Health and Wellbeing Board

AGENDA

DATE: **Thursday 11 January 2018**

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**
Mina Kakaiya	**Healthwatch Harrow**
Dr Amol Kelshiker (VC)	**Chair, Harrow Clinical Commissioning Group**
Rob Larkman	**Accountable Officer, Harrow Commissioning Group**
Councillor Paul Osborn	**Harrow Council**
Councillor Varsha Parmar	**Harrow Council**
Councillor Mrs Christine Robson	**Harrow Council**
Dr Genevieve Small	**Harrow Clinical Commissioning Group**
Vacancy	**Harrow Clinical Commissioning Group**

Reserve Members

Councillor Ms Pamela Fitzpatrick	Harrow Council
Councillor Janet Mote	Harrow Council
Councillor Antonio Weiss	Harrow Council
Councillor Anne Whitehead	Harrow Council
Vacancy	Harrow Clinical Commissioning Group

Non Voting Members:

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

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

Harrow COUNCIL LONDON

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 3 January 2018

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 2 November 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 in which they were received. There will be a time limit of 15 minutes for the asking and answering of public questions.

[The deadline for receipt of public questions is 3.00 pm, 8 January 2018. 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. REQUEST FOR APPOINTMENT OF ADDITIONAL NON-VOTING BOARD MEMBER (Pages 13 - 16)

Report of the Director of Legal and Governance Services

8. PRESENTATION ON IDEAS FOR IMPROVING HEALTH AND WELLBEING THROUGH THE COMMUNITIES DIRECTORATE

Presentation by the Corporate Director Community

9. INFORMATION REPORT - CHILDREN LOOKED AFTER (CLA) HEALTH ANNUAL REPORT (Pages 17 - 58)

Report of the Head of Children's Services and Operations, CNWL NHS Foundation

10. INFORMATION REPORT - ACCOUNTABLE CARE SYSTEM (Pages 59 - 70)

Report of the Interim Chief Operating Officer, Harrow Clinical Commissioning Group

11. INFORMATION REPORT - HEALTHWATCH HARROW GP ACCESS REPORT (Pages 71 - 120)

Report of Healthwatch Harrow

12. INFORMATION REPORT - CCG COMMISSIONING INTENTIONS (Pages 121 - 124)

Report of the Interim Chief Operating Officer, Harrow Clinical Commissioning Group

13. INFORMATION REPORT - DRAFT REVENUE BUDGET 2017/18 - 2019/20 (Pages 125 - 200)

Report of the Director of Finance

14. 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

2 NOVEMBER 2017

Chair:	*	Councillor Sachin Shah		
Board Members:	*	Councillor Simon Brown	Harrow Council	
	*	Councillor Paul Osborn	Harrow Council	
	*	Councillor Mrs Christine Robson	Harrow Council	
	*	Councillor Anne Whitehead (2)	Harrow Council	
	†	Mina Kakaiya	Healthwatch Harrow	
	*	Dr Amol Kelshiker	Clinical Commissioning Group	
	†	Rob Larkman	Accountable Officer, Harrow Clinical Commissioning Group	
	*	Dr Genevieve Small	Clinical Commissioning Group	
Non Voting Members:	†	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
		Jo Ohlson	Director of Commissioning Operations	NW London NHS England
	†	Chief Superintendent Simon Ovens	Borough Commander, Harrow Police	Metropolitan Police

	* Visva Sathasivam	Interim Director of Adult Social Services	Harrow Council
	* Chris Spencer	Corporate Director, People	Harrow Council
In attendance: (Officers)	Donna Edwards	Finance Business Partner, People Directorate	Harrow Council
	Carole Furlong,	Public Health Consultant	Harrow Council
	Garry Griffiths	Assistant Chief Operating Officer	Harrow CCG
	Chris Miller	Independent Chair Harrow LSCB	Harrow LSCB

* Denotes Member present
(2) Denote category of Reserve Members
† Denotes apologies received

235. Attendance by Reserve Members

RESOLVED: To note the attendance at this meeting of the following duly appointed Reserve Members:-

Ordinary Member	Reserve Member
Councillor Varsha Parmar	Councillor Anne Whitehead

236. Change in Membership

RESOLVED: That the following changes in membership of the Board be noted:

(1) the appointment of Councillor Paul Osborn as the Conservative Group representative and Councillor Janet Mote as Reserve;

(2) the approval by Council to the inclusion of the Accountable Officer of Harrow Clinical Commissioning Group as a voting member and the deletion of the paragraph on Sub Groups;

(3) the approval by the Monitoring Officer to the minor administrative change to the voting membership of the Board from 'Chair of Healthwatch' to 'Representative of Healthwatch Harrow'.

237. Declarations of Interest

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

238. Minutes

RESOLVED: That the minutes of the meeting held on 7 September 2017, be taken as read and signed as a correct record.

239. Public Questions, Petitions and Deputations

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

RESOLVED ITEMS

240. INFORMATION REPORT - HSCB Annual Report 2016/17

The Board received the Harrow Safeguarding Children's Board (HSCB) Annual Report 2016-17. The Chair of the HSCB introduced the report and drew particular attention to the following:

- the HSCB had been of the view that more could be achieved if the focus was on a small number of priorities. Four key priorities had been identified in areas where it was considered that partnership would make a difference;

- many areas of strength had been confirmed by Ofsted. Areas for further development were also identified which had helped to inform the business plan for 2017 to 2019;

- objectives around vulnerability and exploitation had been highlighted for future consideration.

In response to a question the Board was informed that the historic comparison in how Harrow compared with England and its statistical neighbours was based on figures prior to a reassessment of thresholds. As gatekeepers the Board needed to know that the thresholds were adhered to and whether follow up action was undertaken as appropriate.

Members were pleased to be advised of the closer working with safeguarding adults, in particular the joint conference held in January 2017 and the formation of working groups in relation to areas of vulnerability.

The Board was advised that new legislation in the next 12 to 18 months would reduce certain statutory requirements and introduce new freedoms to operate. Harrow's partners would no longer be required to have a safeguarding board although a set of multi agency safeguarding partnerships to suit the locality would be needed. The Chair of the Board stated that one option could be to work with neighbouring boroughs.

RESOLVED: That the Harrow Safeguarding Children Board Annual Report be noted.

241. INFORMATION REPORT - CCG Financial Sustainability Plan

Consideration was given to a report on the Clinical Commissioning Group (CCG) Financial Sustainability Plan.

An officer introduced the report stating that it was a high level overview. In order to address the challenge of an overall financial savings requirement of £18.1 million, which was 6% of turnover, the CCG had put in place a single Programme Management Office to support financial recovery and oversee delivery of the savings plans. He advised on the current high, medium and low financial risk of Quality, Innovation, Productivity and Prevention (QIPP) delivery.

Key actions were taking place across North West London NHS and particular mention was made of the 'prescribing wisely' initiative which included a reduction in the prescribing of drugs that could be bought over the counter and the monitoring of repeat prescriptions. The CCG was working on a Financial Recovery Plan for 2018/19 which would be submitted to the Health and Wellbeing Board in January 2018.

The Board noted that to date approximately £13.5m of savings had been secured with £7.2m high risk savings still to be delivered. A Member of the Board asked whether the savings by the CCG would have an effect on providers, particularly entering the winter period. The Vice-Chair stated that it was important for the CCG, providers and commissioners to work together as there was a finite funding pot in health and health care. He referred to the need to align changes to the wider changes across the system such as the Sustainability and Transformation Programme (STP) and for the promotion of integrated care in Harrow to include discussion on patient pathways.

Discussion arose on the need for substantial integrated working with a greater focus on the better outcomes for patient care. A CCG officer stated, that as part of a study to identify patients who spent a lot of time in hospital, it had been discovered that 1400 people had had two to thirteen admissions over the previous twelve months at a cost of over £12m. Whilst recognising the seasonable fluctuations on admissions, discussion with partners was sought on how to avoid hospital admissions while ensuring such patients could get the care needed. An officer suggested that discussion take place around the increase in referrals to social care by 24% and the greater complexity of needs being experienced and the need to build resilience in the community with strategies that prevented or delayed residential admissions or a return to hospital. It was stated that the position could be assessed as the work in conjunction with IBM (Infinity) regarding integration of care was rolled out.

In response to a question as to the barriers that had been experienced in the achievement of a fast programme to effective integrated services, the Vice-Chair stated that Harrow had formed an integrated board but that implementation of initiatives had been slower than envisaged. He gave as examples the need to ensure a social care presence on the three virtual wards that supported all patients, improved IT connectivity, holistic care plans to replace the separate care plans, and to look at the 1400 frequently

admitted patients to identify what would be required to keep them out of hospital.

A Board Member commented that the components of the plan appeared to be adult orientated. A Clinical representative referred to the child development pathways and statutory requirements for children whereas the system was more fragmented for elderly people. Elderly people experienced new problems that changed their medical requirements and there were different layers of complexity particularly for the frail.

In order to increase the awareness of Members to the challenges being experienced, the CCG officer undertook to circulate a more detailed breakdown of the ten top schemes in the £7.2m high risk savings at the current time.

Arising from discussion, it was agreed that the incorporation of medical facilities in new developments within the regeneration programme to give access to GPs should be taken forward.

RESOLVED: That the report be noted.

242. Better Care Fund (BCF) 2017/18 and Quarter 1 Update

The Board received a report which set out the agreed 2017/19 Better Care Fund Plan, together with further actions around the wider whole systems financial challenges.

A CCG officer informed the Board that NHS England had approved the Better Care Fund Plan with conditions and had invited the resubmission of the plan by 2 November. The formal sign off was expected shortly.

It was noted that discussion had been held between Harrow Council and CCG finance officers regarding the challenges of the indicative metrics for the reduction in delayed transfers of care (DToC) with expected reductions in both social care delays and NHS delays based on local circumstances. NHSEngland were happy with the position.

A mid term review regarding the impact of the BCF on integration would take place the following week. Schemes were live and monitoring was undertaken to ensure that they were on target. The first set of templates from NHSEngland were awaited.

An officer informed the Board that the BCF represented substantial work including negotiation regarding the understanding each other's position. There had been a reduction in the settlement from the previous year and the impact of this had been discussed. Now that agreement had been reached discussion was taking place on the conditions and ensuring appropriate follow up action was taken.

RESOLVED: That

(1) the Better Care Fund Plan submitted to NHS England on 11 September 2017 in accordance with the mandated national deadline be noted;

(2) it be noted that, subject to final sign off by NHSE the Board would be required to submit a quarterly return on progress of the plan and that the BCF partners would be required to undertake a mid-point review to assess the impact of the plan.

243. Child Poverty and Life Chances Strategy and Action Plan - verbal update

The Board received a verbal update on the Child Poverty and Life Chances Strategy and Action Plan. Members were informed of examples of initiatives undertaken in accordance with the five priorities as follows

- English as a second language: programmes to enhance earning capability;

- Financial exclusion: Together with Families Programme; incorporation of commitment to pay the London Living Wage in the Council's procurement policies and consideration of a reduction in business rates for employers who implemented the provisions; Housing officers working with tenants with regard to money management and universal credit and circulating a specialist magazine;

- Inward investment and funding: a bid to develop community workspace for the voluntary and community sector; provision of £50,000 health education funding from the public health team including mental health and first aid in schools;

- Working with schools and early years sectors on children's health: Five Harrow schools had obtained London Healthy Schools gold awards; 0-19 nursery services were going out to tender;

- Housing and temporary accommodation regarding managing finances and debt: Digital inclusion such as how to use computers; Homing In magazine and on website.

The Strategy Review Group would be meeting in the new year to assess the initiatives undertaken and a report would be submitted to the Board in the spring.

In response to a question regarding oral health promotion, the Board was informed of the implementation of a training package to give practitioners in early years the skills rather than waiting for a visit from a health professional.

With regard to the implementation of universal credit, the attention of the Citizens Advice Bureau had been drawn to the presentation by Canons High

School on advice on debt management. The school was taking bookings from parents a term in advance due to the success of the scheme.

The Board was informed of a revised Winter Well programme regarding fuel poverty and that Islington Council would be leading on the programme.

RESOLVED: That the verbal report be noted.

(Note: The meeting, having commenced at 12.30 pm, closed at 1.40 pm).

(Signed) COUNCILLOR SACHIN SHAH
Chair

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REPORT FOR: HEALTH AND WELLBEING BOARD

Date of Meeting:	11 January 2018
Subject:	Request for Appointment of Additional Non-voting Board Member
Responsible Officer:	Hugh Peart, Director of Legal and Governance Services
Public:	Yes
Wards affected:	All
Enclosures:	Nil

Section 1 – Summary and Recommendations

The Board is requested to consider the request from the Chair of the Harrow Safeguarding Children Board (HSCB) for a place as a non-voting member of the Board.

Recommendations:

It is recommended that the Board agree that:

1. Subject to Council agreeing the recommendation set out in 2 below, the Chair of the Harrow Safeguarding Children Board (HSCB) is appointed as a non-voting member of the Board.

2. A recommendation is made to Council that it direct that the Chair of the Harrow Safeguarding Children Board (HSCB) be a non-voting member of the Health and Wellbeing Board.

Section 2 – Report

The Chair of the Harrow Safeguarding Children Board (HSCB) attends meetings of the Board when the Annual Report of the independent chair of the HSCB is presented.

He has requested that he be appointed as a non-voting member of the Board to enable him to attend and speak at all meetings of the Board.

As explained in the legal implications section below, a direction must be made by the local authority for a member of the Health and Wellbeing Board to be a non-voting, rather than voting, member.

Financial Implications/Comments

No additional costs have been identified as a result of the proposed change to non-voting representation.

Legal Implications/Comments

Under s.194 of the Health and Social Care Act, a local authority must establish a Health and Wellbeing Board. The core membership is set out under that section and may include 'such other persons, or representatives of such other persons, as the local authority thinks appropriate.' The Board itself can appoint additional members.

Under section 13 of the Local Government and Housing Act 1989 a member of a committee who is not a member of the authority is treated as a non-voting member. However, under Regulation 6 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 that provision is modified in its application to Health and Wellbeing Boards so that a member of the Board shall not be treated as a non-voting member unless the local authority which established the Board otherwise directs. In other words, members of the Health and Wellbeing Board are voting members unless the Council decides they should be non-voting.

Risk Management Implications

There are no additional risks identified.

Equalities implications

The purpose of the Board is to improve health and wellbeing for the residents of Harrow and reduce inequalities in outcomes.

Council Priorities

The Council's vision:

Working Together to Make a Difference for Harrow

The report incorporates the administration's priorities by improving health and wellbeing for the residents of Harrow and reduce inequalities in outcomes.

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

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

Name:Donna Edwards Date: 27 November 2017	x	on behalf of the Chief Financial Officer
Name: Caroline Eccles Date: 11 December 2017	x	on behalf of the Monitoring Officer

Ward Councillors notified:	**NO**

Section 4 - Contact Details and Background Papers

Contact: Miriam Wearing, Senior Democratic Services Officer, 020 8424 1542

Background Papers: Terms of reference of Health and Wellbeing Board

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REPORT FOR: HEALTH AND WELLBEING BOARD

Date of Meeting:	11 January 2018
Subject:	**INFORMATION REPORT – Harrow Children Looked After (CLA) Health Annual Report**
Responsible Officer:	Zoe Sargent Head of Children's Services and Operations, CNWL NHS Foundation
Exempt:	No
Wards affected:	All
Enclosures:	Harrow Children Looked After (CLA) Health Annual Report

Section 1 – Summary

This report sets out the delivery of health services to Harrow's Children Looked After (CLA) during 2016/17 in line with national guidance. It reviews performance indicators, clinical work undertaken by the CLA health team, service improvements and gaps or challenges identified.

FOR INFORMATION

Section 2 – Further Information

The annual report has been presented to the commissioners of Harrow Council and Harrow CCG. It is due to be presented at the Corporate Parenting Board in January 2018.

Section 3 – Financial Implications

Not applicable

Section 4 - Equalities implications

Not required

Section 5 – Council Priorities

The Council's vision:

Working Together to Make a Difference for Harrow

Please identify how the report incorporates the administration's priorities.

- Making a difference for the vulnerable
- Making a difference for communities

The report focuses on the service delivery from health to Children Looked After, a vulnerable group of children including those from the local community.

STATUTORY OFFICER CLEARANCE (Council and Joint Reports

Not applicable

Ward Councillors notified:	**NO**

Section 6 - Contact Details and Background Papers

Contact: Emma Hedley, Named Nurse for Children Looked After Harrow, 01895 484945

Background Papers: Corporate Parenting Board Reports presented in May, October and December 2016 and March 2017

Central and North West London NHS
NHS Foundation Trust

NHS
Harrow
Clinical Commissioning Group

Harrow COUNCIL
LONDON

Annual Report

Children Looked After Health Service (Harrow)

2016/17

Annual Report 2016/17
CLA Health Service (Harrow)

CONTENTS

1 Executive Summary

This Annual Health Report has been written to outline the delivery of health services to Harrow's Children Looked After (CLA) during 2016/17 in line with National Statutory Guidance. It reviews performance indicators, clinical work undertaken by the CLA health team, service improvements and gaps or challenges identified.

This is the second Annual Health Report for the Harrow CLA service. An OFSTED inspection was undertaken in February 2017 and services for CLA were rated as good.

The key points below provide a short summary of areas covered within the main report. The report outlines information on CLA demographics and provides benchmarking of local data against national statistics.

Harrow is the 12th largest borough in London with both high levels of affluence alongside significant levels of deprivation. It has an ethically diverse population with 63.8% of its population from the BME (Black and Minority Ethnic) communities.

At the end of 2016/17, there were 211 children looked after by the London Borough of Harrow which represents the highest number in the last 3 years. Despite this significant increase, CNWL has maintained 93% achievement with regard to Review Health Assessments (RHA's) being undertaken on time.

The report looks at other clinical activity including immunisations where it is noted that there has been an almost 10% increase in the number of CLA with up to date immunisations since CNWL took over the service 2 years ago. Dental checks have increased 4.6% since last year and 100% of children under five have had up to date developmental assessments.

The CLA health team have delivered a variety of training to foster carers, professionals and students, and case studies have been included to show how the CLA health team have worked with CLA, carers and professionals.

We had a 1 year celebration of the service which was well attended and highlighted the strength of partnership working.

Service improvements include the introduction of the process for requesting adoption and medical advice, reminder system where requests not made in timescales, medical summaries requested for all CLA from their GP, and the redesign of the health recommendations form. Other new ways of working include the introduction of a peer support group and the development of a carer's information form. The Strengths and Difficulties Questionnaire, (SDQ) process was implemented resulting in a completion rate of 90.6%, an increase of 49.6% from last year due to a concerted effort from the social workers and CLA health team.

During the second year of the service the CLA health team met their Key Performance Indicators (KPI) of 100% every month with the exception of June 2016 where 93% of RHA's was achieved.

We have worked with CLA and Care Leavers to obtain their views about the service and CLA have been involved in the development of health passports and a health questionnaire for non-attenders. The CLA health team have undertaken a survey focusing on the health needs of CLA and have also completed our first client satisfaction audit.

This annual report has been written with help, advice and information from the Hillingdon LAC health team, Harrow CCG and Harrow Council.

2 Local Information

The term 'Looked After Children' (LAC), Children Looked After' (CLA) and 'Children in Care' (CIC) are all used to refer to children who are placed into the care system. The term 'Looked After Children' is currently used within statutory and government documents and is used widely to refer to teams working with this group of children. However, some Local Authorities prefer the term 'Children Looked After' and teams are thus named to reflect this. In the past the use of 'Children in Care' became popular, so may also be a preferred term within some organisations.

The terms are, therefore, interchangeable, however, in Harrow this group of children are referred to as 'Children Looked After.'

2.1 Demographic Information

The London Borough of Harrow (LBH) is situated to the north-west of London. It borders Hertfordshire to the north and other London boroughs: Hillingdon to the west, Ealing to the south, Brent to the south-east and Barnet to the east and has been in existence since 1934. In its current form it is made up of 21 wards and is the 12th largest borough in Greater London in terms of size. Harrow has both high levels of affluence in such areas as Harrow-on-the-Hill, Pinner, and Stanmore and high levels of deprivation in Wealdstone and South Harrow. Harrow is a diverse borough, having 63.8% of its population from the BME (Black and Minority Ethnic) communities

The LBH has a population of 239,056 (2011 census); Harrow JSNA (2016) states that around 243,500 people live in Harrow and just over half of them are female. Harrow is home to 55,800 children aged 0-17 and seven percent of the population are children under 5 years old. The percentage of children living in poverty is just slightly below the England average

https://www.harrow.gov.uk/jsna
https://www.gov.uk/government/news/child-health-profiles-2016-published-by-public-health-england

Looked after children continue to be included in the JSNA priority themes as in last year's annual report:

2.2 Benchmark with National Data including UASC data

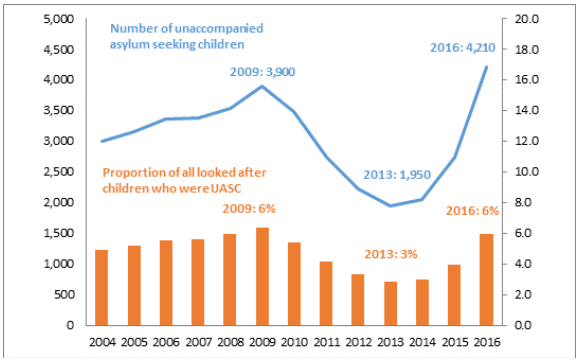
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/556331/SFR41_2016_Text.pdf

2.2.1 – National data published March 2016 quoted below from above link:

- *The number of looked after children has continued to rise; it has increased steadily over the last eight years. There were 70,440 looked after children at 31 March 2016, an increase of 1% compared to 31 March 2015 and an increase of 5% compared to 2012. The rise this year reflects a rise of 1,470 in unaccompanied asylum seeking children, compared to a rise of 970 in all looked after children.*

- *In 2016 the number of looked after unaccompanied asylum seeking children increased by 54% compared to last year's figures, up to 4,210 children at 31 March 2016 from 2,740 in 2015 and up from a low of 1,950 in 2013. At 31 March 2016, unaccompanied asylum seeking children represented 6% of the looked after children population. Unaccompanied asylum seeking children are predominantly male, 93% in 2016 (up from 88% in 2012), and 75% are aged 16 years or over.*

Figure 2: Increase in UASC nationally



- *In the latest year, we have seen a rise in the number of unaccompanied asylum seeking children in care, with 3,440 unaccompanied asylum seeking children entering care, and 1,980 leaving care. Many of the changes seen in the characteristics of the looked after children population as a whole have been influenced by this increase, for example with a rise in the number of children aged 16 and over, and a rise in the number of children with an ethnic background of 'Any other Asian', 'African' or 'Any other ethnic group'. If we remove unaccompanied asylum seeking children from the count of looked after children, we see that there has been a decrease in the looked after children population of 500 (1%) since 2015.*

2.2.2 - National data for LAC show that 56% were male and 44% female which has remained fairly consistent over the last 6 years. *The age profile has continued to change over the last four years, with a steady increase in the number and proportion of older children. 62% of children looked after were aged 10 years and over in 2016 compared with 56% in 2012.*

2.2.3 – *Over the last year we can see a rise in the numbers from some minority ethnic groups, in particular 'Any other ethnic group', 'African' and 'Any other Asian background' (excludes Indian, Pakistani or Bangladeshi). This is likely to reflect the increase in the numbers of unaccompanied asylum seeking children.*

2.2.4 - National figures show that *"Most looked after children are up to date with their health care. Of the 48,490 children looked after continuously for 12 months at 31 March 2016:*

- *87% are up to date on their immunisations*
- *90% had their annual health check.*
- *84% had their teeth checked by a dentist*

2.3 Local Statistics (age/gender/ethnicity)

The following information and data has been provided by Harrow Council, (Corporate Parenting report April 2017)

Numbers of CLA have remained stable since last quarter but do represent a 3 year high of 211. The numbers of CLA 1yr+ have also seen an increase from last quarter. The overall rate of CLA per 10,000 children (Harrow rate - 37) remains below the national (60) and statistical neighbour (41) average. There are no significant changes to the profile of the CLA cohort. However comparator data published for 2015-16 shows

Harrow to have a higher proportion of CLA aged 16+ and a lower proportion in aged 10 – 15. 44 children will be turning 18 this year and eligible for leaving care services.

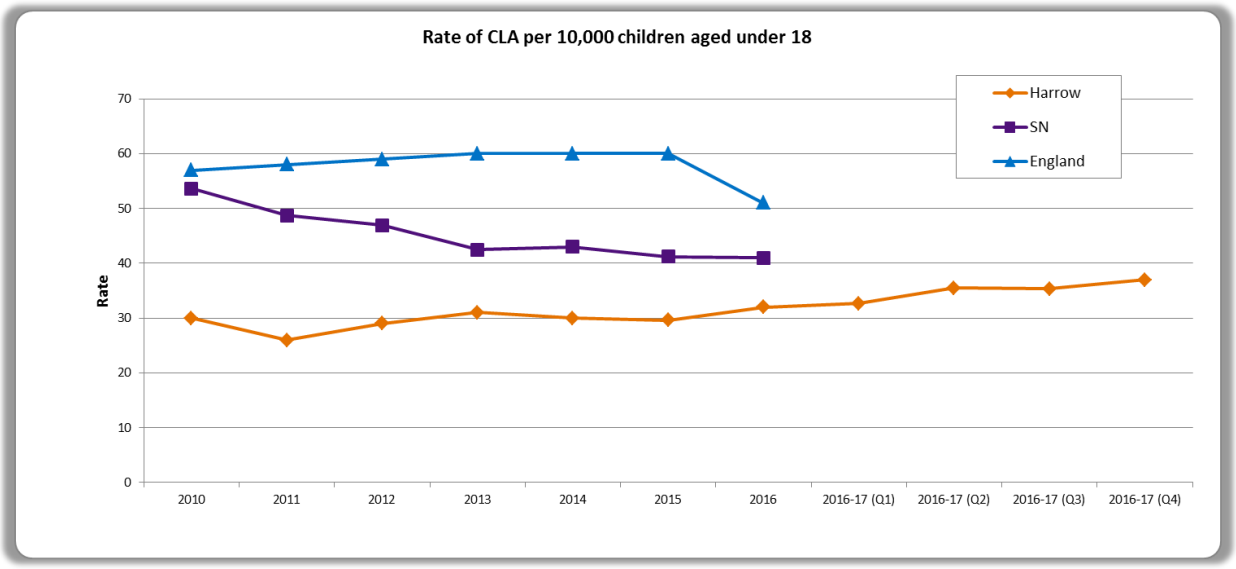
Harrow has a higher percentage of males in care.

CLA by ethnicity compared with statistical neighbour average show a very different picture due to the make-up of Harrow's population. More than two thirds of Harrow's CLA population is from BME (Black and Minority Ethnic) groups and in line with the local population breakdown though Mixed, Black British and Other Ethnic Backgrounds are overrepresented.

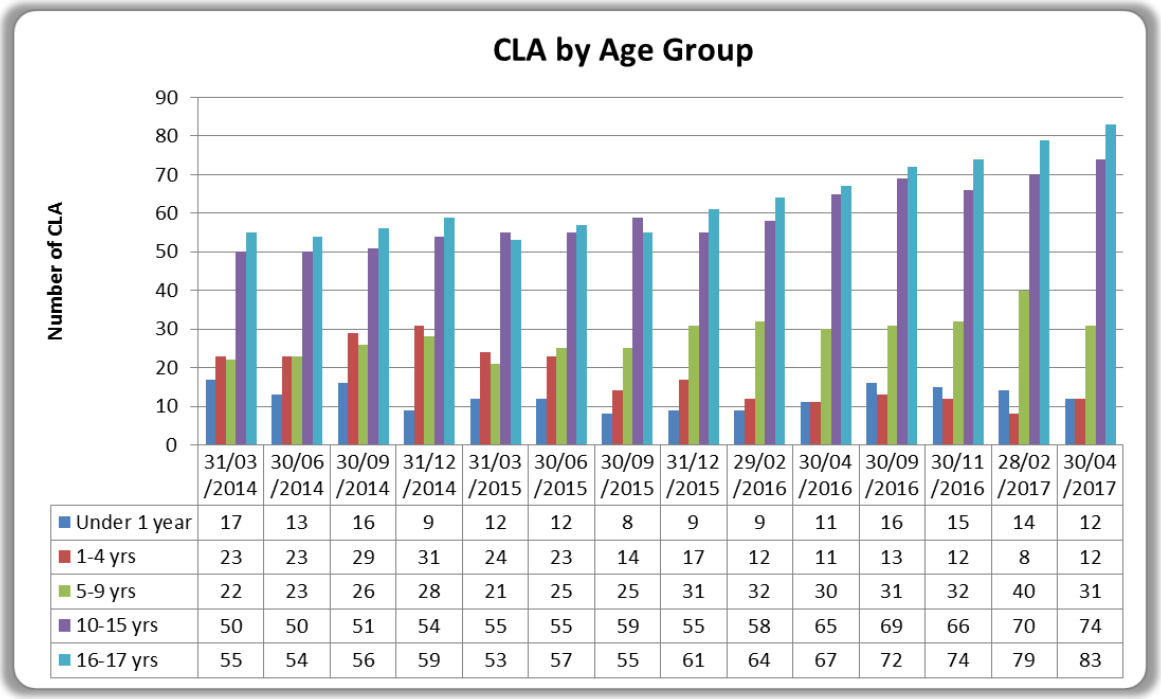
Harrow has a lower proportion of CLA in foster placements and a higher proportion in placements in the community (independent and semi- independent placements)

A higher proportion of care leavers were in suitable accommodation and in employment education and training at 31/03/2016 compared to statistical neighbour averages.

Harrow have had a similar proportion of CLA who had a missing episode in the year compared to previous year whilst statistical neighbours' and England trend is an increase from previous year.



CLA numbers have continued to increase throughout the current year with overall numbers showing a gradual increase from 2012. The overall numbers of CLA and CLA 1year+ have increased. The rate of CLA per 10,000 is increasing but continues to remain below the England and statistical neighbour averages.



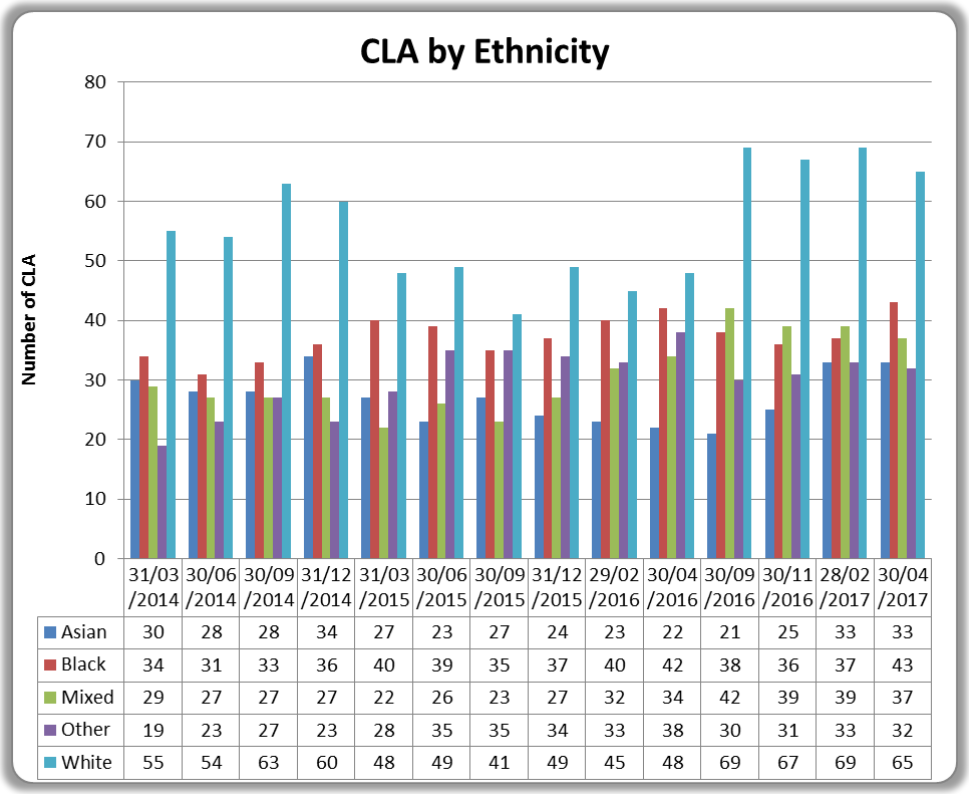
	31/03/2014	30/06/2014	30/09/2014	31/12/2014	31/03/2015	30/06/2015	30/09/2015	31/12/2015	29/02/2016	30/04/2016	30/09/2016	30/11/2016	28/02/2017	30/04/2017
Under 1 year	17	13	16	9	12	12	8	9	9	11	16	15	14	12
1-4 yrs	23	23	29	31	24	23	14	17	12	11	13	12	8	12
5-9 yrs	22	23	26	28	21	25	25	31	32	30	31	32	40	31
10-15 yrs	50	50	51	54	55	55	59	55	58	65	69	66	70	74
16-17 yrs	55	54	56	59	53	57	55	61	64	67	72	74	79	83

Comparator data has been published for 2015-16, this shows Harrow to have a higher proportion of CLA aged 16+ and a lower proportion in aged 10 – 15. Higher numbers of CLA aged 16+ will continue to have an impact on leaving care services. 44 children will be turning 18 this year.

Comparative data (%) year ending March 2016	Age				
	Under 1	1 to 4	5 to 9	10 to 15	16+
Harrow	5	6	18	33	39
Stat Neighbour	4	9	16	38	34
England	5	13	20	39	23

Comparator data shows Harrow has a higher percentage of males in care. This number has increased in the last 2 quarters to a peak of 128, whilst the number of females has remained moderately stable since September 2016.

