

Health and Wellbeing Board Agenda

Date: Tuesday 24 November 2020

Time: 10.00 am

Venue: Virtual Meeting - Online

Membership (Quorum 5)

Chair: Councillor Graham Henson

Board Members:

Councillor Ghazanfar Ali	Harrow Council
Sheik Auladin	Clinical Commissioning Group
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 Niraj Dattani	Harrow Council
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
Rasila Shah	Healthwatch Harrow
1 vacancy	Harrow Clinical Commissioning Group

Non Voting Members:

Inspector Edward Baildon, Harrow & Brent Police
Carole Furlong, Director of Public Health, Harrow Council
Paul Hewitt, Corporate Director - People, Harrow Council
John Higgins, Representative of the Voluntary and Community Sector
Chris Miller, Chair, Harrow Safeguarding Boards
Angela Morris, Director Adult Social Services, Harrow Council
Vacancy, NW London NHS England
Vacancy, Harrow Clinical Commissioning Group

Contact: Mwim Chellah, Senior Democratic & Electoral Services Officer
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Scan this code for the electronic agenda:



Useful Information

Meeting details

This meeting is open to the press and public and can be viewed on www.harrow.gov.uk/virtualmeeting

Filming / recording of meetings

Please note that proceedings at this meeting may be recorded or filmed. If you choose to attend, you will be deemed to have consented to being recorded and/or filmed.

The recording will be made available on the Council website following the meeting.

Agenda publication date: Tuesday 17 November 2020

7. **Covid-19 Update [Including Adult Social Care Winter Plan]** (Pages 1 - 15)
8. **Progress on the Integrated Care System for North West London** (Pages 16 - 25)
9. **Out of Hospital Recovery Plan/Update** (Pages 26 - 35)
10. **Adult Social Care Strategy** (Pages 36 - 49)
11. **Mental Health Strategy** (Pages 50 - 64)
12. **Harrow Safeguarding Adults Board Annual Report 2019-2020 & Harrow Safeguarding Children's Board Annual Report 2019-2020** (Pages 65 - 144)
13. **Any Other Business** (Pages 145 - 152)
REPORT - Focus for Healthwatch Harrow October 2020 - March 2021.

COVID-19 Update and Winter Surge Plans

Report prepared (16/11/2020)

Carole Furlong
Director of Public Health

Angela Morris
Director of Adult Social Care

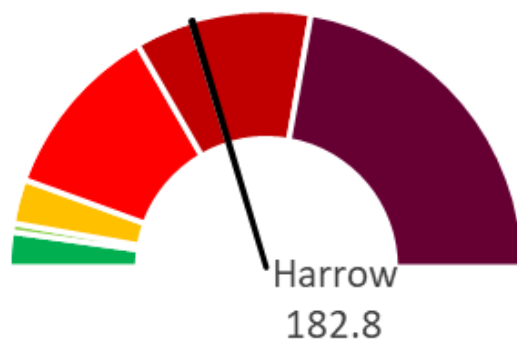
Harrow COVID 19 Dashboard

report date: 16/11/2020

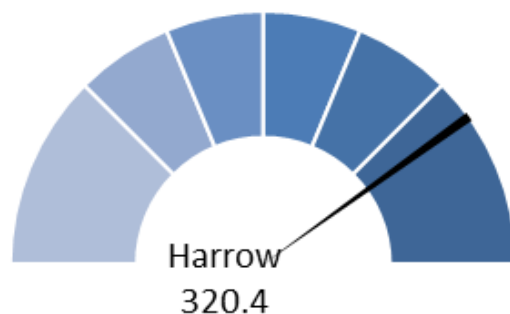
Data from 5/11/20 to 11/11/20

Positive Cases in 7 days to 11/11/2020
459

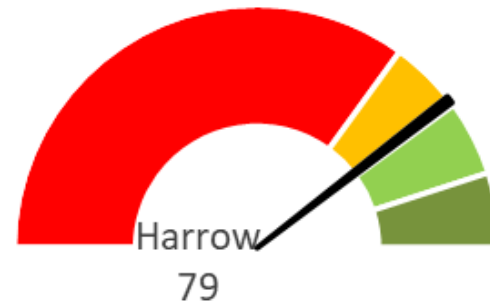
Incidence rate
(all ages)
in past 7 days
per 100,000



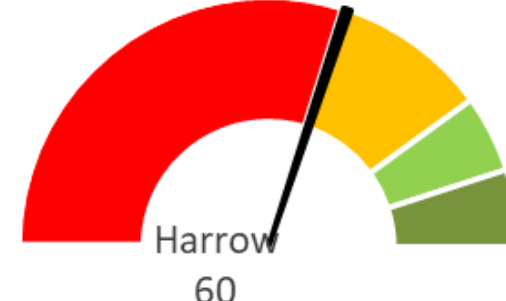
Testing rate
per 100,000



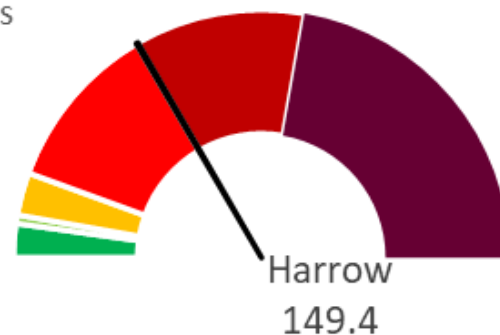
Test and Trace
Cases
(cumulative)
% Complete



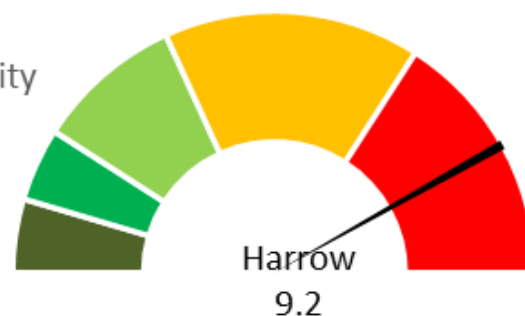
Test and Trace
Contacts
(cumulative)
% Complete



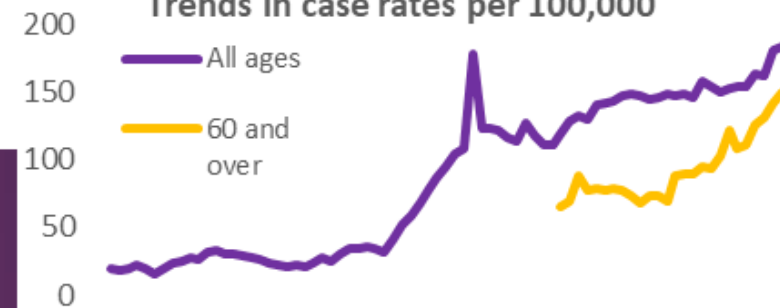
Incidence - 7 days
in 60 and over
per 100,000



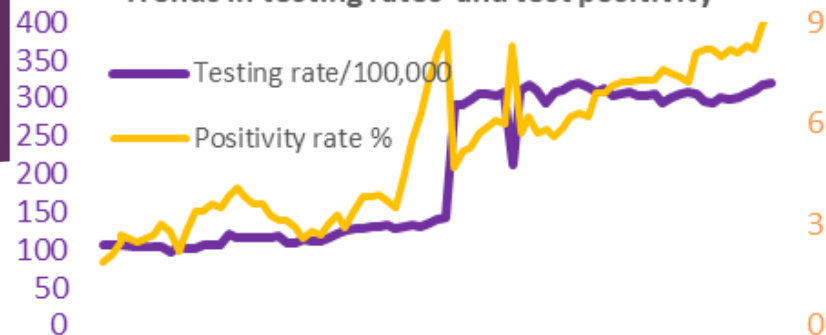
Test Positivity
rate



Trends in case rates per 100,000



Trends in testing rates and test positivity

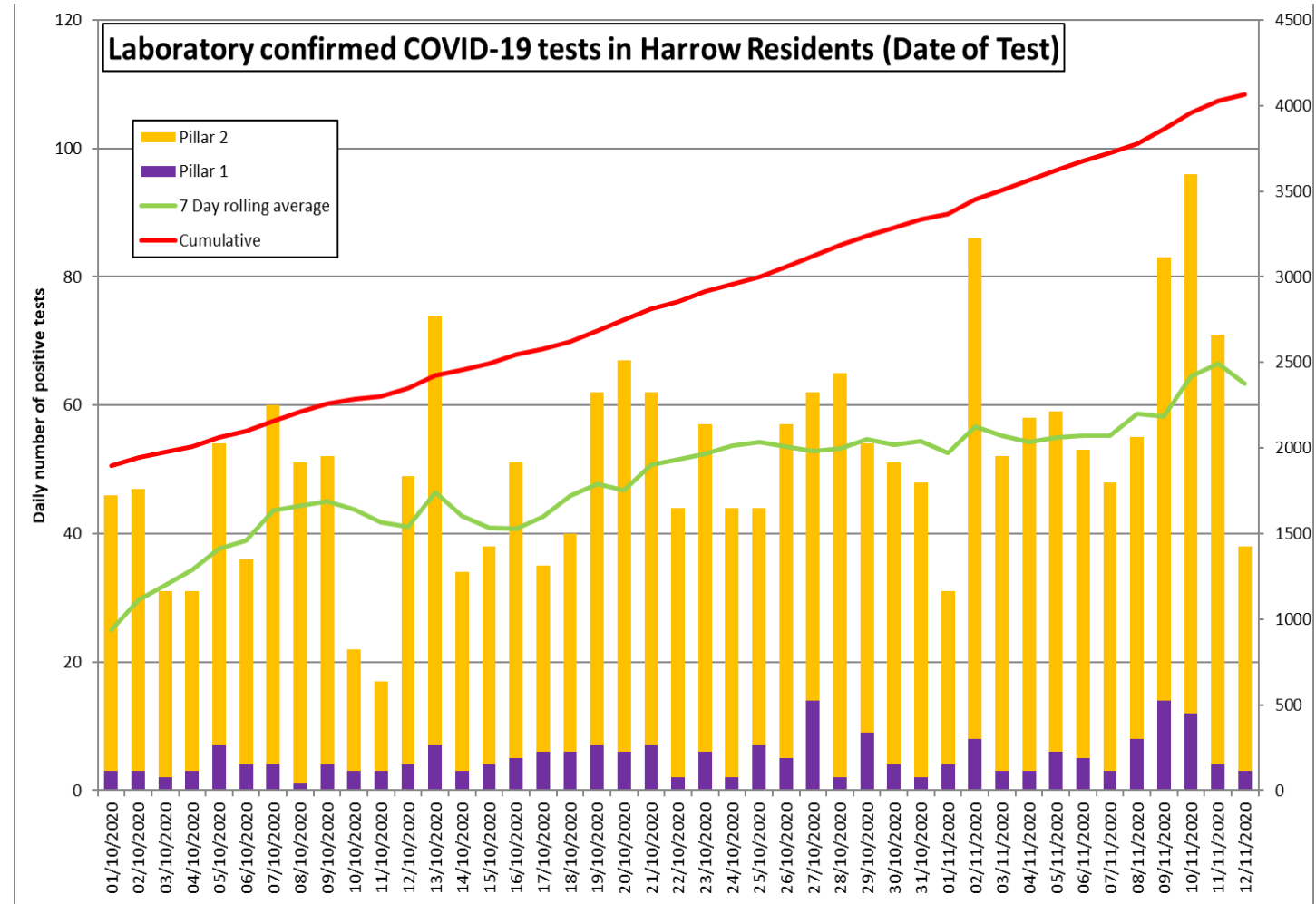


Commentary:

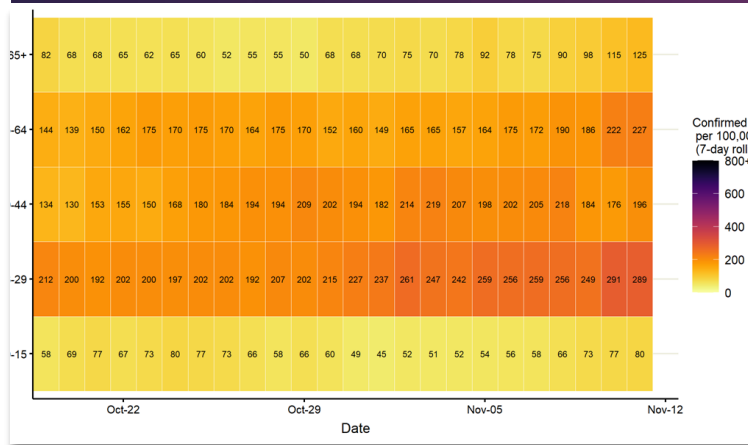
The trend in rates of COVID-19 has increased across all age groups to 182.8 per 100,000 population. The rate of covid in the 60 and over group has seen a marked increase this week, now at 149.4 per 100,000 population compared to 89.9 the previous week. As of the 11th November, London North West University Healthcare NHS Trust reported an increase to 125 Covid inpatients across all sites, but the increase is mostly at NPH, where numbers have more than doubled over the previous 5 days.

Covid -19 Cases

- ▶ There has been a steady increase in the 7 day average number of cases over October and early November. In the past week there has been a steeper increase.
- ▶ There has also been an increase in the number of tests from pillar 1- NHS tests - which is reinforced with the data from Northwick Park.
- ▶ The number of admissions with COVID-19 in Northwick park has increased in the past week – doubling in number over 5 days.



Pattern of COVID-19

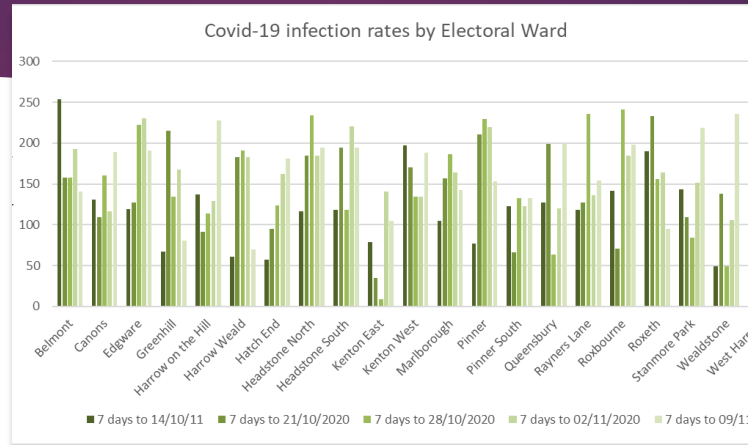


Age

In the past month, the highest rates of COVID-19 have continued to be in the 16 to 29 age group – currently double the borough average.

The rates in the over 30s working age groups are steadily increasing. The rate in under 16s is low – with the youngest children having the lowest rates.

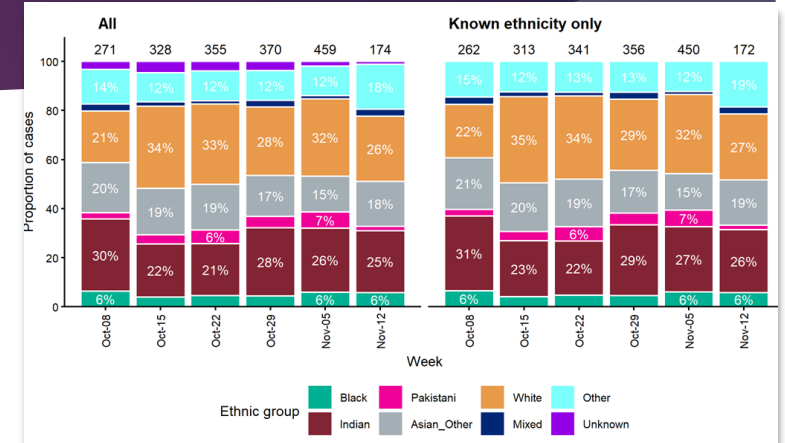
The rate in older adults has fluctuated but is increasing rapidly which raises concerns over increased admissions to hospital and deaths.



Geography

There isn't a distinct pattern within Harrow. Wards with high rates one week are often lower in the following week. The vast majority of outbreaks are related to within households. At ward level, a single large household can change the rate.

Wards with very low rates may indicate low rates of infection or low rates of testing. We will be looking into this further to identify if we are missing cases.



Ethnicity

The recording of ethnicity is good with only 5% missing. The ethnic breakdown for the positive tests shows broad similarities to the Harrow population. "Other ethnic group" is over represented and the White group under represented.

As with the age groups, this may represent a difference in either the number of cases or in the rate of testing in different communities.

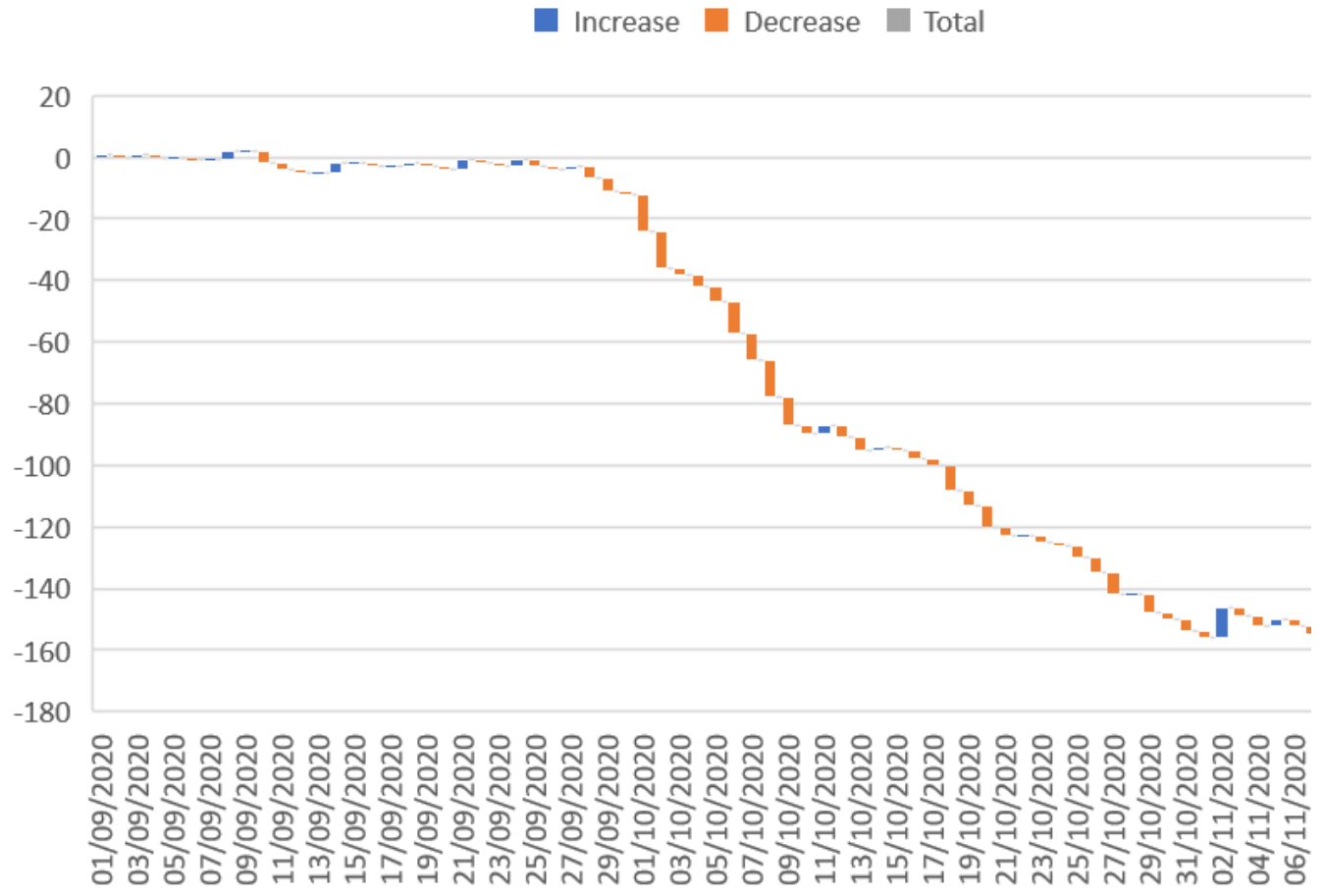
Change in data

► In October, many areas saw increases in case numbers in the 18-21 age group. The data showed that these cases had two different addresses – one at a university and another “home” address which came from matching with GP records. Cases were allocated to the local authority of the address on the GP records. This meant following up cases outside of the borough and at the same time, missing data on local outbreaks related to students living locally.

► On 16 November, PHE amended the data. The impact in Harrow shows that since October there were over 160 cases additional cases allocated to Harrow – most in October. The data for rates have been amended from early September onwards in the coming days.

► These changes do not materially change our recent data.

Impact of allocating cases to current address rather than address on GP records on the number of Covid 19 Cases

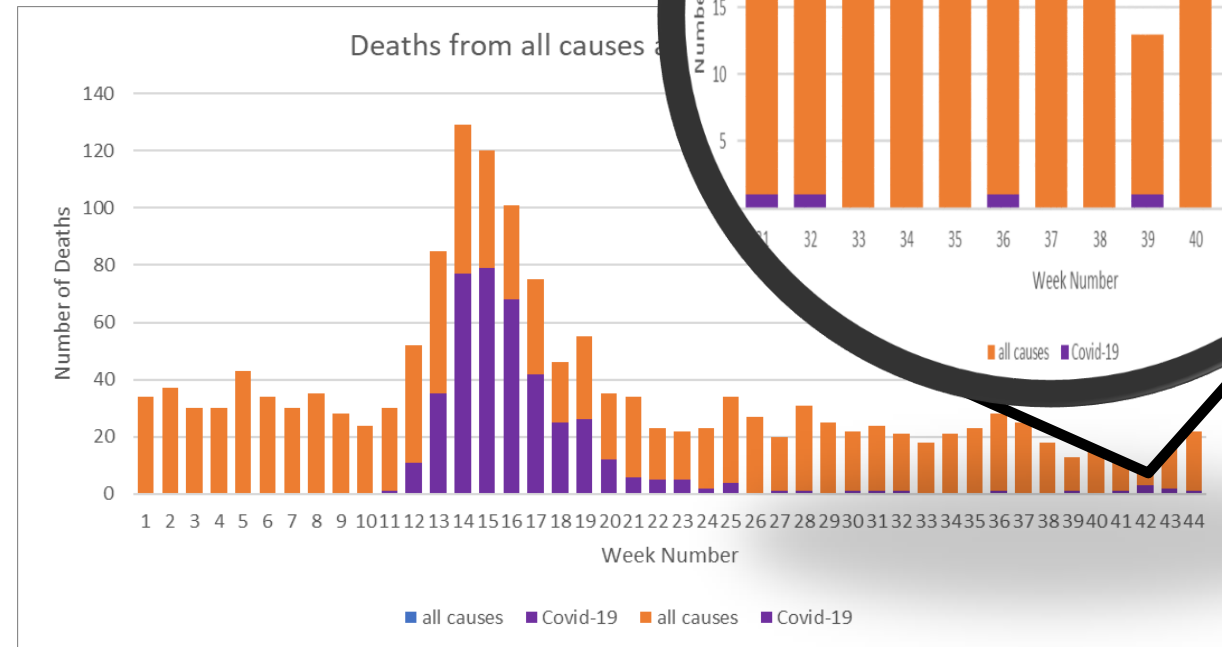


Covid Deaths

Since the beginning of the pandemic and end of October, there have been 412 deaths.

The majority of these deaths (398) occurred in between March and early June.

Seven deaths occurred in October. All of these deaths occurred in hospital.



Testing

- ▶ A local testing site opened in S Harrow on 9 October. The site was initially booking at half capacity and has, in the past fortnight, increased to full capacity (up to 288 tests per day). The site is well utilised with a high proportion of slots filled.
- ▶ The mobile testing units continue to be deployed twice per week at Civic Centre and once at weekends at Northwick Park Hospital. These are also well utilised.
- ▶ Work is currently underway to develop a second local testing site and scope out a third within the borough.
- ▶ Testing within care homes is in place although there are some delays in getting the results, which we have escalated to the regional convenor in DHSC.
- ▶ In the coming weeks, we will be developing a programme for targeted rapid testing for asymptomatic groups using new lateral flow devices (LFD).
- ▶ New rapid testing is also being expanded within the NHS using LFD or LAMP/LAMPore tests.

