

Health and Wellbeing Board

AGENDA

DATE: Thursday 7 September 2017

TIME: 12.30 pm

VENUE: Committee Rooms 1 & 2, Harrow Civic Centre,
Station Road, Harrow, HA1 2XY

MEMBERSHIP (Quorum 3)

Chair: Councillor Sachin Shah

Board Members:

Councillor Simon Brown	Harrow Council
Dr Shaheen Jinah	Harrow Clinical Commissioning Group
Dr Amol Kelshiker (VC)	Chair, Harrow Clinical Commissioning Group
Dr Genevieve Small	Harrow Clinical Commissioning Group
Councillor Varsha Parmar	Harrow Council
Councillor Mrs Christine Robson	Harrow Council
Councillor Janet Mote	Harrow Council
Mina Kakaiya	Healthwatch Harrow

Reserve Members

Councillor Ms Pamela Fitzpatrick	Harrow Council
Councillor Antonio Weiss	Harrow Council
Councillor Anne Whitehead	Harrow Council
Councillor Susan Hall	Harrow Council
Dr Shahla Ahmad	Harrow Clinical Commissioning Group
Julian Maw	Healthwatch Harrow

Non Voting Members:

Chris Spencer, Corporate Director, People, Harrow Council
Bernie Flaherty, Director Adult Social Services, Harrow Council
Andrew Howe, Director of Public Health, Harrow Council
Rob Larkman, Accountable Officer, Harrow Commissioning Group
Jo Ohlson, NW London NHS England
Simon Ovens, Borough Commander, Harrow Police
Carol Foyle, Representative of the Voluntary and Community Sector
Paul Jenkins, Interim Chief Operating Officer, Harrow Clinical Commissioning Group

Contact: Miriam Wearing, Senior Democratic Services Officer
Tel: 020 8424 1542 E-mail: miriam.wearing@harrow.gov.uk

Useful Information

Meeting details:

This meeting is open to the press and public.

Directions to the Civic Centre can be found at:
<http://www.harrow.gov.uk/site/scripts/location.php>.

Filming / recording of meetings

The Council will audio record Public and Councillor Questions. The audio recording will be placed on the Council's website.

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

When present in the meeting room, silent mode should be enabled for all mobile devices.

Meeting access / special requirements.

The Civic Centre is accessible to people with special needs. There are accessible toilets and lifts to meeting rooms. If you have special requirements, please contact the officer listed on the front page of this agenda.

An induction loop system for people with hearing difficulties is available. Please ask at the Security Desk on the Middlesex Floor.

Agenda publication date: Wednesday 30 August 2017

AGENDA - PART I

1. ATTENDANCE BY RESERVE MEMBERS

To note the attendance at this meeting of any duly appointed Reserve Members.

Reserve Members may attend meetings:-

- (i) to take the place of an ordinary Member for whom they are a reserve;
- (ii) where the ordinary Member will be absent for the whole of the meeting; and
- (iii) 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;
- (iv) 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. DECLARATIONS OF INTEREST

To receive declarations of disclosable pecuniary or non pecuniary interests, arising from business to be transacted at this meeting, from:

- (a) all Members of the Board;
- (b) all other Members present.

3. MINUTES (Pages 5 - 12)

That the minutes of the meeting held on 20 July 2017 be taken as read and signed as a correct record.

4. PUBLIC QUESTIONS *

To receive any public questions received in accordance with Board Procedure Rule 14.

Questions will be asked in the order notice of them was received and there be a time limit of 15 minutes.

[The deadline for receipt of public questions is 3.00 pm, 4 September 2017. Questions should be sent to publicquestions@harrow.gov.uk

No person may submit more than one question].

5. PETITIONS

To receive petitions (if any) submitted by members of the public/Councillors under the provisions of Board Procedure Rule 13 (Part 4B-1 of the Constitution).

6. DEPUTATIONS

To receive deputations (if any) under the provisions of Board Procedure Rule 13 (Part 4B-1 of the Constitution).

7. INFORMATION REPORT - CHILD DEATH OVERVIEW PANEL ANNUAL REPORT 2016/17 (Pages 13 - 26)

Report of the Director of Public Health

8. INFORMATION REPORT - LOCAL SAFEGUARDING ADULTS BOARD (LSAB) REPORT 2016/17 (Pages 27 - 82)

Report of the Director of Adult Social Services

9. BETTER CARE FUND (BCF) UPDATE (Verbal Report)

To receive a joint verbal report from the Corporate Director People, Harrow Council, and Interim Chief Operating Officer, Harrow Clinical Commissioning Group

10. INFORMATION REPORT - PUBLIC HEALTH SERVICE REORGANISATION (Pages 83 - 90)

Report of the Corporate Director People Services

11. PHARMACEUTICAL NEEDS ASSESSMENT 2018 (Pages 91 - 104)

Report of the Director of Public Health

12. ANY OTHER BUSINESS

Which cannot otherwise be dealt with.

AGENDA - PART II - NIL

*** DATA PROTECTION ACT NOTICE**

The Council will audio record item 4 (Public Questions) and will place the audio recording on the Council's website, which will be accessible to all.

[**Note:** The questions and answers will not be reproduced in the minutes.]

HEALTH AND WELLBEING BOARD MINUTES

20 JULY 2017

Chair:	* Councillor Sachin Shah		
Board Members:	* Councillor Simon Brown	Harrow Council	
	† Councillor Janet Mote	Harrow Council	
	* Councillor Varsha Parmar	Harrow Council	
	* Councillor Mrs Christine Robson	Harrow Council	
	* Dr Genevieve Small	Harrow Clinical Commissioning Group	
Non Voting Members:	† Bernie Flaherty	Director of Adult Social Services	Harrow Council
	† Carol Foyle	Representative of the Voluntary and Community Sector	Voluntary and Community Sector
	* Andrew Howe	Director of Public Health	Harrow Council
	* Paul Jenkins	Interim Chief Operating Officer	Harrow Clinical Commissioning Group
	† Rob Larkman	Accountable Officer	Harrow Clinical Commissioning Group
	Jo Ohlson	Director of Commissioning Operations	NW London NHS England
	Chief Superintendent Simon Ovens	Borough Commander, Harrow Police	Metropolitan Police

In attendance: (Officers)	Chris Greenway	Head of Safeguarding Assurance & Quality Services	Harrow Council
	Garry Griffiths	Assistant Chief Operating Officer	Harrow Clinical Commissioning Group
	Donna Edwards	Service Manager Adults and Housing	Harrow Council

212. Attendance by Reserve Members

RESOLVED: To note that there were no Reserve Members in attendance.

213. Appointment of Vice-Chair

RESOLVED: That the appointment of the Chair of the Harrow Clinical Commissioning Group as Vice-Chair of the Board for the 2017-18 Municipal Year be noted.

214. Declarations of Interest

RESOLVED: To note that there were no declarations of interests made by Members.

215. Minutes

RESOLVED: That the minutes of the meeting held on 11 May 2017, be taken as read and signed as a correct record.

216. Public Questions, Petitions and Deputations

RESOLVED: To note that no public questions, petitions or deputations had been received.

RECOMMENDED ITEMS

217. Terms of Reference for Health and Wellbeing Board

Consideration was given to a request from the Harrow Clinical Commissioning Group to amend its membership to include the Accountable Officer as a Voting Board Member and to the deletion of the paragraph on Sub Groups as those groups had not been in operation. It was noted that the Accountable Officer was currently a non-voting member of the Board.

The Chair advised the Panel that the recent increase in the number of Members of the Council nominated by the Leader of the Council from 4 to 5

had enabled him to have a place on the Board and the continued attendance of an opposition member. The request from the CCG would restore the balance between the voting membership.

Resolved to RECOMMEND: (to Council)

That the terms of reference of the Board be amended to:

- (1) include the Accountable Officer of Harrow Clinical Commissioning Group as an additional Voting Board Member;
- (2) delete the paragraph on Sub Groups as these groups had not been in operation.

RESOLVED ITEMS

218. INFORMATION REPORT - Overview of Section 7a Immunisation Programmes in Harrow 2016/17

The Board received an update on the progress in the delivery of national immunisation and screening programmes. It detailed Harrow's performance against national targets and aspirations and noted local action plans and recommendations for improvement for Harrow residents.

The representative of NHS England drew particular attention to the following:

- the emphasis on whooping cough vaccine uptake for pregnant women, particularly relevant due to three pertussis disease deaths the previous year. The vaccine would be available in all maternity units in north west London in the current year in addition to the influenza vaccine;
- the supply of sufficient BCG vaccine for all births in the last six months. A targeted follow up by community providers for those children and adults not vaccinated during the two years when the vaccine had not been available;
- the increase in the number of babies born to mothers with hepatitis B. Mothers were identified through the antenatal screening programme and babies were followed up through primary care in Harrow;
- visits to be made to Harrow GP practices to see how the uptake of COVER (Cohort of Vaccination Evaluated Rapidly) reported vaccinations could be improved, supported by an increase in health protection communications;
- the reduction in take up of cervical cancer screening in Harrow had been less than nationally. Text via smartphone by GP practices for call and recall.

In response to questions, the Board was informed that:

- the uptake of Abdominal Aortic Aneurysm (AAA) screening for high risk patients in Harrow was 91%. Attendance was by invitation with non attendance followed up by the clinical nurse and those not attending a second time being personally contacted by the consultant;
- community pharmacists were primed to work with any Metropolitan Police division regarding seasonal flu vaccinations. Discussions on the provision of vaccinations for care home staff would be welcomed;
- a catch up for those who had missed BCG vaccinations during the period when vaccine was not available, would be launched once the stock could be guaranteed. It could be a few months before the supply stabilised.

RESOLVED: That the report be noted.

219. INFORMATION REPORT - A Review of Female Genital Mutilation in Harrow

The Board received a report which outlined the current intelligence on female genital mutilation for Harrow. The report included prevalence and detailed a range of issues to identify and to reduce the risk of FGM in young women and girls in Harrow.

The Director of Public Health presented an overview of the report. It was noted that the Local Safeguarding Children Board (LSCB) led the response and that awareness and training of staff took place across the Council. The Harrow Domestic and Sexual Violence Forum had identified FGM as a priority area and a series of posters and communication plan had been produced to raise awareness.

The Board was advised of the work undertaken by Norbury Primary School which was leading the way working with national agencies and had shared its approach and learning with other schools including schools outside Harrow. The FGM film created by Norbury Primary School had been used nationally and the school had been commended for its work. The programme was facilitating long term cultural change

In response to questions, the Board was informed that:

- once concerns were expressed, the reporting pathway outlined in the report was put into place. The staff involved in the process, including those at the clinics, were congratulated on the work undertaken;
- GPs were fully aware of the required reporting and recording response and referrals were made through MASH (multi agency safeguarding hub) as appropriate. The need to break disclosure with regard to FGM or potential FGM was now accepted by GPs as a wider safeguarding remit.

RESOLVED: That the report be noted.

220. INFORMATION REPORT - Ofsted Report on the Inspection of Services for Children in Need of Protection, Looked After Children and Care Leavers

Members of the Board considered the Ofsted report which had been issued following the recent statutory inspection of services for children in need of protection, looked after children and care leavers, together with the action plan required within 70 working days of the published inspection report.

The Corporate Director People gave an overview of the report and commended the staff involved on the achievement of a top quartile rating with below average spend. The report was pleasing overall but the department was not complacent.

Particular attention was drawn to:

- as the early support element of children who needed help and protection had not met the criteria for a good rating, the section as a whole had been rated as requiring improvement. A framework Action Plan had been produced and Ofsted would be advised of the outcome. All other sections had been rated as good. The one or two local authorities that had been graded as outstanding had had much lower caseloads than those at Harrow;
- future inspections would be ILACS (Inspection of Local Authority Childrens Services) with an emphasis on examination of effectiveness as partners.

RESOLVED: That the report be noted.

221. INFORMATION REPORT - Sustainability and Transformation Plan Update

The Board received a report on 'Harrow's chapter' of the Sustainability and Transformation Plan which had been reviewed at the Health and Wellbeing Board Seminar.

The Interim Chief Operating Officer introduced the report, stating that the document was for use as a communications tool which focussed on change and areas of inequality.

A Member referred to the CQUIN (commissioning for equality and innovation) scheme intended to deliver clinical quality improvements and drive transformational change. She expressed disappointment that only 7% of mental health expenditure was allocated to children's mental health. A CCG clinical representative referenced the Future In Mind Programme, stating that, both as a Board and individually, a lot of work had been undertaken regarding children's mental health.

In response to comments that the anticipated injection of resources to support the agreed priorities in the STP had not been forthcoming and that the

importance of prevention had not been sufficiently acknowledged, the Interim Chief Operating Officer stated that financial resources had been redirected. Diabetes was an example of an area where funding had been allocated across the NWL STP. The CCG 2017/18 programme prioritised prevention and there was a local incentive scheme for respiratory work and diabetes.

The Chair expressed the view that during a period of financial restraint prevention was integral to the future design of services.

RESOLVED: That the report be noted.

222. INFORMATION REPORT - Better Care Fund (BCF) Update Quarter 4 2016/17 and 2017/18

The Board received a report which set out the progress on the Better Care Fund (BCF) in the fourth quarter of 2016/17. The submission of the report to NHS England on 31 May 2017, in accordance with prescribed deadlines, was noted.

A CCG officer informed the Board that:

- the plan was compliant in all but two of the national conditions, delivery of seven day services across health and social care and support services. Improvements to both were in progress;
- despite significant progress across the nationally and locally defined metrics, not all targets had been met. Harrow was currently the third lowest in London for delayed transfer of care and had reported 'none';
- delivery of the BCF had promoted positive joint working, for example discharge and the assess joint initiative;
- the final guidance and template had been received and financial discussions between the CCG and Harrow Council prior to the deadline of 21 July. A further report would be made to the Board subsequent to submission of the full plan to NHS England by the deadline of 11 September 2017. The draft plan would be circulated prior to this.

The Board was advised that maintaining the discharge position would be challenging and would require some virement of funds. The achievement of a good level of performance together with an improving relationship on difficult and challenging issues. Concern was expressed at the possible withdrawal of LGA support for the BCF.

RESOLVED: That the report be noted.

223. INFORMATION REPORT - Harrow Clinical Commissioning Group Annual Report and Annual Accounts 2016/17

The Board received a report on the Harrow Clinical Commissioning Group (CCG) annual report for 2016/17 which provided an overview of its

performance and achievements during the past 12 months together with details of expenditure and provision of services.

The Interim Chief Operating Officer provided an overview of the report and drew particular attention to the following:

- achievement of the A&E four hour wait target continued to be challenging with the year end position at 86.2%;
- access to diagnostic services had good improvement to year end performance of 98% which was slightly below the 99% target;
- good improvement on cancer waiting times, improved access to psychological therapies and dementia diagnosis;
- a slight deficit at the year end had resulted in qualified accounts. The savings target for 2017/18 was approximately 5% of turnover.

In response to questions, it was stated that:

- joint work was being undertaken with regard to emotional health and wellbeing and resource for CAMHS. The officer undertook to inform a Member of data on child mental health services;
- there had been a large response to the engagement on the Choosing Wisely proposals with regard to medicine management which ended on 30 June 2017. The majority of respondents had considered the proposals acceptable. An equality impact assessment would look at the quality and equality impact. The proposals would be considered by the CCG Governing Body in August. The Chair stated that he would respond formally and reported that the Health and Social Care Scrutiny Sub-Committee had responded to the consultation. A CCG clinical lead stated that it would be important to ensure that the proposals would not be to the detriment of patients and that it was not a question of asking patients to pay but ascertaining whether they would be willing to pay.

With regard to a question on the planning for an in-year deficit of £21.2m, the Board was advised that the CCG had a two year financial turnaround position to address the underlying deficit. A programme of almost £8m financial savings from the transformational process and invest to save initiatives such as the referral system management had been identified. The 3-4% target for the last four year had been achieved and a similar saving level for 2018-19 was included in the current two year plan. Regular dialogue took place with the regulators.

RESOLVED: That the report be noted.

224. INFORMATION REPORT - Revenue and Capital Outturn 2016/17

The Board was requested to note the report detailing Harrow Council's Revenue and Capital Outturn 2016/17, as reported to the Council's Cabinet on 15 June 2017.

An officer informed the Board that 2016/7 had remained a very challenging financial environment with continuing demand pressures on the budget. Budget pressures had been mitigated to reach a balanced budget. The period 2 report indicated continued budget pressures, notably in children's services.

The Board would be updated on the budget position.

RESOLVED: That the report be noted.

(Note: The meeting, having commenced at 12.30 pm, closed at 1.45 pm).

(Signed) COUNCILLOR SACHIN SHAH
Chair

REPORT FOR: Harrow Health and Wellbeing Board

Date of Meeting:	7 September 2017
Subject:	INFORMATION REPORT – Child Death Overview Panel Annual Report 2016
Responsible Officer:	Dr Andrew Howe, Director of Public Health
Exempt:	No
Wards affected:	All
Enclosures:	CDOP Annual Report 2016

Section 1 – Summary

This report looks at the findings of the CDOP panel meetings in 2016.

FOR INFORMATION

Section 2 – Report

The Child Death Overview Panel (CDOP) is currently a subcommittee of the Local Children’s safeguarding board. The panel reviews every child death in Harrow with the intention of categorising them and learning lessons which may prevent further child deaths. In 2016 the panel met 4 times and reviewed 26 cases. The cases will include those of deaths occurring in late 2015 and will exclude some of the deaths occurring in late 2016 due to the time it takes to gather all of the data.

The numbers are too small to make any assessment of trends. Learning points have included the management of asthma and epilepsy in school aged children.

There are likely to be changes in the next year as a result of the Wood Report. This will result in CDOPs covering a larger area and being responsible to the Department of Health rather than the Department for Education and Skills.

Section 3 – Further Information

None

Section 4 Financial Implications

Although the CDOP is a subcommittee of the LSCB, the administration of the panel has, following the introduction of the Health and Social Care Act in 2013 been funded (and managed) through the Public Health ring-fenced grant rather than from the LSCB budget.

The publication of the Wood review of local safeguarding children boards during 2016, included recommendations regarding CDOPs. In particular, that panels should be hosted within the NHS, supported by the Department of Health. The government agreed to put in place arrangements to transfer national oversight of CDOPs from the Department for Education to the Department of Health while embedding the focus on learning within child protection agencies.

It is not yet known whether these changes, both to the area covered by CDOP and the change of responsibility from LSCB to Health will affect future funding requirements, which are currently assumed to remain within the grant. Any changes to future funding will need to be considered in the context of the overall council financial budget setting process.

Section 5 - Equalities implications

Was an Equality Impact Assessment carried out? No but report covers age and ethnicity.