Comparative data (%) year ending March 2016	Gender	
	Male	Female
Harrow	64	36
Stat Neighbour	59	41
England	56	44



	31/03/2014	30/06/2014	30/09/2014	31/12/2014	31/03/2015	30/06/2015	30/09/2015	31/12/2015	29/02/2016	30/04/2016	30/09/2016	30/11/2016	28/02/2017	30/04/2017
Asian	30	28	28	34	27	23	27	24	23	22	21	25	33	33
Black	34	31	33	36	40	39	35	37	40	42	38	36	37	43
Mixed	29	27	27	27	22	26	23	27	32	34	42	39	39	37
Other	19	23	27	23	28	35	35	34	33	38	30	31	33	32
White	55	54	63	60	48	49	41	49	45	48	69	67	69	65

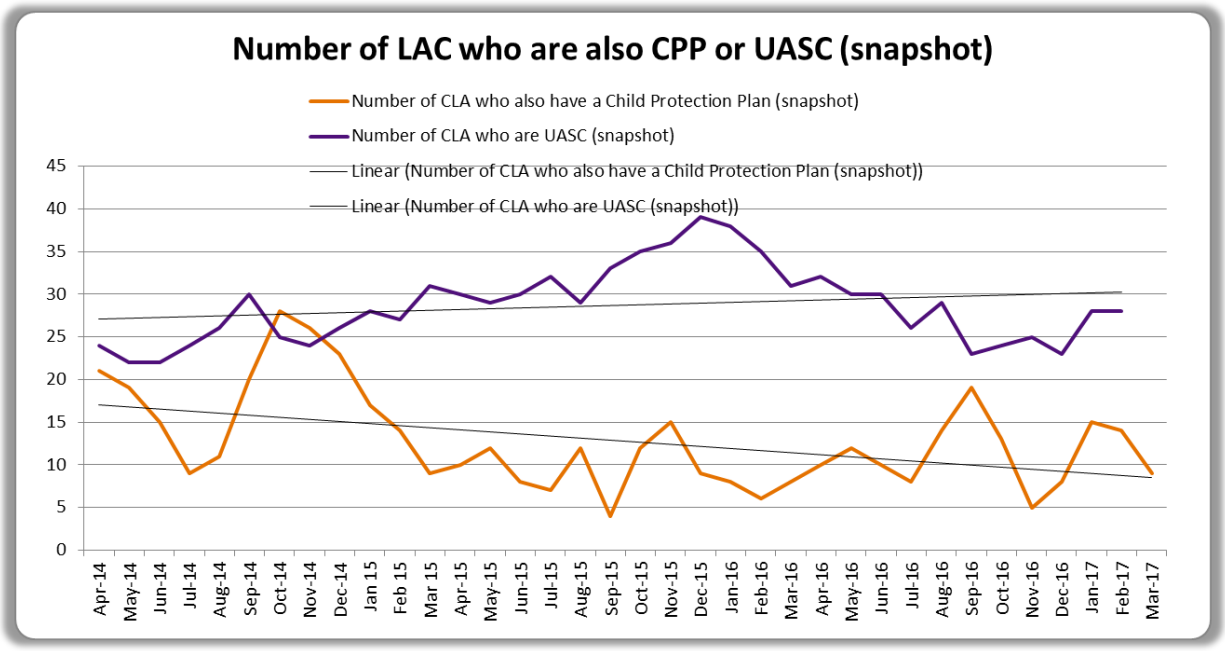
In line with population projections, Harrow's Black and Minority Ethnic groups are considerably higher than England and the statistical neighbour average.

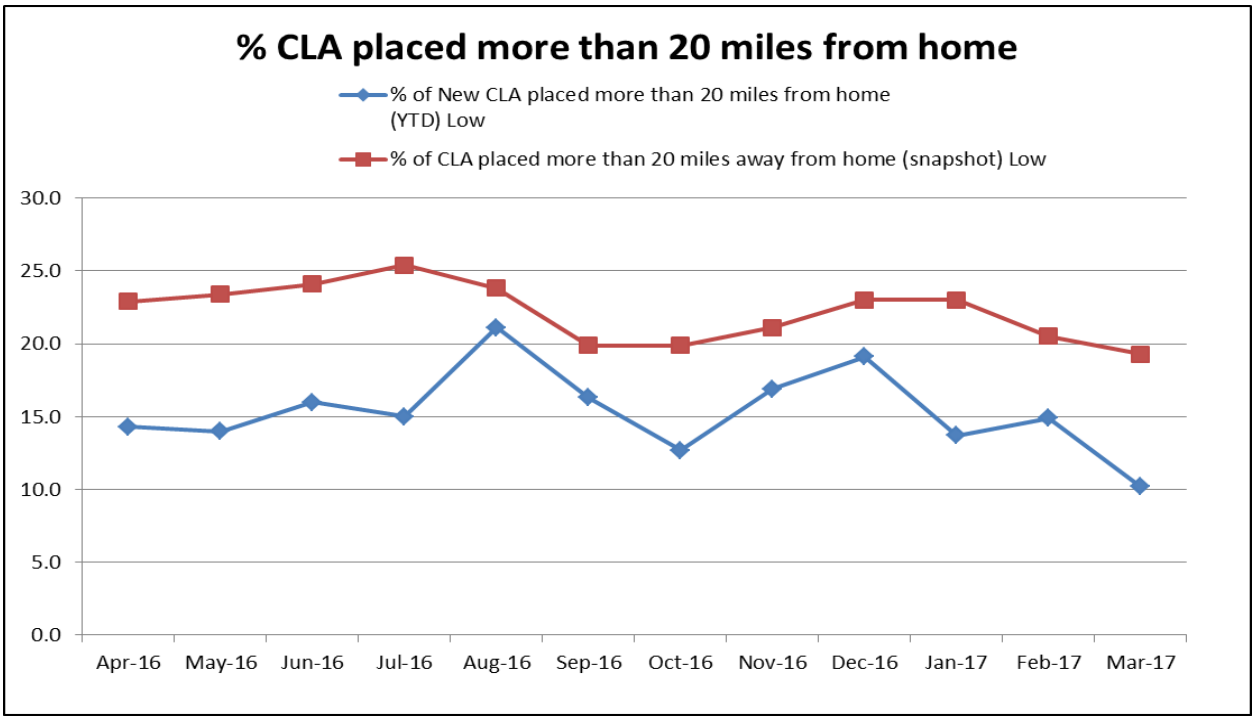
Overall two thirds of Harrow's children looked after population are from BME groups and more in line with the local population breakdown, Mixed, Black British and other ethnic backgrounds are overrepresented in the LAC cohort.

Comparative data (%) year ending March 2016	Ethnicity				
	White	Mixed	Asian or Asian British	Black or Black British	Other Ethnic Groups
Harrow	28	20	13	23	17
Stat Neighbour	47	17	12	18	7
England	75	9	4	7	3
Ethnic breakdown of young people aged under18, 2011	**30.9**	**9.5**	**42.6**	**12.2**	**4.5**

Harrow borough have also got a smaller number of Unaccompanied Asylum Seeking Children (UASC) compared to statistical neighbours in Hillingdon. The numbers over the year have remained stable at an average of 30 with a high of 32. This equates to 3 new UASC being looked after by Harrow each month. However as these children enter the UK with significant needs, this will have an additional impact upon services. Of the 100 children who have remained looked after for over 12 months 11 (11%) are UASC.

The number of dual allocated CLA who also have a Child Protection Plan has decreased. The number of CLA who are UASC has remained stable at 28.

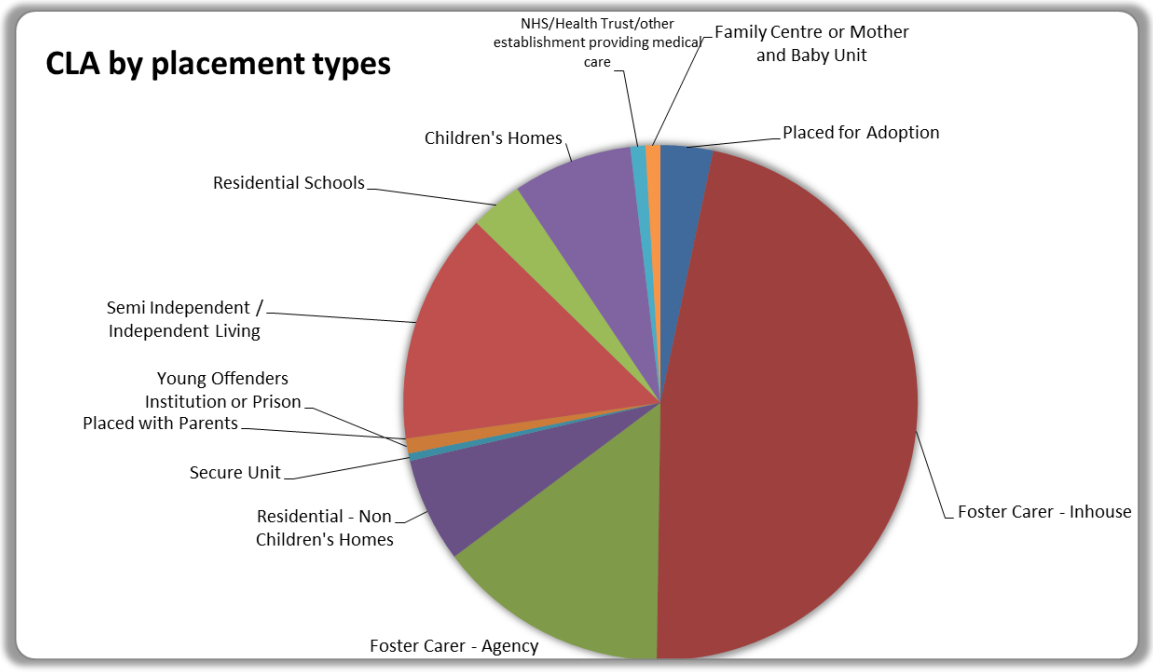




The percentage of all new CLA in the current performance year has varied throughout the year, currently 10.2% of CLA who started in the year are placed more than 20 miles from home. The percentage of all CLA at the end of each month who are placed more than 20 miles from home has averaged around 22.2% throughout the year and is currently at 19.3%. In order to give a balanced view, these indicators exclude looked after children who are placed with parents, adopted or are unaccompanied asylum seekers.

The chart below shows Harrow CLA placement details at 31st March 2017

There are no significant changes to placement types. In house foster placements remain the most common placement type accounting for 46.9% of all placements. Slight increase in children in residential placements. Comparator data with statistical neighbours shows Harrow to have a lower proportion of CLA in foster placements and a higher proportion in placements in the community (independent and semi- independent placements)



3 Service Summary

3.1 Staffing

3.1.1 - The CLA provider services health team is currently based at Westmead Clinic and CNWL hosts the professionals who provide the designated roles.

3.1.2 – The Designated Doctor and Nurse role is to assist in service planning and to advise CCGs in fulfilling their responsibilities as commissioner of services to improve the health of children looked after. It is a strategic role. The CCG Designated Doctor role for Harrow is commissioned from and hosted by the provider services for CLA.

3.1.3 - All members of the CLA health team are experienced and suitably trained within their area of expertise, being fully up to date with their safeguarding training. They undertake on-going training in relevant subjects in order to maintain their competencies. They fulfil the requirements of the Competency Framework (RCGP/RCN/RCPCH 2015). They undertake regular appraisals and as required are subject to revalidation.

Current Staffing

3.1.4 - Nursing Team
Designated Nurse for CLA – 30 hours per week
Specialist Nurse for CLA – 37.5 hours per week

3.1.5 - Medical Team
Designated Dr for CLA / Medical Advisor for Adoption and Fostering – 1PA per week
GPwSI – 3 PA's per week

3.1.6 - Administrative Team
Administrator for CLA – 37.5 hours per week

We successfully recruited to the GPwSI post in March 2016 and again in September 2016.
The Designated Doctor and Medical Advisor post is currently being covered by the Designated Doctor and Medical Advisor for Hillingdon. We expect there to be ongoing staffing issues with recruitment and retention in our third year due to the small numbers of PA's for the Doctor posts.

3.2 Supervision

3.2.1 -The Specialist Nurse and Administrator for CLA are managed and supervised by the Designated Nurse. The Designated Nurse meets with The Designated Nurse for Hillingdon every month for supervision. All staff have annual appraisals, monthly 1:1s and ad hoc meetings as part of learning, development and supervision.

3.2.2 - The Harrow team is co-located with the Hillingdon CLA team, and peer safeguarding supervision is undertaken within this forum. Complex cases such as children at risk of sexual exploitation are discussed and time for reflection offered. The nurses have access to discuss any safeguarding issues with the Harrow Safeguarding Children Team. (Designated Nurse for Safeguarding Children)

3.2.3 - Supervision is also provided within monthly team meetings as cases, such as those who are at risk of child sexual exploitation, are raised. Staff are also encouraged to reflect upon difficult to manage situations so that learning can be shared.

3.2.4 - The Nurses receives individual clinical supervision every 6-8 weeks. However arrangements are in place for case discussion and debriefing on a daily basis.

Clinical staff also receive support from external meetings

- Quarterly North West London LAC peer group meeting
- Quarterly London LAC Nurse meeting
- Quarterly CoramBAAF London health group
- Annual RCN LAC forum
- Annual CoramBAAF conference

3.2.5 - The Designated Doctor and Nurse meet on a weekly basis to review and discuss cases, quality assure work undertaken and ensure consistently high quality health assessments.
This well established meeting provides opportunity to discuss any concerns, compliments, areas for development and strategic issues to be addressed.

3.2.6 - The Designated professionals attend Brent, Harrow and Hillingdon (BHH) safeguarding meetings every two months. In addition, this year, LAC meetings have been set up with the Central London, West London, Hammersmith and Fulham, Hounslow and Ealing Collaborative (CWHHE) on a quarterly basis.

3.3 Governance & Reporting Arrangements

3.3.1 - In terms of reporting arrangements, the CLA health team are accountable to the Head of Children's Services and Operations (CNWL) and have the following arrangements in place.

For CNWL, the Designated Nurse provides a progress report and updates to the Goodall divisional safeguarding meeting which reviews issues and learning within the community services in Hillingdon, Harrow and Camden.

In addition, the Designated Nurse produces a bi-monthly governance report for the Clinical Governance team, which provides information on KPIs, audits, incidents, compliments and complaints, policies and guidance, risks and compliance with CQC.

3.3.2 - The CLA health team have identified the late requests for health assessments and the lack of sharing of health information between health providers as a risk, and both of these are now on the CNWL risk register.

3.3.3 - For Harrow CCG, the health team have continued to strengthen the partnership working, and to inform them of any issues relating to the CLA service and any areas for commissioning to consider.

Joint monthly monitoring meetings held at Harrow Council and attended by the Designated Nurse for Harrow, Designated Nurse for Hillingdon, Head of Children's Services and Operations Hillingdon, Designated Nurse for Safeguarding Children Harrow, Integrated Children's Commissioner for Children and Families, Children's Commissioner for Harrow, and the Head of Service for Corporate Parenting.

3.3.4 – The Specialist Nurse for CLA attends a monitoring meeting every Wednesday at Harrow Civic Centre to monitor the timeliness of requests for health assessments and their completion. She is available to the Social Workers every Wednesday afternoon to provide support and advice, and the health team are available via email and phone, within working hours for consultation with all Social Work teams. Feedback from Harrow Council continues to be very positive about the health team being accessible every week for the Social Workers.

3.3.5 - The Designated Nurse compiles a monthly breach report, health needs report and additional report for Harrow CCG and Harrow Council which is discussed at the monthly monitoring meetings. These meetings are productive, transparent and positive.

3.3.6 – CNWL have a programme of peer reviews to ensure providers are able to evidence meeting CQC key lines of enquiry. The 5 key lines of enquiry (KLOEs) are being safe, effective, caring, responsive and well-led. The peer reviews are undertaken by managers in the organisation who are independent of the service being reviewed. The CLA health team are due their 2nd peer review in April 2017.

4 Performance Indicators

4.1 National Targets

4.1.1 – Local Authorities are required to report on eleven performance indicators ie the National Indicator Set (NIS), which refer to looked-after children or care leavers.

4.1.2 – The health outcomes are reported on a follows:

Number of children looked after at 31 March who had been looked after for at least 12 months
Number of children whose immunisations were up to date
Number of children who had their teeth checked by a dentist
Number of children who had their annual health assessment
Number of children aged 4 or younger at 31 March
Number of children aged 4 or younger whose development assessments were up to date
Number of children identified as having a substance misuse problem during the year
Number of children for whom an SDQ score was received.

'Outcomes for children looked after by local authorities' 2016

4.2 Local Targets

Outline of Targets Set by Harrow CCG and Harrow Council

4.2.1 – During 2016/17 the following targets were set by Harrow CCG and Harrow Council as set out in the joint specification.

To complete 100% of CLA initial health assessments (IHAs) within 20 operational days/ 28 calendar days.

Operational days are Mondays to Fridays inclusive

Exceptions: Young people who refuse, DNAs or missing children, out of area, notifications from Harrow Council later than 3 working days.

Apr 2016	May 2016	June 2016	July 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017
100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

From the above table the data shows that the health team have met the targets set in the second year of the service for initial health assessments.

4.2.2 – Review Health Assessments (RHAs)

To complete 100% of CLA review health assessments (RHAs) completed on time.

Exceptions: Young people who refuse, DNAs or missing children, out of area, notifications from Harrow Council later than 3 months before the review date.

Apr 2016	May 2016	June 2016	July 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017
100%	100%	93%	100%	100%	100%	100%	100%	100%	100%	100%	100%

The health team have achieved all targets for RHA's set within the agreed service specification with the exception of June 2016.

5 CLA Provider Team Clinical Activity

5.1 Health Assessments

5.1.1 – This chapter will focus on the performance of the CLA health team against national and local targets.

5.1.2 – Initial health assessments are undertaken at Westmead Clinic, South Ruislip and Alexandra Avenue Clinic in Harrow. This enables some flexibility of venue and day. Review health assessments are undertaken at the above clinics, schools, and at the child's home offering increased flexibility for day, time and venue to enable completion and promote engagement in health assessments.

5.1.3 – Health promotion is discussed at every health assessments and includes but is not limited to physical health, emotional well-being, diet, exercise, safety, immunisations, dental care, eye care, hygiene, sexual health, substance use and radicalisation.

5.1.4 - The CLA health team also assist Harrow Council in meeting national targets for CLA:
- Ensuring all Harrow CLA have an annual health assessment within timescales
- To record and report dates of dental checks following health assessment
- To report immunisation status of each CLA following health assessment
- To report up to date developmental assessments

5.1.5 - The CLA health team are required to ensure all looked after children have a statutory health assessment within statutory guidance i.e. within 20 working days of becoming looked after and thereafter every 6 months (under 5s) or annually (over 5s). The following data relates to all Harrow CLA (both those placed within Harrow and out of borough) and has been taken from health assessments completed April 2016 – March 2017.

5.1.6 Initial Health Assessments (IHAs)

A total of 194 requests for IHAs were received compared to 109 in 2015/16

A total of 154 children were seen for IHAs from April 2016-March 2017.
(This includes 1 child from another authority placed in Harrow)

The following table shows a comparison to previous years.

Apr 2015	May 2015	June 2015	July 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Total
No Data	No Data	9	7	5	12	15	8	9	7	13	3	88
Apr 2016	May 2016	June 2016	July 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	
19	5	17	8	13	12	13	13	11	16	17	10	154

CNWL took over the service in June 2015 a total of 130 children were seen for IHA's (June – March) compared to 88 during 2015/16, an increase of 47.7%

Of the 40 children not seen for IHAs, these included those who became no longer CLA as well as those children who were seen in April 2017. For all of these children, the team were still required to undertake all of the necessary processes to arrange and provide appointments.

Of the 154 (100%) IHAs, 83 (54%) were seen within 20 days of the child becoming LAC compared to 50% in 2015/16

Of the 70 not seen within 20 days of request, exceptions within KPIs applied.

5.1.7 Issues contributing to the overall performance

Since the start of the service monthly data has been produced for Harrow CCG and Harrow Council to show timescales of requests for IHAs.

Overall, this data has shown that the most significant reason for children not being seen within 20 days of becoming looked after is late requests received.

Other issues which impacted upon meeting statutory timescales were, DNAs, Out of Borough placements, children or carers who refused/cancelled appointments or could not attend, children who were missing, interpreters who DNA and children who changed placement.

5.1.8 Review Health Assessments (RHAs)

A total of 208 requests for RHAs were received during 2016/17 compared to 145 requests in 2015/16.

A total of 148 children were seen for RHAs compared to 114 during 2015/16, an increase of 30%.
(This includes 4 children from another authority placed in Harrow)

The following table shows a comparison to the previous year.

Apr 2015	May 2015	June 2015	July 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Total
7	4	15	12	17	10	6	13	9	6	13	13	125
Apr 2016	May 2016	June 2016	July 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	
12	19	15	11	16	9	7	10	11	12	7	19	148

Harrow Council returns data on the DfE 903 based on those children who have remained as CLA for over 12 months which for 2016/17 was 100 children. This figure differs from those above, as some children would have left care during the year and thus not included in this report.
Of the 100 children 93 (93%) had an annual health assessment within time scales.
Of the 7 not seen within timescales, exceptions within KPIs applied.

England 2015/16	Statistical Neighbours	Harrow 2014/15	Harrow 2015/16	Harrow 2016/17	Number of CLA
90.0%	93.9%	82.5%	93.7%	93.0%	93/100

The table above shows a comparison to previous years of RHA's being undertaken within time scales. CNWL have maintained the 93% achieved last year, this is higher than the England average but slightly lower than statistical neighbours.

5.1.9 Issues contributing to the overall performance

There is an established process to ensure that RHA requests are received giving 12 weeks' notice.

Overall, data analysis has shown that a significant reason for children not being seen within statutory timescales is late requests received.

Other issues which impacted upon meeting statutory timescales were DNAs, Out of Borough placements, children or carers who refused/cancelled appointments or could not attend, missing children, children who changed placement and children who were difficult to engage.

In order to minimise DNAs, the team contact the carer / young person by telephone to offer flexible venues, dates, times (as per meeting timescales). All appointments are followed up by letter with this copied to the child's social worker. A reminder telephone call and text before the appointment improves attendance.

The CLA health team work with our out of borough colleagues to minimise these problems, however, capacity issues and KPI's in out of borough teams have an impact upon timescales. The CLA health team have a reminder system in place, contacting the out borough provider to ask for details of the appointment. Should this information be provided, the child's social worker is copied into this information.

Despite several reminders and processes in place, CLA may still DNA appointments.

5.1.10 Areas for improvement

The CLA health team have identified late requests / consents from Harrow Council Social Work teams as an area for improvement during 2017/18. The Designated Nurse produces monthly breach reports for the Senior Managers in Harrow Council.

5.1.11 Quality of Health assessments

Quality improvement has been driven by the needs of the CLA population who require a high quality health assessment, to ensure that health needs are identified and recorded as SMART actions on the health recommendations. Each health assessment returned to the provider CLA health team is reviewed by either the Designated Doctor or Nurse and graded as one of five categories with excellent being the highest and poor the lowest (excellent, good, satisfactory, needs improvement, poor). Health assessments undertaken by the Designated Doctor or Nurse in their provider roles are graded independently.

An excellent health assessment results in an email to the professional who has completed the health assessment (wherever they are situated) and where possible, a copy to their manager. This often results in a 'thank you' email from the recipient.

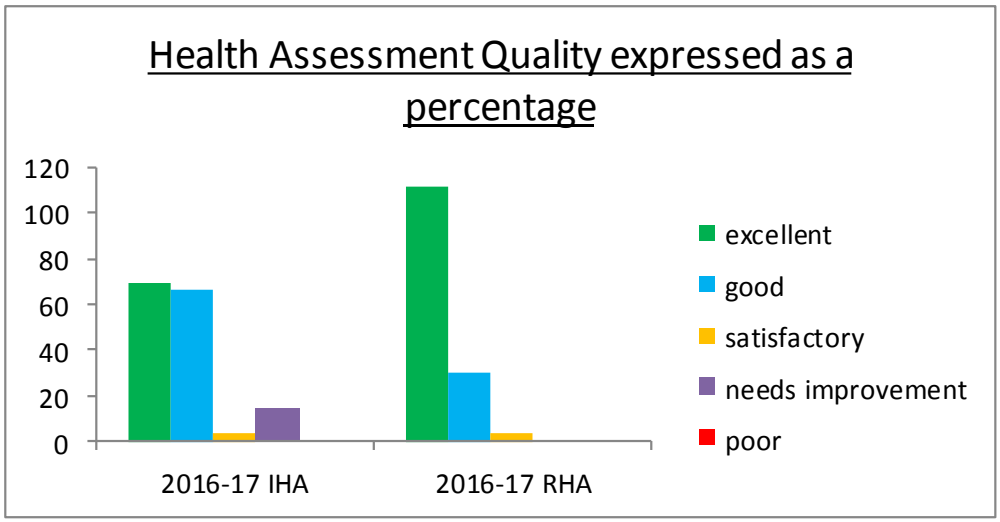
A poor, needs improvement or satisfactory health assessment from within CNWL results in action being taken in the form of training from the CLA team. One received from out of borough may result in a letter to the relevant professional, a note not to use that provider where possible in the future or if poor, a return of the paperwork for more thorough completion.

2016-17 154 IHA's - 45% excellent, 43% good, 9% satisfactory, 2% needs improvement
1% (2 health assessments were not graded, 1 child's neonatal summary and 1 health questionnaire)

The graphs show that due to a concerted effort by the CLA health team quality of health assessments is high with 88% of IHA's graded as excellent or good and 96% of RHA's graded as excellent or good.

2016-17 148 RHA's – 76% excellent, 20% good, 2% satisfactory, 2% (3 health assessments were not graded 3 health questionnaires)

The majority of excellent health assessments are completed by CLA team members due to their experience of working with CLA. Quality improvement has been driven by an increased number of health assessments being undertaken by the CLA health team for those children placed out of borough (within 20 miles) or where the previous quality was poor. The 2% graded as satisfactory were completed by health professionals out of borough.



The Designated Nurse for Safeguarding Children (Harrow CCG) has planned to undertake a dip sample of quality of health assessments during 2017.

5.2 Immunisations

5.2.1 - The Harrow Council returns data on the DfE 903 based on those children who have remained as CLA for over 12 months which for 2016/17 was 100 children. Of 100 CLA 76 (76%) were recorded as up to date with immunisations.

England 2014/15	Statistical Neighbours	Harrow 2013/14	Harrow 2014/15	Harrow 2015/16	Number of CLA
87.2%	82.10%	66.1%	72.6%	76.0%	76/100

Nationally, 87% are up to date on their immunisations, down slightly from 88% last year.

The above table shows that the rates of immunisation for Harrow CLA are below both our statistical neighbours and the national average. There has been an improvement of 3.4 % from 2014/15 and almost a 10% increase in the number of CLA with up to date immunisations since CNWL took over the service, this continues to be an area the CLA health team has prioritised for 2017, to ensure that we are safeguarding our children from preventable infectious diseases.

5.2.2 –The CLA health team identified 44 CLA who were not up to date with their immunisations. A letter was sent to their carers to encourage them to book an appointment with their GP.
A copy was also sent to the child's Social Worker and Independent Reviewing Officer.

5.2.3 - The CLA health team works closely with the TB service at Northwick Park Hospital and has implemented a process for all UASCs to be referred for new entrant TB screening. Recently this has been replaced with a directive from NHSE, where for those over 16 who are eligible for IGRA screening, are referred to their GP. In response to this change the CLA health team are undertaking a project to ascertain the impact on our UASC.

5.2.4 – The Specialist Nurse for CLA has continued to develop links with the CLA health teams in the Tri- Borough that covers Harrow, Ealing and Brent to discuss TB referral pathways.

5.2.5 – The immunisation status of all CLA having a health assessment is reviewed, information is requested from their GP and subsequently arrangements are made for any outstanding immunisations with the GP. This is always included in the CLA health recommendations returned to the social worker for the health care plan.

5.2.6 – A letter is sent to all GPs with a copy of the health recommendations and this has led to faxes/emails being received from the GPs with additional data about immunisations which in turn has been updated on SystmOne.

5.2.7 - Immunisation records are shared with professionals undertaking the health assessments and with foster carers and young people.

5.2.8 – Meeting with Dr Small (Named GP for Safeguarding Children Harrow CCG) to discuss improving immunisations for UASC and the need for additional training for Harrow GP's.

5.2.9 – Specialist Nurse, GPwSI for CLA, Infectious Diseases Consultant and TB Registrar met with the Northwick Surgery GP's to discuss the health needs of UASC including immunisations, TB Screening and screening for blood borne infections.

5.3 Dental Checks

5.3.1 - All CLA over 3 years of age are required to be registered with a General Dental Practitioner (GDP) and all CLA should have a dental check (oral check for those under 3 years).

5.3.2 – As part of the CLA health assessment, discussion takes place to promote good dental hygiene and young people are advised to attend for 6 monthly dental checks. Should children not be registered with a GDP or have not attended a dental check, this would be recommended as part of the health plan for that child.

5.3.3 – The Harrow Council returns data on the DfE 903 based on those children who have remained as CLA for over 12 months which for 2016/17 was 100 children. Of the 100 children, 93 (93%) were recorded as having a dental check compared to (88.4%) during 2015/16 an increase of 4.6% which is higher than both the England and statistical neighbours average.

5.4 Developmental Assessments

All CLA aged 4 or younger are required to have their developmental assessments completed. 100% of Harrow's CLA were up to date with their developmental assessments which is the same recorded figure as last year.

5.5 Local Requirements

Registration with a General Practitioner

5.5.1 - In order to establish numbers of CLA registered with a GP, the CLA health team assessed data taken from the SystmOne database. Every health assessment is audited for health needs and registration with a GP is one of the data areas collected.
The results were as follows:

Of Harrow's 154 CLA seen for IHA, 13 children (8%) were showing as not registered with a GP.

5.5.2 - Of the 13 children not registered with a GP at IHA

- 5 were new born babies and had not been registered with the GP yet but had an appointment to be registered.
- 8 were newly arrived asylum seeking children and would be in the process of being registered once immigration papers were sorted.

Optician Checks

5.5.3 – The provider of CLA health services ensure that at every health assessment discussion relating to optician checks and wearing of glasses if prescribed is part of the assessment. Should CLA have an outstanding optician check, an up to date check is always recommended within the health plan which is returned to the child's Social Worker, young person, carer, GP and Health Visitor or School Nurse.

Table showing percentage of CLA with up to date eye checks at time of health assessment.

	Apr 2016	May 2016	June 2016	July 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017
IHA	62%	0%	64%	100%	29%	44%	40%	45%	20%	70%	55%	57%
RHA	88.9%	78%	100%	100%	80%	67%	60%	75%	83%	75%	100%	82%

6 Other Clinical Activity

6.1 Sexual Health

6.1.1 – The CLA health team have established partnership working with the Sexual Health Outreach Nurse in Harrow. We have had regular meetings and this is now established as a monthly liaison to discuss CLA in need of sexual health advice and support.

6.1.2 - The CLA health team ensure that each child/young person who is seen for a health assessment is provided with sexual health and relationships advice appropriate to their age and understanding, which promotes positive sexual health messages such as contraception and prevention of sexually transmitted infections. Discussions with younger children include 'the pants are private', 'underwear rule', 'growing up, and body changes'

6.1.3 – The Specialist Nurse for CLA has established a monthly joint health drop in clinic with the Sexual Health Outreach Nurse at The Gayton. Social Workers can also refer UASC to the clinic to be seen by the CLA Nurse and interpreters are arranged.

6.1.4 – Links have been made with the Harrow sexual exploitation manager (CSE) and the Gangs Co-ordinator

6.1.5 – Female genital mutilation (FGM) – The CLA health team and Sexual Health Outreach Nurse are working together to ensure all young people from high risk countries are asked the important questions about FGM. One young person has been referred for follow up, support and counselling.

6.1.6 – The Specialist Nurse for CLA regularly attends Harrow Council's MASE panel and the Children At Risk Panel. Following these meetings, the CLA are discussed with The Designated Nurse and a plan devised.

6.1.7 – The CLA nurses assess all CLA A&E attendances received from the Paediatric Liaison Health Visitor who is based at Northwick Park A&E department. The CLA nurses follow up any concerns with social care and attend strategic meetings in serious cases.

6.1.8 – Information shared with the Harrow CSE Manager via The Safeguarding Children Advisor for CNWL to help with mapping cases to assist in the development of the profile around harmful and sexual behaviour in children and young people, to inform the collective strategy.

6.1.9 – Designated Nurse assisted children and young people's participation worker by sharing resources for sexual health and relationships and child sexual exploitation for her session with young people aged 15+ who are looked after.

6.1.10 – The CLA health team have referred young people to local sexual health clinics and local support groups to support them with their sexual health and understanding their sexuality.

6.1.11 – Creative Working
GPwSI and Specialist Nurse for CLA undertook a joint IHA for a young person with complex needs as the Specialist Nurse had attended the MASE panel where the young person was discussed.

6.2 Teenage Pregnancies

6.2.1 - The CLA health team work closely with Social Workers and sexual health services to prevent unwanted teenage pregnancies within the CLA population.

6.2.2 - The CLA team ensure that each child who is seen for a health assessment is provided with sexual health and relationships advice which promotes positive sexual health messages such as contraception and prevention of sexually transmitted infections.

6.2.3 - The team refer to sexual health services should they consider that a young person is at risk of pregnancy.

6.2.4 - The CLA health team will also work with Social Workers in cases where young people are at particular risk. This is especially important for those young people who are pregnant or have experienced a termination of pregnancy as research shows that they are at risk of a second pregnancy within 12 months.

6.2.5 - The following data for all of Harrow's under 18-year population is taken from CHIMAT report dated March 2017:

In 2014, approximately 11 girls aged under 18 conceived for every 1,000 women aged 15-17 years in this area. This is lower than the regional average (approximately 22 per 1,000). The area has a lower teenage conception rate compared with the England average (approximately 23 per 1,000).

6.2.6 – The Specialist Nurse for CLA has liaised with the Teenage Pregnancy Midwife at Northwick Park Hospital and discussed two young people who are pregnant.

6.3 Substance Misuse

6.3.1 - National data shows: "*The percentage of children looked after who were identified as having a substance misuse problem was similar to the previous year. Of the 48,490 children looked after for at least 12 months in the year ending 31 March 2016, 4% were identified as having a substance misuse problem. Half of these (50%) received an intervention for their substance misuse problem, compared to 48% last year, and down on the 56% receiving an intervention in 2014. A further 40% were offered an intervention but refused it, up slightly from 38% last year and up from 34% in 2014. Comparable rates for all children are not available."*

Substance misuse is slightly more common in males and is more common in older looked after children. 4% of males were identified with a substance misuse problems compared to 3% of females. 11% of 16 to 17 year olds were identified with a substance misuse problem in the year ending 31 March 2016, compared to 4% of 13 to 15 year olds.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/575531/SFR41_2016_Additional_Tables_Text.pdf

6.3.2 – In the National tables there is no data recorded for substance misuse for Harrow.

6.3.3 - The CLA health team continue to work with partners to support young people with health advice on smoking, drug and alcohol issues. Substance misuse is discussed at an age appropriate level with CLA during their health assessment and referrals are made to Compass, smoking cessation, GP's and pharmacists.

