supporting Those Most in Need

- Reduce levels of homelessness in the borough
- Empower residents to maintain their well-being and independence
- Children and young people are given the opportunities to have the best start in life and families can thrive
- Reduce the gap in life expectancy in the borough

3. Protecting Vital Public Services

- Harrow has a transport infrastructure that supports economic growth, improves accessibility and supports healthy lifestyles
- Healthcare services meet the needs of Harrow residents
- Everyone has access to high quality education
- A strong and resourceful community sector, able to come together to deal with local issues
- Harrow continues to be one of the safest boroughs in London

4. Delivering a Strong local Economy for All

- A strong, vibrant local economy where local businesses and thrive and grow
- Reduce levels of in-work poverty and improve people's job opportunities
- Harrow is a place where people and businesses invest

5. Modernising Harrow Council

- Deliver excellent value for money services

- Reduce the borough's carbon footprint
- Use technology and innovation to modernise how the Council works
- Improving access to digital services

Section 3 - Statutory Officer Clearance (Council and Joint Reports)

Name: Donna Edwards.	<input checked="" type="checkbox"/>	on behalf of the Chief Financial Officer
Date: 9 April 2019.		

Name: Paul Hewitt	<input checked="" type="checkbox"/>	Corporate Director
Date: 23/4/19		

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

Contact: Sarita Bahri, Public Health Analyst, ext 5511

Background Papers: None

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REPORT FOR: HEALTH AND WELLBEING BOARD

Date of Meeting: 2 May 2019

Subject: Stop smoking offer in Harrow

Responsible Officer: Sally Cartwright
Consultant in Public Health

Public: Yes

Wards affected: All

Enclosures: none

Section 1 – Summary and Recommendations

This report sets out rationale and plans for stop smoking support in Harrow.

Recommendations:

The Board is requested to:

Endorse the further development of option 2 outlined in the paper.

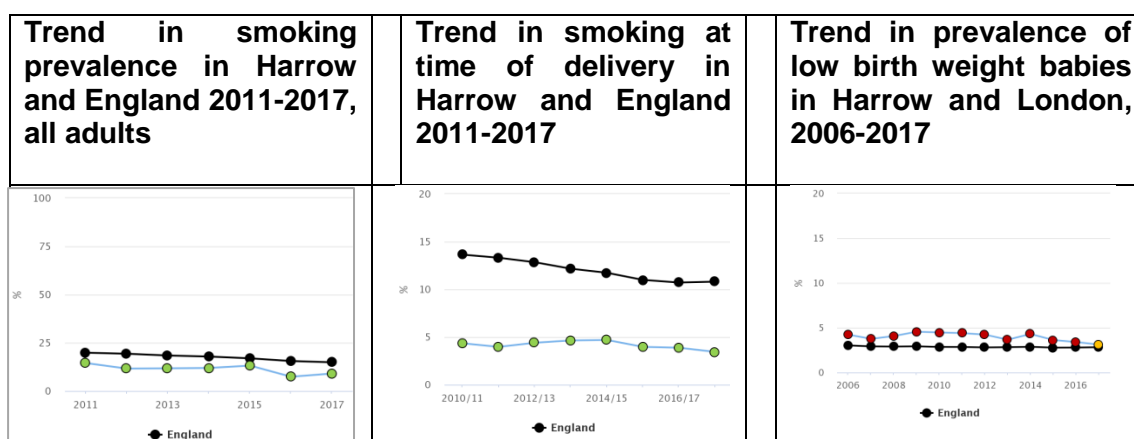
Section 2 – Report

1. Background

Smoking tobacco is the single biggest avoidable risk factor for cancer. It is also a major risk factor for cardiovascular disease, diabetes, dementia, and respiratory disease. Smoking in pregnancy is linked to miscarriage, premature birth, and low birth weight. Around half of all life-long smokers will die prematurely and on average, cigarette smokers die 10 years younger than non-smokersⁱ. Note that throughout this report, when we refer to smoking, we mean smoking tobacco whether in cigarettes, pipes, roll-ups or in shisha/water pipes.

In 2017, 9% of adults in Harrow were smokers. This is the lowest in London and second lowest in the country. Although this is comparatively low, a 9% prevalence equates to 17,265 adult smokers living in the borough. Nationally, smoking is more prevalent in people from routine and manual occupations, and in people with mental health conditions. The most recent estimate (2014/15) of smoking prevalence in people with serious mental illness in Harrow is 27.2% (40.5% for England). Smoking prevalence at the time of delivery in pregnant women in Harrow was 3.4% in 2017, which equates to 107 women and is the 7th lowest in London. Harrow has for a number of years had a prevalence of low birth weight in term babies higher than the England average. In 2017 this was 3.11%, equating to 104 babies. Local data from the hospital has shown that there is a large proportion of women smoking at time of delivery from Romanian background.

Despite the health benefits, these stop smoking services are discretionary and local authorities, through the public health grant, are not statutorily required to provide these preventative services.



Surveys consistently show that the majority of smokers want to quit. A survey conducted in 2008 showed that 68% of current smokers in Great Britain reported that they wanted to quit.ⁱⁱ

There is strong evidence that stop smoking services are effective and cost effective.ⁱⁱⁱ However there is also acknowledgement nationally that there are increasing pressures on budgets and limitations to the stop smoking offer some boroughs are able to provide. Stop smoking interventions have been ranked for evidence of effectiveness and effect size, ranging from Face-to-face group support with pharmacotherapy showing to boost quit rates by 300%, to text support increasing quit rates by 40-80% and websites as another option, but lacking evidence to date of the impact on quit rates.^{iv}

A report undertaken by Cancer Research UK and Action on Smoking and Health (ASH)^v in 2019 showed that between 2014/15 and 2017/18, nationally budgets for stop smoking services and tobacco control have reduced by 30% (£40.9 million), with 23% less spent per resident smoker in London boroughs.

