

**Minutes of Harrow Voluntary & Community Sector (VCS) Forum
Ordinary Meeting held on 28 September 2015, 10:00 – 12:00 hrs
Committee Rooms 1&2, Harrow Civic Centre, Station Road, Harrow, HA1 2XY**

Attendance:				
Attendee	abbreviation in minutes	Organisation	abbreviation in minutes	Forum Role
Sarah Kersey	SK	Harrow's Happiness Campaign		Forum Chair and VCS Representative
Linda Robinson	LR	Friends of Bentley Priory Nature Reserve		Forum Vice-Chair Minute Taker
Alex Buckmire	AB	Voluntary Action Harrow Co-operative		
Jan Irwin		Harrow Domestic & Sexual Violence Forum		
Luci Yellon		Homestart Barnet (the Harrow Project)		
Gilly Chowdry		Homestart Barnet (the Harrow Project)		
Sania Sehbai	SS	Harrow Women's Centre	HWC	VCS Representative
Cabdul Qadir	CQ	Harrow Association of Somali Voluntary Organisations	HASVO	
Deven Pillay	DP	Harrow Mencap		
Rachel Wright	RW	Voluntary Action Harrow Co-operative		
Tajinder Nijjar	TN	Harrow Citizens Advice Bureau		
Irene Rodríguez Larios		Barnardo's		
Ilias Kostalas		Kids Can Achieve (Westminster Society for people with learning difficulties)		
Natalia Nikolaeva		Russian Immigrants Association		
Natalia Kharina		Russian Immigrants Association		
Varsha Dodhia	VD	Harrow Interfaith Council	HIC	VCS Representative
Russell Sutcliffe	RS	Harrow Community Farm		
Pushpa Hargovan Lalloo		Harrow Shopmobility		
Pritha Mukherjee		Radiate Harrow CIC		
Elizabeth Hugo	EH	Aspergers Syndrome Access to Provision (A.S.A.P. Harrow)	ASAP	

John Ratcliff		Harrow Friends of the Earth		
Rowena Jaber	RJ	The WISH Centre	WISH	
Julian Maw	JM	Hatch End Association		
Richard McCaffrey	RM	38 Degrees (Harrow Local Group)	38D	

Apologies:				
Manji Kara	MK	Harrow Council		
Alex Margolies		Toucan Employment		
Jane Skelly		Harrow Friends of the Earth		
David Phelops		More Than Just a Choir		
Avani Modasia		AGE UK Harrow		
Gerry Devine		Harrow Community Transport		Forum Vice-Chair
Stuart Dashwood		Carramea Community Resource Centre		
Robin Webb		St Luke's Hospice		
Oky Lee		Harrow Foodbank	HFB	
Eileen Martell		HOPE Harrow		
Carol Foyle	CF	Kids Can Achieve (Westminster Society for people with learning difficulties)		VCS Representative

Item	Minutes	Action by whom	Action by when
1.	<p>Welcome, Introductions, Apologies and Conflicts of Interest</p> <p>1.1 SK began by explaining that she had not expected to be able to attend and chair the meeting, which was why certain agenda items were due to be led by others but would now be taken by herself. After introductions around the table, the list of apologies for absence received was read out. SK called for any Conflicts of Interest to be disclosed in relation to the agenda. There were none.</p>		
2.	<p>Agenda Review</p> <p>2.1 Having ascertained that no one wished to suggest any changes to the order of the agenda, SK asked if there were items to be brought up under Any Other Business. AB, SS and TN advised that they would have items to raise.</p>		

