

London Borough of Hammersmith & Fulham

# Health & Wellbeing Board Minutes



Wednesday 20 September 2023

## **PRESENT**

### **Members**

Councillor Ben Coleman (Chair) (Deputy Leader and Cabinet Member for Health and Social Care)

Jacqui McShannon (Strategic Director of Children's Services)

Linda Jackson (Strategic Director of Independent Living (DASS))

Sue Roostan (NHS North West London ICB)

Councillor Alex Sanderson (Cabinet Member for Children and Education)

Sue Spiller (Chief Executive Officer, SOBUS)

### **Nominated Deputy Members**

Councillor Natalia Perez (Chair of Health and Adult Social Care Policy and Accountability Committee)

Councillor Helen Rowbottom (Chair of Children and Education Policy and Accountability Committee)

Nadia Taylor (Healthwatch, H&F)

### **Guests, officers and other attendees**

Helen Mangan (Deputy Director of Local Services West London NHS Trust)

Peter Haylock (Operational Director for Education and SEND)

Alison Markwell (Head of SEND Health Partnerships/Senior Designated Clinical Officer)

Julius Olu (Assistant Director – Commissioning and Partnerships)

David Abbott (Head of Governance)

## **1. APOLOGIES FOR ABSENCE**

Apologies for absence were received from Dr Nicola Lang.

## **2. DECLARATIONS OF INTEREST**

There were no declarations of interests.

## **3. MINUTES AND ACTIONS**

It was noted that Phillipa Johnson had not attended the previous meeting and should be removed from the attendance list.

## **RESOLVED**

With the amendment noted above, the minutes of the meeting held on 28 June 2023 were approved as an accurate record.

### **4. SPECIAL EDUCATIONAL NEEDS AND DISABILITIES (SEND) JOINT STRATEGIC NEEDS ASSESSMENT AND SEND STRATEGY**

Peter Haylock (Operational Director for Education and SEND) introduced the item and explained that the Joint Strategic Needs Assessment (JSNA) drew together data and evidence from a range of sources, including the views of parents and professionals working in the field, to describe a picture of need and service provision across Hammersmith & Fulham. The needs assessment provided the evidence base to inform the Local Area Special Educational Needs and Disabilities (SEND) Strategy. The SEND Strategy set out Hammersmith & Fulham's local area commitment to improve the educational, health and emotional wellbeing and life outcomes for all young people in the borough aged 0-25 years who have SEND while promoting inclusion.

Alison Markwell (Head of SEND Health Partnerships/Senior Designated Clinical Officer) discussed the report and strategy. She noted that it had been developed in partnership and extensively co-produced across the local area with families and groups like Parentsactive. Following public consultation, the strategy was approved at Cabinet in June 2023.

The Chair asked what key issues had been highlighted by the JSNA. Peter Haylock said the percentage of children with complex needs was increasing significantly due to a range of factors including improvements to medical care and diagnosis. Officers noted that factors such as socio-economic status, gender, and ethnicity could have a significant impact on health. Alison Markwell added that effective early identification had also improved. She said there was a better understanding of special educational needs and disabilities now too. She noted that the numbers had been growing for several years, but lockdown had a significant impact.

Sue Spiller asked, in reference to the profile of young people with special educational needs in borough, how confident officers were that they were reaching all children, particularly traditionally excluded communities. Peter Haylock said the JSNA was based on robust data that was extrapolated out to provide an accurate representation of the community.

Sue Spiller asked if support was dependent on parents coming forward. She was concerned that some people may not know how the system worked or what support was available and would be missed in the data. Alison Markwell said a variety of methods were used to ensure families were supported, but acknowledged there was always more to be done when it came to co-production. She noted that Parentsactive were the formal co-production strategic voice of parents, but they also spoke with youth groups, families, schools, and other local groups and organisations.