Promoting awareness

- ▶ Community engagement with different communities and with faith groups
 - ▶ E.g. Somali (through HASVO); Romanian (through the R&EE network); Tamil (Through temples and school); Black African and Caribbean (through BACA and Carramea); Indian Community leaders (wide range of organisations)
 - ▶ General updates and Q&A with VAH; Jewish Community; Wealdstone Active Community
- ▶ Multilingual information
 - ▶ National information limited
 - ▶ London information – Keep London Safe – limited languages
 - ▶ London info – GLA and Doctors of the World – Over 60 languages
 - ▶ Local translations working with the communities in Harrow
- ▶ Videos
 - ▶ Keep London Safe script circulated
 - ▶ Local script developed and communities encouraged to make informative videos that will appeal to their friends and families.
 - ▶ Halloween video produced by Young Harrow Foundation – Christmas themed videos in preparation.

Contact tracing

- ▶ Eighty percent of the positive cases had been contacted by the NHS T&T team. We aim to increase this percentage by our local contact tracing service.
- ▶ We have a team of contact tracers who have been trained to the national standard required by NHS Test and Trace.
- ▶ The team is made up of Public Health professionals, Environmental Health professionals and staff from the community contact centre.
- ▶ The process:
 - ▶ Everyone with a positive test is sent a text or email link for them to put details on the T&T website.
 - ▶ If after 8 hours this has not happened, the NHS T&T team will call the case over the next 24 hours.
 - ▶ All cases that have not been successfully contacted by the NHS T&T team are passed to the local team who will attempt to call them over the following 24 hours.
 - ▶ If this is unsuccessful, the case will be sent an urgent letter asking them to contact us.
 - ▶ In the next week, we will be adding a text message before the letter gets sent out.
 - ▶ We are looking at whether we need to introduce door knocking to contact cases.

Covid Support Grants

- ▶ Business grants
 - ▶ Available for businesses affected by COVID-19 lockdown.
 - ▶ Two elements: mandated grants to defined groups (different to the first lockdown) and a small discretionary grant (local arrangements to be decided)
- ▶ Personal Isolation payments
 - ▶ £500 to people on low incomes to enable them to stay at home
 - ▶ Requires an NHS T&T number which doesn't cover all of the people being asked to isolate (e.g. parents unable to work due to children being off school)

Covid Vaccination programme

- ▶ Delivery is being led by NHS
- ▶ Identifying sites for mass vaccination across the borough – probably 4-6 sites – will be agreed by 1 December
- ▶ Vaccine likely to be available from Mid December in small quantities initially
- ▶ To be offered to highest risk groups first e.g.
 - ▶ Care home residents;
 - ▶ Care home staff;
 - ▶ People over 80 living in the community;
 - ▶ People over 75 living in the community;
 - ▶ Health and social care staff; etc
- ▶ Significant communications input will be needed to encourage high vaccination uptake in high risk groups.

“

Winter Preparedness

”

Adult Social Care Winter Plan 20/21

- ▶ The Department for Health and Social Care (DHSC) published their national ASC winter plan in September 2020.
- ▶ The national plan sets out national support and expectations for local authorities, NHS organisations and care providers.
- ▶ Every local authority has to ensure they have a winter plan in place to ensure there are COVID-19 contingencies to ensure local delivery of social care through the challenges of the winter and COVID period.
- ▶ Harrow Council has completed its ASC Winter Plan in co-ordination with partner agencies. It has incorporated the recommendations from DHSC.

Adult Social Care Winter Plan 20/21

- ▶ The plan ensures contingency and collaborative work across several key areas including:
 - *Infection Prevention and Control*
 - *Seasonal Flu Vaccinations*
 - *Health and Care Service Joint Work (including discharge planning)*
 - *Supporting people who receive social care and carers*
 - *Supporting the care workforce*
 - *Care market funding and provider sustainability*
 - *Local, regional and national oversight and support*
- ▶ The plan is shared with key staff and is continually reviewed and updated and is currently showing key contingencies are in place within Harrow.

Service Continuity and Care Market Review

- ▶ DHSC is carrying out a nationwide review to understand:
 - *the risks to the continuity of the care market*
 - *the contingency plans in place to mitigate those risks*
 - *local needs for support via national and regional arrangements*
- ▶ DHSC is supported by the LGA and ADASS to ensure this information is captured as a local and regional level
- ▶ Harrow Council has taken part in the review and has submitted key information to present the local view of the above
- ▶ The key message is there are identified risks in the market that require national support such as ongoing market funding to ensure provider sustainability and continued infection control via testing, PPE and staff contingency support.

NWL Single CCG and NWL Integrated Care System (ICS) Harrow Out of Hospital Recovery Plan

November Update

Dr Genevieve Small (Chair, Harrow CCG; Joint-Chair, Harrow Joint Management Board)

Javina Sehgal (Managing Director, Harrow CCG)

Glossary

CCG: Clinical Commissioning Group

CEO: Chief Executive Officer

Comms: Communications

DASS: Director of Adult Social Services

HHaCE: Harrow Health and Care Executive

ICP: Integrated Care Partnership

IC: Integrated Care

LA: Local Authority

JMB: Joint Management Board

NHSD: NHS Digital

NWL: North West London

OOH RP: Out-of-Hospital Recovery Plan

PCN: Primary Care Network

PMO: Programme Management Office

SRO: Senior Responsible Officer

ToR: Terms of Reference

VCS: Voluntary and Community Services

WLA: West London Alliance

NWL Single CCG and NWL Integrated Care System (ICS)

Update – November 2020

NHS Context

NHS policy is that areas will work as a single ICS (Integrated Care System)

This includes health and local authority health related services

There will be one CCG to support each ICS

There is a move away from the commissioner/provider split within health care

Borough based partnerships for the provision of care are a key building block for the ICS

The challenge for systems is that there is no legislation directing these changes

As an ICS we are establishing a Partnership Board with LA CEO, DASS and Director of Public Health membership

Our proposal is that this LA Leaders' meeting is a formal part of our governance, meeting every 1-2 months, ensuring accountability, debate, development of ideas and transparency.

Wherever possible, decisions about care delivery will be taken at Borough-level, supported by the ICS setting strategic context, sharing best practice and undertaking assurance

Our focus will be directed by our joint work to reduce inequalities experienced by our residents

Creating a single CCG for NW London

- We are working in a national context where **each ICS will have a single CCG** and where health is **moving away from a commissioning/provider split**
- All eight CCGs have now voted in favour of merger. An application to NHSE was submitted on 30 September and early feedback has been positive. We are on track.
- Although there is a need to reduce CCG management costs, in creating a single CCG we are not proposing to merge borough teams, **each borough will continue to have its own CCG team**
- However, **senior leadership will come from an Out of Hospital Director**, providing a single health voice across health providers and commissioners in each borough
- We believe that local **joint commissioning between health and local authorities supports** integrated provision and this should be strengthened

We are progressing jointly in establishing our borough-based partnerships

- Within the North West London Integrated Care System, boroughs are the key building block for the delivery of care
- This requires a strong partnership at borough level; health therefore want to build on, and further strengthen, existing partnership arrangements with LA colleagues
- For each borough we have 3 NHS leads – primary care, community care and mental health.
- Our proposal is that health senior leadership for this partnership will come from the Local Care Director, providing a single health voice across health providers and commissioners in each borough
- The approx. 270 borough-based CCG staff will work in their boroughs to this leadership team



The following timetable is proposed to appoint to these teams:

Mid Nov Identify the named members of the 8 boroughs leadership teams - each organisation will select an executive or equivalent to represent their organisation

Mid Nov Agree how acute Trusts engage with borough leadership

Mid Dec Identify the single NHS lead with local authority input to the decision

We have established a NW London board to focus on reducing health inequalities amongst our population

- This board is jointly chaired by Niall Bolger, CEO Hounslow Local Authority and Carolyn Regan, CEO West London NHS Trust
- It brings together health, local authority, voluntary sector, residents and others to provide strategic direction in this area
- We have identified 3 main areas of work, as illustrated below; key is health actively working with the WLA Economic Regeneration Board and as major employers supporting the economic regeneration agenda
- Two other areas of immediate focus are ensuring we reach our most vulnerable residents with flu vaccinations and digital exclusion.

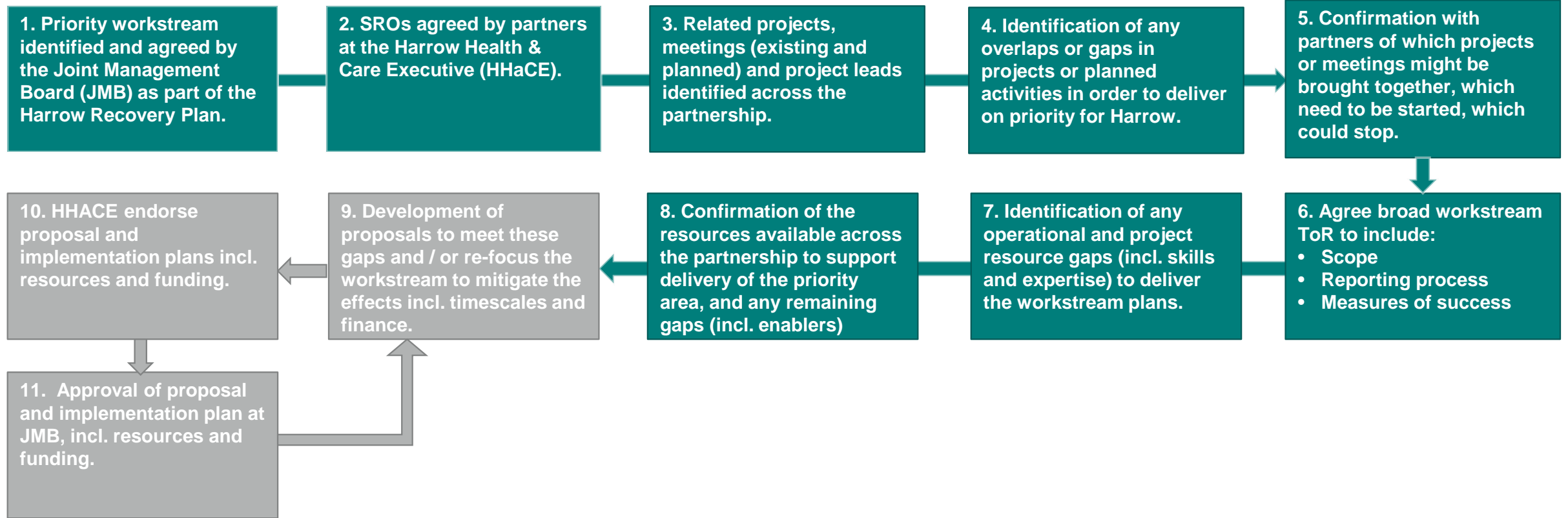


Harrow Out-of-Hospital Recovery Plan

Implementation Update – November 2020

From Planning to Implementation

Green – completed; Grey – in progress



The purpose of this process is to support the partnership in:

- Identifying and aligning activity and resources** around the delivery of shared priorities.
- Mapping any gaps required support** for implementation, for example in relation to clinical expertise, data and analytics, communications and engagement.
- Agreeing a shared way forward with partners** to ensure that the workstream is deliverable and the SROs are appropriately supported in overseeing that delivery.

Workstream Update

Priority	Status/Comments
Support for Clinically Extremely Vulnerable Residents	Will use GP comms channels to send patient updates. LA food parcels will be offered until end of March 2021 as required. There is no national plan to reinstate 'shielding'.
Learning Disabilities and Autism	Work-on-going, no blockers highlighted.
Prevention, Self Care and Social Prescribing	Work-on-going, no blockers highlighted.
Long Term Conditions	Diabetes Management funding ask to go to ICS Deep Dive end of November.
Mental Health and Wellbeing	Work-on-going, no blockers highlighted.
Children and Young People	Matrix-working model endorsed at the HHaCE on 30 th October 2020. 6 recommendations to be actioned.
Frailty and Care Settings	Agreement to develop a single frailty model for Harrow regardless of place of residence (case-management Multi-disciplinary Teams (MDTs)). Monthly MDTs have started across all PCNs. Frailty MDT training on-going. <i>Behaviour That Challenges</i> training currently taking place for care homes with dementia residents.
Tackling Inequalities	The NWL CCG BI team is supporting with data analysis of Harrow-specific inequalities. ToR completed. Equalities Assurance Framework in development (to be used across all workstreams).
Carers Sub-group	Information sheets and posters on carers' cards and carers' support are being shared across the partnership. Questions for staff and checklist for workstreams finalised on 28.10.20 – to go to HHaCE 27.11.20.
Safeguarding Sub-group	Partner leads are reviewing the OOH RP.
Comms and Engagement	2 nd VCS Workshop took place on 12 th October. £50K funding for a VCS business partner to work with the ICP has been agreed by the HHaCE. To be funded by the partnership. Staff wellbeing comms has been drafted and is to be agreed at the HHaCE. A model of peer support for primary care colleagues is being developed. GP Comms channels to be used for partnership-wide comms to patients.
Integrated Education and Training	The Integrated Care Education (ICE) Team bid for Future Frailty Network bid has been submitted to NHS Charities Together – awaiting results.
Digital Transformation	Work in progress. Tactical solutions being developed in line with the ICS and national plans, pending roll-out of the NWL Health and Care Information Exchange.

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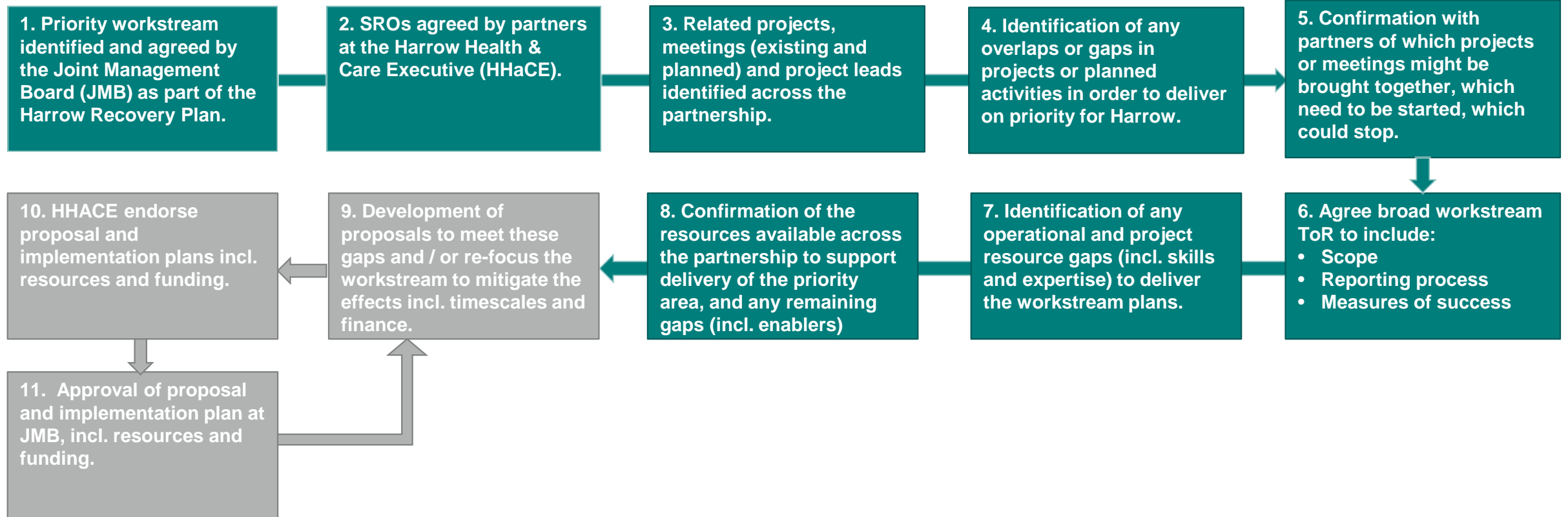


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Adult Care Strategy 2020 - 2023

Foreword from the Director of Adult Social Services

I am pleased to introduce this Adult Care Strategy for 2020 – 2023. We have set out a vision for Adult Social Care that focuses on our principles and values.

Key to the future model, is to maintain people in their local community for as long as possible supporting them in their own home.

We want to ensure that people receive the right kind of help at the right time. This means intervening early to support people and enabling them to learn new skills, maintain or regain their independence and prevent breakdown of caring arrangements by supporting family/unpaid carers.

We have particular challenges because of Covid 19 and we want to ensure that we maintain services to the most vulnerable, and that we continue to safeguard people from harm.

We work closely with many partners, including Health, the Voluntary and Community Sector and a whole range of providers and groups to help us deliver this strategy.

Finally we need to ensure that we deliver good, cost-effective services and continue to improve services by listening to feedback from citizens and their carers and ensuring that they remain at the centre of what we do...



Why do we need a Strategy for Adult Social Care?



The Strategy is a way **of helping to create a change in approach**: we want to ensure that citizens receive the right support at the right time to enable them to achieve maximum independence, choice and control. This includes giving good information, early intervention, enablement or reablement and preventative services.

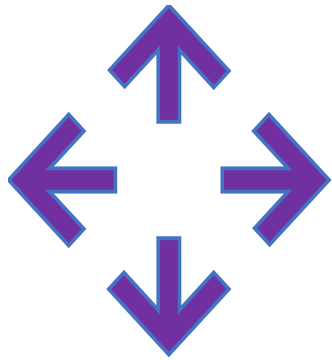


The Strategy allows us to plan together, with a range of partners, the voluntary and community sectors and the wider community to help ensure that we **provide the right kind of help**.



The Strategy explains how we want to improve the way we all work together, **building on the strengths of citizens and their carers**,

Our Vision



Harrow is Home: building a stronger community...

Our vision is a “Home First” philosophy to support and keep people at home for as long as possible. We want to ensure that citizens, carers and families who need help receive the right kind of response, whether that is to provide information and advice, to signpost to other community services or to intervene early to support citizens and carers for a period of time, during recovery, or to support independence and autonomy and for citizens and carers to have an equal voice in co-ordinating their support.





What are the priorities for our Strategy?

To put citizens at the centre of what we do (nothing about me without me).

To help people remain at home for as long as possible and support people to be as independent and autonomous as possible in line with individuals' aspirations

To protect adults at risk

To continually strive to improve services

Principles of Adult Social Care

PERSON CENTRED CARE AND SUPPORT

- We provide support that is tailored to the person so they can achieve the things that matter most to them. Assessments will be “strengths based” and look to achieve the outcomes that the individual desires to focus on.

SUPPORTING PEOPLE TO BE SAFE

- Working with people to help them stay safe, including the risks of harm, abuse or neglect. This is central in everything we do. We also want to support people with “positive risk taking” as an informed choice.

SHARED RESPONSIBILITY

- Throughout a person’s care journey we will ensure that citizens and carers jointly design their support in a way that encourages them to do as much for themselves as possible, including taking responsibility for their own health and wellbeing and working with family members and carers

Principles of Adult Social Care cont'd

PREVENTION

- We work with our partners to provide information, advice and support to prevent problems getting worse. We aim to prevent, delay or reduce people's need for social care by helping citizens to maintain or improve their wellbeing and independence, or to cope better with conditions which are gradually getting worse

QUALITY OF CARE

- We maintain and improve the quality of the support that people receive, so that people receive the right support at the right time in the right place. We make improvements to the ways that people access our services and the ways we design and provide support, involving "experts by experience" and feedback about people's lived experiences.

INTEGRATION

- We aim to provide support that is 'joined-up' across organisations so that people do not experience duplication of services or delays in accessing support or fall between the gaps. Working together makes the most of the strengths of all our partners and organisations – from the public, private, voluntary and community sectors, education, leisure and employment.

Principles of Adult Social Care cont'd

BEING ACCOUNTABLE

- We answer to the people we provide support to, their carers and the whole community. We communicate clearly about our responsibilities and policies and we are honest and open about our performance

MAKING BEST USE OF RESOURCES

- We make the most of the resources (money and our staff) we have available to promote people's well-being by focusing on the outcomes they want to achieve, including by influencing other organisations and the community. We use information intelligently to plan services that achieve outcomes in the most cost-effective way.

BEING ADAPTABLE

- We have had to adapt ways of working and supporting our citizens during the Covid 19 outbreak. This has brought both challenges and opportunities in the way we continue to deliver services and support people. We will continue to find ways of supporting people in our communities to ensure their safety, and the safety of our staff.

Our Workforce

Our greatest asset is our workforce.

- **Delivering our strategy and vision depends on a strong and resilient adult social care workforce, both within the council and in the wider health and social care sector.**
- **We will continue to develop our workforce and make sure staff understand their role in delivering the vision and strategy and their contribution to our wider priorities. We will ensure that leadership is consistent, and that all our workforce has a set of shared goals. We will promote staff health and well-being.**
- **Staff will have the skills to put into practice a strengths-based approach – at front-line and leadership levels. Training and development will make sure that staff use this approach in their day-to-day work, including reflecting on their professional experiences to improve the way they work. We have a “Principal Social Worker” who acts as the lead professional for social work, playing a defining role in relation to the practise, standards and skills development of committed professional social workers.**



Service developments

Planning for the next 3 years



What is the plan:	What is expected:	What is the timescale:
To develop an Enablement model for Learning Disability Services	This is an early intervention service that promotes independence and autonomy. It will support people to maximise their potential and achieve individual goals and ambitions.	The model will be piloted for a period of 12 months, starting in October 2020. The service will be evaluated in 2021.
Develop a Community Support service for all adult groups	We are looking to develop the ways in which people can be supported in and by the community. An “Outreach” model has started. This will support people with opportunities for leisure, education, employment and wellbeing.	We have started work already and the model will be developed over the next 18 months – to the end of 2021
Carers are better supported in their caring role and have access to a range of support options.	Enabling carers to reduce the emotional, social, financial and health impacts they face. Improve the approach and practice in relation to carer assessments and support planning. Support carers to stay well and look after themselves. Recognise the impact of caring. Carers experience improvements in their physical and mental health wellbeing	A new Carers Strategy developed along with our partners and a dedicated carers lead will ensure that carers issues are represented more effectively.

What is the plan?	What is expected?	What is the timescale?
Expand the “strengths based” approach to assessment and planning	Work is already underway and the plan is to roll out this process across all our services at the point of referral. This means that more people receive help early, and can be supported to maintain their independence and not have to rely on “traditional” care packages as the only means of support. The model, known as “3 Conversations” is already supporting people early and helping to keep people at home. This is being extended to help people in hospital return home rather than entering residential or nursing care.	This will be developed over the next 6 months – to early 2021
Assistive Technology	We want to extend our offer of assistive technology, as a means of enabling people to be more independent. This includes using a range of equipment to support people to self-care, maintain contact with others to combat loneliness and isolation, and engage in new ways of communicating with others.	New assistive technology is advancing quickly and we are enhancing our offer over the next 2 years.

What is the plan:	What is expected:	What is the timescale:
<p>Provision of additional Extra Care accommodation in the borough.</p>	<p>To enable people who have care and support needs to remain living in the community in their own tenancy, in a purpose built building which facilitates varying levels of disability. Individuals who have care and support needs will be offered a person centre care package which supports them to maintain their independence and autonomy. Tenants will have access to carers 24 hours a day for any unplanned needs that may occur, thus there is reassurance that in an emergency help will be available should it be required. The building will have communal rooms available that tenants can access for a variety of social activities thus reducing social isolation and enhancing wellbeing</p>	<p>Over the next 3 years with the first accommodation due to be completed in June 2021.</p>
<p>A new model of care designed to improve adult community mental health services.</p> <p>(Mental Health Services are provided by North, Central, North and West London NHS Foundation Trust)</p>	<p>Better information It will be much easier for citizens to come back into services We will make it much clearer what care and support citizens are going to receive and for how long, to meet their needs. People will have faster access to services in the Hub and we plan to establish better links or signposting to third sector groups that can also provide help to people.</p>	<p>Commencing September 2020.</p>

What is the plan:	What is expected:	What is the timescale:
To ensure that all incoming work to the Safeguarding Adults team is formally raised as a “concerns”	An increase in safeguarding concerns bringing the Harrow levels closer to the national average	End March 2022
To work collaboratively with the Children’s Safeguarding Board on the joint priorities: mental health, domestic abuse, and contextual safeguarding	Case audits demonstrate growing awareness of these issues and a “think whole family” approach	End March 2021
Integrated Care and Support Teams development	Adult Social Care are committed to working within the integrated Care and Support teams through the Integrated Care Partnership to meet the needs of the local population.	Commencing September 2020

Approaching good mental health in Harrow.