<p>3.</p>	<p>Forum Members' Offers and Wants</p> <p>3.1 AB testified to the success of this format in that an offer of conference space had been forthcoming from an attendee after his appeal at the last meeting.</p> <p>3.2 SS was looking for a suitable venue for an event she was planning for up to 400 people in early December. HWC was also seeking collaboration from organisations that could assist with information and training on relevant topics such as female genital mutilation and legal advice.</p> <p>3.3 JM drew attention to Healthwatch's availability as a source of advice and information on health and social care services, contactable via www.healthwatchharrow.co.uk.</p> <p>3.4 Following an appeal at the last meeting from HFB, for 'voucher partners', RW distributed written information about the service.</p> <p>3.5 SK announced that a page on the Forum's new website was being developed specifically for members' offers and wants.</p>		
<p>4.</p>	<p>Syrian Refugee Crisis</p> <p>4.1 Following the recent high media profile of this Europe wide crisis, SK had heard of individual actions planned by a number of local organisations. She wondered what attendees felt should be the response from Harrow's VCS as a whole and what message, if any, should be relayed to the council. RM had emailed his Wealdstone councillors via a 38D appeal. He read out the reply he had received from Cllr Phil O'Dell, indicating that the council was in discussions with London Councils and would soon confirm its intentions. An individual 38D member and past Forum attendee, Carmel Miedziolka, had started a specific petition calling for Harrow to home 50 refugee families. It could be signed at https://you.38degrees.org.uk/petitions/ha3-6er. TN was keen to know what Harrow's officially allocated quota would be and stressed the need to pin down the council about its proposed 'package of care' and the timescales involved. SS offered HWC's basic support, such as English tuition for women and crèche facilities. DP advocated prioritising support for existing local refugee groups, as most other organisations were unfamiliar with the requirements for dealing with refugees. VD said that HIC had not yet publicised the response which it was preparing. SK saw the need for further discussions with experienced agencies.</p> <p>Action: Information about HIC's response to be distributed to all.</p> <p>Action: Frank Anti from Harrow Equalities Centre and Alex da Costa from Harrow Refugee Forum to be invited to the next meeting to discuss the sector's response to the crisis.</p> <p>Action: SK to contact Harrow Council and ask what the quota, timescale and care package would be for Syrian refugees coming to Harrow</p>	<p>VD</p> <p>SK</p> <p>SK</p>	<p>when known</p> <p>before next meeting</p> <p>before next meeting</p>

