

REPORT FOR: HEALTH AND WELLBEING BOARD

Date of Meeting: 9 January 2014

Subject: **INFORMATION REPORT -**
Health and wellbeing priorities - update on strategic groups

Responsible Officer: Carol Yarde – Head of Community, Health and Wellbeing Transformation

Public: Yes

Enclosures: None

Section 1 – Summary and Recommendations

This report provides a progress update on the status of strategic groups which report to the Health & Wellbeing Board. This follows the decision at the Health and Wellbeing Board on 3 October 2013 to bring the adult Partnership Boards to an end and replace them with alternative groups that are focussed on delivering Harrow's health and wellbeing priorities.

Recommendations:

The Board is requested to note progress made by the strategic groups since the last report to the Health & Wellbeing Board on 3 October 2013.

Section 2 – Report

Background

A report was presented to the Health and Wellbeing Board on 3 October 2013 which outlined actions taken to conclude adult Partnership Boards and move to strategic groups, which focus on delivering local health and wellbeing priorities and joint commissioning intentions.

The seven key priority areas for action, as identified in Harrow's Health and Wellbeing Strategy 2013-2016, are:

- Long-term conditions
- Cancer
- Worklessness
- Poverty
- Mental health and wellbeing
- Supporting parents and the community to protect children and maximise their life chances
- Dementia

The following groups were identified to deliver the above priorities and help to shape future commissioning priorities:

- Older People Integration Task and Finish Group
- Dementia Task and Finish Group
- Children and Families Commissioning Executive
- Autism Project Board
- Carers Task and Finish Group
- Winterbourne Task and Finish Group
- Adult Safeguarding Board

At the Health and Wellbeing Board on 3 October 2013 it was agreed that an initial report would be presented to the Health and Wellbeing Board on 9 January 2014, covering the progress and plans of each group. It was also agreed that each group would submit updates to the Health & Wellbeing Board every six months thereafter.

Current situation

Progress is at different stages across the groups. Some groups are well established whilst others are due to agree their program of work. Discussions need to take place to jointly agree the Terms of Reference for groups and to confirm CCG lead officers.

The table below sets out the joint commissioning intention priorities, the name of the group(s) that will meet them, and names of confirmed lead officers.

Commissioning Intention	Name of Strategic Group	Lead Officers
Services for older people	Older People Integration Task and Finish Group	Bridget Bergin (LA) <i>CCG lead to be confirmed</i>
Dementia strategy	Dementia Task and Finish Group	Bridget Bergin (LA) <i>CCG lead to be confirmed</i>
Children's services	Children and Families Commissioning Executive	Richard Selwyn (LA) <i>CCG lead to be confirmed</i>
Autism strategy	Autism Project Board	Amanda Dade (LA) <i>CCG lead to be confirmed</i>
Services for carers	Carers Task and Finish Group	Bridget Bergin (LA) <i>CCG lead to be confirmed</i>
Safeguarding adults	Winterbourne Task and Finish Group	Amanda Dade (LA) <i>CCG lead to be confirmed</i>
	Adult Safeguarding Board	Sue Spurlock (LA) <i>CCG lead to be confirmed</i>

The progress of each group is documented below, as at November 2013.

Older People Integration Task and Finish Group

The announcement on Pioneer sites has just been made and therefore work has not yet commenced on the Older People's Integration Task and Finish Group. North West London Integrated Care Programme (ICP) have been successfully chosen as one of the sites. The LA lead officer will follow up with the ICP contact for further details before initiating the group.

A suggestion has been made to consider combining the Older People Integration Task and Finish Group and the Dementia Task and Finish Group, due to the groups' synergies and to maximise resources in this area. This would require further discussion by group leads before a recommendation can be made.

Dementia Task and Finish Group

The Dementia Task and Finish Group addresses the Health and Wellbeing priorities of Dementia and Long-term conditions. The group is defining a work program based on the outputs from a co-ordinated workshop held on 16 October, which was attended by over 100 users, carers and practitioners.

The workshop covered the following areas:

- Early recognition and diagnosis.

- Living in the community with dementia.
- Illness and recovery in hospital and at home.
- End of life.
- Information and advocacy.
- Carers
- Making services more dementia friendly.