6.4 Emotional Health & Wellbeing

6.4.1 - Nationally 75% LAC had completed SDQ with the average score being 14.7 for males and 13.2 for females (overall average 14). 46% of male LAC and 53% female LAC had normal scores recorded, with 13% having borderline scores and overall 38% having scores which were a cause for concern.

6.4.2 - In Harrow, 90.6% CLA had completed SDQ recorded which is higher than the national average. The rates of recording have significantly improved from the previous year (which was 41%) due to a concerted effort from the Social Workers and CLA health team.

6.4.3 – CLA specialist Nurse liaised with the clinical lead for Tier 2 service and the UASC team manager to enable them to share SDQ's in other languages. Email of thanks from team manager received.

6.4.4 – CLA health team have been instrumental in the implementation of schools completing SDQ's for CLA through meetings with the Virtual Head Teacher, Tier 2 service and CLA Manager.

6.4.5 – Emotional health is discussed with all CLA during their health assessments. The 'how I feel chart' is discussed with young children and older children use a scale of 1-10.

6.4.6 – Specialist Nurse for CLA trialled an emotional health and wellbeing questionnaire for CLA to complete during their health assessment for those who may require counselling or referral to CAMHS. This has now developed into SDQ's being completed with children/young people during their IHA and RHA, where emotional needs have been highlighted and where an SDQ has not been received.

6.4.7 - During 2015/16 the CLA health team have undertaken partnership work with a range of professionals in order to consider the emotional needs of Harrow CLA.

6.4.8 - CAMHS
Monthly meetings with CAMHS YOT to discuss the health needs of children/young people under the YOT

Quarterly meetings with CAMHS and CLA team manager.

Liaison and discussion of CLA with CAMHS – Agreed sharing of information process.

6.4.9 – Specialist Nurse attended 'Future In Mind' workshop and raised CLA as a priority in the redesign of mental health services for Harrow.

6.4.10 - The CLA health team continue to work to address emotional health needs by linking with other local services. The CLA health team receive information from the Liaison Health Visitor within the Northwick Park Emergency Department (ED) or Urgent Care Centre (UCC) relating to any CLA who attends this service with an emotional need such as self – harming behaviour.

6.4.11 – Specialist Nurse for CLA asked to complete a bereavement referral. Decision made to bring forward young person's RHA as the carer/ IRO and Social Worker have requested the referral. The young person was reticent to talk to anyone about her feelings about the bereavement, and the nurse knew that if she discussed the referral as part of the RHA, it would mean a more holistic approach. The young person also completed an SDQ as part of the health assessment and this was scored by the Tier 2 manager.

6.5 Other (Complex Case Work)

6.5.1 – During 2016/17 the CLA health team have been involved with a variety of cases which are complex and require health input. Members of the team have been available for telephone advice and have made visits in cases where additional support is necessary. As a result of these case discussions, members of the team have been actively involved in advocating for CLA health needs, attending reviews or professionals' meetings and taking on the role of lead professional.

6.5.2 – This area of work is both time consuming and requires the ability to work within the multi-disciplinary team.

6.5.3 – Follow up home visits have been made by the Specialist Nurse for CLA regarding health needs: weight, healthy eating, Diabetes, and follow up and support regarding FGM.

6.5.4 – Liaison with GP's, Health Visitors, School Nurses and other health professionals both in Harrow and out of borough regarding the health needs of CLA.

A few examples of work undertaken are given below, with some changes of information to protect the confidentiality of the CLA.

Designated Nurse helped care leaver aged 25 with learning disabilities, with support from her Social Worker to look at accessing her medical records at Northwick Park Hospital.

Two siblings had refused to have their health assessments undertaken. 3 appointments had been made and they did not attend. They were placed OOB and regularly went missing. Liaison with their Social Worker, Carer, Birth Parent and the young people themselves resulted in them agreeing to complete a written health questionnaire about their health. We also asked for their feedback about the health questionnaire. Once the completed forms had been received the Specialist Nurse contacted the siblings about their forms and they both agreed to telephone health assessments. This has opened the way for a face to face assessment in the future.

6 year old child placed out of borough with complex health needs. CLA health team completed review health assessment resulting in identification of unmet health needs including outstanding immunisations. Liaison with GP resulted in referral to Community Paediatrician, Occupational Therapy and local Epilepsy Specialist. Liaison with School Nurse to undertake eye and hearing assessment at school. CLA Doctor wrote a letter to the child's GP stating that the child could be given his outstanding immunisations. Designated Nurse liaised with Social Worker to discuss completion of health recommendations and funding for physiotherapy. Designated Nurse liaised with Foster Carer and appointment for outstanding immunisations arranged for September.

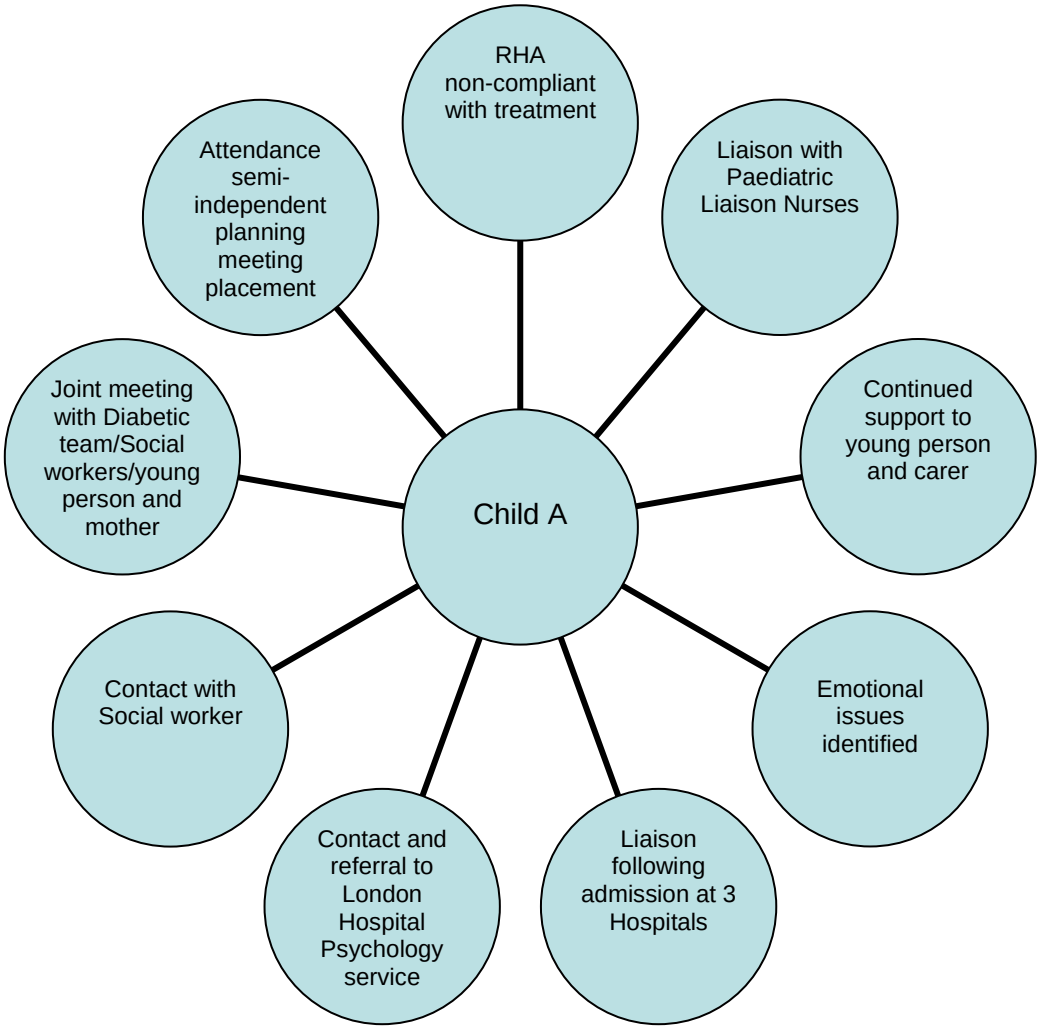
10 year old child requested information about her birth from her Social Worker. CLA health team liaised with health professionals and accessed this information from the hospital where the child was born as current GP and School Nurse had no record. Information given included length of pregnancy, type of delivery, length of labour, time of birth, weight at birth and Apgar scores. Email of thanks received from Coram-Harrow Adoption Partnership Manager.

Designated Nurse assisted local children's home when a staff member was diagnosed with TB. Liaison with home, Head of Service, TB Nurses in Harrow and Hillingdon which resulted in a plan of action for the home and staff as children looked after by Harrow are placed there.

6.5.5- Complex Case Study

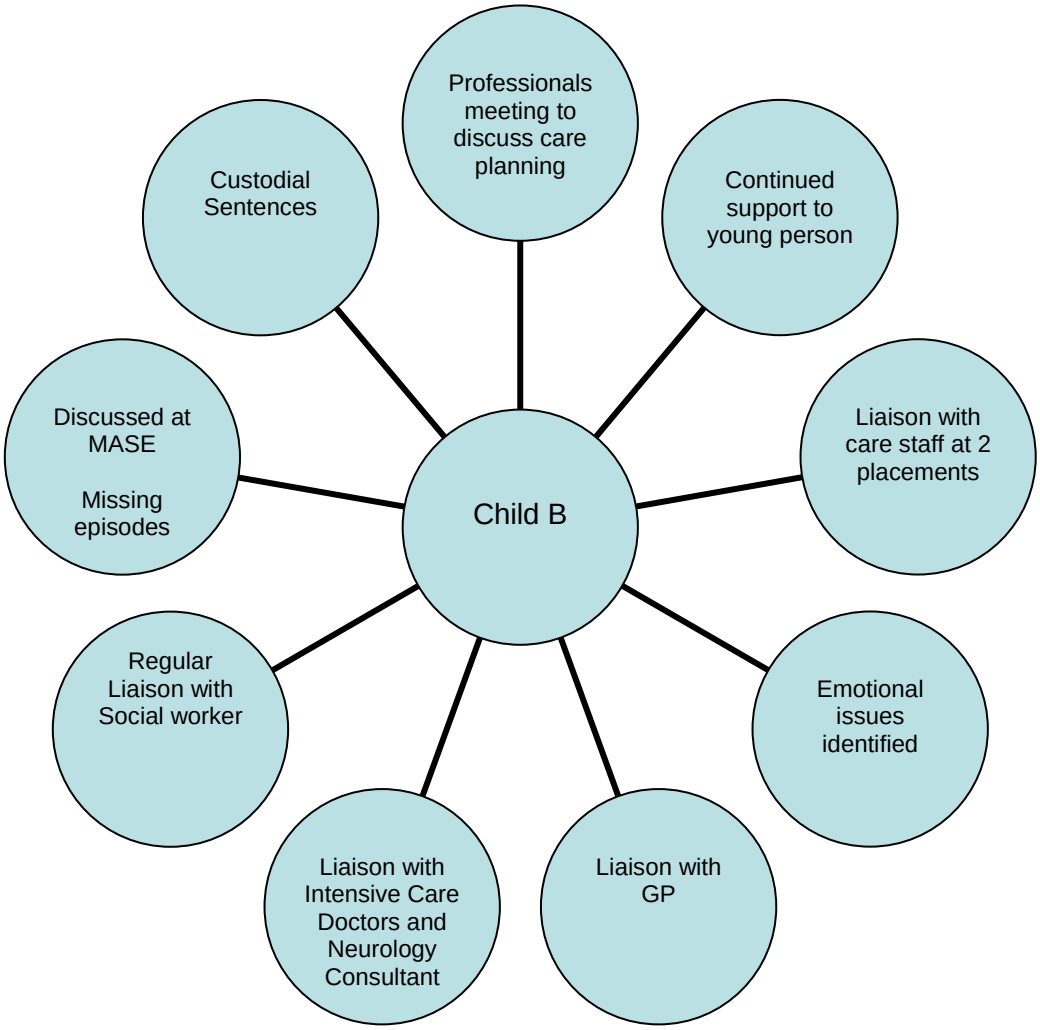
Case Study 1

17 year old female with Insulin Dependent Diabetes Mellitus



- CLA Specialist Nurse liaison between Social worker and hospital ward staff following emergency admission for young person
- CLA Specialist Nurse liaison between Paediatric Diabetic Liaison Team (London Hospital) and Social Worker and carer
- CLA Specialist Nurse liaison with Paediatric Liaison Officer
- Support given to Young Person by CLA Specialist Nurse
- Liaison and referral to Diabetic Psychology services
- Health planning meeting arranged at London Hospital attended by young person, birth mother, carer, Social Worker, Supervising Social Worker, CLA Specialist Nurse, Consultant, Paediatric Nurse and Dietician. This was to ensure smooth transition prior to the planned move to a semi-independent placement and to ensure that the young person and all professionals involved were aware of the future health plan.
- Further liaison with Social Worker to give advice on future care
- CLA Specialist Nurse attended Placement Planning Meeting at new semi-independent placement.

Case Study 2
17 year old male with Epilepsy



- Liaison with current GP to ensure that we have copies of all clinic and hospital attendance informing us of dates, medication and plans.
- Regular liaison with Social worker to discuss management of noncompliance and further planning.
- Liaison with Intensive Care Doctors.
- Liaison with the Young person to reassure them prior to the MRI scan.
- Liaison with Care staff at residential homes x2 (placed at 2 different placements).
- Attendance at meeting to discuss care planning
- Liaison with Neurology Consultant and letter sent requesting Emergency Care Plan to enable Care staff to manage his seizures.
- Telephone contact with Neurology Consultant following receiving letter – plan made to enable joint up working, sharing of health information and future planning.
- Professionals meeting to discuss further management.
- Review Health assessment completed July 2016 has been previously non-compliant.

7 Adoption & Fostering

7.1.1 – The CCG commissions from CNWL the role of Medical Advisor to the adoption and fostering panel for Harrow Council. In common with many CCGs this role is fulfilled by the Designated Doctor and Nurse in their provider roles. These roles are set out in the intercollegiate document from RCPCH, RCN and RCGP.

7.1.2 - The Provider CLA health team are actively involved in adoption and fostering panels and processes. The team meet with colleagues both regionally and nationally to discuss and develop new ways of working and have regular peer group electronic discussion to consider issues which arise plus regular face to face peer group meetings.

7.1.3 – There have been 9 joint fostering and adoption panels between April 2016 and March 2017. The Designated Nurse attended all panels while the Medical Advisor/Designated Doctor attended 8/9 panels. A Medical Advisor attended all adoption cases.

7.1.4 –The breakdown of cases discussed show that there were 5 adoption matches, 1 long term fostering match and 6 connected persons matches.

7.1.5 – There were 4 foster career approvals, 3 deregistrations and 9 annual reviews discussed at the panel.

7.1.6 - During the year 2016/17, 25 SGO's (Special Guardianship Orders) were granted in respect of Harrow's looked after children. The panel considered 4 SGO applications. Although there is not a requirement for such cases to be considered by the panel it is good practice for there to be some scrutiny and oversight of this type of permanence plan.

7.1.7 – The Medical Advisor undertook all the comprehensive medical adoption panel reports for the children for the ADM meeting and for the matching panels. These reports require summary of the health needs of the child and the family plus the possible consequences for the CLA.

7.1.8 - Paper reading for panel is equivalent or more than time spent at panel - for example, a match requires the child's CPR plus the adults' PAR or Form F to be read plus the APR/ASP so for 45 minutes' panel time there is usually 2 hours of reading. Following panel the minutes have to be read and approved within 5 working days.

7.1.9 – The Medical Advisor met with all the prospective adopters prior to panel to discuss the health needs of the children involved.

7.1.10 – The Medical Advisor's role encompasses assessment of reports on adults applying for adoption and fostering, special guardianship and connected persons. These reports are completed by the applicant's GP and the role of the Medical Advisor is to assess any possible implications for the applicant's ability to care for a child till the age of independence. In 2016/17 the medical advisor reviewed 1-2 AH (Adult Health) forms a week. Some cases are complex and require much research and liaison with other medical practitioners and Social Workers.

7.1.11 – 2 young people seen by Specialist Nurse for CLA, for follow up of health needs raised during review health assessment prior to being presented at fostering and adoption panel.

8 Training

8.1.1 - The health team has delivered training to a range of professionals from health services and Harrow Council.

8.1.2 – Training about CLA and their health needs has been delivered bi-monthly as part of the 'partnership induction' for Harrow Council.

8.1.3 – Training delivered to the First Response Team induction day with 20 people in attendance. This has resulted in improvements in the timeliness of requests for IHA's.

8.1.4 – Training, support and liaison has taken place with Health Visitors and School Nurses. Designated Nurse attended Health Visitor team meeting to discuss the health needs of CLA and the role of the lead health professional.

8.1.5 – Designated Nurse delivered a teaching session about CLA and their health needs at Oxford Brooke's University to Health Visitors and School Nurses in training. Thank you email received from Jennifer Kirman (Course Lead) stating that the students gave 'extremely positive feedback regarding approachability, knowledge and compassion and welcomed the sharing of expertise and championing of the good work the team excel in.'

8.1.6 – Student Nurses have benefited from training delivered by the Health CLA team with one student sending a thank you card.

8.1.7 – The CLA health team have delivered joint training with the Tier 2 Manager to foster carers in Harrow regarding the emotional needs of CLA. Evaluations have been very positive with carers valuing the health information and support given. In addition, the health team have asked carers if there were any specific aspects of health that they would benefit from having further training in. This has resulted in specific training sessions planned for 2017 regarding weaning, puberty and hygiene, and child development.

8.1.8 - Training delivered to the Safeguarding Leads in Harrow CCG (30+ GP's and 2 Practice Nurses) on the health needs of CLA, immunisations and TB screening. Positive feedback received via email from Dr Small (Named GP for Safeguarding Children Harrow CCG)

8.1.9 – Designated Nurse, GPwSI and Named GP for Safeguarding Children Harrow CCG, delivered a joint training session for GP's in training at Northwick Park Hospital regarding safeguarding and children looked after. This session was well attended and positively evaluated.

9 Service Improvements

9.1 Specific Improvements / Team Achievements

- Monthly joint commissioner meetings with CNWL, Harrow CCG and Harrow Council
- Monthly meetings with Morning Lane – Tier 2 mental health
- Quarterly meetings with CAMHS
- Designated Nurse for CLA attended the early intervention service consultation where needs of CLA were discussed
- CLA health team attended 'Future In Mind' workshop and highlighted CLA as a priority group
- Discussion with CoramBAAF regarding best practice in adoption processes
- Liaison with NHSE regarding immunisation records for CLA
- Redesign of health recommendations form
- TB leaflet developed by team available on the CNWL website which can be downloaded
- Development of health assessment decline pathway

9.1.2 – Health Passports

We devised a questionnaire to obtain the child's voice with regard to what they would like in their health passports and have received both verbal and written feedback.

CLA and young people's views regarding their health passports shared with Frameworki Children's Workstream Lead, Corporate Parenting Manager, Quality Assurance Manager and Children's Participation Officer

Meeting with Harrow Council and the Frameworki team to develop the recording process and to agree content of health passport to go live in June 2017

9.1.3 – Pathway of completion and assessing SDQ's agreed with Harrow Council and Morning Lane Tier 2 service.

9.1.4 – Designated Nurse attended the foster carer's award ceremony. This was a lovely celebration and raised the profile of the health team.

9.1.5 - We have been working with Harrow Council to look at late requests of health assessments. As a result a single frameworki episode has been created which has resulted in improvements in the timeliness of requests.

9.2 Involvement of CLA and Care Leavers

9.2.1 - We have met with the 'Beyond Limits' CLA and care leavers group along with the Children's Participation Officer to obtain the child's voice in the development of the CLA health service. This has included the development of the health passport.

9.2.2 – CLA Specialist Nurse presented at Care Leaver conference June 2016 – 25 care leavers in attendance. The theme was a healthy lifestyle and she devised a young person friendly, simple to read health quiz. Interpreters were present to help the young people to understand the questions. Some care leavers took health leaflets and some asked specific questions which were answered, and they were also signposted to relevant services.

Presentation at Care Leaver event in December 2016 – 37 care leavers in attendance.
25+ weighed and measured and health information given. Specialist Nurse for CLA gave feedback to the UASC Team Manager to evidence changes in practice from the previous care leavers' conference.

9.2.3 - Specialist Nurse for CLA devised a health quiz for the 'Beyond Limits' group magazine.

9.2.4 - Health stall provided at Harrow College health fair with health information and health resources for CLA as many care leavers attend Harrow College.

9.2.5 - UASC
Support offered to The Gayton for UASC observing Ramadan.

Liaison with the manager of The Gayton to discuss having a leaflet holder for health information.

CLA Specialist Nurse designed an interpreter's crib sheet so that the interpreter will understand what areas of health will be discussed with the young person during their health assessment. Our Designated Doctor shared this document at the National Meeting of the CoramBAAF health group. Email of thanks received from the Designated Doctor for CLA in Portsmouth.

9.2.6 - A children and young people's comments and views form is given to each CLA following their health assessment. Some of the following comments have been received:

'I feel that were good for me because it shows me how tall and weight I am. Also I can share to her about my health, what I did and what I should do to improve. I feel I would like to have same day like this because it make me better' (17 UASC)
'I think that it went well' (11)
'It helped me with how tall I am and how much I grown. Also what I weigh. I helped her set up the equipment and helped her put it away. I answered the questions she asked me' (8)
'I felt happy after this session, team being was communicating and helpful. Questions were good' (17)
'The assessment was alright overall. It wasn't boring or painstaking and I found it useful and enjoyable' (14)
'Today very good and helpful. I learnt a lot of things, thank you' (16 UASC)
'It was very useful and helpful and helped me a lot' (16 UASC)
'I am very happy the way they talk to me is very polite. I was very comfortable with both of them and I was very open to talk to them. They talked all about my general health need and I am happy about it' (16 Dr/Nurse)
'I think that the health assessment was really good and the nurses at the clinic are friendly. I didn't feel uncomfortable answering or telling them anything. Overall the health assessment was great' (16 Dr/Nurse)

'It was good' (13)
'I enjoyed it. It's so fun but we didn't do the weighing' (9)
'The meeting with the doctor went very well' (16 UASC)
'I thought everything was really good today' (10)
'Everything was fine' (16)
'It was good and helpful' (11)
'It's good' (14)
'Worried about what might happen but did not need to worry everything was fine' (7)
'It was very informational. I liked the new info and good length of meeting. Nice to know I've grown' (14)
'I enjoyed it because I know what I can do to help myself in life so my life will be better in the future' (10)

9.3 Non-Attenders

9.3.1 - The CLA health team strive to reduce non-attendance for health assessments by engaging with young people who do not attend by offering flexible times, venues and respecting the young people's wishes.

9.3.2 - For young people who DNA, follow up is via the telephone and health information is then sent with details of how to contact the CLA health team. This includes the 'Handy Hints' leaflet which includes health promotion information regarding diet, exercise, dental hygiene, immunisations and emotional well-being as well as local service information regarding sexual health, youth stop and national websites/telephone numbers.

9.3.3 - Currently the CLA health team have 5 young people who have refused to have their health assessment's this equated to 1.7 % DNA rate – 5 out of 302 health assessments.
The CLA Specialist Nurse has liaised with Social Workers, carers, birth families, health professionals and key workers to ascertain the young people's health needs. Written health questionnaires have been sent and 2 young people have planned face to face appointments.

9.3.4 - A health questionnaire is sent to young people who DNA and refuse their health assessment. A health plan is produced from the questionnaire and shared with the Social Worker. To date we have received 4/5 questionnaires from young people. This method often opens the way to a telephone health assessment or a face to face assessment.

9.3.5 - The CLA health team have now developed a health assessment decliner pathway.

9.3.6 – Flexible Working With Young People who DNA or refuse
Young person refused to attend for their IHA whilst living out of borough. Young person had periods of being missing from care. Specialist Nurse for CLA spoke with the young person and they agreed to complete a health questionnaire. Following completion the Specialist Nurse contacted the young person to discuss their responses and the young person agreed to a face to face assessment, which was completed by our Specialist Nurse.

9.4 Audits (and research)

9.4.1 - The CLA health team undertook our first client satisfaction to discover how CLA rate the health assessment service provided. This took place between May 2016 and August 2016.

All CLA who attended for their appointment in Harrow were given the opportunity to provide feedback. Our criteria included all CLA, however if the child was not able to complete the questionnaire, their carer was asked to complete this on their behalf.

In total 48 questionnaires were returned. This represented 25% of the total number of Harrow Children Looked After (191 average between May and August). The samples are representative of the total Harrow CLA population and cover both IHA and RHAs.

Results show a high rate of satisfaction with 96% rating the health assessment as great or good.

As part of our family and friends survey, 94% said they would “definitely” or “likely” recommend us to other LAC.

Young people were asked if they felt that they were treated with respect of which 100% responded positively. As respect is a CNWL core value, this is an essential requirement for the service.

CLA are encouraged to provide a comment in relation to their health assessment. 41 out of 48 wrote responses this equates to 85%. Some comments are shown below:

Laurie spoke to me and I feel I am safe and I feel very good. My health assessment was very good she helped me. She spoke to me about my health and to many thanks to her
Great and enjoyable
It was an absolutely great. I am really happy with my assessment how it was
It was good, I felt relaxed and didn’t feel uncomfortable
It was really helpful to update with my health assessment
It was very good and very helpful
It wasn’t scary it was ok and gave me extra information
It went great the lady was a good listener and supportive
It went very well
Useful and helpful
I always feel listened to and informed by the health assessor
Very good. Pleasant and very informative and overall pleasant
Today was good, Laurie was really good
It was brilliant and I was made to feel at ease very informative all my questions were answered to perfection. Lovely nurse
It was really good, I have learned new things and made new decisions about my life and my health e.g. not eat chocolate that much
It was great because I've learnt quite a lot about health and now I will run round the green and use a skipping rope and I will hoolahoop around the garden and stay fit and healthy. I have enjoyed it
Learnt a few new things, was very helpful and useful
The health assessment was good for me because I found it useful and informative

Comments made by Carers:

Today's assessment went well. The doctor was very clear in her questioning and also gave us information in regards to her questions. I gain an understanding as to why certain questions were being asked and what I could be looking out for developmentally
Health assessment, went very well gave a lot of information and support
A child I care for was having a medical. Friendly and kind
It was good my son actually completed it
Emma was lovely and listened to me, and Alison gave advice when was needed

This is the first Harrow CLA Audit completed by the CLA health team and findings have been positive. Results are good and staff are to be congratulated on this. We plan to re audit in September 2017 to compare this year's results.

9.4.2 - Meeting with Dr Boullier (Child Public Health Registrar) and Dr Williams (Consultant Paediatrician) to discuss mapping of UASC and their health needs. We shared our UASC health needs audit and our health needs audit tool which they want to adapt and use for research across Harrow, Brent and Ealing.

9.4.3 – Dip Sample

A dip sample of IHA records taken from April 2016 – July 2016 were looked at in terms of calculating the number of days taken to return the completed health assessment to Harrow Council. 43 records were included.

19 out of 43 (44%) of IHA's were completed and returned within 20 working days of child becoming looked after.

24 out of 43 (56%) of IHA's were completed and returned within 21 working days of child becoming looked after.

37 out of 43 (86%) of IHA's were completed and returned within 28 working days of child becoming looked after.

43 out of 43 (100%) of IHA's were completed and returned within 42 working days of child becoming looked after.

The assessments taking the longest time to return, 38 and 42 days were from out of borough teams.

9.4.4 - The following health needs audit was compiled from 12 months of data collected by the CLA health team. It includes the health needs for CLA living in Harrow and for Harrow children placed out of the borough. The focus is on the health needs highlighted during both initial and review health assessments.

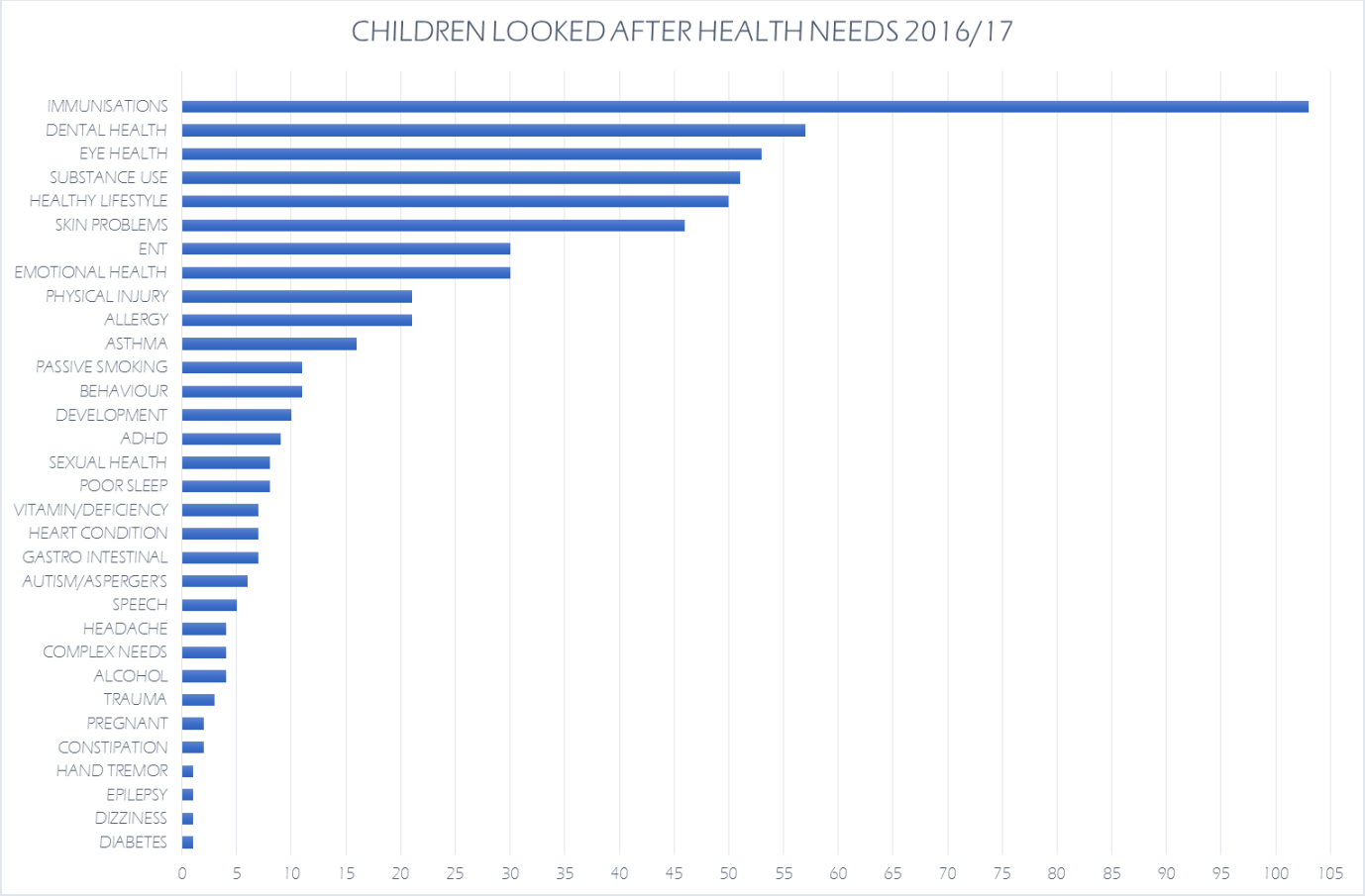
The greatest health need of Harrow's CLA is immunisations – which includes TB screening. Neighbouring boroughs including Hillingdon have a dedicated Immunisation Task Force that is commissioned for CLA and Camden has a Health Improvement Partner. These initiatives have led to consistently high rates of immunisations for CLA.

We implemented a TB referral process that ensured UASC were screened for TB and blood borne infections. This has currently been superseded by a recent NHSE directive. The CLA health team is currently monitoring the impact that this is having on our UASC.

The second highest health need is that of dental health – this incudes needing to register with a local dentist, dental checks, increase tooth brushing, braces, dental caries and fillings. This data reflects the national trend for CLA.

Substance use includes smoking and Cannabis use. By far the largest majority of substance use amongst CLA is smoking and we need to look at more creative ways to engage young people in smoking cessation.

There is a high prevalence of emotional health needs for CLA and good working protocols are in place with Morning Lane and CAMHS. Emotional health needs identified include attachment disorder, self-harm, low concentration, anger, sleep, bed wetting, PTSD, suicidal thoughts, anxiety, depression, panic attacks, low mood, and bullying.



9.5 Partnership working

9.5.1 – We held a one year celebration event at Harrow Civic Centre for all stakeholders in June which was really well received. This was shared on the CNWL website – news section

9.5.2 - The CLA health team have established and developed strong partnership working with a wide range of professionals and clients in order to maintain a high standard of care. Members of the CLA health team are actively involved in the following partnership roles:

- Harrow CCG and Harrow Council
- Corporate Parenting Managers quarterly meetings
- Weekly monitoring Meetings with Harrow Council
- Attendance at Social Work team meetings
- Business Support Officers at Harrow Council
- 'Beyond Limits'
- Northwick Park Hospital A&E Liaison Health Visitor
- Sexual Health Outreach Nurse
- Head Teacher of Virtual School
- Morning Lane
- CAMHS
- CAMHS YOT
- Health Visitors and School Nurses
- Harrow GP's
- Children's Participation Officer
- Foster Carer Training and Development Officer
- Harrow Council Learning and Development Officer
- CORAM Partnership Team

- Specialist Nurse for CLA attends monthly MASE meeting
- Specialist Nurse for CLA attends monthly Children At Risk Panel
- Attendance and initiation of strategy meetings and professional meetings for CLA both in Harrow and out of borough
- Helped Social Worker obtain CHAT (comprehensive health assessment tool) for young person on remand.
- Designated Nurse attended 10 year celebration of CORAM and Harrow Council partnership and The CLA health team were thanked for their support.
- Designated Nurse and Designated Doctor met with CORAM Manager and Adoption Team Manager to confirm process for medical advice and adoption medical.
- CLA health team continue to meet with the Head Teacher of the Virtual School, CLA Team Manager and YOT CAMHS Nurse on a 6-8 weekly basis.

9.5.3 – The Specialist Nurse for CLA has liaised with the Brent and Ealing CLA health teams as part of the Tri- Borough to look at closer partnership working. The CLA health team have not had the capacity to arrange meetings with colleagues in Milton Keynes this year. There is some overlap of work with Camden during safeguarding meetings and processes are being reviewed to ensure the safety of electronic adoption records.

9.5.4 – Joint working and sharing of learning between the Harrow CLA health team and the Hillingdon LAC health team.

9.6 Feedback

9.6.1 Feedback from Partners including:

Thank you email received from one of the IRO's regarding sharing of health assessment information.