<p>5.</p>	<p>NHS Reform / Impact on Harrow's VCS and clients</p> <p>5.1 VD introduced a discussion about deficiencies in Harrow's overall Health & Social Care economy. Whilst conceding that there had been no actual cuts to local CCG budgets, she drew attention to the reduction in monies allocated to councils for social care, which was causing significant difficulty for older people, young people and those with disabilities including mental illness and learning difficulties. Numbers of older people and of children were increasing, but Harrow's total Health & Social Care economy was not expanding in line with their needs. This in turn caused additional pressure on NHS services. It was therefore misleading to talk about health budgets in isolation. More joined up working was needed, which JM expected to be addressed by a £12m Better Care Fund under further government funding reforms yet to come. VD called for more and better 'care in the community', highlighting the lack of a 'hub' practice in the east of the borough. The new Care Act placed a duty on local authorities to provide certain services including assessments, information and advocacy. Provision was to be informed by the JSNA, as discussed at the previous Forum meeting.</p> <p>5.2 It was not considered acceptable that a summary of the Forum's input to the JSNA had not yet been provided by Harrow Council's Public Health, even though the department's Sarah Crouch and Carole Furlong had promised to supply the notes taken in time to be circulated with the last minutes. Attendees felt unconvinced that their time had been given to anything productive which had raised awareness of the best ways to feed groups' views to relevant authorities. RJ had not found a clear pathway for WISH to voice its users' needs around self-harm. EH told of the former Autism Board, which had become a Task & Finish Group now responsible to the HWB, but she remained in the dark about how to give ASAP's input. VD concluded that so many changes had left groups ignorant of how to hold the council and the CCG to account. Many called for a more transparent and meaningful mechanism for engagement.</p> <p>Action: Sarah Crouch of Harrow Council's Public Health to be chased for the summary of the JSNA input given by the Forum at the last meeting.</p> <p>5.3 JM stated that such engagement was the role of Healthwatch Harrow, although VD had not found this route to be effective. JM remarked that the VCS could not speak with just one voice, as some groups were more concerned with social care, others with health, and some with housing or other aspects of wellbeing. He insisted that Healthwatch was keen to hear of problems identified by groups and could send out someone to talk to them if required, but it could not lobby on their behalf. It was entitled to a statutory vote on the HWB, although no such votes had ever yet been taken. JM reiterated that Harrow Council's Public Health team were responsible for refreshing the JSNA and had been consulting widely on its content. However, RJ noted inequalities in the consultation methods used, as not all groups had been reached. Despite repeatedly asking for clarification during his time as the VCS's advisor on the HWB (see Item 9 below), DP had found it unnecessarily complicated to feed into the process with so many ways to be heard, from deputations at Council meetings to Cabinet questions. The CCG had not been prepared to co-design services and the HWB had consistently failed to make use of existing VCS engagement structures. For example, Cabinet had already decided its priorities</p>	<p>AB</p>	<p>as soon as possible</p>
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	<p>in advance of Healthwatch's engagement event at the Kadwa Patidar Centre in July. DP had never seen any reports from the Task & Finish Groups. RS and SS suggested asking the relevant authorities for clear information to be distributed to the whole of the VCS in a simplified document which could be used for signposting purposes.</p> <p>5.4 RJ felt that the first piece of work would be to map what was working and what was not, and to critique the effectiveness of current engagement. It was suggested that Alex Dewsnap, Harrow's Divisional Director of Strategic Commissioning, be invited to address and listen to the Forum. TN said that the Forum should ask council officers who attend the forum how they consult and engage with the Voluntary Sctor. VD requested that Sanjay Dighe of Harrow CCG also be invited to attend once more, as he had done last year. It would be necessary to brief such guests clearly about exactly what was required of them, said DP.</p> <p>5.5 SK appealed for Forum members to offer their experience and provide information which could help map out the communication flow so groups could understand how they could feed in and out of decision making. SK repeated what members had said was a priority. 1) Clearly map out and show the information, communication and decision making flow with regards to Health 2) Puch for Harrow Council to have an engagement strategy in this area 3) Help Healthwatch engage with the sector.</p> <p>Action: Interested members to contact SK and put themselves forward to form sub-groups, explore the issues together and make recommendations.</p>	All interested	as soon as possible
6.	<p>Member Networking</p> <p>6.1 During the networking period, attendees were encouraged to complete their organisations' Forum membership applications, either online or by handing their paper forms to AB.</p> <p>6.2 SK outlined the two Forum priorities that had been identified by the Management Board for the coming months. One was about communication and barriers around health, and the other was about communication and engagement between the VCS and the council. There was an opportunity to write up suggestions and identify problems about these issues on separate flipshets whilst networking. See Appendices I and II below for the transcripts.</p>		
7.	<p>Forum Management Board Update</p> <p>7.1 SK reported that the Board had been exploring what was meant by representation and ways to represent members and the whole sector, including giving feedback on the outcomes of representations made. For instance, because the Forum was considered to be a stakeholder, SK had been asked to join the interview panel for the council's appointment of a new Corporate Director for Community. RJ and DP questioned how SK could realistically have represented the whole sector in this task. SK acknowledged the likely truth of TN's suspicions that the process had merely been a tick box exercise, whilst DP deemed it better for the sector to at least have a token input in such</p>		