2. Current situation

In 2016/17, the decision was made to stop offering stop smoking support in Harrow, to be effective from 1st April 2017, and the grant funding from this service redirected towards wider public health outcomes. There is currently no stop smoking offer for Harrow residents.

The budget in 2016-17 before the reduction was £279k. This comprised the following:

- £112k – staffing, 3 FTE
- £75k – Nicotine Replacement Therapy (NRT) costs
- £10k – GP smoking cessation Locally Enhanced Scheme (LES)
- £28k – pharmacy smoking cessation contract
- £45k – other contracted activity (including £10k promotional activities)
- £9k – North 51 quit system licence

3. Reason for review

In January Duncan Selbie, Chief Executive of Public Health England, visited the Harrow Public Health team. In discussion with Members and senior officers within the council, he raised the importance of stop smoking services. It was highlighted how cost-effective stop smoking services are, and that with smoking rates higher in particular vulnerable groups such as those with mental health needs, it is important to address these issues as part of tackling health inequalities despite these not being statutory services.

In addition, the NHS Long Term Plan highlights the importance of tackling smoking, particularly looking at smoking in acute settings.

With these points in mind, the position of a stop smoking offer in Harrow is now being reviewed to determine whether a low cost but effective approach to address this unmet need in Harrow could be developed. As part of this review, the elements given above have been taken into consideration.

4. Options for a stop smoking offer in Harrow

In considering the options for a stop smoking offer in Harrow, there are a number of elements of a traditional stop smoking service with costs attached that should be considered.

4.1 Common elements to stop smoking services

If offering traditional stop smoking support the following elements will be required universally:

- A data recording system. Previously this was North51, at a cost of £9k per year for the license. Alternatively, data could be recorded via excel
- Qualified stop smoking advisors who maintain their competence through regular CPD
- Cost of stop smoking advisors – whether salaries or through contract with pharmacists or primary care
- Nicotine replacement therapy
- CO monitoring
- Promotional materials or approaches

- Data submissions to NHS digital

4.2 London Portal

There is a London-wide tobacco control support offer. Boroughs sign up to this individually at a cost of £6,700 per borough. Within this offer is:

- National helpline – which directs to local programmes and now offers an option of 28 days proactive support to help people quit. As of April this offer will also be specifically aiming at pregnant women. They are also looking to build in text support into this next year at no or minimal additional cost.
- Campaign activity – targeting in local areas. Signposting to local services or national helpline and website. In 2019/20 there are plans to do more of this in hospital setting in line with NHS long term plan
- Website – information, tips, and tools, and linking to national helpline or local services

4.3 Options for Harrow

The re-introduction of a full specialist stop smoking service, including a coordinator role, specialist stop smoking advisors, training of advisors and contracts with primary care, is not considered a cost effective option in Harrow given the low rates of prevalence of smoking. However, there are a range of more cost effective options which enable support for these services to maintain the low prevalence rates. These are described below in more detail.

Detailed below are the annual costs of three reduced service options.

Option 1:

London portal only. This would involve signing in to the London portal, which would give Harrow residents access to the website with tips tools and information, and the national helpline which now offers 28 days of proactive telephone support to help people quit.

Cost	Benefits	Risks
£6,700 pa	<ul style="list-style-type: none"> - Low cost option - Smokers still get an opportunity for individual support - Limited resource needed from public health team to manage as admin and management done centrally - Promotion and campaign activity also coordinated through portal so no additional costs for this activity locally 	<ul style="list-style-type: none"> - Limited evidence-base for effectiveness of the telephone support service offer as it's a new option without large numbers yet going through - If there was low take up of this option there would be limited impact on the smoking population - Smokers would need to pay for their own NRT. This may disproportionately affect those with lower incomes, who are more likely to smoke. Thereby not offering a service proportionate to need, and risking increasing health inequalities. However it can be argued that the cost of NRT is less than the cost of smoking. - This doesn't directly tackle smoking in hospital or mental health setting

Option 2:

London portal and small scale stop smoking advice. Costings of a small scale stop smoking offer has been included in the appendix, the final cost given below incorporates 0.6 FTE stop smoking advisor (3 days per week), no administration

costs as these would need to be absorbed by public health team, an estimate of medication costs, venue costs, CO monitors and consumables.

There is also an additional possibility of purchasing some stop smoking advisor time from another borough service, with whom we share acute maternity services, to provide stop smoking support for women smoking in pregnancy. This is currently an idea in development and conversations need to be had with neighbouring boroughs to explore opportunities. This has been estimated as an option at £10,000 per year.

Further conversations could also be explored around offering stop smoking support in hospital setting. Through having a Harrow stop smoking advisor in the community it could also strengthen any activity in a hospital setting through having a service to refer to on discharge if required.

Cost	Benefits	Risks
<p>£6,700 pa for London portal</p> <p>£46,000 for stop smoking service (Advisor: G8/G9 + on costs = approx. £25k (pro rata) NRT: £12-15K Other equipment /consumables:£1k Resources, and promotion: £2k Professional support / training- £3k Assumes no cost for room hire)</p> <p>£10,000 option for purchasing from /joining with a neighbouring service for stop smoking support in pregnancy.</p> <p>Total: £62k (full year costs)</p>	<ul style="list-style-type: none"> - Provides more options to support smokers in Harrow, giving smokers options of ways in which they can get support - Addresses the issue of smokers having to purchase their own NRT if we only had access to the portal, which could widen inequalities - Stop smoking support including behavioural change advice and NRT has best evidence of success to help people quit - With further support available we are more likely to positively impact on smoking prevalence in Harrow - If include the option to support in pregnancy, would mean that the hospital trusts do not have to differentiate between women who smoke and which borough they are from, support could then be offered universally 	<ul style="list-style-type: none"> - There could be challenges in recruiting a 0.6 FTE adviser to work without a full stop smoking or lifestyle team to support them - Public Health team would have to take on the administration and national returns, adding further pressure on an already small team - Making the decision previously to cease the stop smoking service was a challenge, which was met with resistance and was damaging to some relationships within Harrow. Reinstating a service offer has some reputational risks to the Council through revoking a previous decision. Relationships damaged through the previous decision will also need to be rebuilt, to ensure referrals are made into the new service. - As the decision to stop running the service previously was financially driven, there are risks that the same issues may be faced again in the future. We would not want to risk undertaking work to re-establish a service, if there was a risk that budgets would again not allow this to continue and we then had to cease the service once more. This would lead to further reputational and relationship damage.

