

# **Health and Wellbeing Board Supplemental Agenda**

**Date: Tuesday 22 November 2022**

**7. Review of Terms of Reference (Pages 1 - 28)**

**13. The Harrow Safeguarding Partnership Children and Adults Annual Report  
(Pages 29 - 59)**

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**Report for:** **Health and Wellbeing Board**

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<b>Date of Meeting:</b>	22 November 2022
<b>Subject:</b>	Health and Wellbeing Board Terms of Reference
<b>Responsible Officer:</b>	Hugh Peart - Director of Legal and Governance Services
<b>Public:</b>	Yes
<b>Wards affected:</b>	All
<b>Enclosures:</b>	Appendix 1 – Revised Terms of Reference  Appendix 2 – Revised Health and Wellbeing Board Procedure Rules

## **Section 1 – Summary and Recommendations**

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This report sets out revised Terms of Reference for the Health and Wellbeing Board (HWB) and confirmation of its membership.

### **Recommendations:**

The Board is requested to

- (1) Endorse the revised terms of reference of the Board as set out in Appendix 1 to this report;
- (2) Endorse the revised Health and Wellbeing Board Procedure Rules as set out in Appendix 2 to this report;
- (3) Discuss, consider and agree whether the proposed quorum for the HWB requiring at least one member of the Council and one member of the North West Integrated Care Board being present is appropriate;
- (4) Recommend to Council that the Constitution be updated on the revised terms of reference (as set out in Appendix 1 to this report), the Health and Wellbeing Board Procedure Rules (as set out in appendix 2 to this report) and the outcome of the discussion on the quorum for the HWB; and
- (5) Re-affirm that Dr Radhika Balu be appointed as Vice-Chair for the remainder of the 2022-23 municipal year.

## **Section 2 – Report**

### **Background**

- 2.1 The Health and Social Care Act 2012 required the Council to establish a Health and Wellbeing Board from 1 April 2013. The Act had the effect of establishing the Board as a formal Committee of the Council, performing a number of roles including overseeing the production of the Health and Wellbeing Strategy and the Joint Strategic Needs Assessment and playing a key role in encouraging integrated health working to improve the quality of life for local residents.
- 2.2 The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 provided further provisions relating to the governance of Health and Wellbeing Boards.
- 2.3 The Council, at its extraordinary meeting on 23 May 2013, agreed to the establishment of the Health and Wellbeing Board (HWB), with its current terms of reference and procedural rules.

## **Current Terms of Reference and Membership**

- 2.4 In accordance with the relevant legislative provisions, the current terms of reference, at paragraph 4.1, provides that the Chair of the Board will be nominated by the Leader of Harrow Council; or a nominated deputy.
- 2.5 Paragraph 4.2 of the Terms of Reference also provides that the current Membership of the HWB is as follows:

### Voting Members

- Members of the Council nominated by the Leader of the Council
- Chair of the Harrow Clinical Commissioning Group (vice chair)
- GP representative of the Harrow Clinical Commissioning Group
- A further representative of the Harrow Clinical Commissioning Group
- CCG Accountable Officer or nominee
- Representative of Healthwatch Harrow

### Non-voting members

- Director of Public Health
- Chief Officer, Voluntary and Community Sector
- Senior Officer of Harrow Police
- Chair of the Harrow Safeguarding Children and Adult Board
- Chief Operating Officer – CCG
- Corporate Director People
- Director Adult Social Services

## **Proposed Terms of Reference and Membership**

- 2.6 It is important to note that since 1 July 2022, Clinical Commission Groups were replaced with Integrated Care Groups. Several additional members of the HWB have also been added to ensure that the HWB has full representation to aid its discussions.
- 2.7 The terms of reference therefore require updating to ensure that they accurately reflect the current membership of the HWB.

2.8 It is therefore proposed that paragraph 4.2 of the terms of reference be amended to reflect the following:

Voting Members

- Members of the Council nominated by the Leader of the Council (5)
- Representatives of the North West London Integrated Care Board (3)
- Representative of Healthwatch Harrow (1).
- Representatives from the NHS (2)

Non-Voting Members

- Director of Public Health
- Chief Officer, Voluntary and Community Sector
- Senior Officer of Harrow Police
- Chair of the Harrow Safeguarding Children and Adult Board
- Managing Director of Harrow Based Partnership
- Corporate Director – People
- Director of Adult Social Services
- Director of Children Services

2.9 This therefore means that the membership of the HWB is as follows:

<b><u>Voting Members</u></b>	
Chairman	Councillor Paul Osborn
Members of Council Nominated by the Leader of the Council (5)	Councillor Ghazanfar Ali, Councillor Hitesh Karia, Councillor Pritesh Patel, Councillor Norman Stevenson  Reserves: Councillor David Ashton, Councillor Marilyn Ashton, Councillor Chetna Halai, Councillor Anjana Patel, Councillor Natasha Proctor

Representatives of North West London Integrated Care Board (3)	Dr Radhika Balu (Vice Chair), Isha Coombes, third person tbc  Reserves: Hugh Caslake
Representative of Healthwatch Harrow	Yaa Asamany  Reserve: Marie Pate
Representatives from the NHS (2)	Simon Crawford, James Benson,  Reserves: James Walters, Jackie Allain
<b><u>Non-Voting Members</u></b>	
Director of Public Health	Carole Furlong
Chief Officer, Voluntary and Community Sector	John Higgins
Senior Officer of Harrow Police	Inspector Edward Baildon
Chair of the Harrow Safeguarding Children and Adult Board	Chris Miller
Managing Director of Harrow Borough Based Partnership	Lisa Henschen
Corporate Director – People	Senel Arkut
Director of Adult Social Services	Shaun Riley
Director of Children Services	Peter Tolley

- 2.10 The proposed quorum of the Board states that it shall be 50% of the voting membership – however there must be attendance of at least one voting member from both the Council and the North West London Integrated Care Board. The HWB are requested to have a discussion on whether the requirement for a voting member from both the Council and the North West London Integrated Care Board is appropriate.
- 2.11 The Vice-Chair of the HWB, was Dr Radhika Balu, in her capacity as Chair of the Clinical Commissioning Group. It is proposed that the HWB re-affirms that Dr Balu remains as Vice-Chair for the remainder of the municipal year. The proposed revision to the terms of references

proposes that the Vice-Chair will be one of the representatives of the North West London Integrated Care Board appointed to the HWB.

2.13 The full set of proposed Terms of Reference for the HWB is attached at Appendix 1 to this report and the proposed Health and Wellbeing Board Procedure Rules is attached at Appendix 2.

2.14 Adoption of the revised terms of reference and procedure rules will ensure clarity and adherence to the membership requirements of the HWB as required by the Health and Social Care Act 2012.

### **Ward Councillors' comments**

3.1 None as this affects the whole Council.

### **Financial Implications/Comments**

4.1 There are no financial implications arising directly from this report.

### **Legal Implications/Comments**

5.1 These are contained within the body of the report.

### **Risk Management Implications**

Risks included on corporate or directorate risk register? **No**

Separate risk register in place? **No**

The following key risks should be taken into account when agreeing the recommendations in this report:

<b>Risk Description</b>	<b>Mitigations</b>	<b>RAG Status</b>
Failure to have correct membership of the HWB will compromise its ability to make relevant decisions	<ul style="list-style-type: none"><li>▪ Adoption of the membership recommendations in this report ensure compliance with the relevant legislation</li></ul>	Amber

## **Equalities implications / Public Sector Equality Duty**

Was an Equality Impact Assessment carried out? No

An Equality Impact Assessment was not carried out as the membership of the Board requires adherence to the relevant legislation.

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

**Statutory Officer: Donna Edwards**

Signed on behalf of the Chief Financial Officer

**Date: 7 November 2022**

**Statutory Officer: Hugh Peart**

Signed by the Monitoring Officer

**Date: 7 November 2022**

**Chief Officer: Carole Furlong**

Signed on behalf of the Corporate Director - People

**Date: 7 November 2022**

### **Mandatory Checks**

**Ward Councillors notified: NO, as it impacts on all Wards**

### **Section 4 - Contact Details and Background Papers**

**Contact:** Vishal Seegoolam, Democratic, Electoral and Registration Services Manager, 020 8424 1158

**Background Papers:** List **only non-exempt** documents (ie not Private and Confidential/Part II documents) relied on to a material extent in preparing the report (eg previous reports). Where possible also include a web link to the documents.



None

If appropriate, does the report include the following considerations?

1. Consultation
2. Priorities

NO  
YES

## Health and Wellbeing Board

### 1. Accountability

The Health and Wellbeing Board is set up in accordance with section 19402 of the Health and Social Care Act 2012 which makes provision for the Council to establish a Health and Wellbeing Board as a Committee of the Council appointed under section 102 of the Local Government Act 1972. The Council can choose to delegate decision making powers to the Health and Wellbeing Board. Any recommendations are subject to the agreement of the Leader of the Council if they are not covered by the delegated authority.

Members of the Board will be required to abide by the Code of Conduct.

### 2. Purpose of the Board

2.1. The Health and Wellbeing Board has 3 main functions:

- to assess the needs of the local population and lead the statutory joint strategic needs assessment
- to promote integration and partnership across areas, including through promoting joined up commissioning plans across NHS, social care and public health
- to support joint commissioning and pooled arrangements, where all parties agree this makes sense

The Board covers both adult and children's issues.

2.2. 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.