Councillor Natalia Perez discussed the impact that long waiting times for diagnosis could have on children and families and asked what provision was needed to address those concerns. Alison Markwell said the social communication diagnosis pathway was the biggest issue. She said progress was being made, the Integrated Care Board had recently invested £1.6m in the service and third-party assessments had been commissioned. They were also trying to recruit an additional paediatrician, though there were challenges in the recruitment market. She added that there was a 'waiting well' service in place to provide support to families waiting for a diagnosis.

The Chair said the wait for an autism diagnosis was far too long and had been for some time. He noted the importance of the diagnosis to allow people to access other services such as housing. He noted recruitment had been a problem for years and asked if additional incentives had been offered to overcome those challenges. Alison Markwell said she wasn't aware of the details, but that the workforce issues were a national problem and there had been successful appointments recently and the number of children waiting had come down. 400 assessments had also been outsourced. Workforce challenges extended to other professions including occupational therapy and there had been agreement to recruit overseas with visa sponsorship.

The Chair asked what the total waiting list for assessment was. Jacqui McShannon noted that the self-evaluation proposals would come to the Board for discussion and would include those figures.

The Chair expressed concern about the attention and level of resource allocated to autism. He noted there was only one person currently carrying out diagnoses for adults in the borough. He was also concerned that the strategy for North West London did not prioritise autism.

Councillor Perez asked if there was a prioritisation system in place for families on the waiting list who needed urgent support. Alison Markwell said there was a triage system in place for those who needed assessment urgently. There was a statutory duty for Health to notify children under five who may have special educational needs to the local authority and they were referred to the Stephen Wiltshire Centre. There was also a programme of 'while you wait' groups that helped families with access to benefits, understanding their children's behaviour, language and communication skills, and accessing education. Children in school received support through the 'ordinary available' offer.

Linda Jackson noted that the Council and the NHS has just appointed an autism lead to develop an all-age autism strategy. She recognised that the offer wasn't joined up and there was still work to be done. She noted that the challenge was not just around diagnosis but making services accessible to people with autism, including the housing waiting list and medical assessments. Regarding co-production, she said reaching those furthest away from decision making was a challenge for the whole of the Council and the NHS. That was why the Health and Social Care Partnership in H&F had made it a priority to do co-production and ensure it was meaningful. She then commended the work done on the JSNA and noted it had generated a lot of questions, which was one of its goals.

Nadia Taylor (Healthwatch) said the pathways had been a source of confusion for residents. In response, Healthwatch had a signposting programme for residents looking for guidance. She said the south of the borough had better provision for autism and SEND despite there being more need in the north. To mitigate this disparity, she asked if decision makers had looked at ways to share provision across borough, or address travel costs for residents in the north. Alison Markwell said they were trying to even out provision across the borough, partly through the new Family Hubs that would operate on a hub and spoke outreach model.

The Chair asked how the Hubs would work. Peter Haylock said services from specialist centres could be run from the Hubs on a rotating basis to reach people across the borough. He noted that Queensmills school already ran satellite provision from other local schools and were looking to expand it further. The goal was to meet needs locally and reduce travel distances for families. Officers were looking at how to ensure equality and match services to local need.

The Chair asked how the strategy would lead to better outcomes. Jacqui McShannon said it was the first time the Council had such a well-articulated strategy that could be used to hold itself to account in a clear way. But she noted that not every issue would be resolved immediately. The Chair agreed that having such a strategy was important and unlocked many opportunities. Alison Markwell explained that there were detailed plans, workstreams, and an outcomes framework that supported the three priority areas.

Jacqui McShannon discussed how officers tracked Ofsted inspections of schools, with a strong reference to SEND and how children's needs were met. She noted the outcomes exceed expectations at most stages. They had also introduced a new role to work with schools to ensure they evolved their offer for children and families. The Council was also mobilising the expertise of special schools to support mainstream schools. Officers had discussed an outreach model to share learning. The Chair welcomed this work.

The Chair asked if schools had funding to do this work or if the Council should provide it. Peter Haylock said funding was a challenge. The Council had an autism team that went out to schools to support SENCOs and teachers which was funded from the High Need Block. They were looking at an additional element with Jack Tizard but the Council would have to fund that itself. The Chair felt it would be cost effective for the Council to fund, but noted Local Authorities had lost a significant amount of their funding over the past decade.