For a service starting by end June 2019, the annual first year costs would be reduced to £50k.

Option 3:

London portal and pharmacy delivered Service: Pharmacists were the keystone of the stop smoking service when it began. Many pharmacists trained as stop smoking advisors and offered face to face support to hundreds of smokers over the years. However, fewer referrals from GPs meant that in more recent years fewer people attended the stop smoking services offered by pharmacists.

A pharmacy delivered service would require some coordination and training as well as purchase and maintenance of CO monitoring equipment and consumables. Pharmacists would be paid on a cost per referral /quitter basis to reimburse their time, plus the cost of the NRT distributed.

A paper based or email system of recording patient attendance at appointments and NRT prescribed and distributed would be needed. This would also require some administrative input to organise the data for national data returns.

This service would not provide direct support within the antenatal service but as in option 2 this could be provided through an arrangement with Brent council's service.

Cost	Benefits	Risks
<p>£6,700 pa for London portal</p> <p>£64,000 for stop smoking service (Coordinator: G8/G9 + on costs = approx. £8k (pro rata) Pharmacy Payments for up to 200 quitters – £35k including costs of NRT@ £12-15K Other equipment /consumables:£1k Resources, and promotion: £2k Professional support / training-£3k)</p> <p>£10,000 option for purchasing from /joining with a neighbouring service for stop smoking support in pregnancy.</p> <p>Total: £81k (full year costs)</p>	<ul style="list-style-type: none"> - Provides more options to support smokers in Harrow, giving smokers options of ways in which they can get support - Addresses the issue of smokers having to purchase their own NRT if we only had access to the portal, which could widen inequalities - Stop smoking support including behavioural change advice and NRT has best evidence of success to help people quit - With further support available we are more likely to positively impact on smoking prevalence in Harrow - If include the option to support in pregnancy, would mean that the hospital trusts do not have to differentiate between women who smoke and which borough they are from, support could then be offered universally 	<ul style="list-style-type: none"> - There could be challenges in recruiting a 0.2 FTE adviser to work without a full stop smoking or lifestyle team to support them - Public Health team would have to take on the administration and national returns, adding further pressure on an already small team - Pharmacists may not want to reinstate the service at all or not at the previous costs meaning budget would not deliver the expected number of quitters. - The time to establish a programme will be prolonged while engagement of pharmacists takes place, negotiation of contracts with LPC are agreed and while training requirements are addressed.. - As in option 2, reinstating a service offer has some reputational risks to the Council through revoking a previous decision. Relationships damaged through the previous decision will also need to be rebuilt, to ensure referrals are made into the new service. - As in option 2, further requirement for savings may result in service being stopped again resulting in further reputational risk.

First year costs for service beginning by end September 2019, could be reduced by up to £21k if reduced target is agreed.

5. Recommendation

It is recommended that option 2 is further developed and implemented. This would likely take approximately 3 months to implement once agreed due to establishing procedures and governance, and recruitment of an advisor.

6. Implications of the Recommendation

Implications are outlined in the tables above including costs, resources, and risks.

Ward Councillors' comments

None

Financial Implications/Comments

The annual 2019-20 Public Health budget of £10.523m approved by cabinet in February 2019 did not assume any funding for the re-introduction of a stop smoking service.

However, the funding for wider health improvement was increased by £180k to £220k following reductions in the cost of the provision of sexual health services, achieved through procurement of services.

The funding for the stop smoking services could be funded on an ongoing basis within the annual public health grant by reducing the wider health improvement budget by just under £70k. Alternatively this could be funded from the specific public health reserve, albeit this would need to be kept under review based on the level of available reserves.

The Public Health grant is currently ring-fenced until March 2020, after which it is expected that the service will be funded by business rates. It is not clear what impact, if any, the changes to the funding will have on the level of available resource and future funding decisions will be considered as part of the annual budget setting process.

Legal Implications/Comments

Under the Health and Social Care Act 2012, a local authority must establish a Health and Wellbeing Board. The terms of reference of the Board include improving the health and wellbeing for the residents of Harrow and reducing inequalities in outcomes.

Risk Management Implications

Risks outlined as given in the table above:

- There could be challenges in recruiting a part time adviser to work without a full stop smoking or lifestyle team to support them
- Public health team would have to take on the administration and national returns, putting pressure on the team
- Making the decision previously to cease the stop smoking service was a challenge, which was met with resistance and was damaging to some relationships within Harrow. Reinstating a service offer has some reputational risks to the Council through changing the direction of a previous decision. Relationships damaged through the previous decision will also need to be re-built, to ensure referrals are made into the new service.

- As the decision to stop running the service previously was financially driven, there are risks that the same issues may be faced again in the future. We would not want to risk undertaking work to re-establish a service, if there was a risk that budgets would again not allow this to continue and we then had to cease the service once more. This would lead to further reputational and relationship damage.

For points one and two we would implement the proposal and monitor this. If we couldn't recruit we would need to look at alternative options such as buying in sessions from another borough. In a small team if the administrative requirements proved to be too demanding on time and resources we would need to review this and look at other options. We would monitor the impact on the team on a monthly basis.

As the proposal is progressed, stakeholder meetings will need to be held such as with the Local Pharmaceutical Committee, GPs, and others to discuss the proposal, and build in referral pathways.

Reputational risks and risks of not having continuing budgets for this service will need to be closely monitored and managed as the proposal progresses.

