

**Harrow Voluntary and Community Sector Forum
Health & Wellbeing Sub Group**

Date: Tuesday, 31 May 2016

Venue: The Lodge, 64 Pinner Road, Harrow, HA1 4HZ

Time: 2pm-4pm

Representatives from Harrow CCG and Harrow Council attended this meeting to provide the voluntary sector with an understanding of the sustainability and transformation plan (STP) and to find out how stakeholders can be engaged once the plan has been submitted.

Attendees

Attendance:		
Attendee	Organisation	Forum Role
Varsha Dodhia	Harrow Interfaith	VCS Forum Rep & HWB Sub-Group Lead
Sania Sehbai	Harrow Women's Centre	VCS Forum Rep & HWB Sub-Group Lead
Carol Foyle	Kids Can Achieve	VCS Forum Rep & VCS Forum Chair
Hassan Khalief	Harrow Association Of Somalia Organisations	
Mary Fee	LetsLink London	
Jenny Stephany	Positive Connections	
Mike Coker	Harrow Carers	
Parminder Singh	Relate London North West	
Deven Pillay	Harrow Mencap	
David Griffiths	Bereavement Care	
Avani Modasia	Age UK Harrow	
Julian Maw	Hatch End Association	
Tajinder Nijjar	Harrow Citizen Advice Bureau	
Melissa Allison-Forbes	Harrow CCG	
Chris Spencer	Harrow Council	
Sanjay Dighe	Harrow CCG	
David Bowen-Cassie	Harrow CCG	
Buchi Onteeru	Harrow Council	
Apologies:		
Fran Smith	Kids Can Achieve	
Rob Sale		
Robert Pinkus	Harrow Patients Participation Network	

Introduction

In December 2015, the NHS shared planning guidance 16/17-20/21 outlined a new approach to help ensure that health and care services are built around the needs of local populations. To do this, every health and care system in England will produce a multi-year Sustainability and Transformation Plan (STP), showing how local services will evolve and become sustainable over the next five years; ultimately delivering the Five Year Forward View vision of better health, better patient care and improved NHS efficiency.

To deliver plans that are based on the needs of local populations, local health and care systems came together in January 2016 to form 44 STP 'footprints'. The health and care organisations within these geographic footprints are working together to develop STPs, which will help drive genuine and sustainable transformation in patient experience and health outcomes of the longer-term. The footprints should be locally defined, based on natural communities, existing working relationships and patient flows. In addition, these areas should take account of the scale needed to deliver the services, transformation and public health programmes required, along with how they best fit with other footprints.

[Download the map of STP footprints here:](#)

<https://www.england.nhs.uk/ourwork/futurenhs/deliver-forward-view/stp/in England>.

Briefing session – Presentation

Sanjay Dighe, Harrow CCG

Chris Spencer, London Borough of Harrow

David Bowen-Cassie, Harrow CCG

The purpose of today's briefing is to inform and begin an engagement process with Harrow's VCS to ensure that over the next five years, STP will be able to respond to needs of Harrow's residents. This process will also establish improved partnership, working together to drive genuine and sustainable transformation in Harrow's population to improve patient experience and health outcomes.

The timeline in achieving this process was set by NHS England and is very tight, with a need to submit a final draft by 30 June 2016.

As this is the beginning of a five-year plan there will be further opportunities to actively involve and engage with members of our community. This engagement is required in going forward and Harrow will be monitored to ensure this is evidenced as part of the process.

Sanjay presented an overview of the local context in Harrow (see pages 1 and 2 of presentation slides).

Chris went on to inform those present at the meeting that the Harrow Local Authority and Harrow Clinical Commissioning Group are working closely together to ensure that future services or changes, in the backdrop of a challenging financial climate, will be fit for purpose, meeting needs and responding to the specific needs of Harrow's very diverse population.

The key to achieving success in this initiative will be the need to work with Harrow's VCS. Today's meeting is the beginning of what will be a number of meetings and conversations to engage with the particular identified key groups and areas.

This STP process will also provide opportunities to align budgets, services and to be more effective and creative in future service delivery.

In looking at local needs, there will also be the requirement to link with all existing transformation programmers, which there are many (see page 4 of the slide presentation).

Harrow is part of the North West London Greater groups:

- Acute reconfiguration
- Whole systems Integrated Care
- Link Minded
- Primary Care Transformation
- Seven Day Services
- Delivery Architecture priorities
- The priority London Programme identified through the Healthy London Partnership

Feedback

There needs to be a more effective way of ensuring there is a much clearer and simpler explanation as to how all these programs and processes link together. It is suggested that a glossary to terms is needed.

There are three STP Triple aims:

1. Close Gaps- Health and Wellbeing
2. Close Gaps – Care and Quality
3. Close Gaps- Finances

These three aims need to also feed into London's nine emerging priorities.