2.3. Scrutiny of the Board's activities will be performed by the Council's Health Scrutiny Committee.

### 3. Key Responsibilities

3.1. The key responsibilities of the Health and Wellbeing Board shall be:

- 3.1.1. To agree health and wellbeing priorities for Harrow
- 3.1.2. To develop the joint strategic needs assessment
- 3.1.3. To develop a joint health and wellbeing strategy
- 3.1.4. To promote joint commissioning

- 3.1.5. To ensure that Harrow Council and the CCG commissioning plans have had sufficient regard to the Joint Health and Wellbeing strategy
- 3.1.6. To consider how to best use the totality of resources available for health and wellbeing, subject to the governance processes of the respective partner organisations as appropriate.
- 3.1.7. To oversee the quality of commissioned health services
- 3.1.8. To provide a forum for public accountability of NHS, public health, social care and other health and wellbeing services
- 3.1.9. To monitor the outcomes of the public health framework, social care framework and NHS framework introduced from April 2013)
- 3.1.10. To authorise Harrow's ~~Clinical Commissioning Group~~Integrated Care Board's annual assessment
- 3.1.11. To produce a Pharmaceutical Needs Assessment and revise every three years
- 3.1.12. Undertake additional responsibilities as delegated by the local authority or the ~~Clinical Commissioning Group~~Integrated Care Board e.g. considering wider health determinants such as housing, or be the vehicle for lead commissioning of learning disabilities services.

#### 4. Membership

- 4.1. The Chair of the Board will be nominated by the Leader of Harrow Council; or a nominated deputy.
- 4.2. The voting membership will be:
  - Members of the Council nominated by the Leader of the Council ~~(5)~~
  - Chair of the Harrow ~~Clinical Commissioning Group~~Integrated Care Board (vice chair)
  - ~~GP representative of the Harrow Clinical Commissioning Group~~
  - ~~A further representative of the Harrow Clinical Commissioning Group~~Representatives of each Integrated Care Board in Harrow
  - ~~CCG~~Integrated Care Board Accountable Officer or nominee
  - ~~Representative of Healthwatch Harrow~~
  - Representatives from the NHS
- 4.3. The following Advisors will be non-voting members:
  - Director of Public Health
  - Chief Officer, Voluntary and Community Sector

- Senior Officer of Harrow Police
  - Chair of the Harrow Safeguarding Children and Adult Board
  - Chief Operating Officer – Integrated Care Board-CCG
  - Corporate Director, People
  - Director Adult Social Services
- 4.4. The voluntary and community sector representative shall be nominated by the Voluntary Community Sector Forum on an annual basis.
- 4.5. Board Members are appointed annually. Board Members shall each name a reserve who will have the authority to make decisions in the event that they are unable to attend a meeting.
- 4.6. Board members shall sign a register of attendance at each meeting and should not normally miss more than one meeting within a financial year.
- 4.7. ~~The chair of the Clinical Commissioning Group~~ A representative from the North West London Integrated Care Board will serve as the vice chair of the Health and Wellbeing Board.
- 4.8. Key providers in Harrow will be invited to attend meetings as required depending on the subject under discussion.
- 4.9. Other agencies and organisations will be invited as the Integrated Care Partnership (ICP) develops to enable good outcomes to be delivered for Harrow's citizens.

#### **4.10. Participation of the NHS England**

- 4.10.1. NHS England must appoint a representative to join Harrow's Health and Wellbeing Board for the purpose of participating in the Boards preparation of the JSNA and JHWS.
- 4.10.2. The Health and Wellbeing Board can request the participation of the NHS England representative when the Health and Wellbeing Board is considering a matter that relates to the exercise or proposed exercise of the commissioning functions of NHS England in relation to Harrow.

#### **4.11. Meeting Frequency**

- 4.11.1. The Board shall meet bi monthly subject to review
- 4.11.2. An extraordinary meeting will be called when the Chair considers this necessary and/or in the circumstances where the Chair receives a request in writing by 50% of the voting membership of the Board

#### **4.12. Health and Wellbeing Board Executive**

- 4.12.1. The purpose of the Health and Wellbeing Board Executive is to:
  - Develop and deliver a programme of work based on the Joint Commissioning priorities and the Joint Health and Wellbeing Strategy
  - Shape future years joint commissioning
  - Shape the agenda for future HWB meetings
  - Engage and understand the views of different organisations (including providers)
  - Bring together a collective view of partners and providers to the bi-monthly Health and Wellbeing Board
  - Share Commissioning Intentions and common priorities
  - Govern and quality assure the Health and Wellbeing Board work programme
  - Be aware and discuss emerging policy and strategy
  - Problem Solving
- 4.12.2. The meetings of the Executive will be scheduled to meet before the Board.
- 4.12.3. Membership will consist of senior officer representatives from both the Council and [Clinical Commissioning Group North West London Integrated Care Board](#), including the Directors of

Adults, Children's, and Public Health services, ~~the Chair of Harrow Clinical Commissioning Group, Accountable Officer, Chief Operating Officer~~, GP Clinical Directors, and finance officers.

- 4.12.4. The chairing of the Executive will alternate between the council's Corporate Director of People Services ~~and the Chief Operating Officer, Harrow CCG~~ a representative of the North West London Integrated Care Board.

#### **4.13. Local Safeguarding Boards**

- 4.13.1. The Council's two Local Safeguarding Boards have a horizontal link to the Health and Wellbeing Board and include:
- 4.13.1.1. Local Safeguarding Adults Board
- 4.13.1.2. Harrow Local Children's Safeguarding Board

#### **4.14. Conduct of Meetings**

- 4.14.1. Meetings of the Board will be held in public except where the public are excluded from the meeting by resolution in accordance with Access to Information Act.
- 4.14.2. The quorum of the Board shall be 50% of the voting membership – however there must be attendance of at least one voting member from both the Council and the ~~Clinical Commissioning Group~~ North West London Integrated Care Board. Should the quorum not be secured the meeting will not take place.
- 4.14.3. Decisions shall be made on the basis of a show of hands of a majority of voting members present. The Chair will have a second or casting vote.
- 4.14.4. Each meeting will have provision for the public to ask questions. There will be a total limit of 15 minutes for the asking and answering of public questions.
- 4.14.5. Harrow Council Democratic Services will service the meetings including the preparation and circulation of agenda and the production of minutes.
- 4.14.6. Minutes of the meetings will be available on the website of the council.
- 4.14.7. The Chair shall sign off the minutes as a true and accurate record of the meeting.
- 4.14.8. Agendas and supporting papers will be available on the website of the council at least five working days before the meeting.



# Health and Wellbeing Board Procedure Rules

## 1. Application of these Rules

- 1.1 These rules apply to the Harrow Health and Wellbeing Board which was set up in accordance with S102 Local Government Act 1972 and S194 Health and Social Care Act 2012.

## 2. Appointment of Reserves

Members of the Board shall each have a named Reserve who will have the authority to make decisions in the event that they are unable to attend a meeting. The Reserve will not be able to exercise any special powers or duties exercisable by the person for whom they are reserving.

### 2.1 Reserving

2.1.1 Reserve Members may attend meetings in that capacity only:

2.1.1.1 to take the place of an ordinary Member for whom they are a reserve;

2.1.1.2 where the ordinary Member will be absent for the whole of the meeting;

2.1.1.3 where the meeting notes at the start of the meeting at the item 'Reserves' that the Reserve Member is or will be attending as a reserve; and

2.1.1.4 if a Reserve Member whose intention to attend has been noted arrives after the commencement of the meeting, then that Reserve Member can only act as a Member from the start of the next item of business on the agenda after his/her arrival.

2.1.2 For the purposes of section 2.1.1.2 only, a meeting adjourned to another day shall be treated as a new meeting.

2.1.3 If a Reserve Member is in attendance at a meeting the ordinary member for whom they are substituting shall not be entitled to attend that meeting and take part as an ordinary member of that body.



### **3. Attendance of Members at Committees**

#### **3.1 No right to speak**

3.1.1 Any Member of the Council may attend meetings of the Board or its sub-committees and panels. Subject to 3.2 below, Councillors who are not ordinary members or attending Reserve Members of the Board or its sub-committees may not speak at meetings unless the Board or sub-committee agrees that the Member concerned may speak, or, the Member has been invited to the Board or sub-committee to speak.

#### **3.2 Motions referred to the Board or its sub-committees.**

3.2.1 **A Member of the Council who has proposed a motion which has been referred to the Board or sub-committee, shall be given at least three clear working days notice of the meeting at which the motion will be considered, by the Monitoring Officer. If the Member attends the meeting but is not an ordinary Member or attending Reserve member of the Board or sub-committee, he or she shall have an opportunity to explain the motion to the Board or sub-committee.**

#### **4. Appointment of Sub-Committees**

The Board may establish sub-committees with such terms as they consider necessary for the proper discharge of the functions of the Board.

#### **5. Chairing Board Meetings**

The Chair will be nominated by the Leader of the Council and appointed by Harrow Council ~~and is currently the Portfolio Holder for Adult Social Care, Health and Wellbeing.~~

##### **5.1 Vice Chair of the Board**

The Vice-Chair will be appointed by the ~~Clinical Commissioning Group~~ North West London Integrated Care Group.

##### **5.2 Absence of Chair at Meetings of the Board**

5.2.1 In the absence of the Chair, the Vice-Chair shall preside.

5.2.2 If after 15 minutes since the identified start time neither the Chair or Vice-Chair are present then the meeting shall elect a Chair for that meeting as its first order of business after the noting of Reserve Members.

5.2.3 Where the Chair and Vice-Chair have both submitted apologies in advance of the meeting to the Monitoring Officer then the first order of business shall be to elect a Chair for the meeting after the noting of Reserve Members.