Equalities implications / Public Sector Equality Duty

Was an Equality Impact Assessment carried out? No

No formal EqIA carried out on this proposal but a full EQIA was undertaken when the service was cut in 2017-8. The aims of this proposal are aligned with reducing inequalities, through helping those in more vulnerable populations stop smoking, and is aligned with the objectives of the Inequality Act 2010 and particularly the Public Sector Equality Duty.

Council Priorities

Making a difference for the vulnerable – through helping address smoking in some of the more vulnerable populations, thereby tackling health inequalities. Through providing an option for women smoking in pregnancy to get support to help them quit thereby protecting children's early development. Also through providing stop smoking support for adults who may have children, giving wider benefits that just to the individual but also benefiting the wider family through reduction in second-hand smoke.

**Section 3 - Statutory Officer Clearance
(Council and Joint Reports)**

Name: Donna Edwards	<input checked="" type="checkbox"/>	on behalf of the Chief Financial Officer
Date: 5 April 2019		
Name: Sharon Clarke	<input checked="" type="checkbox"/>	on behalf of the Monitoring Officer
Date: 5 April 2019		

Name: Paul Hewitt



Corporate Director

Date: 23/4/19

Ward Councillors notified:

NO

Section 4 - Contact Details and Background Papers

Contact: Sally Cartwright, Consultant in Public Health, Harrow Council

Background Papers:

Bibliography:

ⁱ Doll R, Peto R, Boreham J, Sutherland I. Mortality in relation to smoking: 50 years' observations on male British doctors. *Bmj*. 2004 Jun 24;328(7455):1519.

ⁱⁱ Lader D. Opinions Survey Report No. 40 Smoking-related behaviour and attitudes, 2008/09. Office for National Statistics.

ⁱⁱⁱ <http://www.ncsct.co.uk/usr/pub/NCST%20briefing-effectiveness%20of%20local%20cessation%20and%20prevention.pdf>

^{iv} https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/647069/models_of_delivery_for_stop_smoking_services.pdf

^v Cancer Research UK and Action on Smoking and Health. A changing landscape: Stop smoking services and tobacco control in England. 15th March 2019

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REPORT FOR: HEALTH AND WELLBEING BOARD

Date of Meeting: 2 May 2019

Subject: Resilient Harrow Programme

Responsible Officer: Paul Hewitt – Corporate Director Peoples Services

Public: Yes

Wards affected: All

Enclosures: Appendix 1 – Resilient Harrow programme structure

Section 1 – Summary and Recommendations

This information report provides details on the 'Resilient Harrow' programme that has been established to implement the Adult Social Care Vision which was reported to Health & Wellbeing Board in March 2018.

It summarises the work of a range of projects and describes how they will support delivery of the Vision

FOR INFORMATION

Recommendations:

- The Health and Wellbeing Board note the good work undertaken to date and
- The Health and Wellbeing Board note the continuation of the work in phase 2 of the programme

Section 2 – Report

Background

At its meeting on 8th March 2018, the Health and Wellbeing Board received a report from the Director of Adult Social Services which set out a vision for the future delivery of Adult Social Care in Harrow.

In coming years the demand for health and social care services will rise as the number of people living with (for example) dementia, learning disability or poor mental health increase. A focus on keeping people independent or enabling them to regain independence after injury or illness is crucial to being able to respond to these increasing needs at a time when there are increasing pressures on the financial resources of the Council and NHS partners. It is essential that available resources are used most effectively

The Vision recognises the important and positive contribution and roles people play in the community for example, as carers, neighbours, voluntary and community services (VCS) and faith communities and promotes working in partnership with these networks to develop community resilience.

In this context community resilience is defined as empowering citizens to maintain their well-being and independence, strengthening support networks within their families and communities; enabling them to be stronger, healthier, and more resilient.

The key messages of the Adult Social Care Vision are:

- To pave the way for seamless health and social care integration
- To respond to the continuing rise in demand for health and social care
- To transform the offer of care
- To enhance health, wellbeing and resilience with a preventative approach that embodies the 'wellbeing principle'
- Delivering the right level and type of support at the right time and in the right place to keep people independent for longer
- Manage customer expectation and increase customer satisfaction

Delivering the Vision

The Vision document sets out a wide-ranging and ambitious commitment to deliver change.

It is recognised and acknowledged that this will involve significant shifts in culture for LB Harrow staff, citizens and partners as well as changes to structures and processes. The successful delivery of the Vision will be led by Adult Social Care, but it will need the engagement and support of key partners, and will also be aligned with other changes such as those set out in the NHS long term plan and local initiatives to deliver these.

It is also acknowledged that such changes will take time to deliver and embed in practice with a phased approach over a number of years being needed to ensure effective and sustainable implementation.

Phase 1

During 2018 a programme of work was established to take forward implementation of the Vision.

The March 2018 report summarised the workstreams. The key elements were:

- Developing community assets and raising awareness of local opportunities
- Enhancing information and advice channels - improving digital information so citizens have good quality information when they need it
- Reviewing the current social care pathway
- Promoting Independence Service – a multi-disciplinary team working with people who have been recently discharged from hospital to help them to regain confidence and skills, using tailor-made rehabilitation programmes
- GP / District Nurse Cluster model – Aligning Social Work teams to mirror the clusters which will assist in forging strong connections with citizens' local circle of support including GP surgeries e.g. district nurses and local resources
- Developing the use of enhanced telecare and assistive technology
- Harrow is Home – Developing community based accommodation options (Supported Living and Extra Care) to promote independence
- Specialist broker support – to support the delivery of the right care while providing best value for money

Reviewing the social care pathway and the associated staffing structures was a key initial priority to ensure that appropriate systems, processes and staffing are in place to deliver the vision. The details of the proposed new model were set out in the March 2018 report.