Health and Wellbeing Board November 2020

1. Burden of mental health and Covid-19
2. Policy context
3. A broad approach to MH across the Life Course
4. Schools and young people
5. Community Mental Health Services

Laurence Gibson Consultant in Public Health
Johanna Morgan Divisional Director, People
Services Strategy



- 1:4 adults Common Mental Health Disorder
- 50% of long-term mental health problems emerge by the age of 14
- 30,000 people with a Common Mental Health Disorder, most <65 years
- 13,000 people registered with depression
- 2,800 people registered with a Serious Mental Illness.
- Approximately 1:8 children (5-19) have at least one mental disorder
- 20% of 10-19 year olds say they need mental health support or know someone who does

Poor mental health is correlated to similar population characteristics as severe infection with Covid – 19;

Age, occupation, long term conditions, and of great relevance to Harrow, BAME (refugee/asylum seekers, and Somali, Afghan, Tamil populations)

Impact of Covid19 on mental health service delivery

- Nationally the reported rates for people experiencing depression, anxiety and mental distress is double what they were at the same point last year
- However in March 2020 across the country there were 220,000 fewer referrals for psychological therapy services than in 2019
- In July, NHS data indicated CAMHS receiving the largest number of referrals on record
- Young Minds survey of children with a history of mental problems reported that 32% had much worse MH
- Kooth (digital provider) reported 58% increase in activity compared to the previous year
- Between 2020 and 2029 we could expect the following increases, an extra 1,400 people with a Common Mental Health Disorder (to 28,000), and an extra 1,300 on the CPA (to 16,300)

Harrow mental health services need to adapt and plan for this new deterioration in people's wellbeing across the wider population

- Policy history leading to the 2019 NHS Long Term Plan and the ambitions of the Five Year Forward View:
 - Perinatal Mental Health,
 - Children and Young People's (CYP) Mental Health,
 - Adult Common Mental Illnesses (IAPT),
 - Adult Severe Mental Illnesses (SMI) Community Care,
 - Mental Health Crisis Care and Liaison,
 - Therapeutic Acute Mental Health Inpatient Care,
 - Suicide Reduction and Bereavement Support,
 - Problem Gambling Mental Health Support,
 - Rough sleeping Mental Health Support.
- 2020 in Harrow:
 - Health and Wellbeing Strategy
 - Harrow Borough Plan,
 - Out Of Hospital / Recovery Plan and integrated care

A broad approach to Mental Health across the Life Course

Tier 4 and 5 Tertiary,
Specialist & Acute services

Tier 3 Secondary
Community Mental Health
Services

Tier 2 Primary Care

Indicated Tier 1 Individual
support / targeting those
with symptoms

Selective / Early help for
people in groups,
demographics or
communities at risk

Universal for everyone
where there is an
opportunity such as schools
or workplaces



Early years 0-5 / best start in life.

GP's, SEN, Healthy Child Programme, safeguarding

Children and young people 6-19 / education and development.

CAMHS, Educational Psychologists, Children's social care, Substance Misuse, Sexual health, transition

Adults 25-64 / risk, work, parenting.

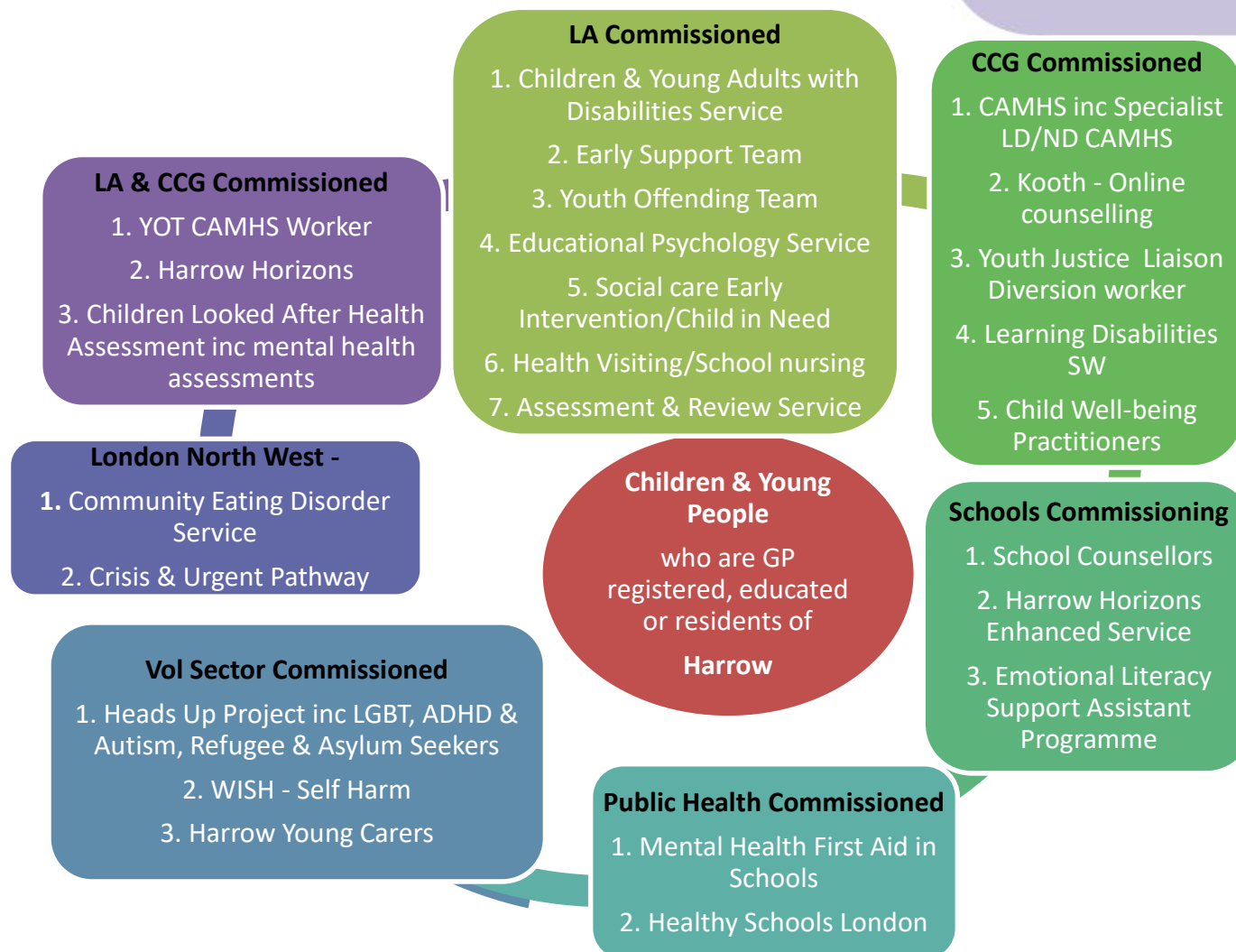
Adult social care, primary care pathways, early intervention in psychosis, work programme, suicide prevention, workplace wellbeing, carers

Older people / physical health, housing.

Dementia, LTC, social isolation, financial exploitation, transition

- Good social, emotional and mental well-being are the basis of adopting healthy behaviours and preventing mental health problems.
- Schools have identified areas of focus such as training for staff, mental health & well-being policies and access to specific workshops, for example resilience programmes and parent workshops.
- A whole school approach recognises that a pupil's well-being is impacted by aspects of school life beyond learning and that schools are not only there to provide targeted support for vulnerable individuals.
- Harrow has been successful in their application to be part of the 2020-2021 waves of the NHSE Mental Health Support Teams in schools
- A complex picture of provision for young people...

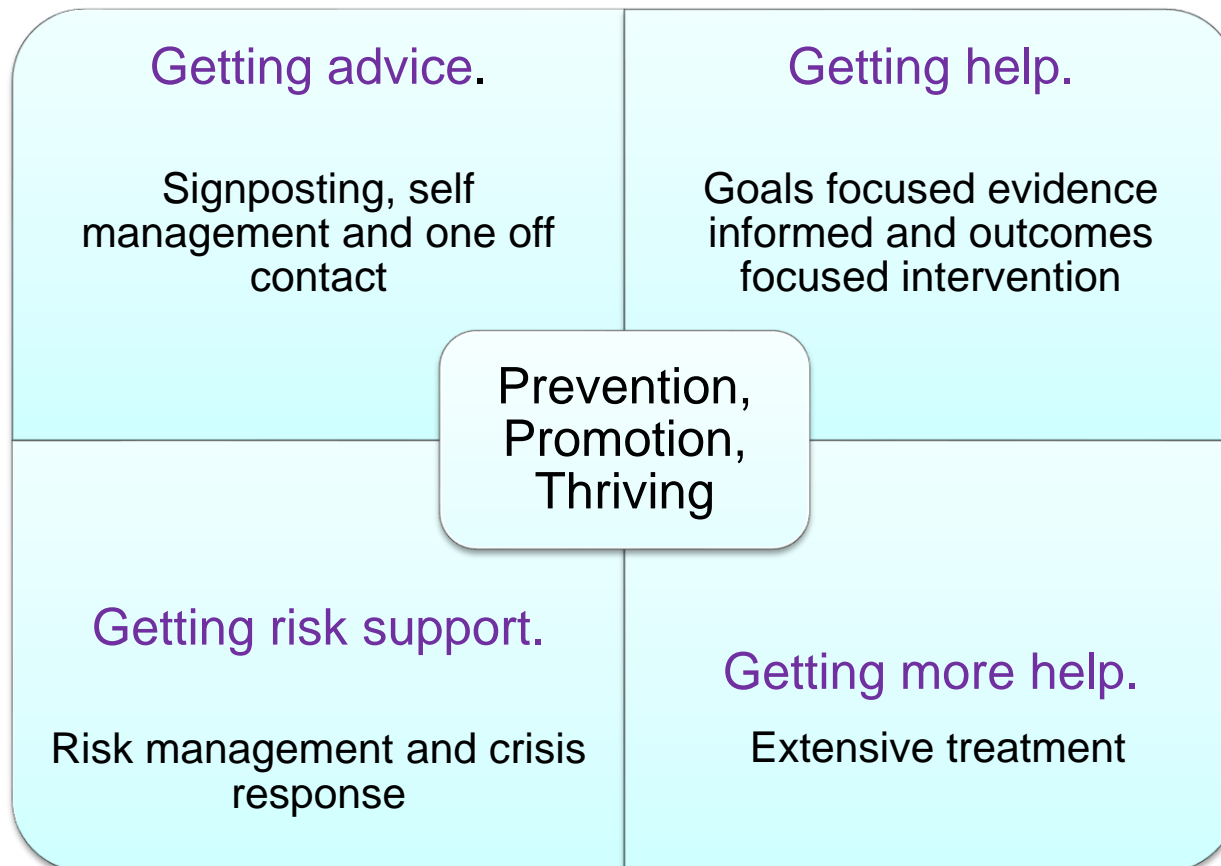
Provision for young people



Mapping services to the Thrive Model

- Early support hubs
- School provision
- Educational Psychology service
- Young Harrow Foundation
- Harrow Young Carers
- Heads Up
- MHST

- CAMHS
- Inpatient
- Youth Offending Team
- Youth Justice Liaison and Diversion



- Kooth
- Harrow Horizons
- Heads Up
- MH ST


- CAMHS
- Community facing eating disorder service

Scope of Commissioning Review


- A. The efficiency and effectiveness of the current recovery pathway experienced by people with mental health support needs; and
- B. The extent to which both the Council directly provided and commissioned services maximised people's independence and social inclusion i.e.
 - The Bridge
 - Wiseworks
 - Look Ahead and Rethink Floating support services
 - 7 & 14/15 Kenton Road
 - Rethink Supported Housing
 - Family Carers
 - CNWL S75 Spot purchased placements
 - Personal budget allocation

Key Findings


Silo working by and within organisations –The absence of a whole system approach inhibits creative solutions




Provider services creating Dependency rather than enabling Independence- requires a transition from a building-centred focus to a person-centred focus to increase people's access to personalised support in their local community



Few people moving to their own home-needs a redesign of the supported accommodation portfolio and pathway to facilitate people achieving more independence



Lack of recognition of the full potential of the voluntary sector as a key strategic partner in the recovery and prevention pathway



Carers support - is the offer truly aligned with the principles contained within the Care Act 2014?

Interdependencies

1. CNWL/PCN Community Hub model
2. Person-centred strength based community approach
3. Harrow Out of Hospital Strategy/Recovery Pathway
4. Integrated Care Partnership

Drivers for a New model of Community Support Services

- Creating a new holistic and sustainable whole system support offer co-produced with Harrow residents
- Maintaining people's health and wellbeing during the Covid pandemic from new ways of working
- Growing the service offer to begin to provide advice and support options for residents suffering mental ill health as a result of unemployment, financial stress or bereavement
- Maintaining a service offer to clients with high support needs in a virtual way
- Developing the provider position as part of a recovery/ resilience service model

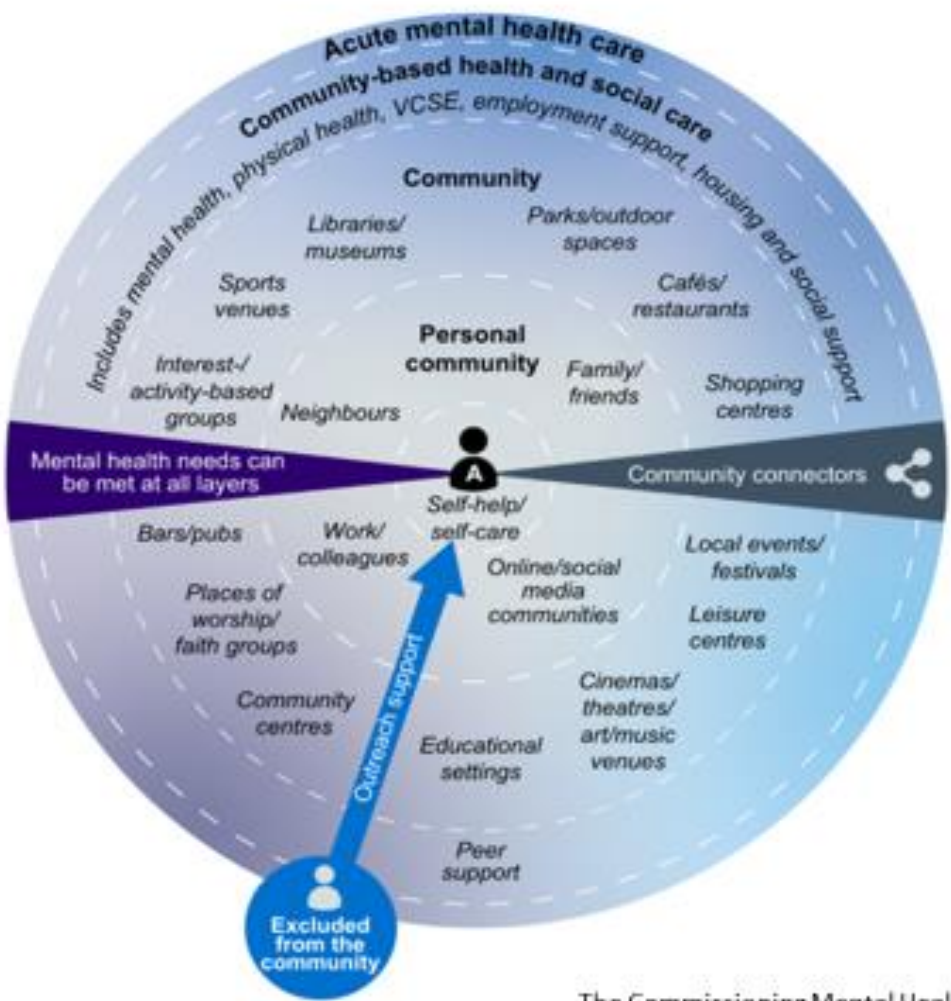
We start with the person



And co-ordinate the required support services at the right time and in the right place around them

Developing a Community Model

What does a whole system approach to mental health and well being look like?



The Commissioning Mental Health framework for adults and older adults (NCCMH September 2019)

Next Steps in Harrow

Establish

Establish a co-production group with membership from all stakeholders

Redesign

Redesign of the community support service network as part of a whole system approach to recovery and resilience

Develop

Develop the OOH recovery pathway that provides a holistic response that enables people to safely transition from inpatients to their own home

**Refresh of S75 Partnership agreement
between Harrow Council & CNWL**

- Mental health impacts all of us all of the time
Understanding key risk points in life helps design the partnership response
- Universal awareness and promotion of mental health is essential
- Tiered provision for more acute needs should have clear pathways and access points
- Appropriate design starts by engaging the individual



REPORT FOR: HEALTH AND WELLBEING BOARD

Date of Meeting: 24th November 2020

Subject: Harrow Safeguarding Adults Board (HSAB) Annual Report 2019/2020

Responsible Officer: Paul Hewitt
Corporate Director, People Services

Public: Yes

Wards affected: All

Enclosures: Harrow Safeguarding Adults Board Annual Report 2019/2020

Section 1 – Summary and Recommendations

The attached report provides the Health and Wellbeing Board with an overview of safeguarding adults activity undertaken in 2019/2020 by the Council and its key partners through the work of the Harrow Safeguarding Adults Board (HSAB).

FOR INFORMATION

Section 2 – Report

2.1 The Care Act 2014

Under the Care Act 2014 the HSAB has core duties. It must:

- i. publish a strategic plan for each financial year
 - the HSAB has a 3 year strategic plan which is updated each year after production of the annual report
- ii. publish an annual report
 - the 2019/2020 annual report has been written in a different style, more in line with the approach taken by the Children's Board (HSCB)
 - each partner organisation represented at the HSAB presented the Board's Annual Report for last year at their Executive level meeting or equivalent
 - as in previous years, this report has been produced in an "easy to read" format and is now available to a wider audience through the Council and partner agencies websites
- iii. conduct any Safeguarding Adults Reviews (SARs)
 - the HSAB has an agreed protocol for carrying out Safeguarding Adults Reviews and last year the HSAB agreed that the criteria had been met in one case and the process is underway
- iv. have the following organisations on the Board – the Council; the local NHS Clinical Commissioning Group (CCG) and the chief officer of Police
 - the membership of Harrow's HSAB includes the required statutory partners

2.2 Statistics

The attached report covers the full range of statistical analysis.

In summary, as is the case across the UK, elderly women remain the most at risk group with most abuse taking place at their home. Family or partner are the most likely people alleged to have caused harm.

There was a reduction in the number of concerns recorded last year, however this relates to a change in practice rather than a reduction in work. This has now been remedied and the Q2 figures for 2020 – 2021 have already reached the 2019 – 2020 total.

2.3 HSAB priorities for 2020 - 2021

The annual HSAB Development Day was held on the 30th September 2020 and 14 people comprising members of the board and other officers attended. Using the draft annual report as a starting point a review of the effectiveness of the work as a board in 2019-20 was completed.

HSAB also sought feedback on the learning from Covid-19 and lockdown to help inform its new ways of working. Finally, the HSAB reviewed its existing priorities to see whether they remained the right ones and to see where they might be refined or other areas of priority work could be identified. These priorities will be agreed at the HSAB meeting in December 2020.

Progress on the priorities will be monitored at quarterly HSAB meetings and an end of year review will be summarised in the HSAB Annual Report 2020/2021.

Ward Councillors' comments

N/A – this report affects all Wards

Financial Implications/Comments

The work of the board is supported by 2 full time equivalent staff (including the Service Manager for Safeguarding Adults and DOLS and the Safeguarding Adults Co-ordinator) and is funded by the Council.

These annual costs are in the region of £150k (including the costs of the independent chair), although in practice only a proportion of the officer time specifically supports the board. The work supporting the HSAB is separate to the social work service provided by the Council and CNWL MH NHS Trust as part of their Care Act responsibilities.

In addition to staff, there are ongoing costs for the multi agency training programme; best practice forums; publicity (posters/fliers/wallet cards); awareness/briefing sessions; independent file audit; independent interviews with users; and administrative support to the HSAB etc.

The costs of these services are primarily borne by the People Services Department within Harrow Council, with contributions totalling circa £21,000 p.a. from three of the four local NHS partner agencies (Harrow Clinical Commissioning Group; London North West Hospitals NHS Trust; and the Royal National Orthopaedic Hospital Trust); the London Fire Service and Metropolitan Police.

Costs related to the time spent by partner agencies on HSAB activities e.g. attending meetings, facilitating staff release for training etc, are borne by the individual member organisations.

Central and North West London Mental Health NHS Foundation Trust (CNWL)

Under the formal Section 75 agreement there are also a number of trained Safeguarding Adults Managers with a dedicated lead located in Central and North West London Mental Health NHS Foundation Trust (CNWL). The statistics for the CNWL Safeguarding Adults Service are included in the statistical section of the annual report.

There are no direct financial implications arising from this report and the expectation is that the HSAB priorities are delivered within the annual financial envelope, however this continues to prove challenging where the pressures are demand led and of a statutory nature.

Legal Implications/Comments

The Care Act 2014 puts safeguarding on to a statutory footing and requires inter alia that the Safeguarding Adults Board publish an annual report.

The terms of reference for the Health and Well Being Board include that the purpose of the Board is to improve health and wellbeing for the residents of Harrow and reduce inequalities in outcomes. The Board will hold partner agencies to account for delivering improvements to the provision of health, adult and children's services social care and housing services.

Risk Management Implications

Failure to manage safeguarding adults work competently leads to a risk of significant harm to vulnerable Harrow residents.

Equalities implications / Public Sector Equality Duty

The HSAB considers local safeguarding adults statistics at each Business Meeting and at its annual review/business planning event, with particular emphasis on ensuring that concerns (referrals) are being received from all sections of the community. The Board's existing Strategic Plan was developed such that the HSAB monitors the impact of abuse in all parts of Harrow's community.

Safeguarding adults' work is already focused on some of the most vulnerable and marginalised residents and the 2019/2020 statistics demonstrate that concerns continue to come from all sections of the Harrow community.

Council Priorities

The Council's vision:

Working Together to Make a Difference for Harrow

This report primarily relates to the Corporate priority of:

Supporting Those Most in Need (empower residents to maintain their well-being and independence)

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

Name: Donna Edwards	<input checked="checked" type="checkbox"/>	on behalf of the* Chief Financial Officer
Date: 12 th November 2020		
Name: Sharon Clarke	<input checked="checked" type="checkbox"/>	on behalf of the* Monitoring Officer
Date: 10 th November 2020		
Name: Paul Hewitt	<input checked="checked" type="checkbox"/>	Corporate Director
Date: 12 th November 2020		

Ward Councillors notified:
MANDATORY

NO – this report affects all
Wards

Section 4 - Contact Details and Background Papers

Contact: – Paul Hewitt (Corporate Director, People Services)

Background Papers:

Harrow Safeguarding Adults Board Annual Report 2019/2020



Harrow Safeguarding Adults Board Annual Report 2019-2020



& our Partners,

**Committed to
Safeguarding Adults**



Foreword

This is the 13th time that Harrow Safeguarding Adults Board (HSAB) have published an annual report¹. Here you will find out how the partners in Harrow have combined their efforts, developed their practice and sought to meet their objectives in the previous 12 months. In June 2019, we published a set of shared priorities with our colleagues on the Harrow Safeguarding Children Board. You can view them at appendix 1 and see some commentary in this report on what we have done to achieve our priorities.

HSAB is a coalition of all the statutory agencies and a number of voluntary sector partners, whose work impacts the lives of adults who have care and support needs in Harrow. Our aim is to ensure that we are always better than the sum of our parts. Each organisation represented on the HSAB has its own priorities and objectives. Sometimes one organisation's needs can pull in the opposite direction to those of another; even when they are both seeking to do the best as they see it for someone with support needs. The HSAB seeks to ensure that together our efforts achieve the optimal solution to problems that are often very complex.

This report has a number of important statistics in it. They describe the demographic make-up of Harrow, the levels of reported incidents, where safeguarding issues have been identified and some of the things that the Harrow Safeguarding Partners have done to address the needs of those who are vulnerable.

In particular, we describe what we have done as a partnership to address our three priority areas of domestic abuse, mental health and contextual safeguarding².

This is my first year as the chair of the HSAB and I am pleased to report that in my dealings with the organisations that are working together in Harrow there is an active spirit of cooperation and a desire to work out solutions to the wide variety of safeguarding scenarios that confront the workforce on a daily basis.



Chris Miller Independent Chair

A handwritten signature in blue ink, which appears to read 'Chris Miller'. The signature is written in a cursive style and is positioned above a thin horizontal line.

¹ Under Schedule 2 Care Act 2014 Safeguarding Adults Boards are required annually to publish a strategic plan to describe what they intend to do to keep adults safe and also annually to report on they have done in the previous 12 months in meeting their plan.

² **Contextual Safeguarding** seeks to understand, and respond to people's experiences of significant harm beyond their families. It recognises that the different relationships that people form among their peers, in their neighbourhoods, in their schools (in the case of children and young people) and online can involve or lead to violence and abuse.

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Evaluation of the effectiveness of the Harrow Safeguarding Adult's Board

- ✓ = Good
- # = Some Work to Do
- ✗ = Much Work to Do

Introduction

The Harrow Safeguarding Adults Board (SAB) ³ must publish a report, as part of their arrangements to safeguard adults , which describes what it has done to achieve its objectives and what it and each of its members have done to implement its strategy ⁴.