	<p>decisions than none at all. JM saw no choice but to go along with the council's methods and trust a representative like SK to do their best in influencing such decisions. As there had been hardly any notice and then a last minute rescheduling, it had not been possible for SK to consult with the sector on what interview questions to ask. RW suggested that, in a similar situation in future, Reps' surgeries and Forum emails could be used to gain some guidance. The successful candidate, Tom McCourt, had not even been one of those that SK had seen.</p> <p>7.2 VCS Representative surgeries – SK reminded all that the purpose of the surgeries was for groups to raise issues that were causing them problems. She gave an example of lack of response from the council to specific enquiries. The dates and times for the surgeries in October and November had been circulated to all. Members would need to book slots in advance, online at http://bit.ly/HVCSFS or by calling 020 8861 5894.</p>		
8.	<p>Forum Membership and Representation</p> <p>8.1 Nomination and Election for VCS Representative – SK presented a nomination for VCS Representative that had been received from AB. To elect him to this position would comply with the constitution and mean that SK would relinquish her role as a VCS Representative whilst remaining as elected Chair.</p> <p>Agreed: AB to serve on the Forum Management Board as a VCS Representative.</p> <p>8.2 Membership Applications received – AB read through seven applications that had been received since the last meeting:</p> <ul style="list-style-type: none"> • Homestart Barnet (the Harrow Project) <i>represented by</i> Gilly Chowdry • The WISH Centre <i>represented by</i> Rowena Jaber • Kids Can Achieve <i>represented by</i> Carol Foyle • Voluntary Action Harrow Co-operative <i>represented by</i> Alex Buckmire • Harrow Mencap <i>represented by</i> Deven Pillay • Russian Immigrants Association <i>represented by</i> Natalia Nikolaeva • Hatch End Association <i>represented by</i> Julian Maw <p>Agreed: All new applications received to be accepted as members.</p> <p>Following the uncertainty at the last meeting about whether VD meant officially to represent Namaste Care or HIC, she confirmed that she would continue to represent HIC, as per her election as a VCS Representative. She would ensure that both organisations submitted correct membership applications with an alternative nominated representative for Namaste Care.</p> <p>CQ reported that HASVO was noticing the reluctance of some Arab organisations to join up. SK asked him to encourage them to become members. DP pointed out that apologies received from MK had been on behalf of Harrow Council, which was not eligible for membership. SK was sure he had meant to apologise on behalf of one of the VCS organisations he belonged to, such as Harrow Patient Participation Network..</p> <p>Action: Membership applications to be submitted for HIC, represented by VD, and for Namaste Care, represented by a different nominated person.</p>	VD	next meeting

9.	<p>Health & Wellbeing Board Update</p> <p>9.1 The Role of VCS Non-voting Advisor and selection procedures – As agreed at the last meeting, SK had invited the HWB's Chair, Cllr Anne Whitehead, to the Forum and hoped she would be able to attend in the future. SK explained that the HWB was seeking someone to fill the role that had until recently been held by DP. DP confirmed that the advisor would be able to influence strategy and feed into Healthwatch on behalf of the sector, for example by commenting, giving alerts and asking questions about the Task & Finish Groups, although he warned that the HWB's structure was flawed and its communication was not always well organised. The role involved a lot of reading, and could advise groups on how best to make representations. SK said that HWB meetings were held in public, so anyone interested in the role could go along to the next one on 14 October as an observer, and was encouraged to come to information sessions that were being arranged with DP and Anne Whitehead. An election to appoint someone to the role would be conducted by the Forum before 28 October. The first HWB meeting that the successful candidate would be expected to attend would be on 05 November.</p> <p>Action: Application deadline and procedures for election to the role to be advised.</p>	SK	with the minutes
10.	<p>Minutes of the meeting held on 27 July 2015</p> <p>10.1 Accuracy – The minutes were approved as correct.</p> <p>10.2 Matters Arising – All had been covered except that September Networking and Community Information Event (Item 7.4) had been postponed.</p> <p>Action: Keith Chilvers and CF to be contacted for new details of the planned event.</p>	SK	next meeting
11.	<p>Any Other Business</p> <p>11.1 RJ announced that WISH was expanding its services to the London Borough of Merton under a three year plan, with evaluation to be undertaken by Oxford University.</p> <p>11.2 SS mentioned a Community Food Forest initiative that was being supported by HWC.</p>		
12.	<p>Dates of future meetings</p> <p>12.1 The next meeting would be on Monday 30th November from 10am to 12pm in Committee Room 1 & 2, Harrow Civic Centre.</p>		
	<p>Meeting closed at 12.10</p>		

HEALTH – Communication

Opportunities

Consult Healthwatch Harrow

CAB surgeries in GP's surgeries

Bring issues from named organisations, actively working with individuals who have needs, together to present to the council

The Voluntary Sector can collate its evidence to provide a comprehensive and strong case in engaging with the health groupings

Joined up Health and Social Care communication and engagement

Would like to get a simplified map of Health and Social Care in Harrow to use to signpost service users. An up to date map of service providers which work presently. Sania HWC.