Following widespread consultation these new structures and processes were implemented in the latter part of 2018. These included:

- Establishing the Harrow Wellbeing Service which includes the Promoting Independence Service and better refocusing of reablement support to those people most likely to benefit from targeted six week intervention, following which they require no long term Adult Social Care support
- Establishing the Long Term Social Care Service for older people and adults with physical disabilities, including alignment with GP/district Nurse cluster models
- Establishing the Specialist All Age Learning Disabilities and Children and Young Adults with Disabilities service (CYAD)

While most work in 2018/19 focused on these change elements, other issues such as those relating to provision of information and advice, use of telecare and the Harrow is Home project were also taken forward.

Phase 1 review and diagnostic assessment

Between August and December 2018 the Council engaged the specialist Adult Social Care consultancy agency Impower to review the impact and effectiveness of the first phase of the change programme and specifically to make proposals for future priority actions to support delivery of the Vision.

This work confirmed that the Vision set out an appropriate strategic direction for Adult Social Care services in Harrow, and that the structural changes implemented were appropriate to support delivery of the wider Vision.

The diagnostic work also identified areas where further work is needed, for example in areas such as improving access to information, developing the range of community based resources available, making better use of assistive technology and developing and managing the adult social care market locally.

Phase 2 – Resilient Harrow Programme

From January 2019 a new programme of work has been established which builds on Phase 1 and takes account of the findings of the work undertaken by Impower.

That programme has been titled ‘Resilient Harrow’ to reflect the strengths based approaches and community resilience focus set out in the Vision.

Governance structures have been established to oversee and drive forward delivery of the programme.

The Resilient Harrow Board meets fortnightly. It is chaired by the Corporate Director People Services. Other members of the Board include senior staff from Adult Social Care, finance and performance teams and processes are being implemented to measure and track delivery of key outputs and outcomes.

In recognition of the importance and high profile of the programme, the Chief Executive, Corporate Director of Finance, Elected Member Portfolio holder and the Shadow portfolio holder for adults will attend the Board once a month from May 2019.

As noted earlier, the programme will be led by Adult Social Care, but a number of projects will require engagement and support from partner agencies in the statutory and VCS sectors as well as from other Council departments. There are also some specific areas where there are direct links to other initiatives such as the development of integrated models of care which reflect local and national priorities within the NHS long term plan.

The programme focuses on three main elements:

- Managing demand
- Arranging care
- Providing the right care

Appendix 1 illustrates the programme structure.

Details of the various projects included in the Resilient Harrow programme are summarised below.

Project Title	Objectives/Outputs/Benefits
Delivering effective reablement	<ul style="list-style-type: none"> • Embedding changes implemented in Phase 1 • Ensuring effective targeting of reablement support to those most likely to benefit – for new referrals from hospital or community settings • Increasing the number of people fully re-abled who are able to live independently without support following reablement input • Enabling people to live independently with reduced levels of care following reablement support
Delivering effective hospital discharge	<ul style="list-style-type: none"> • Embedding changes implemented in Phase 1 • Facilitating timely hospital discharge • Ensuring ‘Home First’ principles are followed ie hospital is not the right place to make a decision regarding long-term care, especially decisions regarding residential or nursing care • Ensuring people who may benefit from the service are provided with reablement support following hospital discharge
Utilising Assistive technology	<ul style="list-style-type: none"> • Increasing the use/provision of adaptive/assistive technology • Widening the range of assistive technology equipment available • Enabling more people to remain living safely and independently in community settings
Improving Access to on-line Information	<ul style="list-style-type: none"> • Establish comprehensive on-line publicly accessible information on services and activities available in Harrow • Publicising and raising awareness of web-based information across professionals and the public • More people are able to ‘help themselves’ by accessing appropriate information, advice or services directly • People are signposted to non-specialist community support where appropriate
Maximising the Community Offer	<ul style="list-style-type: none"> • Comprehensive information on VCS resources is available to the public and professionals (links to on-line information) • Ensuring there is an appropriate range of good quality VCS services to meet preventative needs • Council engagement with VCS organisations is improved • VCS organisations are supported to access to alternative funding sources

Project Title	Objectives/Outputs/Benefits
	<ul style="list-style-type: none"> • People will be better able to self-manage their support needs
Embedding strengths based practice	<ul style="list-style-type: none"> • Introduction of the strengths based 3 conversations model across all assessment/review teams. • Pilot sites to being May 2019 – to be fully rolled out over 2 years • Greater use of community based support rather than traditional Adult Social Care provision
Adults resources restructure	<ul style="list-style-type: none"> • 2nd stage of staff restructure focusing on non front-line staff to support delivery of the vision • Improvement to brokerage systems to ensure the right care is sourced at affordable costs • Establishment of Integrated Brokerage service with NHS partners • Identification of gaps in current staffing resources and structures (eg commissioning, contract management) and options to address them – this will support ‘Market Management’ work
Targeting reviews effectively	<ul style="list-style-type: none"> • Reviews are planned, targeted, and more consistent, higher quality and reflect strengths based practice • There is a clear vision amongst staff of what a quality review looks like and what issues are considered • Care packages are revised where appropriate to reflect changing needs including provision of alternative support options (eg assistive technology) • Ensuring that people are safe and are receiving care appropriate to their needs
Empowering resilience in Learning Disabilities	<p>Harrow is Home</p> <ul style="list-style-type: none"> • Ensuring that people with Learning Disabilities are supported to live independently in the local community where possible and appropriate • Reducing the number of people with Learning Disabilities placed in residential or nursing care through increasing community based support options such as Supported Living • People with Learning Disabilities are effectively supported to access employment, education and volunteering activities • Reviews are targeted to ensure people are supported to achieve or maintain independence <p>Learning Disabilities Integration</p> <ul style="list-style-type: none"> • Establishing integrated services across Adult Social Care and the NHS to achieve better outcomes for people • Support flexibility of responses at times of crisis
Empowering resilience in Mental Health	<ul style="list-style-type: none"> • Ensuring that people with Mental Health issues are supported to live independently in the local community where possible and appropriate • Reducing the number of people with Mental Health

Project Title	Objectives/Outputs/Benefits
	<p>issues placed in residential or nursing care through increasing community based support options such as Supported Living</p> <ul style="list-style-type: none"> • People with Mental Health issues are effectively supported to access employment, education and volunteering activities • Reviews are targeted to ensure people are supported to achieve or maintain independence
Managing the Market	<ul style="list-style-type: none"> • Ensuring that an appropriate range of services are available within the Adult Social Care market locally to meet identified needs at affordable cost • Establishing clear and consistent approaches to commissioning, procurement, contract and quality monitoring of care services • Ensuring that commissioning models and market development initiatives reflect priorities and needs • Effective market engagement mechanisms are established • The right care is purchased at affordable cost

The ambitious programme outlined above will mainly be delivered by existing staff and resources. However, there are some elements of the programme where short-term additional specialist input is required to take the work forward. More details are given in Section 4 – Financial Implications.