#### **6. Business not on the Agenda**

##### **6.1 Business not on the agenda may only be considered where:**

6.1.1 the Access to Information Procedure Rules in Part 4G of the Constitution have been complied with; or

6.1.2 the Chairman makes an announcement that does not require a decision to be taken; or

6.1.3 a member of the Board or any Statutory Officer has requested that an item be placed on the agenda for the meeting at any time before

the start of the meeting and the Chair agrees to the item being included on the grounds of urgency and the Board agreeing to consider that item of business. The grounds of urgency and the circumstances giving rise to the request must be recorded in the minutes of the meeting.

- 6.1.4 If there is a request to add an agenda item to an agenda after the statutory deadline for publication, that item may only be considered if the Chair agrees, subject to consultation with the Vice-Chair (if reasonably practicable), and the Board agreeing to consider that item of business, by virtue of the special circumstances set out either in the report or on the supplemental agenda, that the item should be considered as a matter of urgency and specified in the minutes of the meeting.

## **7. Time and Place of Meetings**

- 7.1.1 **Meetings of the Board shall take place at the ~~Harrow Civic Centre~~venue stated on the agenda.** Following consultation with the Vice-Chair and subject to compliance with the Local Government (Access to Information) Act 1985, the Chair shall have the power to alter the venue, day and time if they believe it to be appropriate for the conduct of the business of the Board.

## **8. Cancellation of Meetings**

- 8.1 **The Head of Paid Service and or the Monitoring Officer may cancel a meeting of the Board either before or after the agenda for the meeting has been issued provided that reasons for the cancellation are given.**

## **9. Calling of Special Meetings**

- 9.1 **Those listed below may request the Monitoring Officer to call committee, sub-committee or panel meetings in addition to ordinary scheduled meetings:**

9.1.1 the Board by resolution;

9.1.2 the Chair of the Board. The Chair must, before requesting the Monitoring Officer to call a special meeting, consult with the Vice-Chair;

- 9.1.3 at least one-third of the members of the Board, if they have signed a requisition presented to the Chair of the Board and they have refused to call a meeting or has failed to call a meeting within five clear working days of the presentation of the requisition;

## **10. Business**

### **10.1 Business at special meetings of the Board shall be restricted to:**

- 10.1.1 the election of a person to preside if the Chair and Vice Chair are absent;
- 10.1.2 any item of business specified by the Board, Chair or Monitoring Officer or Statutory Officer when calling the meeting;
- 10.1.3 any deputations relating to items of business on the agenda which the Chair agrees to hear.

## **11. Notice of and Summons to Meetings**

- 11.1 **The Monitoring Officer will give notice to the public of the time and place of any meeting in accordance with the Access to Information Procedure Rules set out in Part 4G of the Constitution. At least five clear working days before a meeting, the Monitoring Officer will send an agenda front sheet by post to every member of the Board. The agenda will give the date, time and place of the meeting and specify the business to be transacted and will be accompanied by all relevant reports.**

### **Quorum**

- 11.2 **The quorum of a meeting will be 50% of the voting membership. However at least one voting member from both the Council and the ~~Clinical Commissioning Group~~North West London Integrated Care Board must be in attendance. Should the quorum not be secured the meeting will not take place.**
- 11.3 **If, after 15 minutes from the advertised time of the start of the meeting, or such other longer period as the Chair may decide, a quorum is not present, the meeting will not take place. Nor will there be an informal meeting. The Chair may announce the time and date that the meeting will be convened.**

**11.4 During any meeting, if the Chair counts the number present and declares there is not a quorum present, then the meeting will adjourn immediately. Remaining business will be considered at a time and date fixed by the Chair. If they do not fix a date, the remaining business will be considered at the next ordinary meeting of the Board.**

## **12. Duration of Meetings**

### **12.1 Commencement and Closure**

Meetings of the Board will commence at 3.00 pm and close at 5.00 pm unless it resolves to extend the meeting beyond that time.

### **12.2 Determining Business Upon Closure**

**12.2.1 At the time of closure the Chair will advise the Board that:**

**12.2.1.1 any speech commenced and then in progress shall be concluded;**

**12.2.1.2 the Chair will put any motion or recommendation then under consideration to the vote without further discussion;**

**12.2.1.3 any remaining business before the Board shall be put to the vote without discussion or further amendment.**

## **13. Petitions**

### **13.1 Presentation of Petitions**

**13.1.1** Petitions relating to a function of the Board shall be presented to the appropriate meeting of the Board. If the petitioners request that the petition be presented at a meeting of the Board this can be done in the following ways:

**13.1.1.1** a representative of the petitioners may attend, at the time stated for the start of the Board meeting, and request to read the petition to the meeting;

**13.1.1.2** the petitioners may approach a Member of the Board and ask them to read the petition on their behalf;

13.1.1.3 the petitioners may send the petition to the Monitoring Officer who will arrange for the Chair to read the petition.

13.1.2 The person presenting the petition may only read the terms of the petition and may not make any further comments. That person will have one minute to read the terms of the petition unless the Chair determines that this time limit should be extended or reduced.

### **Deputations**

**13.2 The Board may receive a deputation on any matter appearing on the relevant agenda.**

13.3 Requests for deputations must be in writing and supported by the signatures of at least 10 residents or representatives of local organisations or businesses in Harrow. The signatories must clearly state their names and addresses/qualifying business address. The request must explain why a deputation is required.

13.4 The request must be given to the Monitoring Officer at least two clear working days before the day of the meeting, although the Board can waive this requirement on the grounds of urgency.

13.5 The deputation to the meeting must consist of not more than four people. Those persons nominated to speak should also be signatories to the original written request to make a deputation. All may speak but the total length of the speeches from the deputation must not exceed 10 minutes.

**13.6 The time allowed for questioning of the deputation by Members of the Board will be 10 minutes.**

**13.7 The deputation shall be heard immediately before the relevant item on the agenda. The Chair has complete discretion to move any items that are subject to a deputation on the agenda.**

**13.8 The Board shall receive no more than two deputations per meeting.**

**13.9 No deputation shall be received by the Board within 6 months after a deputation has appeared before it on the same or a similar subject.**

13.10 Members of the Board and advisers (in that capacity) shall not be signatories to, lead or form part of any deputation.

13.11 **Members of staff may lead or join deputations only in their capacity as local electors and on issues other than those affecting their employment with the Council or Clinical Commissioning Group North West London Integrated Care Board.**

## **14. Public Questions**

### **14.1 General**

14.1.1 Members of the public may question the Chair of the Board at meetings. Questioners will not be allowed to address the Board generally on a matter, they may only ask questions relating to matters within the terms of reference of the Board. Questions relating to individual cases and/or matters relating to staffing and conditions of service will not be permitted.

### **14.2 Time Limit for Questions**

14.2.1 There will be a total limit of 15 minutes for the asking and answering of public questions. Once this time limit has been reached, no further questions can be asked but a questioner can complete a question or a supplemental question and the respondent can complete a reply. Unless the Chair permits otherwise, a reply to a question shall not exceed three minutes. If the Board member answering believes that a longer response is necessary an oral summary will be given and a full reply shall be completed in writing.

### **14.3 Order and Notice of Questions**

14.3.1 Questions will be asked in the order notice of them was received, except that the Chair may group together similar questions.

14.3.2 A question may only be asked if notice has been given in writing, by fax or by electronic mail to the Monitoring Officer at [publicquestions@harrow.gov.uk](mailto:publicquestions@harrow.gov.uk) no later than 3.00 pm two clear working days before the day of the meeting. Each question must be submitted by the questioner, identifying their name, address, and where appropriate email address, and state that the question is to the Chair of the Board.

**14.3.3 Without prejudicing 14.3.2 above, where a report is circulated after the normal Board despatch by supplemental agenda a**

**question may be asked, if notice has been given in writing, by fax or by electronic mail to the Monitoring Officer at publicquestions@harrow.gov.uk no later than 3.00 pm ONE clear working day before the day of the meeting. Each question must be emailed from the questioner's email address, give the name and address of the questioner and state that the question is to the Chair of the Board.**

14.3.4 The Chair of the Board may arrange for another Member of the Board to answer on his or her behalf.

14.3.5 The Council takes no responsibility for questions which are sent and fail to reach the correct e-mail address, postal address or fax number.

#### **14.4 Number of Questions**

14.4.1 At any one meeting no person may submit more than one question. A questioner will be allowed to ask a supplementary question directly relating to the content of the answer given to the written question. The Chair may reject a supplemental question if it falls within any of the categories in paragraph 14.5 below.

#### **14.5 Scope of Questions**

14.5.1 The Monitoring Officer may reject a written question if it:

14.5.1.1 would risk defamation of an individual or is frivolous or offensive; or

14.5.1.2 does not relate to a matter to which the Council has powers or duties; or

14.5.1.3 does not relate to a matter which affects the London Borough of Harrow; or

14.5.1.4 would require the disclosure of confidential or exempt information; or

14.5.1.5 is substantially the same as a question which has been put at any meeting of the Board in the last six months.



14.5.1.6 is within the invalid categories referred to at 14.1 above.

No invalid questions will be circulated.

## **14.6 Record of Public Questions**

**14.6.1 The Monitoring Officer will make written questions available for public inspection and will immediately send a copy of the written question to the person to whom it is to be put. If a question is rejected, reasons for rejection will be given to the questioner by the Monitoring Officer.**

14.6.2 Copies of all valid questions will be circulated to all Members of the Board and made available to the public at the meeting.

## **14.7 Asking the Question at the Meeting**

14.7.1 The Chair will invite the questioner to put the question and will respond to the question unless another Member has been nominated to answer on his or her behalf.