Section 6 – Council Priorities

The Council's vision:

Working Together to Make a Difference for Harrow

This report concerns the deaths of children and young people. It therefore contributes to the council priorities

- Making a difference for the vulnerable
- Making a difference for families

Name: Donna Edwards.	<input checked="" type="checkbox"/>	on behalf of the Chief Financial Officer
Date: 01/08/17		

Ward Councillors notified:	NO
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Section 7 - Contact Details and Background Papers

Contact: Carole Furlong, Consultant in Public Health, 020 8420 9508

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Child Death Overview Panel (CDOP) 2016 Annual report

WELCOME

The Child Death Overview Panel (CDOP) is an inter-agency forum that meets regularly to review the deaths of all children normally resident in Harrow. It acts as a sub-group of the Local Safeguarding Children's Board and is accountable to the LSCB. In the coming year, there may be changes in the CDOP as a result of the Wood report but all deaths in children and young people under the age of 18 will continue to be reviewed by a CDOP panel

During the review process, the CDOP may identify issues that need to be addressed such as:

- any cases requiring a Serious Case Review;
- any matters of concern affecting the safety and welfare of children;
- any matters about the care of a specific case requiring action and;
- any wider public health or safety concerns arising from a particular death or from a pattern of deaths in the area; a specific recommendation would be made to the LSCB.

The Panel held 4 meetings during 2016 in which 26 cases were discussed compared to 18 cases in 2015.

Child death is a very sensitive issue of crucial importance. Our panel is committed to learning from every such incident and where possible, identify preventable factors and to inform action that can be taken to reduce the number of child deaths in the future.

It is understandably difficult to find appropriate ways to seek the views of families about the support they receive after their child has died. However, parents are informed when their child's death is about to be reviewed, and are encouraged to contact me as Chair of the panel. In response, I or the designated Professional, Sue Sheldon, have spoken to or had contact with a number of bereaved families either before or following panel meetings.

It is important to recognise and should be noted that as the number of child deaths is small, it is difficult to make any comparisons with other National data.



Dr. Andrew Howe

Director of Public Health and Chair, Child Death Overview Panel, The London Borough of Harrow

INTRODUCTION

This report provides background information on the role and function of Child Death Overview Panels, a description of the work undertaken during the year by the Harrow Panel (together with some statistical analysis) and, importantly, identifies some of the themes and learning emerging from the reviews of child deaths and the actions resulting from this.

The Harrow Child Death Overview Panel (CDOP) has the responsibility to review all deaths in children up to the age of 18 years.

The key principles underlying the overview of all child deaths are:

- Every child's death is a tragedy
- Learning lessons to prevent future child deaths
- A joint agency approach
- To make recommendations to the LSCB so that positive action to safeguard and promote the welfare of children can be taken

The purpose of this report is to enable the Harrow Local Safeguarding Children Board to provide information on safeguarding activity in 2015 and also to provide an honest appraisal of the safeguarding of children and young people in the Borough.

Child death review processes became mandatory in April 2008 and it is the responsibility of the multi-agency CDOP to review the cases of all child deaths to identify potentially preventable deaths. This report presents, at an aggregate level, an analysis of the information and summarises the actions taken over the last year.

GOVERNANCE

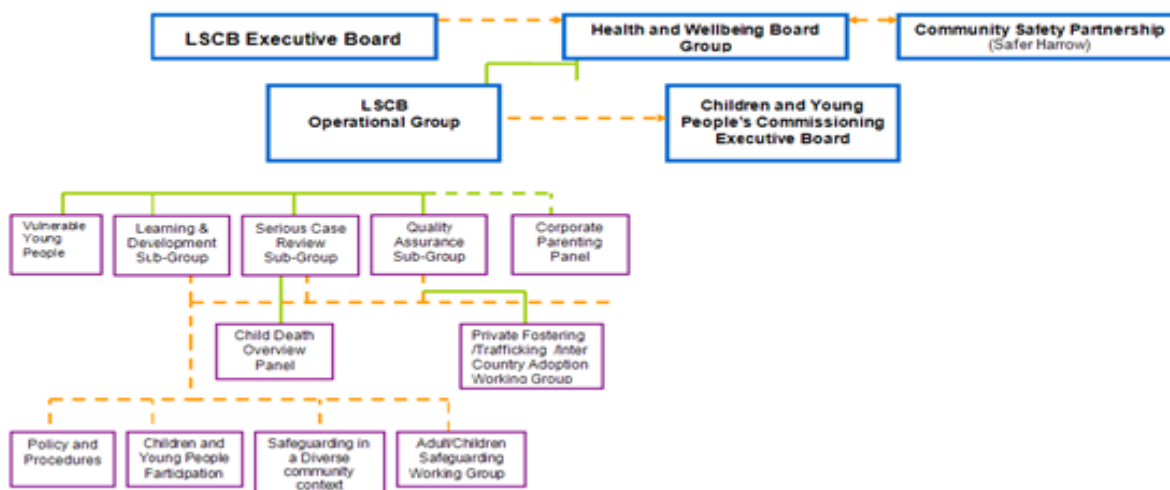
The Harrow Local Safeguarding Children Board (LSCB) is a statutory partnership consisting of senior representatives of all relevant agencies. It is not a delivery or a commissioning body but it is primarily responsible for the monitoring and evaluation of safeguarding children across the Borough, and influencing organisations in relation to improving safeguarding.

The Safeguarding Children Board has a structure of sub-groups and work-streams that will assist in the delivery of these objectives. Each sub-group is chaired by a member of the Safeguarding Children Board and is made up of key safeguarding staff from all agencies.

The LSCB has a number of established sub groups to ensure that identified priorities are met. Each sub group is chaired by a member of the LSCB and has delegated responsibility from the Board.

The graphic below shows the current structure of the Harrow Local Safeguarding Children Board and the sub-groups, work-streams and associated mechanisms such as the Child Death Overview Panel.

Governance Structures, subgroups and working groups



The Serious Case Review (SCR) Sub Group reviews the referrals against the criteria for holding a SCR, undertakes reviews of serious cases and advises the local authority and the LSCB board and makes appropriate recommendations to the LSCB Board on lessons to be learned. It also considers serious cases including those identified through the CDOP process which do not meet the criteria for holding a SCR case review, but which have a multi-agency element and provide scope for learning around multi agency practice and procedures. The SCR Sub Group provides an annual report to the LSCB. All child deaths are reported to the SCR subcommittee and LSCB operational group at all meetings.

Following the introduction of the Health and Social Care Act in 2013, a decision was made to fund and manage CDOP from within the Public Health ring fenced budget rather than from the LSCB budget for the purpose of continuity. This remains the case in 2016.

During 2016, we saw the publication of the Wood review of local safeguarding children boards. The review included recommendations regarding CDOPs. It said that Child death reviews should continue to be carried out by multi-agency arrangements but as only 4% of child deaths relate to safeguarding, Child Death Overview Panels (CDOPs) should be hosted within the NHS, supported by the Department of Health. The government agreed to put in place arrangements to transfer national oversight of CDOPs from the Department for Education to the Department of Health while embedding the focus on learning within child protection agencies.

Across London, the CDOP leads and members have been coming together to learn from each other and to improve the consensus on classifying cases. The group also recognises that the footprint of each CDOP s probably too small to be sustainable and there are likely to be changes in the At this time, there are no concrete plans for changes to the Harrow CDOP but we are actively discussing merging CDOPs to provide a bigger footprint.

MEMBERSHIP AND ATTENDANCE AT CDOP

The child death overview panel is formed of a group of multi agency professionals from Harrow that are committed to safeguarding children. Panel members are expected to attend at least three out of every four meetings with the exception of the Designated Professional who is expected to attend all meetings and the CAIT lead from the Metropolitan Police who attends only when there is a suspicious death.

Four meetings of the panel were held in 2016. The membership and attendance at the meetings is shown below.

Name	Designation Agency	Apr-16	July-16	Sept-16	Dec-16
Dr Andrew Howe	Harrow CDOP Chair, Director of Public Health, Harrow Council	✓	✓	✓	✓
Carole Furlong	Consultant in Public Health, Harrow Council	✓	✓	✓	✓
Sue Sheldon	Designated Professional, Safeguarding Children, Harrow CCG	✓	✓	✓	✗
Marie Hourihan	CDOP Coordinator (funded by Public Health)	✓	✓	✓	✓
Neil Harris	QA and Service Improvement Manager, Children's Services, Harrow Council	✗	✗	✗	✗
Dr Pramod Mainie	Consultant Neonatologist London Northwest Healthcare Trust	✓	✓	✓	✓
Coral McGookin	Partnership Coordinator, Harrow Safeguarding Children Board	✓	✓	✓	✗
Melanie Zubrugg	Named Nurse, London Northwest Healthcare Trust	✗	✗	✗	✗
Cheryl Pearce	Regional Development Officer The Lullaby Trust	✓	✗	✗	✗
Lawrie Roach	Barnet Coroner Coroner's Office	✗	✗	✗	✗
DI Jason Dawson	Child Abuse Investigation Team (CAIT) Metropolitan Police	N/A	N/A	N/A	N/A

Poor attendance was highlighted at the Harrow Safeguarding Children Board and has now been resolved.

CDOP MEETINGS IN 2016

During the year 1st January 2016 - 31st December 2016, there were 4 CDOP meetings: in March, July, September and December. A total of 26 cases were reviewed in the period.

Due to the low numbers involved, it is difficult to provide a robust trend analysis. However we have presented summary data for the previous 6 years for comparison. Regardless of the small numbers, CDOP will continue to act as advocate for families to improve the health and wellbeing for infant and maternal health.

EXPECTED VS UNEXPECTED DEATHS

Over the past 6 years, only 20% of child deaths are classified as unexpected. In the past two years this proportion is higher although the small numbers make it impossible to say if this is an ongoing trend. Of the 20 unexpected deaths occurring in the past 6 years, almost all had a rapid response meeting or visit.

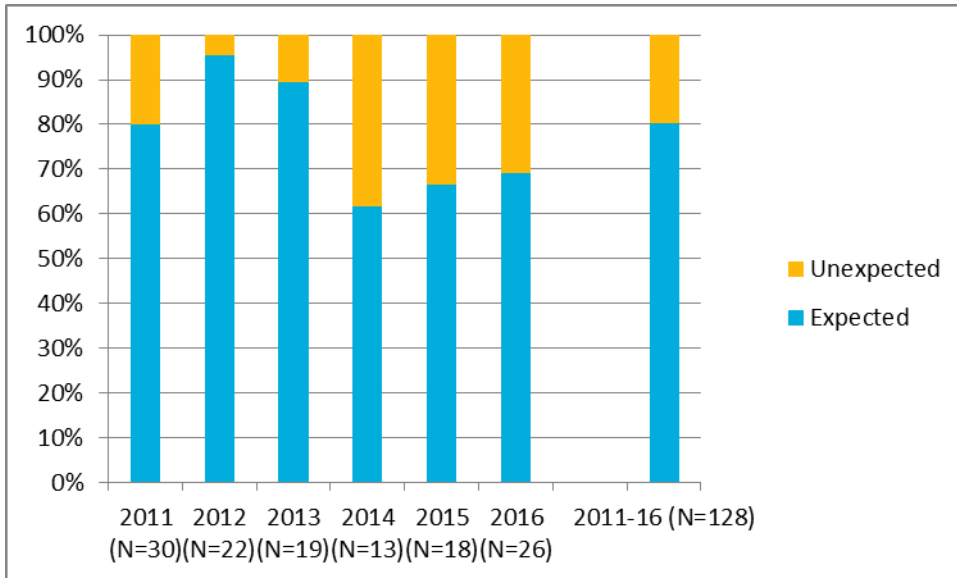


Figure 1 Harrow CDOP cases classified as Expected Vs unexpected deaths –2011-16

CHARACTERISTICS OF CASES

On average, between 2011 and 2016, a slightly higher proportion of deaths were seen in males than in females. In 2016, of the deaths reviewed by CDP over 70% were males.

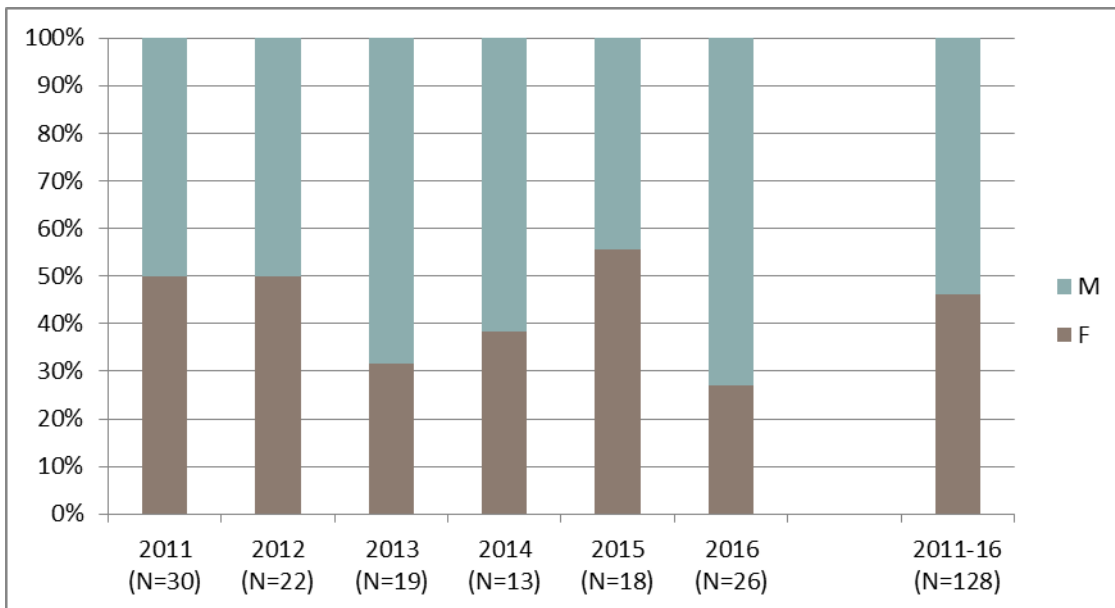


Figure 2 CDOP cases by gender 2011-16

Ethnicity is not recorded on death certificates and so the data on ethnicity of CDOP cases has been gathered from hospital records and/or based on the recorded ethnicity of the parents or mother where father's details are not available. Due to small numbers the pattern of deaths varies by ethnic group. On average over the past six years, the number of deaths in children from BAME groups is slightly higher than might be expected given the makeup of the Harrow population.

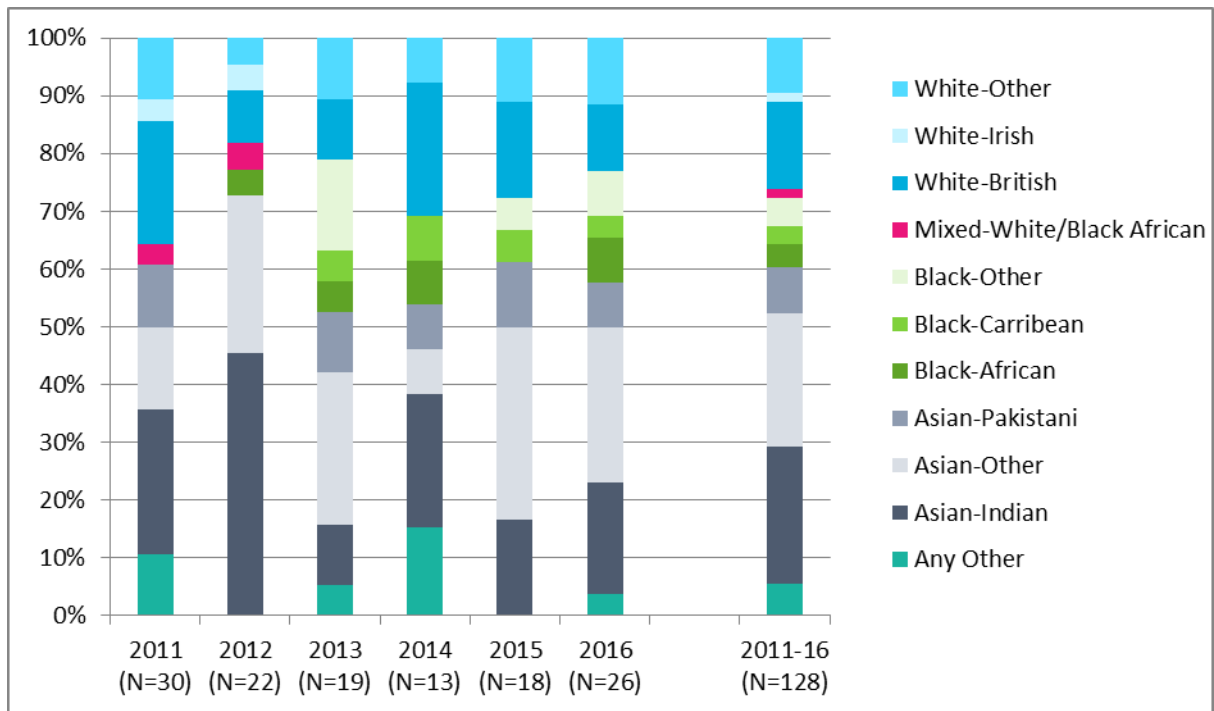


Figure 3 CDOP cases by ethnic group 2011-16

In almost half of all child deaths, religion was not known or not recorded. No conclusions can be drawn from this data.

The role of the Child Death Overview panel is to determine which category each cases falls into and to determine if there were any modifiable risk factors. There are 10 categories and the panel will choose the most appropriate category for the cause of death. Where there are more than one possible category, the panel will choose the more significant category (i.e. with the lower number). In common with that national data, both in 2016 and over the past five years, the most categories were that of perinatal/neonatal events and chromosomal, genetic and congenital abnormalities.