Where appropriate plans to support and train staff in the new ways of working will be provided. Relevant projects will also have detailed communication plans covering LB Harrow staff, professionals in other partner agencies, Elected Members, users of Adult Social Care, family carers and the wider public.

Ward Councillors’ comments

This programme affects all wards.

Financial Implications/Comments

The Council continues to operate services within an extremely challenging financial climate. In February 2019 Cabinet and Council approved the Medium Term Financial Strategy (MTFS), setting a balanced budget for 2019/20 whilst noting a budget gap of £26m over the period 2020 - 2022.

The budget for 2019/20 included a savings target of just under £1.54m for Adult Social Care.

The projects described in this report will support the delivery of those in-year savings by measures designed to manage demand and through the provision of alternative models of care where appropriate. In the longer term, these

projects are expected to enable provision of care to be sustainable on an ongoing basis within a reduced financial envelope.

In recognition of the significance and complexity of the programme, additional resources have been identified corporately to support the delivery of the programme. This will include, for example, specialist time-limited input where required or 'back-filling' of staff who are focused on delivering the projects rather than their usual tasks. Details of additional funding for 2019/20 have yet to be finalised and agreed.

The budget process for 2020/21 and 2021/22 will determine the available funding for the delivery of Adult Care Services.

Legal Implications/Comments

N/A

Risk Management Implications

The Resilient Harrow programme and the projects involved will all have detailed risk registers in place. Where appropriate these will be included in the Directorate level risk register.

Highlight reports which include details of risks and mitigation actions will be considered monthly by the Resilient Harrow Board to monitor progress and ensure that risks are appropriately managed.

The detailed project plans including risks and mitigation measures are currently being developed.

Equalities implications / Public Sector Equality Duty

Was an Equality Impact Assessment carried out? No

The programme as a whole and the Vision set out ambitious plans for the future

Equality Impact Assessments will be carried out where appropriate for individual projects, or specific pieces of work arising from them

Council Priorities

The Resilient Harrow programme will support delivery of the Council priorities listed below.

1. Building a Better Harrow

- More people are actively engaged in sporting, artistic and cultural activities in ways that improve physical and mental health and community cohesion
2. **Supporting Those Most in Need**
 - Empower residents to maintain their well-being and independence
 - Reduce the gap in life expectancy in the borough
 3. **Protecting Vital Public Services**
 - Healthcare services meet the needs of Harrow residents
 - A strong and resourceful community sector, able to come together to deal with local issues
 4. **Delivering a Strong local Economy for All**
 - Reduce levels of in-work poverty and improve people's job opportunities
 5. **Modernising Harrow Council**
 - Deliver excellent value for money services
 - Use technology and innovation to modernise how the Council works
 - Improving access to digital services

Section 3 - Statutory Officer Clearance (Council and Joint Reports)

Name: Donna Edwards	<input checked="" type="checkbox"/>	on behalf of the Chief Financial Officer
Date: 9 April 2019		

Name: Paul Hewitt	<input checked="" type="checkbox"/>	Corporate Director
Date: 23 April 2019		

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

Contact: Paul Hewitt, Corporate Director People Services
DD : 020 8424 1356

Background Papers: Adult Social Care Vision – Report to Health & Wellbeing Board 8th March 2018

Managing demand

Effective reablement & hospital discharge

Utilising Assistive technology

Improving Access to on-line Information

Maximising the Community Offer

Embedding strengths based practice

Arranging care- brokerage

Adults resources restructure

Providing the right care

Empowering resilience in Learning Disabilities

Targeting reviews effectively

Empowering resilience in Mental Health

Managing the Market

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REPORT FOR: HEALTH AND WELLBEING BOARD

Date of Meeting: 2 May 2019

Subject: **Health and Social Care Focus Group.**

Responsible Officer: Joint report:

Visva Sathasivam, Interim Director
Adult Social Services (DASS)

Javina Sehgal, Managing Director, Harrow
Clinical Commissioning Group

Public: Yes

Wards affected: All

Enclosures: None

Section 1 – Summary and Recommendations

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

Section 2 – Report

Background:

- 2.1 In March 2018, the Director for Adult Social Service (DASS) presented the new Adults Social Care vision to the Health and Wellbeing Board. The vision promoted a model of community resilience; transforming care from a model of need to one of strengths and empowering people to make meaningful community connections, utilising community assets including the voluntary and community sector. It was incredibly encouraging that at that same meeting, a deputation was presented, proposing a new Harrow Learning Disability Health and Social Care focus group to support the vision.
- 2.2 We are pleased to be able report on the progress that has been made. This has been made possible by the commitment and dedication of the stakeholders, whom have taken forward this exemplary partnership approach. Further helping to ensure that people with learning disabilities, carers and other key stakeholders are fully represented across health and social care services and partners including voluntary and community services with the representation from self-advocates.
- 2.3 The Learning Disability (LD) Health and Social Care Focus Group met for the first time on 25th July 2018 and has been meeting every quarter thereafter. The meeting is co-chaired between the Local Authority, Harrow CCG and Carer (non -Statutory Representative). The aim of the group is to fulfil the need for a formal pathway for Harrow citizens of all age with a learning disability and their parents/carers to identify health and social care issues, promoting solutions and actions with Harrow Clinical Commissioning Group (Harrow CCG), the Local Authority (LA), Local Health Trust and the Voluntary sector.
- 2.4 All members of the group agreed that the purpose of the group was:
- For people with a learning disability and their parents/carers to work in partnership with local health and social care representatives to raise and address health and social care concerns/needs
 - To assess relevant, current health/social care services for people with a learning disability and their carers in terms of effectiveness and outcomes
 - To identify any gaps in health /social care services for people with a learning disability and their carers
 - To invite a wider group of participants to engage and make representations
 - To formulate proposed action plans which would improve the health and well-being of people with a learning disability and their carers