Thank you email received from CORAM – Harrow Adoption Partnership Manager
in helping to prevent an adoptive placement breakdown for a Harrow child placed OOB.

'Very helpful for children to let their feelings and emotions loose' (Social Worker)

I have noticed a remarkable change in how the CLA health team works since Emma and Laurie came into post. They are easy to reach and keen to flexible to make it easier for the young people to engage with them. In the last year we have set up a monthly meeting between Laurie from CLA health and YOT health staff. This is improving how we support the health needs of our young people. Laurie's enthusiasm for trying new ideas has greatly assisted in establishing this project. (Specialist Nurse YOT Harrow CAMHS)

Again!!! Wow. What can I say. Working with you guys has tremendously improved the health outcomes for our looked after children. Your work and involvement has continued to support the team work with their young people in relation to their health needs and concerns. Young people are more confident in approaching Social Workers and requesting appointments/ consultations with yourselves due to your approachable nature and professionalism. You are always available, informative and helpful with advice and support. Thank you very much. This year like the last has been GREAT. (Pam Johnson, CLA Team Manager)

The service over the past 2 years has been excellent. The CLA Nurses have been very proactive and persistent in engaging with Looked After Children and Care Leavers. This has included going to the homes of young people reluctant to attend clinics and being very accessible and available. Emma and Laurie have managed to build up trust and provided advice and support over a range of health issues. They have also built up positive working relationships with the social work teams and staff to ensure very strong joint working on cases. Emma and Laurie have offered regular advice and support to social workers, foster carers and young people and their families (Peter Tolley Head of Service Corporate Parenting)

The CLA Health team are invaluable in the matching process of adoption. They have provided an excellent service over the last year and all of the children that have been placed for adoption have benefitted. They are always really helpful in giving the team advice on medical matters for the children and prospective adopters that we work with. They are easy to contact and always reply to messages and phone calls.
In addition to this the CLA health team have gone the extra mile and facilitated meetings with Hospital doctor's and consultants where the child has had additional health needs. Overall we feel that we have had an outstanding service which we very much appreciate. (The Coram Harrow Partnership Team)

9.6.2 Feedback from birth parents, carers and key workers

‘Very good and helpful’ (Birth Mother)

‘A very good assessment with lots of actions/outcomes. Warm, calm approach. Engaged a very difficult young person. X was thinking about things and considering different services and support. A great session’’ (Key Worker)

‘The nurse was very helpful and spoke to me and my granddaughter very kindly’ (Grandparent)

‘I think the looked after nurse service has improved considerably since Laurie has taken on the cases of the children in my care. I believe the service is comprehensive and shows that she is in tune with the complete health of the children that she works with. I am pleased with this service and hope it continues’ (Carer)

‘Emma was lovely and listened to me and also gave advice when needed’ (Carer of 2 year old)

'I think the assessment went really well. I’m happy with the assessment’ (Grandmother)

‘Everything went well’ (Carer)

‘Very interesting and helpful service for X as he learnt not only new things but more about himself too’ (Carer)

‘It went very well’ (Carer)

‘Very good pleasant and informative’ (Carer)

9.7 Inspection Updates

9.7.1 – An OFSTED inspection of services for children in need of help and protection, children looked after and care leavers and a review of the effectiveness of the Local Safeguarding Children Board occurred during January and February 2017.
Involvement of the CLA health team included:

- Preparation work undertaken.
- Designated Nurse and Specialist Nurse for CLA based themselves at Harrow Civic Centre during the inspection.
- Specialist Nurse for CLA attended FGM meeting.
- Production of case study regarding health input to CLA who had undergone FGM in her home country.
- Specialist Nurse asked by young person's Social Worker to discuss case with OFSTED inspector and highlighted good practice and partnership between the CLA health team and Harrow Council.
- Designated Nurse, Specialist Nurse and Designated Doctor had a 2 hour interview with OFSTED inspector.

In 2012 OFSTED rated the health of Children Looked After as 'inadequate'. CNWL took over the service in June 2015 and in 2017 OFSTED have rated CLA, care leavers, adoption and leadership as "good". The recent OFSTED inspection in relation to health stated that:

'Children's health needs receive significant oversight and monitoring from the children looked after health service and as a result, their health outcomes continue to improve'.

The report highlighted strong partnership working, information sharing, effective tracking systems and communication as well as children's involvement being pivotal to this success.
All of these areas were criticisms in the previous inspection.

Other areas of positive work include children's needs being identified quickly, active monitoring of the health needs of children placed out of the local authority, improvements in timescales for completion of initial and review health assessments, improvements in completion of SDQ's, attendance at strategy meetings and the development of health passports. All of these areas were again criticisms in the previous inspection.

'During our recent Ofsted inspection (January 2017) the inspectors were very positive about the CLA Health service and their positive impact on young people.' (Peter Tolley, Head of Service Corporate Parenting')

A recommendation regarding health was made to 'ensure that children looked after receive timely therapeutic support when they need it.'

9.7.2 - Harrow CCG and Harrow Council have identified the emotional health needs of CLA as a priority in the redesign of mental health services for Harrow. The CLA health team attended the 'Future In Mind' workshop and raised CLA as a priority and we will ensure that we work closely with the new service provider.

9.7.3 – Information regarding YOT sent to Harrow Council for planning for future YOT OFSTED inspection.

9.7.4 – Information from Hillingdon SEND OFSTED inspection shared with Harrow Council and Harrow CCG for future planning.

9.8 Professional Development

9.8.1 - During 2016/17 the CLA health team have continued to ensure that team members have attended training in order to ensure safety and compliance with the knowledge, skills and competencies outlined in guidance for health staff (RCN, RCPCH March 2015).

9.8.2 - Staff have undergone a range of training sessions including the following training:
Mandatory training - CNWL
North West London LAC peer review group
RCN National Conference for CLA Nurses
Designated Professionals Updates – Brent Harrow and Hillingdon CCG
Team Away day to discuss CQC, health recommendations and adoption processes – CNWL
GPwSI attended Adult Health Assessment Training - Coram BAAF
GPwSI attended Child Refugees course - RCPCH
Specialist Nurse for CLA attended Afghanistan awareness study day – MIND Harrow
Frameworki training – Harrow Council
Designated Nurse attended Safeguarding CLA conference – Health Safeguarding
Designated Nurse attended fostering and adoption panel training – West London Consortium
Specialist Nurse for CLA attended Advanced Domestic and Sexual Violence study day - HSCB
Specialist Nurse for CLA completed a 3 month course Understanding The Emotional Needs of Care Leavers – Tavistock and Portman Hospital

9.9 New Processes

9.9.1 – The CLA health team have set up new processes based on those already established within the Hillingdon LAC team. This shared learning and support has been invaluable and has contributed to the Harrow CLA health team's success.

Request for adoption and medical advice process has now been implemented.

SDQ process has been implemented.

Medical summary for all CLA is now requested for all CLA from GP's both in and out of the borough of Harrow.

Reminder system established should requests not be made in timescales.

Meeting with Senior Performance Analyst and Business Information Partner at Harrow Council to agree monitoring process for immunisations, dental checks and developmental assessments.

Meeting with CNWL Performance and Information Analyst to amend spreadsheets for data collection.

Specialist Nurse for CLA has set up a peer group for the CLA Nurses in Harrow and Hillingdon to discuss complex and safeguarding cases.

Carer's information form developed to obtain health information from the carers of CLA to input into their health assessments. This is also working well for non-attenders as well as monitoring CLA who live OOB.

Meeting with Liaison Health Visitor for Hillingdon Hospital to agree process of sending A&E and UCC attendances of Harrow CLA directly to our team rather than via the Liaison Health Visitor at Northwick Park Hospital to enable better communication.

10 Priorities for 2017/18

The following have been identified as areas for local improvement within 2017/18:

10.1.1 -

- To continue to work with managers in Harrow Council to improve the timely requests for initial and review health assessments
- To ensure that all health assessments are completed within agreed timescales
- To review quality of completed health assessments
- To work towards the implementation of the new KPI's to recognise requirements within statutory guidance – Designated professionals to ensure quality is maintained
- To continue to liaise with the commissioners in Harrow CCG and Harrow Council about obstacles to the provider meeting KPI's

10.1.2 -

- Work with Beyond Limits (Harrow Council Children Looked After Council) on a variety of initiatives such as care leaver services to inform service delivery
- To fully implement care leaver health passports
- To explore sharing of information between IT systems
- To work with Harrow Council to implement process for requesting AH forms electronically.
- To work with Harrow Council and Harrow CCG to improve the uptake of immunisations for CLA
- To work with Harrow Council to ensure that SDQ's are received with health assessment referrals.
- To undertake a project to ascertain the impact of the new TB referral process for UASC
- To undertake a client satisfaction survey

Emma Hedley
Designated Nurse CLA

Individuals from the CLA Harrow health team have contributed to this report.
Thank you to the Hillingdon LAC health team for their continued support.

Appendix 1

Glossary of Terms

Abbreviation	Meaning
ADM	Agency Decision Maker
APR/ASP	Adoption Placement Report / Adoption Support Plan
CAMHS	Child and adolescent mental health services
CCG	Clinical Commissioning Group
CLA	Children Looked After
ChiMat	Child and Maternal Health Observatory
CNWL	Central and North West London NHS Foundation Trust
CPR	Child Permanence Report
CQC	Care Quality Commission
CSE	Child Sexual Exploitation
DCSF	Department for Children, Schools and Families
DfE	Department for Education
DNA	Did Not Attend
DoH	Department of Health
ED	Emergency Department
FGM	Female Genital Mutilation
GDP	General Dental Practitioner
GLA	Greater London Authority
GP/ GPwSI	General Practitioner/ General Practitioner with Special Interest
HSCB	Harrow Safeguarding Children Board
IHA	Initial Health Assessment
IRO	Independent Reviewing Officer
KLOE's	Key Lines of Enquiry
KPI	Key Performance Indicators
LAC	Looked After Children
LADO	Local Authority Designated Officer
LBH	London Borough of Harrow
MASE	Multi -Agency Sexual Exploitation
MRI	Magnetic Resonance Imaging
NHSE	NHS England
NICE	National Institute for Health and Care Excellence
NIS	National Indicator Set
OOB	Out of Borough
PA's	Programmed Activities
PAR	Prospective Adopter's Report
RCPCH, RCN AND RCGP	Royal College of Paediatrics and Child Health, Royal College of Nursing and Royal College of General Practitioners
RHA	Review Health Assessment
SDQ	Strengths and Difficulties Questionnaire
SLA	Service Level Agreement
TB	Tuberculosis
UASC	Unaccompanied Asylum Seeking Children
UCC	Urgent Care Centre
YOT	Youth Offending Team

Appendix 2 CLA Annual Health report 2015/16

Harrow CLA Annual Health Report 2016 F

REPORT FOR: HEALTH AND WELLBEING BOARD

Date of Meeting:	11 January 2018
Subject:	**INFORMATION REPORT** – Accountable Care System
Responsible Officer:	Paul Jenkins, Interim Chief Operating Officer, Harrow Clinical Commissioning Group and SRO, Harrow Accountable Care Development
Exempt:	No
Wards affected:	All
Enclosures:	Harrow Accountable Care System Development Programme

Section 1 – Summary

This report sets out to give an update on the accountable care development in Harrow

FOR INFORMATION

Section 2 – Report

The appendix contains the information on the programme.

Section 3 – Further Information

There may be an update report brought to the meeting in the future.

Section 4 – Financial Implications

Not applicable

Section 5 - Equalities implications

Was an Equality Impact Assessment carried out? Not required

Section 6 – Council Priorities

The Council's vision:

Working Together to Make a Difference for Harrow

Not applicable

STATUTORY OFFICER CLEARANCE (Council and Joint Reports

Not required

Ward Councillors notified:	**NO**

Section 7 - Contact Details and Background Papers

Contact: Paul Jenkins, Interim Chief Operating Officer Harrow CCG and SRO of Harrow Accountable Care Development Programme

Background Papers: None

Harrow - Accountable Care System Development Programme

PROGRAMME UPDATE

Paul Jenkins
Chief Operating Officer
Harrow Accountable Care Development Programme

December 2017

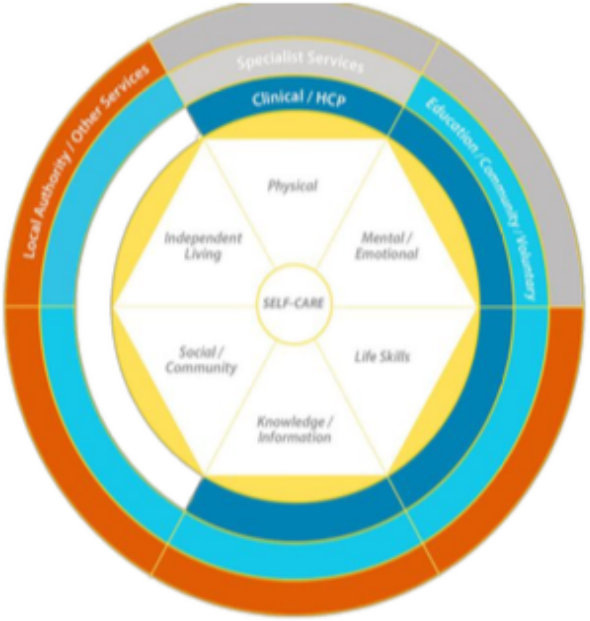
HARROW – OUR POPULATION NEEDS

- Harrow serves a population of ~240,000 people in NW London
- It is the 12th largest borough in Greater London in terms of size
- NHS Harrow Clinical Commissioning Group (CCG) serves the population with an annual net expenditure budget in 2016/17 of £292m and £120m of this for the 65+
- Additionally, it is estimated that 57% of people over 85 years of age are in contact with a district nurse and there will be a 31% increase in people over the age of 85 in the next 10 years. (DOH 2009)
- More than half of Harrow's population are from Black and Minority Ethnic (BAME) groups. The biggest of these is the Indian ethnic group who make up over a quarter of the Harrow population.
- Diabetes, Dementia, Obesity, Smoking and high risk drinkers are key health issues

PATIENT, COMMUNITY & FRONTLINE STAFF FEEDBACK

Engagement activities over the past 4 years highlighted consistently 5 key areas where patients, services users, carers and the wider community have put forward recommendations for a system wide approach and commitment to come together – as equal partners – across North West London in order to meet the wider health and wellbeing needs of the local population.

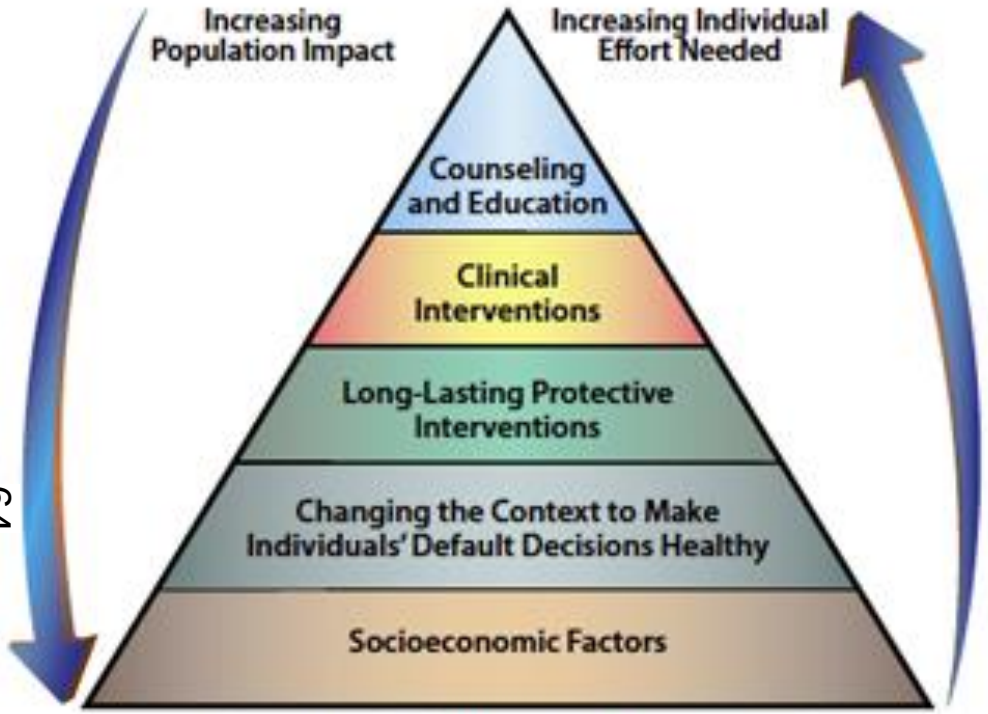
The 'ask' from local communities is that we (health, social care, housing, education etc..) as organisations commit together to a systemic approach rather than commission and provide services through a series of unconnected episodes of care. This is best articulated by the wheel below - which was co-designed with local communities and in particular people with long term conditions - is premised on the idea that the more we provide and commission together the better the experience, access and effectiveness.



While the approach, framework and resources need to be co-ordinated across NWL, the implementation of programmes and activities need to be driven by the requirements of the local population and grassroots communities so that it reflects the diverse needs of individuals, neighbourhoods, and interest groups. Systemic issues and priorities identified by local communities include the following:

- Improving Experience of Care
- Involvement in governance
- Collaboration with local communities in Gathering Insights and Experience when Identifying Community, Health and Wellbeing Needs
- Developing Self-care / Peer Support & Service Navigation
- Co-Creating a Platform for Shared Learning and Community Conversations to inform service improvements

OVERVIEW OF THE APPROACH



The Health Impact Pyramid

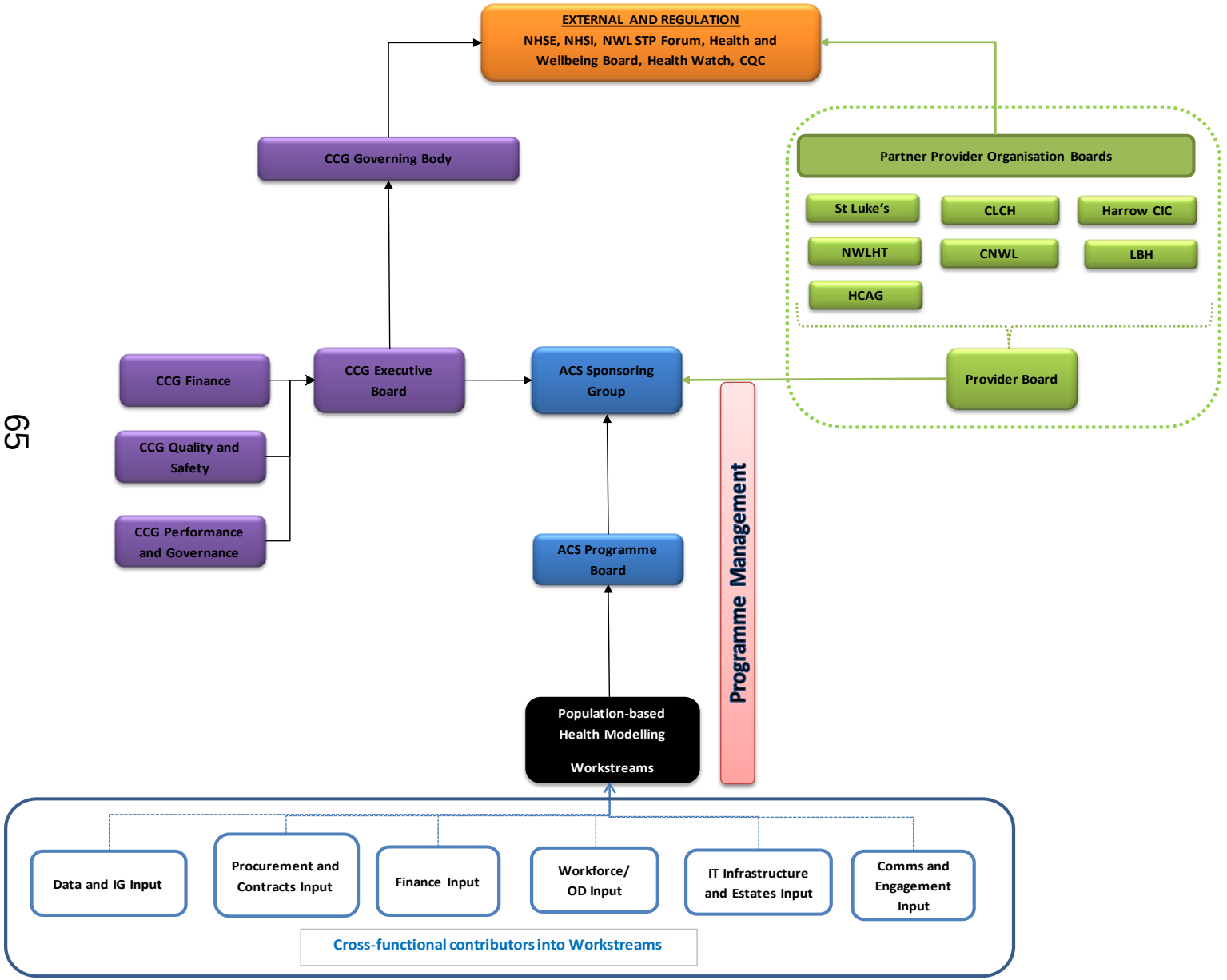
64

Table 1

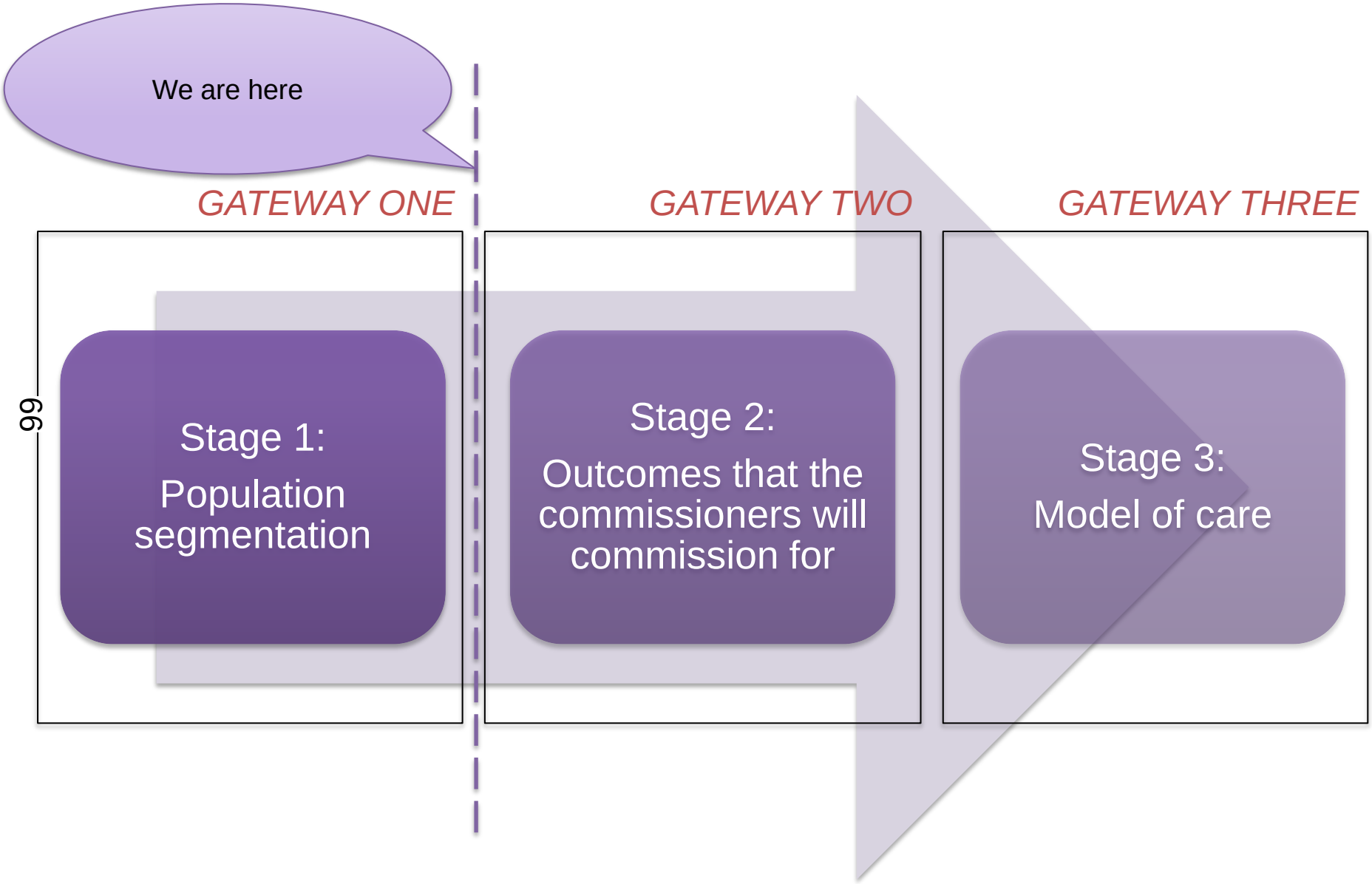
Population health management requires bringing a new discipline to the delivery of health and care.

This pyramid shows a framework to improve health on a population level. The base of the pyramid indicates interventions with the greatest potential impact - efforts to address socioeconomic determinants of health. Population health addresses these and other environmental and social determinants by engaging broader segments of the population to improve their health or influence public policy. It is the natural progression of improving health and controlling costs, and begins with the doctor-patient relationship, then advances to a specialized practice or medical home, then to a 'medical neighbourhood', and ultimately to the general population.

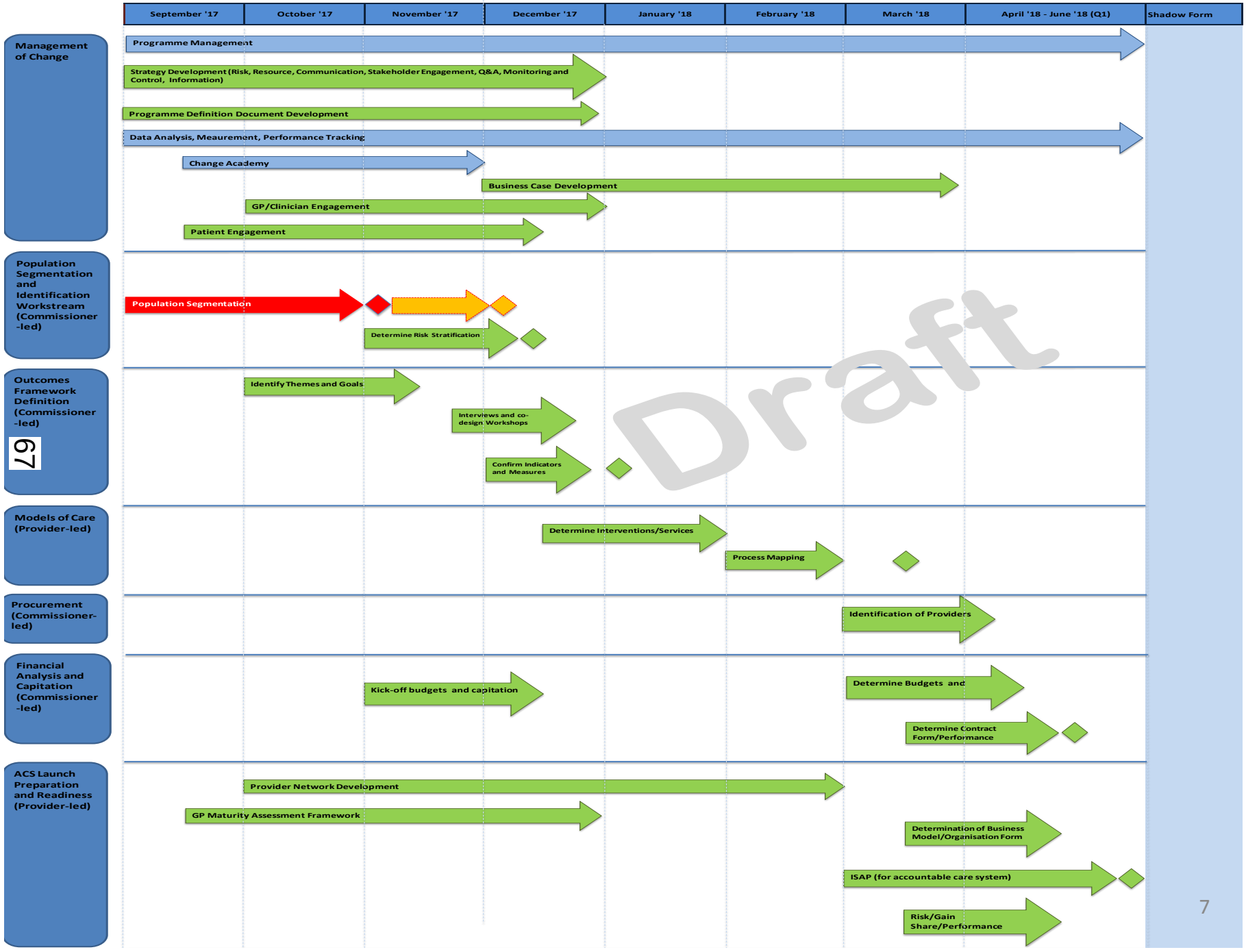
ACCOUNTABLE CARE PROGRAMME GOVERNANCE STRUCTURE



HIGH-LEVEL PROGRAMME APPROACH



Critical Path to Harrow AC Development - High Level Plan



Progress to date – 8th December 2017

- ✓ Programme governance set up: Sponsoring Group, Programme Board and Programme Core Team
- ✓ Two clinical directors and Programme Adviser for Commissioning recruited
- ✓ Workstreams defined and participant groups identified
- ✓ Sponsoring Group Kick-Off meeting held in November 2017
- ✓ Regular meetings now taking place – Sponsoring Group meeting monthly, Programme Board meeting fortnightly, Programme Core Team meeting weekly
- ✓ Programme monitoring and reporting documents in place
- ✓ Weekly highlight reports sent to all members
- ✓ Programme plan drafted – critical path and gates identified, workshop schedule for workstreams have been drafted
- ✓ Engagement meetings, surveys and events commenced – partner organisations, GPs, Acute Clinicians, District Nurses, other frontline staff,
- ✓ Presentations to various partner boards
- ✓ Population Segmentation work in progress – recommendation to be made to Sponsoring Group in December and CCG Governing Body in January
- ✓ Capitation workstream (commenced 01.11.17; meeting weekly)
- ✓ Team attendance at *Commissioning for Outcomes* workshops (Change Academy)
- ✓ Membership of NWL Accountable Care Virtual Team, Whole Systems Dashboard Advisory Group and various learning communities

Next Steps – January 2018

- Select population segment of 65+ to test – a recommendations paper is in draft. Options for population segment are being informed by size/cost and clinical rationale
- CCG Finance and Capitation workstream to continue
- Identify risk-stratification tool (PS&I Workstream)
- Outcomes workstream to commence once population is selected
- Engagement to continue – Patients, representatives, carers, clinicians, frontline staff and managers
- Clinical Summit to be held in January
- Patient event to be held in January (to start definition of outcomes framework)
- Engagement of Care Home leads
- Engagement of social care leads

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REPORT FOR: HEALTH AND WELLBEING BOARD

Date of Meeting:	11 January 2018
Subject:	**INFORMATION REPORT – Heathwatch Harrow GP Access Report**
Responsible Officer:	Ash Verma Chair, Enterprise Wellness
Exempt:	No
Wards affected:	All
Enclosures:	GP Access report June 2017

Section 1 – Summary

This report sets out to gain a better understanding of local resident's experiences of accessing their GP surgeries and recommendations to improve the quality of access and information provided by GPs, for patients and carers, particularly with language, mental health and learning disabilities.

FOR INFORMATION

Section 2 – Report

The aim of the research was to gain an understanding of patients and service users experience of GP services with in Harrow

Section 3 – Financial Implications

N/A

Section 5 - Equalities implications

Not required

Section 6 – Council Priorities

The Council's vision:

Working Together to Make a Difference for Harrow

The report incorporates the administration's priorities.

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

STATUTORY OFFICER CLEARANCE (Council and Joint Reports

Not required

Ward Councillors notified:	**NO**

Section 7 - Contact Details and Background Papers

Contact: Mina Kakaiya, Manager Healthwatch Harrow
Tel: 020 3432 2889

Background Papers: GP Access report

Enterprise Wellness
Business of Health

healthwatch Harrow

GP Access Report

London Borough of Harrow

June 2017

healthwatch Harrow

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1.Acknowledgements

On behalf of the Enterprise Wellness Board, the accountable body for the Healthwatch Harrow (HWH) service and the HWH Advisory Group, I am grateful to Mina Kakaiya, our HWH Manager, Jenny Boxall and Antonetta Fernandes, our Information and Communications Officers, for undertaking this very important piece of work, with passion, commitment and professionalism.

We are also grateful to our dedicated group of volunteers for carrying out the mystery shopping, website and GP texting service research.

Healthwatch Harrow would like to thank our volunteers; all the organisations - Harrow Mencap, Mind in Harrow, HADs, Carramea, Age UK Harrow, DAWN Project and their service users/carers who kindly gave up their time to participate in the focus groups and the CQC for providing us with the Harrow CQC GP inspection summary data.

And ***finally***, we are most grateful to the people of Harrow who participated in completing our online survey, without whom this report would have not been possible.

This report will be shared with Harrow Council Commissioners, Harrow Health and Wellbeing Board, Health and Social Care Scrutiny Sub-Committee, all General Practices, the Voluntary and Community Sector, the Harrow Clinical Commissioning Group (CCG), the Care Quality Commission (CQC), Healthwatch England, local people and businesses through our various social media channels and the local media.

We believe that the team's research, analysis, findings and recommendations in the report will provide the basis of a roundtable discussion with relevant parties and development of an action plan for bringing greater coherence, consistency and performance in GP accessibility in the Borough in the future. We look forward to facilitating this over the coming weeks.

Ash Verma
Chair, Enterprise Wellness
21 June 2017

2.Executive Summary

The Healthwatch Harrow service, manged by Enterprise Wellness Ltd, plays a key role in ensuring the voice, opinions and views of the local community on health and social care matters are listened to and factored in by those responsible for commissioning services, as an integral part of their performance and quality assurance arrangements.

Rationale

The rationale for this piece of research emanates from our response to intelligence gathered from our CRISPI database (Concerns, Request for Information, Signposting and Intelligence) over the past year or so pertaining to concerns local people have expressed about GP accessibility.

Aim

For most people, visiting their doctor is the most frequently used element of the health care system, and acts as a gateway to other health and social care services. It is essential, therefore that all local practices offer an efficient and accessible service, hence the aim of this research, i.e.

"To gain an understanding of patients and service users experience of GP services within the borough".