14.7.2 If a questioner, who has submitted a written question, is unable to be present, they may ask the Chair to put the question on their behalf.

14.7.3 The Chair may either:

14.7.3.1 ask the question on the questioner's behalf; or

14.7.3.2 indicate that a written reply will be given; or

14.7.3.3 decide, in the absence of the questioner, that the question will not be dealt with.

## **14.8 Written Answers**

14.8.1 Any written question, which cannot be dealt with during public question time because of lack of time, will be dealt with by written answer. A copy of any written answer shall be given to the Monitoring Officer who will send it to the questioner and all Members of the Board.

## **14.9 Reference of a Question to another Body**

14.9.1 Unless the Chair decides otherwise, no discussion will take place on any question, but any Member may propose that a matter raised by a question be referred to the appropriate body of Harrow Council or the [Clinical Commissioning Group North West London Integrated Care Board](#). Such a proposal will be voted on without discussion.

## **15. Confidential Business**

15.1 **All reports, other documents, information, discussions and proceedings of the Board which are marked Exempt under Schedule 12A of the Local Government Act 1972, or Confidential must be treated as such by all Members of the Board. Members of the public will not have access to these papers and discussions. Confidential or exempt items will be marked as such and the relevant part of Schedule 12A will be specified on the document. Confidential and/or exempt items will be discussed in 'Part II' of the Board meeting following a resolution to exclude the press and public.**

## **16. Voting**

### **16.1 Majority**

16.1.1 Any matter will be decided by a simple majority of those Members of the Board voting and seated in the room at the time the question was put. Voting shall be by a show of hands.

### **16.2 Chair's Casting Vote**

16.2.1 If there is an equal number of votes for and against, the Chair will have a second or casting vote. There will be no restriction on how the Chair chooses to exercise a casting vote.

### **16.3 Individual Recorded Vote and Explanation for Vote**

16.3.1 If, immediately before the vote is taken, any Member of the Board present at the meeting requests that his or her vote be recorded as voting for or against or not voting, it shall be so recorded in the minutes.

16.3.2 A recording of a vote or abstention in the minutes of the meeting shall be made without explanation save that in cases where it is necessary for the avoidance of ambiguity a brief note may be added at the

Member's request explaining that Member of the Board's reason for voting or not voting.

#### **16.4 Voting on Appointments**

16.4.1 If there are more than two people nominated for any position to be filled by the Board and of the votes given there is not a majority in favour of one person, the name of the person having the least numbers of votes shall be disregarded and a fresh vote shall be taken and so on until a majority of votes is given to one person.

### **17. Minutes**

#### **17.1 Signing the Minutes of the Board**

17.1.1 The Chair will sign the minutes of the proceedings at the next meeting. The Chair will move that the minutes of the previous meeting be signed as a correct record. The only aspect of the minutes that may be discussed is their accuracy.

#### **17.2 Minutes of Decisions of the Board**

17.2.1 Minutes of the Board shall be published on the Council's intranet and website.

### **18. Record of Attendance**

**18.1 All Members of the Board present during the whole or part of a meeting must, before the conclusion of every meeting, sign their names in the attendance document provided.**

### **19. Exclusion of the Public**

**19.1 Members of the public and press may only be excluded either in accordance with the Access to Information Procedure Rules in Part 4G of the Constitution of London Borough of Harrow or under Rule 24 of Part 4B of the Constitution (Disturbance by the Public).**

## **20. Members' Conduct**

### **20.1 Precedence of Chair**

20.1.1 When the Chair speaks during a debate, any Member of the Board speaking at the time must stop speaking. The meeting must be silent.

### **20.2 Member not to be heard further**

20.2.1 If a Member of the Board persistently disregards the ruling of the Chair by behaving improperly or offensively or deliberately obstructs business, the Chair may move that the Member be not heard further during the consideration of that item of business. If seconded, the motion will be voted on without discussion.

### **20.3 Member of the Board to leave the Meeting**

20.3.1 If the Member of the Board continues to behave improperly after such a motion is carried, the Chair may move that either the Member leave the meeting or that the meeting is adjourned for a specified period. If seconded, the motion will be voted on without discussion.

### **20.4 General Disturbance**

20.4.1 If there is a general disturbance, making business impossible, the Chair may adjourn the meeting for as long as they think necessary.

## **21. Disturbance by the Public**

### **21.1 Removal of Member of the Public**

21.1.1 If a member of the public interrupts proceedings, the Chair will warn the person concerned. If they continue to interrupt, the Chair will order their removal from the meeting room.

### **21.2 Clearance of Part of a Meeting Room**

21.2.1 If there is a general disturbance in any part of the meeting room open to the public, the Chair may call for that part to be cleared.

## **21.3 Adjournment**

21.3.1 Following an order by the Chair for one or more members of the public to leave the meeting room, if they deem it necessary in the interests of public safety and for the safety of Members and officers present, the Chair may adjourn the meeting for as long as they think necessary.

21.3.2 If it is considered expedient so to do, the Chair with the agreement of the Members of the Board present may adjourn the meeting for such duration as is considered appropriate.

## **22. Suspension and Amendment of Board Procedure Rules**

### **22.1 Suspension**

22.1.1 **All of these Board Procedure Rules except the Rules on Reserving (2), Individual Recorded Vote and Explanation for Vote (16.3), Exclusion of the Public (21), Suspension and amendment of Board Procedure Rules (22), may be suspended by motion on notice or without notice if at least one half of all members of the Board are present and where such a motion is carried by a majority of those present. Suspension may be for one or more items of business during the course of the meeting when the suspension is agreed but may not extend beyond that meeting.**

### **22.2 Amendment**

22.2.1 The Board Procedure Rules may only be changed by the Council.

## **23. Ruling of the Chair on Interpretation of these Rules**

23.1 **The Chair's ruling on the interpretation or application of any of the Board Procedure Rules is final.**

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**REPORT FOR: HEALTH AND WELLBEING BOARD**

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**Date of Meeting:** 22 November 2022

**Subject:** Harrow Safeguarding Partners' Annual Report

**Responsible Officer:** Produced on behalf of the Safeguarding Partners and presented by the Independent Chair of HSCB and Independent Scrutineer of the HSAB, Chris Miller, and the Partnership Manager, Alison Renouf

**Public:** Yes

**Wards affected:** Not applicable

**Enclosures:** HSP Annual Report

## **Section 1 – Summary and Recommendations**

This is the first Harrow Safeguarding Report that has reported on the work to safeguard both adults and children – previously there were 2 separate reports. The move to have a single report reflects the further integration of the support structures and funding for the Partnership as well as the joint work to strengthen awareness and understanding of safeguarding issues as they impact on all members of the family,

Safeguarding Partners in a Local Authority Area, for the purposes of both safeguarding adults and children (the Partners) are required to publish their arrangements for both sets of safeguarding arrangements (the Arrangements) <sup>1,2</sup> They are also required to publish at least annually a report on what the Partners have done under the Arrangements and whether they have been effective<sup>3,4</sup>. This independent scrutiny report is an assessment of how effective the Harrow Safeguarding Partnership has been in 2021-22.

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

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<sup>1</sup> 16G (2) Children Act 2004

<sup>2</sup> Sec 3 Schedule 2 Care Act 2014

<sup>3</sup> 16G (7) Children Act 2004

<sup>4</sup> Section 4 Schedule 2 Care Act 2014

which is then disseminated widely. The report is to describe the activities of the Partners and the effectiveness of the partnership arrangements.

**Recommendations:**

The Board is requested to comment on and endorse the Annual Report.

## **Section 2 – Report**

### **Ward Councillors' comments**

Not applicable

### **Financial Implications/Comments**

The Harrow Safeguarding Partnership budget is included in the appendices of the annual report.

The children's safeguarding board expenditure for 2021-22 totalled £257k, of which £35k was funded by partner contributions, leaving the balance of £222k funded by the Council.

The contribution towards the adults' board is funded within the Adults Safeguarding Service. The expenditure for the entire service totalled £1.345m of which £31k was funded by partner contributions, leaving the balance of £1.314m funded by the Council, although only a fraction of these costs reflect support for the board.

There are no financial implications arising as a result of this report.

### **Legal Implications/Comments**

As set out in the Report Summary, Annual Reports are required from the Adults and Children Safeguarding Partners under the terms of the Care Act 2014 and The Children Act 2004 respectively.

The key responsibilities for the Health and Wellbeing Board include 3.1.9. To provide a forum for public accountability of NHS, public health, social care and other health and wellbeing services.