- To share information about changes/new developments to health and social care services for individuals with learning disabilities and their carers
- To work collaboratively with other groups, agencies; sharing and receiving information to and from key statutory officers and representatives
- To influence the Health and Social Care agenda and priorities
- To make representation to the Health and Wellbeing Board, Harrow CCG, Central and North West London NHS Foundation Trust (CNWL) Board and Harrow Council Cabinet

2.5 The terms of reference was signed off by the group. The group is represented by individuals with a learning disability and their carers, Harrow CCG, the Local Authority, Local Health Trusts, and Voluntary Sector, who are joining together to identify health and social care issues thereby promoting solutions and action plans. It is also an opportunity to share information about any changes or future developments to Health and Social Care Services.

Over the last year the Health and Social Care Focus group have been working on the following areas:

2.6 **Education Programmes:**

Harrow CCG will fully fund the proposal for 2019-2020 for a series of education sessions for young people (18–25yrs) and adults with a learning disability and their carers living in Harrow.

The rationale is to provide additional education and support for young people and adults with a learning disability and their carers living in Harrow. These citizens may be having difficulty in accessing specialist community health therapy services due to staff recruitment issues at the Kingswood Centre. The plan is to provide immediate practical education and advice on a range of health therapy topics which will act as a 'stop-gap' whilst awaiting their consultation with a Specialist Health Therapist.

It would be beneficial for young people and adults with a learning disability and their carers to have the opportunity of attending a series of practical education sessions on a range of health therapy topics to provide 'stop-gap' advice whilst they are awaiting their consultation with a Specialist Health Therapist. These education sessions would also provide very useful practical advice on health and well-being for young people and adults with a learning disability and their carers.

The programme is expected to run around 21 sessions over the period using trained therapist and workshop facilitators in addition to expert speakers. The programme is due to start in the next few months.

The aim is to provide a community-based education programme, led by Specialist Health Therapy and Community Nursing Professionals, on a range of health therapy and health promotion topics for young people and adults with a learning disability and their carers.

The key benefits are as follows:

- It would provide 'stop-gap' advice to carers whilst they are awaiting their consultation with a Specialist Health Therapist
- It would equip carers with additional skills/information to help with the management of the care of their son/daughter at home
- It would reduce the risk of 'crisis' situations occurring , so avoiding hospital admission with all the costs that would entail and avoiding extra stress for the carer
- The Specialist Health Therapists and community nurses would be able to identify the most frequent queries/worries that are being raised by the carers, so highlighting 'high priority' needs thereby providing a more targeted delivery of service
- Evaluation from attendees would provide valuable data on how these education sessions have benefitted the carer, and the son/daughter they are caring for and their families.
- The concept of these education sessions would fit in with the some of the main principles of the 'Enhancing the Health and Social Care Vision – Developing Community Resilience in Harrow.

2.7 Learning Disabilities Adults Health Passports:

In December 2018, London North West University Healthcare NHS trust implemented the Adults Learning Disability and Autism Health Passport. The Learning Disability (LD) Nurse works with Harrow citizens, their parent/carers to support them when accessing the hospital, either as outpatients or on the wards.

The purpose of the Health Passport is to share information about the adults needs to ensure reasonable adjustments can be considered when visiting hospitals, doctor surgeries or other environments. Adults with learning disabilities and their carers should complete the passport and share the information with health professionals. The LD nurse has been rolling out the Adult Health Passport with adults with learning disabilities. She has been visiting a number of professionals to share this information and provide support on how to complete the passports. The passport can be downloaded from the London North West University Healthcare NHS trust website. Harrow Mencap are also supporting families to promote the health passports in the community and to support the completion. Harrow Mencap is developing a short video on the purpose of the passport and how to complete it to promote and raise awareness in the community. The LD nurse has trained several champions to support the implementation and to raise awareness of the Health Passport.

Harrow Council held an event for parent/carers/ professionals in December 2018. It was received well and a number of people expressed their interest in becoming a champion to promote the passport in the local community. Further work is required to develop a passport for those transitioning to adulthood and also a children's passport.

Information event held at Harrow Civic centre on 17th December 2018:



2.7 Harrow Learning Disability Health and Social Care Focus Group Newsletter.

The Learning Disability Health and Social Care Focus Group have identified that communication is important and there has been lack of information sharing and therefore have created a Newsletter that will provide information to parent/carers, individual citizens and professionals and will be available in easy read format. It will be distributed amongst Health, Social Care and the Harrow Community.

Harrow Learning Disability Health & Social Care Focus Group Newsletter

The newsletter for families with children with adults with learning disabilities.

IN THIS ISSUE

- LAUNCH OF THE WORKING GROUP
- JOINT COMMISSIONING STRATEGY
- EDUCATION PROGRAMME
- LAUNCH OF ADULT HEALTH PASSPORTS
- NEW HEALTH APP



Welcome to the first edition of the Harrow Learning Disability, Health & Social Care Focus Group Newsletter.

This Focus Group, which is working on behalf of all individuals of all ages with a learning disability and their carers living in Harrow, held the first meeting on July 25th 2018 at Harrow Clinical Commissioning Group (Harrow CCG) Headquarters.