Methodology

We conducted desk research of the findings from other stakeholders' reports (listed below).

In addition, we used a standardised online questionnaire with intelligence from our CRISPI database, conducted a mystery shopping exercise and facilitated 9 community base focus groups from seldom heard groups between November 2016 to March 2017:

- Mind in Harrow - GP Accessibility Report (2013-14);
- Harrow Mencap GP Rep - pilot project Interim Report - April 2017;
- Harrow STP, GP Five Year Forward View;
- Health and Social Care Scrutiny Sub-Committee Access to Primary Care in Harrow Report;
- Review of CQC inspections for the GP Practices in Harrow from January 2016 to January 2017);

A total of 236 residents participated in the research, of which: 143 completed the Survey Questionnaire from November 2016 to March 2017, and 93 people participated in 9 Community Focus Groups.

General findings

The following are our general findings.

- For GP surgeries to offer high quality services which meet users' demands, manage expectations and provide pathways into treatment and support, the needs and views of patients need to be heard and understood.

- Having a holistic understanding and appreciation of the people of Harrow would add value to a more efficient and seamless system of pathways into care and alleviate strains on other front-line health services, such as Accident and Emergency.

Specific findings

The following is a summary of some of the specific findings for future reference.

- 50% of the survey respondents were from over the age of 65 years;
- Most respondents rated customer care by GPs and reception staff as Excellent/Good;
- 60% reported that they could see the male or female doctor of their choice with ease;
- Around 50% of the respondents lacked awareness of how to make a compliant about their GP and 44% knew when and how to access A&E, Walk in Centre, Urgent Care Centre and Pharmacies appropriately;
- There were significant variations across the Harrow GP surgeries websites with no one consistent NHS standard website model approach;
- Most of the GP websites also did not provide information on how to access the other triage services such as the Urgent Care, Walk in Centres and 999 information;
- Whilst the majority of GP's out of hours messages gave information on their opening and closing times and NHS 111 service, most of the GP websites did not provide information on how to access the other triage services such as the Urgent Care, Walk in Centres and 999 information;
- There was widespread variation regarding on-line complaints procedures;
- Translation service information was not visible on any of the GP websites and some gave the option to google translator on their websites, although 68% of GP Practices offered either direct or telephone translation with varied lead times ranging from 1 day to 2 weeks;
- Translation services were not available in an emergency unless staff were able to speak the language required. Due the GP phones lines being continuous busy we were not able to fully complete the Mystery Shopping audit;
- 74% of the GP practices offered a texting appointment reminder service to its patients and only one Practice offered telephone reminder service.

Next steps

We recommend a roundtable discussion of key partners, in the first instance, to agree an action plan that will form the basis of achieving consistency across all GP practices, as well as establishing a forum for sharing best practice.

3. Strategic Drivers

This section provides the national policy and strategic context for our GP Access research, as well as the basis on which our rationale and methodology are based.

NHS England published the Five Year Forward View (FYFV), setting out a new vision for the future of the NHS services which focuses on building health and social care around the needs of local populations. To achieve this vision, local areas have had to develop a Sustainability and Transformation Plan (STP) to help local organisations plan how to deliver a better health service that will address the FYFV 'Triple Aims' *of improving people's*

health and wellbeing, *improving the quality of care that people receive* and addressing the *financial gap* over the next five years. This also includes transformation of the care patients receive through GP practices.

One of the key priorities within the STP is to "ensure people access the right care in the right place at the right time" and it is recognised that GP's are the gatekeepers to ensure patients receive the appropriate pathways of treatment, care and support.

The STP key deliverables for 2016/17 include:

- Increased accessibility to primary care through enhanced hours and via a variety of channels (e.g. digital, phone, face to face).
- Enhanced primary care with focus on more proactive and co-ordinated care to patients.
- Centralised booking appointment system and pre-bookable appointments through Walk in Centres identified within the New Primary Care Model of Care Harrow commissioning intentions 2017/19.

The STP also aims to integrate the visions of General Practice Five Year Forward View (GPFV) to delivering more services through local services hubs by 2020/21 which will enable more services to be delivered in community settings.

The GPFV recognises:

- The historic underfunding in general practice, alongside a steady rise in patient expectations, practices struggling to balance rising workload matched by growing patient concerns about convenient access within tighter financial constraints;
- The additional strain GP practices face around recruitment issues and reliance on locums impacting staff morale and service continuity;

GPFV outlines new ways of working to shape the future work of primary care by shifting towards groups of practices working together and recognising one size will not fit all. The ambitions of this strategy are being addressed by the level of changes on investment, workforce, workload, infrastructure and care redesign, primary care and the alignment to the Care Quality Commission inspection framework over the next 5 years.

The new Multispeciality Community Provider (MCP) model focuses on population health, prevention, and supporting and mobilising patients and communities by adopting person centred, social prescribing models of care, to tackle these challenges and improve overall patient care.

Additionally, the Better Care Fund (BCF) promotes wider integration of health and social care which in turn enables CCGs and local authorities to pool budgets and jointly commission expanded services. Such services include:

- Additional nurses in GP settings to provide a coordination role for patients with long term conditions;
- GPs providing services in care and nursing home settings;
- Providing a mental health professional in a GP setting;

- Hosting a social worker in a GP surgery.

At a local level, CCGs have agreed to support primary care providers in delivering a clear set of standards over the next five years around proactive care, accessible care and co-ordinated care. Within this, are standards:

- On routine opening hours (the provision of pre-bookable appointments at all practices, 8am-6.30pm Monday to Friday, 8am-12pm on Saturdays in a network);
- Extended opening hours so that patients can access a primary care professional 7 day a week, 12 hours per day for unscheduled or pre-bookable appointments;

It is envisaged that North-West London level accessible care will be 100% complete by Quarter 1 of 2018.

4. Demographics

The Harrow socio-economic scene is as diverse and varied as any other London Borough, with similar and different health and social care needs. Key features of our Borough for this research are:

- Population of 239,100
- Over 50% of Harrow's population is from black and minority ethnic (BAME) groups
- Harrow has one of the highest proportion of those aged 65 and over compared to the other boroughs in NW London
- Cardiovascular disease is the highest cause of death in Harrow, followed by cancer and respiratory disease
- Harrow has 34 GP practices in the borough (Appendix 4)
- At the time of our research, (November 2016) Harness Harrow's contract with Mollison Way Surgery had come to an end and NHSE put in place new procurement process which Mollison Way Surgery successfully secured to deliver primary care service at Harness Harrow site
- 1 Urgent Care Centre (Appendix 5)
- 4 Walk in Centres (Appendix 5)
- Total of 236 residents participated in the research of which:
- 143 Number of Surveys completed (November 2016 to March 2017 (Appendix 1 survey questionnaire)
- 93 people participated in 9 Community Focus Groups

5. Aims and Objectives

The aim of the research was:

"To gain an understanding of patients and service users experience of GP services within the borough".

The basis of the research aim is closely allied to the several signposting comments from local people and recorded on our CRISPI database regarding GP practices in the borough.

The objectives of the research project from November 2016 to March 2017, and initiated by Healthwatch Harrow were to:

- Focus on patients experience in accessing their local GP practice;
- Identify key themes and trends of the research;
- Report findings and make recommendations;

This report details information regarding:

- Booking systems in local GP practices;
- General experiences and concerns;
- Access;
- Satisfaction rates in making appointments;
- Opening hours;
- Out of hour's information;
- Provision on how to register;
- Access to interpreters/translation services;
- Availability of the texting reminder service;
- How to make a complaint;
- Quality of GP websites;
- Review of Harrow GP practices;
- CQC inspections over the last year;

The following are specific research objectives that we sought to address.

GP access: what does this mean?

- Knowing **how to register** with a GP.
- **Finding a GP** to register with.
- Being able to **book an appointment** to see a GP (telephone, online, at the surgery)
- Being able to **see a GP when you need to**, without long waiting times.
- Being able to **see a GP at a convenient time** for you.
- Being able to **physically access** a GP surgery.
- Being able to **communicate with and be understood by GP staff**.
- Knowing how and where to **access out-of-hours GP services.**
- Knowing **how to make a complaint** about your GP surgery
- **Having enough time during your appointment** to discuss your needs properly and feel listened to.

6. Methodology

We recognised at the outset, that we would need to use various research methods and tools (on-line, survey, focus groups, telephone and mystery shopper) in order to obtain quantitative and qualitative information and data as part of analysis and subsequent report. These are detailed below.

- A standardised online questionnaire with intelligence from our CRISPI

- carried out desk based research;
- conducted a mystery shopping exercise
- Facilitated 9 community based focus groups from seldom heard groups.

Methodology	Resources / tools	Process/activity
1.Questionnaire/Surveys **(Online and written)**	Questionnaire (see Appendix 1), HPPN, GP Practice Managers, Newsletters, Healthy Harrow Event (World Aids Day) and online platforms.	Respondents were either asked to tick relevant box or to evaluate their experience on a rating scale. The general factors being researched were general satisfaction, making appointments, opening hours, out of hour's information, how to register/complain and provision of interpreters/translation services. These questionnaires were widely circulated on online platforms (website, social media), our newsletters and at all networking/engagement events we or our partners attended.
2. GP Website Audit **(Desk based research- and telephone)**	GPs' website – Intelligence (CRISPI), (Appendix 2 GP Surgeries Mystery Shopping Form.	capturing the following research: - GP Website Audit. - Carried by Staff Member and 1 Volunteer. - Collated Data information captured on spreadsheet.
3.Mystery shopping exercise – Telephone	GPs' website – Intelligence (CRISPI) Appendix 2 GP Surgeries Mystery Shopping form – Telephone.	- Translation services offered - Interpreters – lead time - Out of Hours Message (Lunch time and Evening) Listen to these messages with the following criteria: - The message says that the surgery is closed - The message states the surgery opening and closing hours - Information on NHS 111 is provided – for medical advice

		- Information is provided – for urgent medical care when GP surgery are closed - Information on 999 is provided – for medical emergencies and potentially life threatening - Review of GP Texting Appointment service
4. 9 x Community Focus Groups: **(with seldom heard communities)**	2 x Harrow Mencap (Carers and Service User Group) 1 x HADs 3 x CARRMEA 1 x Age UK Harrow 1 x Dawn Project 1 x Mind in Harrow User Group (HUG)	Topics covered: - GP Services - Environment - Patient Experience -Total of 7 focus groups engaged
5. Review: GP Texting appointment/ reminder service	Mystery Shopping form – Telephone.	- Contact all 34 GP practices to confirm if they offered a texting appointment and reminder service
6.Review: Care Quality Commission (CQC) Harrow GP inspection reports	CQC provided summary of reports	Review of 15 GP CQC inspection reports from Jan 2016 to Jan 2017

7. Key Findings: Summary

In this section, we present a summary of the key findings.

Survey (online and written)

Most of the people surveyed rated the customer care provided by reception staff, GP registration as Excellent/Good and generally satisfied with the practices opening times. 60% also reported that they could see the male or female doctor of their choice with ease.

It is important to note that over 50% of the survey respondents were from over the age of 65 years. And this high satisfactory rating for the practice opening times may be due to not a fully representation sample group, particularly those from of working age.

Over half of the respondents preferred to book their appointment by phone and those respondents wishing to see their named GP on a preferred chosen day experiencing long waiting times (often over a week) or not able to see their GP due to lack of available appointments.

Under 50% of the respondents lacked awareness of how to make a compliant about their GP and 44% knew when and how to access A&E, Walk in Centre, Urgent Care Centre and Pharmacies appropriately.

A small number of the respondents (10%) felt they required additional support with their BSL (British Sign Language and a need to have improve access for wheelchairs users in some practices surgery/treatment rooms and the need for easier access for people who drive. (refer to Table 6).

GP surgery website overview

Although most of the GP surgeries websites were easy to navigate, (71%), with clear visible information on registration processes and opening and closing times, there were significant variations across the Harrow GP surgeries websites with no one consistent NHS standard website model approach.

A small number of the GP surgeries websites did not have clear visible direct links to their complaints procedures. Furthermore, at the time of the GP website audit was conducted (Dec 2016) the Harrow CCG online GP list information was found to be out of date with inaccurate information with no direct web links to the local GP websites, with a small number of GP practices directed to NHS Choices website.

Most of the GP websites also did not provide information on how to access the other triage services such as the Urgent Care, Walk in Centres and 999 information.

Mystery Shopping - Telephone Research

The majority of GP's out of hours messages gave information on their opening and closing times and NHS 111 service. However, most of the GP websites also did not provide information on how to access the other triage services such as the Urgent Care, Walk in Centres and 999 information.

Complaints Procedure: Online Audit

Wide variation on online complaints procedure-Just over half of the Harrow GP practices (68%) had their complaints procedure on their website, but with wide variation with no one standard complaints procedure approach adopted by all the GP practices. This ranged from very good model of complaints procedures, for example Mollison Way Surgery to a minority of GP practices having poor complaints information with inaccurate or out of date information on complaints pathway or GP complaints information only made accessible by direct request from GP practice staff.

Lack of or inaccurate information on local provision of advocacy service- Some of GP practices websites also did not provide or give accurate information on the local advocacy service provision, referencing a non-Harrow base advocacy provider Voiceability rather than the local provider Harrow Health Complaints Advocacy Services (HADs). Voiceability provides only the Mental Health advocacy services for Harrow residents.

Inaccurate and or out of date information on out of hours information -Such as the NHS Helpline number, Walk-in centre information and online links to NHS England and NHS Complaints Advocacy that some GP websites are not able to access. e.g. *"The partners of the Circle Practice have joined a co-operative of Harrow doctors called HARMONI. This service is based at Northwick Park Hospital where you may be asked to take yourself/your family to see a local general practitioner. For those patients who are housebound or too ill to attend Northwick Park Surgery a visit will be arranged at the discretion of the HARMONI doctor. Full and clear instructions for the above service can be found on the message service when you telephone 020 8427 1213".*

Easily visible information on how to register as a new patient was on most of the GP websites, however, **one GP website had incorrect information on registration procedures e.g.** with following statement *"During registration the practice staff will ask you for certain documentation to prove that you are eligible for NHS treatment. These documents must be originals. If the practice is not sure or unhappy about the documentation provided the patient will be referred to Mr Navin Morjaria, Counter Fraud Specialist at the Harrow PCT."*

Translation service information was not visible on any of the GP websites and some giving the option to google translator on their websites. **68% of GP Practices offered either direct or telephone translation** with varied lead times ranging from 1 day to 2 weeks.
Translation services were not available in an emergency unless staff were able to speak the language required.

Focus Groups

Over half of the participants from the focus groups experienced difficulties getting an appointment with their GP practice, waiting up to on average 10-15 minutes by phone to get through the GP Practice. Many of the participants on average had to wait on average up to 3 to 4 weeks to see their preferred GP. Furthermore, those with varying levels of disability and language issues felt they experienced greater difficulties in accessing and making an appointment with their GP surgeries linked to poor communication and attitude of surgery staff. However, some found booking GP appointments online in advance much

easier and although over half of the participants could get a male or female doctor, 28% were not able to and a further 18% were not aware on the availability of this option.

Nearly half of the participants were unware if their GP surgeries offered translation services or translation support to those with hearing impairment and in a minority of surgeries (9%) translation was either encouraged from family and children or offered by a staff member who could speak the language.

Although 65% the participants had some awareness of accessing NHS 111, UCC, Walk-in and Pharmacies if they could not get an appointment with their GP, a third of participants were not aware of these services. However, over half of the participants were aware of the other services offered by their GP surgeries and accessed these inhouse services, such as for blood testing and vaccinations.

Just over half were able to cancel their GP appointment, whilst some experienced difficulties cancelling their appointment via telephone as it was continuously engaged.

An initial welcoming and friendly environment is vital in ensuring patients have a pleasant and comfortable experience. With regards to this, most of the respondents felt the GP surgeries had good access to prams and wheelchairs, the washroom areas such as disabled toilets and baby changing area. However, the majority felt the waiting room areas need to be more child friendly and the reception area compromised patient privacy.

It was found that most of the participants were unware of how to make a complaint about their GP practice and felt the information board in some GP surgeries were placed in inappropriate areas with information that was often out of date or difficult to read and most patients were not aware of GP newsletters or PPGs (Patient Participation Groups).

Review of GP Texting Appointment service

All 34 GP surgeries in Harrow were contacted directly by telephone to identify if they had a GP texting appointment service available to patients. 74% of the GP practices offered a texting appointment reminder service to its patients and only one Practice offered telephone reminder service.

Further research is needed to capture how many patients Did Not Attend (DNA) appointments per practice per year and examine if there is a direct correlation between text reminder and reduction in missed appointments. To also identify the barriers and challenges to the implementation and use of GP texting service.

CQC GP inspection reports summary

The CQC GP inspection reports audit found that out of the 15 GP Surgeries, 1 was rated overall outstanding, 10 were rated overall good, 2 were rated overall inadequate and 2 were rated overall requires improvements.

The CQC audit also highlighted the need for some GP practices to have more robust internal governance structures in place to improve patient care and safety. Some of the key areas in need for improvement were on HR functions, clinical audits to improve patient outcomes

and administrative and reporting processes. Furthermore, to have more robust and effective Health and Safety, complaints procedures, risk assessments policies and procedures in place. In the table, we have sited one example per GP Surgery. To get a full picture of all the recommendations please visit the link for each surgery displayed in the table.

8. Conclusions

The primarily findings indicate that not all GP Practices are in adherence to the Harrow's CCG Accessible Information standard protocol and the use of locum doctors by some GP practices could potentially affect continuity and quality of patient care. A recent report from the British Medical Journal (3rd February 2017) found that seeing the same GP each time reduced avoidable hospital admissions amongst older patients. However, the Government's focus on increasing access to GPs, such as through longer surgery opening hours, could unintentionally be affecting the continuity of patients care experience, the study suggests. The researchers found that older patients who saw the same GP most of the time were admitted to hospital 12% less for conditions that could be treated in GP surgeries.

We also reviewed three local GP reports complied by Harrow Mencap, Mind in Harrow and the Health and Social Care Scrutiny Sub Committee. **These reports highlighted the need for GP's surgeries to deliver a more holistic, social prescriptive model of care to those with learning disabilities and mental health issues**. Moreover, to improve quality and equality of access of primary care service provision by capacity building GP practices to promote more choice and control through education and training of all Primary staff on Mental Health and Learning disabilities to improve knowledge, understanding and reduce stigma. These reports also recommend the need for CCG and GP practices to recognise "not one size fits all". To develop continuity and clear leadership to harness better integrated primary care community base services coproduced with third sector providers which are responsive to the needs of Harrow's diverse population.

Health and Social Care Scrutiny Sub-Committee Access to Primary Care in Harrow Report further emphasised that GPs and CCG should not assume that residents will have an awareness of the 'health system' and what local triage services provide and offer such as the walk-in centres, urgent care centres, community pharmacists, 111, Harrow Health Help Now app. The report recommends developing effective public education strategy on awareness of triage services to promote appropriate access to healthcare and change community habits around accessing primary care services.

9. Recommendations

The information presented in this report highlights the variations in accessibility between Harrow's GP Practices. The key questions to ask and further explore are what are some GPs doing that others are not in promoting easier access to its patients? What might be are some of the barriers GP's are experiencing to improving access and what can be done to reduce the disparities and raise consistency in accessibility across all GP practices in Harrow for its local residents.

As our health and social care services face massive challenges and shift towards more personalised community base care, primary care is expected to play a central role in meeting this challenge.

Healthwatch Harrow would like to see all those individuals and different organisations that have an interest in commissioning and providing primary care services in Harrow working towards addressing these variations in accessibility so that every patient, whatever their demographic profile and wherever they live in the borough, can have an easier access into the primary care service provision.

It is hoped the recommendations from this report will inform and influence the local STP and Harrow Primary transformational plans and meet the wider ambitious of the GPFV and MCP strategic frameworks.

Healthwatch Harrow makes the following recommendations for Harrow CCG commissioners and GP practices:

1. Ensure Harrow GP surgeries are able to put in place more improved, quicker and easier accessible phone and online appointment booking systems to reduce patient waiting times and cancelling appointments, and to review the effectiveness of their GP texting service in reducing missed appointments.

2. Improve GP accessibility particularly for those patients with language, mental health and learning disabilities.

3. Provide clearly displayed and easy to understand updated information in their surgeries and websites information on translation services, local advocacy services, booking an online appointment, registration and how patients can make a complaint and Healthwatch Harrow information to explain how people can share confidential feedback on their experience, whether good or bad.

4. Create and provide increase public awareness of how to appropriately access and use A&E, Urgent Care, Walk in Centres, NHS 111, 999 information, pharmacy and Harrow Health Help App Now by advertising and providing clear and consistent signposting updated information to patients on GP websites, their out of hours telephone messaging, developing public awareness leaflets and through community outreach awareness workshops to reach all sectors of the Harrow community.

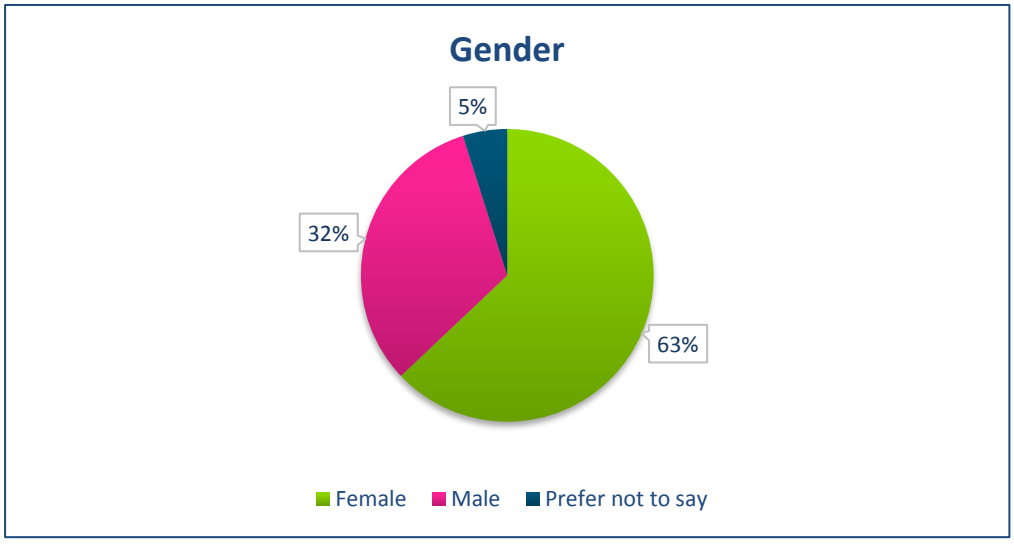
5. Develop and adopt better sharing of good internal standard models of practice and policies at both governance, operational and online levels working practices to ensure consistent and good standard of practice around accessibility and recognising that one size does not fit all, and ensure the services are responsive to meet the needs of its different communities of Harrow.

10. Findings: Analysis Tables

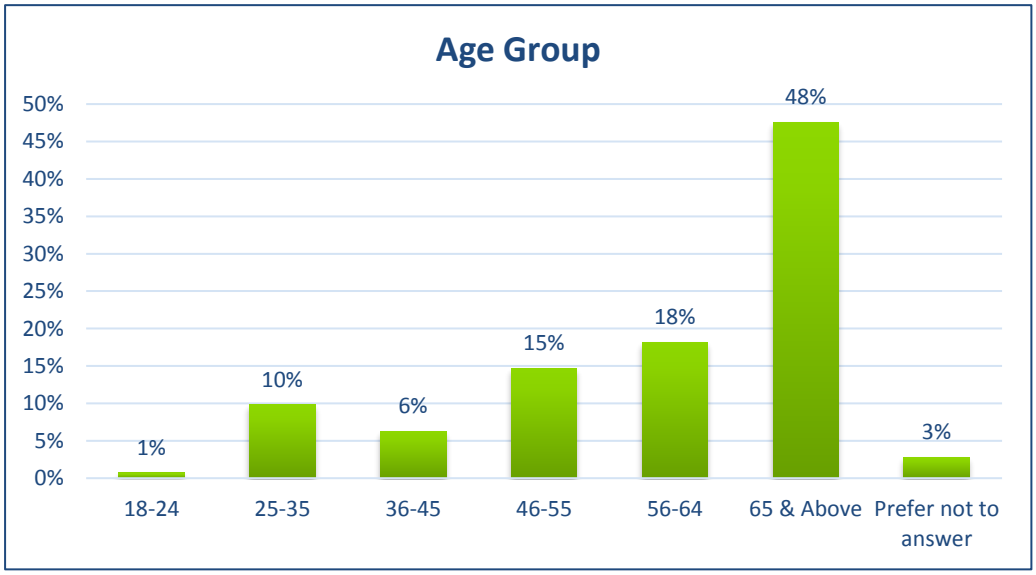
a) Questionnaire & Surveys

The following is a summary of the findings taken from 143 responses received from the online GP Accessibility Survey that we conducted from November 2016 to March 2017.

Survey Demographics



Ethnic breakdown was self-defined and the majority preferred not to disclose this information (please refer to Appendix 6)



48% of survey respondents were from over the age of 65 years.

The table below indicates list of the 31 GP practices stated in the survey.

	GP Practices stated in responses from the surveys	Percentage
1	Aspri Medical Centre	1%
2	Bacon Lane Surgery	6%
3	Belmont Health Centre	8%
4	Circle Practice	1%
5	Civic Medical Centre	1%
6	Elliot Hall Medical Centre	6%
7	Enderley Road Medical Centre	6%
8	Enterprise Practice	2%
9	GP Direct	5%
10	Hatch End Medical Centre	1%
11	Headstone Lane Medical Centre	1%
12	Headstone Road Surgery	3%
13	Honeypot Medical Centre	3%
14	Kenton Bridge Medical Centre	2%
15	Kings Road Medical Centre	1%
16	Long Elmes Surgery	1%
17	Mollison Way Surgery (took over Harness Harrow Practice after expiry of APMS and successful in bidding for the new procurement process put in by NHSE)	2%
18	Northwick Surgery	4%
19	Pinn Medical Centre	6%
20	Pinner Road Surgery	1%
21	Pinner View Medical Centre	2%
22	Prefer not to indicate GP Practice	7%
23	Ridgeway Surgery	5%
24	Roxbourne Medical Centre	4%
25	Simpson House Medical Centre	5%
26	St. Peter's Medical Centre	6%
27	Stanmore Medical Centre	5%
28	Stanmore Surgery	1%
29	Streatfield Health Centre	1%
30	Streatfield Medical Centre	3%
	Total	100%

Table 1

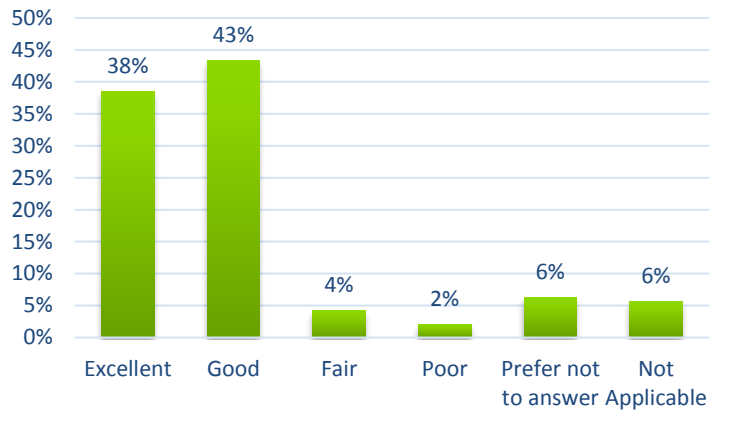


Table 1: 81% rated their GP registration as Excellent/Good.

Table 2

Table 2: 75% found the customer care provided by reception staff as Excellent/Good

Table 3

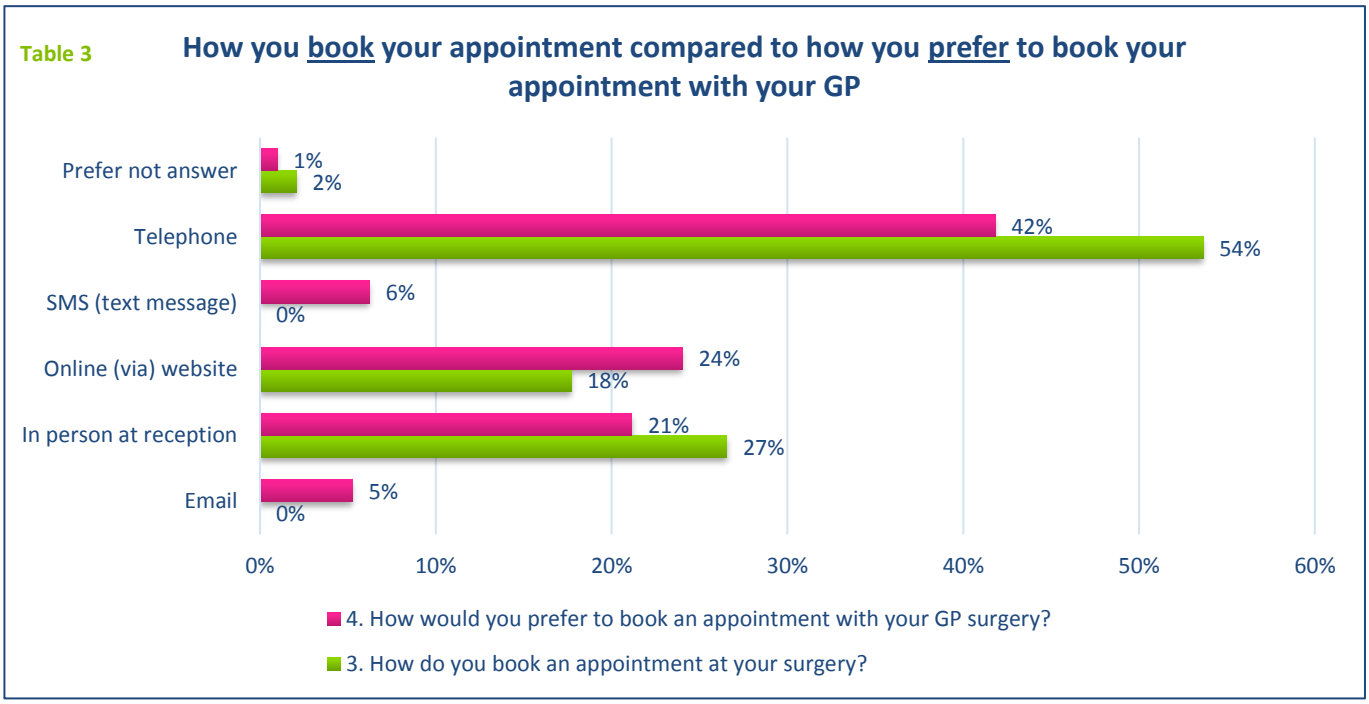


Table 3: 54% booked their appointment by telephone, 42% would prefer to book their appointment by telephone, people chose multiple answers for this question.

Table 4

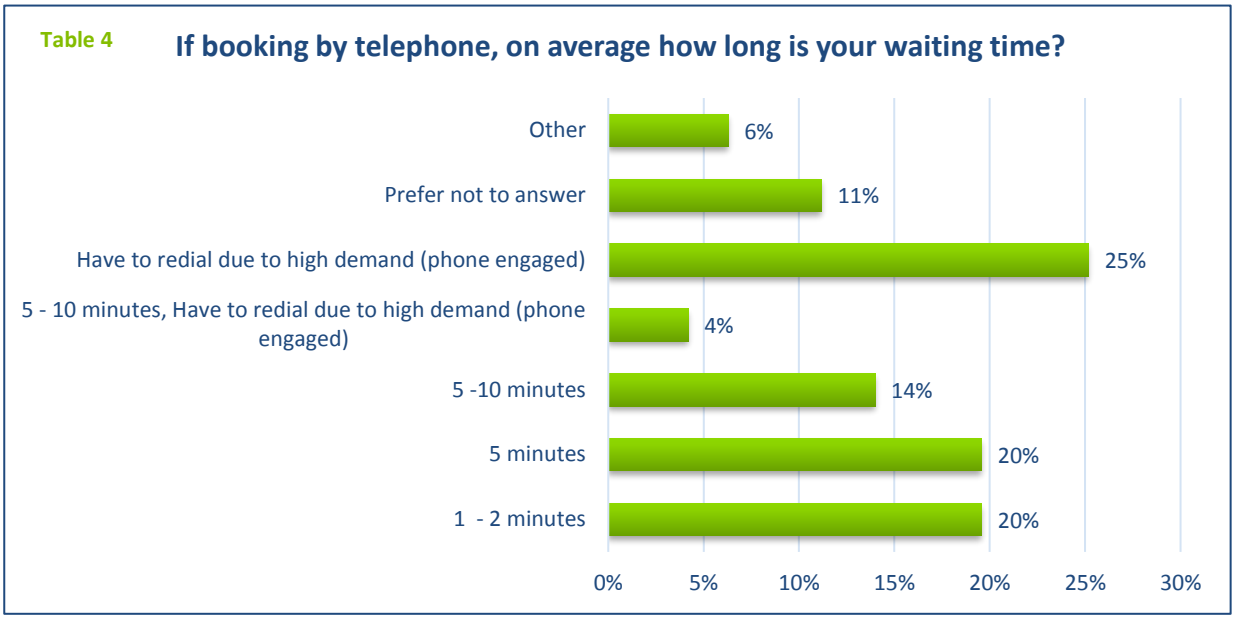


Table 4: 20% found that when telephoning for an appointment their call was answered between 1-2 minutes and 25% had to redial due to high demand (surgery phone engaged).