Barriers

VCS mindset

Access to support for people with dementia who do not speak good English

GP appointments

Need a HAVS

COUNCIL / VCS – Engagement

Opportunities

Consult Healthwatch Harrow

Working and support for employment

CAB Advice and information surgeries in GP's centres

Children and young adults' mental health

Have a link on the Forum website to put offers of accommodation , food, clothing, medicines for Syrian refugees and we could raise that in our own charities and groups. Involve schools for children to raise funds. Sania HWC

Barriers

Support for personal budgets for mental health

VCS mindset

Need a HAVS

The previous consultation 'Boards' – Carers, Autism, Mental Health etc. – proved to be contentious and ineffective (voices fall on deaf ears and no actions resulted)

So they are all merged into the HWB which is too big to ever deal with the separate problems of the previous groups – how is it to be effective?

So therefore how will specific problems in specific groups be addressed?

All of it is a 'blind' to getting any genuine feedback into the work of the powers who deal out services and funding.

I think we should select a Rep or a couple of people to collect in concerns and spearhead our input into the 'right' place and expect some kind of result or response from the Health & Welfare people.

Current problems are:-

1) The Autism Strategy Statutory Guidance is not being implemented in Harrow. The Autism Strategy Board/Task and Finish Group should not be closed down until it is.

2) It is not clear where statutory obligations of the local authority end and the work of the voluntary sector to provide help begins. Should vol orgs try to cover what might/might not be statutory obligations?

3) The Care Act is not being implemented as it is not possible to get a Social Care Assessment by contacting Access Harrow as ringing the number will result in a 10 minute wait and cut off or answered and told that there will be a call back after consulting the 'manager' but that call back never comes.

4) There is no help for people with disabilities to access employment, especially Aspergers Syndrome.
Elizabeth ASAP

Glossary

CCG	<p>NHS Harrow Clinical Commissioning Group (CCG) is the GP-led organisation responsible for planning and buying (commissioning) many of the health services needed by the people who live in Harrow. It is made up of all 34 GP practices in the borough and its vision is to work in partnership to ensure local residents receive high quality, modern, sustainable, needs led and cost effective care within the financial budgets available. Its overarching purpose is to improve the health and wellbeing of the local residents of Harrow by commissioning a sustainable model of high quality health care within the resources available.</p> <p>www.harrowccg.nhs.uk/about-harrow-ccg</p>
Healthwatch	<p>Healthwatch is the new consumer champion for health and social care in England. There are 152 Local Healthwatch organisations in England. Healthwatch Harrow was set up by Harrow in Business to make sure you can influence and challenge health and social care services in Harrow. Healthwatch Harrow will:</p> <ul style="list-style-type: none"> • Provide information and signposting to help people choose and access services. • Signpost people to independent complaints advocacy so that people can, if they need to, complain about services. • Provide information about people’s views and experiences of health and social care to make sure they are taken in to consideration when services are planned and delivered. <p>Its objective is to:</p> <ul style="list-style-type: none"> • give children, young people and adults a powerful voice • ensure their collective views and experiences are heard by those who run, plan and regulate health and social care services. <p>http://www.harrow.gov.uk/info/100010/health_and_social_care/812/healthwatch_harrow www.healthwatchharrow.co.uk</p>
HWB	<p>Harrow's Health and Wellbeing Board (HWB) is a multi-agency group which brings together the Council, NHS Commissioners, GP Commissioners and the voluntary sector to focus on improving the health of Harrow residents. Its purpose is to provide leadership and direction across agencies that deliver services to improve the health and wellbeing of the residents in Harrow. Chaired by the Leader of Harrow Council, it is the executive body responsible for agreeing what the needs of the local population are, promoting integration and supporting alignment and joint commissioning.</p> <p>www.harrow.gov.uk/info/100010/health_and_social_care/499/health_and_wellbeing_board</p>
JSNA	<p>The Joint Strategic Needs Assessment (JSNA) is a strategic set of documents that contains a range of information for commissioners, planners and senior managers across statutory and partner organisations. These documents work as a tool to identify the health, wellbeing needs and inequalities of the local population. These elements are used as a format to improve current and future service developments. It is a national government requirement that local authorities and CCGs work in conjunction with each other and with stakeholders to establish the needs of the local community.</p> <p>www.harrow.gov.uk/info/100010/health_and_social_care/130/harrow_s_joint_strategic_needs_assessment</p>