This is an official Group which has been fully supported by the *Harrow Health and Well-Being Board*. It is represented by individuals with a learning disability and their carers, Harrow CCG, the Local Authority, Local Health Trusts, and Local Voluntary Organisations who are joining together to identify health and social care issues thereby promoting solutions and action plans. It is also an opportunity to share information about any changes or future developments to Health and Social Care Services.

At this first meeting it was important that time was spent on ensuring that all representatives fully agreed with the *Terms of Reference*. Seth Mills, Head of Learning Disability Services for Harrow Council, spoke about the new *re-structure of Social Care Services*. This will involve a new *Social Care Pathway*, which will include a Specialist Learning Disability Service so making it easier and more efficient for individuals with a Learning Disability and their carers to access Social Care Services. These developments will also include a *Harrow Well-Being Service* and *Long-Term Social Care Service* involving clusters of GP and District Nursing Services. The approach underpinning this new Model will be making full use of local support/voluntary groups, supporting local people to maintain their own well-being and independence, and for Health and Social Care Services to be working together.

Carer representatives spoke briefly about 'high priority' health and social care issues – these items were then discussed in more detail at the second meeting that took place on 10th October. At this meeting issues or topics presented included access to Specialist Health Services, current availability of suitable *local* respite and residential care and information about the updated Health Passport. A proposal to set up education programmes for individuals with a learning disability (aged 18years+) and their carers was also discussed which would be a positive step forward.

To keep up-to-date between newsletters go to www.harrowmencap.org.uk

Section 3 – Further Information

3.1 Adult Social Care and Harrow CCG have also set up an Autism Health and Social Focus Group to fulfil the need for a formal pathway for Harrow citizens of all age with a learning disability and their parents/carers to identify health and social care issues, promoting solutions and actions with Harrow Clinical Commissioning Group (Harrow CCG), the Local Authority (LA), Local Health Trust and the Voluntary sector. This group was formed on 15th February 2019. The Autism focus group will meet quarterly in the same way as the Learning Disability Health and Social Care focus group to address health and social care needs, inequalities and support the autism community.

Ward Councillors' comments

The update report concerns all wards

Financial Implications/Comments

The implementation of the Learning Disabilities Health and Social Care focus group formed in July 2018 under the Adult Social Care vision have not immediately identified any additional resource requirements.

In light of the financial challenges across both the health and social care economy in Harrow, any future recommended actions will need to be delivered within existing budgetary provision on an ongoing basis. The annual budget process for each organisation will determine the level of available funding in future financial periods.

During 2019-20 Harrow CCG will fund the Education Training Project at a cost of approx. £15k. Any decisions to extend this commitment will need to be considered as part of the annual budget setting process in the context of available resources.

Legal Implications/Comments

The purpose of the Health and Wellbeing Board as identified in the Council's Constitution includes development of a joint health and wellbeing strategy.

Risk Management Implications

There are no identified risks at this stage. If there are any potential risks that are identified a risk log will in place, risks will be mitigated and signed off by the Corporate Director.

Equalities implications / Public Sector Equality Duty

Was an Equality Impact Assessment carried out? No

Feedback from a group Service User Representative stated:

- More accessible information about it-more sexual health education people with learning disabilities-more information after education-more help in dealing with relationships
- More support for people when learning disability people visiting hospital
- National health passport
- Give people learning disability people priority for booking double appointments/make it easier for them to do this
- Difference between autism and learning disability-more knowledge of learning disabilities
- NHS/Care staff need more skills with learning disability these include-communication-patience-understanding
- Another learning disability nurse
- We need better doctors and nurses
- People with learning disability concerned about cuts to learning disability nurse support helps a great deal when visiting hospital-help people overcome their minor problems and issues
- Stop people with learning disability dying younger than people without learning disability
- More training for NHS staff around learning disability

Council Priorities

The Council's and adult social care vision supports the Councils priorities to support and make a difference for vulnerable citizens, communities and families.

1. Building a Better Harrow

- Create a thriving modern, inclusive and vibrant Harrow that people can be proud to call home
- Increase the supply of genuinely affordable and quality housing for Harrow residents
- Ensure every Harrow child has a school place
- Keep Harrow clean
- More people are actively engaged in sporting, artistic and cultural activities in ways that improve physical and mental health and community cohesion

2. Supporting Those Most in Need

- Reduce levels of homelessness in the borough
- Empower residents to maintain their well-being and independence
- Children and young people are given the opportunities to have the best start in life and families can thrive
- Reduce the gap in life expectancy in the borough

3. Protecting Vital Public Services

- Harrow has a transport infrastructure that supports economic growth, improves accessibility and supports healthy lifestyles
- Healthcare services meet the needs of Harrow residents
- Everyone has access to high quality education
- A strong and resourceful community sector, able to come together to deal with local issues
- Harrow continues to be one of the safest boroughs in London

4. Delivering a Strong local Economy for All

- A strong, vibrant local economy where local businesses and thrive and grow
- Reduce levels of in-work poverty and improve people's job opportunities
- Harrow is a place where people and businesses invest

5. Modernising Harrow Council

- Deliver excellent value for money services
- Reduce the borough's carbon footprint
- Use technology and innovation to modernise how the Council works
- Improving access to digital services

Section 3 - Statutory Officer Clearance (Council and Joint Reports)

Name: Donna Edward	<input checked="" type="checkbox"/>	on behalf of the Chief Financial Officer
Date: 9 April 2019		
Name: Sharon Clarke	<input checked="" type="checkbox"/>	on behalf of the Monitoring Officer
Date: 15 April 2019		

Name: Paul Hewitt	<input checked="" type="checkbox"/>	Corporate Director
Date: 23 April 2019		

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

Contact:

Report Author's name: Mital Vagdia
Job Title: Transformation Project Manager for Learning Disabilities and Autism
Direct telephone number: 020 8736 6418 (x6418) or 07714 182 047

Background Papers: None

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