Table 5

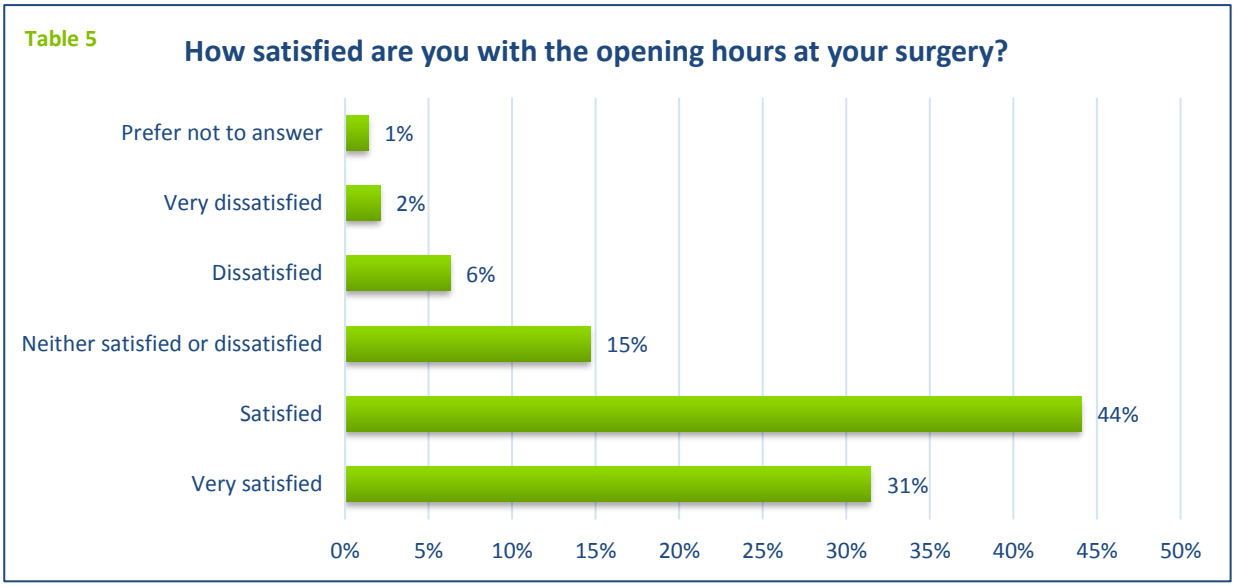


Table 5: 75% were Very satisfied/Satisfied with their surgery's opening hours with 8% indicating that they were either dissatisfied/very dissatisfied with their surgery's opening hours.

Table 6

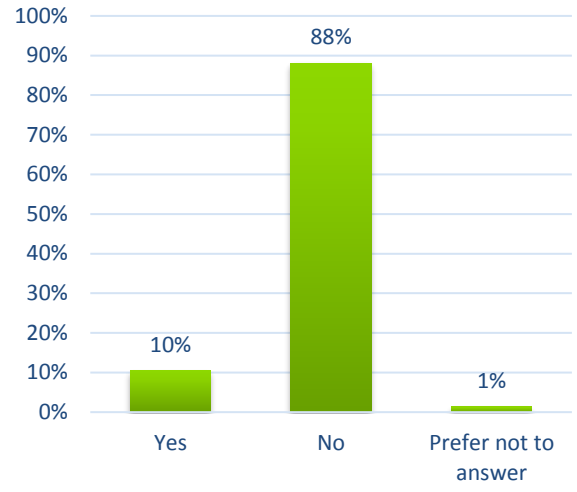


Table 6: 10% felt that they needed help accessing their GP – this included BSL (British Sign Language, easy access for wheelchairs in to surgery/treatment rooms, easy access for people who drive.

Table 7

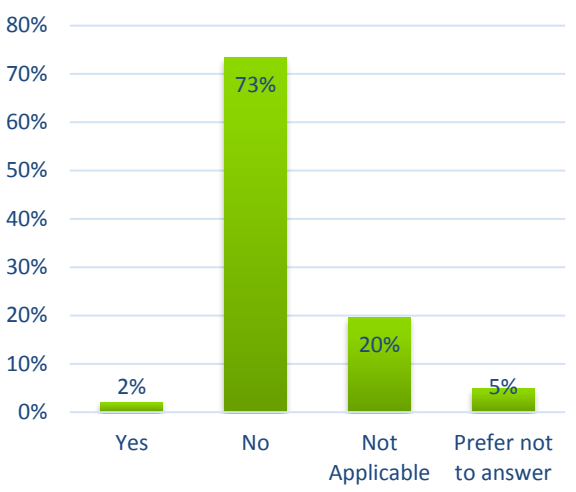


Table 7: The majority of those surveyed did not require an interpreter at the surgery - however Healthwatch Harrow recognises that the surveyed sample group does not fully represent all the diversity population of Harrow, and therefore to capture a more represented view of the local population the views of seldom heard groups would be reached via focus groups.

Table 8

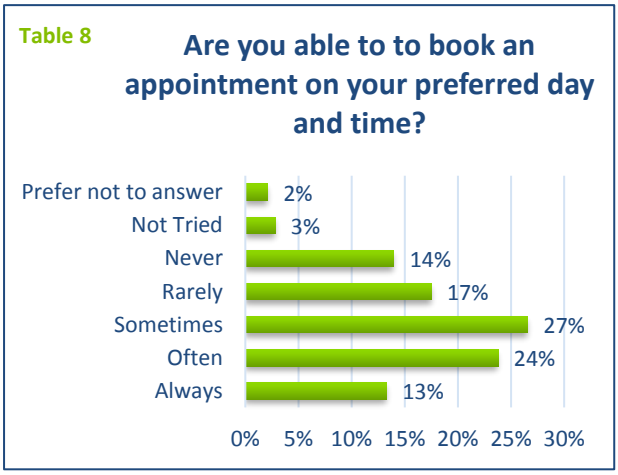


Table 8: 37% indicated they were either always or often able to have an appointment on their chosen day. 31% indicated that they rarely or never able to have an appointment on their chosen day.

Table 9

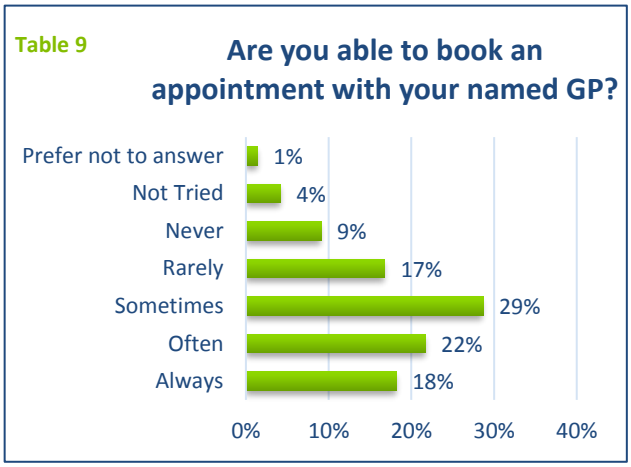


Table 9: 40% indicated that they were able to either always or often able to see their named GP. 26% people rarely or never saw their named GP.

Table 10

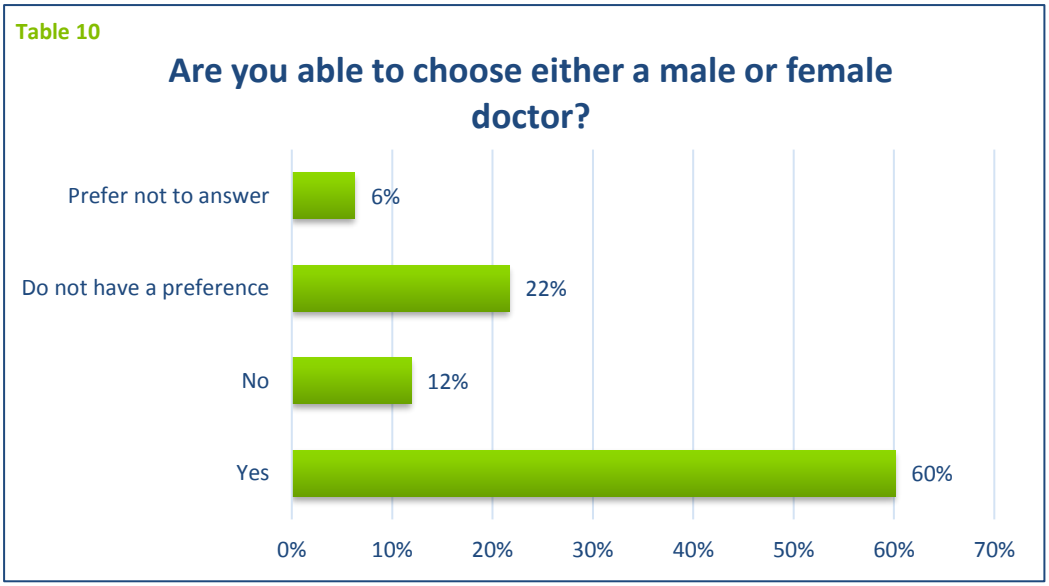


Table 10: 60% confirmed they were able to choose between a male/female GP whereas 12% were not able to choose.

Table 11

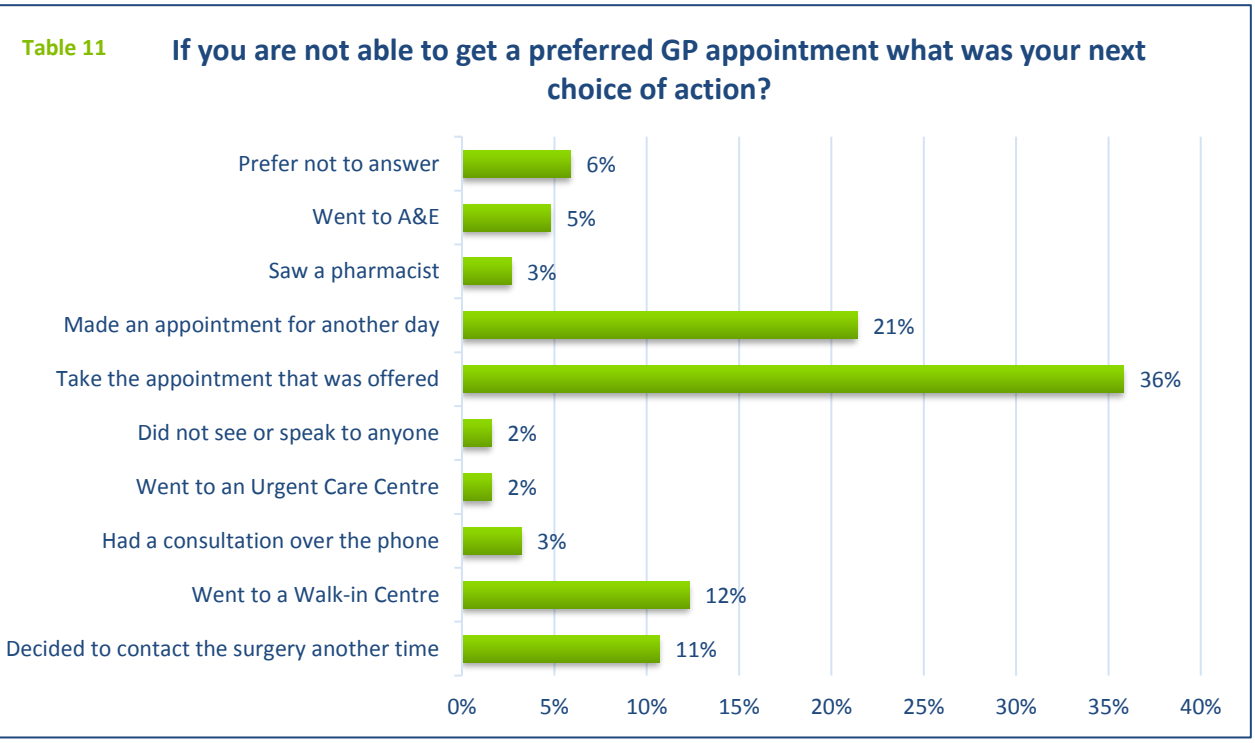


Table 11: 36% indicated that if they were not able to get a preferred GP appointment they would take the appointment that was offered however it was observed that responders to this question opted for more than one action – 12% indicated that they would use a walk-in centre.

Table 12 Are you aware of the following places to access health care?	Percentage
Option 1	
A&E	6%
Pharmacy	1%
Walk-in Centre	10%
Option 2	
A&E, Pharmacy	3%
A&E, Urgent Care Centre	1%
A&E, Walk-in Centre	10%
Walk-in Centre, Pharmacy	2%
Walk-in Centre, Urgent Care Centre	1%
Option 3	
A&E, Urgent Care Centre, Pharmacy	1%
A&E, Walk-in Centre, Pharmacy	13%
A&E, Walk-in Centre, Urgent Care Centre	6%
Option 4	
A&E, Walk-in Centre, Urgent Care Centre, Pharmacy	44%
Prefer not to answer	2%
	100%

Table 12: 44% had an awareness of all four places to access health care support (A&E, Walk-in Centre, Urgent Care Centre, Pharmacy) of which 20% aware of the three of these places, 17% of these two places and 17% of one of these places.

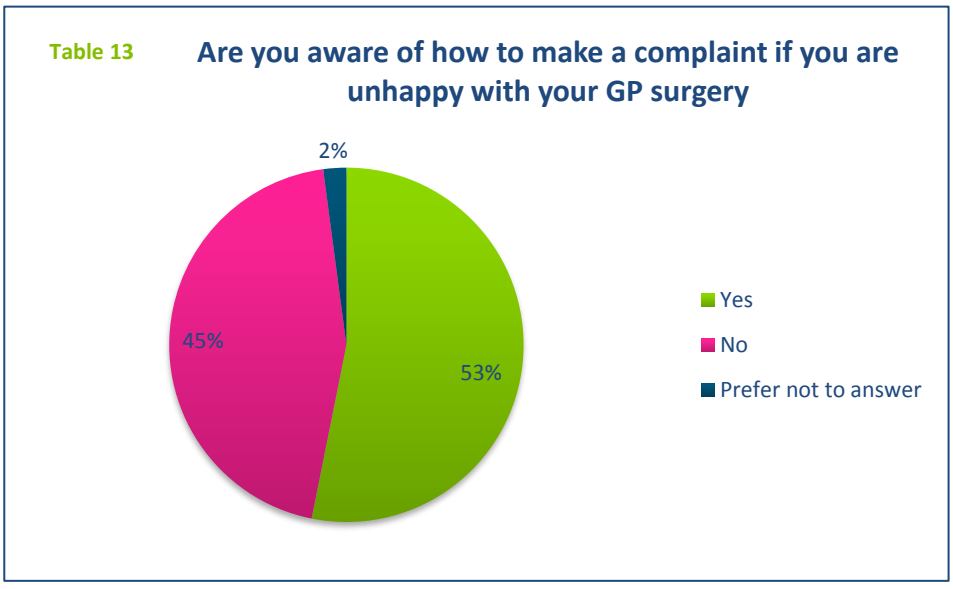


Table 13: 45% of those surveyed stated that were not aware of how to make a complaint if they were unhappy with their GP service.

Key issues 'General Comments' from the survey about GP Surgeries recorded:

- Difficulty in making an appointment
- Phone booking system – not many available appointments
- Appointment with chosen doctor, can offered in a weeks' time
- Not many appointments outside of normal hours
- Surgery always very busy
- Unable to get an appointment with dermatologist
- Problems with accessing online appointments
- Long waiting times for appointments and when attending the appointment
- A good service is provided
- Accessibility for wheelchairs needs to be improved

The GP's are pressurized to see a patient within a 10-minute window. There is no time for you to explain how you really feel. The doctor will only attend to one physical condition. You have to make another appointment for another condition. Apart from one or two doctors the doctors don't show compassion. I don't blame them either if the GP surgeries are turning into factories. Sometimes you have to wait for more than a week to get an appointment.

My GP surgery offers me a 'take it or leave it' service. I can never see the GP of my choice at a time/date convenient to me. The reception staff are limited in their customer service and seem like they couldn't care less whether they have served me well or not. The surgery's' telephone system is diabolical. I never get through first time, only when I've recalled several times after very long waits on hold will I eventually be able to speak to a receptionist.

My Surgery is very good - but there are too many patients so not always easy to make appointments. Always very busy.

Difficult to make appointment for daughter with sever LD (Learning Difficulties)

I can't actually access the whole surgery, I am a wheelchair user so can only access 2 rooms which means if I have a blood test the phlebotomist has to come to me downstairs. Also, there is nowhere for me to sit in the wheelchair - I often have to sit in the corridor and keep moving out of people's way.

b) GP Website Review

All 34 GP practices websites were reviewed.

Website criteria reviewed	Number of GP's meeting criteria	Percentage
GP with Website	32	94%
GPs with NHS Choice website	2	6%
Good Visibility of basic information and easy to navigate website.	24	71%
Poor Visibility of basic information and difficulty to navigate website	10	29%
Registration info available Registration info not available Out of date registration information	32 2 1	94% 6% 3%
GPs with online registration	5	15%
GPs with Complaint procedure online	23	68%
Option to make online complaints	1	3%
Out of Hours- visibility on Website Opening hours Closing Hours NHS 111 info Urgent Care Walk-in centres 999 information	 34 34 26 12 1 17	 100% 100% 76% 35% 3% 50%
Out of Hours not visible on Website Opening hours Closing Hours NHS 111 info Urgent Care Walk-in centres 999 information	 0 0 8 22 26 17	 0% 0% 24% 65% 35% 50%

c) Mystery Shopping - Telephone Research - **Completed 34 out of 34 calls**

Out of hours messages covering the following	Percentage of GP's Meeting the criteria	Number of GP's meeting the criteria
Opening Hours Closing Hours NHS 111 Urgent Care Walk-in centre 999 information	85% 74% 88% 15% 18% 41%	29 25 30 5 6 14

Out of hours messages not covering the following	Percentage of GP's not meeting the criteria	Number of GP's not meeting the criteria
Opening Hours	3%	1
Closing Hours	15%	5
NHS 111	0%	0
Urgent Care	74%	25
Walk-in centres	71%	24
999 information	47%	16

d) Review of GP Texting Appointment Service

Number of GP Practices Contacted	Text Service Offered	Texting Service Not Offered
34	25 (74%)	9 (26%)

e) Community Focus Groups - Key Summary Findings

Healthwatch Harrow identified potential communities in Harrow whose needs are perhaps not always represented by those responsible for local health and social care services.

During these sessions, we ensured that groups attendees' language or access requirements were met so that they can express their views with ease (interpreters/translators/mentors and groups leaders).

Who we spoken with….

We spoke to 93 people from varying community groups across Harrow in our focus group sessions.

Group	Total Attended	Male	Female	About the groups
MIND Harrow User Group (HUG)	11			This group assesses how good or bad services are and decides on how to make improvements
HAD Learning Disabilities User Group	9	6	3	This was a group that were Trainees for Catering Services
Harrow Mencap Elevate Carers Group (Female diverse ethnic group)	11			The group provides an opportunity for carers to learn to speak out and be heard, break the isolation, have fun, learn who they are outside of the caring role, gain skills and feel empowered
CARRAMEA	13	1	12	English, Employment (job seekers) and language students

CARRAMEA	4	2	2	English, Employment (job seekers) and language students
CARRAMEA	16	2	14	Tamil/English (job seekers) and language students
Harrow Mencap	6	0	6	Learning Disability Speak Up Service User Group
DAWN (Diwa Asian Women's Networks)	7	0	7	Over 50's group - DAWN is a charitable organisation that works for the emotional and social support for communities around Harrow
AGE UK Harrow	18		18	Over 50's activities group

What people told us…
GP SERVICES

Focus Group Questions	Key Findings	Comments
Appointments: **How easy is to get an appointment**	Getting appointments at local GP practices was general very difficult in Harrow. It is even harder for vulnerable adults particularly with a disability or a language barrier. In the 9 workshops, we engaged with varying levels of disability and language barriers, we found different sets of issues that are listed below: • The difficulties of getting through to the surgery • Not understanding the options/ Press the wrong Option • Poor communication from the staff • Calls cutting off • Cannot remember date of birth	
Booking appointment by telephone	68% found it difficult to book an appointment 32% found it easy or quite easy • Waiting times for advanced appointments varied between 3 weeks to 4 weeks. • Waiting time hanging on the phone to get an appointment ranged from 10 to 15 mins • It was easier to get a GP appointment in advance through the online booking online option. • To get urgent appointments - must ring at 8.30am on the day.	*"It was difficult to get appointments on the day when they are ill. By the time the get to see the GP they are feeling better - so the advance appointment does not make sense. How do you know if you are going to be sick 3 weeks ahead? This also causes DNA when people don't get text messages to cancel their appointments."*

Focus Group Questions	Key Findings	Comments
		"Receptionist - can't get past them, rude receptionist"
Getting an appointment with preferred GP	Most of the participants found it difficult to see their preferred GP, with an average waiting time of 3 to 4 weeks. • 68% found it difficult to book an appointment • 32% found it easy or quite easy	*"I had to wait between 3- 10 days to see their preferred Doctor, were able to get appointment with preferred GP in the beginning but now that the surgery has grown not so easy."*
Getting an appointment with Male or Female GP	Although the majority of the participants found it easy some were not concerned or not sure if they could ask for this option. • 52% found it easy to get male or female GP appointment • 28% difficult to get a male or female GP appointment • 20% were not concerned or weren't aware of this option	
Translation services	Most of the participants found it difficult to get a translator and many were not aware if these services were available especially as it was not advertised or promoted at the surgery. • 46% Not aware these services were provided • 43% of GP do not provide translation service • 6% Children or partner provide the service • 2% Not applicable • 3% GP staff provide service if they can speak the language	*"Some patient use relatives and one lady takes her 7-year-old daughter"*
Do you know where else to get help if you cannot get an appointment with GP?	Most of the participants had some awareness of NHS 111, UCC, Walk-in and Pharmacy. However, there was still a significant number that used A&E services. • 65% Aware and use NHS111 and 35% not aware or do not use NHS111	

Focus Group Questions	Key Findings	Comments
	• 69% Aware of UCC and accessed the service. 31% not aware or do not use UCC • 76% and use Walk-in and 24% not aware or do no use walk-in • 61% are aware and use Pharmacy and 39% not aware of this service • 27% use A&E services where as 73% use the other services	
Missed appointment	Most of the participants could cancel their appointment if they remembered and some found it difficult to cancel the appointment as they could not get through by telephone to cancel. • 53% could cancel the appointment • 35% missed and did not cancel, forget or could not cancel • 12% never missed an appointment	*"Such a long wait (results of blood test) that I forgot about. Could not make the appointment and called to cancel they appointment, was not given the option to re-book. Had to call again to make another appointment".*
Text Service Reminder	Most of the participants were not aware if their GP surgery offered a text service and most did not answer the question on repeat prescriptions • 52% not aware of text service reminders • 48% aware of text services • 66% not aware of repeat prescription services and 44% were aware	
Other services offered by GP services	Over half of the participants were aware of other services. • 55% were aware • 43% not aware • 2%% no comment	
Number of patients who have used or not used these GP services. And which services are used?	Almost a third of the participants did not take part or did not make any comments. • 57% Used these services • 6% did not use any services • 36% did not comment 57% used the followings services: • Blood Test/Blood pressure • Clinic • Nurse • Dietician • Flu and other vaccinations	

Focus Group Questions	Key Findings	Comments
Carers making appointments for their clients	Only 5 carers took part in this question • 2 carers were able to make appointments • 3 said it was not relevant	*"Not easy - very difficult, have to ring several times. Also as a carer who works has to take the appointment I am given, luckily, I have an understanding employer" (Carer)*
Environment **Does your GP surgery have the following services?**	**Wheelchair access/pram access at GP Surgery** Majority of the GP Surgeries have access to the above • 91% have access • 7% do not have access • 3% not applicable	"Yes but should have step access excluding wheelchair users" "No driveway – all blocked". "Not good"
	Hearing Induction Loop Majority patients are not aware of the above • 59% not aware • 33% have access • 7% do not access • 1.% not applicable	
	Access to Washroom (Disabled Toilets, Baby changing area) Majority of the GP Surgery have access to the above • 92% have access • 7% do not have access • 1% not applicable	*"Often dirty"* *"No toilet roll, have to ask for and bad smell."*
	Information Board Majority of the patients felt that the information board had information out of date or too small to read and in an inappropriate area. • 60% not easy to read • 40% easy to read	*"The font size should be bigger so you can see from a distance, old information should be removed"* *"TV Screen - do not like the name of patient" appearing on the screen".* *"The information board is just at the entrance, very busy, sometimes I cannot read because it is not*

Focus Group Questions	Key Findings	Comments
		easy to read, no pictures".
	Complaint Procedure and it is visible at reception or notice board. Majority of the patients said they were not aware. • 70% Not aware/not visible • 9% No • 21% Yes	
	Waiting room Majority of the GP Surgery have access to the above • 100% have access	*"Nowhere for wheelchair users"* *"Need more room"* *"Never open the windows"*
	Water machine Majority of the GP Surgery had a water machine • 75% have access • 23 % do not have access • 2% don't know	*"Water machine out of date drinks needs GP daily to look at"*
	Child friendly area Less than half of the GP Surgeries did not have access to child friendly area • 44.% do not have access • 29% do have access • 27% not aware	
	Are you able to speak to reception without everyone hearing your conversation? Majority of patients felt they do not have privacy in reception area • 78% do not have privacy. • 13% do have privacy • 9% are not aware	*"No and mostly they cannot even see me in the queue because I am short".* *"Everybody listening. "*
Patient Experience Do you know if your GP surgery has the following?	**Newsletter** Majority of patients are not aware of GP newsletters • 43% not aware • 25% do not have a newsletter • 32% are aware of a newsletter	
	Have you ever taken part in a GP survey? Majority of patients had never taken part in a GP survey	

Focus Group Questions	Key Findings	Comments
	• 82% never took part in a survey • 18% have taken part in survey	
	Overall patient experience Over half the of patients were general happy and had a good experience with their GP • 54% good or very good • 10% adequate • 27% not good • 8% bad or very bad • 1% no comment	*"Overall I am not happy with the fact that it is really difficult to get appointments on the same day as you call."* *"Yes very happy"* *"Good - No complaints"* *"Waiting times 20 to 30 minutes"* *"Never get an appointment with GP also locum"* *"Not very organised"* *"Daughter with LD - went for smear test and damaged her during procedure received a tear. GP agreed this. Young vulnerable adults need safeguarding process - appropriate adult"* *"Improve the appointment system"* *"Training -rude receptionist"* *"Disabled people should be first to be seen before others. Waiting times to be shorter"* *"The doctors talk too fast and I cannot understand."*
Areas for improvement	**Wheel Chair Access** - appointments for sick people • Somewhere for wheelchairs users to sit, someway of being noticed. A way to reach my chosen GP - i.e ramp, and also treatment room.	

Focus Group Questions	Key Findings	Comments
	• Difficult for sick people to make appointments when the wake up in time (all appts gone by 08.05)	
	Appointment • Making it easier to make appointment on the day you call and being able to get an appointment would be good. • The staff are not as polite as they should be • More appointment slots • More doctors, easy to get appointments. More nurses less waiting for blood test results • Emergency appointment are difficult to get	
	Privacy • Private area in reception to talk about matters that require confidentiality or are personal	
	Child friendly • Accessible children's area that is bigger	
	Facilities and environment • Improve washroom facilities, always dirty, wet floor	
	Waiting times • Shorter waiting times	
	Directives • Clear directives around circumcision – GP refused due to non-medical reasons, HWH to follow up to advise carer around local good practice and provision.	
	Training • Receptionists are rude and have no empathy – they need to be trained. • To have a kind, friendly compassionate receptionists	
	Patient customer services • Have a photo and Name of the Doctor or Nurse on the Surgery Information Board and on the website so you know who you are seeing.	

Focus Group Questions	Key Findings	Comments
	• Use guidelines for accessible writing for people with learning difficulties – see Mencap's guidelines for accessible writing here • Giving disabled people more time to speak to the GP at the end of the appointment if they have any problems. • Low lighting within waiting room for people with learning disabilities • Welcome pack to newly registered patients • Repeat prescription collection at chemists not surgery • Fast tracking in relation to shorter waiting times to see GP for carers with patients who are learning Disabilities and or mental Health	
	Patient Voice Comment • On the recent appointment that I was waiting for 3 weeks for the new doctor to see me, showed me to two seats by the wall rather than the seat next to his desk. When he said – he seemed "OK" but I thought being talked to from across the room "Weird" I was given no explanation as to why the distance!!!	

f) CQC Reports: January 2016 – January 2017

The CQC (Care Quality Commission), provided Healthwatch Harrow with a snapshot of GP practices that were visited during January 2016 to January 2017.

Rating criteria for CQC Inspection:

1. Are services safe?
2. Are services effective?
3. Are services caring?
4. Are services responsive to people's needs?
5. Are services well-led?

The CQC inspect the quality of care for these six population groups:

- Older people
- People with long term conditions

- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

Surgery	Rating criteria 1 to 5	CQC recommendations on key themes & issues
Headstone Road Surgery 107 Headstone Rd HA1 1PG	Overall Good 1- 5	Must Improve only 1 stipulated: • To have robust risk assessment when person who becomes seriously ill on the premises, without access to a defibrillator. • For full report click here
St. Peter's Medical Centre, Colbeck Road, HA1 4BS	Overall Good 1 Requires improvement 2 to 5 Good	Must Improve 6 stipulated here is an example • Be compliant with national guidance, and risk assessment for Control of Substances Hazardous to Health for storage of liquid nitrogen For full report click here
The Pinner Road Surgery 196 Pinner Road HA1 4JS	Overall Inadequate 1 and 5 Inadequate 2 and 4 Requires Improvement 3 Good. Service has been placed under special measures and will be inspected within 6 months.	Must Improve 4 stipulated here is an example • Ensure that there is a formal system in place for recording and complaints. For full report click here
Dr Anjum Zaidi & Partners The Northwick Surgery 36 Northwick Park Rd HA1 2NU	Overall Good 1- 5	Nothing stipulated For full report click here
Dr Paramjit Wasu First Choice Medical Centre 275a Kings Road HA2 9LG	Overall Requires improvement 1,2 and 5 Requires improvement 3 and 4 Good	Must Improve only 1 stipulated • Undertaken clinical audit/re-audits to improve patient outcomes For full report click here

Surgery	Rating criteria 1 to 5	CQC recommendations on key themes & issues
Dr Kaushikkumar Karia Aspri Medical Centre 1-3 Long Elmes HA3 5LE	Overall Good 1 to 5	Must improve - Nothing stipulated For full report click here
Belmont Health Centre 516 Kenton Lane HA3 5LE	Overall Good 1- 5	Must Improve 1 stipulated • Ensure that annual fire drills are recorded and documented. For full report click here
Kings Road Medical Centre 204 Kings Road HA2 9JJ	Overall Requires Improvement 1-2 Requires Improvement 3-5 Good	Must improve 7 stipulated for example • Improve child immunisation uptake in line with national averages For full report click here
Streatfield Surgery 1 Streatfield Road HA3 9BP	Overall Good 1 - 5	Must improve 3 stipulated for example • the proper and safe management of refrigerated medicines, and have an audit trail. For full report click here
The Pinn Medical Centre 37 Love Lane HA5 3EE	Overall Outstanding 1-3 Good 4 & 5 Outstanding	There were several areas of outstanding practice for example • The practice had the capacity to deliver unlimited telephone consultations to support patients with minor ailments. For full report click here
The Streatfield Medical Centre, 177 Streatfield Rd HA3 9BL	Overall Good 1-5	None must improve stipulated For full report click here
Hatch End Medical Centre 577 Uxbridge Rd HA5 4RD	Overall Good 1-5	None must improve stipulated For full report click here
Honeypot Medical Centre 404 Honeypot Lane HA7 1JP	Overall Good 1-5	There was 1 area of outstanding practice: • The practice offered No-One Left Alone (NOLA) appointments. Double appointments at the end of a surgery. For full report click here

Surgery	Rating criteria 1 to 5	CQC recommendations on key themes & issues
The Stanmore Surgery, 71 Elm Park HA7 4AU	Overall Inadequate 1,2 & 5 Inadequate 3 & 4 Requires Improvement	Must improve 8 stipulated for example • Ensure recruitment arrangements include all necessary employment checks for all staff, for example, Disclosure and Barring Service (DBS) checks or risk assessments for all staff providing a chaperone service for patients. For full report click here
The Bacon Lane Surgery 11 Bacon Lane HA8 5AT	Overall Good 1 Requires Improvement 2-5 Good	Must improve 1 stipulated: Implement recommendations on fire risk assessment, health and safety audit, legionella risk assessment and the boiler inspection. For full report click here

11.Glossary

A&E – Accident & Emergency
BCF - Better Care Fund
BSL British Sign Language
CCG – Clinical Commissioning Group
CQC – Care Quality Commission
DAWN – Diwa Asian Women's Networks
CRISPI – Concerns, Request for Information, Signposting and Intelligence
GP – General Practitioner
GPFV - ~General Practice Five Year Forward View
HAD – Harrow Association of Disabled People
HPPN – Harrow Patient Participation Network
MCP - Multispeciality Community Provider
NWL – North West London
STP- Sustainability and Transformation Plan

Appendix 1: Online questionnaire

Your Voice Counts – GP Accessibility Survey November 2016 to March 2017

This questionnaire is about helping to improve the health service in Harrow. Please answer honestly. There are no right or wrong answers. Please be assured we will keep your answers confidential.

Age group: 18-24☐ 25-35☐ 36-45☐ 46-55☐ 56-64☐ 65 & Above☐

Gender: ☐**Male** ☐**Female** **(please tick)**

Ethnic Origin:……

GP Surgery Name:……

Q1. How easy did you find it to register with your GP – please rate below.

☐Excellent ☐Good ☐Fair ☐Poor

Q2. How do you rate the customer care provided by reception staff at your GP Surgery?

☐Excellent ☐Good ☐Fair ☐Poor – (please comment below)

……

Q3. How do you book an appointment at your surgery?

☐ Telephone
☐ SMS (text message)
☐ Online (via) website
☐ In person at reception
☐ Email

Q4. How would you prefer to book an appointment with your GP surgery?

☐ Telephone
☐ SMS (text message)
☐ Online (via) website
☐ In person at reception
☐ Email

Q5. If booking by telephone, on average how long is your waiting time?

☐ 1 - 2 minutes
☐ 5 minutes
☐ 5 – 10 minutes
☐ Have to redial due to high demand (phone engaged)
☐ Other (please specify)

……

Q6. How satisfied are you with the opening hours at your surgery?

- ☐ Very satisfied
- ☐ Satisfied
- ☐ Neither satisfied or dissatisfied
- ☐ Dissatisfied
- ☐ Very dissatisfied

Q7. Do you need help to access your GP? (eg translation, transport, sign language, mobility/disability needs)

☐ Yes ☐ No

If yes please indicate the help you needed and if the Surgery offered it:

.....

Q8. Do you need to take an interpreter with you when you go to see your GP? ☐ Yes ☐ No ☐ N/A

Q9. Are you able to book an appointment on your preferred day and time?

- ☐ Always
- ☐ Often
- ☐ Sometimes
- ☐ Rarely
- ☐ Never
- ☐ Not tried

Q10. Are you able to book an appointment with your named GP?

- ☐ Always
- ☐ Often
- ☐ Sometimes
- ☐ Rarely
- ☐ Never
- ☐ Not tried

Q11. Are you able to choose either a male or female doctor? ☐ Yes ☐ No

Q12. If you are not able to get a preferred GP appointment what was your next choice of action?

- ☐ Did not see or speak to anyone
- ☐ Take the appointment that was offered
- ☐ Made an appointment for another day
- ☐ Decided to contact the surgery another time
- ☐ Saw a pharmacist
- ☐ Went to A&E
- ☐ Went to a Walk-in centres
- ☐ Went to an Urgent Care Centre
- ☐ Had a consultation over the phone

Q13. Are you aware of the following places to access health care?