### **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

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

### **Statutory Officer: Donna Edwards**

Signed on \*behalf of/by the Chief Financial Officer

Date: 10/11/2022

### **Statutory Officer: Sharon Clarke**

Signed on \*behalf of/by the Monitoring Officer

Date: 10/11/2022

### **Chief Officer: Carole Furlong (on behalf of Senel Arkut)**

Signed by the Corporate Director

Date: 10/11/2022

## **Section 4 - Contact Details and Background Papers**

**Contact:** Alison Renouf - Harrow Safeguarding Partnership Manager. Available on: [alison.renouf@harrow.gov.uk](mailto:alison.renouf@harrow.gov.uk)

**Background Papers:** N/A







HARROW SAFEGUARDING  
PARTNERSHIP  
ANNUAL REPORT  
2021/2022



Alison Renouf

HARROW SAFEGUARDING PARTNERSHIP MANAGER

## Contents

1. Introduction.....	3
2. Report of the Chair of the Safeguarding Adult Board and Scrutineer for the Safeguarding Children Board.....	3
Six Areas Assessed.....	3
Overall Assessment - Good.....	4
Joint Ownership of the Arrangements by the Partners - Additional Evidence Required .....	4
Impact of the arrangements on service users and their families - Good.....	4
How the Arrangements lead to organisational learning - Good.....	5
The extent to which the Arrangements are jointly owned and contributed to by other Relevant Agencies - Good.....	5
Appropriate processes exist for data collection, audit and information sharing .....	5
Involvement of Service Users in the Arrangements - Good.....	6
3. Scrutiny.....	7
Review of Independent Scrutiny .....	7
Independent Scrutineer’s review of: Workforce understanding of the legal basis to share information .....	9
4. Learning from reviews.....	11
Safeguarding Adults Reviews .....	11
SAR A.....	11
SAR B.....	11
SAR C.....	11
Child Safeguarding Practice Review [CSPR].....	12
Rapid Reviews .....	12
Learning Lessons Reviews.....	13
5. Training and Development .....	14
Introduction .....	14
Safeguarding Children.....	14
HSCB training .....	14
Working with the Voluntary Sector .....	14
Schools – Designated Safeguarding Leads (DSL) Forum .....	15
Annual Safeguarding Self-assessment - children .....	15
Safeguarding Adults .....	17
HSAB Training .....	17
Review of self-neglect in council housing.....	18
Annual Safeguarding Conference – adults and children .....	18

2022 Annual Conference: Attendance and feedback from participants .....	19
6. Allegations Against Staff and Volunteers - children's workforce .....	21
Appendices .....	23
HSCB Budget & Expenditure 2021-22.....	23
Meeting attendance .....	24
Harrow Safeguarding Partnership Structure .....	26

## 1. Introduction

This is the first Harrow Safeguarding Report that has reported on the work to safeguard both adults and children – previously there were 2 separate reports. The move to have a single report reflects the further integration of the support structures and funding for the Partnership as well as the joint work to strengthen awareness and understanding of safeguarding issues as they impact on all members of the family – so that children’s services are able to identify and refer safeguarding concerns to adult services and vice versa.

It is much shorter than previous reports. It focuses on the activity of the Partnership carried out through the work of the sub-groups and the work of Board members to deliver Partnership objectives in their own services.

## 2. Report of the Chair of the Safeguarding Adult Board and Scrutineer for the Safeguarding Children Board

Safeguarding Partners in a Local Authority Area, for the purposes of both safeguarding adults and children (the Partners) are required to publish their arrangements for both sets of safeguarding arrangements (the Arrangements) <sup>1,2</sup> They are also required to publish at least annually a report on what the Partners have done under the Arrangements and whether they have been effective<sup>3,4</sup>. This independent scrutiny report is an assessment of how effective the Harrow Safeguarding Partnership has been in 2021-2

### Six Areas Assessed

This assessment covers six areas that I consider require to be assessed

- Joint ownership of the Arrangement by the Partners.
- Impact of the Arrangements on service users and their families.
- How the arrangements lead to organisational learning.
- The extent to which the Arrangements are jointly owned and contributed to by other Relevant Agencies.
- Appropriate processes exist for data collection, audit and information sharing.
- Involvement of Service Users in the Arrangements.

Each area is assessed in the following way.

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<sup>1</sup> 16G (2) Children Act 2004

<sup>2</sup> Sec 3 Schedule 2 Care Act 2014

<sup>3</sup> 16G (7) Children Act 2004

<sup>4</sup> Section 4 Schedule 2 Care Act 2014

- **Good** – This indicates that the Partnership provides good evidence of achievement.
- **Additional Evidence Required** – This indicates that the Partners can provide some evidence of achievement but there is more to be done.
- **Much Evidence Required**. This indicates that the Partners require to provide more evidence of achievement.

### Overall Assessment - Good

The Partnership is a strong one with good evidence of cooperation, mutual understanding and determination to reflect on opportunities for learning and improvement.

Attendance at and contribution to the main boards and the sub-groups are consistent across the Partnership.

### Joint Ownership of the Arrangements by the Partners - Additional Evidence Required

Harrow Council assumes a high level of responsibility for the funding, coordination and management of the Arrangements. Given that the ownership of the Arrangements is meant to be equitable across the three Partners, this continues to be something that requires further work.

The chairing of the Harrow Strategic Safeguarding Group, which sits as an advisory and steering group to the two Safeguarding Boards, now sits with the Integrated Care Board. This offers an opportunity to demonstrate equity of ownership. The sub-groups are well populated and are effective but there is not, across them all, a widespread membership from the three main partners.

### Impact of the arrangements on service users and their families - Good

The Harrow Partnership is a reflective one and has a plethora of data that demonstrates that safeguarding risks are understood, managed and responded to. The Council has for some time led on a coherent policy for keeping families together and so the numbers of children taken into care is relatively low. The child protection procedures are contributed to by the whole partnership.

Providers of residential and other care services for adults with support needs work cooperatively with the Partners and as a result care home safeguarding alerts remain low. When the subjects of safeguarding cases are asked whether their desired outcomes have been met a very high proportion of respondents (95+%) say they have.

## How the Arrangements lead to organisational learning - Good

There is a lot of good evidence that demonstrates how the Partners encourage learning, follow up on review findings and promote development.

This performance year was a busy one for the Partnership with regard to the reviews it conducted. The reporting was clear, the engagement of the wide range of partners was strong and some good lessons have been distilled and acted upon. The response by the Partners led by Harrow Adult Social Care to two Safeguarding Adult Reviews is particularly impressive.

The system leadership shown by the ICB in commissioning ICON<sup>5</sup> training across North West London is also a good example of lessons learned leading to performance improvement.

## The extent to which the Arrangements are jointly owned and contributed to by other Relevant Agencies - Good.

The involvement of schools and colleges is well described in the partnership arrangements. The Designated School Leads gathering is well organised and well attended as is the involvement of schools in the Significant Incident Group. The strategic contribution of schools to the Partnership is less well evidenced.

The voluntary sector is well represented, particularly with the safeguarding adults' agenda and the work that they do across the safeguarding function is a strong addition to the Partnership.

Several Health Provider Trusts, the London Fire Brigade, The Department of Work and Pensions and the National Probation Service all contribute to the main board and to the various sub-group activities.

## Appropriate processes exist for data collection, audit and information sharing

- Data Collection **Additional Evidence Required**
- Audit **Good**
- Information Sharing **Additional Evidence Required**
- 

The data that the Partnership scrutinises is wide ranging and well analysed. However, despite it being an issue for some time there is still no Metropolitan Police Data Set, which can be effectively analysed against other partner data.

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<sup>5</sup> This is training designed to help professionals advise assist parents who are stressed by their of babies' crying and poor feeding routines

Notwithstanding the incomplete nature of the Partner data set the quality of analysis and review of what data is available is very good.

The quality of multi-agency audit is good, particularly in relation to child safeguarding. There is still some work to do on developing the same audit function for adult safeguarding.

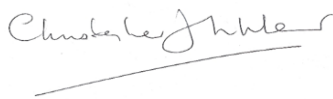
My brief report on information sharing at section 2 of this report explains how there is more work to do in relation to the workforce having confidence about why they can and should share information particularly in child welfare cases.

### Involvement of Service Users in the Arrangements - Good

The work that Harrow partners have done with the Young Harrow Foundation on commissioning the survey of Harrow children and young people is excellent. There is a strong user voice representation in adult safeguarding through the involvement of representative groups.

Both these engagement processes demonstrate a commitment from the Partners to involve service users in the safeguarding agenda in Harrow.

Chris Miller



Independent Scrutineer  
October 2022



### 3. Scrutiny

#### Review of Independent Scrutiny

In 2021, the HSP commissioned a review of its arrangements for independent scrutiny. The purpose was to provide assurance of the effectiveness of multi-agency arrangements to safeguard and promote the welfare of all children – including arrangements to identify and reviews serious child safeguarding cases.

Whilst the decision on how best to implement a robust system of independent scrutiny is to be made locally, safeguarding partners should ensure that the scrutiny is objective, acts as a constructive critical friend and promotes reflection to drive continuous improvement. To support this requirement the HSP and Harrow Safeguarding Children Board undertook a review of its current arrangements for independent scrutiny and, having considered the report, decided to continue with the current arrangement.