I have been appointed as an independent pair of eyes to chair and help with the leadership of the HSAB partnership and this is my assessment of how well the HSAB has performed in the past twelve months.

Engagement of Other Relevant Agencies

The SAB must not only make their own arrangements to coordinate their activities to safeguard vulnerable adults, but also include other agencies in these arrangement⁵. These other agencies, should then act in a mutually cooperative way to ensure the effectiveness of the local arrangements. The SAB have identified a significant range of relevant agencies⁶ including organisations in the voluntary and third sector. Their joint and singular activities are described in this report. These agencies have been effectively engaged in the SAB since its formation. They have demonstrated this through their contribution across a range of meetings and activities and involvement both as attendees of the main board and of its various sub groups. The engagement of a range of voluntary sector organisations work well. ✓

³ These are Harrow Council, The Metropolitan Police and The Harrow Clinical Commissioning Group and other agencies and organisations listed in Appendix 3

⁴ Schedule 2 Care Act 2014

⁵ Ibid

⁶ Accessed at Appendix 1; <http://www.harrowscb.co.uk/wp-content/uploads/2019/06/Harrow-Safeguarding-Children-Arrangements-May-2019.pdf>

Learning from audits, reviews and incidents

It is a responsibility of the SAB⁷ to identify those safeguarding cases which are so serious that they need to be formally reviewed. This is so that improvements can be made to systems, process and operations so that adults will be better protected in future. Before waiting for a review to be required it is also good to conduct regular case and system audits. This report includes later on the details of a range of such reviews and audits. The SAB in conjunction through the HSCB has a good system for identifying incidents, a well organised group of multi-agency professionals that move these cases forward and a strong learning ethos which ensures that lessons learned go on to improve practice. Furthermore, the audit regime established by Harrow Council in particular ensures that learning is revisited and embedded. There is not as yet as strong a multi-agency audit regime as I think there should be. Review Arrangements ✓; Multi Agency Audit Arrangements #

Enquiry and Challenge

This is one of the key activities that SAB need to have in place. This is a developing strength of the SAB but the Quality Assurance Function which is related to the audit issue above is strong in parts but as yet is not fully multi agency. #

Understanding performance information

This is a very much an improving picture. We have a rich data set provided by Harrow Council. The Metropolitan Police, following its restructure, continues to work on its data provision to the partnership. Health provider data has improved and developed over the past 12 months. Compounding all the data that is available will further improve the picture of what is happening. There is though real determination among the partners to get this right ✓

Working strategically with other partnership boards

Partnership work is a strength of these arrangements and there is a real commitment to work together with other partners and boards wherever there is mutual advantage to be had. The annual conference this year was conducted jointly with HSCB and Safer Harrow. I chair the HSCB as well as chairing and scrutinising the work of the SAB. I am also a member of the Health and Wellbeing Board and take part in the joint strategic need analysis working groups. The way that Harrow Partners seek to join up their work across departments is very impressive. ✓

⁷ Section 44 care Act 2014

Making Safeguarding Personal

This report contains a section on how SAB has developed a culture of making safeguarding personal. Service user views are sought, acted on and performance improved. ✓

Assurance on Provider Concerns

The partners have a strong culture of examining provider issues. There is good constructive engagement with providers, speedy action to manage problems and strong channels of two-way communication. I observed a number of issues of concern, which have been dealt with speedily and safely ✓

Resourcing Commitment of Partners

Safeguarding is a complex business and the joint HSAB and HSCB arrangements require administrative resources to function. The law and guidance that impacts the establishment of SABs invite partners to make financial contributions⁸ but do not require them to do so. Funding should be agreed, proportionate, equitable and transparent and the burden should not fall disproportionately on one member more than another. The funding arrangements for this work which are described at Appendix 4 show clearly how they fall disproportionately on Harrow Council. They lack equity and transparency. This is not fair to Harrow Council and is unsatisfactory. ✗

Conclusion

The SAB has many areas of strength and there is evidence of striving for improvement. The enquiry and challenge function needs to continue to drive change and improvement. Senior staff in the SAB set a good example in the way that they engage with problems, accept the need for change and put in place ways of making practice better. There is a strong air of mutual cooperation and leaders show candour in facing up to issues that need service improvement.

Chris Miller
Independent Chair HSAB

⁸ Schedule 2 (2) Care Act 2014

Welcome to Harrow

Harrow⁹ is a relatively prosperous borough. Table 1 provides a range of key data, which at a glance reveal some important things about the local population which has been growing steadily over the past decade. Harrow is a richly diverse place where the many resident communities generally get on well. The population of those over 65 is growing but it makes up a smaller proportion of the population than is the case in the rest of England.

Currently unemployment levels are low, although the impact of Covid 19 is sure to make a difference to the long-term employment prospects of all who live in the borough.

Life expectancy in the Borough outstrips the UK average for both men and women and the levels of expressed satisfaction with their lives for all adults is high and has been rising over the past seven years. Notwithstanding the general expressions of satisfaction with life among the wider community, those over the 65 have high levels of life limiting illnesses.

The proportion of people with a learning disability in the population is similar to the rest of London but lower than England. Similarly, permanent admission to care homes for those over 65 is similar to London but lower than England as a whole.

Ensuring access to justice (in the face of crime victimisation) for those who are vulnerable is an important theme for the Harrow Safeguarding Adults Board. The sort of crimes that particularly impact those who are vulnerable have stayed at similar levels to last year and the reported numbers are low.

⁹ Data in the table below taken from ONS mid-year estimates, the Metropolitan Police crime dashboard and Public Health England's Local Authority Health Profiles. In the case of numbers larger than 2000 they are rounded to the nearest 100.

Overall population (an increase of 1000 in 12 months)	252,100
Deprivation (Where 1 is most deprived Local Authority Area in England). This index is updated every few years. In 2015 Harrow was more or less in the same place.	207/ 317(England) 27/33 (London)
Percentage of Harrow residents who are black or minority ethnic.	63%
People aged Over 65	40,000 (16%) (in England 18.5%)
People aged over 85	6000 (2.4%) (in England, 2.5%)
Number and percentage of working age people who are unemployed	4900 (4.0%), (London 4.7%, England, 3.9%)
Life expectancy at birth for women	86 (83 UK)
Life expectancy at birth for men	83 (79 UK)
Life Satisfaction in 2018-9; Change in Proportion of people in Harrow who are satisfied or very satisfied with their life since 2011-2012	+ 6%, (78% in 2011-2, 84% in 2018-9)
Percentage of people over 65 with a life limiting illness	85%. (London 86%, England 82%)
Proportion of people over the age of 65 being admitted permanently to a care home	4.19/1000, (London 4.06, England 5.86)
Proportion of adults with a learning disability	4/1000; (London 4, England,5)
Proportion of learning-disabled adults getting long term support from the Local Authority	3.18/1000; (London 2.98, England 3.42)
Domestic Abuse Crimes (Change over last year)	1978 (- 1%)
Domestic Violence Crimes with an injury caused (Change over last year)	509 (-0.4%)
All other hate crimes (Change over last year)	486 (+2%)
Distraction burglary; where an offender tricks their way into the home of (usually) vulnerable adults to steal	17 (+ 13%)

Table 1

What is Adult Safeguarding?

Introduction

It is now 20 years since ***No Secrets*** was published. This laid out how at a local level partnerships should work together to protect vulnerable adults from harm. It was the first time that the need for cooperative working in this field between agencies was made explicit. Even then it was only guidance. The need for agencies to work together moved from a “nice to do” to a “must do” with the passing of the Care Act 2014 (The Act). In fact, as was the case in most areas, Harrow had already established strong local working arrangements and there was broad welcome for placing the business of safeguarding adults on a statutory footing.

The Act requires Safeguarding Adults Boards

- to publish an annual report and strategic plan,
- to commission Safeguarding Adult Reviews, and
- to hold partner agencies accountable for how they work together to protect adults from abuse and harm.

How are adults abused?

There are a range of ways in which vulnerable adults can experience abuse: these are physical abuse, domestic violence, organisational abuse, modern slavery, discriminatory abuse, physical abuse, psychological abuse, sexual abuse, self-neglect, neglect and acts of omission, financial or material abuse.

The responsibility for carrying out enquiries and reviews.

The Act places a responsibility on local authorities such as Harrow Council and their safeguarding partners to conduct two types of enquiry. In a case where there is suspicion that an adult who has care needs is suffering a level of abuse or neglect that they cannot protect themselves from a local authority¹⁰ has to make an enquiry to determine whether there should be some action taken to ensure the adult's safety. The first determination of such an enquiry is to decide whether the allegation of abuse or neglect has been substantiated or not-substantiated. Sometimes, of course, the outcome is Inconclusive. Following on from that determination Harrow Council then has to decide what provision should be put in place to ensure the continuing safety and welfare of the adult. This report describes later on the number, types of and outcomes of these enquiries in Harrow in the past year.

In the most serious cases of abuse and neglect, where an adult has died or come to serious harm and there is suspicion that there has been a lack of joined up working among responsible agencies the Act requires Safeguarding Adults Boards (SAB) to conduct a different type of enquiry – namely a Safeguarding Adult Review (SAR). The principle purpose of a SAR is one of learning. The sort of case that requires a SAR is inevitably one of high impact and it is vital that the partners to the SAB learn lessons to improve future practice. Further information regarding the current status of Harrow's SAR can be found on page 15.

Making Safeguarding Personal (MSP)



The underlying principle of MSP is that we are the best experts in living our lives. The ability to make decisions about one's own care, safety and welfare is a key difference between children and adults. Adults with mental capacity have the right to make decisions about themselves even when some of those decisions may seem to others to be unwise or personally harmful. Any enquiry into an adult's welfare or safety should start with an understanding of what the adult at risk would like to happen. This leads to tricky judgements and it can be hard for safeguarding professionals to establish what an adult's wishes are and whether any care offered or received meets the wants as well as the needs of the person cared for. In Harrow, we take pains to assess this and you can see how we do that in this report.

¹⁰ Section 42 Care Act 2014

Deprivation of Liberty Safeguards (DOLS)

When someone who lacks mental capacity is receiving constant oversight and supervision in a residential care home, hospital setting, hospice or sometimes supported living and is not able to leave, a set of protective safeguards are put in place to ensure that an appropriate balance is struck between the adult's right to liberty and their need for supervised care. These are called Deprivation of Liberty Safeguards (DOLS). Harrow Council has to give authorisation for someone to be cared for in the sort of restrictive way that requires DOLS to be applied.

This is an area of law that has changed a lot in the past few years and will change again next year.

DOLS activity 2018-9 and 2019-20

The application for and grant of a DOLS authorisation takes some time. These data (below) are a snapshot of all applications for DOLS either begun or completed in the relevant year.

There has been a rise in the past year in the numbers of applications being made. There has been a proportionately higher number of cases where the authorisation was not granted. The non-grant of an application can happen for a number of reasons, including withdrawal – which happens if the subject dies or moves to a different setting before the application is complete. Most applications are made by care homes (89%) with hospitals making 10%. There is a strong correlation with age. 44% relate to people over the age of 85, 22% relate to people aged 75-84, 10% to people aged 64-74 and 24% to people aged 18 – 64.

	2018-9	2019-20
Total Number of applications begun or concluded	695	804
Total Number of applications not granted (number and %)	53 (8%)	98 (12%)

Principles of Safeguarding Adults

These six principles are contained in the statutory guidance to the Care Act 2014 and underpin the way that we seek to work across our partnership in Harrow. Each of these principles acts as

Empowerment

This requires staff to support and encourage those they are caring for to make their own decisions. It also requires us to ensure that consent to support is informed by real understanding of the options

Proportionality

It is all too easy to “over engineer” a safeguarding solution, whereby an individual is placed in a protective cocoon that is sure to prevent the likelihood of harm, but overly constricts the adult’s capacity to go about their lives with as much freedom as they might like. This principle guards against that tendency and ensures the least intrusive response appropriate to the risk presented.

Protection

The core of safeguarding is the requirement to protect those at risk of harm. The umbrella of protection includes providing them with support and representation. It also requires Safeguarding Partners to ensure that there is proper access to justice for those who are vulnerable.



Protection; the Clinical Commissioning Group provided training to GPs on the importance of annual health checks as a protective factor for those with learning disabilities (LD) and other long-term conditions. Promoting the uptake of the pneumococcal vaccine as a protective factor for those with LD was also delivered as part of this training.

Partnership

Those at risk require a local coordinated response. These are best provided when statutory services work with their communities, because communities play a key role in preventing and reporting neglect and abuse.

Partnership; Members of the HSAB workforce provide information to the London Fire Brigade (LFB) of instances where they see or suspect fire risk in the home of an adult with care and support needs. LFB will conduct a fire safety check, providing both advice and fire prevention hardware like smoke detectors. Over the past two years, house fires have declined by 30% in Harrow, from 129 to 91

Accountability



The members of the Harrow Safeguarding Adults Board are responsible for safeguarding practice. Through review, learning and scrutiny we seek to ensure that at our core we are accountable and transparent in the way we go about our safeguarding work.

Prevention

Anticipating and preventing harm is better than to react to harm is clearly better for all. The work of safeguarding professionals on a day to day basis is rooted in this principle.

Prevention; As part of World Elder Abuse Day 2019 Harrow Council's safeguarding team ran a workshop for the public. The team sought to raise awareness of the sort of scams and fraud that criminals perpetrate on the vulnerable and provided advice on how to combat them.

How to report abuse in Harrow



If you or someone you know is suffering abuse, harm or exploitation, then please don't keep silent. Reporting your concerns may help to protect an adult at risk from further abuse and could ultimately save their life. You can report abuse by emailing the safeguarding Adults Team or calling them on 020 8420 9453.

Access to Justice – Case Study

Four fraudsters who scammed pensioners across London out of three quarters of a million pounds received prison sentences totalling 18 years after a major investigation conducted by Brent and Harrow Trading Standards.

The defendants, who all worked for Randhawa Roofing Ltd, cold-called and bullied their victims to pay huge sums of money for unnecessary work that was either not carried out or done to a poor standard.



The company, owned by Harpreet Singh Randhawa, came to the attention of Trading Standards in 2017, when two Harrow homeowners, aged 84 and 86, were tricked into making payments totalling £350,000. Officers discovered more victims in Enfield, Haringey and Bromley. Some were left with no roof when they refused demands to pay more money.

The investigation, supported by the National Trading Standards Team, also discovered an international money laundering operation in which the victims'

money was transferred out of the UK to Dubai, China and Singapore.

At Harrow Crown Court on October 11 2019, Harpreet Singh Randhawa, Harinder Singh Arora, Mahmoddun Nobi Siddique, and Vytautas Glinskas were found guilty of conspiracy to defraud and money laundering. As well as their prison sentences Siddique, Glinskas and Randhawa were also banned from owning a business for eight years. Between September 2017 and March 2018, a total of £870,000 was taken from six victims with £150,000 eventually being recovered by the banks.

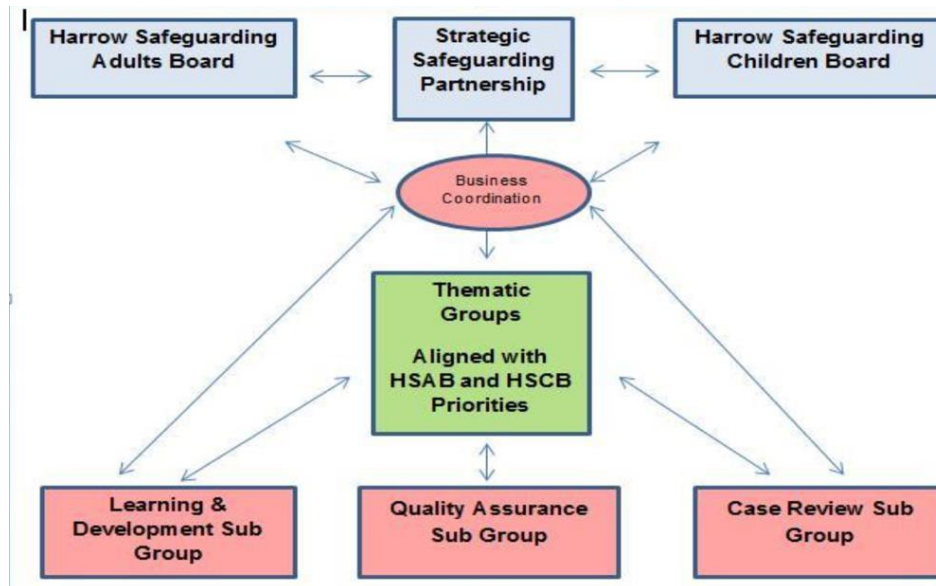
Safeguarding Activity

When an adult appears to a member of the public, a charity or a statutory agency such as the police or the Health Service to be in need of care and support and is suffering some form of neglect or abuse they need to inform Harrow Council or CNWL MHH Trust so that an assessment can be carried out as to that adult's needs. Last year:

- **873** such concerns were raised. This was considerably fewer than the previous year's number of **1403** and Harrow is currently reviewing recording procedures to establish the reasons for this considerable drop.
- **387** (44%) of these cases progressed to full enquiry. The proportion is slightly higher than last year (42%) but the volume is considerably lower than 2018-9 (**595**). This, too, is also a matter that is under review.
- **37%** of these records relate to people aged 75 or over
- **60%** of these concerns relate to women. This is similar to last year.
- In relation to ethnicity **49%** of these concerns involve white clients and **22%** Asian. Given the age profile of those about whom concerns are raised this is similar to their representation in the community.
- Of those that led to a full enquiry the four principle issues were neglect (**31%**), financial abuse (**20%**), physical abuse (**17%**) and psychological abuse (**17%**)
- By far the largest number of enquiries involved incidents reported in peoples own homes (**61%**), with residential care homes (**11%**), community service setting (**7%**) and mental health hospital setting (**6%**) also featuring.
- **72%** of cases involved a risk originating within the person's family or other close contact group. **18%** originated with a service provider and in **10%** of cases the origin of the risk was unknown or unascertainable.

Harrow Safeguarding Adults (HSAB) Strategic Plan and HSAB's Sub Groups

HSAB has a responsibility to publish annually a plan which lays out what it intends to do to achieve its overall objective of safeguarding adults. In June 2019 HSAB joined with the Harrow safeguarding Children's Board (HSCB) and published a joint set of working arrangements¹¹. We have a number of sub groups who carry out important functions for the HSAB. These are shared with HSCB and these are depicted in Figure 1 and described below.



Learning and Development

This sub- group aims to ensure that learning and development activity enables organisations and their staff to embed and promote learning that comes from reviews, audits and scrutiny. We are always looking to ensure an appropriate response to safeguarding concerns and improve consistently in our professional practice. A record of the training provided and the organisations attending is at Appendix 2



Safeguarding Matters, Mental Health, Suicide and Self Harm Prevention

This was the title of our joint HSAB / HSCB Safeguarding Conference in January 2020.

177 Delegates gathered from a range of statutory and voluntary agencies to hear professionals, individuals and families whose lives and work made them engaging experts in this difficult subject matter.

The conference provided delegates with knowledge, skills and case studies aimed at improving the services available to a very vulnerable section of the community

This group considers referrals for Safeguarding Adult Reviews. It considers whether a set of national criteria (for the conduct of a formal review) are met and if so, decides how to go about the review.

In some cases when the formal criteria are not met it can undertake a local review to ensure that appropriate lessons are learned, shared and acted upon. In the past 12 months HSAB concluded a local review into a fatal fire and has assessed another case as requiring a formal review. This latter case has not yet been concluded.

Quality Assurance Sub Group

This group conducts regular multi- agency audits to ensure the effectiveness of safeguarding arrangements across local partner agencies. This is a relatively new group for the HSAB and its aim among other things is test whether the HSAB work plan is achieving consistent and robust outcomes for adults at risk. It will also seek assurance regarding the application of learning derived from single agency audits in Harrow.

Quality Assurance Activity

Making Safeguarding Personal



For some time now Harrow Council has been asking those who receive services (or people who can speak for them) whether or not the services helped the recipient achieve the desired outcome. For the first time this year this was an activity that Central Government required of councils and Harrow's performance in this regard will be published in due course by NHS Digital

Of 420 eligible service recipients 344 (81%) were asked this question and of the 332 who expressed a view (some did not) , 257 people said that the outcomes they wanted were fully achieved, 60 said that they were partly achieved and 15 said that they weren't achieved.

Harrow Council Audits

Harrow Council commissions independent audits of its case work. In the past year the auditor commented on the strengths of Harrow's work

- Practitioners and managers excel at taking a collaborative and partnership approach with other professionals
- The adult at risk is routinely seen, their consent gained, their wishes and feelings gathered, and they are routinely involved through the process of the enquiry
- A 'Think Family' approach is evident in many cases
- There is generally a clear plan throughout the enquiry
- Information is robustly gathered and analysed
- There is clear management oversight and supervision is often enhanced with a reflective approach.
- Safeguarding enquiries often lead to a positive outcome for the adult at risk



She also pointed out some areas for development

- Some drift is occurring on some enquiries
- Some gaps in the recording of cultural and communication needs of the adult at risk and the consideration of advocacy
- Better consistency needed in the completion of enquiry reports
- Some room for improvement in the completion and recording of capacity assessments
- Feedback to the referrer on closure

This open and reflective feedback is a strength for Harrow. This may be an example of good practice for other agencies in Harrow to follow.

Case Review

In 2019 HSAB conducted a local review in relation to a fatal fire which resulted in the death of an 82-year-old lady. During this past year, the partners have sought to ensure that the two learning points from the review have become embedded practice. They were

- Ensuring the provision to the fire brigade of information from a partner who is in receipt of a threat to cause fire and
- Developing better engagement techniques when a service user refuses to cooperate with an assessment.

In the latter part of 2020 HSAB agreed that it was going to conduct a review into the death of a middle-aged lady who died in conditions of self-neglect. This case will be conducted in partnership with HSCB and will be concluded in the coming year.



HSAB communicates its work to its partners and the wider community in a number of ways. Our regular newsletter is a well-received and widely read circulation. In the past year we have covered items as diverse as;

- Lessons from safeguarding adult reviews
- Regular updates on the unfolding story of the cruelty inflicted on autistic adults at Mendip House
- Dignity Action day
- How to recruit and ensure safe staff
- How to report illegal car washes (places where slavery and trafficking are too common) through an app.
- County Lines – the recruitment of vulnerable people by criminal gangs who exploit them for criminal purposes
- Self-neglect
- The office of the Public Guardian

See <https://www.harrow.gov.uk/adult-social-care/staying-safe?documentId=13072&categoryId=210263>

Learning Disability Mortality Reviews (LeDeR)

The Learning Disability Mortality Review Programme (also known as LeDeR) was established in 2015 to drive improvement in the quality of health and social care service delivery for people with learning disabilities (LD) by looking at why people with LD typically die much earlier than average. The programme was commissioned by the Health Quality Improvement Partnership on behalf of NHS England and was led by the University of Bristol's Norah Fry Research Centre. Through local retrospective reviews of the deaths of all of those aged 4 or over who had a learning disability, health and social care professionals, and policymakers have been supported to understand causes of death and to identify amenable factors contributing to the overall burden of excess premature mortality for people with learning disabilities. The programme has identified variation and best practice and made several recommendations to improve services nationally.

The project is led by the Clinical Commissioning Group and in Harrow, we team up with Brent partners to conduct joint meetings and other activities. This makes sense because we work with many of the same Health providers and therefore an issue or a lesson in one borough is likely to be relevant to both.

In 2019-20:

Nine cases were referred for review

Six reviews were completed (but this included three for the previous year)

Five cases have been allocated and await completion

One is yet to be allocated.

A significant problem in Harrow as in other areas is the difficulty that trained reviewers experience in being released by their employer organisation to conduct reviews. So, while we have five trained reviewers only two were able to commit to a review in the past year.

There is a comprehensive Harrow LeDeR action plan which is seeking to improve knowledge of the programme across the relevant workforce, develop better preventative strategies for primary care and other health providers and encourage reviewers and their employers to find effective ways of ensuring that trained reviewers can be used for reviews without compromising other work.

Harrow Council Safeguarding Assurance and Quality Team set up a series of training sessions for care home providers (and other interested parties) to raise awareness about sepsis. This followed a National LeDeR finding that sepsis is too often overlooked as a factor in cases where learning disabled people die. 350 professionals attended in 2019-20.

Case study; partnership working, Jenny

The police conducted a welfare check by Police to an elderly lady (Veronica) who had called in a distressed and confused state. Hearing noises from upstairs they investigated and discovered a younger woman (Jenny) in an extremely neglected condition. She had not washed herself or changed her clothes for many years. Her toenails were overgrown, her hair was matted and her skin was extremely unclean.