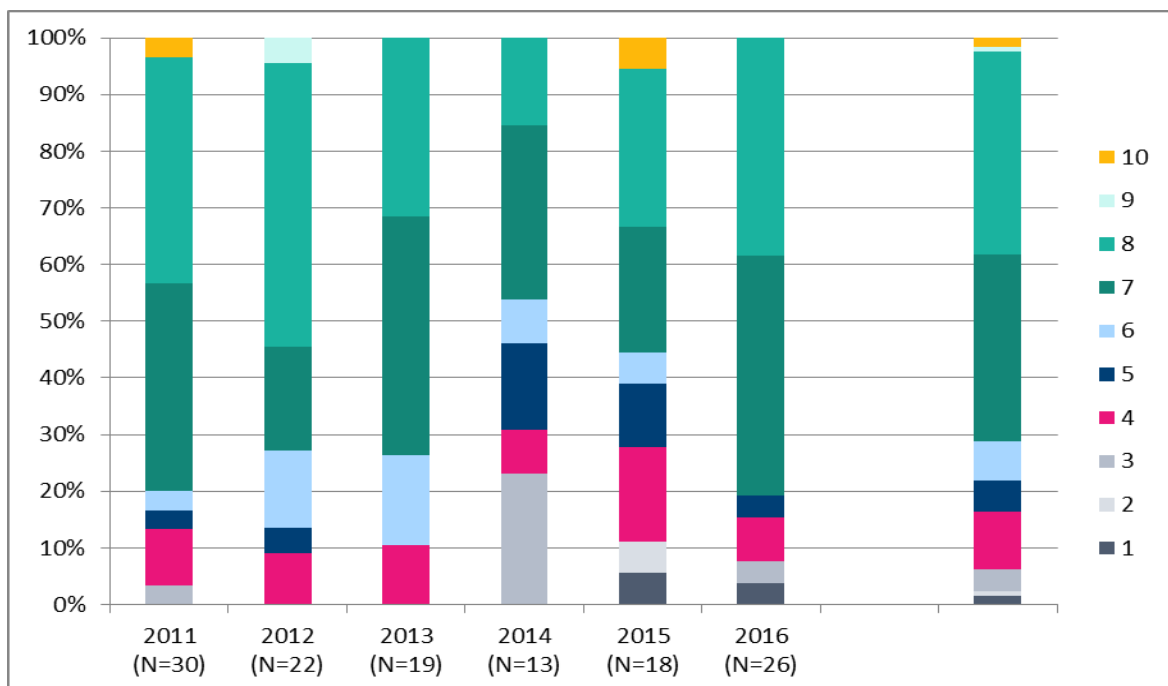


Figure 4 Harrow CDOP cases by Category 2011-16

CDOP CATEGORIES

Category	Name & description of category
1	<p>Deliberately inflicted injury, abuse or neglect</p> <p>This includes suffocation, shaking injury, knifing, shooting, poisoning & other means of probable or definite homicide; also deaths from war, terrorism or other mass violence; includes severe neglect leading to death.</p>
2	<p>Suicide or deliberate self-inflicted harm</p> <p>This includes hanging, shooting, self-poisoning with paracetamol, death by self-asphyxia, from solvent inhalation, alcohol or drug abuse, or other form of self-harm. It will usually apply to adolescents rather than younger children.</p>
3	<p>Trauma and other external factors</p> <p>This includes isolated head injury, other or multiple trauma, burn injury, drowning, unintentional self-poisoning in pre-school children, anaphylaxis & other extrinsic factors. Excludes Deliberately inflicted injury, abuse or neglect. (category 1).</p>
4	<p>Malignancy</p> <p>Solid tumours, leukaemias & lymphomas, and malignant proliferative conditions such as histiocytosis, even if the final event leading to death was infection, haemorrhage etc.</p>
5	<p>Acute medical or surgical condition</p> <p>For example, Kawasaki disease, acute nephritis, intestinal volvulus, diabetic ketoacidosis, acute asthma, intussusception, appendicitis; sudden unexpected deaths with epilepsy.</p>
6	<p>Chronic medical condition</p> <p>For example, Crohn's disease, liver disease, immune deficiencies, even if the final event leading to death was infection, haemorrhage etc. Includes cerebral palsy with clear post-perinatal cause.</p>
7	<p>Chromosomal, genetic and congenital anomalies</p> <p>Trisomies, other chromosomal disorders, single gene defects, neurodegenerative disease, cystic fibrosis, and other congenital anomalies including cardiac.</p>
8	<p>Perinatal/neonatal event</p> <p>Death ultimately related to perinatal events, eg sequelae of prematurity, antepartum and intrapartum anoxia, bronchopulmonary dysplasia, post-haemorrhagic hydrocephalus, irrespective of age at death. It includes cerebral palsy without evidence of cause, and includes congenital or early-onset bacterial infection (onset in the first postnatal week).</p>
9	<p>Infection</p> <p>Any primary infection (ie, not a complication of one of the above categories), arising after the first postnatal week, or after discharge of a preterm baby. This would include septicaemia, pneumonia, meningitis, HIV infection etc.</p>
10	<p>Sudden unexpected, unexplained death</p> <p>Where the pathological diagnosis is either 'SIDS' or 'unascertained', at any age. Excludes Sudden Unexpected Death in Epilepsy (category 5).</p>

MODIFIABLE RISK FACTORS

From 1st April 2010, CDOPs were asked to identify whether or not there were 'modifiable factors' in a death. These are factors, which may have contributed to the death of the child and which, by means of locally or nationally achievable interventions, could be modified to reduce the risk of future child deaths. However, there are difficulties in distinguishing between these categories, i.e. of factors which definitely contributed to the death and of factors which may have contributed to the death, and ensuring a nationally consistent approach.

There were believed to have been 4 deaths with modifiable risk factors in the cases examined in 2016. Due to the small numbers of child deaths in Harrow, further information related to individual cases cannot be made available.

CONSANGUINITY

Consanguinity is noted on the forms received from clinicians within trusts and from GPs. The numbers of deaths where consanguinity is noted are very low, with fewer than 5 cases per year. Between 2011 and 2016, 10% of all child deaths were identified as being in consanguineous families. It should be noted that consanguinity was not noted as a modifiable factor in these child deaths.

LESSONS LEARNT

It is important to note that due to the low number of deaths, this makes it impossible to provide an accurate statistical interpretation or trend analysis. All unexpected deaths were managed appropriately using rapid response process.

As a result of a death in 2015, the CDOP and LSCB have developed guidance for schools to support children with epilepsy. Training on the guidance has been delivered to the teachers in Harrow schools.

Training also took place as a result of lessons learned on a death from asthma

CDOP has continued to have a good relationship with the Lullaby Trust and training on safe sleeping and reducing the risk of cot deaths has been undertaken within the past year. More training sessions are planned in 2017.

Report prepared by

Carole Furlong

Public Health Consultant

June 2017

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**REPORT FOR: HEALTH AND
WELLBEING BOARD**

Date of Meeting: 7 September 2017

Subject: **INFORMATION REPORT**

Harrow Safeguarding Adults Board
(HSAB) Annual Report 2016/2017

Responsible Officer: Bernie Flaherty
Director, Adult Social Services

Exempt: No

Wards affected: All

Enclosures: Harrow Safeguarding Adults Board
Annual Report 2016/2017

Section 1 – Summary

This report provides the Health and Wellbeing Board with an overview of the Harrow Safeguarding Adults Board (HSAB) Annual Report for 2016/2017, which summarises safeguarding activity undertaken in that year by the Council and its key partners. It sets out the progress made against priorities, analyses the referrals received and outlines priorities for the current year (2017/2018), including those areas where the support of the H&WB Board would be most appropriate.

FOR INFORMATION

Section 2 – Report

2.1 The Care Act 2014

Under the Care Act 2014 the local Safeguarding Adults Board (SAB) has three core duties. It **must**:

- i. publish a strategic plan for each financial year
 - the Harrow SAB has a 3 year strategic plan for 2017 - 2020
- ii. publish an annual report
 - Harrow SAB's Annual Report for 2016/2017 was presented to the Council's Scrutiny Committee on 3rd July 2017
 - 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 "Executive Summary", "key messages for staff/volunteers" and "easy to read" formats and will be available to a wider audience through the Council and partner agencies websites
- iii. conduct any Safeguarding Adults Reviews (SARs)
 - these will be carried out as required. There were none that the HSAB needed to commission in 2016/2017
- 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 SAB (as at 31st March 2017) is shown in the full report (attached) at Appendix 2 and their attendance record is shown at Appendix 3

2.2 Statistical analysis

The attached report covers the full range of statistical analysis as well as an update on progress against the objectives set in 2015/2016.

Overall the statistics can be summarised as:

- the person most likely to be at risk of harm is an elderly lady living at home;
- the most common person alleged to have caused harm is a family member or partner; and
- for the first time financial abuse is the most prevalent form of harm

Although there are small variations across the country, this picture is similar to the position in other Councils – as confirmed by recent research completed by Brunel University.

The numbers of concerns referred stabilised last year having significantly increased (by 38%) in 2015/16 following Care Act 2014 implementation.

Training was provided to 1,516 staff from across a wide range of organisations, either through the formal programme or through sessions run by the Safeguarding Adults Service. For the first time, referral numbers from Mental Health Service staff and Primary Care staff exceeded those from Social Care staff, suggesting that training is having a positive impact across more agencies.

Working with the Police also improved further last year with a 3% increase of referrals from their Officers and another 26 cases subject to police action/prosecution.

Good progress was made on all the HSAB's priorities last year with notable projects including: the joint conference on domestic abuse with the HSCB; joint file audit work also with the HSCB; visiting victims of door step crime with Trading Standards Officers; and training/support for care homes.

2.3 HSAB priorities for 2017/2018

The priorities for the Board in 2017/2018 include:

- a range of methods being used throughout the year to provide information to all sections of the community with a focus on people/groups highlighted in the statistics (e.g. older people living in their own home and about the risks of financial abuse). The impact and effectiveness will be evaluated and influence changes to future campaigns – with support from the voluntary sector
- a continued focus on access to justice for those victims that want to pursue it – with support from Harrow Police
- relevant campaigns taking place e.g. a focus on scams, door step crime and distraction burglary with formal evaluation influencing future activities – with support from Trading Standards and Harrow Police
- projects highlighted by users taking place (e.g. working with schools to raise awareness of disability/mental health issues) and formal evaluation influencing future activities – with HSCB support
- local care providers being supported with relevant information/training as part of the Board's prevention strategy – with support from local NHS organisations
- a further analysis of "repeat referrals" to understand why some safeguarding situations are not possible to deal with on the first occasion

- another relevant “mystery shopping” exercise or equivalent, to check that front door services recognise possible abuse and know how to advise/deal with concerns effectively – with support from Harrow Mencap, MIND in Harrow and Age UK Harrow
- to ensure a full range of updated information for practitioners, service providers and people who may need to use safeguarding services is available in a range of accessible formats
- explore running more joint projects (e.g. annual conferences, training events, community outreach, work with schools) with the HSCB - to optimise both resources and outcomes and ensure that staff “think whole family” – with HSCB support
- further develop a joint approach to domestic abuse with a focus on areas highlighted by the statistical analysis e.g. increasing reporting from Housing and the voluntary sector
- ensuring that any transferable learning from the Ofsted inspection of the HSCB is utilised by the HSAB - with HSCB support

Section 3 – Further Information

All relevant information is contained in the attached document.

Section 4 – Financial Implications

As at 31st March 2017, the staffing of the dedicated Safeguarding Adults and DoLS Service located in the Council is as follows:-

- 1 Service Manager (Safeguarding Adults and DoLS)
- 1 DoLS Officer (DoLS work only)
- 1 Safeguarding Adults Co-ordinator
- 1 Team Manager
- 2 wte Safeguarding Adults Senior Practitioners
- 7 wte qualified Social Workers
- 2.5 wte Best Interest Assessors (DoLS work only)

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).

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 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 £20,500 p.a. from three of the four local NHS partner agencies (Harrow Clinical Commissioning Group; North West London Hospitals Trust;

and the Royal National Orthopaedic Hospital Trust). Financial contributions are also made by 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 organisations.

The expectation is that the HSAB priorities can be delivered within the annual financial envelope, however this continues to prove challenging where the pressures are demand led and of a statutory nature.

Section 5 - Equalities implications

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 Strategic Plan for 2017 - 2020 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 2016/2017 statistics demonstrate that concerns are coming from all sections of the Harrow adult community.

Section 6 – Council Priorities

The Council's vision:

Working Together to Make a Difference for Harrow

This report primarily relates to the Corporate priorities of:

- making a difference for the vulnerable
- making a difference for communities

STATUTORY OFFICER CLEARANCE

(Council and Joint Reports)

Name: Anthony Lineker	<input checked="" type="checkbox"/>	on behalf of the Chief Financial Officer
Date: 17 th July 2017		
Ward Councillors notified:	NO - the report affects all Wards	

Section 7 - Contact Details and Background Papers

Contact: Visva Sathasivam (Assistant Director, Adults) - 02087366012

Background Papers:



& our Partners,

Committed to
Safeguarding Adults



Harrow Safeguarding Adults Board (HSAB)

Annual Report 2016 - 2017



in partnership with:



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“Harrow is a place where adults at risk from harm are safe and empowered to make their own decisions and where safeguarding is everyone’s business” (HSAB Vision)

Foreword

This is the 10th Annual Report published on behalf of Harrow's Safeguarding Adults Board (HSAB) and contains contributions from its member agencies. The Board is statutory and coordinates local partnership arrangements to safeguard adults at risk of harm. This report details the work carried out by the HSAB last year (2016/2017) and highlights the priorities for 2017/2018.

I would like to thank staff, volunteers, experts by experience, users and carers from all agencies who have contributed to safeguarding and dignity/respect work in Harrow over the last year.

I was delighted to co-chair the first joint HSAB HSCB (Harrow Safeguarding Children's Board) annual conference in February this year which focused on domestic violence as it affects all age groups. This event demonstrated both Boards' commitment to "thinking whole family" and myself and the HSCB Chair are committed to continuing to develop these areas.

Over 1,500 people had some safeguarding adults training last year (343 more than the previous year) which is extremely positive, particularly given that 205 were users and some new areas were covered such as Citizen's Advice Bureau volunteer advisers. Both these facts show that the Board continues to give high priority to getting its messages out to as many staff, volunteers, users and carers as possible.

Users told us again last year about wanting to keep safe in the community, so this will be a focus for the HSAB in the coming year with more specific projects to tackle issues such as hate crime; safe travel on public transport; distraction burglary/doorstop crime; and home fire safety.

There was a lot of excellent work done last year on the priorities that the HSAB had agreed were important and I think that once again this annual report demonstrates the difference that the Board's work has made to the lives of the most vulnerable people in the borough (see section 3) and trust you agree once you have read it.

As ever, everything the HSAB does is to achieve its vision – *"that Harrow is a place where adults at risk from harm are safe and empowered to make their own decisions and where safeguarding is everyone's business"*.

I am delighted to present this report to you and hope you will use it to raise awareness of adult safeguarding and to identify issues that you can take forward in your own organisation.

Bernie Flaherty (Chair of the HSAB)



SECTION 1 - INTRODUCTION

1. Introduction to the annual report

This Annual Report describes the activities carried out by the partnership organisations that form the Harrow Safeguarding Adults Board (HSAB) during 2016/2017 and it also looks ahead to the priorities for 2017/2018.

1.1 The Harrow Safeguarding Adults Board (HSAB)

The Harrow Safeguarding Adults Board (HSAB) is chaired by Bernie Flaherty (Director – Adult Social Services, Harrow Council) and is the statutory body that oversees how organisations across Harrow work together to safeguard or protect adults with care/support needs.

The HSAB takes its leadership role very seriously with appropriate senior management attendance from member organisations and the active involvement of the elected Councillor who is the Council's Portfolio holder for adult social care, health and well-being. The list of members (as at March 31st 2017) is at Appendix 2, with their attendance record at Appendix 3.

1.2 HSAB Accountability

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 for 2017 - 2020 which is updated each year after production of the annual report
- ii. publish an annual report
 - the HSAB's 9th Annual Report (for 2015/2016) was presented to the Council's Scrutiny Committee on 7th February 2017. This 10th report for 2016/2017 will go to the Health and Wellbeing Board on 7th September 2017 and a Scrutiny meeting on 3rd July 2017
 - consultation on the 2015/2016 annual report and the 2016/2017 draft version was done with Healthwatch in Harrow as well as the Local Account Group
 - 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 will be produced in "Executive Summary", "key messages for staff" and "easy to read" formats and will be available to a wider audience through the Council and partner agencies websites

- iii. conduct any Safeguarding Adults Reviews (SARs)
 - these will be carried out as required, but there were none needed in 2016/2017
- 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 (as at 31st March 2017) is shown in Appendix 2 and their attendance record is shown at Appendix 3

1.3 Strategic Links

The HSAB has links with the following partnerships also working with communities in Harrow, to help the Board ensure that local arrangements are working to support people with care and support needs from the experiences or risk of abuse and neglect: *Health and Wellbeing Board; Harrow Safeguarding Children’s Board (HSCB); Safer Harrow Partnership; Domestic Abuse Forum; Multi-Agency Risk Assessment Conference (MARAC); Multi-agency Public Protection Arrangements (MAPPA) and Prevent.*

1.4 “London Multi-Agency Adult Safeguarding Policy and Procedures”

The final version of the London Multi-Agency Adult Safeguarding Policy and Procedures was implemented by the Harrow Safeguarding Adults Board from 1st April 2016 and has been used throughout the period covered by this report.

SECTION 2

HSAB Work Programme in 2016/2017

2.1 Harrow HSAB business meetings – work areas covered

The HSAB met on 4 occasions in 2016/2017 – three Business Meetings and an Annual Review/Business Planning Day. The following table lists the main topics discussed by the Board at those meetings – some being standing items; some were items for a decision; some were for information/discussion; others were aimed at Board development, and there were also specific items providing challenge to the Board. Some items were discussed at more than one meeting.

Prevention and Community Engagement (including user involvement)

- Home Office “Inspection of Vulnerable People in Custody” (item for decision)
- User Engagement - feedback on progress with the Harrow Safe Place Scheme development and from the discussions with the Local Account Group about the HSAB Annual Report 2014/15 (items for challenge; information and discussion)
- “Safeguarding is all about us” – experts by experience input to annual review/business planning day (item for challenge)
- World Elder Abuse Awareness Day 2016 in Harrow – local arrangements agreed (item for decision)
- Harrow Safe Place Scheme (item for information)
- Budget pressures and any impact on vulnerable people – (item for challenge)
- User outcomes – feedback from independent file audits and interviews with users (item for information)
- Best Practice Forum on community safety – (item for information)
- Working with schools (user led project) – presentation from experts by experience (item for discussion)

Training and Workforce Development

- Formal review of the Safeguarding Adults (multi-agency) training programme (item for decision)
- HSAB Training programme for 2017/2018 (item for information and decision)
- Feedback from joint HSAB/HSCB conference on domestic abuse (item for information)
- Learning from joint HSAB/HSCB “whole family” case audits (item for discussion)

Quality and Performance Review

- Quarterly statistics – discussed and findings used by the HSAB to inform changes to the training programme and local practice (standing item at every meeting)
- Statistical “deep dive” – on domestic abuse (item for information and discussion)
- Deprivation of Liberty Safeguards (item for information and discussion)
- File audits – confirmation of each Board member organisation’s audit processes (item for information)
- Mr “M” independent case review (item for discussion)
- Mystery Shopping exercise – (item for information and decision)
- Learning from a domestic homicide review (item for information and discussion)

Policies and Procedures/Governance

- HSAB Strategic Plan 2014/17 – exception reports (standing item)
- HSAB Strategic Plan 2017/2020 – (item for decision)
- The HSAB Annual Report 2015/2016 - discussed and formally signed off (item for decision)
- Safeguarding Adults Reviews (SAR) Policy – (item for decision)
- Making Safeguarding Personal – learning from national research (item for Board development)
- Metropolitan Police information sharing agreement (item for discussion)
- Local Assurance Test progress review (item for information)
- Towards Excellence in Adult Social Care review (item for information)

Joint work with the Harrow Safeguarding Children’s Board (HSCB)

- Learning from joint HSAB/HSCB “whole family” case audits (item for discussion)
- HSCB Annual Report 2015/2016 (item for information and discussion)
- Child Sexual Exploitation – HSCB feedback (item for information)
- Female Genital Mutilation (FGM) – update on local arrangements (item for information)
- Learning from serious case reviews - (item for information)

Safeguarding Adults Reviews (SARs)

There were no cases in 2016/2017 for the HSAB to examine by commissioning a SAR. One case was scrutinised using an independent management review process with key learning points fed back to the HSAB and a “learning lessons” event held for relevant Council staff (see section 3, theme 3 for more details).