#### Summary of Harrow Safeguarding Partnership’s Arrangements for Independent Scrutiny September 2019 to September 2021

Function required by WT 2018	Evidence
The role of independent scrutiny is to provide assurance in judging the effectiveness of multi-agency arrangements	<p>In the HSP/HSCB’s Annual Report for both 2020 and 2021 the Independent Chair/Scrutineer provided his evaluation of the Partnership’s performance against 8 key standards:</p> <ul style="list-style-type: none"> <li>• Response to Covid-19</li> <li>• 3 Partners actively involved in strategic planning and implementation</li> <li>• Involvement of wider safeguarding partners</li> <li>• Learning from reviews and incidents</li> <li>• Enquiry and challenge</li> <li>• Information sharing</li> <li>• Working with other strategic partnerships</li> <li>• Children, young people and families aware and involved with plans for safeguarding children</li> </ul> <p>The Independent Chair/Scrutineer’s evaluations were presented for discussion and debate at the Business Development Days. Areas of achievement and development were explicitly identified</p>
Identify and review serious safeguarding cases	<ul style="list-style-type: none"> <li>• The Independent Chair/Scrutineer has considered the recommendations of the Case Review Subgroup and identified a CSPR and three Learned Lesson’s Reviews to be conducted.</li> <li>• The Independent Chair/Scrutineer has also identified two SARs to be conducted – both of which were conducted jointly</li> </ul>

	<p>with the HSCB because of their relevance to the learning for both children and adult services</p> <ul style="list-style-type: none"> <li>• The Overview Author for the CSPR was a separate Scrutineer with extensive review experience</li> <li>• The Overview Author for the two SARs was Harrow's existing Independent Chair/Scrutineer</li> <li>• The Independent Chair/Scrutineer sits on the Review Panels for Learned Lessons Reviews</li> </ul>
Scrutiny is objective, acts as a constructive critical friend and promotes reflection to drive continuous improvement.	<p>The Independent Chair/Scrutineer:</p> <ul style="list-style-type: none"> <li>• is not in the employment or affiliated with any local organisation in Harrow.</li> <li>• influences the agenda and areas to be scrutinised at both the HSP and HSCB meetings. Areas of good practice are actively sought to help identify good practice both locally and externally (e.g. via lead roles in TASP and the London Safeguarding Board. Challenges by the Independent chair are clearly recorded</li> <li>• is a regular attendee and participant at the Quality Assurance Sub-group – actively involved in the scrutiny of all data and information reports</li> <li>• holds separate/single agency meetings with strategic leads where required e.g. regularly attends the LA's Quarterly Safeguarding Meeting with Senior Officers and Lead Members</li> </ul>
Independent Scrutiny of Annual Report	<ul style="list-style-type: none"> <li>• Versions 2019 to 2020 &amp; 2020 to 2021 examined for accuracy and evidence of impact by the Independent Chair</li> <li>• Annual reports are submitted to the National Review Panel, What Works for Social Work Project</li> <li>• Annual reports are submitted to the H&amp;WB</li> <li>• Annual reports are published on the relevant websites</li> </ul>
Business Development	<p>At the HSCB's 2021 Business Development Day members were surveyed about their views on the effectiveness of their arrangements for independent scrutiny. Positive feedback was received, and this review process is an extension of that verification/challenge</p>
<b>Additional Independent Scrutiny</b>	
Expansion of Lay Membership	<p>The HSCB continued with its inclusion of the existing Lay Representative due to the high standard of contribution and challenge provided. This Lay Member is also the Vice Chair for the HSCB.</p> <p>The model has been extended during 2021(supported by the Independent Chair/Scrutineer) – increasing the membership (shared with the HSAB) to 3 Lay members. As well as attending</p>

	the HSCB meetings, they attend subgroups and participate in the scrutiny of audits and case reviews.
Business Development	Young people have been consulted on topics such as exploitation, the presentation of the HSCB website. Following the findings of the 'How are You' Survey, steps will be taken to expand consultation with children, young people and families.

## Independent Scrutineer’s review of: Workforce understanding of the legal basis to share information

The introduction of the General Data Protection Regulations in 2018 clarified and in many ways simplified the responsibilities of public sector workers in relation to information sharing concerning the welfare and protection of children. The Information Commissioner has made it clear that employees of public bodies should not seek to rely on parental (or other) consent when it comes to sharing or otherwise processing personal data. They should instead share information because they have a legitimate public task. They should, other than in exceptional cases, inform parents and other data subjects that their data has been shared, with whom and why. But this is not the same thing as obtaining prior consent.

For many years the children’s workforce developed an understanding that generally they should not share information about a child or their family unless they had parental consent.

Many serious case reviews have revealed a failure to share information as being significant contributors to harm suffered by children. This was a finding in the two most recent Child Safeguarding Practice Review Panel publications into a) non accidental injuries to children under one and b) the deaths of Star Hobson and Arthur Labinjo-Hughes. While not exclusively responsible for this non- sharing of information workforce misunderstanding and misapplication of “rules” on parental consent play a part.

I observed this misunderstanding of the need for parental consent across agencies and at a variety of grades of staff. I concluded that it may be detrimental to the partnership’s effectiveness in its safeguarding role and could put children at risk.

### The Scrutiny

I decided to conduct some initial scrutiny of the extent of the workforce’s understanding of the role of parental consent in information sharing. This involved a short questionnaire, which was responded to by 157 staff. It took place between February and May 2022.

### Initial Findings

Staff are good at knowing the theory of information sharing concerning safeguarding. They are much less sure about information sharing in relation to child welfare. When confronted with some relatively realistic scenarios their practical knowledge was seemingly much less good than it should be.

### Next steps

GDPR and the new data Protection Act are now four years old. There is a stickiness in the system, that means that custom and practice in relation to information sharing has not moved on.

Some strong messaging on behalf of the Safeguarding Partners is required to improve the situation.

The Learning and Development will take the oversight of this task on using a range of communication methods among which will be

- Leadership statements
- Podcasts
- Bite size lunch time learning events
- Integrating into all applicable training courses.

The safeguarding partners and HSCB need the understanding of this issue among our workforce to improve.

### Conclusion

This knowledge gap is not unique to Harrow. This short scrutiny exercise shows that there is still work to be done and that there is a gap between what people purport to know and what they need to do.

A review of progress will be conducted in 8-12 months' time

Chris Miller  
Independent Scrutineer  
March 2022

## 4. Learning from reviews

### Safeguarding Adults Reviews

#### SAR A

SAR A highlighted the need for learning in relation to the response to hoarding; working with resistant service users [or involuntary clients]; elective home education; young carers and perplexing presentations. Actions from the plan for SAR A continued to be progressed in 2021/22 including:

- Multi-agency training on self-neglect and hoarding
- Multi-agency training on perplexing presentations [previously referred to as Fabricated and Induced Illness]

#### SAR B

SAR B highlighted the need for learning in regard to professionals understanding of the Mental Capacity Act and the impact of adverse childhood experiences on carers. Actions resulting from SAR B include:

- The development of the Harrow Self-Neglect Policy and Protocol which requires that each case is taken to the Risk Enablement Panel where the care and medical refusal poses a significant risk to health, has a current mental capacity assessment.
- The setting up of a dedicated team in Adult Social Care to work with people who self-neglect and hoard.

#### Central London Community Healthcare Trust [CLCH]

- An audit into self-neglect was completed which considered Harrow specific cases. The audit findings demonstrated an increased awareness of self-neglect and staff contacting the safeguarding team when they had concerns.
- CLCH delivered 2 cohorts of the Safeguarding Champions programme, focusing on self-neglect and hoarding.

#### SAR C

Whilst SAR C was not concluded in 2021/22, agencies started to address some of the emerging issues from the case and particularly the concerns regarding exploitation and 'cuckooing':

- CLCH recognised that whilst contextual safeguarding is often considered in relation to children, adults are also subject to cuckooing and exploitation, hence, cuckooing and exploitation of adults and children is included in all levels of safeguarding training.

## Child Safeguarding Practice Review [CSPR]

A CSPR was carried out into the case of Child “M” [published June 2021]. This review identified important learning in relation to managing complex needs for children with disabilities; practice in relation to thresholds; and the use of restraint.

Actions arising from this review continue to be implemented including:

- The drafting and publication of a multi-agency protocol providing child-centred guidance on the meaning and application of ‘mechanical’ and ‘physiological / medical’ restraint to children living in the community (other than in regulated environments) who are additionally vulnerable by virtue of physical / learning disabilities
- Relevant health agencies reminded professionals of the ‘Was Not Brought’ policies and importance of complying with those policies. Professionals were also reminded of the associated training programmes.
- Changes to practice which ensure more timely access to dental screening for children with disabilities.
- Improved tracking and education placement planning.
- Lunchtime learning events were held for professionals – these covered
  - Hearing the voice of a non-verbal child
  - Low attendance at school and at health appointments
  - Use of mechanical restraint
  - Managing complex needs

## Rapid Reviews

Three rapid reviews were undertaken. None progressed to a full Child Safeguarding Practice Review as it was agreed that the process followed for the Rapid Reviews had been sufficiently rigorous and identified the learning and action required to achieve improvement.

- In the case of a ‘shaken baby’ case Harrow has worked with the Integrated Care Board to commission ICON Training for health visitors and midwives.
- In a number of cases the lack of consistency in managing and understanding “Was Not Brought” events was highlighted and, as a result, the relevant Board members took steps to publicise organisational ‘Was Not Bought policies.’<sup>6</sup>

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<sup>6</sup> “A was not brought event” is an occasion when a child is not taken to a prearranged medical appointment.

## Learning Lessons Reviews

The HSP initiated 3 Learning Lessons Reviews and continued implementing the learning from reviews started in previous years.

Actions included:

- Learning sheets drawn up and launched at Lunchtime Learning Events.
- Recommendations to the National Panel included:
  - That barriers to timely information-sharing across borders for families who move areas frequently, be considered as a theme for a national review.
  - For the Metropolitan Police Service and other area forces to consider providing full access to the Police National Dataset checks for Police MASH representatives – so that all relevant information is available.

## 5. Training and Development

### Introduction

The Harrow Safeguarding Partnership is committed to maintaining and developing the awareness and skills of the multi-agency workforce. An effective safeguarding system relies on the ability of the wider workforce and the voluntary and community sector to know the signs and indicators of abuse and neglect and what action they should take when they have concerns. Another pillar of the safeguarding system is the network of safeguarding leads, variously called 'designated', 'named' and 'nominated' professionals, who are the first point of contact and advice for members of staff with safeguarding concerns. The training and development provided by the Partnership reflects the training needs of both parts of the system.

The report shows that there has been more training provided by the Partnership in relation to safeguarding children than there has been for adults, and this reflects the greater investment provided to the children's board. With the move to a more integrated partnership support team and an uplift in funding from adult social care, this differential will reduce over the next year. In particular, training for the voluntary and community sector will be extended to address adult safeguarding.