The following key points were highlighted by attendees at the workshop:

- Need for dementia friendly environments.
- Raising the awareness amongst practitioners for early detection of dementia.
- Longer appointments for those with dementia.
- Development of Dementia Champions in different professions and organisations.
- Need to map out current services for people with dementia and their carers.
- Coordinated care – with residential /hospital.
- BME users/ carers – awareness and language barriers.
- Dementia Advisor – surgery, workshops, mosques, drop-ins roadshows.
- Peer support for carers.
- Issue around communication and information sharing across the board over medical issues.
- Recognise end of life patients - care plan needs to be done early allowing them to choose what they want at end of life.
- Train more staff – this is particularly important in care homes.

A follow-up session is planned for February/March 2014 to provide feedback and a progress update to participants.

User and carer involvement in the development and progress of the local Dementia Action Plan is embedded and leads to continuous engagement. As the group becomes fully established it is expected that there would be carer representation in the group.

The following work is planned over the next six months:

1. Formalise the membership and terms of reference of the Dementia Task and Finish Group.
2. Update the Harrow Joint Dementia Strategy - (Public Health Information and Action Plan).
3. Develop and deliver the 2 year Dementia Action Plan.

4. Present the Dementia Action Plan for sign off at the Health and Wellbeing Board early in 2014.
5. Feedback the consultation on the Day Assessment Unit potential recommendations on the redistribution of resources from the Day Assessment Unit to memory services in Harrow.
6. Develop dementia awareness training/material for practitioners.
7. Highlight the current dementia rates with primary care.

Children and Families Commissioning Executive

The Children and Families Commissioning Executive is taking forward commissioning of children and family services across the Local Authority (including Public Health) and the CCG.

Progress in the last six months includes commissioning and development of: Our Plan: Children & Families and Joint Commissioning Intentions, JSNA, Families First, Complex Needs, Early Years transformation, Activities and Short Breaks, Children Looked After Nurse Service, internal local authority services, Health Visiting and School Nursing, Emotional, Behavioural and Mental Health, Young Carers, and Speech and Language Therapy.

The Forward Plan is listed in the Health and Wellbeing Joint Commissioning Intentions and Our Plan: Children & Families.

The following actions are either being established or are in place to progress the mitigations identified in the EqIA:

- Involvement of service users in significant commissioning (co-design).
- Involvement of service users in delivery (co-production).
- Monitoring of service quality through user feedback (co-monitoring).

The group addresses the following Health and Wellbeing priorities:

- Long-term conditions – a new tri-partite panel has been established for multi-agency funding and support to children with long-term complex conditions.
- Worklessness – Families First is addressing worklessness as one of the government payment by results indicators. 42 families have already been supported back into work.
- Poverty – Families First is working with families who are often in poverty and supporting them to improve their outcomes.
- Mental health and wellbeing – review underway to redesign mental health pathways, all tiers of need are in scope for the review.
- Supporting parents and the community to protect children and maximise their life chances – support to social work teams and focus on safeguarding in all services. Includes identification of children most in need through the Early Years transformation – improving targeting

and uptake of services for our most vulnerable children and their families.

Three reporting boards have been established to feed into the Children and Families Commissioning Executive and lead on the group's priority workstreams:

- Early Intervention Partnership.
- Emotional, Behavioural and Mental Health Partnership.
- Complex Needs Strategy Group.

Autism Project Board

The Autism Project Board continues to meet on a regular basis (now bi-monthly). Progress in the last six months is as follows:

- **The local action plan** has recently been reviewed by the board and the actions have been refocused and reprioritised to ensure that actions that have the most impact on people with autism have the highest priority.
- **The Autism Evaluation** was submitted to Public Health England in September 2013. Areas of further work are identified as: improving data (including coding both health and social care), a better understanding of the needs of people on the autistic spectrum in Harrow, further work is needed with housing and local employment support services to ensure that reasonable adjustments are being made where appropriate.
- **Training and awareness-raising** – a training provider has been commissioned by Harrow Council to undertake awareness raising training as well as specialist training for those undertaking community care assessments with people with autism. A training needs assessment has been completed with front-line staff being prioritised. Training needs analysis has included Harrow Council (Adult Services, Children and Families, Housing and Access Harrow) Harrow CCG and CNWL; it is hoped that JobCentrePlus will also commission spaces on the awareness training for their staff. People with lived experience of autism are jointly delivering the awareness raising training.
- **Public Health have agreed to conduct a thematic needs assessment re autism in Harrow** – this work is expected to be completed by March 2014.
- Harrow CCG has reviewed and revised the Adult Autism assessment pathway to ensure that it meets national requirements.
- An initial meeting has been held to scope the end to end pathway for children and adults with autism.