2.2 Management information (statistics)

The Board collates multi agency information on a range of adult safeguarding statistics in order to produce a management report. The report which is available at each business meeting is overseen by and discussed at the HSAB. The Board’s strategic plan for 2017 – 2020 contains 5 year trend analysis which provides an excellent basis for planning future work.

The breakdown of statistical information for safeguarding adults services in 2016/2017 is available on request.

Headline messages 2016/2017 – safeguarding adults

- 1,662 concerns compared to 1,690 in 2015/2016, represented a small reduction for the first time of 2% locally. This is unsurprising following year on year increases (including a 38% post Care Act implementation rise) and the assumption that numbers would need to level off at some stage
- 39% of Harrow concerns (654 cases) were taken forward as enquiries, compared to 40% in 2015/2016. It remains difficult to be sure what percentage of concerns should meet the threshold for enquiries, although it would not be 100%. As previously reported, both internal and external file audits continue to check that appropriate concerns are being taken forward to the enquiries stage

- repeat enquiries in Harrow increased again last year from 19% in 2015/2016 to 31% in 2016/2017. This is another area that is scrutinised by the external/independent file auditor and given the significant rise in numbers will be looked at again and reported back to the HSAB later this year
- completed enquiries in Harrow were at 95% last year
- in Harrow the female:male ratio at the end of 2016/2017 was 67:33 for enquiries, which is very close to the figure in 2015/16
- numbers for older people were almost identical to those in 2015/2016 at 48% (317 people) and they remain the highest “at risk” group
- for adults with a physical disability the figure in Harrow last year was 38% of concerns (249 people). As indicated in previous annual reports it is important to note that in the statistics (as required by the Department of Health/ NHS Information Centre), people (for example) who are older but also have a physical disability are counted in both categories. It therefore remains quite difficult for the HSAB to form a view about the risks to younger adults whose primary disability is physical or sensory
- mental health numbers increased again slightly last year from 31% of enquiries (210 users) in 2015/2016 to 33% (216 users)
- in Harrow enquiries for people with a learning disability in 2016/2017 were slightly lower (71 people) than the previous year’s figure of 88 and over the last few years numbers seem to have stabilised
- concerns from “BME” communities last year were at 48% compared to 51% in 2015/2016 – which remains in line with the makeup of the Harrow adult population. The enquiries figure was 45% which is also positive, as it suggests that a proportionate number of concerns are progressed and people from “minority” communities are not being disproportionately closed before that stage of the process
- statistics showing where the abuse took place in Harrow remain broadly similar to 2015/16, with the highest percentage (63%) being in the user’s own home. There has been a reduction in concerns for care homes (from 20% to 14%), which is positive given the significant amounts of training and support that have been provided by a range of NHS and social services agencies. Figures in other settings were - 6% in mental health in-patient units (38 cases); 8% in supported accommodation (51 cases); and 1% in acute hospitals (5 cases)
- allegations of physical abuse and neglect have been the most common referral reasons in previous years. However last year financial abuse was the most prevalent for the first time at 22% (188 people) followed by neglect at 21% (180 people). Concerns about physical abuse dropped from 201 people in 2015/2016 to 161 people last year.

Allegations about sexual abuse were broadly similar to 2015/2016 at 7% (60 people). Concerns about self-neglect rose slightly from 11 situations to 14 being dealt with under the local arrangements

- emotional/psychological abuse (20%) is the other significant figure which remained exactly the same as in 2015/2016
- in Harrow social care staff (19% across all care sectors); family/partner (35%); stranger (6%); and health care worker (6%) were the most commonly alleged persons alleged to have caused harm (PACH)
- given the numbers of training and briefing sessions undertaken in recent years, it is always interesting to look at the source of concerns and this is the third time that year on year comparison has been possible for the HSAB to carry out. Last year the highest numbers (17%) were from mental health staff, primary health care staff (13%) and social workers/care managers (12%). The other sources were: residential care staff (8% - another small increase from 2015/2016); family (7% - a 1% decrease on 2015/16); secondary health care staff (a 1% increase from 2015/2016); Police (10% - a 3% increase)
- outcomes in Harrow for the person alleged to have caused harm in relation to criminal prosecutions/Police action compared to the 2015/2016 statistics of 105 cases have increased again to 131 (16%) – which is very positive. The safeguarding adults teams supported by the Police continue to give this area a high priority
- outcomes for the adult at risk include: community care assessment and services (17%); increased monitoring (13%); management of access to PACH (5%); moved to different services (5%); referral to MARAC (1%); referral to advocacy (3%); referral to counselling or training (2%); management of access to finances (3%); application to Court of Protection (1%)

All figures are broadly similar to 2015/2016 and although the percentage is the same as the previous year, there were 2 more cases (11 in total) taken to the Court of Protection which is positive

Headline messages - Deprivation of Liberty Safeguards (DoLS) 2016/2017

This is the third year that the HSAB Annual Report has included statistics for use of the Deprivation of Liberty Safeguards (DoLS). These are relevant for people in hospitals, hospices and care homes who lack the mental capacity to understand and consent to the care/support they need and in particular to any restrictions e.g. locked front doors and/or medication given covertly. The use of these safeguards is important in the Board's oversight of the prevention of abuse as they are relevant for some of the most vulnerable people known to local services (including those that are placed out of borough) and the HSAB needs to be reassured that they are carefully applied and monitored.

There were 425 new cases last year (a decrease of 300 on the previous year) of which 361 (85%) were granted. The reduction followed the very significant increase the previous year in response to the Supreme Court ruling in the “Cheshire West” case.

The Law Commission review of the DoLS was reported in Spring 2017 and suggests that the current arrangements will be replaced by Liberty Protection Safeguards. It is unclear when the change will be required, however the action plan at Section 4 includes any possible preparatory work needed.

Summary/Actions Required

In the majority of the performance statistics above, there is now quite a lot of stability in comparison to previous years. There was another small improvement in the numbers of cases subject to Police action/prosecution which remains very positive given that national surveys have previously heard that this is what victims want. Areas for focus in 2017/2018 include repeat referrals; financial abuse; community safety; and older people at risk in their own homes.

The action plan in this report (year one of the HSAB Strategic Plan 2017 - 2020) includes objectives to address the key messages from the statistical analysis – see section 4.

2.3 HSAB Resources

As at 31st March 2017, the staffing of the dedicated Safeguarding Adults and DoLS Service located in the Council is as follows:-

1 Service Manager (Safeguarding Adults and DoLS)

1 DoLS Officer

1 Safeguarding Adults Co-ordinator

1 Team Manager

2 wte Safeguarding Adults Senior Practitioners

7 wte qualified Social Workers

2.5 wte Best Interest Assessors (DoLS work only)

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 nature of the work carried out is included in CNWL’s statement at Appendix 1. The statistics are included in section 2.2 above.

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 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 £20,500 p.a. from three of the four local NHS partner agencies (Harrow Clinical Commissioning Group; North West London Hospitals Trust; and the Royal National Orthopaedic Hospital Trust). Financial contributions are also made by 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 organisations.

SECTION 3 – MAKING A DIFFERENCE

(PROGRESS ON OBJECTIVES 2016/2017)

This section of the report looks at what difference the work of the HSAB made last year by reviewing progress on the priorities agreed for 2016/2017, as set out in the annual report for 2015/2016.

Board members' organisations have also commented on these areas in their statements in Appendix 1.

Prevention and Community Involvement

The HSAB is confident that prevention of abuse of adults at risk is a high priority in Harrow

The HSAB's prevention strategy 2014 – 2017 ("Promoting Dignity and Prevention of Abuse") was formally agreed at the Board meeting in March 2014. 2016/2017 was the third year of implementation which built on the work done from the previous year. Examples of work in this area include:

- the full range of information leaflets was updated to ensure compliance with the Care Act and a focus on making safeguarding personal
- the Safeguarding Adults Services continued to promote distribution of "The Little Book of Big Scams" produced by the Metropolitan Police and the Home Office which is extremely popular with members of the general public
- support/training has been offered to local residential homes and domiciliary care agencies e.g. a Best Practice Forum with a focus on "do not resuscitate orders"; covert medication and advance decisions/"living wills"; and training in working with dementia
- 82 referrals were made via the Safeguarding Adults Team to the local Fire Service for home fire safety checks

Ensure effective communication by the HSAB with its target audiences

A formal Communications Plan for the HSAB was approved by the Board at the March 2015 business meeting and was updated in January 2017. It aims to ensure that its target audiences across the whole community know about abuse and how to report it and that resources are used for publicity and awareness related events in the most time/cost efficient ways. Examples of work in this area include:

- the HSAB's newsletter which commenced in 2013 continued throughout last year, aimed at keeping all relevant individuals and organisations up to date with its work and any key issues that needed to be highlighted.

The editions published (April and July 2016 and January 2017) included topics such as: statistical information; scams (e.g. distraction burglary); Dignity Action Day 2017; the new London multi-agency procedures; “think family”; keep safe on twitter; work with schools; and training information

- articles were also written for “News and Views” which is produced for people with a learning disability, with a particular focus on keeping safe from bullying and using twitter safely
- for World Elder Abuse Awareness Day 2016, Age UK staff and volunteers supported by the Safeguarding Adults Team visited several locations in Harrow (including libraries) speaking with members of the public and distributing information e.g. about avoiding scams

Safeguarding Adults priorities are clearly referenced in wider community safety strategies e.g. Domestic Violence

Contributions continued from the Safeguarding Adults Service to the Multi-agency Risk Assessment Conference (MARAC – domestic violence focus); Multi-agency Public Protection Arrangements (MAPPA – public safety focus); Prevent (prevention of terrorism focus), and Anti-social Behaviour Group (ASBAG – anti social behaviour focus) - ensuring effective information sharing and communication where vulnerable adults are victims or people alleged to have caused harm. Examples of specific projects include:

- the joint conference on domestic abuse with the HSCB (see below for details)
- joint visits with Trading Standards officers to the victims of door step crime/distraction burglary to identify any specific issues for more vulnerable people

There is evidence that the Harrow HSAB’s work is influenced by user feedback and priorities

- the independent social worker (who interviews randomly selected users after the safeguarding enquiry is concluded) continued last year to ask people questions constructed around the “making safeguarding personal” framework.

She found that those she spoke with were generally happy with the outcome of the enquiry and had felt more in control of the process than users had reported to her previously. It is believed that approaches introduced in 2015/16 under the “Making Safeguarding Personal” project e.g. holding strategy meetings at user’s own homes continue to be factors in this finding. Section 4 includes an action to ensure that the HSAB also receives quantitative data about MSP outcomes in addition to this qualitative information

- “experts by experience” attended the HSAB Annual Review Day again last year (June 2016). They told the HSAB about what was important to them in keeping safe and provided feedback to Board members on topics they had raised the previous year
- the HSAB Annual Report for 2015/16 was presented to the Local Account Group and discussed in detail

Outcomes for prevention work

- the HSAB was very pleased to hear from the “users by experience” that people were feeling safer at the bus station now that there is a greater police presence
- the easy to read articles about on-line safety and keeping safe in the community had been well received
- in February 2017, three “experts by experience” met 50 Heads and teachers and gave a presentation about their concerns. The teachers were very keen to run some sessions in their schools which will take place in 2017/18
- there was a reduction in concerns from care homes which indicates some positive impact from the training/support being provided by social services and NHS staff

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Training and Workforce Development

The HSAB is confident that the local workforce is competent in relation to safeguarding adults' practice – with particular focus on learning from file audits and management reviews e.g. use of the Mental Capacity Act

Multi-agency training remains a high priority for the HSAB. The existing programme is competency based, so that all staff know what is required for them to meet their safeguarding adults' responsibilities within the workplace. As a supplement to the formal training programme, the Safeguarding Adults and DoLS Service also ran briefing sessions across a range of agencies, offering most at the organisation's premises. The details are as follows:

Training (formal multi-agency programme)	2016-17
Harrow Council internal	109
Health	35
Statutory (other)	18
Private	141
Voluntary	114
HSAB Board Development	68
SGA Team Development	38
Total:	523
Briefing Sessions (delivered by SGA Team)	
CAB Volunteer Advisors	9
Designated Teachers Event (user led session)	50
Domiciliary Care Agency Staff / Providers	34
Housing Team	176
Kings College London – (Students, Lecturers, Interest Groups)	30
Library Managers Meeting	7
Members Briefings	1
Student Social Workers	45
Good Practice Workshops	
Domestic Abuse: "a journey through life" (joint with HSCB)	170
IMR learning event (Harrow Council)	50
Mental Capacity, unwise decisions and Safeguarding	55
Social Work Conference – focus on safeguarding	100
Service User Briefings (delivered by SGA Team)	
Mencap Service Users	100
MIND Service Users & Volunteers	67
Shared Lives Service Users	6
Sheltered Housing Blocks (Various)	32
Carer Briefings (delivered by SGA Team)	
Harrow Shared Lives Carers	56
Total Attending	1516

Each year the multi-agency training programme and Best Practice Forums are developed from the evaluation and experience of the previous year's sessions. Last year there was a focus on mental capacity and unwise decision making.

The HSAB and HSCB held their first joint conference in February 2017 with a focus on domestic abuse as it affects all ages in the family. Evaluation was almost 100% positive from the 170 multi-agency staff that attended and there is commitment from both Boards to continue collaborating in this area of work (see section 4).

The Council (Adults and Children's Services) and CNWL Mental Health Trust ran the first conference for qualified social workers in October 2016, with a focus on safeguarding. Topics included "learning from safeguarding adults serious case reviews" and "effectiveness of social work" (Professor Jill Manthorpe – Kings College, London); "impact of mental illness in families" and "lifelong disability" (James Blewett – Kings College, London); and "self-neglect/the legal framework" (Sue Inker – Bond Solon training).

DOLS arrangements (including for health funded services/facilities) are effective

The Deprivation of Liberty Safeguards (DoLS) statistics are at section 2.2 of this report. The HSAB can be reassured that for the 361 cases where a DoLS was authorised, some of the most vulnerable people they are responsible for have been protected.

Outcomes for Training and Development work:

- file audits continue to show a growing confidence in use of the Mental Capacity Act/best interest decision, making with more cases being taken to the Court of Protection than in 2015/16. However all HSAB members believe that their staff need to have further training in carrying out capacity assessments (see section 4)
- both the joint HSAB/HSCB conference and qualified social worker conferences produced a greater understanding of the roles and responsibilities of workers across a range of agencies plus a commitment to future collaboration
- there are good case examples in DoLS work of the involvement of a Best Interest Assessor or independent section 12 doctor highlighting ways in which restrictions on individual's can be reduced e.g. picking up where a care home (not in Harrow) had removed all personal effects from a resident's room when he appeared to lose the mental capacity to recognise them

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Quality and Performance Review

The HSAB oversees effective practice and ensures continuous improvement

As covered in previous annual reports, the HSAB has a long standing/well established quality assurance framework in place. Examples of work in this theme include:

- performance management reports were presented to the HSAB at all of its meetings in 2016/2017. See 2.2 above for analysis
- a further (third) “mystery shopping” exercise commissioned by the HSAB was carried out by users (supported by Mind in Harrow) in Autumn 2016, with a focus on key “front door/access points”. The findings were presented to the Board in December 2016 and feedback has been given to the agencies contacted in the exercise. It was agreed that refinements will be needed to the exercise in future in order to obtain the optimum learning from it (see section 4)
- both internal and external (independent) audits of casework continued in the Council’s Safeguarding Adults and DoLS Service during 2016/2017 with headline messages presented to the HSAB. The audit findings were fed back to relevant front-line staff and managers as a way of informing continuous improvement
- in February 2017, a joint case audit process was undertaken with the Harrow Safeguarding Children’s Board (HSCB) for the first time - to ensure that a “think whole family” approach is being taken by staff across all involved agencies. The focus of the audit was cases where there was an element of domestic abuse. The recommendations were:
 - i. the risks posed by female perpetrators of domestic abuse should not be considered less severe purely on the basis of gender. All risks assessments relating to domestic abuse should be evaluated on specific behaviour and impact, regardless of gender
 - ii. case records should clearly indicate which other agencies are involved
 - iii. chronologies should be kept up to date, capturing key events
 - iv. clarity should be sought from adult services regarding assumed parental mental health issues or learning difficulty – particularly in relation to capacity and consent
 - v. child focussed services should be made aware of the existence and purpose of the ‘Adult Risk Panel’
 - vi. a ‘think whole family approach’ must include consideration of all family members, including adult siblings
 - vii. consideration should be given to cross agency management consultation for joint oversight of complex cases
 - viii. agencies should be able to evidence that multi-agency differences and challenges are brought to an appropriate resolution

An action plan has been produced to respond to these recommendations, with timelines and lead officers identified by the HSCB's Quality Assurance Sub-committee.

Independent Management (case) Review

On 5th December 2016, a "learning the lessons" event was held for relevant staff and managers following receipt of an independent management review report related to the death of an elderly man living with his family and being supported by several agencies in the borough. The actions agreed were:

- carers assessments will be carried out by the allocated worker and not by another Team who may not know the family
- staff will be reminded to always to feedback to referrers and record information accurately
- staff will be reminded that where a user or their relative has a mental health difficulty, medical information should always be sought (with their consent)
- staff will be reminded to have "professional curiosity" and not accept at face value what they are being told

All the actions have subsequently been actioned and their implementation will be monitored by managers. Updates will be provided to the HSAB.

Statistical data improves understanding of local patterns enabling improved planning of responses to allegations

The HSAB has received statistical reports at each of its meetings, including the full year position for 2016/2017 at its Annual Review Day. In addition, the new Strategic Plan for 2017 - 2020 includes trend analysis looking back over the previous 5 years and all reports included comparison with the national position wherever possible.

As requested by HSAB members in 2015/16, two "deep dives" into the statistics were carried out in 2016/2017 – the first looking at prevalence of abuse by user group and the second at domestic abuse (DVA).

In the first exercise it was notable that whichever user was experiencing the abuse and whatever the type of abuse, the location was their own home. For all groups the person alleged to have caused the harm was a family member or partner.

In the second exercise there were some key points highlighted including:

- the female / male split was 71% / 29% with no significant variations by ethnic group
- as with the main set of safeguarding adults' statistics, older people were the most at risk group (45%) followed by mental health (MH) users (42%)
- the ethnicity proportions were 44% BME to 56% white - bearing out research that DVA exists across all communities

- domestic abuse (by definition) is most prevalent within the person's own home and this was found in 94% of cases - mirroring the picture of the largest percentage of adult abuse also perpetrated within the user's home (63%)
- DVA is highlighted as a significant aspect of risk within the female MH user group
- there were low numbers or no referrals from Housing and the voluntary sector

The HSAB agreed all the recommendations in the report which included targeting the training sessions where low/no referrals have been received and to further raise awareness in the community (see section 4).