Jenny was hiding in a small box room underneath a blanket and there was no obvious sign of any food or drink being available. The Police called an LAS ambulance which attended very quickly. There were concerns about Jenny's health and subsequent enquiries revealed that she had not seen a doctor for many years and was not registered with a GP practice, nor claiming any benefits. Despite not being registered at the Surgery, Veronica's GP left her afternoon surgery at short notice to see Jenny to assess and prescribe any urgent medication.



A social worker from Harrow's Adult Social Care Team and a colleague from the safeguarding team worked together to identify a suitable alternative place with on-site support for Jenny to live which was provided on the same day by a local care provider. This example shows how the Police, LAS; Harrow Council's Adult Social Care and safeguarding teams, General Practitioners and local care Providers work together to meet the needs of the most vulnerable. Jenny is now living in a suitable flat with support and can claim relevant benefits.

HSAB Partner approach to our priorities

HSAB partners have not only been working together in partnership to deliver HSAB's priorities, but also within their own organisations they have been developing initiatives and new practice to ensure continuing improvement. Here are some examples of new and improving practice provided by HSAB members

Domestic Abuse



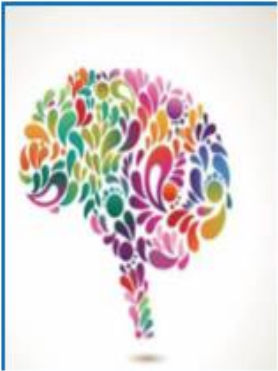
Royal National Orthopaedic Hospital; has trained staff in how to be confident in completing the nationally accepted **SafeLives** risk assessment process. This ensure that patients and their families who are impacted by domestic abuse are quickly identified and directed to the help they need.

London North West University Hospital Trust; has integrated certain aspects of the work of their psychiatric department, the substance misuse service and the safeguarding (children and adults) service to ensure that complex cases where domestic abuse is part of a mix issues are identified and the appropriate services provided

The Metropolitan Police; has set up a team to identify and take action against the most prolific and harmful domestic abuse suspects. These are people who move from relationship to relationship or frequently come to notice for their interpersonal acts of violence or threatening behaviour.

Central North West London NHS Healthcare Trust; has appointed a domestic abuse coordinator to oversee the quality and consistency of this wok across the whole trust area.

Mental Health and Wellbeing



Mind in Harrow (MiH) has trained and mentored two service users to present to the HSAB and to lead sessions at a National conference on the user experience. MiH has also inducted and trained 50 new volunteers

Central London Community Healthcare NHS Foundation Trust; has integrated into its training on a module on the vulnerability of learning-disabled adults to criminal exploitation specifically issues such as cuckooing (where a criminal gang takes over a vulnerable person's accommodation to further their criminal exploits)

Central North West London NHS Mental Health Trust; has adapted its mental health referral process to ensure that it can work effectively with a wide range of Local Authorities (LA). It has established a single point of contact, which reviews all CNWL safeguarding concerns to ensure high quality referral to the appropriate LA. CNWL has revised its referral pathway and forms to ensure an appropriate response to safeguarding concerns from external providers. The single point of access reviews all CNWL safeguarding including Merlins to ensure a robust high quality service is delivered in a timely manner with the support of the responsible mental health teams

London North West University Hospital Trust; has developed a number of ways of to deal holistically with mental health and wellbeing. They have linked up old age psychiatry and dementia work. They have also developed a way of holistically assessing those presenting with self-harm, trauma and bereavement.

The Metropolitan Police; has agreed the establishment of a "suicide hub" which will bring together and analyse data from completed suicides with a view to preventing suicide and making London a "zero-suicide city".

The Clinical Commissioning Group alongside the other CCGs of North West London have developed a partnership of practice with acute and community mental health service providers and general practitioners. This shares expertise , standardises our approach and enables existing and emerging safeguarding issues to be managed better

Contextual Safeguarding

This seeks to understand, and respond to people's experiences of significant harm beyond their families. It recognises that the different relationships that people form among their peers, in their neighbourhoods, in their schools (in the case of children and young people) and online can involve or lead to violence and abuse



Central North West London NHS Healthcare Trust;

- has adopted a modern slavery statement to educate their community workforce on the signs to look for. During the year CLCH made 12 referrals to appropriate LAs.
- has delivered Prevent training to 100% of all eligible staff.
- has developed flagging tools for identification in electronic records of vulnerability, e.g. going missing repeatedly, learning disability.
- Has developed guidance for staff to help them advise sexually vulnerable adults and young people on boundary setting.

Harrow Council; has made a lot of use of the Rescue and Response resources made available to London through a MOPAC (Mayor's Office for Policing and Crime). This project helps young adults break out of the cycle of gangs and criminal exploitation.

The Metropolitan Police; used officers from the serious violent crime task force to visit gang impacted offenders during the early stages of the Covid lockdown (March 2020) to offer them rehabilitative options as a way out of a life of gangs and crime.

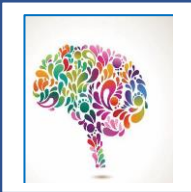
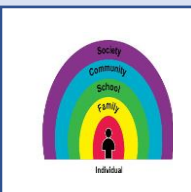


London North West University Hospital Trust; has developed a weekly **Safety – Net** meeting in the Emergency department to ensure that appropriate cases are assessed for contextual safeguarding indicators and that proper referrals and assistance are made and offered.

Appendix 1

PRIORITIES 2019 To 2021



'THINK WHOLE FAMILY'

 <p>Preventing harmful behaviours</p>	<p>1. MENTAL HEALTH</p> <ul style="list-style-type: none"> Promote an early intervention and prevention approach to mental ill health with a focus on harmful behaviours, including self-harm and suicide Promote collaboration between services and agencies at all stages of assessment and intervention Consider how multiple vulnerabilities impact mental ill health such as substance misuse and domestic abuse
 <p>Through a welfare lens</p>	 <p>2. CONTEXTUAL SAFEGUARDING</p> <ul style="list-style-type: none"> Target the contexts in which that abuse occurs, from assessment through to intervention Develop partnerships with agencies who have a reach into extra-familial contexts e.g. transport providers, retailers, residents' associations, parks and recreation services Monitor outcomes of success in relation to contextual, as well as individual, change
 <p>Early identification of risk</p>	<p>3. DOMESTIC ABUSE</p> <ul style="list-style-type: none"> Ensure all relevant sectors have access to training and awareness training Promote vigilance to the fact that age, gender, ethnicity and ability do not discriminate in term of who can become a victim or perpetrator of domestic abuse Ensure early intervention and appropriate support for victims Promote access to specialist intervention programmes for perpetrators
<p>Safeguarding Guidance:</p> <p>Adults: http://www.harrow.gov.uk/safeguardingadults Children: www.harrowlscb.co.uk</p>	

Appendix 2

HSAB Training Attendance 2019 - 2020; Partner Agencies

Harrow Council Internal	45
Health	4
Statutory (other)	12
Private	76
Voluntary	24
HSAB Board Development	100
SGA Team Development	28
Partner Training: CCG	27
Total	316

Harrow Council Safeguarding Adults Team Training (Internal and External)

BIA (Best Interests Assessor) Training - Legal Updates	30
Domiciliary Care Agency Staff / Providers	55
Harrow Action on Disability (HAD) Staff & Volunteers	29
Harrow College Staff	22
Harrow Equalities Centre - Community Groups	15
Liberty Protection Safeguards Conference	98
Liberty Protection Safeguards Training	20
MIND in Harrow Staff & Volunteers	34
Provider Forums	37
Total	340

Workshops, Conferences and Other Events

Mental Capacity Act (Master Class)	18
Mental Capacity and Deprivation of Liberty Safeguards	22
SAB/SCB Joint Conference - Mental Health, Self-Harm & Suicide Awareness	177
Safeguarding Adults for Providers (Two identical sessions)	110
Scams, Fraud & Adults at Risk (World Elder Abuse Action Day 2019)	136
Total	463
Grand Total	1119

Appendix 3**HSAB Attendance Record 2019-2020**

Organisation	Total attended
HSAB Chair	100%
Brent and Harrow Trading Standards	66%
Harrow Council - Housing Department	33%
London Ambulance Service	0
London Fire Service	33%
Westminster Drug Project	66%
Harrow Council - Adult Social Services	100%
Harrow Council - elected portfolio holder	100%
Harrow Council - shadow portfolio holder	0
Harrow Council – People Services/Children’s Services	100%
Harrow Council – Business Intelligence	66%
Harrow Council – Principal Social Worker	33%
Mind in Harrow	66%
NHS Harrow (Harrow CCG)	100%
CLCH NHS Trust (Harrow Provider Organisation)	100%
London North West Healthcare University Hospitals Trust	100%
Harrow CCG – clinician	100%
Local Safeguarding Children Board (HSCB)	100%
Royal National Orthopaedic Hospital	66%
Metropolitan Police – Harrow (Vice Chair)	100%
Age UK Harrow	33%
Harrow Mencap	100%
CNWL MH Trust	66%

Harrow Association of Disabled People	33%
Public Health	0
Department of Work and Pensions	0
In attendance	
Care Quality Commission (CQC)	0
Healthwatch Harrow (NB. other Board members e.g. from Harrow Mencap and Mind in Harrow are also Healthwatch Harrow members)	0

Appendix 4

Finance

The following financial contributions were made to the HSAB by its partners

Organisation	Contribution
Harrow Council	£100,000
Harrow Clinical Commissioning Group	£11,000
London North West University Hospitals Trust	£5,000
Royal National Orthopaedic Hospital	£5,000
London Fire and Rescue Service	£500
Metropolitan Police	£5,000

REPORT FOR: HEALTH AND WELLBEING BOARD

Date of Meeting: 24.11.20

Subject: Harrow Safeguarding Partners' Safeguarding Children Annual Report

Responsible Officer: Produced on behalf of the Safeguarding Partners and presented by the Independent Chair of HSCB, Chris Miller

Public: Yes

Wards affected: Not applicable

Enclosures: Annual Report

Section 1 – Summary and Recommendations

This is the first annual report compiled by the Harrow Statutory Safeguarding Partners (the Partners) following legal changes to the arrangements for safeguarding children which took effect in June 2019. Previously the HSCB was required to publish and share its annual report with specified bodies and persons – one of which was the Health and Wellbeing Board. The new arrangements require the Partners to produce an annual report which is then disseminated widely. The report is to describe the activities of the Partners and the effectiveness of the partnership arrangements. This presentation of the report concludes the HSCB's role in this respect.

Recommendations:

This Annual report does not make recommendations, but it is shared to disseminate information about the Partner's arrangements and their effectiveness.

Section 2 – Report

Ward Councillors' comments

Financial Implications/Comments

The Harrow Safeguarding Partnership budget is included in the appendices of the annual report. There are no financial implications arising as a result of this report.

Legal Implications/Comments

None

Risk Management Implications

None

Equalities implications / Public Sector Equality Duty

None – The Statutory Safeguarding Partnership set of arrangements is not a separate public body

Council Priorities - The Partners work to agreed multi-agency priorities and this report describes how they work together to help children thrive and to keep them safe from harm

Please identify how the decision sought delivers these 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)

[Note: If the report is for information only, it is the author's responsibility to decide whether legal and / or financial / Corporate Director clearances are necessary. If not, the report can be submitted without these consents.]

Name: Jo Frost	<input type="checkbox"/>	on behalf of the* Chief Financial Officer
Date:		
Name: Sharon Clarke	<input type="checkbox"/>	on behalf of Monitoring Officer
Date:		

Name: Paul Hewitt	<input type="checkbox"/>	Corporate Director
Date: 20/11/2020		

Section 4 - Contact Details and Background Papers

Contact: Coral McGookin, Business Manager, Harrow Safeguarding Children Board / Safeguarding Partnership

Background Papers: N/A



Harrow Strategic
Safeguarding
Partnership



HARROW
SAFEGUARDING
CHILDREN
BOARD

ANNUAL REPORT 2019 – 2020

Think Whole Family

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Foreword

This is the first annual report that we have produced as the Safeguarding Partners for Harrow. It explains what we have achieved and how we have gone about our work under the Safeguarding Arrangements which we published in June 2019 and which you can see if you visit our website.¹

Although the legal framework for our partnership changed last year we have in fact been co-operating in the vital work of safeguarding children and promoting their welfare for many years now. We believe that in the past year the transition from one set of partnership arrangements to another has been achieved successfully and that we have been strong in delivering child centred services.

In this report, you will be able to get a picture of Harrow as a place to live and you will see how most children here thrive in their homes, schools and communities. You will also be able to see the steps that we take to ensure that children are kept safe from harm and are allowed to develop happily and healthily.

We want to see our safeguarding work with children and adults at risk as far as we can as an integrated system. Our motto is “Think Whole Family” and we have chosen specifically to prioritise our work in the fields of domestic abuse, mental health and well-being and contextual safeguarding², because they cross over into a field of work that is equally pertinent to safeguarding adult arrangements. You will see here what we have done in these areas over the past 12 months.

You will also see the assessment of our arrangements from the person we have appointed as an independent scrutineer. We seek to be a learning partnership, whose work is improved by the rigours of assessment, review and peer challenge.

Harrow has a mature safeguarding partnership. We are grateful to all the organisations that contribute to our work and we want particularly to acknowledge the excellent work that voluntary and third sector agencies do in our borough. We are confident that the achievements of the past 12 months will act as a foundation for continued improvements in the year that follows.

¹ <https://www.harrowscb.co.uk/wp-content/uploads/2019/06/Harrow-Safeguarding-Children-Arrangements-May-2019.pdf>

² **Contextual Safeguarding** seeks to understand, and respond to people’s experiences of significant harm beyond their families. It recognises that the different relationships that young people form among their peers, in their neighbourhoods, in their schools and online can involve or lead to violence and abuse.

Evaluation of the effectiveness of the Harrow Safeguarding Partners' Child Safeguarding and Welfare Arrangements

- ✓ = Good: The Harrow Safeguarding Partners have demonstrated that this is a strength
- # = Some Work to Do: There are some strengths but there are also weaknesses which need working on
- ✗ = Much Work to Do: This is a weakness in the arrangements and should be given priority attention

Introduction

The Harrow Safeguarding Partners¹ as part of their arrangements to safeguard children and promote their welfare are required to demonstrate that they are open to independent oversight².

I have been appointed to offer independent scrutiny of these local arrangements and this is my assessment of how those arrangements have performed over the past year.³ The Partnership has also decided to retain the role of lay representative in their arrangements. This was based on our experience of the value, that committed independent individuals are good at questioning and challenging performance at all levels. The current lay representative has also contributed her evaluation to this report.

Engagement of Other Relevant Agencies

The Safeguarding Partners must, not only make their own arrangements to co-ordinate their activities to safeguard children and protect them from harm, but also include other agencies in these arrangements⁴. These other agencies, called Relevant Agencies, should then act in a mutually co-operative way to ensure the effectiveness of the local arrangements. The Harrow Safeguarding Partners have identified a significant range of relevant agencies⁵ and have included organisations in the voluntary and third sector, whose valued contributions are described later on in this report. These agencies have been effectively engaged in the arrangements since their inception. They have demonstrated this through their contribution across a range of meetings and activities and involvement both as attendees and leaders of various sub-groups. The engagement of schools and colleges at all levels is particularly effective. ✓

Learning from Reviews and Incidents

It is a responsibility of the Safeguarding Partners⁶ to identify serious child safeguarding incidents, to review them as appropriate so

¹ These are Harrow Council, The Metropolitan Police and The Harrow Clinical Commissioning Group

² Section 16 G (3) Children Act 2004

³ These safeguarding arrangements replaced the Harrow Safeguarding Children Board as of June 2019.

⁴ 16 E (2) Children Act 2004

⁵ Accessed at Appendix 1; <http://www.harrowscb.co.uk/wp-content/uploads/2019/06/Harrow-Safeguarding-Children-Arrangements-May-2019.pdf>

⁶ Section 16 F Children Act 2004

that improvements can be made by such agencies as needed, in the way that they safeguard and promote the welfare of children. This report includes the details of a range of such reviews. The Harrow Safeguarding Partners have a good system for identifying incidents, a well organised group of multi-agency professionals that move these cases forward and a strong learning ethos which ensures that lessons learned go on to improve practice. Furthermore, the strong audit regime established by the Partners ensure that learning is revisited and embedded. One issue that occurs more often than the Partners would want, is the insufficiency of agency checks that inform assessments and placement decisions. Arrangements ✓; Embedding Learning #

Enquiry and Challenge

This is one of the key activities that Safeguarding Partners need to have in place and this area is a strength of the arrangements. The Quality Assurance section of this report illustrates the energy multi-agencies put into ensuring that practice is scrutinised and improved. ✓

Understanding Performance Information

This is an improving picture. We have a rich data set provided by Harrow Council. The Metropolitan Police, following its restructure, continues to work on its data provision to the partnership. Health Provider data has improved and developed over the past 12 months. Compounding all the data that is available will further improve the picture of what is happening. There is a real determination among the partners to get this right. ✓

Understanding The Impact of Early Help and Child Protection Thresholds

Data on Child In Need, Child Protection Plans and Child Looked After, provide information on trend and need. This data is subject to review and analysis along with children centre registration and attendance data. The Quality Assurance Sub-Group regularly looks at the application of thresholds and what Early Help was offered or available. Through this, there has arisen a picture of which children are accessing Early Help services and how they progress thereafter. ✓

Working Strategically With Other Partnership Boards

Partnership work is a strength of these arrangements and there is a real commitment to working together with other partners and boards wherever there is mutual advantage to be had. The Annual Conference this year was conducted jointly with HSAB and Safer Harrow. I Chair the HSAB as well as Chairing and scrutinising the work of the children's safeguarding arrangements. I am also a member of the Health and Wellbeing Board and take part in the Joint Strategic Need Analysis working groups. ✓

Resourcing Commitment of Partners

Safeguarding is a complex business and these arrangements require administrative resources to function. The law and guidance that impacts the establishment of Safeguarding Partnerships invites partners to make financial contributions⁷ but do not require them to do so. There is an expectation, that funding should be agreed, proportionate, equitable and transparent⁸ and the burden should not fall disproportionately on one member more than another. How the funding arrangements work are described on page 39 and show clearly how they fall disproportionately on Harrow Council. They lack equity and transparency. This is not fair to Harrow Council and is unsatisfactory. X

Conclusion

These arrangements have many areas of strength and there is evidence of striving for improvement. The enquiry and challenge function continues to be the driver of change and improvement. Senior staff across the partnership set a good example in the way that they engage with problems, accept the need for change and put in place ways of making better practice. There is strong mutual co-operation and leaders are open and transparent in facing up to issues that need service improvement.



Chris Miller
Independent Chair and Scrutineer
Harrow Safeguarding Partnership



⁷ Section 16 I Children Act 2004

⁸ Working Together 2018 Ch 3 para 36 and 37

LAY PERSON'S EVALUATION

I became a lay member of the Safeguarding Children Board in Harrow in 2012. Over that time there have been many changes to safeguarding practices, guidance and legislation, personnel involved with the Board and the remit of the work that the Board carries out.

The role of an independent member was a relatively new one when I joined and I had a lot to learn about the wider context of safeguarding and how it played its part across various agencies that worked with children and families needing support and services. Since 2007 I have been involved in education in both the primary and secondary sector as a School Governor with responsibility for safeguarding, I have also been a Magistrate since 2001 and have sat in both the criminal and family court. These roles gave me an understanding of the complexities often faced by children and their families due to deprivation, health, addiction, criminality, abuse and other factors.

I have sat on the panel for various multi-agency audits where the Board have identified areas where we need to carry out a more in-depth review to find out the story behind what the data is telling us.

I have been involved in Serious Case and Learning Lesson Reviews, where we have looked at the circumstances surrounding an incident involving a child known to Harrow services and tried to understand where there are areas of learning or change that will improve practice for the future. Communication between agencies is a common area for practice improvement and it is crucial for effective safeguarding to take place.

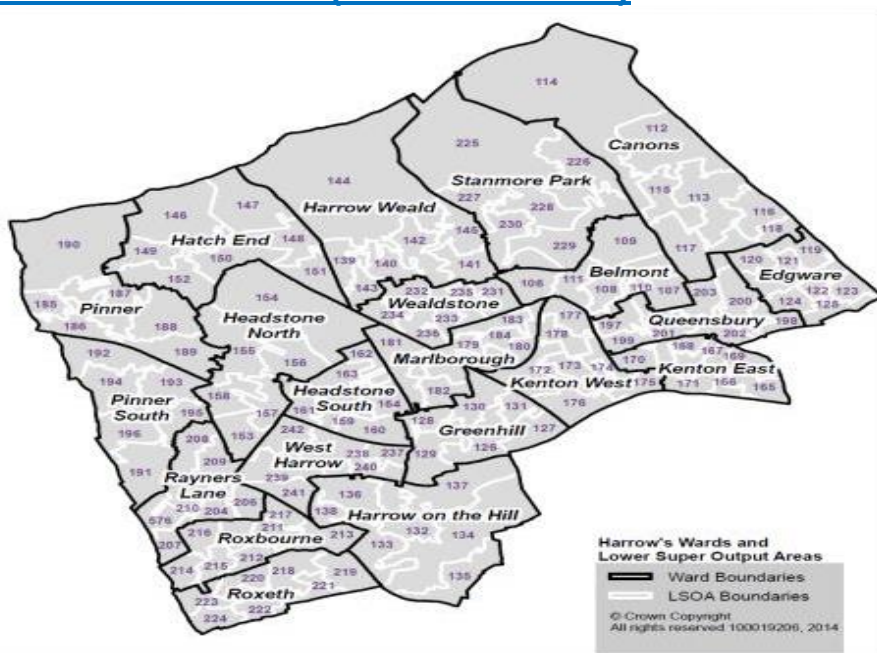
Over time, I have seen agencies engage in and accept 'respectful challenge' in a much more open way, understanding that through this process they can improve their practice and the way in which they offer services, ensuring that they do this in the safest way for those children and families that work with them. This can only be a positive way forward and I value highly the opportunity to provide an independent voice as well as the collective work of my fellow colleagues on the Board who always strive for continuous improvement.



Michelle Weerasekera
Lay Person
Harrow Safeguarding Partnership



Harrow at a Glance (31st March 2020)



Overall Population (ONS midyear estimate, 2019) (an increase of 1000 in 12 months)	252,100
Deprivation (Where 1 is most deprived Local Authority Area in England). This index is updated every few years. In 2015 Harrow was more or less in the same place.	207/ 317(England) 27/33 (London)
Deprivation Affecting Children (Where 1 is the Local Authority Area which has the most deprivation affecting children) This has improved markedly since 2015. That year Harrow was 140/326 ¹ in England and 25/33 in London.	199/317 (England) 30/33 (London)
Number of Primary Schools	41
Through Schools (Ages 5-18)	1
Independent Schools and Colleges	13
Number of Secondary Schools / Sixth form colleges/ Tertiary Education Colleges	15
Special Schools	3
Alternative Education Provision	2

¹ Since 2015 a number of England Local Authorities have merged.

Children in Borough	61,480
Children from a Black, Asian or Minority Ethnic Background	45,495 (74%)
Number of Contacts in MASH (1 st April 2018- 31 st March 2020)	9,406
Number of Children in Need (31 st March 2020)	1,133
Number of Children on Child Protection Plans (31 st March 2020)	260
Number of Children Looked After (LAC) (31 st March 2020)	181
Number of Children Looked After who are unaccompanied asylum seekers 31 st March 2020)	38
Number of children fostered privately by someone who is not closely related to the child	4
Number of Children Adopted (1 st April 2019- 31 st March 2020)	4
Number of victims of crime under 18 years old	1,188
Number of children with Education Healthcare Plans	1,840

Commentary

Harrow is on the whole a prosperous borough. Most of Harrow's resident children thrive in their families and achieve excellent educational results in our schools, which are among the best in the country. Harrow is blessed with a diverse population who generally get on very well and the many communities who live here make Harrow a rich and stimulating place in which to live, learn, work and take leisure – and in relation to crime Harrow is placed amongst the least crime impacted boroughs.

Compared with London, the UK as a whole and other local areas which share our characteristics (our statistical neighbours) the number of Children In Need, on Child Protection Plans and Child Looked After by the Council is relatively low. In terms of volume it places Harrow amongst the least crime impacted boroughs.

Where children, for whatever reason, fail to thrive in their family homes, they will be referred to our multi agency safeguarding hub (MASH) where the best intervention from a menu of possibilities is offered to the family. Whatever concerns there are, these can be mostly helped through a range of what are called “universal services” i.e. they are available to everyone and it's just a matter of the family accessing them. If, however, the child or family needs additional help which goes beyond what universal services can provide, then as a Child In Need, with the family's consent, we provide additional support and help.