Councillor Rowbottom noted that there seemed to be a discrepancy between those getting support and those with Education, Health and Care Plans. Peter Haylock said it depended on the level of need. The borough had higher than average number of children with Education, Health and Care Plans.

Councillor Rowbottom noted there was a higher percentage of children with Education, Health and Care Plans and asked if the funding had risen to match the increase. Officers said funding had not risen in line with demand.

Councillor Rowbottom noted there was a gap in the ambition to diagnose all children. Alison Markwell said they were looking at need rather than diagnosis. Some children may have an autism diagnosis but could function well in a mainstream environment and achieve, while others would need a lot of support through an Education, Health and Care Plan. She said they looked at each child as an individual.

Councillor Rowbottom felt it was important to identify the level of need both for the benefit of the individual but also to help plan services and workforce requirements. Alison Markwell said the challenge was that a medical condition didn't necessarily translate into additional support. She agreed diagnosis was important but said there was a danger of over-diagnosis. Jacqui McShannon said officers were thinking about the barriers across the whole system that stopped children from reaching their potential and trying to address them.

The Chair asked if the preparation for adulthood team were getting enough support from Adult Social Care. Alison Markwell said they worked well in partnership together. She noted they were looking at the pathways across health, education, and social care. There was a new panel supporting transition. Everyone was committed to give the time to put the correct support in place.

Nadia Taylor, noting the impact of the pandemic and lockdowns on mental health, asked if the new 16-25 mental health service was just for children with SEND or if it was open to all children. Alison Markwell said the service was for children and young people already in CAMHS provision or those who are referred in at transition age. It gave the flexibility to stay in Children's Services a little longer or move into Adult Mental Health services. She gave the example of a young person turning 18 in their final year of A-Levels who may have concerns about moving provision at such a stressful time.

The Chair thanked officers and partners for their work. He highlighted the focus on measurement and was keen to see more engagement with children, young people, and their families about whether they are satisfied with services.

## **RESOLVED**

1. That the Health and Wellbeing Board noted the SEND Joint Strategic Needs Assessment (Appendix 1) and the Local Area SEND Strategy (Appendix 2).

## **5. BETTER CARE FUND 2023/25**

Linda Jackson (Strategic Director of Independent Living) and Julius Olu (Assistant Director, Commissioning and Partnerships) presented the paper which set out the proposal for the London Borough of Hammersmith & Fulham and the H&F Integrated Care Board (ICB) that would form part of the submission to NHS England following the meeting.

Linda Jackson noted that the Better Care Fund was the only pooled budget that the Council had locally with the NHS and that was managed at a local level. The fund helped services to be set up to get people out of hospital as quickly as possible. The

fund paid for a range of contracts, including reablement, home care, and preventing people going into hospital.

Linda Jackson explained that officers were ready to submit proposals in June, but the ICS asked for further information from all eight Local Authorities which pushed submission back to the 4<sup>th</sup> of August. Officers worked closely with Sue Roostan (NHS North West London ICB) to put a memorandum of understanding in place to ensure continuation of services.

The Chair addressed the Board and noted that the Council had been working well for years with the local NHS and the sign-off process for the Better Care Fund was usually relatively smooth. However this year, the last-minute requests from the Integrated Care System (ICS) created a huge challenge for Local Authorities.

Linda Jackson agreed it was a major challenge. The ICB requested further information on outcomes. There had been debate at NHS NW London Board level about wanting consistency of outcomes – but the Better Care Fund should be built around local communities and their needs. She felt there was a lack of understanding about what Social Care does and how localities worked together.

There was the idea that we could get efficiencies out of the fund. This led to officers having to respond to questions around outcomes. The driver was from the Finance team at North West London ICS. Officers agreed to answer the questions and do a review next year. Services could not change this year as contracts had already been agreed. We refused to respond to all of the questions as some felt unnecessary. The process seemed to be a way of removing money from system. She thanked Sue Roostan for helping to resolve the situation.