Outcomes for quality and performance work:

- ongoing analysis by the HSAB of relevant statistical information has enabled adjustments to be made to training events and also to briefing sessions e.g. a higher emphasis on DVA as it relates to adults in need of care and support
- the terms of reference for the Adults Risk Enablement Panel have been amended to include attendance by relevant managers from Children's Services - in recognition of the high risk young people being discussed there and the benefit of advice/support from those colleagues
- implementation of learning from the IMR case will improve practice and this will be monitored by the HSAB

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Policies and Procedures/Governance

Ensure production of the HSAB Annual Report and presentation to all relevant accountable bodies

The HSAB Annual Report 2015/2016 was agreed formally by the Board at its annual review day in June 2016. This report for 2016/2017 was discussed at the same event in June 2017. Following its formal agreement by the HSAB, the report was presented to the Health and Wellbeing Board, the Council's Scrutiny Committee and subsequently to all partner agencies' Executive meetings or equivalent.

The general public is aware of safeguarding issues and the work of the HSAB

Work under this theme included:

- the safeguarding adults' website was kept up to date and has a section for easy to read information
- the Annual Report 2015/2016 was produced in concise "Executive Summary" and "Easy to Read" versions to make information about the work of the Board as accessible as possible
- as stated last year, the Safeguarding Adults Service finds that the "little book of big scams" produced by the Home Office/Metropolitan Police is popular with the general public and is therefore actively promoting it as widely as possible across Harrow
- public events e.g. for World Elder Abuse Awareness Day took messages out into the wider community

The HSAB (jointly with the Safeguarding Children's Board) takes a "family first" approach to its work

- in February 2017, a joint case audit process was undertaken with the Harrow Safeguarding Children's Board (HSCB) for the first time - to ensure that a "think whole family" approach is being taken by staff across all involved agencies. The focus of the audit was cases where there was an element of domestic abuse. The recommendations are shown under theme 3 above

The HSAB has strategic oversight of local safeguarding adults work

- year three actions from the HSAB Strategic Plan 2014 – 2017 were implemented with an exception report at each Board meeting. This section of the annual report covers the work carried out and some of the outcomes achieved as a result
- the Board has agreed a new Strategic Plan for 2017 – 2020
- the Board developed and approved a policy for implementing SARs when required

Outcomes for policy/procedures work:

- independent file audits continue to show growing confidence in working with families by staff in Adult Services. These audit findings were fed back to and discussed with the Children’s Safeguarding Board (HSCB) quality assurance sub-group meeting
- an independent management review was carried out in one case with an action plan agreed by the HSAB and a “learning the lessons” event held for relevant staff

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Partnership with the Local Safeguarding Children’s Board (HSCB)

Common joint safeguarding needs are identified in terms of Domestic Violence and actions prepared to address gaps, including mapping key pathways to MARAC; and

The HSAB (jointly with the HSCB) takes a “family first” approach to its work

- see above for joint conference and joint audit work
- a practitioner representative from the Council’s Safeguarding Adults/DoLS Service, relevant NHS and voluntary sector staff provide daily information to MASH (Multi-agency Safeguarding Hub) where threshold decisions about referred children are discussed. This ensures appropriate information sharing and therefore decisions are taken in the most informed way possible
- relevant staff from Adults Services attend task and finish groups run by the HSCB e.g. training to ensure that a joined up approach takes place whenever possible

Outcomes for partnership work with the HSCB:

Better outcomes for young adults in specific cases where joint work was effective.

Section 4: Action plan priorities – 2017/2018 (year 1 from the Strategic Plan 2017 - 2020)

The Board's priorities are developed from analysis of the statistics presented at quarterly meetings; feedback from users; learning from research, audits; and case reviews. They are organised around the four Care Act statutory requirements and six principles.

Principle One: Empowerment	Description: Presumption of person led decisions and informed consent	Outcome for users at risk: <i>"I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens"</i> <i>"I have access to justice if I want it"</i>
Objectives	How it will be achieved and measured	Timescale
The HSAB ensures effective communication with its target audiences	A range of methods are used throughout the year to provide information to all sections of the community with a focus on people/groups highlighted in the statistics (e.g. older people living in their own home and about the risks of financial abuse) Impact and effectiveness are evaluated and influence changes to future campaigns	End March 2018 End March 2018
The Harrow SAB's work is influenced by user feedback and priorities	Demonstrable changes in practice are evident through file audit, user interviews and as presented by experts by experience at the HSAB Review Day and other relevant partner events	End June 2018
The HSAB is reassured that there is access to justice for those who want it	Annual statistics show an improvement in Police action/prosecutions	End June 2018

<p>Principle Two:</p> <p>Prevention</p>	<p>Description:</p> <p>There is a culture that doesn't tolerate abuse, dignity/respect are promoted and it is better to take action before harm occurs</p> <p>Communities have a part to play in preventing, detecting and reporting neglect and abuse</p>	<p>Outcome for users at risk:</p> <p><i>"I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help"</i></p>
<p>Objectives</p>	<p>How it will be achieved and measured</p>	<p>Timescale</p>
<p>The HSAB is reassured that partnership priorities are informed by local intelligence about risk and prevalence</p>	<p>Performance reports at quarterly Board meetings and the annual review day increasingly provide more detailed analysis e.g. by sector, user group and type of abuse – informing decisions about future campaigns</p>	<p>End March 2018</p>
<p>The Harrow SAB ensures that community safety for vulnerable people is a high priority for action</p>	<p>Relevant campaigns take place each year (e.g. a focus on scams, door step crime, distraction burglary) and formal evaluation influences future activities</p> <p>Projects highlighted by users take place each year (e.g. working with schools to raise awareness of disability/mental health issues) and formal evaluation influences future activities</p>	<p>End March 2018</p> <p>End March 2018</p>

	More work is done with care providers and the general public about fire safety	End March 2018
The Harrow SAB ensures that dignity is a high priority for local care providers	Provider concerns are monitored at Board meetings and commissioners oversee quality assurance Providers are supported with relevant information/training	End March 2018 End March 2018
The HSAB is reassured that staff are well informed about the new safeguarding areas e.g. modern slavery, domestic abuse and sexual exploitation (including forced marriage)	Staff are supported with relevant information/training and numbers of concerns in these areas increase	End March 2018
The Board supports elected Councillors and others in similar roles to recognise abuse and report their concerns	Develop a “crib sheet” for use in Councillor “surgeries” and similar Provide annual training/refresher events for elected Councillors and those in similar roles	End March 2018

<p>Principle Three:</p> <p>Proportionality</p>	<p>Description:</p> <p>Proportionate, person centred and least intrusive response appropriate to the risk presented (best practice)</p>	<p>Outcome for users at risk:</p> <p><i>“I am sure that the professionals will work for my best interests, as I see them and will only get involved as much as needed and I understand the role of everyone involved in my life”</i></p> <p><i>“I had the support of an advocate if I needed one”</i></p>
<p>Objectives</p>	<p>How it will be achieved and measured</p>	<p>Timescale</p>
<p>The HSAB has an effective Quality Assurance framework in place which includes relevant approaches to overseeing effective practice</p>	<p>A minimum of 40 externally audited and 30 internally audited cases will be completed each year; and independent user interviews will take place – with a focus on ensuring that a person centred approach to practice (including use of advocates) identified the outcomes desired by users</p> <p>A “deep dive” into repeat referrals will be completed and reported to the HSAB with any required recommendations</p>	<p>End March 2018</p> <p>End March 2018</p>
<p>Staff are confident in balancing risks with user empowerment</p>	<p>Audit findings, user feedback, SAR actions and Risk Panel learning to be fed into the Multi-agency Training Programme and Best Practice Forums</p> <p>More work takes place to increase staff confidence (in all agencies) in completing mental capacity assessments and using DoLS</p>	<p>End March 2018</p> <p>End March 2018</p>

<p>The Harrow SAB is reassured that DoLS processes are an integral part of its prevention arrangements</p>	<p>DOLS arrangements are effective and least restrictive options are identified in all cases. The new Liberty Protection Safeguards as proposed by the Law Commission will be addressed when required by statute</p>	<p>End March 2018 As required by statute</p>
<p>The Harrow SAB is reassured that Making Safeguarding Personal (MSP) is well embedded in practice</p>	<p>HSAB is provided with quantitative data (in addition to the existing qualitative information) about MSP outcomes (based on the return to NHS Digital)</p>	<p>End March 2018</p>

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<p>Principle Four: Protection</p>	<p>Description: Support and representation for those in greatest need</p>	<p>Outcome for users at risk: <i>“I get help and support to report abuse”</i> <i>“I get help to take part in the safeguarding process to the extent to which I want and to which I am able”</i></p>
<p>Objectives</p>	<p>How it will be achieved and measured</p>	<p>Timescale</p>
<p>The HSAB and HSCB work collaboratively ensuring a “whole family” approach to safeguarding work</p>	<p>At least one round of audits each year will be joint cases, with findings reported to both Boards</p>	<p>End March 2018</p>

<p>The HSAB has an effective Quality Assurance framework in place which includes relevant approaches to overseeing effective practice</p>	<p>Relevant “mystery shopping” exercises or equivalent check that front door services recognise possible abuse and know how to advise/deal with concerns effectively</p>	<p>End March 2018</p>
<p>The HSAB has accessible and effective information available to those who might need it</p> <p>The Board supports elected Councillors and others in similar roles to recognise abuse and report their concerns</p>	<p>A full range of updated information for practitioners, service providers and people who may need to use safeguarding services is available in a range of accessible formats</p> <p>Develop a “crib sheet” for use in Councillor “surgeries” and similar</p> <p>Provide annual training/refresher events for elected Councillors and those in similar roles</p>	<p>End March 2018</p> <p>End March 2018</p> <p>End March 2018</p>

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Principle Five: Partnership	Description: Effective partnership working ensures a “whole family” approach leading to the best possible outcomes for users Effective partnership working ensures an effectively coordinated approach leading to the best possible outcomes for users	Outcome for users at risk: <i>“I know staff treat any personal and sensitive information in confidence, only share what is helpful and necessary”</i> <i>“I’m confident professionals will work together to get the best result for me”</i>
Objectives	How it will be achieved and measured	Timescale
The HSAB is effective as a partnership	HSAB considers undertaking the NHS England/ADASS Risk Audit Tool in 2017/2018	End March 2018
The HSAB is effective as a partnership	HSAB annual review and business planning day incorporates challenge from “experts by experience” and an independent facilitator	End June 2018
The HSAB and HSCB work collaboratively ensuring a “whole family” approach to safeguarding work	Joint projects (e.g. annual conferences, training events, community outreach, work with schools) will be explored wherever possible - to optimise both resources and outcomes A joint approach to domestic abuse with a focus on areas highlighted by statistical analysis e.g. Housing and the voluntary sector Any transferable learning from the Ofsted inspection of the HSCB is utilised by the HSAB	End March 2018 End March 2018 End March 2018

<p>Principle Six:</p> <p>Accountability</p>	<p>Description:</p> <p>There is accountability and transparency in delivering safeguarding. The Board meets its statutory requirements as set out in the Care Act 2014.</p> <p>Learning from local experiences and national policy/research improves the safeguarding arrangements and user outcomes</p>	<p>Outcome for users at risk:</p> <p><i>“I understand the role of everyone involved in my life”</i></p>
<p>Objectives</p>	<p>How it will be achieved and measured</p>	<p>Timescale</p>
<p>Learning is embedded in practice and leads to continuous service improvement</p>	<p>The multi-agency safeguarding adults training programme is updated annually based on formal evaluation; and learning from audits, user feedback and SARs</p> <p>The multi-agency safeguarding adults training programme is re-tendered at the end of the current contract</p>	<p>End of March 2018</p> <p>End of March 2019</p>
<p>The statutory HSAB Annual Report is produced</p>	<p>HSAB receives the Annual Report within 3 months of the end of each financial year</p>	<p>End June 2018 (for the 2017/18 report)</p>
<p>The HSAB Annual Report is presented to all relevant accountable bodies</p>	<p>Presentation is made to Scrutiny Committee to include progress against the previous year’s action plan and objectives for the coming year</p>	<p>First available Scrutiny meeting after the Annual Report is discussed and agreed at the HSAB (and no later than the end of September 2018 for the 2017/18 report)</p>

	<p>All partner agencies present the Annual Report to their Board (or equivalent) within 3 months of the agreement by the HSAB</p> <p>Presentation is made to the Harrow Health and Wellbeing Board with particular reference to progress on agreed joint priorities and recommendations for the coming year</p>	<p>First Board meeting after the Annual Report is agreed (and no later than the end of September 2018 for the 2017/18 report)</p> <p>First Health and Wellbeing Board meeting after the Annual Report is agreed (and no later than the end of September 2018 for the 2017/18 report)</p>
Elected Councillors, Executives and Committee members in all relevant partner agencies are aware of their personal and organisational responsibilities	Briefings are provided on a quarterly basis by HSAB members to their organisations at a senior level sufficient to ensure ownership of the issues and leadership to agree any changes required	End March 2018
<p>The general public is aware of safeguarding issues and the work of the HSAB</p> <p>Relevant staff are aware of safeguarding issues and the work of the HSAB</p>	<p>The HSAB Annual Report for 2017/2018 is published in an “easy to read” format and posted on all partner websites</p> <p>The HSAB Annual Report for 2017/2018 is published in “Executive summary” and “staff headlines” formats and posted on all partner websites</p> <p>A full range of updated information for practitioners, service providers and people who may need to use safeguarding services is available in a range of accessible formats</p>	<p>End July 2018 (for the 2017/18 report)</p> <p>End July 2018 (for the 2017/18 report)</p>

Appendix 1

Statements from key HSAB partners

The following statements have been provided by some of the key agencies represented on the HSAB. The reports cover adult safeguarding issues from each organisation's perspective and some identify key priorities for 2016/17.

Harrow Mencap

Outcomes for Prevention and Community Development

- We have provided advocacy support for 43 individuals (Pan Impairment) who were subject to safeguarding alerts ensuring their voices were heard in the process of protecting them; focussing on the individuals' desired outcomes.
- The Forum for people with learning disability held a forum on 'Speaking Out' and 'Staying Safe' to raise awareness, embed understanding and empower individuals. The forum was attended by 80+ individuals and carers ranging from young people to those in retirement and with representatives from the Safeguarding team, the Police and Advocacy Services.
- We have held a number of workshops (4) for young people on the safe use of social media.

Outcomes for Training and Workforce Development

- Safeguarding is embedded in our recruitment process; discussed at interview; first day of employment and with basic awareness training as part of all new staff's formal induction training session within the first week of employment
- All existing staff receive refresher training annually
- We have reviewed and updated our safer recruitment policy
- Safeguarding incidents are critically reviewed in order for continuous staff/organisational learning.
- Safeguarding is embedded in our culture; with discussions at all team, Managers and Board meetings

Outcomes for Quality and Performance Review

- We have reviewed and updated the roles and responsibilities of the safeguarding Leads/champions within the organisation
- Safeguarding leads meet bi-monthly to review incidents and responses to identify any barriers, issues, learning and ensure that these are addressed and communicated.

Outcomes for policies and procedures /governance

- The HSAB Annual report was sent to all trustees and operational priorities agreed.

Priorities for 2017-18

- Continue to ensure that all staff are aware of their responsibilities under the Care Act 2014

- Ensure that all Business units and work premises have a trained safeguarding lead and known to all the staff.
- Ensure all our staff have an understanding of the Prevent agenda and their responsibilities within it.
- Develop closer working relationship with the Safeguarding Children's Board in line with the 'Think whole family approach'
- Continue to work with our managers on their safeguarding responsibilities.
- Deliver further focussed workshops for young people on the safe use of social media.
- To continue to campaign to ensure that the rights of people with learning disabilities are upheld.

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Royal National Orthopaedic Hospital (RNOH)

Outcomes for Prevention and Community Engagement:

- Increased awareness around domestic abuse, leaflets and posters displayed around the hospital in appropriate place of where to access help as a service user

Outcomes for Training and Workforce Development:

- Volunteers and all staff received training in the last year on PREVENT
- Training on modern day slavery and trafficking commissioned and delivered by external training company
- The effect of this is an increased awareness amongst all levels of staff resulting in safeguarding concerns being raised by a variety of staff/departments such as administrators in the appointment booking department.
- The mandatory training programme includes awareness of self-neglect and it's complexities in relation to patients who have mental capacity to make 'unwise' decisions. Modern slavery is now also covered in all mandatory training. Sexual exploitation is discussed in both the Adult and Children's Safeguarding training.

Outcomes for Quality and Performance Review:

- Bi-monthly meetings of the Safeguarding Adult Committee are held with attendance from named professionals, operational leads from nursing, Allied Health Professional, social work and patient representative.
- Independent External Review of both adult and children safeguarding has taken place which will help to further determine the safeguarding structures, roles and responsibilities within the organisation in the future.

Outcomes for Policies and Procedures/Governance:

- HSAB Annual Report 2015/2016 was presented to the organisation's Trust Board

- Independent External Review of both adult and children safeguarding has taken place which will help to further determine the safeguarding structures, roles and responsibilities within the organisation in the future.

Outcomes for joint work with the HSCB - “think whole family”:

- Domestic violence is now incorporated in all Adult Safeguarding training as well as Children’s Safeguarding training.
- The Adult Safeguarding Named Nurse and Children’s Safeguarding Named Nurse are working closely together to facilitate cross learning in light of the ‘think family’ initiative.

RNOH priorities for 2017/2018:

- Implement the recommendations of the independent external review into safeguarding within the organisation
- Continue to raise the profile of all Adult Safeguarding issues and embed best practice across all aspects of the organisation.
- Implement Safeguarding Champions in all departments to engage and feedback to staff on a local level any new developments and recommendations and to ensure Safeguarding is at the forefront of each department’s agenda.
- Newsletter to include lessons learnt from staff and patient feedback in order to disseminate learning widely across the organisation.

Personal pledges:

- Continue to update all Safeguarding policies
- Develop internal procedures on what referrals to be sent to Safeguarding Team.
- Continue to improve training compliance figures
- Develop safeguarding champions

(Work on pledges has been started)

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Age UK Harrow (AUKH)

Age UK Harrow is firmly committed to safeguarding adults and believes that all have the right to live free from abuse of any kind. Age or circumstances should not have any bearing or effect on this basic right

Outcomes for Prevention and Community Engagement:

WEAAD: 16th June 2016:

- AUKH led on this day and organised outreach sessions around the borough at the following venues:- Civic Centre, Wealdstone Library, Gayton Road Library, Tesco Harrow, Barclays Bank (Harrow and Pinner Branches), St Annes Shopping Centre, Carramea (South Harrow), Goodnews and Cannon Lane Churches and Northwick Park Hospital.

- This enabled people around the borough to speak to AUKH staff on a one to one basis as well as collect information.
- Staff and volunteers gave out information on the safeguarding and how to report it. Those who did come to the different venues gained awareness. Many had no idea of elder abuse and the effect on older people. AUKH staff were able to raise the awareness on the subject.
- Outcome was more awareness about elder abuse and how to report it.

On-going articles on safeguarding in the newsletter to remind members about scams.

- Outcomes have been that a number of clients have been signposted to Safeguarding and are aware of how the service operates. Some have been clients who have called on behalf of someone else etc.

Outcomes for Training and Workforce Development:

- Council staff provided a tailored session on sexual exploitation to Age UK Harrow staff and volunteers
- Staff continue to attend basic awareness course. Refresher training is also offered where appropriate.
- Induction of new staff/volunteers/trustees – now includes presentation on safeguarding that was developed by the Council Safeguarding team.
- All support group meetings and staff meeting have Safeguarding as a standing agenda item where issues relating to this are discussed.