### Safeguarding Children

#### HSCB training

The HSCB provided 17 training days in 2021/2022 and 179 professionals from across the multi-agency safeguarding workforce attended.

The training covered a range of issues at different levels of knowledge and expertise including:

- Introduction and advanced multi-agency safeguarding training
- Domestic abuse at introductory and advanced level
- Child mental health and parental mental health

The training also addressed recommendations from Reviews:

- Perplexing presentations<sup>7</sup>
- Hoarding and self-neglect

#### Working with the Voluntary Sector

The Harrow SCB has commissioned Voluntary Action Harrow (VAH) to provide safeguarding children training and advice to the private, voluntary and faith sectors for several years. VAH has a very successful track record in reaching and supporting these sectors.

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<sup>7</sup> Perplexing presentations is the term now applied to cases where adults present themselves to medical professionals with one or more unexplained symptoms and also when adults as parents or carers present their children with one or more unexplained symptom.



In 2021/22, VAH delivered the following:

- 3 Single agency safeguarding training sessions [Level 2]
- 10 multi-agency safeguarding training sessions [Level 2]
- 3 safeguarding sessions for nominated safeguarding leads [Level 3]
- 3 safeguarding support forums
- 6 safeguarding newsletters
- 16, 1:1 support sessions

Total reach:

- 143 Organisations
- 325 Participants

Alongside the training and 1:1 support, VAH also represents the voluntary sector on the quality assurance and learning and development sub-groups providing valuable community input and using the learning to inform their advice.

#### Schools – Designated Safeguarding Leads (DSL) Forum

The Harrow Safeguarding Children Board facilitated the termly DSLs forum. The forums addressed a range of safeguarding issues as well as providing an invaluable opportunity for attendees to highlight concerns and share practice. In particular, the forums allowed for discussion about issues arising as a result of the lockdowns. Specialists from a wide range of services attended the forums providing expert advice and guidance. There were a total of 227 attendees.

#### Annual Safeguarding Self-assessment - children

Section 11 (s11) of the Children Act 2004 places a statutory duty on organisations to make arrangements to ensure that in discharging their functions they have regard to the need to safeguard and promote the welfare of children. Governance arrangements for all relevant organisations should ensure that the specified functions are being monitored and met.

Although, s11 requirements relate to children's services, the HSP in its commitment to its 'Think Whole Family' approach is extending this exercise to test the same standards in relation to services for adults with Care and Support Needs. Hence a joint audit of the HSCB & HSAB was carried out.

#### **Why have an audit?**

This new HSP audit has been developed to test how well organisations have embedded the understanding of safeguarding responsibilities into the knowledge and practice of their staff.

## **Audit Themes**

Results are based on 1019 completed returns.

- 88.8% of respondents said that safeguarding children was included in their induction. This was slightly less for adult safeguarding for which the figure was 76.9%.
- The vast majority of respondents (96.6%) have received safeguarding training in their current employment.
- Over half (56.6%) of respondents had not attended multi agency training.
- The majority of respondents (78.2%) confirmed that their training needs were identified in supervision.
- 97.1% of respondents knew how to locate their organisation's safeguarding procedures with 89.7% confirming they had read the procedures.
- Nearly a fifth of respondents were unable to identify their safeguarding lead.
- Almost a fifth of respondents did not know who to consult if they had a safeguarding concern about a member of staff or volunteer.
- Over 85% of respondents were familiar with their organisation's whistle-blowing procedures.
- 633 respondents knew how to contact children's social care for child protection or child in need concerns compared to 386 respondents who did not know.
- Over 75% of respondents said it was lawful to share information about an adult with care and support needs when a crime had been committed.
- More than 50% of respondents were unsure or believed it was not lawful to share information, where permission had previously been refused, for a repeat safeguarding concern about an adult with care and support needs.
- 625 respondents said, yes, it was legal to share information to promote the welfare of a child with 394 respondents saying they were unsure or believed it was not legal to share the information.
- Nearly 95% of respondents said yes it was legal to share information to safeguard a child from abuse or neglect.
- More than 850 respondents were not aware of any key messages from case reviews in Harrow for adults with care and support needs or children.

## Safeguarding Adults

### HSAB Training

The following training was provided:

- Domestic Abuse Training - 17 attended [Level 2/3]
- Safeguarding Adults Basic Awareness Training - 33 attended [Level 1]
- Safeguarding Training for Housing Professionals - 29 attended [level 1]

Alongside the above training, members of the Board did the following:

- The ICB continued to support Primary Care through the provision of Safeguarding Adult training. The Designated Nurse for Safeguarding Adults within the ICB [Harrow Borough] has been a point of contact for GPs in regard to safeguarding advice and queries.
- Both CLCH and CNWL updated their domestic abuse policies and routine enquiry training was rolled out for champions so they can support practitioners and teams to respond appropriately to abusive situations.
- Domestic abuse is included in all levels of CLCH safeguarding training resources.
- CNWL held a conference on domestic abuse and launched guidance for staff who might be experiencing domestic abuse in their personal lives.
- LNWH safeguarding team developed Domestic and Sexual Abuse (DSA) Safety Planning information and published it in the PULSE Newsletter, the Trust Intranet and with the safeguarding partnership.
- The Maternity Safeguarding Team at LNWH celebrated the first anniversary of the Hibiscus Clinic, a community-based service for non-pregnant women with Female Genital Mutilation (FGM). The Trust recorded 142 incidents of FGM in 2020/21, one of the highest levels of reporting in the country.
- St Giles Trust, co located at LNWH NHS Trust Emergency Department, and the Safeguarding Children Team delivered 2 contextual safeguarding sessions to staff. Contextual Safeguarding is now incorporated in the Trust Safeguarding Children level 3 training.

- The Trust set up a contextual safeguarding network with multi-professional membership including Doctors, Nurses and allied health professionals who meet regularly.

#### Review of self-neglect in council housing

Members of the HSAB decided to review whether incidences of self-neglect were disproportionately high in council tenancies. The Harrow Business Intelligence Team researched this and found:

- Whereas 11% of households in Harrow have a postcode assigned to a council housing area 23% of concerns for self-neglect (excluding those in residential and nursing care) were associated with a council housing postcode.

Whilst this suggests that there are more concerns of self-neglect in council housing than in non-council housing, it is also the case that vulnerable people receiving social care services are more likely to live in council housing, so this may be more of a general issue around vulnerability. The HSAB re-committed to joint working between Housing and Social Care colleagues to address concerns about self-neglect.

#### Annual Safeguarding Conference – adults and children

152 professionals from across the multi-agency workforce attended the annual conference. Expert speakers presented on a range of issues [see below] and workshops allowed participants to hear in more detail about specific issues and discuss and share information with each other.

##### Expert Speakers:

- Dr Henrietta Bowden-Jones OBE *Gaming Disorder: new Treatment Pathways for the NHS*
- Dr. Peter Buzzi *Safeguarding & Relationship-based Practice in a Digital World: Learning from Voices and Experiences of Adults and Young People*
- Carly Jones *Safeguarding Autistic Women and Girls*
- Neil Fairbrother *The difference between Contextual Safeguarding and Online Safeguarding*

##### Workshops:

- Digital Fraud and Scams

- Introduction to NCA CEOP and their education programme
- Contextual safeguarding – young person’s perspective
- Social media and gangs
- Responding to online sexual abuse of children.
- Extremist content and online platforms
- Loan sharks

#### 2022 Annual Conference: Attendance and feedback from participants

We want to ensure that our safeguarding learning events lead to better professional practice – and improve the lives, wellbeing and outcomes of children, adults with support needs and their families in Harrow. Below is a selection of feedback from attendees:

- *Raised my awareness of the complexities of the digital world for our CYP.*
- *Found Dr Buzzi's talk really useful and thought provoking. Sue Hill gave such a personal and moving account of the awful preventable tragedy that happened to her daughter which hit home how real the danger from online contact can be.*
- *It was good to hear up to date topics and what is being done more broadly in terms of Stalking as well as with Safe to net.*
- *All the areas covered were very useful. We have a great responsibility to our children, and it has definitely given rise to some actions we could and should take in our school. I am eager to go back and discuss with my DSL.*
- *Each speaker increased my knowledge which I can implement in practice.*
- *Will now know where to refer young people with gaming addiction.*
- *Well-chosen topics; very Insightful; engaging and interesting - thank you; high quality; excellent knowledge presentation and challenge; very informative; insightful having a speaker from the banking world; very informative and much needed for the times; All topics were interesting, speakers did a great job!; all the topics and speakers were brilliant! so engaging! I thoroughly enjoyed all of them; I imagine someone worked hard to research and acquire such knowledgeable and good speakers; the topics were very informative and kept me engaged throughout; very informative and presented in a way that does*