☐ A&E ☐ Walk-in Centre ☐ Urgent care centre ☐ Pharmacy

Q14. Are you aware of how to make a complaint if you are unhappy with your GP service?

☐ Yes ☐ No

Q15. Any other comments regarding your GP Surgery:

……
……
……
……

Thank you

Healthwatch Harrow, 3 Jardine House, Harrovian Business Village, Bessborough Road Harrow, HA1 3EX

Appendix 2: GP Surgeries Mystery Shopping Form

GP Surgery	Comments
1. Is there a website?	☐ Yes ☐ No
Online Research **2. Complaints policy – is there a complaints policy/procedure available online?** **Is it easy to find?**	☐ Yes ☐ No ☐ Yes ☐ No
Online Research **3. Registration policy – is there a Registration policy/procedure available online?** **Is it easy to find?**	☐ Yes ☐ No ☐ Yes ☐ No
Telephone Research **4. Translation Services – Do you offer translation services at the practice**	☐ Yes ☐ No
Telephone Research	

5. Does the out of surgery hours message cover the following:	
a) The Surgery is closed	☐ Yes ☐ No
b) The Surgery's opening hours	☐ Yes ☐ No
c) Information on NHS 111 for medical advice	☐ Yes ☐ No
d) Information provided on Urgent Medical Care Centre Walk-in Centres	☐ Yes ☐ No
e) Information on 999	☐ Yes ☐ No

Appendix 3: Focus Group

Focus Group GP Accessibility

Host organisation

Client group **Date**

Confidential and Privacy
All information, comments and experiences will be anonymous Any information will not be used to identify you or anybody else

TOPIC 1: GP Services

Appointment

1. How easy has it been for you to book an appointment with your GP/Nurse?
2. Have you been able to get an appointment when you want it with your preferred GP?
3. Have you asked for a male or female GP, and got it?
4. Have you asked for translation services at your GP surgery?
5. Do you know where else to get help if you cannot get an appointment with your GP?
6. If you missed an appointment with your GP? Did you tell? And if why not?
7. Does your GP surgery have a reminder service for appointment made and repeat prescription?
8. Do you know what other services your GP practice has to offers?

   8.1 ☐Yes ☐No ☐Not Aware

   8.2 ☐If so have you ever used any of these services? And which ones are they?

For Carers making appointments for your clients only

9. Are you able to make appointments on behalf of the person you are caring for? ☐Yes or ☐No

Please share you experience below

……

……

TOPIC 2: Environment

10. Does your GP surgery have the following (please tick as many as possible)

☐Wheelchair access/pram access

☐Hearing Induction Loop

☐Access to Washroom (Disable Toilets, Baby changing area)

☐Information Board – Is it easy to read ☐Yes ☐No

☐Complaint Procedure and is it visible at reception or notice board ☐Yes ☐No ☐Not Aware

☐Waiting room

☐Water machine

☐Child friendly area

☐Are you able to speak to reception without everyone hearing your conversation? ☐Yes ☐No

TOPIC 3: Patient Experience

11. Do you know if your GP surgery has the following?

☐Patient Participation Group

☐Newsletter

☐Have you ever taken part in a survey? ☐Yes☐ NO

What is your overall patient experience of your GP surgery?

Are there any areas of improvements that the surgery could make?

Appendix 4: GP Surgeries

	GP Practice
1	Aspri Medical Centre
2	Bacon Lane Surgery
3	Belmont Health Centre Long Elmes Surgery
4	Circle Practice
5	Civic Medical Centre
6	Elliot Hall Medical Centre
7	Enderley Medical Centre
8	Enterprise Practice
9	First Choice Medical Centre
10	GP Direct - Welbeck Road Eastcote Lane Butler Avenue
11	Hatch End Medical Centre
12	Headstone Lane Medical Centre
13	Headstone Road Surgery
14	Honeypot Medical Centre (Charlton Medical Centre merged with Honeypot)
15	Kenton Bridge Medical Centre (Dr Golden)
16	Kenton Bridge Medical Centre (Dr Raja)
17	Kenton Clinic
18	Kings Road Surgery & Eastcote Surgery
19	Mollinson Way Surgery (formerly Harness Harrow)
20	Northwick Surgery
21	Pinn Medical Centre
22	Pinner Road Surgery
23	Pinner View Medical Centre
24	Ridgeway Surgery
25	Roxbourne Medical Centre
26	Savita Medical Centre - Dr M Pandya Harrow View Savita Medical Centre - Spencer Road
27	Shaftesbury Medical Centre
28	Simpson House
29	St. Peters Medical Centre
30	Stanmore Medical Centre - Crowshott Avenue Stanmore Medical Centre - William Drive
31	Stanmore Surgery
32	Streatfield Health Centre
33	Streatfield Medical Centre
34	Zain Medical Centre

Appendix 5: Walk in Centre & Urgent Care Centre

Walk in Centres
Alexander Avenue
HHCIC East Walk-in Centre - Belmont Health Centre
Pinn Medical Centre

Urgent Care Centre
Northwick Park

Appendix 6: Ethnic Background

Ethnic Background - Self-defined	Percentage
African	2%
Asian	5%
Asian - Other	2%
Black	1%
Black British	1%
Black Caribbean	1%
British	19%
British - other	1%
British Asian	2%
British Indian	3%
European	1%
French Mauritian	1%
Indian	14%
Indian - Other	1%
Irish	2%
Mixed Asian/Malay	1%
Other	1%
Sri Lankan	2%
White British	18%
Prefer not to answer	20%
White	3%
Total	100%

Contact us

Improving and shaping local health and social care

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Harrovian Business Village
Bessborough Road
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HA1 3EX

Telephone: **020 3432 2889**
Email: info@healthwatchharrow.co.uk
Website: www.healthwatchharrow.co.uk
Twitter: @HealthwatchHarr

Managed by Enterprise Wellness (formerly Harrow in Business)

Enterprise Wellness
Business of Health

Bringing Business and Communities Together

REPORT FOR: HEALTH AND WELLBEING BOARD

Date of Meeting:	11 January 2018
Subject:	**INFORMATION REPORT – CCG Commissioning Intentions**
Responsible Officer:	Paul Jenkins – Interim Chief Operating Officer, Harrow Clinical Commissioning Group
Exempt:	No
Wards affected:	All wards in Harrow.
Enclosures:	None

Section 1 – Summary

This report sets out the CCGs Commissioning Intentions.

FOR INFORMATION

Section 2 – Report

CCG's Commissioning Intentions set out clearly how the CCG will utilise its resource allocation in 2017/18 – 18/19 to deliver its vision and to highlight any significant changes it is planning to the services that it commissions during that time.

Purpose of Harrow CCG's local Commissioning Intentions is to:

- Notify our providers as to what services the CCG intends to commission for 2016/17;
- Provide an overview of our plans to commission high quality health care to improve health outcomes for Harrow registered patients for 2017/18 – 18/19;
- To engage with our member practices in commissioning a model of high quality health care for the residents of Harrow;
- To engage partners, patients and the wider public in shaping the way in which we respond to the health needs of Harrow residents and the way we commission the appropriate services to meet local needs.

In developing last year's Commissioning Intentions (2016/17), an extensive programme of stakeholder engagement was undertaken following the original publication of the draft document. In particular engagement sessions with representatives from Mind, Harrow Association of Disabled People, Age UK, Harrow Patient Participation Network, Health Watch Harrow, each Harrow GP Peer Group and the Harrow GP Forum took place.

We proposed to carry out further engagement for 17/19 Commissioning Intentions:

- We organised a small scale public event to update the Commissioning Intentions to key stakeholders and members of the public.
- We published the Commissioning Intentions document on the Harrow CCG website
- Regularly posted information about the priorities on the CCG's Twitter account
- We added it as a news item for Harrow CCGs "Putting Patients First Newsletter"
- We produced an Easy Read version of Commissioning Intentions 17/19
- Information to be shared on local community websites including Healthwatch Harrow etc.
- Email summary version to stakeholders (including the Governing Body, GPs and the Health and Wellbeing Board)

In the existing two year Commissioning Intentions Report, the intention were updated it to ensure that it reflects any significant changes, that has been achieved.

The main sections that commissioners updated were:

- Listening to Local People – an update of what we have done and will do in 17/18 - 18/19 and beyond, to address issues raised through public consultation.
- Commissioning Intentions – an update of a summary of our main CIs.
- Provider Commissioning Intentions – an update of those intentions to notify our providers of.

In addition we held the Healthcare in Harrow drop-in event on Monday 13th November 2017. Commissioners and 30 local residents were in attendance, a 'speed dating' exercise was conducted enabling the public an opportunity to discuss and share their experience and identify areas that we as CCG could do differently.

Section 3 – Further Information

There will be an update report brought to the meeting in the future.

Section 4 – Financial Implications

Not applicable

Section 5 - Equalities implications

Was an Equality Impact Assessment carried out? Not required

Section 6 – Council Priorities

The Council's vision:

Working Together to Make a Difference for Harrow

Please identify how the report incorporates the administration's priorities.

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

STATUTORY OFFICER CLEARANCE (Council and Joint Reports

Not required

Ward Councillors notified:	**NO**

Section 7 - Contact Details and Background Papers

Contact: Jevan Jayanthan, Corporate Services Manager,
tel: 020 8966 1162

Background Papers: None

REPORT FOR: HEALTH AND WELLBEING BOARD

Date of Meeting:	11 January 2018
Subject:	**INFORMATION REPORT –** Draft Revenue Budget 2018/19 and Medium Term Financial Strategy 2018/19 to 2020/21
Responsible Officer:	Chris Spencer, Corporate Director People, Harrow Council
Exempt:	No
Wards affected:	All
Enclosures:	December 2017 Cabinet Report and Appendices

Section 1 – Summary

The Board is requested to note the report detailing Harrow Council's Draft Revenue Budget 2018/19 and Medium Term Financial Strategy 2018/19 to 2020/21, as reported to the Council's Cabinet on 7 December 2017.

The budget and MTFS will return to Cabinet in February 2018 for final approval and recommendation to Council.

FOR INFORMATION

Section 2 – Report

The draft budget set out in the attached report shows a refreshed Medium Term Financial Strategy (MTFS) with a number of changes which Cabinet were asked to approve and note.

The report shows a balanced budget for 2018/19 and that further work is needed to achieve balanced budgets for 2019/20 and 2020/21.

The December report to Cabinet may be subject to further adjustments following the Local Government Financial Settlement, which was announced on 19 December 2017 and this will be reported to Cabinet in February 2018 as the Final Budget for 2018/19 and MTFS 2018/19 to 2020/21.

Whilst it is intended that Members will approve the Final MTFS up to 2020/21 in February 2018, this is subject to a number of assumptions in relation to grant settlements, council tax income, legislation and demographics. Therefore, Council will still be required to review the Council's budget on a yearly basis.

All adjustments will be reported to Cabinet and Council in February as part of the annual budget and council tax setting process.

Section 3 – Further Information

See attached report.

Section 4 – Financial Implications

Financial implications are integral to the attached report.

Section 5 - Equalities implications

See attached report.

Section 6 – Council Priorities

See attached report.

STATUTORY OFFICER CLEARANCE
(Council and Joint Reports)

Name: Sharon Daniels	x	on behalf of the Chief Financial Officer
Date: 2 January 2018		

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

Section 7 - Contact Details and Background Papers

Contact:

Sharon Daniels
Head of Strategic and Technical Finance (Deputy S151)
Email: Sharon.daniels@harrow.gov.uk

Background Papers:

None

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REPORT FOR: CABINET

Date of Meeting:	7 December 2017
Subject:	Draft Revenue Budget 2018/19 and Medium Term Financial Strategy 2018/19 to 2020/21
Key Decision:	Yes
Responsible Officer:	Dawn Calvert, Director of Finance
Portfolio Holder:	Councillor Adam Swersky, Portfolio Holder for Finance and Commercialisation
Exempt:	No
Decision subject to Call-in:	Yes
Wards affected:	All
Enclosures:	**Appendix 1A** – Proposed savings and growth 2018/19 to 2020/21(New proposals) **Appendix 1B** – Proposed savings 2018/19 to 2020/21 to be agreed from 2016/17 and 2017/18 MTFS **Appendix 1C** - Growth from 2017/18 MTFS **Appendix 2** - Medium Term Financial Plan 2018/19 to 2020/21 **Appendix 3** - Schools Budget 2018/19 **Appendix 4** - Draft Public Health Budget 2018/19

This report sets out the draft revenue budget for 2018/19 and draft Medium Term Financial Strategy (MTFS) for 2018/19 to 2020/21. The budget and MTFS will be brought back to Cabinet in February 2018 for final approval and recommendation to Council.

Recommendations:

Cabinet is requested to:

1) Approve the draft budget for 2018/19 and the MTFS 2018/19 to 2020/21 for general consultation as set out in Appendices 1a, 1b, 1c and 2 so that Cabinet may later consider the budget in light of the consultation responses and the equality impact assessments before it is referred to Council.

2) Note the balanced budget position for 2018/19, and the budget gaps of £16.7m and £11m for 2019/20 and 2020/21 respectively (table 2).

3) Note the proposal to increase Council Tax by 1.99% in 2018/19 (Table 2 and paragraph 1.17).

4) Note the proposal to increase Council Tax by 1.5% in 2018/19 in respect of the Adult Social Care Precept (Table 2 and paragraph 1.17).

5) Note the changes to schools funding for 2018/19 as set out in Appendix 3 and paragraphs 1.32 to 1.34.

6) Approve the draft Public Health budget for 2018/19 as set out in Appendix 4.

7) Authorise the Director of Finance, following consultation with the Portfolio Holder for Finance and Commercialisation, to agree Harrow's 2018/19 contribution to the London Borough's Grant Scheme (paragraph 1.50).

8) With regard to the London Business Rates Pooling Pilot agree 9-15 below:

9) Approve and accept the designation by the Secretary of State as an authority within the London Business Rates Pilot Pool pursuant to 34 (7) (1) of Schedule 7B Local Government Finance Act 1988.

10) Approve participation in the London Business Rates Pilot Pool with effect from 1 April 2018 (to 31 March 2019).

11) Delegate the authority's administrative functions as a billing authority pursuant to the Non Domestic Rating (Rates Retention) Regulations

2013 to the City of London Corporation (COLC) acting as the Lead Authority.

12) Authorise the Lead Authority to sub contract certain ancillary administrative function (regarding the financial transactions (payment of tariffs and top ups) within the Pool to the GLA as it considers expedient.

13) Enter into a Memorandum of Understanding with the participating authorities as may be necessary to implement and / or regulate the pool and to delegate authority of the Director of Finance, in consultation with the Portfolio Holder for Finance and Commercialisation and the Monitoring Officer, to negotiate, finalise and execute the same on behalf of the authority.

14) To authorise the Leader of the Council to represent the authority in relation to consultations regarding the London Business Rates Pilot Pool consultative as may be undertaken by the Lead Authority pursuant to the Memorandum of Understanding.

15) Delegate to the Director of Finance, in consultation with the Leader of the Council, Portfolio Holder for Finance and Commercialisation and the Monitoring Officer the authority to consider such consultative reports as the Lead Authority may circulate and to respond on behalf of the authority with regard to any recommendations and in particular, proposals for projects to be approved for funding from the Strategic Investment Pot.

Final approval will be sought from Cabinet and Council in February 2018.

Reason: (For recommendations)

To ensure that the Council publishes a draft budget for 2018/19 and a draft 3 Year MTFS to 2020/21.

Section 2 – Report

INTRODUCTION

1.0 The Government continues to reduce its funding to Local Government as part of its nationwide austerity programme. Since 2013/14, the Council has had to manage significant reductions in its Revenue Support Grant (RSG), which is its main source of funding from central government, alongside increases in demand for services and cost inflationary pressures. Table 1 below summarises the reductions in RSG:

Table 1: Revenue Support Grant 2013/14 to 2019/20

	RSG	Annual Reduction	Cumulative Reduction
	£'000	£'000	%
2013/14	52,100		
2014/15	42,628	9,472	18%
2015/16	32,034	10,594	39%
2016/17	21,935	10,099	58%
2017/18	13,019	8,916	75%
2018/19	7,332	5,687	86%
2019/20	1,566	5,766	97%

1.1 Therefore Harrow will see its main source of central government grant funding reduced by 97% over a 7 year period, reducing the Revenue Support Grant (RSG) to £1.566m by 2019/20. Over the four year period 2015/16 to 2018/19, it was estimated that the Council needed to fund an £83m budget gap in order to achieve a balanced budget. If this four year period is extended to the end of the current MTFS (2020/21) it is estimated Harrow Council has to fund £125m of pressures in order to achieve a balanced budget. In addition to the £40m reduction in RSG, further funding has been required to fund growth as a result of demand pressures, inflation, Capital Financing costs and other reductions in specific grants such as the Education Support Grant and this brings the total that the Council will need to fund to £125m in order to deliver balanced budgets to date and for 2019/20 and 2020/21. To set this figure into context, Harrow Council does not have large cash reserves. Its general fund balances stand at £10m and remain within the lower quartile when benchmarked with other local authorities and spending them is not a responsible way to offset lost revenue. Harrow Council's gross budget for 2017/18 is £558m. A significant proportion of this funding is ring fenced for services such as housing benefit, schools and public health. The Council's net controllable budget is £165m in 2017/18 and this is the element of the budget that the Council can exercise more control over and from where savings must be found.

1.2 The draft budget set out in this report shows an updated MTFS with a number of changes Cabinet are asked to note. The changes achieve a balanced budget position for 2018/19 and budgets gaps of £16.7m and

£11m for 2019/20 and 2020/21 respectively. The MTFS may be subject to further adjustments following the provisional Finance Settlement which is due mid December 2017. Whilst it is intended that Members will approve the MTFS in February 2018, this is subject to a number of assumptions in relation to grant settlements, council tax income, legislation and demographics. The Council will still be required to review the Council's budget on a yearly basis; however approval of the MTFS will allow officers to progress a number of important projects.

BACKGROUND

1.3 The budget process is designed to ensure that it is priority led so that resources are aligned with council priorities and statutory responsibilities including equalities implications. The Harrow Ambition Plan 2020 sets out the ambitious council vision of 'Working Together to Make a Difference for Harrow.' Between now and 2020 the Council's Strategy to deliver its vision is to:

- Build a Better Harrow
- Be More Business Like and Business Friendly
- Protect the Most Vulnerable and Support Families

The Council's values, developed by staff, are also a key part of the Harrow Ambition Plan:

- Be Courageous
- Do It Together
- Make It Happen

EXTERNAL FUNDING POSITION

1.4 Harrow Council is one of the lowest funded councils in London. In 2015/16 Harrow's revenue spending power per head was £159 (or 17.3%) lower than the London average which ranked Harrow 26th out of 32 London Boroughs. A similar comparison with the England average shows Harrow's revenue spending power per head was £127 (or 14.3%) below average and ranked Harrow 105th out of 120 local authorities.

1.5 The Local Government Finance Settlement for 2016/17 did nothing to readdress the balance on Harrow's funding position. This settlement was intended to protect authorities that were heavily dependent on central resources from the full impact of cuts in funding over the next four years up 2019/20. The Settlement allocated central funding in a way that ensured councils received the same percentage change in settlement core funding, i.e. Council Tax and central funding. This methodology therefore benefitted Councils who obtained a relatively small proportion of their income from Council Tax. Harrow has the third highest Council Tax in London and the effect of factoring in overall funding levels, rather than applying a simple percentage cut, resulted in Harrow losing £10m of Revenue Support Grant (RSG) between 2015/16 and 2016/17. Under the new methodology, Harrow was the sixth hardest hit amongst London Boroughs.

1.6 Linked to the revised methodology for RSG allocation, from 2016/17 Care Act Funding was subsumed within RSG and not allocated as a separate funding stream. As Harrow's overall RGS reduced so significantly in 2016/17, there was no capacity to allocate Care Act Funding to the Adult Services division (£1.271m in 2016/17).

1.7 Whilst the Council was grateful to receive Transition Grant funding (£712k in 2016/17 and £699k in 2017/18), the benefit was fully off set by reductions in the Public Health Grant.

1.8 The results of such settlement decisions will see Harrow's relative funding position remain low. The revenue spending power per head analysis was recently updated and concluded that Harrow's core spending power per head in 2019/20 is estimated to be £170 lower than the London average and £75 lower than the rest of England average.

DELIVERY OF THE 2017/18 BUDGET

1.9 Delivery of the 2017/18 budget is critical to maintaining the Council's financial standing and to do everything possible to protect front line services. The 2017/18 revenue budget includes a challenging savings target of £10.242m. At Quarter 2 (as at 30 September 2017) performance against the savings target is good in light of the challenging environment:

- £6.4m of savings (63%) are already achieved or on course to be achieved.
- £2.2m of savings (21%) are partially achieved or risks remain.
- £1.6m of savings (16%) will not be achieved.

The Quarter 2 forecast, subject to a separate report elsewhere on the agenda, indicates a directorate overspend of £3.88m net, the key pressures relating to demand pressures within the Children's Service (£3m) and purchasing pressures, largely relating to increased weeks of care required for residential and nursing placements within the Adults Service (£439k). The directorate overspend is fully mitigated through the receipt of additional income received after budget setting (£834k), centrally held corporate budgets (£1.721m) and an organisation wide spending freeze implemented at the start of the financial year (£1.325m).

MULTI YEAR FINANCE SETTLEMENT AND EFFICIENCY PLAN

1.10 As part of the December 2015 Spending Review, the Secretary of State for Communities and Local Government (DCLG) made an offer to councils to take up a four year funding settlement for the period 2016/17 to 2019/20. To accept this offer an Efficiency Plan had to be prepared and published by 14 October 2016.

1.11 The offer made by the Government, as part of the Spending Review, was to any council that wished to take up a four year funding

settlement up to 2019/20. The purpose of this offer was to help local authorities prepare for the move to a more self-sufficient resource base by 2020 and the devolution of business rates. The multi year settlement was intended to provide funding certainty and stability for the sector that would enable more proactive planning and support strategic collaboration with local partners. For those councils that chose not to accept the offer, they will be subject to the existing annual process for determining the local government finance settlement. Allocations could be subject to additional reductions dependent on the fiscal climate and the need for the government to make further savings to reduce the deficit.

1.12 In light of a reduction of 93% in RSG over the four year period of the funding settlement offer, leaving a balance of £1.566m by 2019/20, the Council did not apply to accept the offer along with 8 other Council's. The risk of being subject to the existing annual process for the financial settlement has to date not materialised and the Council has received its RSG settlement in line with the four year offer and its these numbers that the MTFS is based upon.

BUDGET PROCESS 2018/19

1.13 The Council has a statutory obligation to agree and publish the budget for 2018/19, and approval for this will be sought in February 2018. In preparing the 18/19 budget, and rolling forward the MTFS to cover the three year period 2018/19 to 2020/21, the current MTFS (approved by Council in 2017) has been the starting point for the process.

1.14 As the Council's financial position is dynamic and is affected by a number of financial uncertainties and adjustments that will impact upon its financial position over the long and medium term, in preparing the draft budget for 2018/19 the existing MTFS has been refreshed and rolled on a year and the adjustments are summarised in table 2 below, followed by an explanation of the more significant adjustments

Table 2: Changes to MTFS

	2018/19	2019/20	2020/21
	£000	£000	£000
Budget gap at February 2017 Council Report	**8,043**	**8,998**	**0**
	8,043	**8,998**	**0**
Implications of rolling forward the model to include 2020/21			
New Homes Bonus			940
Education Services Grant		144	0
2% pay award			2,000
Minimal Capital Investment of £10m			500
Estimated Directorate growth			4,000
Estimated growth in Freedom Pass take up			500
Estimated non pay inflation			500
1.99% Council Tax			-2,468
Sub total	**0**	**144**	**5,972**
Grant and Tax base adjustments			
Reversal of 2016/17 Collection Fund Surplus	3,500		
Collection Fund surplus 2017/18	-6,093	6,093	
Estimated increase in band D properties by 1,485		-2,064	
Increase CT by 1.99%	-2,140	-2,277	
Adult Social Care precept - 1.5% per annum	-1,707	-1,798	
Sub Total	**-6,440**	**-46**	**0**
Budget Refresh, Growth & Savings			
Growth			
Resources and Commercial	110		
Children's Services	2,900		
Adult Services	5,825		-90
Public Health	275		
Culture - Library Contract Indexation	0	175	25
Prior MTFS Savings to be reversed or re-phased			
MTFS savings identified for refresh:			
Resources and Commercial	357		
Children's Services	2,309		
Adult Services	2,988	4,100	
Public Health	1,000		
Community Services	284	-75	-159
Savings from 2018/19 Budget Process			
Resources and Commercial	-228	-30	
Children's Services	-91		
Adult Services	-523		
Adult Services - Home In Harrow	-719	-1,251	
Community and Culture	-355	-1,120	-137
Housing	-100		
Regeneration - Planning & Development Control	-50		
Sub Total	**13,982**	**1,799**	**-361**
Technical:			
Corporate budgets - provided for in 17/18 and no longer required	-748	**-108**	
2016/17 and 2017/18 MRP underspends (one off)	-4,000	4,000	
2018/19 estimated MRP underspend (on going)	-2,000		
Capital financing - estimated 17/18 borrowing delayed into 2018/19	-350	350	
Captial Receipts flexibilities	-2,700	2,700	
25% reduction in 17/18 to 2019/20 Capital Programme	-1,144	-355	-45
Improved Better Care Fund 2018/19	-4,643	4,643	
Improved Better Care Fund 2019/20		-5,467	5,467
Sub Total	**-15,585**	**5,763**	**5,422**
Revised Gap	**0**	**16,658**	**11,033**

1.15 **Implications of rolling the MTFS forward to 2020/21**

Set out below are the explanations for the figures in Table 2. This is also set out in Appendix 2 along with Adjustments included within the previous MTFS agreed as part of the 2017/18 Budget process:

New Homes Bonus (NHB) – as part of the 2017/18 settlement a national baseline for housing growth was introduced of 0.4%. This meant that there will be no benefit in terms of NHB payments until the 0.4% is exceeded. The payment period was also reduced, so for 2017-18 NHB payments were made for five, rather than six years, and that payment period has been reduced again to four years from 2018/19. As a result of these changes, the amount of NHB was reduced in the MTFS last year by £940k in 2018/19 and a further £1m in 2019/20. The impact of this for a further year in 2020/21 is an estimated further reduction of £940k. In 2017/18 the grant to be received is £4.069m. The reductions set out above assume the estimate grant for 2020/21 will be approximately £1.2m.

- **Education Services Grant** - The grant to be paid in 2017/18 for the Education Services Grant (ESG) is £895k. The general rate of the ESG provided to Local Authorities (LA's) and existing academies has ceased from 01/09/17. This grant is provided to support LA responsibilities towards maintained schools and academies. LA's will continue to receive £15 per pupil for all pupils in state funded schools. However this grant was transferred into the Dedicated Schools Grant (DSG) rather than being an un ring-fenced grant. A reduction was already built into last year's budget process of £751k for 2018/19 and the remaining £144k needs to be removed in 2019/20.

- **Pay inflation** - A 1% pay award has been assumed for 2018/19 and 2019/20 as part of the 2017/18 budget setting process (£1m p.a.). At the present time pay discussions for 2018/19 are still ongoing and the assumptions for 2018/19 and 2019/20 are that pay increases will be in line with the Government pay policy for public sector awards to be no more than 1% up to 2019/20. For 2020/21 a 2% increase is being allowed for which equates to £2m p.a.

- **Capital Financing Charges** – An allowance of £0.5m has been included in 2020/21 for the capital financing requirement in respect of the new Capital additions as reported elsewhere on the agenda in the Capital Programme report. This will support approximately £10m of investment. This figure will be updated between draft and final budget depending on the Final agreed Capital Programme.

- **Front line growth** - An allowance of £4m has been included in the 2020/21 budget for Directorate growth based. The growth included for 2018/19 and 2019/20 is set out in Table 3.

- **Freedom Pass** - An allowance of £500k has been included in the 2020/21 budget for an estimated increase in Freedom pass take up. This is based on the annual average increase in take up.

- **Non pay inflation** - An allowance of £500k has been included for non pay inflation.

- **Council tax increase 2020/21 –** The MTFS assumes an increase in Council Tax of 1.99% for 20/21, generating approximately £2.5m.

1.16 Grant and Tax Base Adjustments

- **Council tax base** - largely as a result of new properties, the tax base is assumed to increase, over current assumptions, by approximately 1,485 band D equivalent properties in 2019/20, generating approximately £2.0m additional income. Being prudent, no increase is built in for 2020/21 at this time.

- **Collection Fund** - There is a report elsewhere on the agenda that estimates the surplus / deficit on the Collection Fund for 2018/19. The report details an overall net estimated surplus of £13.382m on the Collection Fund as at March 2018 of which Harrow's share is £6.093m which is now reflected in the budget for 2018/19. As this is a one off benefit, it must be reversed out in 2019/20. The surplus included in the budget for 2017/18 of £3.5m is now reversed out of the 2018/19 budget.

- **Public Health Grant** - The Public Heath Grant remains ring fenced to 2017/18 until further notice Grant allocations for 2018/19 onwards have yet to be announced but annual reductions are anticipated to be at similar levels pending the outcome of consultation on options to fully fund local authorities' public health spending from their retained business rates receipts as part of the move towards 100% business rate retention. For the purposes of the budget the grant has been estimated at £10.8m and reflects a continued reduction in the grant in line with the spending review. Grant reductions have already been built into the budget as part of the last year's budget process up to 2019/20.

1.17 Council Tax and the Adult Social Care Precept

- **Adult Social Care** - The budget for 2017/18 included 3% for the Adult Social Care precept. As part of the grant settlement for 2017/18, Authorities were given increased flexibility in the use of the Social care precept, which enabled them to increase by up to 3% in 2017/18 or 2018/19, but that the increase could not exceed 6% over the 3 year period 2017/18 to 2019/20. This draft budget assumes that the remaining 3% will be levied at 1.5% in 2018/19 and a further 1.5% in 2019/20, which generates an additional £1.7m and £1.8m respectively. There is no information as to whether the Social Care precept will continue beyond 2019/20 and so no assumptions are made beyond 2019/20.

- **Council Tax** - The draft budget assumes a 1.99% council tax increase in both 2018/19 and 2019/20 and this generates £2.1m and £2.3m respectively. . A 1.99% increase is also assumed for 2020/21.

1.18 Budget Refresh, Growth & Savings

Budget Refresh

There is a commitment to refresh the three year MTFS annually to ensure it remained reflective of the changing Harrow and Local Government landscape. All savings in the current MTFS for 2018/19 and 2019/20 have been reviewed and those savings that, for various circumstances, can no longer be taken forward are recommended for removal from the budget. These savings, which total £10.804m over the period 2018/19 to 2020/21 are summarised in table 2 and shown in Appendix 1B against the original saving. In addition to savings being reversed, there are a couple of savings which have been re-profiled between years.

The current MTFS includes savings of £2.6m and £4.1m in 2018/19 and 2019/20 for Project Infinity. This saving is proposed for reversal from the budget as a prudent measure to de-risk the MTFS in light of the Council's challenging financial position. The work will progress with IMB on Project Infinity and income generated will be re-instated into the budget as and when realised. This accounts for £6.7m of the £10.804m or reversed savings.

Savings identified as part of the 2018/19 Budget process

The 2018/19 budget setting process has identified additional savings of £4.604m over the three years. These are summarised in table 3 below and detailed in Appendix 1A.

Growth identified as part of the 2018/19 Budget process

Irrespective of funding reductions, the demand for front line Council services continues to increase and, in the main, shows no sign of reducing. There remain significant underlying pressures against the adults and children's social care budgets. The underlying pressures need to be addressed to ensure the budget is robust and financially sustainable as the Council moves forward into continued financially challenging times. Therefore growth of £9.220m has been allocated over the three years to address the underlying pressures. This growth is summarised in table 3 below and detailed in Appendix 1A:

Table 3:Savings and Growth from the 2018/19 Budget setting process

Directorate	2018/19	2019/20	2020/21	Total
Savings	£'000	£'000	£'000	£'000
Resources	228	30	0	258
Adult	1,242	1251	0	2,493
Children and Family	91	0	0	91
Public Health	0	0	0	0
Community and Cultural services	355	1120	137	1,612
Housing	100	0	0	100
Regeneration	50	0	0	50
Total	2,066	2,401	137	4,604
Growth				0
Resources	-110	0	0	-110
Adults	-5,825	0	90	-5,735
Children's and Family	-2,900	0	0	-2,900
Public Health	-275	0	0	-275
Community and Cultural services	0	-175	-25	-200
Total	-9,110	-175	65	-9,220
Net Savings/Growth	**-7,044**	**2,226**	**202**	**-4,616**

1.19 Table 4 sets out savings proposed as part of the current MTFS and which were included in the 2017/18 Budget report. Table 4, shows savings of £9.968m over the three year period and this is the net position after allowing for the savings referred to in the budget refresh section being reversed which total £10.804m. The savings totalling a net £9.968m over the three years are detailed in Appendix 1b.

Table 4:Savings from 2016/17 and 2017/18 MTFS

Directorate	2018/19	2019/20	2020/21	Total
Savings	£'000	£'000	£'000	£'000
Resources	1,770	150	0	1,920
Adult	240	0	0	240
Children's Services	302	150	0	452
Public Health	1,264	0	0	1,264
Community and culture	2,527	321	159	3,007
Housing	822	263	0	1,085
Regeneration	2,000	0	0	2,000
Total	**8,925**	**884**	**159**	**9,968**

1.20 Table 5 sets out the summary of savings and growth in the current MTFS and those that were included in the 2017/18 budget report. The

net position is net savings of £5.401m over the three years; this is set out in appendix 1a, 1b, and 1c.

Table 5:Summary of Savings and Growth 2018/19 to 2020/21

Directorate	**2018/19**	**2019/20**	**2020/21**	**Total**
Savings	£'000	£'000	£'000	£'000
Resources	1,998	180	0	2,178
Adult	1,482	1,251	0	2,733
Children's Services	393	150	0	543
Public Health	1,264	0	0	1,264
Community and culture	2,882	1,441	296	4,619
Housing	922	263	0	1,185
Regeneration	2,050	0	0	2,050
Total	**10,991**	**3,285**	**296**	**14,572**
Growth				
Resources	-110	0	0	-110
Adults	-5,729	90	90	-5,549
Children's and Family	-3,100	0	0	-3,100
Public Health	-275	0	0	-275
Community and Cultural services	0	-275	-25	-300
Housing	163			163
Total	-9,051	-185	65	-9,171
Net Savings/Growth	**1,940**	**3,100**	**361**	**5,401**

1.21 **Technical Adjustments**

- **Corporate Budgets** - A review of the Corporate budgets has provided for £0.748m and £0.108m of savings in 2018/19 and 2019/20. This is largely as a result of building in estimates for items in previous budget setting rounds. For example, the impact of the 2017/18 NNDR revaluation on Harrow's own sites has cost approximately £300k less than estimated.