The following work is planned over the next 6 months:

- Key staff who have contact with people with autism to be trained (dependent on role).

- Completion of thematic needs assessment in Harrow by Public Health.
- Improved data collection including Primary Care, Secondary Care and Harrow Council.
- Communication plan including website and links to information and advice.
- Market development/shaping activity.
- EqIA to be completed for this area of work once needs data is more accurate for Harrow population.
- Review of the end to end pathway for children and adults with autism.

The Autism Project Board addresses the Health and Wellbeing priorities of Long-term conditions, and Mental health and wellbeing. Progress to date in meeting these includes:

- Adult diagnostic and assessment pathway agreed between Harrow Council, Harrow CCG and CNWL. Embedded in Harrow Council's protocol and Section 75 partnership agreement between Harrow Council and CNWL.
- Review of end to end pathway for children and adults with autism has been started.

Carers Task and Finish Group

The Carers Task and Finish group will be established in January 2014 and will review actions set out in the Health & Well Being Implementation Plan, establish effective communication with wider stakeholder organisations and work to develop and ensure implementation of an action plan.

Winterbourne Task and Finish Group

The Winterbourne Task and Finish Group has been meeting since April 2013 with the remit to coordinate Harrow's response to the Winterbourne Concordat and national actions. The group addresses the Health and Wellbeing priorities of Long-term conditions, and Mental health and wellbeing. Progress in last six months as follows:

- **Terms of Reference** have been agreed and signed off by the Council and the CCG. Attendance at meetings has been rather disappointing and sporadic. In addition to the task and finish group there is an operational group that is focussed on ensuring that Harrow's 'Winterbourne clients/patients' are assessed and that, where appropriate they are supported to move out of inpatient care. This work is progressing well and all four 'Winterbourne clients/patients' have been jointly assessed and plans are in place for discharge into the community where appropriate.
- **The WLA Complex Needs Project** has included the impact of Winterbourne View across West London including the possible need for some specialist commissioning of provision to meet the needs of people with learning disabilities who are currently in inpatient care.

- **Local Dispute Resolution Policy** – signed off by both Harrow Council and Harrow CCG. This policy is also being adopted across West London delivering a consistent approach to disputes across the CCG sub-cluster.
- **Joint LD Panel** – these have been operating for Winterbourne clients and now that there is an agreed dispute resolution policy in place for the Council and CCG it will be extended to all LD placements where joint funding is in place or where an individual has identified health needs.
- **Joint review of packages of care where both the Council and CCG are funding.** This work has included considering the quality and outcome of the placement in addition to value for money.
- **CAMHS LD service** – the CCG has commissioned a new LD CAMHS service to address the gap in provision for children and young people who have a learning disability and complex behaviour or mental health problems. The team is being appointed to and will be fully operational by January 2014.
- **Children’s Tripartite panel** – a joint, health, social care and education panel has been established to agree and review joint funded placements, which will deliver an integrated approach to care to Harrow children and young people. This will facilitate scoping of opportunities for future integrated care and commissioning that will maximise outcomes.
- **Care Pathway** - an Initial meeting has taken place between children (health and social care) and adults to scope out the end to end pathway for people with autism; this will include people with behaviour described as challenging.
- **Review of the care pathway for children and young people with LD and challenging behaviour who present for urgent care has commenced.** This urgent care pathway will then be aligned with the end to end pathway for autism, and will be integrated health and social care pathway delivering care in the most appropriate setting.
- **Joint stocktake** completed jointly. A request has been made for further support to deliver the key Winterbourne actions in Harrow.
- **A recent audit** conducted by the LGA and NHSE found that Harrow is on track to meet the deadlines set for June 2014.

The following work is planned over the next 6 months:

- Joint Winterbourne Plan for Harrow to be delivered by April 2014.
- A time-limited working group to agree a joint approach to positive behaviour management in Harrow. Currently CNWL (who provide the LD health team and some inpatient care) and Harrow Council use different behavioural approaches to manage behaviour that is described as challenging. This group will meet in January 2014 to consider ways of sharing practice to ensure there are no gaps in pathway for people with learning disabilities and their families.