Due to all the above, the outcomes have been:-

- Staff and volunteers are more aware of safeguarding issues and the signs to look out for.
- Are more aware of how to report any safeguarding issues and staff knows how to deal with the issues if volunteers raise any alerts.
- Through the annual review of volunteers and clients to find out any safeguarding problems.

Outcome was to now provide Boundary training and this is also part of the induction for staff and volunteers.

Outcomes for Quality and Performance Review

- AUKH has contributed to quality and performance review through our Chief Executive, Avani Modasia, attendance at HSAB meetings, HSAB away day in 2016.

Outcomes for Policies and Procedures/Governance:

- HSAB Annual Report was presented to the Board and it was agreed to get some basic awareness training for Board Members. This has not been organised yet.

The work done over the years on safeguarding has resulted in the outcomes below:-

- Safeguarding is a standing agenda item at AUKH Board meetings which includes feedback from the HSAB Board.
- The annual HSAB report is tabled at the board meeting.

- Continue reviewing internal safeguarding reporting system for the organisation.

AUKH priorities for 2017/18 are:-

- As a result of incidents, continue working to introduce extensive volunteer safeguarding training with practical examples.
- Support the Council in promoting the event on scams on the 12th annual World Elder Abuse Awareness Day. Raise awareness about elder abuse at the event by having a stall on the day.
- Continue training staff and volunteers to spot risk/harm and take appropriate action,
- Continue raising awareness about safeguarding issues especially for vulnerable elderly and encourage more people to get help. Outcome same as above

Personal Pledges made for 2016 2017

- Update all Safeguarding policies to include the Care Act
- Develop internal procedures on what referrals to be sent to Safeguarding Team.
(Work on both the pledges continues)

Other relevant information:

Safeguarding is a standing agenda item in supervision with staff members.

Continue working with the Safeguarding Team to support clients specifically under the Care Act Advocacy.

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Mind in Harrow

Mind in Harrow is firmly committed to Safeguarding Adults in partnership with Harrow Council, NHS, police and independent sector organisations with a particular focus on adults at risk owing to their mental health.

Outcomes for Prevention and Community Engagement:

- Contributed to safeguarding prevention by offering support and information through our Care Act Information & Advice Service (SWiSH), in conjunction with Harrow Council Safeguarding Team and CNWL NHS Foundation Trust, to people with mental health needs who have reported to us that they may be at risk of abuse or mistreatment.
- Increased awareness of the risk of scams and how to avoid them through a presentation by the Safeguarding Adults Team to our mental health service user Forum in March 2017.

Outcomes for Training and Workforce Development:

- Increased our staff awareness of safeguarding procedures through implementation of our policy that all our new employees are required to undertake the Harrow Council introduction to safeguarding training course.

- Increased our volunteer and mental health service user representatives' awareness of safeguarding procedures through training delivered by the Harrow Safeguarding Team/Freelance trainer three times a year.
- Increased our staff awareness of Prevent programme through attendance at Harrow Council training or online training, resulting in one referral being made in May 2016.
- Increased Council awareness of the impact of their response to our Prevent referral through detailed case study feedback.

Outcomes for Quality and Performance Review:

- Increased awareness of mental health safeguarding issues from a voluntary sector perspective through our Chief Executive's attendance at Harrow Multi-Agency Safeguarding Adults Board meetings 2016-17, the Harrow LSAB away day in 2016.
- Contributed to partner quality assurance through Mind in Harrow User Involvement Project coordinating with Harrow Safeguarding team to conduct a 'Mystery Shopping' exercise with the Council's Access Harrow service and Personalisation teams which has resulted in learning reported to the Safeguarding Board.
- Increased awareness of the need for improved procedures for CNWL NHS Foundation Trust Single Point of Access service to respond to safeguarding concerns raised by the voluntary sector and improved communications by clarifying the procedures to raise a safeguarding concern with the Harrow CNWL NHS Foundation Trust service.

Outcomes for Policies and Procedures/Governance:

- Improved Child Protection Policy through our annual review.
- Improved our Safeguarding Adults at Risk Policy through annual review
- Increased our Board of Trustees awareness of current local safeguarding issues through our Chief Executive's update to the February 2017 meeting.
- Improved awareness of the need for a better coordinated multi-agency response to people experiencing mental health problems who are arrested and detained, including appropriate adult provision, through the Safeguarding Adults Board working group.

Outcomes for joint work with the LSCB ("think family"):

- Increased our staff awareness of safeguarding procedures by our policy that all new senior staff and casework staff are required to undertake Harrow Council introduction to safeguarding children training session.

Priorities for 2017/2018:

In addition to continuation of Mind in Harrow's actions and outcomes for 2016-17:

- Contribute to partner quality assurance through Mind in Harrow User Involvement Project coordinating with Harrow Safeguarding team to conduct a new 'Mystery Shopping' exercise 2017-18.
- Contribute to improved awareness of local needs through Mind in Harrow User Involvement Project facilitation of a mental health service user to Safeguarding Adults Board awayday 2017 and support follow-up actions.

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HARROW Clinical Commissioning Group (CCG)

Harrow Clinical Commissioning Group (Harrow CCG) remains committed to including, consulting and listening to patients, carers and members of the public as well as other stakeholder to enable us understand the needs of our residents and service users and their preferred care.

As part of helping people get access to their right care, Harrow CCG engaged with members of the Gorkha, Somali and Middle Eastern communities and provided them with information on how to access the right NHS services and this gave them further insight into health care services available them.

The Right Care Programme initiative involved service users, Carers, Harrow Council, providers and clinicians getting together with the CCG at a number of workshops focused on developing patient centred approaches to dementia, MKS, cancer, respiratory disease, and dementia. This has been used to develop project proposals.

Together with the Patients Participation Network, the patients' voice has been developed through the Patient Participation Groups (PPGs).

Harrow CCG commissioned a patient App called Harrow Health Help Now. This App was created to increase the CCGs ability to communicate types of services available to Harrow residents to enable them get support for their health, safety and wellbeing needs. The App has services and support groups which are Health and Social care commissioned as well as the third-sector (voluntary). Information on FGM, domestic abuse and local mental health support groups/services are on the App.

The CCG contacted and engaged various groups before the App was released. They included the Local council, Harrow public and patient network, HASVO Somali Group, Mind UK, Harrow carers, Age UK, Schools, colleges, Interfaith group, universities.

Harrow Mencap was also contacted to get the opinion of adults with learning disabilities. One of the areas that they gave specific feedback was on the presentation of the App which has been implemented. Currently, over 14,000 people have downloaded the App of whom 13% are Harrow residents in the age range of 55-64 and 10% of the residents being in the age range of over 65 years.

Harrow CCG has also delivered the ability of sharing of clinical information and patient safeguarding status through Interoperability and Data sharing.

This now offers the opportunity to greater promote awareness of safeguarding status of the registered population in Harrow between General Practices, walking centres, community nursing, Northwick Park Hospital that is: the ambulatory care, Accident and Emergency department as well as the Rapid Response Unit.

Harrow CCG has also upgraded its commissioned service at the Urgent Care Centre (UCC) of Northwick Park Hospital. The IT department of the UCC has now got the ability to view the patients' GP records. This is of great help as it enables the clinician at the UCC to view past medical history which includes medications and allergies. The new model of Care includes an initial clinical assessment within twenty minutes of arrival (fifteen minutes for children and young adults), where necessary, the UCC will facilitate the re direction of patients to the most appropriate care setting. This includes the direct booking of appointments at Walk in Centres.

NHS111 can now notify the UCC directly of patients being referred in order to book appointments.

The UCC has also employed patient champions to provide health information, education to other services.

The UCC will now move to work on the EMIS platform, within a year to enable a full integration with GP practices for a two way data sharing to be enabled.

Changes were made to the Safeguarding Adults Structure within Harrow CCG. The Lead Nurse Safeguarding Adults now reports directly to the Chief Operating Officer of CCG, however the Lead Nurse for Safeguarding Adults still reports to the Director of Quality and Safety on a dotted line.

The Quality and Safety Team across Brent Harrow and Hillingdon have continued to work with providers to encourage an open and transparent culture. The main providers have shared their Quality Accounts with the CCGs to identify areas for improvement.

Dr. Lawrence Gould has also recruited as named G.P for Safeguarding Adults. Dr. Gould will be working with local stakeholders and represent Harrow CCG at strategic multi agency meetings, and present at relevant CCG committees and boards.

Within the last year, the Lead Nurse Safeguarding Adults CCG Harrow, has been working with the Safeguarding and Quality teams in the Local Authority, looking into provider concerns, and measures being implemented as well as monitoring action plans and sharing information to ensure safeguarding processes are being followed within provider organisations especially within the Care Homes in Harrow. This has led to various quality and safeguarding assurance visits to different Care Homes in Harrow with action plans being monitored to ensure the safety and wellbeing of Service Users in the Care Homes. The medicine's management team within Harrow CCG also contributed a lot with work at the Care Homes by ensuring safeguarding concerns with medicine management and other safeguarding concerns were shared with the CCG and the Local Authority Quality and Safeguarding team.

Harrow CCG is 100% compliant with Safeguarding Adult Training. This success is attributed to face to face training facilitated and delivered by the Lead Nurse Safeguarding Adults as well as Staff of the CCG having access to on line training.

Harrow CCG has also met its 85% trajectory set by NHSE for Prevent training.

The 2015/2016 Harrow Safeguarding Adults Board report was shared with the Governing Body of the Harrow CCG.

The Law Commission has published its final report and draft legislation for a new system to authorise care placements involving deprivation of liberty for service users who are deemed to lack capacity. The suggested Liberty Protection Safeguards (LPS) scheme is aiming to be less arduous than the Deprivation of Liberty Safeguards which currently applies to over 18year olds. Once this is implemented, the CCG Safeguarding Adult team will have regular meetings with Provider Organisation Safeguarding Adult Leads to ensure it is correctly embedded in their processes.

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Central & North West London (CNWL) NHS Foundation Trust

Outcomes for Prevention and Community Engagement:

2016/17 saw continued development of safeguarding processes across the Trust and an increasing awareness and understanding of safeguarding issues amongst Trust staff. This was evidenced by the comments from the CQC on their inspection reports. This is at a time of increased statutory requirements and challenges from partner agencies including the PREVENT agenda, the impact of increased DoLS applications and greater scrutiny over lessons learnt from incidents Trust-wide.

The priorities identified enable the already considerable achievements in safeguarding practice to be protected and further improved.

Outcomes for Training and Workforce Development:

Initiatives this year have included:

- Sexual Safety (for patients and staff), especially within inpatient settings has been promoted and rolled out. Specific training sessions about 'Professional Boundaries' have been held at Northwick Park Hospital
- Specialists Practitioners spending time on Wards and with staff of CMHTs specifically discussing and enhancing their understanding of Mental Capacity, its assessment, and an accurate recording of this
- Successful reduction in the number of Restrictive Interventions undertaken by staff to patients. Most significantly a change of practice in the form of Restraint used. Staff are now being trained and consequently using the Supine form as opposed to the Prone (where the patient is held face down). This work aims to increase the safety to patients when the use of restraint is required. We have continued to meet our target in relation to training frontline staff about identifying adults at risk of becoming radicalised or harmed by exposure to Extremism, in accordance with the Home Office's PREVENT agenda

Outcomes for Quality and Performance Review:

The number of Concerns raised for Harrow residents with Mental Health difficulties continued to increase this year. In total 353 were raised, of which 201 were followed by Further Enquiry.

Outcomes for Policies and Procedures/Governance:

CNWL Borough Director for Harrow attends the LSAB. Safeguarding adult activity and themes are also discussed in the Strategic S75 Partnership Board which meets every other month.

The monthly Care Quality Meeting (CQM) is where safeguarding adult themes and trends glean from data generated by Concerns and Enquires are reported on and discussed. This then feeds into the overarching CNWL quarterly meeting, the Jameson Division Safeguarding Meeting and the HSAB. The CQM provides opportunity to triangulate safeguarding activity with serious incidents and complaints data for the service and share lessons learnt which are then disseminated through services.

The Trust has this past year revised its policies in regard to Sexual Safety on Wards and our response to reports of Domestic Abuse.

It was discovered that there were a variety of DoLS trackers being used in areas of the Trust to record DoLS activities, work to formulate and use a single form of Tracker has been consequently commenced.

Outcomes for joint work with the HSCB - “think whole family”:

CNWL In-house domestic abuse training is still available via ‘Standing Together’, until March 2018. Over 38 teams have now received training across the Trust and there has been a recent focus on inpatient settings. Harrow services that have already received Domestic Abuse training;

- West CMHT; Psychiatric Liaison Team; and CAMHS

There is also a date scheduled for Inpatient Staff session at Northwick Park.

Priorities for 2017/2018:

The following are ongoing priorities for the Trust:

- Increasing awareness of the MCA and DoLS amongst front-line staff:
- Improving data collection:
- Improving governance:
- Improving training provision:

Revise content of Safeguarding training provided by the Trust to ensure it is consistent with the requirements of the intercollegiate document and with the Care Act provisions. E-learning module will also be rewritten.

The identified priorities will be included in the annual work plan, which is owned by the Trust-wide Safeguarding Group. Progress against the action plan developed from the priorities will be overseen in the Trust quarterly Safeguarding Group meetings and managed through the monthly Safeguarding Adults and MCA Team (SAMCAT) meetings, with updates included in the regular safeguarding reports to the Board.

Progress made with personal pledges:

CNWL fulfilled both pledges made of:

- 1) Advertising who the Learning Disability Champion for each Ward is.
- 2) Significantly increasing the level of Concerns reported.

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London North West Healthcare NHS Trust (LNWHT)

London North West Healthcare NHS Trust (LNWHT) is one of the largest integrated care trusts in the country, bringing together hospital and community services across Brent, Ealing and Harrow. Established on 1 October 2014, the Trust employs more than 8,000 staff and serves a diverse population of approximately 850,000. London North West Healthcare NHS Trust is responsible for: Central Middlesex Hospital; Ealing Hospital; Northwick Park Hospital; St Mark’s Hospital; Community services across Brent, Ealing and Harrow, including Clayponds, Meadow House, The Denham Unit and Willesden Centre for Care; and Urgent Care Centres.

LNWHT has a well-established Safeguarding Adult’s team; the team leads on all aspects of Adult Safeguarding across the organisation. The team is responsible for training and development, responding to adult safeguarding concerns, liaising with local safeguarding adult and children teams and data collection and analysis. The team attends Safeguarding Adult Boards and works closely with local Safeguarding Adult partners.

2016 – 2017 brought an increase in safeguarding adult activity at the Trust. Adult safeguarding referrals increased by 25% on the previous year and there was a significant increase in Deprivation of Liberty (DoLS) referrals.

During 2016-17 LNWHT focused on further embedding a safeguarding culture across the 8000 strong workforce, a particular focus has been on PREVENT training which has resulted in the Trust being above the target set by the Home Office PREVENT training trajectory.

Key performance information for the Adults Safeguarding Service at London North West Healthcare NHS Trust is summarised below.

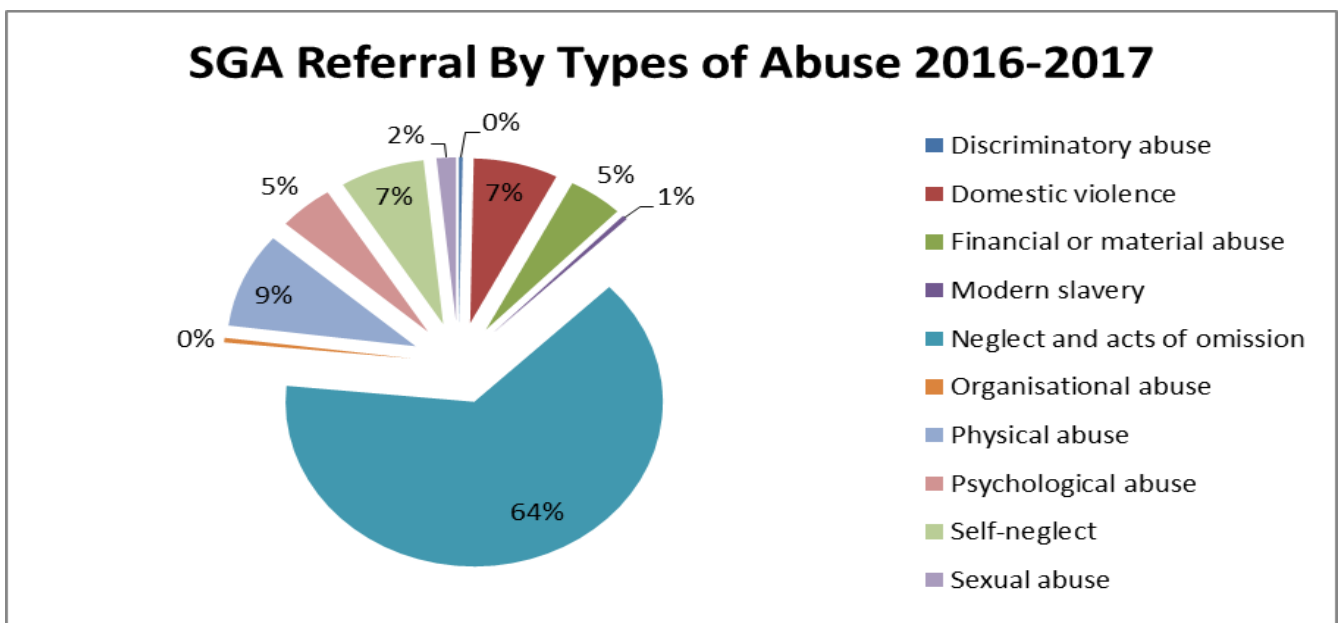
Adult Safeguarding Alerts 2016/2017 (Brent, Ealing and Harrow):

LNWHT Safeguarding Adult concerns, notified by staff, have increased by 25% during 2016/17, the increase demonstrates that a safeguarding culture exists at the Trust and that the focus on training has had a positive impact on staff awareness of their safeguarding responsibilities. The Safeguarding Adults Team monitors and analyse all concerns made at the Trust. The analysis helps the team spot trends in types of abuse and informs future development of staff training packages.