Sometimes a child's needs extend to situations where professionals assess a child as being at risk of some harm. In those instances, we place the child on a Child Protection Plan and we work with families to reduce the risk. When the risk is considered too high, the child has to leave the family home (often temporarily) to live in an environment where we know that the child's safety is assured.

In addition to looking after children whose Harrow homes are not safe for them, we also look after children who have arrived in the UK as unaccompanied asylum seekers. They just do not have any home to live in at all.

Some children cannot ever return to their family homes and in those cases, we seek to place them with an adoption family.

PROGRESS ON PRIORITIES



Preventing harmful behaviours

1. MENTAL WELLBEING

- Promote an early intervention and prevention approach to mental ill health with a focus on harmful behaviours, including self-harm and suicide
- Promote collaboration between services and agencies at all stages of assessment and intervention
- Consider how multiple vulnerabilities impact mental ill health such as substance misuse and domestic abuse

What was achieved?

- **Annual Conference:** The Partnership chose the topic of Self Harm and Suicide Prevention as its topic for its annual conference. The event attracted huge interest from both children and adult's services. As with all of the Partnership's conferences, evidence is sought from delegates 3 months after the conference to gather information about how the learning has been embedded to bring about improvements for children and vulnerable adults across Harrow (please see page 31 for further detail)
- **Evaluation of Child and Adolescent Mental Health Services (CAMHS):** The Quality Assurance Sub-group scrutinise data from Central North West London Healthcare Trust (CNWL) on a quarterly basis – with a particular focus on waiting times for a mental health assessment in CAMHS. Improvement in waiting times have been achieved by CAMHS and new systems are in place to flag up children on Child Protection plans, with alerts for non-attendance at appointments (please see page 32 for further detail)
 - **Monitoring access to in-patient care:** The Quality Assurance Sub-group has also monitored CNWL's capacity to respond to young people who require admission to specialist care. Of particular concern has been the placement of children on adult wards. The expansion of provision through a new adolescent inpatient unit, Lavender Walk, increased capacity – with no children admitted to adult wards
 - **New Adolescent Community Treatment Team:** CNWL introduced a new pathway to help divert young people away from hospital admission and enable those already in hospital to be discharged to support within the community
- **Promoting mental health awareness in schools:** The HSCB have given the topic of mental health, self-harm and suicide prevention priority attention in its termly Designated Safeguarding Leads Forum for schools. This was driven by feedback from young people themselves in the survey undertaken by the **Young Harrow Foundation** in the previous year. A wide range of services have been signposted – with many providing presentations on the identification and response to mental health needs in children and young people. Links between mental health, contextual safeguarding and substance misuse feature in the HSCB's multi-agency training programme too
- **Scrutiny of A&E Attendances for Self-harm:** To meet the Partnership's priority, NWLUHT now presents data on A&E attendances by young people for self-harm for scrutiny by the Quality Assurance Sub group (please see page 32 for further detail)

PROGRESS ON PRIORITIES



Through a welfare lens



2. CONTEXTUAL SAFEGUARDING

- Target the contexts in which that abuse occurs, from assessment through to intervention
- Develop partnerships with agencies who have a reach into extra-familial contexts e.g. transport providers, retailers, residents associations, parks and recreation services
- Monitor outcomes of success in relation to contextual, as well as individual, change

What was achieved?

- **Widening the scope of focus:** The pre-existing Child Sexual Exploitation Panel was replaced by a new Multi-agency Child Exploitation Panel (MACE). This was a response to local intelligence that many young children affected by sexual exploitation were also affected by other forms of exploitative criminal activity, such as 'County Lines'. This panel is informed by both case analysis and of the Violence, Vulnerability and Exploitation Operational group (please see page 35 for further detail)
- **Rescue and Response Project:** Although Harrow has a relatively small number of children known to be involved in 'County Lines across London boroughs', it is one of the higher users of the new Rescue and Response Project – evidencing Harrow agencies' commitment to the early identification of young people at risk and ensuring appropriate intervention
- **Promoting awareness of Contextual Safeguarding:** The HSCB has incorporated an updated Contextual Safeguarding course into its annual training programme – based on the research undertaken by the University of Bedfordshire. To ensure good engagement with this approach, presentations and learning events have also been provided by Voluntary Action Harrow's Safeguarding Forum and through the HSCB's Designated Safeguarding Forum for schools
- **Serious Incident Group (SIG):** The SIG is attended by the HSCB's member agencies. This is an initiative developed by schools and the Metropolitan Police Services Community Safety Unit which shares intelligence on serious incidents and emerging concerns affecting school age children. It also engages the voluntary sector and business sector to help combat youth crime and disorder by identifying young people at risk and offering them diversion opportunities. The achievements of this group have been praised in both Ofsted and peer group evaluations.

PROGRESS ON PRIORITIES



Early identification
of risk

3. DOMESTIC ABUSE

- Ensure all relevant sectors have access to training and awareness training
- Promote vigilance to the fact that age, gender, ethnicity and ability do not discriminate in terms of who can become a victim or perpetrator of domestic abuse
- Ensure early intervention and appropriate support for victims
- Promote access to specialist intervention programmes for perpetrators

What has been achieved?

- **Operation Encompass:** The HSCB promoted the take up of the MPS' information sharing arrangement with schools across Harrow. This allows for early notification to schools of any domestic abuse 'call outs' by the police within the previous 24 hours – thereby enabling schools to respond to the needs of affected children. After promotion via the HSCB's Designated Safeguarding Lead's Forum the number of schools signed up to this arrangement significantly increased
The HSCB undertook a survey of the experience schools had with Operation Encompass. This led to the identification of some issues that required addressing in order to ensure the project's effectiveness. This led to the Multi-agency Safeguarding Hub reinforcing its role in conducting risk and need assessments jointly with schools. Additionally, the MPS agreed to notify schools of a wider range of domestic abuse incidents than had previously been the case
- **Impact of Hospital IDVA Service:** The Partnership's QA Sub-group regularly scrutinises domestic abuse data. A drop in referrals from Northwick Park Hospital led scrutiny of its IDVA arrangements (Independent Domestic Violence Advisors who provide support to victims) and the drop in referrals coincided with a vacant IDVA position for the Hospital's IDVA post. The Hospital's assumption that other health staff compensate for IDVA's absence by taking responsibility for identifying domestic abuse cases was not supported by the data. The reintroduction of the hospital IDVA has led to an increase of referrals to the expected levels
- **Perpetrator Programmes:** The Partnership continues to support the set-up of a targeted perpetrator programme and contributes to the identification and evaluation of proposed commissions for later in 2020
- **Domestic Abuse Training:** The HSCB's training programme keeps its Domestic Abuse course as a fixed offer open to all agencies and it is also a key component in the voluntary sector's course programme delivered by Voluntary Action Harrow (commissioned by the HSCB to embed its priorities)

(see page 34 for further details)

LEARNING FROM CASE REVIEWS



Working across borders and checking for information

Following a serious case review (SCR) it is important that lessons that are learned lead to a change in practice. So, in 2019 the HSCB sought to embed learning from a recent SCR which highlighted the need to obtain a full history about prospective carers to assess their suitability to look after a child, particularly who is related to them.

In the SCR it was found that the child was placed with an aunt under a Special Guardianship Order, but full information about previous child abuse perpetrated by her had not been obtained prior to the placement - and the child subsequently suffered serious physical and emotional abuse in the care of his aunt.

Following the review, the HSCB was alerted to another case where two children had been placed into another borough with a relative. The relative had a history of severe mental ill health and was living in unsuitable accommodation with her own children. Sadly, the relative took her own life soon after. Insufficient relevant enquiries had been made about the relative's health and circumstances, thereby weakening the assessment of risk to the children and the need for support for the relative.

In response, the Partnership has instigated audits to monitor how agencies have embedded the use of full agency checks before placing children. This work continues.

New Reviews - underway

Working in Collaboration with Harrow Safeguarding Adults Board (HSAB)

The HSAB instigated a Safeguarding Adults Review in early 2020. The case involves the tragic death of a woman who had behavioural issues of concern and neglected her own care over a long period, resisting all help from local agencies. The powers to intervene in such cases has become the subject of a review, but the case has also highlighted the impact that her lifestyle and behaviour may have had on her own children's care. Consequently, the review will seek insight into how well agencies tried to intervene in order to assess the children's needs too.

Child Safeguarding Practice Review

The system concerning reviews changed during the past year and SCRs are now called Child Safeguarding Practice Reviews. Local partnerships have greater leeway in the conduct of these reviews than before but they do need to liaise first the National Child Safeguarding Practice Review Panel. Following contact with the Panel, Harrow's Partnership has instigated a review into the tragic death of a disabled child, where there are indications of missed medical appointments not followed up and a lack of recognition by various agencies of the national guidance on the use of restraint.

Learning from both new reviews will be disseminated later in 2020.

Changes to our Child Death Overview Process

Following new requirements introduced by the Children and Social Work Act 2017, the review of all child deaths in the area is now taking place jointly with 8 other North West London boroughs. This will ensure that patterns and themes from a larger cohort of child deaths will result in more meaningful learning for Safeguarding Partnerships. Key learning from such themes as child suicide, self-harm, illness/infection and accidents will help to inform the development of local and regional initiatives to reduce risks.

LEARNING FROM CASE REVIEWS

Embedding Learning from a Cross-Border Serious Case Review

Harrow Safeguarding Children Board undertook a joint Serious Case Review with another London Borough from 2018 to 2019. The case involved the tragic death of an 18 year old woman who had been in the care of her local authority for much of her teenage years in various parts of the UK. At one point the young person was placed by her local authority in a residential placement on the borders of Harrow and a neighbouring London borough.

The young person's placement address had a "HA" postcode leading the placing authority local services wrongly to believe that she was living in Harrow.

To add to the error, local services provided support to the young person without seeking a full history, and without fully consulting her placing authority regarding the work they were undertaking with her.

A number of learning points emerged for the placing authority that are still under review, but key learning points were extracted for services in Harrow:

- To check which borough an address sits within – especially when it is close to borders – i.e. don't make assumptions
- The need to proactively liaise with a placing authority to ensure that all relevant background information is taken into account for assessment and planning – and not to wait for this to arrive if there is a delay in the placing authority providing it
- To notify and, where appropriate, consult, the placing authority when offering a service to a child in their care



Local Learning Review

The Case Review Group carried out a review into a case where the multi-agency response to a child's disclosure of sexual exploitation fell short of agreed procedures and expected standards of practice.

The case involved a child disclosing a sexual assault which had been recorded and was being circulated as an indecent image. The review examined why the practitioners dealing with the incident had not understood the law regarding the downloading of such images – placing themselves, as well as evidence for the child, at risk.

In addition, some of the language used in agency records implied that the child had consented to the exploitation.

Key learning points from the review:

- All services should ensure that staff are aware of government guidance on how to respond to indecent/criminal images
- Any information that suggests a person working in the children's workforce has downloaded or viewed criminal/indecent images of a child must be referred to the LADO without delay;
- Staff must be mindful of using the correct language/terminology when referring to children/young people who are sexually exploited i.e. to avoid language that implies they are consenting

AUDITS

AUDIT OF FEMALE GENITAL MUTILATION RISK ASSESSMENTS

The Quality Assurance Sub-group (QA) identified that referrals for concerns about Female Genital Mutilation (FGM) in Harrow were low compared to the rest of London, taking into account the diverse make-up of our local communities. The partnership want to identify girls and women at risk of FGM at the earliest point, so that families can be educated about the law and assisted in taking preventative action to protect their female relatives from this harmful abuse.

Across the UK most referrals come from health services but this was not the case in Harrow. The Partnership wanted to know why this was, so the QA Sub-group in conjunction with the maternity department at London North West University Healthcare NHS Trust (LNUH) carried out an audit of cases from this sector (maternity) to examine the quality of risk assessments being undertaken. LNUH does not represent the health sector in its entirety but is one organisation within the health sector.

The audit involved the National FGM Centre, so that we could draw upon their expertise and advice. Their representation also involved a specialist social worker in Brent, so that cross border implications could be considered too.



Developing excellence
in response to FGM and
other harmful practices



Key learning points were identified and improvements were made by London North West University Healthcare Trust to their existing risk assessment tool. These improvements will ensure that a wider range of risk factors and indicators will be taken into account.

A repeat audit was planned for spring 2020 to check on progress but this has been delayed due to the Covid-19 Lockdown. The QA Sub-group has instead kept a keen focus on referral data and there are early indications that the changes made are making the desired impact on referrals from the health sector.

CONTINUED SCRUTINY OF THEMES IN HARROW

Categories of Child Protection Plans

The Quality Assurance Sub-group noted that the proportion of Child Protection Plans with a categorisation of sexual or physical abuse has for some years been consistently lower than for similar boroughs across London. In addition to targeted activity to explore the reasons for this, we ensure that all relevant audits include this line of enquiry. We will maintain professional curiosity, to satisfy the Partnership that systems and practice issues are appropriately responsive to these types of abuse.



Agency checks – gathering information to inform assessments

Learning from case reviews, especially cases involving more than one Local Authority, has revealed that assessments of risk and need have sometimes been carried out without obtaining all the information held by agencies within the Partnership or agencies in another partnership area where a family had been known previously.

We have seen some improvements have been evidenced following action to improve systems and practice. The Quality Assurance Sub-group's programme of work includes a new audit which measures the thoroughness of agency checks in order to ensure that children are not put at risk by decision makers.

AUDITS

Effective engagement of parents with additional needs in Child Protection Conferences

The Harrow Safeguarding Children Board (HSCB) contributed to a Serious Case Review led by Lewisham Safeguarding Children Board which concerned a young child placed by Harrow Children's Social Care with an aunt in Lewisham. The child was placed due to longstanding concerns of neglect which were linked to the birth mother's learning difficulties.

The birth mother raised concerns about the suitability of the new placement for her child but her concerns were not given sufficient weight. A number of practice issues were identified which can be accessed via:

<http://www.harrowscb.co.uk/wp-content/uploads/2019/09/Child-LHLewishamHarrow-Overview-Report-for-Publication-4.7.19pdf>

One of the actions from the Review was for HSCB to carry out an audit of how Child Protection Conferences are convened in Harrow in cases involving parents who have additional needs.

The audit was carried out jointly between the Safeguarding Children and Safeguarding Adults Board.

Good practice was found in a number of cases:

- Several agencies obtained relevant information about parental learning/cognitive difficulties and used this to adapt their internal practices and processes to help parents participate in assessments and planning
- Several agencies had shown creativity and flexibility in finding ways to assist parents in understanding their own strengths and the risks perceived by professionals

Strengthening Practice across the Partnership

The audit identified a number of actions to strengthen our work with parents who have additional needs:

- Agencies should share their knowledge and assessments of parental learning needs with other agencies to inform arrangements for Child Protection Conferences
- To seek specialist advice on the format of Child Protection Conferences to ensure that the tools used are accessible to parents with learning difficulties
- To ensure that specialist assessments from adult services are sought to inform assessments and planning in child protection processes
- All agencies to share with parents, in advance, their reports for Child Protection Conferences – using adult services and intermediaries where appropriate to promote better understanding



SCRUTINY OF SAFEGUARDING ARRANGEMENTS

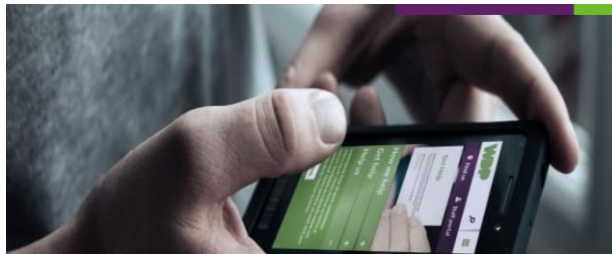
Drug and Alcohol Services - Adults

Westminster Drugs Project (WDP)

WDP is a drug and alcohol charity commissioned in Harrow to provide help to adults who are affected by substance misuse.

WDP presented evidence for their compliance with safeguarding requirements to the Quality Assurance Group in January 2020. Their evidence confirmed a thorough approach to safeguarding the children of their service users. Key strengths identified were:

- Clear leadership for overseeing safeguarding responsibilities
- Regular review and updates for policy and procedure
- Priority given to 'Hidden Harm' – resources to identify and support families affected by parental drug and alcohol misuse
- A strong commitment to learning and development – both internally and across the partnerships
- A robust internal auditing and review programme



WDP

Drug and Alcohol Services – Children and Young People

Compass

Compass is a service commissioned in Harrow to provide support to children and young people regarding substance misuse. They are co-located with other support services which can often be beneficial where there are linked issues e.g. domestic abuse, sexual health and unemployment.

Compass presented evidence for their compliance with safeguarding requirements for scrutiny in August 2019. Key strengths identified were:

- Embedding learning from case reviews – which has led them to strengthening cross border communications
- Extended service for young people moving into adulthood – now provided to existing service users up to the age of 24 to promote smooth transition
- Supporting the multi-agency approach to contextual safeguarding
- Introduction of a more child friendly complaints process
- Provision of service user leaflets in different local languages

Compass



SCRUTINY OF SAFEGUARDING ARRANGEMENTS

Metropolitan Police Service (MPS) and progress since HMIC Inspection

When the MPS' safeguarding arrangements were inspected by Her Majesty's Inspector of Constabulary (HMIC) in 2016, a number of areas for development were identified. A post inspection review was carried out towards the end of 2018 and the Partnership sought updates on progress throughout 2019.

Major changes took place to strengthen strategic oversight and this included a complete restructure of the MPS into the new Basic Command Units. For Harrow this meant local police services were joined with Brent and Barnet. Consequently, Harrow's Partnership has maintained an active interest in identifying benefits and challenges that impact on local children and young people.

Achievements:

- The MPS introduced a new Safeguarding Framework which clarifies roles and responsibilities and outlines its approach to partnership arrangements
- A new internal dedicated inspection team was set up to inform senior officers of performance

Areas in development:

- Audits identifying where performance is in need of improvement have not been translated into timely changes
- The MPS' response to on-line offences and the management of sexual offenders was found to need further improvement

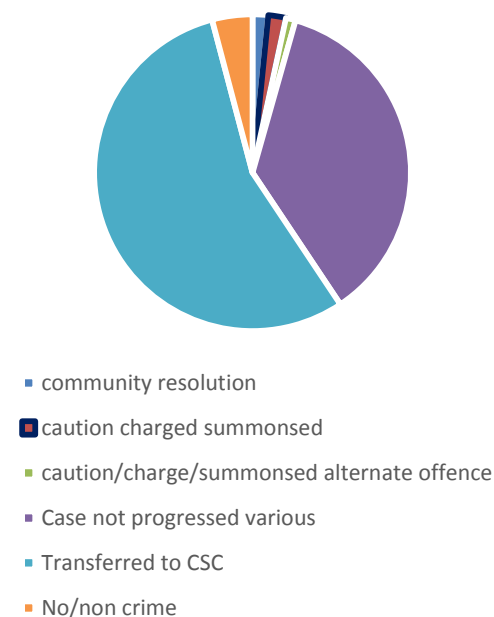


MPS Safeguarding Data

In response to requirements from the Safeguarding Partnership across London the MPS have developed a 'Safeguarding Dashboard'. This provides them and partnerships with performance data in relation to a wide range of safeguarding issues e.g. child protection investigations, children who go missing, child exploitation, knife crime and children in custody.

The Dashboard is recognised as a good step forward by the Quality Assurance Sub-group and requests have been made by Harrow to receive pan London and local data broken down and interpreted for our own area, so that we can examine local performance and activity more effectively. This will strengthen the Partnership's oversight of local performance.

Police outcomes child abuse
Sept18-Aug19
[rolling 12 months]



SCRUTINY OF SAFEGUARDING ARRANGEMENTS

Harrow – 0 to 19 Health Visitor and School Nurse Service

This service is provided by Central and North West London NHS Foundation Trust and has been commissioned by Public Health since 2018. The Safeguarding Partnership have kept the service under scrutiny since the new commission to assess the impact the new arrangements have on children and young people in the borough.

The Health Visiting Service is a specialist team that provides advice, support and intervention to families with children in the first years of life and helps empower parents to make decisions that affect their family's future health and wellbeing.

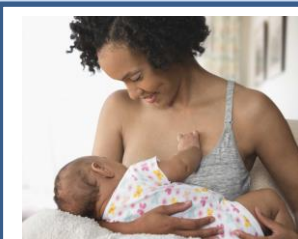
The School Health Service is made up of specially trained nurses who identify and deliver the health needs of children of school age.

Achievements

- The service has developed vision screening for the first time
- 98% has been achieved for the national child measurement programme
- UNICEF accreditation has been achieved for breast feeding targets and support is offered via a Baby Buddy App for parents – available in different languages

Areas for further development

- Speech and Language services are working to improve local outcomes for children and focus is being given to preparing children for school readiness
- New performance indicators are being introduced to help measure health outcomes for children with Child Protection Plans



Harrow Integrated Sexual and Reproductive Health Service

Since 2017 this service has been provided by London North West University Healthcare Trust at the Caryl Thomas Clinic and its partners Brook and Terence Higgins Trust in community settings. It provides an open integrated service for contraception, prevention of and treatment for sexually transmitted infections (except HIV treatment):

For young people the service also provides:

- Dedicated clinics and outreach support
- Relationships and sex education in school; and
- Training for professionals on sexual behaviours, sexual exploitation and on-line safety
- Group work for Children Looked After and those excluded from mainstream education
- Dedicated support for young people with special needs
- Providing young people with C Cards to access free condoms from any outlet in the scheme

Achievements

- A proforma for identifying safeguarding and exploitation risks has been effectively applied – resulting in appropriate referrals to MASH
- The service contributes intelligence and data to support the Partnership's strategic oversight of sexual and criminal exploitation of young people in the area

SCRUTINY OF SAFEGUARDING ARRANGEMENTS

Peer Review of Local Authority's Adolescent Safeguarding Arrangements

In 2019 Harrow's Children's Social Care stepped forward to be amongst the first to undertake a peer review across London. While its primary focus was on Children's Social Care, the review also examined how the partnership worked together to address the needs of adolescents within the context of Contextual Safeguarding.



What the review found:

1. Effective Practice

- Practitioners know their children well
- Effective work with parents to keep families together
- Social workers felt supported by their managers
- Management oversight was good
- Strong multi-agency working at Front Door and MASH
- Admissions to care of high-risk teenagers are carefully planned

2. Service Delivery

- Diversity & richness of provision allows tailored support
- Effective daily Violence, Vulnerability & Exploitation meetings allow detailed mapping of concerns and good partnership working
- Early Support Staff reflect & understand local communities
- A robust approach to children who go missing
- Good partnership working with schools and voluntary services
- The Significant Incident Group led by Schools helps the partnership identify and respond to emerging risks

3. Experience & Participation

- There is a local commitment to seeking and listening to what young people have to say
- A clear ambition to 'work with' rather than 'to do' young people and their families
- A good proportion of children in the Children in Care council said they felt involved in decision-making affecting them
- Many examples of children and families engaged in and co-producing goals and outcomes
- A substantial investment in advocacy services

4. Outcomes, Impact & Performance Management

- Performance indicators are effectively used to support improvement and management
- There is good compliance with recording and meeting timescales
- There is dynamic use of performance information in the MASH facilitating timely decision-making and intervention
- A developing 'data bank' relating to adolescent safeguarding to help target intervention in specific areas



SCRUTINY OF SAFEGUARDING ARRANGEMENTS

Peer Review of Local Authority's Adolescent Safeguarding Arrangements – continued

5. Effective Partnerships

- Evidence of strong & constructive working relationships – with a shared mission
- Co-location of staff has strengthened working relationships that benefit children
- Good knowledge of pathways and a range of service options
- New serious youth violence panel helps identify adolescents of most concern
- A good multi-agency grip on tracking and monitoring follow up actions



6. Capacity & Resources

- Many good examples of needs led decision making & resource allocation
- Contextual safeguarding has been commissioned
- The Horizon Service exemplifies benefits from joint commissioning
- Resources for early intervention continue to be secured, enabling a diverse range of voluntary sector providers

7. Vision, Strategy & Leadership

- Senior Leaders are very visible, engaged and encourage a learning culture
- Cross party leadership & support is strong
- The authority has a well-articulated commitment to developing policy and practice
- Work with schools is an evident strength

Recommendations of the Peer Review

1. To develop an Adolescent Safeguarding Strategy across the Partnership to which include:
 - expectations about approaches to contextual harm, clarity about governance and
 - accountability and intended outcomes of the strategy
2. Agree a clear practice framework for safeguarding adolescents in Harrow; this could include consideration of a young people's safety planning approach
3. Strengthen a collaborative commissioning approach to ensure robust evaluation of services and knowledge of impact on children, young people, families and communities
4. Maximise Harrow's very considerable expertise and talent in working effectively with adolescents, through sharing and bringing together practitioners and managers from across the Partnership and communities



SCRUTINY OF SAFEGUARDING ARRANGEMENTS

Royal National Orthopaedic Hospital (RNOH)

Safeguarding Children Process

As part of learning from a previous case review, RNOH have evidenced a thorough approach to embedding the lessons learned and presented their audits to the Partnership's Quality Assurance Sub-group for external scrutiny. An audit was undertaken in 2019 to examine how well the hospital follows its Child Protection Policy. This involved looking at:

- Recording of safeguarding children cases
- Identification 'flagging' of vulnerable children
- Referrals to Local Authority Social Care
- Discharge arrangements for children with child protection concerns

Findings:

- All relevant children had been flagged appropriately and safeguarding processes had been followed
- Some areas were identified for further improvement in relation to record keeping and ensuring that the 'voice of the child' was obtained

Further action:

RNOH set up a robust action plan and within the same year reported back to the Quality Assurance Sub-group the findings of another audit that relates to how well the hospital seek consent from and engage young people. Good practice was found amongst nursing staff and the hospital set up training for doctors to help embed good practice across all teams.