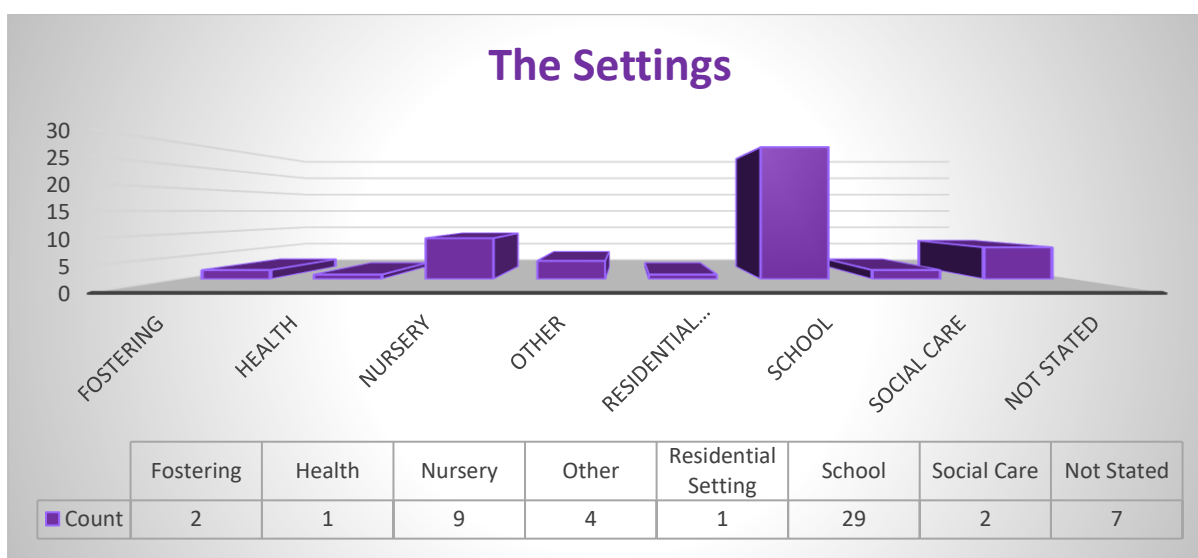
*not feel like a lecture but rather as stories; good variety of speakers - all very interesting in their own right.*

## 6. Allegations Against Staff and Volunteers - children's workforce

Each year the HSCB requires the Local Authority Designated Officer (LADO) to report on activity around the management of allegations.

In 2020/21:

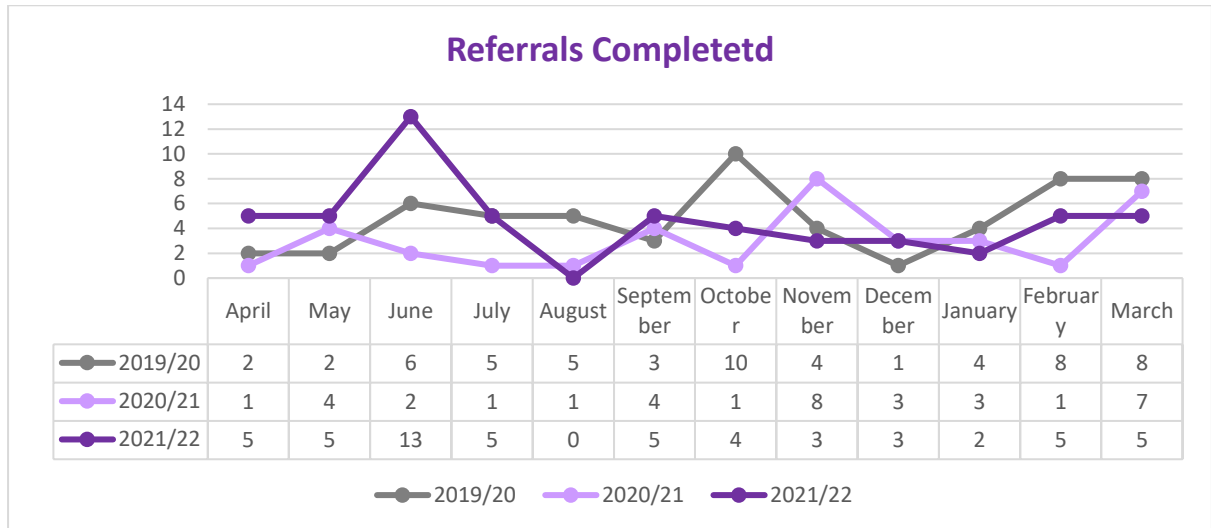
- The Local Authority Designated Officer (LADO) role continues to comply with the London Child Protection Procedures and the Working Together to Safeguard Children (2018) Guidance (updated 2020).
- The service has continued to maintain its profile within the children's workforce and maintains awareness raising within the children's community within Harrow by way of training sessions and workshops.
- The case work recording system is fully incorporated in the social care MOSAIC system in a standalone and secure system. The MOSAIC system provides embedded monthly and annual performance reports.
- This reporting period includes the post pandemic period and the re-opening of schools and all educational settings including nurseries, which in the previous reporting year had been restricted to keyworker children and those children subject to Local Authority safeguarding plans.



- The reopening of schools has increased contacts with the LADO. Anecdotally, it also seems that consultations have increased in comparison with 2020/21. *Nb consultations occur where advice is given but it doesn't lead to a contact.* This suggests that LADO consultations remain at a significant level, however, whilst there is a robust and accurate reporting system in place to evaluate

contacts and referrals, there is no pathway system for reporting consultations.

- In comparison to the previous reporting year there has been an increase in the referrals that met LADO threshold from 39 to 55 and a shift in the contacts from 69 to 53.



- It is noted the increased use of virtual communications such as MS Teams has created more flexibility and inclusivity in the way in which LADO meetings are held and the benefits are evident.
- There remains significant delay in some of the cases which met criminal threshold and required forensic examinations by the Police. Cases leading to criminal proceedings were also subject to delay as a result of the impact of the 2020/21 pandemic and this has led to a delay in the closure of some cases.
- Police - There were no referrals in relation to Police Officers in this reporting period. It needs to be noted that the Police Officer would need to be in a position of power and control over children to meet the threshold for LADO involvement. All other Police complaints/allegations are made to the Police complaints committee. However, the LADO was concerned about the lack of involvement with service, and it would appear the police address matters internally rather than refer to LADO or at least consult with the LADO. There was 1 contact regarding suitability/position of trust made via social care.



## Appendices

### HSCB Budget & Expenditure 2021-22

<b>Budget</b>	
Harrow Council including Business Support	-222,888
Police / MOPAC	-5,000
National Probation Service and CRC	-1,000
NHS NW London	-20,400
Training Income	-8,200
<b>Total Income</b>	<b>-257,488</b>
<b>Staffing &amp; consultancy expenditure</b>	
LSCB Chair	20,250
Professional Support (full time BM & part time L&D co-ordinator)	116,162
Training Admin (0.8 FTE & sick cover)	53,518
SCRs and Independent Auditing	7,472
Recruitment expenses	1,403
Voluntary Outreach work	14,000
<b>Total</b>	<b>212,806</b>
<b>Delivery Costs</b>	
Council charges	36,137
Annual Conference	200
Training Providers	2,400
LSCB Website & 3-year Chronolator™ Licence	4,320
Catering & Misc.	1,625
<b>Total</b>	<b>44,682</b>
<b>Total Expenditure</b>	<b>257,488</b>

## Meeting attendance

<b>Harrow Strategic Safeguarding Partnership</b>	<b>May-21</b>	<b>Oct-21</b>	<b>Jan-22</b>	<b>Total</b>
Independent Chair	1	1	1	3/3
Elected Member	1	1	1	3/3
CCG	1	1	1	3/3
Metropolitan Police Service	1	1	1	3/3
Local Authority	1	1	1	3/3
Schools - Primary	1	0	1	2/3
Schools - Secondary	0	0	0	0/3
Designated Nurse - Children	1	1	0	2/3
Designated Nurse - Adults	0	1	0	3/3
London Fire Brigade	0	0	1	1/3

<b>HSAB</b>	<b>Jul-21</b>	<b>Sep-21</b>	<b>Dec-21</b>	<b>Mar-22</b>	<b>Total</b>
Trading Standards	0	0	0	0	0/4
CCG	1	1	0	0	2/4
CLCH	0	1	0	0	1/4
Elected Councillor	1	0	0	0	1/4
RNOH	1	1	1	1	4/4
Lay Member	0	1	0	0	1/4
LNWHT	1	1	1	1	4/4
Business Intelligence	1	1	1	0	3/4
WDP	0	1	1	1	3/4
MPS	1	1	1	1	4/4
Probation	0	0	0	0	0/4
Chair of HSAB	1	1	1	1	4/4
Commissioning	0	0	1	1	2/4
London Fire Service	1	1	1	1	4/4
CNWL	1	0	0	0	1/4
Healthwatch Harrow	0	0	0	0	0/4
Community Connex	1	1	0	0	2/4
Mind in Harrow	0	0	1	1	2/4
DBS	0	0	1	1	2/4
Northwest BCU	0	0	0	0	0/4
Age UK	0	0	0	0	0/4
Housing	1	0	0	0	1/4
Harrow Council - Children Services	1	1	1	1	4/4

<b>HSCB Subgroup Attendance</b>	<b>Jun-21</b>	<b>Dec-21</b>	<b>Mar-22</b>	<b>Total</b>
Independent Chair	1	1	1	3/3
Vice Chair/Lay Member	1	1	1	3/3
Elected Member	1	1	1	3/3
CCG	0	0	0	0/3
Met Police	1	1	1	3/3
Local Authority	1	1	0	2/3
Designated Nurse	1	1	0	2/3
CNWL	1	1	1	3/3
LNWUHT	1	1	0	2/3
RNOH	1	1	1	3/3
Secondary Schools	1	0	0	1/3
Special Schools	1	1	1	3/3
Independent School	1	1	0	2/3
Colleges	1	1	1	3/3
WDP	0	0	1	1/3
Voluntary Sector Rep	1	1	1	3/3
Public Health	1	1	1	3/3
Housing	1	1	1	3/3
Probation	1	1	0	2/3
London Ambulance Service	0	0	0	0/3
London Fire Brigade	0	0	0	0/3
CAFCASS	1	0	0	1/3

## Harrow Safeguarding Partnership Structure