Safeguarding Concerns

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
Safeguarding Concerns 2015/2016	90	109	128	143	470
Safeguarding Concerns 2016/2017	112	164	165	148	589

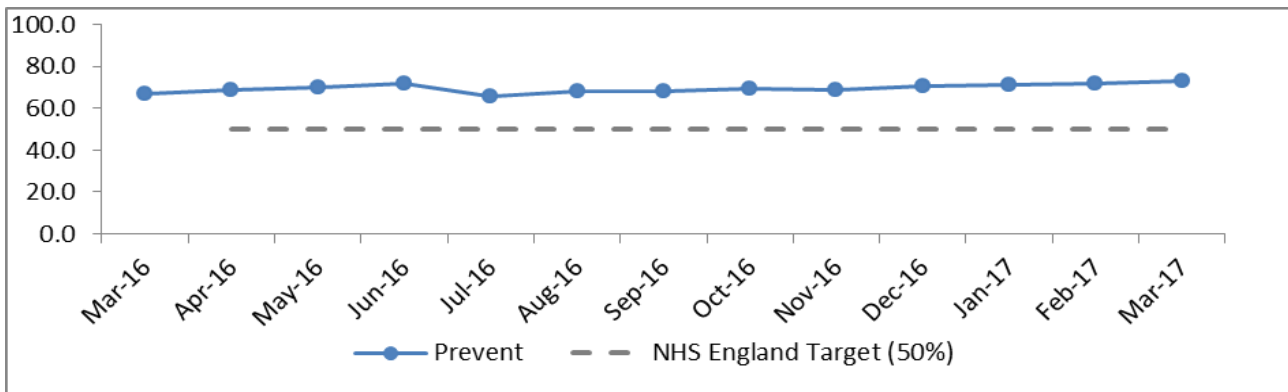
Types of Abuse



Prevent Training

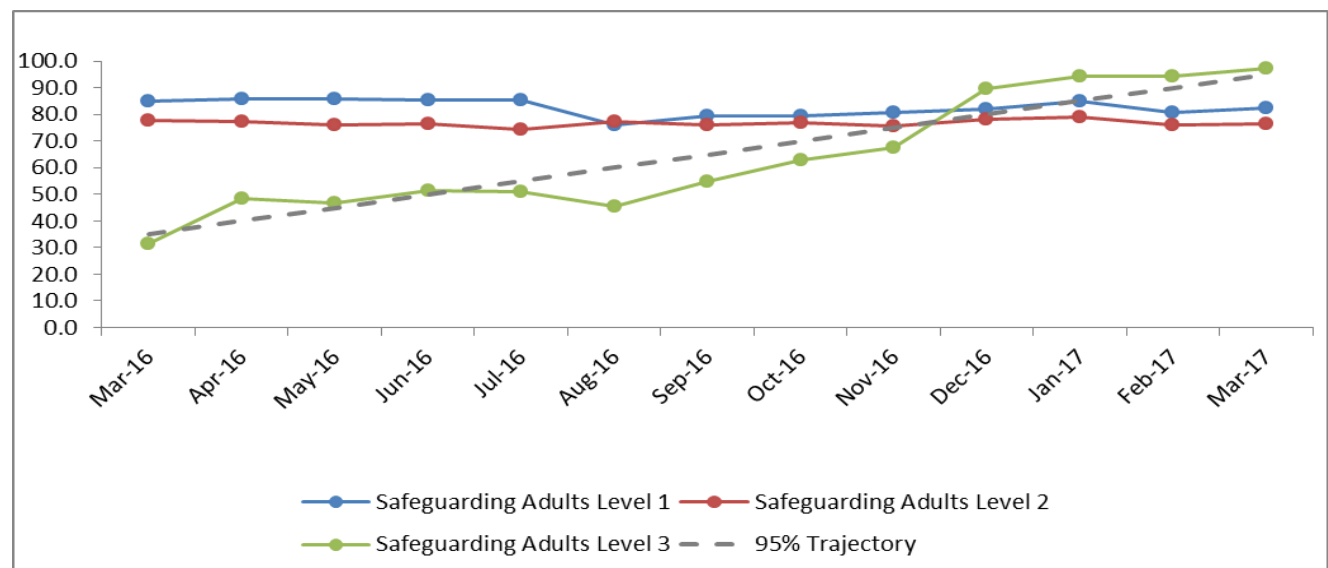
LNWHT is located across the London_boroughs of Harrow, Ealing and Brent, these three boroughs are identified as PREVENT priority localities by the Home Office. In 2016/17 the Trust continued to prioritise PREVENT training for the workforce. The number of staff trained with the Workshop to Raise Awareness of Prevent (WRAP) training currently exceeds the target set by NHS England (50%).

The graph below demonstrates Trust performance against the target set by NHS England.



Training and Development

The Trust provides its staff with a number of safeguarding related training courses. A variety of training methods are used to deliver the sessions, these include e-learning and face to face teaching sessions. In 2016/17 the Trust delivered training across all three required levels of safeguarding training. The Trust acknowledges that there is further work to do in respect to the workforce development and will continue to focus on adult safeguarding training in the year ahead. The graph below illustrates the Trust training performance for level 1, 2 and 3 training in 2016 / 2017.



In addition to its commitment to training and development and the increased safeguarding culture the Safeguarding Adults Team progressed a number of other work streams in the past year. Firstly domestic abuse awareness has been firmly incorporated into the training provided to Trust staff with two Independent Domestic Violence Advocates (IDVA's) employed in the Emergency Rooms at both Ealing and Northwick Park Hospitals. The IDVAs provide support to patients attending the hospital and act as a crucial resource for front line staff delivering care.

The Trust currently employs a Learning Disability Specialist Nurse. The nurse oversees the delivery of training and education to Trust staff, recently setting up and training a team of Learning Disability (LD) champions within the nursing workforce. The service provided by the LD nurse includes the assessment and support of patients with Learning Disabilities attending the Trust for care.

The adult safeguarding team have been involved in the Trust's commitment to improve care provided to patients with dementia. In the past year the team contributed to the development of a new patient pathway for patients suffering with confusion. Additionally the Trust has signed up to "John's Campaign" which enables relatives and carers of patients, who are suffering with dementia, greater access to the hospital outside of normal visiting hours.

In the past year the Trust reviewed its actions against the Kate Lampard recommendations; in particular focusing on the volunteer workforce. As a result of this review the volunteers have been properly vetted and screened with a bespoke induction program provided that includes a focus on Safeguarding.

In the last twelve months the governance of the adult safeguarding process at the hospital have been reviewed and improved upon. A monthly steering group provides professional oversight of the safeguarding process and an escalation report is produced that informs the Trust board of the progress made against the organisation's adult safeguarding responsibilities. A secure database has been introduced to track all safeguarding concerns made within the Trust, this also provides key data that supports the work of the team. All complaints and incidents are now reviewed and those containing safeguarding elements are identified and referred as appropriate.

The Trust has reviewed key safeguarding policies over the last year with new policies being agreed and introduced. An element of this work has resulted in the provision of supervision to staff involved in safeguarding cases. Eighteen key staff members are now trained as safeguarding supervisors with the intention of supporting frontline care staff in their safeguarding work.

The Trust remains committed to delivering its responsibilities detailed within the 2014 Care Act. The year ahead provides a number of new challenges that will be delivered by the team. The Trust will continue to work in partnership with local Safeguarding Adult Boards ensuring attendance and engagement at the quarterly board meetings. The priorities for the year ahead include the provision of new training levels to comply with the

intercollegiate training recommendations and working to embed adult safeguarding supervision as good practice across the organisation.

The Trust will review its current policies and practice in relation to modern slavery and ensure that there is increased staff awareness around this issue. The safeguarding adult's team will continue to raise the agenda of support for vulnerable adults throughout the organisation and continue to work closely with children's safeguarding to embed the Think Family approach into all that we do.

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Harrow Police

Harrow Police are fully engaged with the strategic partnerships for safeguarding adults and children and are represented on the appropriate boards and executive groups. Merlins continue to be sent in to safeguarding teams for adults who come to Police notice, where officers perceive that they may be vulnerable.

There is a strong commitment to increasing prosecutions through improved awareness/coordination and to pursuing lines of response to fraud – to identify safeguarding needs.

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Harrow Council – Safeguarding Adults and DoLS Service

Harrow Council's Safeguarding Adults and DoLS Service take the lead coordinating role for safeguarding vulnerable adults at risk from harm. This role is both in relation to multi-agency strategic development of the work as well as enquiries into individual cases of abuse and instances of institutional abuse. The Service also supports the HSAB arrangements; organises a range of public awareness campaigns; oversees the multi-agency training programme and runs briefing sessions. In 2016/2017 as with the previous year, the Safeguarding Adults and DoLS Service had a work programme which supported the overall objectives and priorities in the HSAB Business Plan and progress is monitored at a regular meetings. The work of the Service and any outcomes, including the numbers of referrals handled are covered in the body of this report.

Appendix 2

HSAB Membership (as at 31st March 2017)

HSAB Member	Organisation
Kate Aston (from December 2016)	Central London Community Health Care NHS Trust
Christine-Asare-Bosompem	Harrow NHS Clinical Commissioning Group
Cllr Simon Brown	Elected Councillor (Portfolio Holder), Harrow Council
Karen Connell	Harrow Council Housing Department
Sarah Crouch	Public Health, Harrow Council
Jonathan Davies	London North West Healthcare NHS Trust (hospital services)
Julie-Anne Dowie	Royal National Orthopaedic Hospital NHS Trust
Andrew Faulkner	Brent and Harrow Trading Standards
Bernie Flaherty (Chair)	Adult Social Services, Harrow Council
Mark Gillham	Mind in Harrow
Lawrence Gould	Harrow (NHS) CCG – GP/clinical representative
Sarah Green	NHS England - London Region
Garry Griffiths	Harrow NHS Clinical Commissioning Group
Sherin Hart	Private sector care home provider representative
Vicki Hurst	London Ambulance Service
Mina Kakaiya	Healthwatch Harrow
Jules Lloyd	London Fire Service
Nigel Long	Harrow Association of Disability
Coral McGookin	Harrow Safeguarding Children's Board (HSCB)
Avani Modasia	Age UK Harrow
Cllr Chris Mote	Elected Councillor (shadow portfolio holder), Harrow Council

Ray Keating (vice chair from March 2017)	Metropolitan Police – Harrow
Tanya Paxton	CNWL Mental Health NHS Foundation Trust
Deven Pillay	Harrow Mencap
Visva Sathasivam	Adult Social Care, Harrow Council
Chris Spencer	People Services, Harrow Council
Claire Whittle	Westminster Drug Project
Officers supporting the work of the HSAB	
Sue Spurlock	Safeguarding Adults and DoLS Services – Harrow Council
Seamus Doherty	Safeguarding Adults Co-ordinator - Harrow Council

Appendix 3

Harrow Safeguarding Adults Board

Attendance Record 2016/2017

Organisation	3.6.16	21.9.16	14.12.16	22.3.17	Total attended
HSAB Chair	√	√	√	√	4
Brent and Harrow Trading Standards	X	X	√	√	2
Harrow Council - Housing Department	√	√	X	X	2
London Ambulance Service	X	X	X	X	0
London Fire Service	X	X	X	X	0
Westminster Drug Project	√	√	√	X	3
Harrow Council - Adult Social Services	√	√	√	√	4
Harrow Council - elected portfolio holder	√	√	√	√	4
Harrow Council - shadow portfolio holder	X	√	√	√	3
Harrow Council – Corporate Director People Services	√	√	√	X	3
Mind in Harrow	√	√	√	√	4
NHS Harrow (Harrow CCG)	√	√	√	X	3
Ealing Hospitals Trust (Harrow Provider Organisation) (CLCH NHS Trust from December 2016)	X	X	√	√	2

North West London Hospitals Trust	√	√	X	√	3
Harrow CCG – clinician	X	X	√	√	2
Local Safeguarding Children Board (HSCB)	√	√	√	√	4
Royal National Orthopaedic Hospital	√	√	√	√	4
Metropolitan Police – Harrow	√	√	√	√	4
Age UK Harrow	√	√	√	X	3
Harrow Mencap	√	√	√	√	4
CNWL	X	√	√	√	3
Harrow Association of Disabled People	X	X	X	X	0
Private sector provider representative (elected June 2013)	X	√	√	X	2
Public Health	X	X	X	X	0
Department of Work and Pensions	X	X	X	X	0
In attendance					
Care Quality Commission (CQC)	X	X	X	X	0
Healthwatch Harrow	X	X	√	X	1
Safeguarding Adults & DoLS Service – to support the Board	√	√	√	√	4

Further information/contact details

For further information about this report or any aspect of safeguarding vulnerable adults at risk of harm in Harrow, the website is:

www.harrow.gov.uk/safeguardingadults

If you would like information or advice (including how to access the multi-agency training programme) the Safeguarding Adults Service can be contacted on the telephone number below or via e-mail at:

safeguarding.adults@harrow.gov.uk

If you are concerned about an adult with care/support needs that might be at risk of harm and want to make a referral for an older person or an adult with a disability, this can be done through Access Harrow on: 020 8901 2680
(ahadultsservices@harrow.gov.uk)

If you are concerned about an adult with care/support needs that might be at risk of harm and want to make a referral for a younger person with mental health difficulties, this can be done through 0800 023 4650 (CNWL single point of access).

(cnw-tr.mentalhealthsafeguardingharrow@nhs.net)

Any enquiries about the Deprivation of Liberty Safeguards (DoLS) including requests for authorisations can be e-mailed to: DOLS@harrow.gov.uk

DoLS requests can also be sent to the safe haven fax: 020 8416 8269.

The address for written correspondence (to either Access Harrow or the Safeguarding Adults and DoLS Service) is:

Civic Centre
PO Box 7,
Station Road,
Harrow, Middx. HA1 2UH

**REPORT FOR: HEALTH AND
WELLBEING BOARD**

Date of Meeting:	7 September 2017
Subject:	INFORMATION REPORT – Public Health Service Reorganisation
Responsible Officer:	Chris Spencer, Corporate Director People Services
Exempt:	No
Wards affected:	All
Enclosures:	Appendix 1- Impact of reorganisation of the Public Health Service Appendix 2 - Proposed Harrow Structure

Section 1 – Summary

This report sets out the requirement to reorganise the Public Health Service for Harrow and the parameters to be used for the design of the new service structure.

This report notes the expiry of the Joint Public Health Service Inter Authority Agreement with Barnet Council and the disaggregation requirements arising.

FOR INFORMATION

Section 2 – Report

Introductory paragraph

1. The current Joint Public Health Service Inter Authority Agreement (IAA) with Barnet Council expires on 31st March 2018. Barnet Council has decided not to renew the agreement. Following on from the expiration of the IAA service it will be necessary to disaggregate the Service which includes the transfer of relevant staff, their personnel records and relevant business records and information to Barnet Council.
2. The reorganisation of the Public Health Service will enable the Council to implement the proposals within the MTFS to deploy a part of the Public Health grant currently supporting the Harrow Public Health staffing budget to financially support the wider determinants of health work undertaken by the Council. This proposal was outlined in the MTFS 2016/17 to 2019/20 report to Cabinet in February 2016 - in Appendix 1a: Proposed Savings of the Final Revenue Budget 2016/17.
3. The decision to implement the reorganisation of Public Health staff is sought at this point in time in order to implement the changes in a timely manner and to deliver the savings for the commencement of the financial year 2018-19.

Options considered

4. Do nothing. That is, maintain the existing Public Health staff budget levels. This option would not meet the requirements of the current MTFS and potentially affects the financial viability of other Council services. This option would also not address the need to restructure following the disaggregation of the service from Barnet Council. This option was not recommended.
5. Transfer that portion of the Public Health staff budget identified within the MTFS to the Councils' general fund to support wider determinants of health work in other parts of the Council. This option has been agreed.

Background

6. As part of the MTFS the Harrow element of the staffing budget will reduce and be used to fund wider determinants of health work within the Council. The Public Health budget supporting discretionary health improvement work has been transferred incrementally over previous financial years to the general fund, largely through the procurement of mandated services.

7. The five year fixed term Inter Authority Agreement (IAA) between Barnet and Harrow Councils ceases on 31st March 2018. Barnet Council have taken the decision not to renew the agreement. This will necessitate a disaggregation of the joint service and the transfer of relevant staff and records to Barnet Council as per the terms of the IAA. This is a separate matter to the reduction of the staff group in Harrow but will be managed simultaneously.

Why a change is needed

1. The Council's overall financial position requires a change in the focus of Public Health activity. The year on year incremental transfer of Public Health budgets supporting health improvement to the Councils' general fund means there is a reduced staffing requirement to undertake health promotion work.
2. Public Health mandated services will be maintained. Mandated services are listed in the legal section below. Resources currently aligned to specific discretionary public health outcomes will be redeployed to enable support for wider determinants of health provision by the Council.
3. In addition to the above, Barnet Council has made a decision not to renew the Public Health Inter Authority Agreement (IAA). This requires the disaggregation of the service as per the terms of the IAA.

Implications of the Recommendation

1. The proposed change will result in the Public Health Service focussed almost exclusively on the delivery of mandated public health services apart from the continuance of the Substance Misuse service (drug and alcohol).
2. The new service and staffing structure will be designed to meet the mandated statutory responsibilities for public health services as set out in section 12 of the Health and Social Care Act 2012 ('2012 Act'). Pursuant to section 73A of the NHS Act 2006 (inserted by section 30 of the 2012 Act) a Director of Public Health must be appointed jointly by the local authority and the Secretary of State (in practice Public Health England), although their subsequent employment relationship is with the Council exclusively. In addition to a Director of Public Health the appointment of a senior post is required to support Harrow Clinical Commissioning Group. A commissioning function is also required to manage the delivery of mandated services - Health Visiting, weighing and measuring of children (School Nursing), Sexual Health and Health Checks that are commissioned externally.
3. Work to implement the proposal will be in the current financial year for implementation on 1st April 2018. A plan for delivery of the change and re-deployment and/or redundancy process will be developed accordingly.

Resources, costs

4. A range of resources will be required to reorganise the Public Health Service and to manage the transfer of staff and records to Barnet Council. Principally these are: finance, human resources and IT services. In accordance with the IAA the cost of such resources will be shared between Harrow and Barnet.
5. Other officer time will also be required to manage the process together with specialist project management support.

Staffing/workforce

6. The reorganisation will produce a significant reduction in the number of staff employed within the Public Health Service that directly supports Harrow Council. Currently these number approximately 17 full-time equivalent posts. The budget for the new service will fund approximately 5 full time equivalent posts.
7. The process will be managed under Harrow Council's Protocol for Managing Organisational Change. Displaced staff will be subject to the Councils redeployment and/or redundancy processes.

Performance Issues

8. The reduction in staffing numbers in conjunction with the removal of health improvement budgets will impact on delivery of most discretionary areas of the health improvement agenda. The main impact of the combined reduction in staff and the health improvement budget will be on the Health and Wellbeing strategy and its implementation.

Section 4 – Financial Implications

1. The annual Public Health grant for 2017/18 is £11.094m. In the current financial year this will fund:
 - a. £8.9m (80%) of commissioned spend (including £6.287m in relation to mandatory services for sexual health, health visiting, health checks and school nursing services)
 - b. £1.285m (12%) staffing and support costs
 - c. £0.909m (8%) funding wider determinants of health across the Council.
2. Since the transfer of the Public Health Services to the Council in April 2013 and April 2017 savings of £2.235m have been made within the service (to date largely through re-procurement of services) to mitigate grant reductions (£1.2m to date) and to assist in the wider financial challenges faced by the Council.
3. It should be noted that in February 2016 Cabinet, as part of the Medium Term Financial Strategy, approved further significant

reductions (totalling £2.265m) to the Public Health Team and the services commissioned from April 2018.