The Firs Residential Home

The Firs Residential Short Break Service Celebrating 10 years of achieving an "outstanding" rating by Ofsted!



Part of Harrow Council provision, the Firs is a 4-bedded house which provides flexible short breaks and is available (following a social worker's assessment) to families where there is a child/young person between the ages of 5 and 18 who has a learning disability and other complex needs.

The aim is to provide children/young people with a variety of experiences and relationships outside of their own home whilst also providing families with a break from meeting the additional support needs of the children/young people. The manager of the Firs presented their key achievements to the Quality Assurance Sub-group in 2019:

- Managers are visible in the home, heavily involved in day-to-day activities, approachable and they communicate a clear vision
- There is a culture of continuous improvement/learning and consistency in systems and practice, which is achieved by engaging, supporting and holding staff to account
- There is an open and honest leadership style which applies theory to practice
- There is a rigorous quality assurance processes
- High expectations on staff which is backed up with management support in development

The Firs is in the top 1% of Outstanding Children's Homes!

Child Protection Conferences

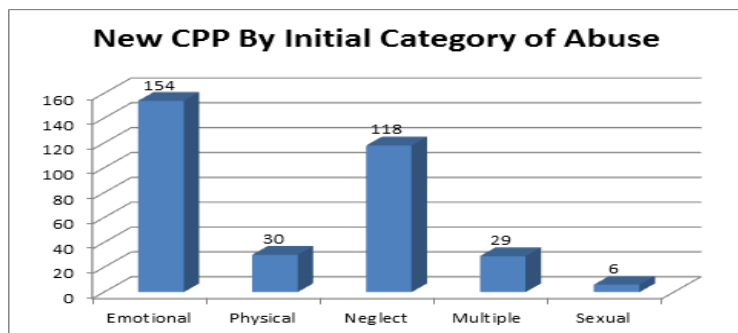
The Quality Assurance Sub-group annually evaluates how effective Child Protection Conferences are at keeping children safe. We also want to know how good they are at ensuring that children participate in planning their care, while fully engaging their care, fully engaging parents/carers and the agencies involved in supporting them.

These conferences consider information about risk to children. They need to reach a conclusion on whether a child has suffered significant harm or is likely to – and then decide what action is required to promote their welfare and prevent harm.

In March 2019 there were **279** children with Child Protection Plans in Harrow. The number of children entering the Child Protection process has been increasing recently and so in 2019-20 extra resources have been allocated to meet growing need. This year **838** Initial Child Protection Conferences were held throughout the year and in March 2020, of the Initial conferences undertaken, **82.8%** resulted in a Child Protection Plan and **10.8%** resulted in a Child In Need Plan.

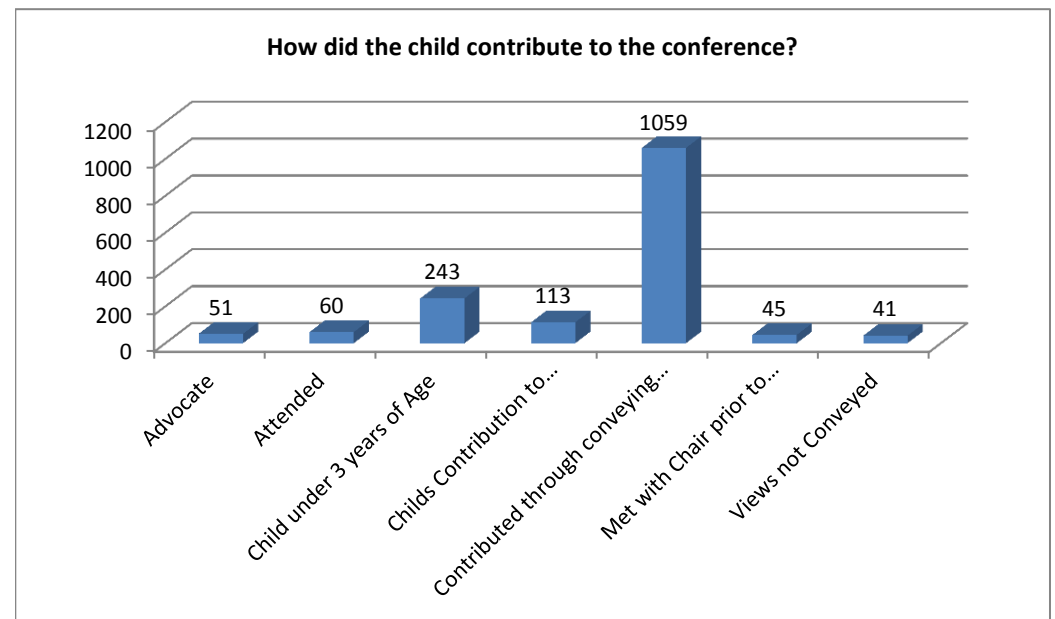
The **Strengthening Families** Model is used with the **Signs of Safety** to help professionals and the family understand what the risks are and how best to utilise the family's identified strengths.

The majority of concerns in Harrow relate to emotional abuse and neglect:



Achievements

- The majority of Child Protection Conferences have been held within target timescales – this has been supported by a new consultation process to assist managers with decision-making
- **100%** of parents received reports from the social worker for the conference
- **96%** of conferences were quorate (attended by an adequate number of professionals)
- **90%** of the required social work visits were met
- **97%** of social work reports were evaluated as satisfactory, good or excellent
- Chairs effectively challenged and escalated concerns about practice issues in **19%** of cases
- A good range of arrangements are made available to children and young people to express their views at the conference:



SCRUTINY OF COMPLIANCE

Child Protection Conferences – continued.

What children and young people say:

People are worried about us because our parents might hit us again

Family life would be better if my parents stopped arguing

Spending time with my family helps to make family life better

Engaging Parents and carers:

- A large majority of parents felt the Child Protection Plan had helped the family achieve positive changes
- Parental engagement in cases of domestic abuse has been achieved through 'split' conferences so that parents can attend at different times
- Parental participation is offered to parents by phone or via separate advanced meetings if they are unable to attend the conference
- Interpreters are used where the family's first language is not English

Areas for further development:

- Learning from a Serious Case Review has prompted the development of new methods of ensuring parents with learning or cognitive difficulties can fully engage in decision making and planning.
- To further engage fathers in the conference and planning processes

Independent Reviewing Officer Service – for Children Looked After

The Independent Review Officers (IRO) service maintains an overview of the care of children and young people who are in the care of the local authority. The service has a key role in relation to the improvement of care planning for CLA and for challenging any drift and delay in taking forward the agreed plans.

Achievements:

- All CLA Reviews were held within timescale
- IROs have analysed data and monitored dispute resolutions to help inform key issues in practice, which is shared with managers to share areas of good practice, and areas for development and improvement
- IRO caseloads compare well with the nationally recommended caseload and they have held a total of 525 reviews
- The quality of IRO reports have become SMARTER (more Specific, Measurable, Achievable, Realistic and Timely)
- IROs have continued to monitor Health Assessments to ensure that children and young people are supported with their physical and emotional health outcomes
- IROs have also monitored the quality of Personal Education Plans to help ensure that children and young people attend and attain in their education
- The IRO's link with the Participation Officer, Complaints and Advocacy services to ensure that there is continuous learning from the feedback obtained from children, young people, parents, carers and professionals
- 86% of disputes were resolved at Stage 1 and the remaining 14% resolved at Stage 2



CHILDREN LOOKED AFTER BY HARROW

Our Looked After Children (Information relating to 2018 to 2019)

Population:

- The number of Children Looked After ranged from 162 to 170
- In terms of permanency outcomes: 28.8% of children returned home to live with their parents; 13.6% moved to independent living; 5.9% went to live with another person with parental responsibility; and a smaller number, 4.2% were adopted.

The age Profile:

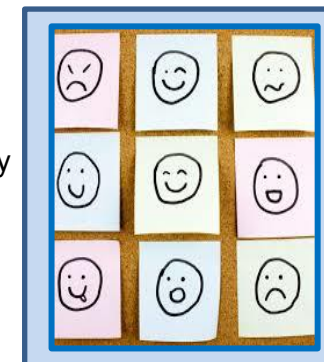
- 14.8% less than 1 year old
- 9.0% 1-4
- 9.0% 5-9
- 25.4% 10 -15
- 41.8% 16 and over

Entitlements and Advocacy

- 100% of children were provided with information about their entitlements, including their entitlement to a £2,000 setting up home allowance – and help with costs of education or training up until the age of 21 or 25 if the young person remains in education; and help with the costs of getting or keeping a job
- 100% of relevant young people, aged 16-21, had a Pathway Plan and had a personal advisor or social worker
- Of 21 young people in the Pathway Plan, 10 were in higher education
- Independent Reviewing Officers ensure that children have access to advocacy and are provided with the information they need to raise a complaint
- 81% of children aged over four participated in their review – and all are encouraged to participate in setting the agendas

Children's Views

The Participation Officer supports children and young people in expressing their views about the services they receive. The Officer meets with children and young people individually before their review to obtain information and to help them plan how they can engage in the process. A consultation form is completed by the child/young person to inform the review and feedback is obtained afterwards too:



I know who my IRO is – she is very good

I know what my IRO does

I would like to move to a larger room in my placement

I have no family in the UK

I have support from the CLA nurse

My IRO will make sure my needs are covered and check the social worker is supporting me

She is kind and understands me

MONITORING AND EVALUATION

Family Group Conferences

A Family Group Conference (FGC) is a voluntary process which involves a meeting at which the wider family makes plans and takes decisions for children who need support or protection.

- Families are assisted by an Independent Co-ordinator to prepare for the meeting
- The family and professionals share information about the child's needs and what will keep them safe
- The whole family meet on their own following the initial conference with the family support officer, to make a plan for their child/ren which takes account of any safety concerns explained by the social worker and others involved

Achievements in Harrow:

- FGCs have been taking place in Harrow for the last 3 years and have held 134 conferences.
- 72% of FGCs have engaged the child's father (often harder to reach in such cases)
- A high proportion of the cases referred to the programme are accepted on to it (83%). This is the highest conversion rate across London
- Harrow has also had the highest child participation rate (aged 6 and above) at 92%
- 81% of children had improved circumstances following the FGC – and this matched the perceptions of family feedback forms

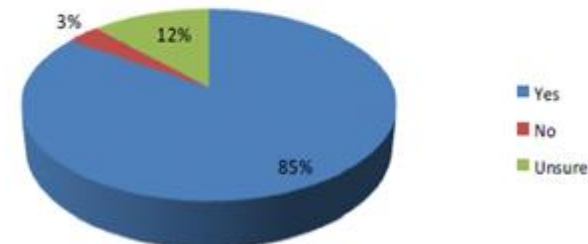
The success of FGCs in Harrow has now led to a new pilot for the service to extend into adult services too.

It was good that my family was able to gather and talk about how they will look after me

It was nerve-wracking at first, but when we were discussing it became less weird. The FGC did help my family

FGCs and empowerment of participant

Do you feel more able to deal with your family problems post FGC?



MONITORING AND EVALUATION

Managing Allegations against Staff and Volunteers

The Local Authority Designated Officer (LADO) service ensures that any allegations of abuse made against adults who work with children are dealt with in a comprehensive, fair and timely manner. The LADO's oversight of all cases ensures that children are protected and that the rights of the accused worker are respected.

Activity in Harrow:

- 73 referrals were received by the LADO during the year. This was a decrease on previous years
- Allegations breakdown: 33 for physical abuse; 18 sexual abuse; 6 neglect; 3 emotional abuse; 3 multiple; and 8 other category
- Schools made more than 50% of the referrals. This is in line with the national picture and expected given that they have more staff working with children than any other body and their higher degree of daily involvement
- During the year (note – not all cases are concluded within the year) 18 cases were concluded with the concern being substantiated

Achievements:

- 55.8% of cases were completed within three months. Those that took longer, more generally did so because of delays obtaining evidence of on-line material and/or because there were criminal/ court proceedings
- There has been a decrease in referrals from previous years – This may be due to a better understanding of thresholds across the partnership which has led to fewer inappropriate cases being referred – and to safer working practices being embedded
- The LADO provides training on behalf of the Partnership for all agencies and the voluntary sector to help ensure adherence to local procedures

Section 11 Audit – New Local Approach

Under section 11 Children Act 2004, all agencies that have contact with children must have good safeguarding arrangements in place. The quality of these arrangements is overseen by the HSCB through a Section 11 Audit process.

Throughout the year, the Quality Assurance Sub-group receives individual agencies' audit reports on how their organisations meet their safeguarding responsibilities and these prove very useful in allowing the Partnership to identify good practice and identify areas for further development.

Going forward, the Sub-group have made plans to extend the audit to front-line practitioners to check levels of knowledge first-hand. As well as finding out how well the workforce understands its responsibilities, this form of 'triangulation' of evidence will help the Partnership gain a view of how well leaders have embedded safeguarding learning across their individual organisations.

This model has been used elsewhere across the country and the QA Sub-group will report on findings and its effectiveness as an audit tool for the next annual report. To support Harrow's 'Think Whole Family' approach, practitioners will be asked questions on safeguarding vulnerable adults as well as safeguarding children.



ENGAGEMENT WITH THE VOLUNTARY, PRIVATE AND FAITH SECTORS

Voluntary Action Harrow (VAH)

VAH was commissioned by HSCB in 2016 to reach a wide range of voluntary, private and faith organisations with safeguarding messages and support. It has been very successful at this and so HSCB has extended its commission of this service for another 3 years.



VAH provide a range of support through training, advice and the production of up to date guidance. In addition, VAH support organisations with their safer recruitment processes, including helping to process DBS checks.

Their outreach team have helped embed knowledge about priority areas for the Partnership including domestic abuse, FGM, child exploitation, modern day slavery and mental health. They also offer a helping hand to volunteers who need guidance on how to make or pursue referrals to statutory agencies when concerned for a child. This has helped to build up confidence in the voluntary sector when they need to ensure that their voice is heard.

Year on year, we have seen VAH reach a wider range of smaller organisations that are working very close with our diverse communities – and consequently VAH's activities have supported the HSCB in making safeguarding children everybody's business. This year they have offered training and support to well over 100 local organisations.



I didn't know about some of the things I was taught – you have taken me out of my comfort bubble

A really well structured session

Approachable and really friendly trainer

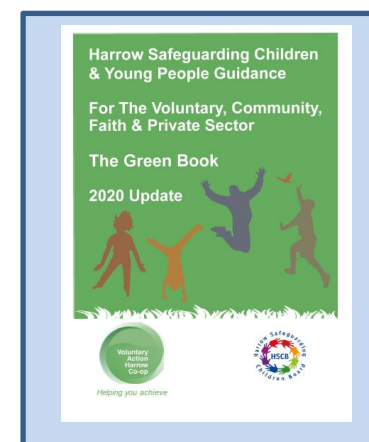
The VAH outreach team is also an active member of the Partnership's subgroups providing key support to the multi-agency training pool, the annual safeguarding conference and focused working groups.

As this report is being written, we note the exceptional response VAH and the voluntary sector as a whole made from March 2020 onwards to Covid-19 and the lockdown – maintaining vigilance and working hard to safeguard and promote the welfare of children and young people in Harrow.

Another significant achievement is the revision of the joint VAH and HSCB '**Green Book**' a comprehensive guidance tool for the voluntary and private sector. VAH have brought this up to date to reflect changes in legislation and to inform the sector of key safeguarding issues – including emerging themes for Harrow.

The Guidance also provides the sector with model policies to help them meet their safeguarding responsibilities.

[safeguarding Green Book](#)



LEARNING AND DEVELOPMENT

The HSCB's Learning and Development Programme

Following a restructure of the Learning and Development programme in 2018 a new programme was delivered throughout 2019 into 2020. This was a response to demands for shorter refresher courses which allow for easier release of staff to attend, without putting undue pressure on service delivery.

The HSCB's Core courses: Introduction and Advanced Safeguarding, continue as full day courses. These are necessary to equip those with lead duties, especially in their contribution to Child Protection Conferences and core groups.

Our refresher courses were delivered as Learning Events, which ranged from lunchtime forums to half-day sessions. Those attending our courses are provided with certificates to evidence their continued professional development.

All courses are for a multi-agency audience, promoting better understanding of how the Partnership needs to work together – and the courses are delivered by a very committed and experienced pool of multi-agency trainers.



From time to time the HSCB's training pool members have also provided some separate support to single agencies own internal training.

A wide range of courses have been maintained, reflecting existing and emerging themes e.g. Domestic Abuse, Substance Misuse, Neglect, Sexual and Criminal Exploitation, Problem Gambling, Abuse linked to culture/beliefs such as FGM, Breast Flattening, and Forced Marriage.

Next steps include developing new courses which deal with the link between Mental Health and safeguarding. We are also strengthening our collaboration with adult services by adapting our course content and thereby encouraging a mix of delegates from both children and adult services.



New Ways of Working

The Learning and Development Sub-group have begun planning for the delivery of courses via video platforms in response to the restrictions brought in by the Lockdown for Covid-19. Pilot events have already indicated that such platforms attract good attendance from all partners in Harrow and so the multi-agency training pool will be skilled up to deliver our learning events through these means.

The Designated Safeguarding Leads Forum for Schools

The HSCB's termly Designated Safeguarding Forum has continued to attract very high attendance from schools and colleges in Harrow.

The Forums are a useful way of keeping Designated Safeguarding Leads in schools up to date with safeguarding knowledge and requirements – in an environment where they can also network with each other.

As well as keeping their safeguarding knowledge up to date, DSLs make good use of the forum to raise and discuss key issues with senior representatives from partner agencies.

ANNUAL SAFEGUARDING CONFERENCE - MENTAL HEALTH, SELF-HARM & SUICIDE AWARENESS

The HSCB and HSAB chose Mental Health – Self-harm and Suicide Awareness as its topic this year in response to growing national concerns and some very tragic local cases.

The very sad story of Molly Russell, a young girl who took her own life and the findings of a case review into the death of an elderly woman meant that Harrow needed to take action.

The Safeguarding Boards were very privileged to be supported by experts in the field and courageous parents who wanted to help us make a difference for other young people and vulnerable adults:

- **Nick Dorling** works in Mental Health Law and shared his knowledge of the law and particularly the dilemmas that professionals encounter when balancing the need to protect someone from harm against their right to self-determination
- **Ian Russell**, father of Molly gave a powerful presentation of his insight into the pressures faced by young people and promoted the need for us all to identify concerns early. The excellent work of the Molly Rose Foundation is being used to inform our local agencies and schools in particular



- **Dr Sangeeta Mahajan** is a consultant anaesthetist and Trustee of Papyrus – a charity for the prevention of suicide in young people – gave us a fascinating insight into brain development and the impact on emotional development. She also shared her own story of the loss of a child to suicide, balancing both her professional and personal knowledge and experience
- **Dr Paul Hopper**, Divisional Medical Director for Central North West London Healthcare Trust gave us a highly informative presentation on the links between physical health and providing mental health care for the elderly
- **Jevoughan Gregg-Fuller** made a very powerful impression when he shared his experience as a service user – and he also urged us to ‘read the signs’ early when a young person is struggling with depression



Workshops

The conference was also supported by an excellent range of workshops – examining topics for both the adult and children’s workforce; sharing their expertise and local resources:

- Molly Rose Foundation and Papyrus
- The Wish Centre
- MIND in Harrow
- Voluntary Action Harrow
- Near Neighbours
- Samaritans Outreach

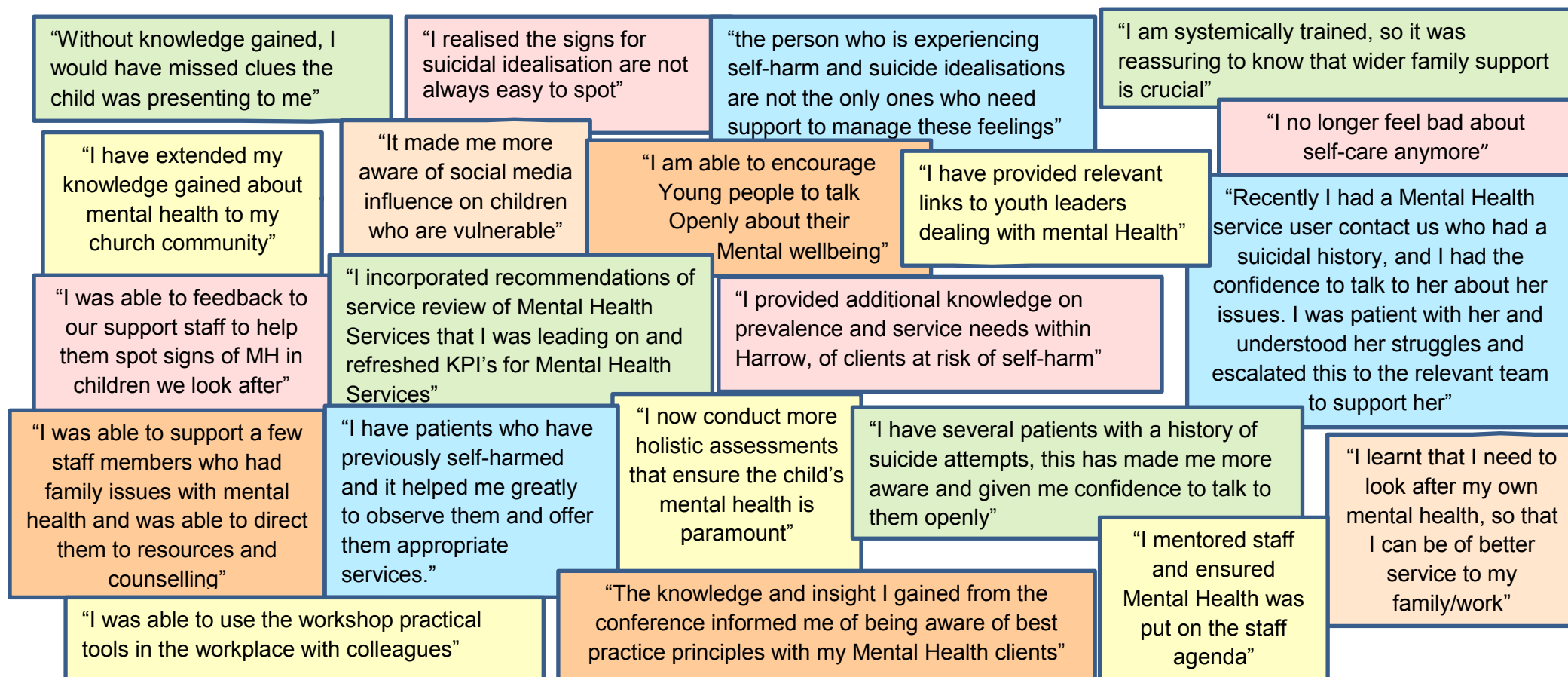


All delegates are asked to report back on how they have embedded the learning into their service.

2020 Annual Conference “Safeguarding Matters” Mental Health, Self-Harm & Suicide Awareness



We want to ensure that our safeguarding learning events lead to better, professional practice – and want our learning to improve the lives, wellbeing and outcomes of children, adults with support needs and their families in Harrow. Our 2020 joint conference with the Harrow Safeguarding Adults Board led to the following feedback and actions taken by a selection of those people who attended



MENTAL WELLBEING

Waiting Times for Child and Adolescent Mental Health Service (CAMHS)

In previous years, the HSCB questioned the delays that children and young people experience in waiting for assessment and treatment services from CAMHS. However, in its Safeguarding Health Outcomes Framework report for 2019 to 2020, CAMHS presented data to evidence a marked improvement – and now Harrow CAMHS is now very close to meeting its targets.