At a recent Partnership Board, Rob Herd, ICS Chief Executive, gave an apology for the way it had happened. He recognised it had damaged trust and confidence. As a result, Alex Dewsnap, Chief Executive of Harrow Council, was putting together a group to look at what Local Authorities wanted from the terms of reference for the Better Care Fund process in future. Councils and the ICS were looking at how to work better together and had produced a 'ways of working' agreement document.

The Chair said the situation had exposed a number of issues with the new landscape of Integrated Care Systems. Despite the serious challenges, he hoped it would lead to a better way forward. He asked to see the terms of reference when they were agreed, and the wider review to ensure it fairly reflected the Council's views and outcomes.

**ACTION: Linda Jackson**

Sue Roostan noted there was a meeting the following day to discuss the terms of reference with health and social care representatives and they would be sharing lessons learned. Linda Jackson said there were also lessons for local authorities and they would be putting them forward at the meeting. The Chair felt the ICS was a good idea in principle, but it needed to be flexible to local need. He said the Council was determined to take it seriously, working together as equal partners.

Councillor Rowbottom asked about the accuracy of the delayed transfers of care statistics, noting it was only used by NHS England and Doctors used the term medically fit discharge in hospitals.

Linda Jackson said NHS England kept changing the measure, from delayed transfers of care to medically fit discharge, to medically optimised and no need to reside. Part of the challenge was around the different data collected around discharges. She noted the acute submitted data that didn't tally with primary care data. The Partnership had come together to combine intelligence to get an accurate picture of the figures. New IT systems being rolled out in acute would bring together social care and primary care data, giving a more accurate picture. A manual trawl of people across North West London done on 18 September showed one person medically fit for discharge waiting for social care intervention. All others had planned discharges. There were 56 overall.

Councillor Rowbottom said a Doctor from Charing Cross reported on 14 September that 15 patients were medically fit for discharge and only a handful were discharged by the end of the day. The Doctor felt the discharge coordination team were not proactive enough. She acknowledged Charing Cross served a large local area, not just Hammersmith & Fulham, but wondered if with Better Care funding, the partners could put a more proactive team in place to improve discharges. Linda Jackson said that had been done through the Better Care Fund, supported by BI data. Sue Roostan said there were system wide calls across the eight boroughs regularly looking at discharge data. The Chair suggested organising a meeting to take a closer look at the data issue and discuss solutions.

**ACTION: Linda Jackson**

Councillor Perez felt there was a lack of understanding amongst health partners about social care and asked what Councils could do to make them see local authorities as equal partners. Linda Jackson said those issues had been discussed at an informal Health Care Partnership Board meeting and the Board had agreed to work on a presentation to facilitate a better understanding of the role of local authorities.

## **RESOLVED**

1. That the Chair, on behalf of the Health and Wellbeing Board, agreed the planned total expenditure and the proposed schemes for 2023-25.
2. That the Health and Wellbeing Board receive an end of year report outlining the outcomes of each scheme and the difference it has made for residents of H&F.

## **6. WORK PROGRAMME**

Members made the following suggestions for the work programme:

- Healthwatch survey – Nadia Taylor noted that the Healthwatch cost-of-living survey was live, and the early findings could be shared in October. The Chair asked for it to come to the next meeting.

- ICS strategy and priorities – Councillor Rowbottom asked for a breakdown of the ICS strategy and spend, and how it aligned with the Board’s priorities and data.
- Winter pressures - The Chair asked for an item on winter pressures at the next meeting to cover both how the NHS will deal with the usual winter pressures and the additional pressures due to the cost-of-living crisis. Linda Jackson said both the health and social care aspects of the impact of the cost-of-living crisis should be considered.

**7. DATES OF FUTURE MEETINGS**

The following dates of future meetings were noted:

- 13 Dec 2024
- 12 Mar 2024

Meeting started: 6.05 pm  
Meeting ended: 8.05 pm

Chair

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