Questions and comments

1. Attendees asked for an update on the WSIC programme.

David answered and said an update was provided. Varsha is a lay member on this programme and provided an update on this also.

2. The voluntary sector is always left out of decisions. We are consulted once a decision has been made. For example, the virtual wards, which is frustrating. The voluntary sector plays a huge part in Harrow and would like to get involved.

David explained that the voluntary sector has been involved in the STP. Varsha sits on the STP committee but the timescales are tight, while many have been involved so far.

3. The CCG language is hard to understand. What does 'like-minded' and the 'delivery architecture priorities' mean?

This question was referring to the presentation slides.

Sanjay would like a glossary created and added to the CCG website.

4. What voluntary sector organisations are involved in the STP?

Healthwatch Harrow, Voluntary Action Harrow and Varsha's organisation.

5. Can the Harrow plan have an enabler to include the voluntary sector?

6. The local authority also feels that it has not been engaged on the STP much. The nine priorities are very clinical and do not represent the local authority.

7. Attendees asked how much national STP budget is and how much of it will be going to Harrow.

The speakers said the national budget is about £2.2 billion and they are not sure how much Harrow will receive until the plan is submitted.

Round table discussion

1. *What would you like the Harrow health & social care economy to look like in 5 years time?*

- Integrated model: for the statutory and voluntary sector to be equal partners.
- As a community, we should take responsibility.
- Patients should not repeat their journey.
- To be more holistic.
- Digital/IT should be the same in the statutory and voluntary sector.
- More public health teams empowering patients.
- More use of personal budgets.
- Social prescribing should be an integral part of the economy.
- It would help patients if they could turn up to GP practices without booking an appointment. Patients should be allowed to just turn up to a practice and should be able to see a doctor if they are willing to wait.
- Use mobile applications more to promote services, as people don't always use leaflets.
- GP access needs to be thought about.
- Shelter and money matters. GPs can help, but if you do not have an income and are unable to help yourself, sometimes it does not matter what GPs do to help.
- There should be a one-stop shop service about what is available in the borough including GPs and social information. Integrated and support services should be connected with the GP service.
- We should look at models that are working; we do not need to reinvent the wheel.

2. *Will focusing on the NWL 9 priorities enable us to: close the Health & Well-Being gaps; close the Care and Quality gaps?*

- Look for areas of waste and aim to improve these areas.
- Community services, dementia and leg ulcers services are not good enough.
- Public health/proactive lifestyle is not explicitly mentioned in the STP.
- Streams should work better together.
- Complimentary mental health services are not available on the NHS so it should be available via the voluntary sector. Alternative models of care should be considered.

3. *What would be early signs of progress from the public's perspective?*

- Improvement in waiting times at A&E and GP appointments.
- Accessibility of people from public health teams, advice and guidance.
- Those answering calls should take responsibility when a service is called. For example, they should say who they are and whom you will be transferred to.
- Knowing what is on offer in simple language.
- Knowing what the priorities are from the outset.
- Introduce a matrix system.

4. *What's the best way to engage with patients, carers and the public as we deliver our priorities?*

- There is no set way to engage with people, there are a range of ways.
- Put information in supermarkets.
- Simplicity.
- Capture the most vulnerable, such as those who are homeless and dependent on food banks.
- Use the faith forum and go to faith groups.
- Map out the community assets.

Other points raised:

- How do we lever in the social capital within VCS?
- Aspects missing from the current STP:
 - Children and young people
 - Adult Care
 - Public Health
- Could we use social enablers?
- We need to look at services delivery options that will be sustainable in the long term.
- There needs to be a commitment to invest, in order to save in the VCS and to gain longer term achievement of outcomes.
- There are always simple ways that can achieve a great deal.
- There is a lot of talk about involving the VCS, yet this needs to be planned, inclusive and effective.
- Strengthening volunteers set.
- Social Prescribing – look at examples of good practice.
- Improving access to primary care.
- The one stop shop idea delivers a more integrated service for advice and information. Improved early intervention through CAB and Specialist VCS in places people attend, such as at the GP or at A&E offers a more holistic approach. Look at where these models have worked in other parts of the UK.
- Better understanding and use of personal budgets to simplify systems.
- Working more directly within particular community and faith groups.
- Look at how carers are supported in their role and in their own right to stay well, for example.
- A better-trained workforce: local services who know their communities well.
- Use simple language.
- Look at more of a preventive agenda.
- Look at cultural needs/issues /blocks /opportunities.
- Improve the health literacy of our population.
- Improve mapping of at least pull together previous mapping,
- Need to seed funding, as the VCS is effective but needs more support.
- Working with public health.
- Mapping of community assets.
- Being able to have effective outreach services is essential.
- Look at being able to delivery services in different ways for specific groups.
- Involve GPs.
- Do we make effective use and engagement of our many local businesses
- Improved health education programmes and sign posting/walk in opportunities.