Improvements in provision of Tier 4 Care

Tier 4 care is the term used to describe in-patient mental healthcare. Nationally, there have been considerable challenges to finding appropriate placements, especially close to home for children and young people.

Lavender Walk is a new facility for adolescents recently opened to bring about improvements to this issue. It is a dedicated unit for young people with mental health difficulties aged between 13 up and 18. It offers inpatient care for up to 12 young people and a day programme for 4 young people. This adds to the existing provision at Collingham Gardens for younger children.



The Team at Lavender Walk



Self-Harm Data from London North West University Healthcare Trust (LNUHT)

At the request of the Quality Assurance Sub-group, LNUHT has begun presenting data on how many children and young people are admitted to hospital with self-harm. The first quarter year's data was presented in December 2019 showing that there had been 90 admissions to Northwick Park Hospital and 12 to Ealing Hospital. Unfortunately LNUHT cannot yet identify Harrow specific cases and these figures include young people from neighbouring boroughs and not just Harrow.

Harrow has the smallest population of the cluster of boroughs served by these hospitals, so it is likely that Harrow's young people make up a relatively small proportion of these figures.

All young people admitted due to self-harm are assessed by mental health services for further support and or treatment.

As the data is now becoming available, this will allow the Sub-group to monitor any changes and seek further details about the nature, cause and outcomes. A&E staff remain vigilant to the links with contextual safeguarding risks for these young people.

MENTAL WELLBEING

Supporting Schools Supporting Children

Schools in Harrow have prioritised the need to promote and maintain good mental health for the children and young people in their care. Curriculums, pastoral arrangements, Educational Psychological Services and a range of external services are provided to respond to the general and individual needs of their pupils. Schools have shown a strong commitment to equipping their staff to identify early signs of anxiety, depression and self-harming behaviour.

The HSCB's Designated Safeguarding Leads Forum has invited a number of local and national organisations to keep schools up to date with research and emerging themes such as those associated with peer pressure, on-line abuse and criminal/sexual exploitation.

The Forum has been used to share information about available mental health resources and to gain feedback from schools about their effectiveness in meeting the needs of their young people. Some examples include:



Papyrus is a national charity dedicated to the prevention of young suicide. They have supported schools in Harrow by providing confidential support and advice to young people and to anyone worried about them. Schools have also benefitted from the training they provide to help staff understand personal and societal attitudes to suicide, equip them to spot early signs and give them the confidence to explore and respond.



The wish centre is a London based charity that works to prevent self harm, abuse and exploitation of young people. It provides therapy and counselling in many of the schools in Harrow and at its centre in Harrow.

Schools and other partners, including community groups have also taken advantage of the training the wish centre provide in order to develop strategies in helping young people to stop self harming. The team working with the wish centre also support the HSCB's multi-agency training programme.

Was able to understand the reasons people self harm

Very informative – I learnt a lot about self harming and how to get help

Other Mental Health Support in Harrow

Harrow's schools and colleges have also taken advantage of a range of services, including workshops provided by Mind in Harrow and Samaritan's Outreach – both raising awareness of the importance of mental health, emotional resilience and stress management – providing children, young people and staff with coping strategies. They also provide specialist workshops for young people who have self-harmed or who have suicidal thoughts.

DOMESTIC ABUSE

Challenging Gender Bias

Domestic abuse remains a key factor in the majority of child protection referrals and so the Quality Assurance Sub-group maintain regular scrutiny of all related data. A joint HSCB and HSAB audit of domestic abuse cases in 2018 revealed that domestic abuse perpetrated by females was often not viewed as serious as that perpetrated by males, especially in relation to the impact on children. Even where behaviour was clearly the same, it was not being recorded within the category or context of domestic abuse when perpetrated by a woman. This situation meant that potentially the harm was being 'underplayed' in both assessments and interventions.

The HSCB began to address this throughout 2019 in a revised training course for domestic abuse.

By the end of 2019, domestic abuse data indicated a marked increase in the proportion of domestic abuse cases where the victim was recorded as male – now reaching 25% of domestic abuse referrals.



Expanding the use and scope of Operation Encompass

Operation Encompass is a system by which the police notify a school of an incident of domestic abuse which may have affected one of their pupils. It allows for timely notification (by the following morning) so that the school can respond appropriately to the child's needs and it may prompt the school to share relevant information with the police and/or MASH (The Multi-agency Safeguarding Hub) to further safeguard the child.

The HSCB is very keen for schools in Harrow to connect with this system and has promoted the known benefits of such information sharing at its Designated Safeguarding Leads Forum.

In 2019 the HSCB sought feedback from schools about the benefits of the system and any obstacles to its effectiveness. There was mixed feedback, with some schools expressing disappointment with limitations on the type of incident reported to them. For example, only cases where a child was actually present during an incident were being reported. This left out a large number of cases where a child may not have been present at the time, but nevertheless was affected by living in such a hostile environment.

The challenge was raised with the local Basic Command Unit which responded very positively by expanding the scope of cases reported by schools.

In addition, the HSCB sought assurance from the MASH that schools are informed and consulted in all cases of reported domestic abuse, so that schools can actively contribute to the assessment of risk and respond to the emotional needs of the child.



CONTEXTUAL SAFEGUARDING

Contextual Safeguarding seeks to understand, and respond to, young people's experiences of significant harm experienced beyond their families. It recognises that the different relationships that young people form among their peers, in their neighbourhoods, in their schools and online can involve or lead to violence and abuse. This became one of the Partnership's priorities in 2019 and much activity has taken place to build upon and strengthen our response to concerns of child sexual exploitation and extend the focus to the interlinked concerns of criminal and sexual exploitation for both children and vulnerable adults.

Multi-agency Criminal Exploitation Panel (MACE)

The MACE Panel was set up in 2019 and replaced the existing Child Sexual Exploitation Panel in recognition that many of the young people were both exploited sexually and criminally or significantly linked through peer group relationships.

The Panel looks for patterns and themes from known cases. It identifies links between victims and perpetrators; sometimes finding that the same individual is both. It also identifies 'hot spots' and cross border issues which are used to inform and target strategic and operational responses across Harrow and often in collaboration with other areas due to gang or 'County Lines' activity.

New Terms of Reference have been agreed by the partnership, with a focus on:

- **Predict and Prevent** – drawing upon data and emerging themes (local and national)
- **Identify and Intervene** – using a wide range of local sources of intelligence
- **Disrupting and Stopping Perpetrators** – agencies flexibly apply the full range of disruption tactics available through both criminal and civil routes to protect children and young people.



MACE works closely with colleagues in the Community Safety Team and the Adult Safeguarding Team. Together they have identified 'hot spots' in areas and in residences where action has been taken to successfully disrupt and, where necessary, prosecute offenders.

Rescue and Response County Lines Project

In 2017 it was identified that nearly a third of 'County Lines' concerns originated in London, making London the major exporter of this high harm model of drug distribution. It drives gang related violent crime and criminal exploitation of young people and vulnerable adults. The London Mayor's Office for Policing and Crime has funded the Rescue and Response Project across London to help understand, target and respond to County Lines.

Harrow is committed to this Project and a wide range of statutory and voluntary organisations work together across Harrow and beyond to combat the activities and impact of this crime on our young people and vulnerable adults.

What we know – and the response in Harrow:

Harrow is fortunate in being less impacted by County Lines than some other North London boroughs, but it has nonetheless referred 35 people to the project for support (18 children and young people and 17 adults). The 11th highest referring borough in London.

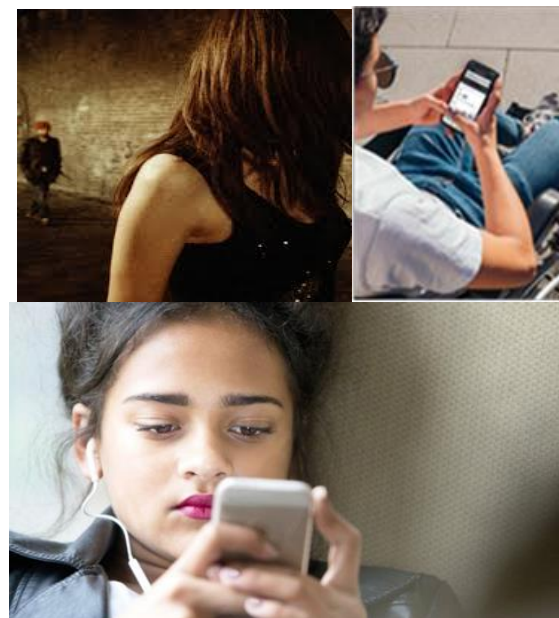
On average across London, young people make up 33% of all referrals into the Project. Harrow's higher referral rate of 59%, according to the Project, indicates that organisations in Harrow are good at identifying concerns for young people at an earlier stage through effective sharing of intelligence.

CONTEXTUAL SAFEGUARDING

Serious Incident Group

This school's led initiative is a multi-agency meeting held monthly to gather information about current incidents and emerging themes affecting school age children in relation to issues such as peer abuse; gang rivalries, criminal and anti-social behaviour in shopping precincts etc.

Along with the MPS and security for the business community, the group forms a network for sharing intelligence and identifying young people in need of diversion or protection at the earliest possible stage. Intervention then takes place with the young person and their parents/carers to confront them with the behaviour of concern and offer support to divert them from similar behaviour. Every effort is made to encourage young people to understand the impact of their behaviour on other young people, their communities and local businesses, so that they are steered away from prosecution and a life of crime.



This Serious Incident Group makes a significant impact in Harrow

The Serious Incident group also acts as an alert to the network about organised activities e.g. where intelligence indicates that there might be inter-school altercations planned. This allows the police, school staff and business security staff to make their own presence known to deter and sometimes formally exclude individuals or groups from specified areas.

The positive contribution this group has made to Contextual Safeguarding has been recognised in recent external inspections and reviews.

CONTEXTUAL SAFEGUARDING

CHILDREN AND YOUNG PEOPLE WHO GO MISSING

Children and young people who go missing from their homes or from care are often among the young people most at risk of criminal and sexual exploitation. The Partnership gives these cases a high priority by monitoring them on a weekly basis at a meeting attended by senior officers in Children's Social Care and the North West Borough Police Command Unit's Missing Persons Sergeant.

In July 2019 a second Missing, Vulnerable and Exploited Children Co-ordinator was appointed to the Violence, Vulnerability and Exploitation Team to improve the number of Return Home Interviews being carried out within 72 hours of a child returning. These interviews are crucial to identifying any harm suffered and any further risks for the young people concerned. They also provide an opportunity to set up support services e.g. counselling for any abuse they may have suffered, substance misuse and sexual health – as well as gathering intelligence that might help protect others from exploitation.



As is the case nationally, many of those who go missing in Harrow are Children Looked After. The number of Children Looked After in Harrow is relatively low compared to other areas but nonetheless these children often go missing on several occasions and so remain among the highest risk children requiring priority attention.

The Quality Assurance Sub-group continue to monitor the local response to these children and in particular the timeliness and effectiveness of Return Home Interviews.

CHILD ABUDUCTION WARNING NOTICES (CAWNS)

CAWNS are a tactic used by the police and social care to protect children from adults who pose a risk to them. They are warning letters to those that are believed to be involved in harbouring children.

In recent years CAWNS have become a valuable tool in the fight against Child Sexual Exploitation but they can be used where there is any element of exploitative intent and therefore relevant to our wider focus on criminal exploitation.



So far, Harrow's use of CAWNS has been less than most other London Boroughs and so the Quality Assurance Sub-group keeps the data under scrutiny and ensures that Violence, Vulnerability and Exploitation training highlights when CAWNS can be of use. The fairly recent restructuring of the Metropolitan Police Service should lead to greater consistency in their use across the North West London area.


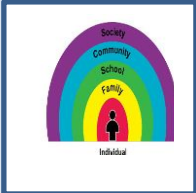




HARROW PARTNERSHIP PRIORITIES 2019-21



‘THINK WHOLE FAMILY’



 <p>Preventing harmful behaviours</p>	<p style="text-align: center;">1. MENTAL WELLBEING</p> <ul style="list-style-type: none"> • Promote an early intervention and prevention approach to mental ill health with a focus on harmful behaviours, including self-harm and suicide • Promote collaboration between services and agencies at all stages of assessment and intervention • Consider how multiple vulnerabilities impact mental ill health such as substance misuse and domestic abuse
 <p>Through a welfare lens</p>	 <p style="text-align: center;">2. CONTEXTUAL SAFEGUARDING</p> <ul style="list-style-type: none"> • Target the contexts in which that abuse occurs, from assessment through to intervention • Develop partnerships with agencies who have a reach into extra-familial contexts e.g. transport providers, retailers, residents associations, parks and recreation services • Monitor outcomes of success in relation to contextual, as well as individual, change
 <p>Early identification of risk</p>	<p style="text-align: center;">3. DOMESTIC ABUSE</p> <ul style="list-style-type: none"> • Ensure all relevant sectors have access to training and awareness training • Promote vigilance to the fact that age, gender, ethnicity and ability do not discriminate in terms of who can become a victim or perpetrator of domestic abuse • Ensure early intervention and appropriate support for victims • Promote access to specialist intervention programmes for perpetrators
<p><i>Considering the voice of children and those with care and support needs in everything we do</i></p>	<p>Safeguarding Guidance:</p> <p>Adults: http://www.harrow.gov.uk/safeguardingadults</p> <p>Children: www.harrowlscb.co.uk</p>

HSCB Budget & Expenditure 2019-20	
	Outturn
Harrow Council including Business Support	-152,014
Police / MOPAC	-5,000
National Probation Service and CRC	-1,000
London Fire Brigade	-500
Cafcass	-550
Harrow Clinical Commissioning Group	0
HSAB contribution to conference	-1,000
Training Income	-10,300
External Consultancy	-3,000
Total Income	-173,364
LSCB Chair	19,384
Professional Support (full time BM; Vacant part time L&D co-ordinator)	73,183
Training Admin (.8 FTE)	26,965
SCRs and Independent Auditing	180
Recruitment expenses	1,271
Voluntary Outreach work	14,000
Staffing & consultancy expenditure Total:	134,984
Council charges	21,020
Annual Conference	2,985
Training Providers	6,264
Venue Hire	229
LSCB Website & 3 year Chronolator™ Licence	3,250
TASP Membership	1,500
Publications, Printing, USB Production	84
Catering & Misc	3,049
Delivery Costs Total:	38,380
Total Expenditure:	173,364
Net Expenditure	0

Appendix 3: HSCB BOARD MEMBERSHIP AND ATTENDANCE – APRIL 2019 TO March 2020

Representing Organisation	Title	Attended
HSCB	Independent Chair	3/3
Lay Member	Vice Chair	3/3
Political Accountability	Lead Member children & Young People	1/3
Harrow Council, People Services	Corporate Director	3/3
Harrow Council, Public Health	Director of Public Health	2/3
Harrow Council, Education	Divisional Director	1/1
Harrow Safeguarding Adults Board representative	Service Manager 0-25 Disabilities Service	0/3
Harrow Council, Children and Young People Services	Divisional Director for Children & Young People	3/3
Harrow Council, Housing & Resident Services	Senior Professional	1/3
Metropolitan Police	Detective chief Inspector or Representative	3/3
Harrow CCG	Chief/Assistant Operating Officer	0/3
CCG Designated Nurse	Designated Nurse	2/3
Central North West London healthcare Foundation Trust	Associate Director (also Chair of Case Review Sub Group)	2/3
North West London University Healthcare Trust	Director of Nursing or Representative	3/3
Royal National Orthopaedic Hospital	Deputy Director of Nursing or Representative	1/3
West London Drugs Project	Service Manager	2/3
Sexual Health Services	Consultant Doctor	0/3
NHS England	Lead for NW London	1/3
Voluntary Sector	Director, The WISH Centre	0/3
High Schools	Headteacher, Kingsley High School	2/3
Infant and Primary	Headteacher, Kenmore Park	1/3
Independent Schools	Safeguarding Leads for Harrow School and John Lyon School	2/3
Colleges	Safeguarding Lead Stanmore	3/3
Special Schools	Lead for Special Needs and Kinglsey School	3/3
National Probation Service	Assistant Chief Officer	1/3
Community Rehabilitation Company	Head of Stakeholders & Partnerships	0/3
Cafcass	Head of Service	1/3
Sub Groups:		
HSCB Chair, Case Review Sub-Group	Director, Safeguarding & Safety, CNWL	2/3
HSCB Chair, Quality Assurance Sub Group	Service Manager, Quality Assurance (LA)	3/3
HSCB Chair of Learning & Development Sub-Group	Lead for special Needs – Shaftesbury School	2/3
Sub Groups in existence only for 4.6.19 meeting		
HSCB Chair, Policy & Procedures Sub-Group	Quality Assurance Officer (LA)	0/1
HSCB Chair, Violence, Vulnerability & Exploitation Sub Group	Head of Service, Children's Access Team	0/1
Advisor to the Board	Senior Solicitor, Harrow Legal Services	1/3
Advisor to the Board	Business Manager	3/3

Board Meeting dates: 4.6.19, 17.9.20 & 3.12.20



Appendix *: HSSP MEMBERSHIP AND ATTENDANCE – APRIL 2019 TO March 2020

Representing Organisation	Title	Attended
Harrow Council	CEO and Chair	4/4
Harrow Council	Corporate Director People Services	4/4
Harrow CCG	Chair of Harrow CCG	3/4
Harrow CCG	Managing Director of Harrow CCG	2/4
Collaboration of CCGs	Chief Nurse, NWL	2/2
Harrow CCG	Designated Nurse Safeguarding Children	3/3
Harrow CCG	Designated Nurse Safeguarding Adults	2/2
MPS	Met Police Safeguarding Partnership Hub	4/4
Primary Schools HSSP Representative	Head of Norbury School	1/1
Secondary Schools/Colleges HSSP Representative	Head of Bentleywood School	1/1
Harrow Children's Services	Divisional Director, Children and Young People's Services	2/2
Harrow Adult's Services	Director Adults Social Services	1/2
Independent	Chair of HSCB and HSAB	4/4
Harrow Safeguarding Adults Board	HSAB Business Manager	3/3
Harrow Safeguarding Children Board	HSCB Business Manager	4/4

HSSP Meeting dates: First Meeting 30/5/19, 17/6/19, 8/11/19; 27/1/20 (please note some members joined at a later date).



Report for: **Health and Wellbeing Board**

Date of Meeting: Tuesday 24th November

Subject: Focus for Healthwatch Harrow
October 2020 - March 2021

Responsible Officer: Paul Hewitt

Public: Yes

Wards affected: All

Enclosures: Information Report only

Section 1 – Summary and Recommendations

Report for Information

This report is being shared to raise awareness of the revised focus of Healthwatch Harrow. This was discussed and supported at the Health and Care Executive Meeting, which drives the Integrated care partnership in Harrow. Members and Partners are already aware and supportive, but this also needs to be in the public domain and via the Health and Well-Being Board which is a statutory board. .

Recommendations:

The Board is requested to note the report. No decision is required as the report is for information only.

Section 2 – Report

Financial Implications/Comments

None

Legal Implications/Comments

None

Risk Management Implications

None

Equalities implications / Public Sector Equality Duty

As this is an information report ,no Equality impact assessment is required

Please see:

[https://harrowhub.harrow.gov.uk/downloads/file/9714/committee_report_templates - implications guidance](https://harrowhub.harrow.gov.uk/downloads/file/9714/committee_report_templates_-_implications_guidance)

Council Priorities

Not relevant in this case

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

Not Applicable

Section 4 - Contact Details and Background Papers

Contact: Paul Hewitt Corporate Director for People Services

paul.hewitt@harrow.gov.uk

Focus for Healthwatch Harrow October 2020 to March 2021



Your Voice, Your Harrow - have your say on local health and social care services

1.Introduction

Healthwatch Harrow has been the residents local voice and consumer champion for health and social care across the London Borough of Harrow since 2013. The service has benefitted from financial and non-financial support from its parent Charity H M Partnership for several years.

However, like other organisations, a combination of continued cuts in funding, the challenges posed by COVID-19 and the evolving complex health and social care system across North West London mean that Healthwatch Harrow is no longer in a position to meet its wide range of statutory obligations or sustain a comprehensive level of service from October 2020 until March 2021 and beyond.

In the current climate the increasing challenge is how do we get the patient voice into a system that is new and complex and in a somewhat crowded arena, where there are several different organisations all claiming to represent the patient voice.

We are currently all in a period of change, which provides the opportunity to re-shape how we do things, consider resources, and refocus activities to where Healthwatch Harrow can have the most impact and improve outcomes.

We have therefore agreed with Harrow Council, that the targeted priority for the service between October 2020 and March 2021 will be on:

Black Lives Matter and the disproportionate impact of COVID 19 on BAME residents in the borough.

The HM Partnership Board remains committed to servicing its communities as best as possible and will strive to influence key stakeholders and partners to secure additional resources so that we can continue to provide an effective, relevant and value for money service for our residents.

As a result of discussions with the Local Authority and the CCG, Healthwatch Harrow's remit for this coming period has been refined, to work in line with the drivers noted below and with the targeted focus as stated above.

Healthwatch Harrow remains totally independent and works with various organisations to gather intelligence / evidence in order to check and challenge service delivery, identify where services need to change and make recommendations to the CCG, Council and other health providers.

Whilst the focus of our work is targeted, we can and will still escalate issues that our brought to our attention. We will continue to produce our newsletters and quarterly trend analysis reports and provide regular updates to the Harrow Health & Care Executive, Joint Management Board, Health & Wellbeing Board and the CCG Governing Body.

2. Drivers for this period October 2020 to March 2021

Drivers:

- NW London Out of Hospital Recovery Plan: Harrow
- Winter planning
- Second spike Covid-19 planning
- Case for Change - one CCG
- PHE report on Impact of COVID 19 on BAME communities
- Marmot Review 10 years on.

3. Our Focus

The aim is to concentrate resources and capacity towards the big issue facing Harrow at any one time in order to maximise impact and avoid spreading limited resource too thinly. Healthwatch, in consultation with the Council and CCG would each year decide what the key local issue should be, where Healthwatch can provide independent challenge / scrutiny of the Health & Social Care systems locally.

It has been agreed that the targeted priority for the borough this year should be:

Black Lives Matter and the disproportionate impact of COVID 19 on BAME residents in the borough.

In May 2020 Public Health England published its report on disparities on the BAME community with Covid-19. This found that the impact of Covid-19 replicated existing health inequalities, and in some cases increased them. This followed on from the Marmot Review - 10 Years on that examined the progress in addressing health inequalities in England 10 years on from the study Fair Society, Healthy Lives. This highlights that health inequalities are widening, and life expectancy is stalling. Harrow has a very diverse population with approx. 60% from BAME communities so this is a very real issue for our residents.

4. Our Approach

- Targeted outreach: focus groups, surveys, online, feedback from Harrow residents and also staff / employee focussed outreach
- Targeted Community Engagement with Service Providers / Community Organisations and Charities: raising awareness and capturing intelligence /

trends and following our 8 lines of enquiry as detailed in the next section

- Communications: social media, website, newsletters, reports
- Regular Intelligence updates to:
 - Harrow Health & Care Executive Committee
 - JMB
 - Health & Wellbeing Board
 - CCG Governing Body
- Advice and Information sharing:
 - Signposting of queries and complaints
 - Bi monthly newsletters
 - Social media
 - Website.

Our outreach and community engagement will be focussed on targeted groups and organisations where there is a higher population of those from the BAME community and services where we are aware of inequalities and a disproportionate impact of COVID 19.

Participation at selected service providers and stakeholder meetings only.

5. Feedback Based on 8 Lines of Enquiry	
5.1	Investment in prevention - what is being done to strengthen prevention rather than just treat conditions?
5.2	Access to Services - what is being done to improve access to services for BAME residents in terms of: <ul style="list-style-type: none">i) Information and communications with professionals, booking appointments, explaining medication, charges etcii) Technology and digital access to health and care servicesiii) Physical access to buildings and ability to travel to themiv) Attitudinal/perception barriers to access, culturally sensitive provision?
5.3	How are health and social care services integrating with the wider local system to support and look at the wider determinants of health?
5.4	Are algorithms and formula being used in any services?
5.5	To Inform and update the Board on key Operational matters.
	Health and social care as an employer - what actions are being taken

5.6	to improve contract security, LLW, working environment, career development and pathways, mental health for BAME staff?
5.7	The appropriateness and accessibility of integrated support for shielding residents?
5.8	Friends and family tests, health checks - are they reaching BAME communities?

“A lack of adequate respite care - my daughter has cerebral palsy and I haven’t had respite for two years.

I have no confidence in our social worker and don’t know where to go, to get help.”

Harrow resident and service user

Marie Pate
Operations Manager, Healthwatch Harrow

About Us (Contact Details):

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