- Improve the planning process for young people with learning disability and complex needs in transition to include Harrow Council, Harrow CCG and CNWL. This group will focus on ensuring a smooth transition for children and families and on the resources/capacity required to meet needs.
- Review of terms of reference and functionality for LD joint panel to include, continuing health care and additionally funded placement decision making and reviews for adults with a learning disability between both health and social care. Health to scope joint brokerage arrangements with social care.
- Review of local market resilience including short breaks for adults with complex needs and community-based support.
- Develop a pathway regarding alerts from London Ambulance Service (LAS) to ensure that concerns raised by LAS are actioned appropriately.
- Develop shared crisis plans for those adults with learning disability, autism and challenging behaviour who are at risk of hospital admission.
- Sign off the protocol focussed on supporting people with learning disability to access mental health services where this is a need.

Key stakeholders have been included in the membership of the task and finish group. Discussions are ongoing regarding embedding practice and messages from the Winterbourne work.

Adult Safeguarding Board

Safeguarding is applicable to all the Health and Wellbeing priorities. All progress made by the Local Adults Safeguarding Board (LSAB) is detailed in the Annual Report which was presented to the Health and Wellbeing Board in August 2013. This report includes priorities for the coming year. Health and Wellbeing priorities are also contained in the LSAB Strategic Plan 2014-17.

The LSAB has a prevention and community engagement subgroup which regularly reviews its effectiveness in communicating with all of the communities in Harrow.

Statistics that are presented at the LSAB every quarter demonstrate that safeguarding alerts are coming from all sections of the community.

Timescale for next progress update

The next update to the Health & Wellbeing Board is due in July 2014.

Financial Implications

There are no specific financial implications arising from the formation of these groups, however, any financial implications which may arise out of the groups or other boards are contained within existing budgetary provision, or where

decisions may have a longer term financial impact, are considered as part of the budget setting and MTFS or equivalent CCG process.

Legal Implications

Section 195 of the Health and Social Care Act 2012 states that the Health and Wellbeing Board must, for the purpose of advancing the health and wellbeing of the people in its area, encourage persons who arrange for the provision of any health or social care services in that area to work in an integrated manner.

The Care Bill will, if enacted, place the Safeguarding Adults Board on a similar statutory footing as the Local Safeguarding Children's Board. The existing LSAB complies with many of the anticipated requirements of the draft legislation, including publishing an annual strategic plan and annual report. There will be a requirement for involvement of the local community and Healthwatch.

The Equality Act 2010 requires that public bodies, in exercising their functions, have due regard to the need to (1) eliminate discrimination, harassment, victimisation and other unlawful conduct under the Act, (2) advance equality of opportunity and (3) foster good relations between persons who share a protected characteristic and persons who do not share it. Many of the groups will be considering aspects of the agencies work which potentially have a much greater impact on specific protected groups than others. In many cases, the outcome will be a positive impact, however the individual groups must ensure they have the requisite information to be able to assess any impact and in the case of adverse impact, identify any mitigating measures. This information must be taken into account when making recommendations to decision making bodies and the information must be provided to these decision making bodies.

Risk Management Implications

Each group will need to develop risk registers as appropriate. It is envisaged that a more detailed account of project risks will be contained in the next update report.

Equalities implications

Any new initiatives, projects, policies or procedures that are developed as part of the work for any of the strategic groups will require a full EqIA to be undertaken and reported to the appropriate forums.

Priorities

The strategic groups have been specifically developed to ensure that, post deletion of the Partnership Boards, greater focus is placed on the effective

delivery of health and wellbeing priorities, which reflect the priorities of the Council and the Clinical Commissioning Group.

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

Name: Donna Edwards	<input checked="" type="checkbox"/>	on behalf of the* Chief Financial Officer
Date: 11.12.13		
Name: Sarah Wilson	<input checked="" type="checkbox"/>	on behalf of the* Monitoring Officer
Date: 5.12.13		

Section 4 - Contact Details and Background Papers

Contact: Marzuki Haji - Project Manager
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Background Papers:

Information Report to Health and Wellbeing Board on 3 October 2013:
'Moving from Partnership Boards to Strategic Groups focusing on HWB
priorities':
www.harrow.gov.uk/www2/documents/s110180/Partnership%20Boards.pdf

Information Report to Health and Wellbeing Board on 1 August 2013:
'Local Safeguarding Adults Board (LSAB) Annual Report 2012/2013':
www.harrow.gov.uk/www2/documents/s109250/Local%20Safeguarding%20Adults%20report.pdf