4. These savings include the staffing reduction of £0.610m now proposed, a reduction of 65% in the cost of the Public Health Team compared with the staffing structure in April 2013 when the responsibility for Public Health transferred to local authorities from the Department of Health.
5. Any project costs and the cost of any redundancies associated with the reorganisation will be met through the specific public health reserve which totals approximately £1.1m at 31st March 2017. From April 2019, when the grant is expected to reduce to approx. £10.5m (subject to any further changes announced in relation to these being funded by business rates), this will fund: £6.9m (67%) of commissioned spend (including £6m in relation to mandatory services), £2.9m (27%) funding wider determinants of health across the Council and £0.65m (6%) staffing and support costs
6. Across the shared service, overhead costs of £404k are funded by the Barnet and Harrow grants.
7. The reorganisation of the Public Health Service in Harrow together with the transfer of relevant staff to Barnet will result in a significant reduction in staffing numbers (38 FTE down to approximately 5 FTE). This will also create a reduction in office accommodation, IT support including (SAP, Human Resources and transaction processing), following transfer of some of these functions to Barnet Council and reduced staff numbers in Harrow.
8. As a result the overhead charge will need to reduce to reflect the new service requirements, which in turn will result in a general fund pressure, at least in relation to the Barnet funding as it is assumed that any reduction in Harrow overheads would be offset by an increase in the wider determinants of health.
9. The Public Health grant is currently ring-fenced until March 2019, after which it is expected that the service will be funded by business rates. It is not clear what impact, if any, the changes to the funding will have on the level of available resource however the provision of statutory services will continue and will need to be funded by the Council.

Section 5 - Equalities implications

Section 149 of the Equality Act 2010 requires that public bodies, in exercising their functions, have due regard to the need to (1) eliminate discrimination, harassment, victimisation and other unlawful conduct under the Act, (2) advance equality of opportunity and (3) foster good relations between persons who share a protected characteristic and persons who do not share it.

An initial Equalities Impact Assessment has been carried out for the proposal.

Section 6 – Council Priorities

Working Together to Make a Difference for Harrow

1. It will also impact on Harrow Council Ambition plan in the following areas:
 - a. Protect the most vulnerable and Support Families: no support for physical activity initiatives and negative impact on reducing Life expectancy differences.
 - b. Making a difference for communities: no support for Health Workplace initiative, Mental Health first aider initiative and the Winter Well programme
 - c. Making a difference for local business: no support for the implementation of the London Healthy Workplace Charter.
2. The proposal may also impact on the capacity to deliver certain statutory functions during any period when the service is not fully staffed either by virtue of vacancies or sickness absence. The range of impacts is set out in Appendix 1.

STATUTORY OFFICER CLEARANCE (Council and Joint Reports)

Name: Donna Edwards	<input checked="" type="checkbox"/>	on behalf of the Chief Financial Officer
Date: 8.8.17		

Ward Councillors notified:	NO
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Section 7 - Contact Details and Background Papers

Contact: Carol Yarde, Business Manager, Tel. 020 8420 9660

Background Papers: None

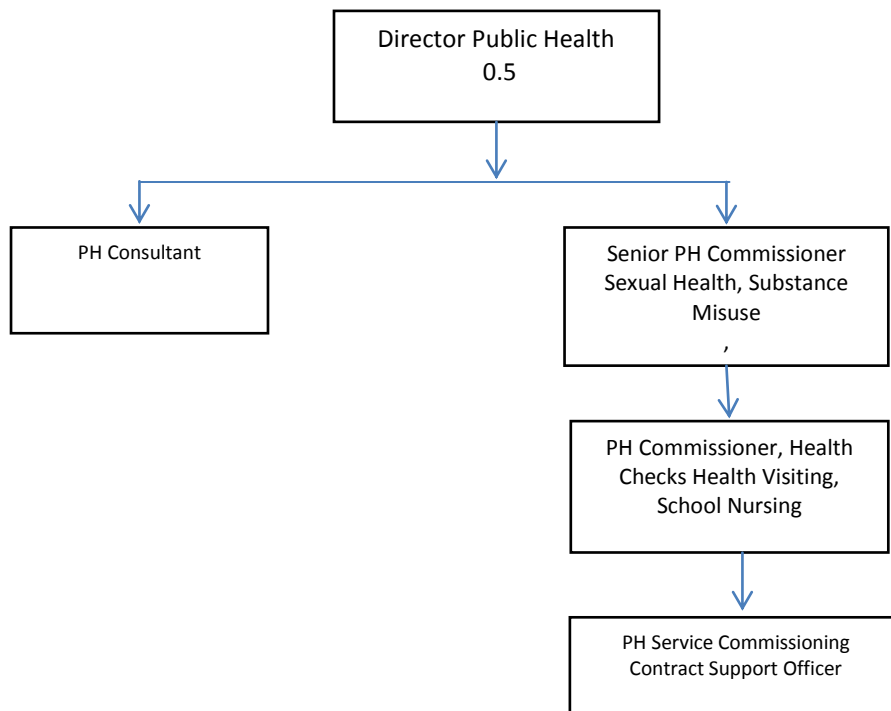
Appendix 1

Impact of reorganisation of the Public Health Service:

- No work on obesity, diet or physical activity with children and adults including post health check support & reducing excess weight in children
- No work on mental health promotion including for Council staff and no work on promoting and maintaining health allowing people to live longer independently in the community
- No work on diabetes and diabetes prevention
- No work on improving winter resilience to support vulnerable people
- No work to improve diet & healthy eating by increasing consumption of fruit & vegetables & reducing consumption of salt, sugar and fat particularly in Children
- No public health support for: troubled families, children with special educational needs & children looked after.
- No work with schools to facilitate them to improve the health and wellbeing of pupils – e.g. Healthy Schools London
- No work with partners inside and outside the Council on poverty reduction for families
- No work on improving joined-up working (pathway redesign) with partners for Female Genital Mutilation, Forced Marriage and Domestic Violence
- No work on discouraging people from smoking and helping those that do wish to stop.
- Significantly reduced ability to reduce the number of people drinking harmful and hazardous levels of alcohol
- Reduced commissioning support to Harrow Clinical Commissioning Group
- Significantly reduced or no support to other Council directorates

Appendix 2

Proposed Harrow Structure



**REPORT FOR: HEALTH AND WELLBEING
BOARD**

Date of Meeting:	7 September 2017
Subject:	Pharmaceutical Needs Assessment 2018
Responsible Officer:	Dr Andrew Howe, Director of Public Health
Public:	Yes
Wards affected:	All
Enclosures:	Pharmaceutical Needs Assessment Steering Group, Terms of Reference; PNA project plan

Section 1 – Summary and Recommendations

Completion of a Pharmaceutical Needs Assessment (PNA) is a statutory duty for Health and Wellbeing Boards to undertake at least every 3 years. The production of the 2018 PNA for Harrow has commenced.

Recommendations:

The Board is requested to:

- Note that the process to produce a revised Pharmaceutical Needs Assessment (PNA) by April 1st 2018 has commenced
- To receive the Terms of Reference for the 'Harrow PNA Steering Group'
- To receive an update on progress and the project plan timelines from the 'PNA Steering Group' on the production of the 2018 Harrow PNA
- To formally delegate the sign-off of the draft PNA to the Corporate Director for People in consultation with the Portfolio Holder for Public Health and the Director of Public Health

Section 2 – Report

Background

The Pharmaceutical Needs Assessment (PNA) is a special assessment of pharmaceutical services provision in an area. The PNA includes information on current pharmaceutical service provision, information on health and other needs, and an assessment on whether current provision meets current or future needs of the area.

The PNA is used to identify any gaps in current services or improvements that could be made in future pharmaceutical service provision. To prepare the report, data is gathered from pharmacy contractors, pharmacy users and other residents and from a range of sources (commissioners, planners and others). The report also includes a range of maps that are produced from data collected as part of the PNA process.

Since April 2013, the responsibility for producing the PNA has been a mandated function of the Health and Wellbeing Board (HWB). The HWB must update the PNA at least every 3 years. The last Harrow PNA was produced in 2015 and covers the period 1 April 2015 - 31 March 2018.

Process for PNA delivery

Following an evaluation of bids from three organisations, an external expert resource, Soar Beyond Limited, has been commissioned to support the preparation of the draft PNA 2018 report at a cost of £41,000. Soar Beyond have extensive expertise in producing PNAs, having produced 8 in 2015 (6 in London), and have been commissioned to support 11 to date in 2017/18 (9 in London).

The PNA Steering Group held its first meeting on 27th July 2017. At this meeting a Terms of Reference for the group and Project Plan for the PNA were agreed (see background documents).

The steering group are presently collecting information from a variety of sources. This includes three separate questionnaires for service providers, commissioners, and the pharmacy service users/public in Harrow on current pharmaceutical service provision. Data on the population demographics of Harrow are also being collated to inform the needs assessment.

The draft assessment will be considered by the Steering Group at a meeting in late November 2017. Due to new rules from NHS England, we have had to build in an additional 3 weeks for them to comment on the draft report before it goes out for consultation. This means that the timetable does not meet the timing of the Health and Wellbeing Board meeting in November. To accommodate this additional time for NHSE to review the draft, the Board is asked to give delegated authority to the Corporate Director for People to sign off the PNA draft document for public consultation.

Upon approval, the PNA will be made available for a 60-day consultation at the moment this is scheduled for 4th December 2017 to 2nd February 2018. The consultation document will be sent by email to the board members for information and comments.

The results of consultation will be incorporated in to a final draft document which will be considered by the Steering Group at its meeting in late February 2018. The final PNA will be presented to the Health and Wellbeing Board for sign off and will be published no later than 31st March 2018 to comply with the regulations.

Recommendation

The Health and Wellbeing Board are asked to agree that:

- The approval to consult on the draft PNA is delegated to the Corporate Director for People with advice from the Portfolio Holder for Public Health and the Director of Public Health.
- The HWB members are given an opportunity to comment on the PNA as part of the public consultation
- The final PNA is brought to the Board in March 2018 for final sign off.

Financial Implications/Comments

Other than the cost of producing the PNA (supported by the Public Health team), there are no wider financial implications arising from this report.

Although the PNA is the responsibility of the Health and Wellbeing Board, following the introduction of the Health and Social Care Act in 2012, it has been funded (and managed) within the Public Health service and ring-fenced grant.

Whilst the funding for the production of the 2018 Pharmaceutical Needs Assessment has not been included within the annual budget plan, given the cyclical nature of its production, funding has been identified within the specific Public Health reserve.

This mandated function could continue to be supported by the restructured Public Health team from 1st April 2018 but would require additional analytical support from within the council in order to do so. Future funding (with associated Public Health resources) will need to be identified within the available funding envelope and as part of the overall council financial budget setting process.

Legal Implications

The Health and Social Care Act 2012 transferred responsibility for developing and updating PNAs to Health and Wellbeing Boards (HWBs). The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 set out the legislative basis for developing and updating PNAs. The HWB must update the PNA at least every 3 years.

Risk Management

A PNA Steering Group has been convened with Council, Clinical Commissioning Group, Local Pharmaceutical Committee, Local Medical Committee and Healthwatch membership. This group will ensure that the PNA meets the national regulations.

By giving delegated responsibility for signing off the consultation on the draft PNA, the final PNA will be published before the deadline of 31 March 2018.

Equalities implications

The 2018 PNA will assess current health needs and access to pharmaceutical services. To ensure there is an equality of access for all people within Harrow HWB area, a public survey will be distributed amongst a cross-section of Harrow people. Residents within the protected characteristics groups will be targeted to receive feedback on any barriers to accessing pharmaceutical services by people from protected characteristics. Responses to the survey will help inform the recommendations within the draft PNA, and any potential gaps and/or improvements to pharmaceutical services in the Harrow area. The draft PNA will undergo a 60-day consultation, and views from the Harrow public will be sought. Populations from the protected characteristics populations will be targeted within the consultation to seek their views upon the assessment and its recommendations.

An Equality Impact Assessment will be produced and maintained by the provider, Soar Beyond

Council Priorities

The Council's vision:

Working Together to Make a Difference for Harrow

The PNA contributes to all of the four categories of making a difference.

- Making a difference for the vulnerable
- Making a difference for communities
- Making a difference for local businesses
- Making a difference for families

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

Name: Anthony Lineker.	<input checked="" type="checkbox"/>	on behalf of the Chief Financial Officer
Date: ...15/8/2017.		
Name: ...Noopur Talwar	<input checked="" type="checkbox"/>	on behalf of the Monitoring Officer
Date: 17/8/2017		

Ward Councillors notified:	NO
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Section 4 - Contact Details and Background Papers

Contact: Carole Furlong, Consultant in Public Health. Tel. 020 8420 9508;

Background Papers:

Harrow 2018 Pharmaceutical Needs Assessment Steering Group Terms of Reference;

Harrow 2018 PNA Project Plan

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Project Plan for Harrow PNA

	Jul 2017	Aug 2017	Sept 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018
Contract commencement date (17th July 2017)									
Kick off meeting with local authority PNA lead <ul style="list-style-type: none"> Detailed project plan shared and agreed Agree accountabilities Identify and approach potential members for PNA Steering Group Draft Terms of Reference shared Communications Plan agreed, including frequency and mechanism for local authority checkpoint meetings Contacts list developed for key stakeholders RAG rated Risk and Issues Log set up Assurance report (if required) for June HWB meeting to share project plan and governance update 									
Steering Group and Project Governance established <ul style="list-style-type: none"> First PNA Steering Group meeting conducted Project plan shared and agreed Communications Plan and Terms of Reference agreed PNA localities agreed Questionnaire templates shared and agreed 	27								
Stakeholders identified <ul style="list-style-type: none"> For dissemination of information Contact details obtained and initial contact made Share project plan and brief on what the Pharmaceutical Needs Assessment is 									
Checkpoint web meeting with local authority PNA lead		3							
Data collection and stakeholder engagement <ul style="list-style-type: none"> Distribution of pharmacy user questionnaire (advertising posters also sent to all pharmacies and GP practices in the borough) Distribution of pharmacy contractor questionnaire Distribution of commissioner questionnaire 									
Checkpoint web meeting with local authority PNA lead									

Harrow 2018 PNA Steering Group

– Terms of Reference

Purpose

Ensure the development of the 2018 Harrow Pharmaceutical Needs Assessment (PNA) so that Harrow Health and wellbeing Board meet its statutory responsibility for publishing the PNA in line with The National Health Service England (Pharmaceutical Services and Local Pharmaceutical Services) regulations.

Objectives

- To oversee the development of the pharmaceutical needs assessment in accordance with and ensure the Harrow PNA complies with the NHS Pharmaceutical Services and Local Pharmaceutical Services Regulations 2013.
- Ensure the PNA takes into account the local demography within Harrow Borough and ascertain whether there is sufficient choice and accessibility (e.g. physical access, language etc.) with regard to obtaining pharmaceutical services in Harrow and neighbouring areas.
- Promote integration of the PNA with other strategies and plans including the Joint Strategic Needs Assessment, the Joint Health & Wellbeing Strategy, the CCGs' Commissioning Strategy Plans and other relevant strategies.
- Ensure the consultation on the PNA meets the requirements of Regulation 8 of the 2013 Regulations. In particular, ensure that both patients and the public are involved in the development of the PNA.
- Ensure all appropriate stakeholders in Harrow are aware, engaged and involved in the development of the PNA.
- Present the PNA first draft, and then the final document to the Health and Wellbeing Board.
- Publish the PNA on the Council's website by April 2018.
- Develop a community pharmacy vision that is integrated across health and social care spectrum, ensuring direct link to the Health & Wellbeing vision for the borough
- Horizon scan for future policy direction and identify system decision makers to transform the vision into a reality for Harrow residents
- Ensure the vision paper has adequate and appropriate patient and public involvement along with the wider community pharmacies operating in Harrow

Governance

- The Health and Social Care Act 2012 transferred the statutory responsibility for PNAs from NHS Primary Care Trusts (PCTs) to Health and Wellbeing Boards (HWB), from 1 April 2013, with a requirement to publish a revised assessment at least every 3 years
- This Steering Group has been established to oversee the production of the 2018 PNA for the London Borough of Harrow, reporting progress and presenting the final report to the HWB.
- The Health and Wellbeing Board will be informed of progress towards the production of the PNA and relevant milestones through the HWB Programme Manager's quarterly updates.
- If a statement or decision from the Health and Wellbeing Board is needed in relation to the production of the draft PNA, the Chair of the Steering Group is welcome to draft a formal report for consideration.
- The steering group will report directly to the Director of Public Health and is accountable to Harrow Health and Wellbeing Board.

Frequency of meetings

Meetings will be arranged at key stages of the project plan. The Steering Group will meet in late 2017/early 2018 to sign off the PNA 2018 for submission to the Health and Wellbeing Board.

Responsibilities

- Provide a clear and concise PNA process
- Review and validate information and data on population, demographics, pharmaceutical provision, and health needs
- To consult with the bodies stated in Regulation 8 of The NHS Regulations 2013:
 - Any Local Pharmaceutical Committee (LPC) for its area
 - Any Local Medical Committee for its area
 - Any persons on the pharmaceutical lists and any dispensing doctors list for its area
 - Any LPS chemist in its area
 - Any Local HealthWatch organisation for its area
 - Any NHS trust or NHS foundation trust in its area
 - The NHSCB
 - Any neighbouring HWB
- Ensure that due process is followed
- Report to Health & Wellbeing Board on both a Draft and Final PNA.

- Publish a Final PNA by end 1 April 2018.

Dates for Health and Wellbeing Board meetings, 2017/2018:

7 th September 2017	11 th January 2018
2 nd November 2017	8 th March 2018

Membership:

Delegate	Job title	Organisation
Shailen Rao	Managing Director	Soar Beyond
Albert De Souza	PNA Consultant	Soar Beyond
Carole Furlong	Public Health Consultant	London Borough of Harrow
Gerald Alexander FRPharmS	Gerald Alexander	Middlesex Group of LPCs
Michael Levitan FRPharmS	Chief Executive & Secretary	Middlesex Group of LPCs
Paul Larkin	Head of Medicines Management	Harrow CCG
Simon Hornsby	Communications & Engagement	London Borough of Harrow
Mina Kakaiya	Senior Project Manager	Harrow HealthWatch
Nick Evans	Communications Assistant	NWL Collaboration of CCGs
Sarita Bahri	Public Health Analyst	London Borough of Harrow
Garry Griffiths	Assistant Chief Operating Officer	London Borough of Harrow
Louise Daggett	Interim Director of Compliance,	Harrow CCG
James Winstanley	Committee Liaison Executive	Local Medical Committee

Soar Beyond are not to be a core member. LBH Public Health or a delegated representative will chair the meeting. Each core member has one vote. The Director of Public Health (or Public Health representative) will have the casting vote, if required. Core members may provide a deputy to meetings in their absence. The

Steering Group shall be quorate with representatives of the LBH and the LPC in attendance. Non-attending members are unable to cast a vote – that vote may otherwise sway the casting decision. To be included in decision-making, members' (or their nominated deputies) attendance is essential.

In attendance at meetings will be representatives of Soar Beyond Ltd who have been commissioned by London Borough of Harrow to support the development of the PNA. Other additional members may be co-opted if required