- **Capital Financing Charges** - There are a number of savings, both one off and ongoing that are being factored into the budget in connection with Capital Financing Charges:

    a) There is a one off £4m over provision of Minimum Revenue Provision estimated in 2017/18, as a result of slippage on the Capital programme. By charging the same level of MRP in 2017/18, it is possible to reduce the MRP charge by the same amount in 2018/19, therefore producing a one off saving in 2018/19 which needs to be reversed in 2019/20.

b) As a result of a review of the MRP provision, it is possible to reduce the budget by £2m on a permanent basis. The budget is increased incrementally each year for new Capital financing costs from new schemes, but the schemes where MRP charges have now been repaid in full do not get taken out of the budget on an annual basis. This review has delivered a £2m saving.

c) The slippage on the Capital programme has meant that borrowing that was estimated to take place in 2017/18, can be delayed until 2018/19, therefore bringing about one off savings in interest charges of £350k in 2018/19.

d) As reported elsewhere on the agenda in the Capital Programme report, a reduction in the Capital Programme in 2017/18 to 2019/20 has brought about capital financing savings of £1.144m in 2018/19, £355k in 2019/20 and £45k in 2020/21.

1.22 The 2015 Spending Review announced £2.4 billion announced as part of an improved Better Care Fund over the three years to 2019/20 (£6m for Harrow although no funding in 2017/18). The spring 2017 budget announced additional funding of £2 billion for adult social care (£7.7m for Harrow), £1 billion of which was made available in 2017-18. (£3.6m for Harrow). Therefore over the 3 year period 2017/18 to 2020/21, the Council received funding of £13.7m, of which £10.1m relates to the current MTFS period. This funding is now included in the draft MTFS, £4.643m in 2018/19 and £5.467m in 2020/21.

1.23 This additional funding for adult social care was given to councils in a direct grant from the DCLG, and was required to be included within the Better Care Fund, specifically titled the Improved Better Care Fund (IBCF). Three conditions have been set by DCLG in relation to this funding: meeting social care needs, stabilising the social care provider market and relieving pressures on the NHS. In July, NHS England set targets for councils to meet by September 2017 which are currently being measured. Subsequent national policy announcements stated that Councils which did not improve performance significantly would have their IBCF allocation reviewed. The current position is that funding will not be removed in 17/18 but could be reviewed in future years, based on performance in September and November.

CAPITAL RECEIPTS FLEXIBILITY

1.24 In the Spending Review 2015, it was announced that to support local authorities to deliver more efficient and sustainable services, the government will allow local authorities to spend up to 100% of their fixed asset receipts on the revenue costs of reform projects. This flexibility is being offered to the sector for the three financial years 2016/17 to 2018/19.

1.25 The Council signified its intent to make use of this flexibility in its final budget report to Cabinet and Council in February 2016.

1.26 In terms of the required reporting requirements, DCLG recommend each authority disclose the projects that will be funded or part funded through capital receipts to full Council. This requirement can be satisfied as part of the annual budget setting process. In November 2016, Cabinet approved a number of asset disposals and the capital receipts from these disposals are being applied within the new flexibilities. A separate report on this agenda provides an update on asset disposals. In 2017/18 capital receipt flexibilities of £3.039m were applied and the draft budget for 2018/19 assumes further capital receipt flexibilities of £2.7m. The further use of capital receipt flexibilities will be reported to February Cabinet and finally approved by full Council in February 2018.

THE AUTUMN BUDGET 2017

1.27 The Autumn Statement was released on 22 November 2017. There were a number of announcements in relation to Local Government, the financial implications of which are being evaluated or the detail will become known following receipt of the Local Government Financial Settlement which is due by mid December. This may result in further adjustments to the MTFS which will be reported to Cabinet and Council in February 2018.

LONDON BUSINESS RATES POOLING PILOT

1.28 Currently Local Authorities retain 30% of the Business Rates income they collect, for Harrow this equates to £14.4m per annum, Business Rates are currently subject to reform with central government intending to allow local government, as a whole, to retain all it's rates collected. Alongside this there will be a phasing out of a number of specific grants including RSG and the transfer of additional responsibilities to local government to ensure overall fiscal neutrality of the reforms.

1.29 As a first step towards 100% rates retention Harrow has agreed, in principle, to support a 100% business rates retention pilot proposal for 2018/19 covering London. This approach was collectively agreed by borough Leaders and the Mayor at the Congress of Leaders meeting on 10 October 2017. Following implementation, Harrow would receive a proportion of the collective growth in London arising from the pool and the no detriment clause agreed by central Government would guarantee that the Council could be no worse off than it would have been had the pilot not been put in place. Central government have committed to the pool for the period of 1 year only. Full implementation of 100% retention will require primary legislation.

1.30 The pool will be governed by a quasi – contractual approach involving a lead authority in consultation with participating authorities. This would be documented in a non legally binding Memorandum of Understanding with delegated authority to the City of London Corporation as the Lead Authority. It is proposed that a portion of the net gain from the pooling arrangement would be retained as a strategic investment pot (SIP) which could be used to fund projects that deliver

economic growth and it is proposed that the lead Authority will take decisions on the allocation of the SIP in consultation with the other participating authorities.

1.31 The draft MTFS is based on the current business rate arrangements. Any changes as a result of the 100% business rates retention pilot proposal will be reported to Cabinet and Council in February 2018 as part of the report to approve the final 2018/19 budget and MTFS. Being prudent, the draft MTFS includes no growth potential as a result of the pool.

SCHOOLS BUDGET 2018/19

1.32 There are significant changes to school funding in 2018/19. In March and December 2016 the Government issued a two phase consultation which proposed the introduction of a National Funding Formula (NFF) for schools and High Needs funding. The outcome of these consultations was announced in the summer.

1.33 The Government will introduce a National Funding Formula from 2018/19. This will be a 'soft' NFF in 2018/19 and 2019/20. This means that Local Authorities (LA) will be funded on the basis of the aggregate of the NFF for all schools, academies and free schools in its area but the final formula for distribution will be determined by each LA following consultation with schools and Schools Forums. The Council is currently undertaking a consultation with all schools which closes on 1 December 2017, the outcome of which will be reported to Cabinet in February 2018 for approval of the proposed formula.

1.34 In 2020 the Government intends to implement the NFF 'hard' formula which means that school allocations will be determined by the DfE rather than LAs.

PUBLIC HEALTH FUNDING

1.35 Following the comprehensive spending review in November 2015, Public Health England wrote to local authorities detailing average real terms savings of 3.9% each year to 2020/21 and notified allocations for 2016/17 and 2017/18.

1.36 Grant allocations for 2018/19 onwards have yet to be announced but annual reductions are anticipated to be at similar levels pending the outcome of consultation on options to fully fund local authorities' public health spending from their retained business rates receipts as part of the move towards 100% business rate retention. For the purposes of the budget the grant has been estimated at £10.8m and reflects a continued reduction in the grant in line with the spending review.

1.37 The shared public health service with Barnet will cease on 31st March 2018. The original term of 5 years will not be extended given the relationship with STP footprints which is expected to more appropriately align Barnet within the North Central London region rather than the North West London region where Harrow as the host

provider is located. The draft Public Health commissioning intentions detailed in Appendix 4 of £10.8m represents the costs of a Harrow only service from 1st April 2018. This expenditure includes an increase in costs associated with health checks (to meet the national minimum requirement), the re-instatement of three posts resulting in an increase in the head count from 5 to 8 FTE , and a reduction in the savings associated with the ongoing drug and alcohol services.

1.38 The Council consider that this level of funding enables the Council's overarching statutory duties (including equality duties) to be maintained, taking account of the joint strategic needs assessment.

BETTER CARE FUND

1.39 The 2015 Spending Review set out the Government's intention that, by 2020, health and social care will be more fully integrated across England. BCF plans must set out how CCGs and local authorities are working towards fuller integration and better co-ordinated care, both within the BCF and in wider services.

1.40 The Better Care Fund (BCF) provides a mechanism for joint health and social care planning and commissioning, bringing together ring-fenced budgets from Clinical Commissioning Group (CCG) allocations, the Disabled Facilities Grant (DFG) and funding paid directly to local government for adult social care services – the Improved Better Care Fund (IBCF). The Integration and Better Care Fund Plan is the principle vehicle in Harrow to deliver Whole Systems Integrated Care with partners to support the local health and care economy to define and deliver its Accountable Care model that will enable longer term system wide capacity to meet increasing need and demand for services. The Harrow-wide vision for whole systems integrated care is to improve the quality of health and social care for individuals, carers and families, empowering and supporting people to maintain independence and to lead full lives as active participants in their community by improving access to services in the "Right place at the Right time"

1.41 The aim for 2017/19 is to further reduce hospital admissions and overall cost of delivery by shifting investment in resource and provision of services into the community rather than acute settings in line with the CCG's 'Out of Hospital' strategy and emerging 'Local Service' model. The CCG plan to have a local ASC – Accountable Care System Organisation operating in shadow form by April 2018. The 2017-19 BCF plan was approved by NHS England on 10th November.

1.42 The BCF in 2018-19 has national funding of £5.617billion and comprises £3.650billion from CCG allocations, £468mn Disabled Facilities Grant and £1.499 billion IBCF grant to local authorities. The agreed value of the Better Care Fund in Harrow is £22.115m, £1.406m of which reflects the capital funding in relation to Disabled Facility (the Community Capacity Grant having been discontinued). The balance of £20.709m allocated to revenue funding supporting the two agreed schemes – Protecting Social Care (£5.888m) and Whole Systems and

Transforming Community Services (£10.142m) and the direct grant to local government in relation to the iBCF funding of £4.643m.

1.43 Over the duration of the plan the aim is to increase the proportion of resources that are pooled, and extend integrated working to new service areas including the development of an Accountable Care System.

COMMERCIALISATION

1.44 Harrow's Commercialisation Strategy was agreed by Cabinet in June 2015. It aims to put in place measures designed to support the substantial cuts that Harrow has experienced and further envisages in the coming years. It aims to take a broad view of commercialisation, to include all aspects of service reviews and redesign, the commissioning cycle, shared services, multi borough joined up services, new opportunities for revenue generation and pricing.

1.45 Commercialisation for Harrow Council has been defined as encompassing, but not limited to, the following areas:

- Shared Services
- Investments
- Selling services
- Pricing Analysis
- Fitness of traded services
- Consideration of concessions
- Better contract management
- Continuous improvement in procurement

1.46 Based on the council's current pipeline of commercialisation opportunities, it is expected that the Commercialisation Strategy will deliver significant benefits; £15.525m of these benefits are captured in the MTFS over the period 2015/16 to 2020/21. Table 6 below summarises the commercialisation benefits:

Table 6: Commercialisation Benefits

	MTFS 2015/16	MTFS 2016/17	MTFS 2017/18	MTFS 2018/19	MTFS 2019/20	MTFS 2020/21	Total
Activity	£0	£0	£0	£0	£0		£0
1. Legal Service Expansion – HB Public Law has expanded to include Hounslow and Aylesbury Vale with further expansion opportunities continuing to be explored.	244	284	354	354	-		1,236
2. Website Commercialisation – There are two streams to this project: Advertising on website assets and introduction of national and local deals.	100	25	25	120	-		270
3. Shared HR service – look at sharing the service with other local authorities.	-	-	140	110	-		250
4. Investment Portfolio – an opportunity to invest in a portfolio of commercial properties will be explored as well as the potential to invest in opportunities such as energy generation. Peer support has been sought from Luton Borough Council via the LGA.	-	-	350	350	-		700
5. Procurement Services –a shared service with other authorities is being actively explored. The council's Director of Commercial, Contracts and Procurement is now also the Head of Procurement for Brent.	50	108	182	180	-		520
6. My Community ePurse – explore commercialisation opportunities	-	-	-	2,638	4,100		6,738
7. Adults services - Wiseworks and Shared lives – commercialisation opportunities and selling model to neighbouring Boroughs.	-	-	100	219	56		375
8. Private Rented Sector Housing – As part of the regeneration plans, the council is looking at building homes which could then be rented to private tenants.	-	-	350	2,000	-		2,350
9. Property Purchase Initiative - Purchasing of up to 100 properties to increase supply of good quality temporary accommodation and mitigate homelessness costs.	-	230	31	-2	42		301
10. Harrow School Improvement Partnership – HSIP is already providing a service to Brent. The opportunity to expand the service to other councils is being looked into.	-	130	-	-	-		130
11. Project Phoenix including Trade Waste.	-	115	520	1,525	-	200	2,360
12. Helpline – review the service to consider whether Helpline services can be provided to other councils.	-	15	80	100	100		295
Total	**394**	**907**	**2132**	**7594**	**4298**	**200**	**15525**

1.47 My Community e purse (Project Infinity) remains a commercialisation target. It has been removed from the MTFS as a de-risking measure as part of the budget refresh process. However work progress's with IBM on product development and marketing and income generated will be re-instated into the budget as and when realised.

RESERVES AND CONTINGENCIES

1.48 Reserves and contingencies need to be considered in the context of their need to protect the Council's good financial standing and in the context of the overall risks that the Council faces during a continuing period of economic uncertainty. The MTFS reflects the Council's need to ensure an adequate level of reserves and contingencies which will enable it to manage the risks associated with delivery of the budget including equalities impacts and unforeseen events. As at the time of writing this report general fund non earmarked balances remain at £10m and those for specific purposes are detailed:

- Unforeseen contingency £1.248m (on going reserve build into the Revenue Account)
- Budget Planning contingency £1m
- Rapid Response reserve £75k
- Standing Up for Those in Need £800k
- Business Risk Reserve £2.109m
- MTFS Implementation Costs £0m (The Revenue and Capital Monitoring Report as at Quarter 2 shows an estimated carry forward balance of £1.990m against this reserve. Its is assumed this sum will be used for redundancy costs in 2018/19)

1.49 The Director of Finance will report on the adequacy of the Council's reserves as required in the budget setting report in February.

LONDON BOROUGHS GRANTS SCHEME

1.50 Harrow's contribution to the London Borough's Grant Scheme was £218,749 in 2017/18. At the time of writing this report the Council has not been notified of the recommended contribution for 2018/19. To ensure that the Council can respond to London Council's when contribution rates are notified, its is recommended that Cabinet authorise the Director of Finance to agree Harrow's 2018/19 contribution to the London Borough's Grant Scheme, in consultation with the Portfolio Holder for Finance and Commercialisation. The contribution rate will be reported to Cabinet in February 2018 as part of the final budget.

2.0 CONSULTATION

2.1 As a matter of public law the duty to consult with regards to proposals to vary, reduce or withdraw services will arise in 4 circumstances:

- Where there is a statutory requirement in the relevant legislative framework;
- Where the practice has been to consult or where a policy document states the council will consult then the council must comply with its own practice or policy;
- Exceptionally, where the matter is so important that there is a legitimate expectation of consultation and

- Where consultation is required to complete an equalities impact assessment.

Regardless of whether the council has a duty to consult, if it chooses to consult, such consultation must be carried out fairly. In general, a consultation can only be considered as proper consultation if:

- Comments are genuinely invited at the formative stage;
- The consultation documents include sufficient reasons for the proposal to allow those being consulted to be properly informed and to give an informed response;
- There is adequate time given to the consultees to consider the proposals;
- there is a mechanism for feeding back the comments and those comments are conscientiously taken into account by the decision maker / decision making body when making a final decision;
- The degree of specificity with which, in fairness, the public authority should conduct its consultation exercise may be influenced by the identity of those whom it is consulting and;
- The consultation is clear on the reasons and extent to which alternatives and discarded options have been discarded.

2.2 Public consultation on the overall budget for 2018/19 will commence after 7 December 2017 before the final savings are recommended to Full Council on the 22 February 2018.The public consultation will give residents an opportunity to comment on the 2018/19 overall budget before final decisions are formalised in the council's annual budget.

2.3 In terms of service specific consultations, the council has a duty to consult with residents and service users in a number of different situations including where proposals to significantly vary, reduce or withdraw services. Consultation is also needed in other circumstances, for example to identify the impact of proposals or to assist with complying with the council's equality duties. Where appropriate, separate service specific consultations have already taken place or are currently taking place for the 2018/19 savings.

3.0 PERFORMANCE IMPLICATIONS

3.1 The in-year measurement of the Council is reported in the Strategic Performance Report. The Corporate Plan, which will be developed alongside the Budget Report, will have measures within it which will set out how Council delivery in 2018/19 will be measured and this again will be reported through the Strategic Performance Report.

4.0 RISK MANAGEMENT IMPLICATIONS

4.1 As part of the budget process the detailed budget risk register will be reviewed and updated. This helps to test the robustness of the budget and support the reserves policy. This will be reported to February Cabinet.

5.0 LEGAL IMPLICATIONS

5.1 Section 31A of the Local Government Finance Act 1992 requires billing authorities to calculate their council tax requirements in accordance with the prescribed requirements of that section. This requires consideration of the authority's estimated revenue expenditure for the year in order to perform its functions, allowances for contingencies in accordance with proper practices, financial reserves and amounts required to be transferred from general fund to collection fund.

5.2 Local authorities owe a fiduciary duty to council tax payers, which means it must consider the prudent use of resources, including control of expenditure, financial prudence in the short and long term, the need to strike a fair balance between the interests of council tax payers and ratepayers and the community's interest in adequate and efficient services and the need to act in good faith in relation to compliance with statutory duties and exercising statutory powers.

5.3 Cabinet is approving these proposals for consultation after which a cumulative equalities impact will be drafted. These proposals will be referred to Council so that Council can approve the budget envelope and set the Council Tax. There will be contingencies within the budget envelope so that decision makers have some flexibility should any decisions have detrimental equalities impacts that cannot be mitigated.

5.4 The Secretary of State has the power to designate two or more "relevant authorities" as a pool of authorities for the purposes of the provisions of Schedule 7B of the Local Government Finance Act 1988 (as amended by the Local Government Finance Act 2012).Paragraph 45 (Interpretation) of Schedule 7B defines a "relevant authority" as a billing authority in England, or a major precepting authority in England. The list of billing authorities at Schedule 5, Part 1 of the Non-domestic Rating (Rates Retention) Regulations 2013/452 includes the GLA and the London Boroughs as billing authorities and the GLA is also a precepting authority pursuant to section 39 (1) of the Local Government Finance Act 1992. In relation to the project, the participating local authorities have implicit powers to enter into arrangements with each other for the purposes of fulfilling the requirements of Schedule 7B for obtaining an order of the Secretary of State authorising the establishment of a business rate pool.

Local authorities have a power to enter into arrangements between them including under section 111 of the LGA 1972: "Without prejudice to any powers exercisable apart from this section but subject to the provisions of this Act and any other enactment passed before or after this Act, a local authority shall have power to do any thing (whether or not involving the expenditure, borrowing or lending of money or the acquisition or disposal of any property or rights) which is calculated to facilitate, or is conducive or incidental to, the discharge of any of their functions".

6.0 FINANCIAL IMPLICATIONS

6.1 Financial Implications are integral to this report.

7.0 EQUALITIES IMPLICATIONS / PUBLIC SECTOR EQUALITY DUTY

7.1 Decision makers should have due regard to the public sector equality duty in making their decisions. The equalities duties are continuing duties they are not duties to secure a particular outcome. The equalities impact will be revisited on each of the proposals as they are developed. Consideration of the duties should precede the decision. It is important that Cabinet has regard to the statutory grounds in the light of all available material such as consultation responses. The statutory grounds of the public sector equality duty are found at section 149 of the Equality Act 2010 and are as follows:

A public authority must, in the exercise of its functions, have due regard to the need to:

(a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;

(b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;

(c) Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

Having due regard to the need to advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, to the need to:

(a) remove or minimise disadvantages suffered by persons who share a relevant protected characteristic that are connected to that characteristic;

(b) take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it;

(c) Encourage persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

The steps involved in meeting the needs of disabled persons that are different from the needs of persons who are not disabled include, in particular, steps to take account of disabled persons' disabilities.

Having due regard to the need to foster good relations between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, to the need to:

(a) Tackle prejudice, and

(b) Promote understanding.

Compliance with the duties in this section may involve treating some persons more favourably than others; but that is not to be taken as permitting conduct that would otherwise be prohibited by or under this Act. The relevant protected characteristics are:

- *Age*
- *Disability*
- *Gender reassignment*
- *Pregnancy and maternity*
- *Race,*
- *Religion or belief*
- *Sex*

- *Sexual orientation*
- *Marriage and Civil partnership*

7.2. Directorate proposals will be subject to an initial equalities impact assessment followed by a full assessment where appropriate. These will be published along with the final budget and MTFS report to February Cabinet. An assessment will also be carried out on the whole budget, when all proposals have been identified, to ensure that decision makers are aware of any overall equalities impact on the protected characteristics listed above..

8.0 COUNCIL PRIORITIES

8.1 The Council's draft budget for 2018/19 has been prepared in line with the Council's vision:

Working Together to Make a Difference for Harrow

- 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

Name: Dawn Calvert Date: 27 November 2017	x	Chief Financial Officer
Name: Jessica Farmer Date: 27 November 2017	x	on behalf of the Monitoring Officer

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

EqIA carried out:	**To be reported on as Part of the Feb Budget report**
EqIA cleared by:	**n/a**

Section 4 - Contact Details and Background Papers

Contact: Dawn Calvert, Director of Finance, tel: 0208 4209269, dawn.calvert@harrow.gov.uk

Background Papers:
1.Final Revenue Budget 2016/17 and MediumTerm Financial Strategy 2016/17 to 2019/20 - report to Cabinet 18th February 2016
2.Property Disposal Programme 2016-2017 - report to Cabinet 17th November 2016
3. Commercialisation Strategy- report to Cabinet 17th June 2015

http://www.harrow.gov.uk/www2/ieListDocuments.aspx?CId=249&MId=62621&Ver=4

http://www.harrow.gov.uk/www2/ieListDocuments.aspx?CId=249&MId=62839&Ver=4

http://www.harrow.gov.uk/www2/ieListDocuments.aspx?CId=249&MId=62614&Ver=4

Call-In Waived by the Chair of Overview and Scrutiny Committee	**NOT APPLICABLE** *[Call in applies]*

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	* Please Note, all SAVINGS shown as POSITIVE and Growth as Negative										Appendix 1A
Total Savings & Growth - 2018/19 Budget Process											
	Directorate			**Savings**				**Consultation/EQIA**			
Item No	**ref**	**Specific Service Area**	**Headline Description re: saving / reduction INTERNAL**	**2018-19**	**2019-20**	**2020-21**	**Total**	**EQIA required Yes/No**	**Does this proposal impact on another directorate Y/N**	**Consultation Required Yes/No**
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)			
			Heading in BOLD - detail in normal font - please keep typing - Text will wrap	**£000**	**£000**	**£000**	**£000**			
Resources							-			
1	Res 18.19 01	Customer Services	Review of Postal Process - the post room will sort inbound post but services will need to collect from the Post Room. The post room will frank and send post out but services will be responsible for delivering mail to post room.	20	30		50	Y	Y	Y
2	Res 18.19 03	Finance	Reduced contribution to the Insurance Fund - Harrow Council primarily self insures and makes an annual contribution from the general fund to the Insurance Fund. The annual contribution currently stands at £1,132,143. Due to tighter management of insurance claims, it is estimated that the contribution can be reduced by a further £50k. No implementation costs.	50			50	N	N	N
3	Res 18.19 04	Finance	Insurance Tender Efficiencies. The following Insurance Policies were re-tendered and savings of £35k per annum will be realised from 01/04/17.	35			35	N	N	N
4	Res 18.19 05	Legal	Member meetings, member self service, change to standards regime	40			40	N	N	N

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(1)	**(2)**	**(3)**	**(4)**	**(5)**	**(6)**	**(7)**	**(8)**			
			Heading in BOLD - detail in normal font - please keep typing - Text will wrap	**£000**	**£000**	**£000**	**£000**			
5	Res 18.19 06	Strategic Commissioning	Special Responsibilities Allowance	58			58	N	N	N
6	Res 18.19 07	Strategic Commissioning	Restructure of the Policy team	25			25	Y	N	Y
			Resources Total	228	30	-	258			
People Services										
	Adult									
7	PA01	Adult Social Care	Restructure of Adult Social Care Management Deletion of up to 7 management posts within Adult social care, whilst maintaining the number of staff required to support the delivery of care and Resilient Communities.	233	-	-	233	Y	N	Y
8	PA02	Adult Social Care	Housing Provision with Floating Support A new modernised and flexible approach to supported living for vulnerable adults. Responding to the LGA Adults Finance Review which noted potential opportunies to be explored around housing options, given the numbe	50	-	-	50	Y	N	Y

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(1)	**(2)**	**(3)**	**(4)**	**(5)**	**(6)**	**(7)**	**(8)**			
			Heading in BOLD - detail in normal font - please keep typing - Text will wrap	**£000**	**£000**	**£000**	**£000**			
9	PA03	Adult Social Care	Review of Floating Support Contracts Savings through supporting people in appropriate housing rather than high cost placements	200	-	-	200	Y	N	Y
10	PA04	Adult Social Care	Retendering of Care Act Contracts to deliver efficiencies in contract cost	40	-	-	40	Y	N	Y
11	PA05	Adult Social Care	Adult Services - Home In Harrow	719	1,251	-	1,970	Y	N	Y
			Adult Total	1,242	1,251	-	2,493			
	Children						-			

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(1)	**(2)**	**(3)**	**(4)**	**(5)**	**(6)**	**(7)**	**(8)**			
			Heading in BOLD - detail in normal font - please keep typing - Text will wrap	**£000**	**£000**	**£000**	**£000**			
12	PC03	Commissioning & Strategy	Delete Capital Team The majority of the capital schemes for the School Expansion Programme have been completed or are near completion. Beyond 2017-18 there will be small abouts of rolling maintenance programmes which could be managed by the CDU in Regen. Any specific schools projects beyond that can be commissioned from the CDU and funded by capital as a capital project fee. This savings proposal deletes the revenue budget associated with the administration & project support. Project management has historically been capitalised. Estimated redundancy costs £40k unless staff can be transferred into CDU	91			91	Y	N	Y
			Children's Total	91	-	-	91			
			People Total	1,333	1,251	-	2,584			
Community										
Community and Culture										

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(1)	**(2)**	**(3)**	**(4)**	**(5)**	**(6)**	**(7)**	**(8)**			
			Heading in BOLD - detail in normal font - please keep typing - Text will wrap	**£000**	**£000**	**£000**	**£000**			
13	COM18.19_S01	Commissioning & Commercial Division - Parking	Parking review - General efficiency review. Changes include the proposed Virtual Permits system.	205			205	Y	N	Y
14	COM18.19_S03	Environment & Culture - Waste Services	Changes to the Household Recycle & Reuse Centre (HRRC) at Forward Drive 1. Restrict access for non residents to HRRC by introducing a charging regime for non residents. 2. Introduce charges for non household waste (e.g. building waste) deposited at HRRC by residents / non residents 3. Upgrade trade waste controls		20		20	Y	N	Y
15	COM18.19_S04	Environment & Cultue - Harrow Arts Centre	Reduce subsidy to the arts centre	150	150	137	437	Y	N	Y

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(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)			
			Heading in BOLD - detail in normal font - please keep typing - Text will wrap	**£000**	**£000**	**£000**	**£000**			
16	COM18.19_S05	Environment & Culture - Waste Services	Waste Services Review - implementing waste management strategy to include the following: 1. Introduction of food / dry recycling in Flats 2. Review collection regime and resources Total target saving of £500k, subject to detailed proposals to be developed as part of Waste Review and requisite Cabinet approval. One-off implementation costs anticipated and estimated at £150k, leading to a net saving of £350k in 19/20 and £150k in 20/21.		500		500	Y	N	Y
17	COM18.19_S07	Commissioning & Commerical - Contracts Management	Savings from contract re-procurement		250		250	N	N	N
18	COM18.19_S10	Commissioning & Commercial Division	Phoenix projects - Indicative net saving from the commercialisation of CCTV operations, subject to a business case.		200		200	Y	N	Y
			Total Community & Culture	355	1,120	137	1,612			
	Housing									
19	COM18.19_S08	Housing	Housing Related Support Procurement	100			100	Y	N	Y

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(1)	**(2)**	**(3)**	**(4)**	**(5)**	**(6)**	**(7)**	**(8)**				
			Heading in BOLD - detail in normal font - please keep typing - Text will wrap	**£000**	**£000**	**£000**	**£000**				
			Total Housing	100	-	-	100				
			Community Total	455	1,120	137	1,712				
	Regeneration										
20	REP18.19_S01	Development Control	Additional Planning/Development Management Income - Review of pre-application fees - Income from Proceeds of Crime work relating to planning enforcement	25			25	N	N	N	
21	REP18.19_S02	Building Control	Additional Building Control Income by - working for development partners outside the Borough (such as for Redrow in Luton) - sales of specialist services (such as Fire Officer).	25			25	N	N	N	
			Regeneration Total	50	-	-	50				
			TOTAL SAVINGS	**2,066**	**2,401**	**137**	**4,604**	**0.0**		**0.0**	

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(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)			
			Heading in BOLD - detail in normal font - please keep typing - Text will wrap	**£000**	**£000**	**£000**	**£000**			
	Growth									
	Resources									
							-			
1	RESG01	Customer Services	HB Admin grant is reducing year on year by 10% (2017/18 reduced by £125k) and will reduce by £110k in 2018/19.	(110)	0	0	(110)	N	N	N
			Resources Total	**(110)**	**-**	**-**	**(110)**			
People Services										
	Adults									
2	PA01	Adult Services	Growth to reflect existing demands in Adult Social Care and to reflect anticipated demographic pressures in 2018/19	(5,825)		90	(5,735)	N	N	N
			Total Adult	**(5,825)**	**-**	**90**	**(5,735)**			
	Children									
3	PCG01	CYP Services	Children's Services Inherent Pressures Growth to reflect the existing demands in children's social care	(2,900)			**(2,900)**	N	N	N

	* Please Note, all SAVINGS shown as POSITIVE and Growth as Negative										Appendix 1A
Total Savings & Growth - 2018/19 Budget Process											
	Directorate			**Savings**				**Consultation/EQIA**			
Item No	**ref**	**Specific Service Area**	**Headline Description re: saving / reduction INTERNAL**	**2018-19**	**2019-20**	**2020-21**	**Total**	**EQIA required Yes/No**	**Does this proposal impact on another directorate Y/N**	**Consultation Required Yes/No**
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)			
			Heading in BOLD - detail in normal font - please keep typing - Text will wrap	**£000**	**£000**	**£000**	**£000**			
			Total Childrens Services	**(2,900)**	**-**	**-**	**(2,900)**			
	Public Health									
4	PH01	Health Checks	Increase in funding to enable 81% of eligible population to be invited to receive a health check over 5 years	(100)			(100)	N	N	N
5	PH02	Health Checks	Reinstate three posts to continue to improve health and reduce health inequalities	(175)			(175)	N	N	N
			Total Childrens Services	**(275)**	**-**	**-**	**(275)**			
			People Total	**(9,000)**	**-**	**90**	**(8,910)**			
	Community						-			
6	COM18.19_G01	Libraries Service	Contract Indexation uplift for the Libraries contract. The contract is subject to an indexation uplift every 2nd anniversary of the contract. The first uplift was applied in Sept 15 and the second one in Sept 17. Current pressure is being offset by one-off libraries reserve		(175)	(25)	(200)	N	N	N
			Total Community	**-**	**(175)**	**(25)**	**(200)**			
			Total Growth	(9,110)	(175)	65	(9,220)			

	* Please Note, all SAVINGS shown as POSITIVE and Growth as Negative										Appendix 1A
Total Savings & Growth - 2018/19 Budget Process											
	Directorate			**Savings**				**Consultation/EQIA**			
Item No	**ref**	**Specific Service Area**	**Headline Description re: saving / reduction INTERNAL**	**2018-19**	**2019-20**	**2020-21**	**Total**	**EQIA required Yes/No**	**Does this proposal impact on another directorate Y/N**	**Consultation Required Yes/No**
(1)	**(2)**	**(3)**	**(4)**	**(5)**	**(6)**	**(7)**	**(8)**			
			Heading in BOLD - detail in normal font - please keep typing - Text will wrap	**£000**	**£000**	**£000**	**£000**			
			Net Savings/Growth	**(7,044)**	**2,226**	**202**	**(4,616)**			

Savings Proposed from 2016/17 and 2017/18 Budget Setting									Appendix 1B
Item No	**Unique Reference No.**	**Specific Service Area**	**Headline Description re: saving / reduction INTERNAL**	**2018/19**	**2019/20**	**2020/21**	**Total**	**EQIA Required and in file Y/N**	**Key Stakeholders to consult 'Yes/No Completed**
				£000	**£000**		**£000**		
Resources									
1	RES_01	Customer Services and IT	Increase Helpline Income Developing a robust multi-channel marketing plan to build the brand and promote the Helpline service to generated additional income through the existing service.	100	100		200	Y	N
2	RES_CS06	Customer Services and IT	Assumed savings from the completion of the roll out of universal credit and the opportunity this provides to simplify the CTS scheme.	300			300	N	N
3	RES_CS06	Customer Services and IT	This £300k is unachievable as it is linked to UC which will not be fully in place until 2022. Although UC has started in Harrow in 2017/18, there have been only a handful of cases to date. JCP have advised us that UC Full Service will be rolled out in the Harrow JCP in two phases a month apart. Some postcodes will go live in April and some in May 2018. However they can not confirm numbers as they don't know these for sure, although as it is only new cases these are likely to be small in number. Additionally the full migration of the existing caseload (18,500) will not actually happen until around 2022	(300)			(300)	N	N
4	RES_HR01	HR	Shared HR Service with Buckinghamshire County Council - Business Case Under Development	110			110	Y	Consultation already done.

Savings Proposed from 2016/17 and 2017/18 Budget Setting									Appendix 1B
Item No	**Unique Reference No.**	**Specific Service Area**	**Headline Description re: saving / reduction INTERNAL**	**2018/19**	**2019/20**	**2020/21**	**Total**	**EQIA Required and in file Y/N**	**Key Stakeholders to consult 'Yes/No Completed**
				£000	**£000**		**£000**		
5	RES_CP01	Commercial, Contracts & Procurement	Selling services through shared procurement arrangements.	29	0		29	Y	N
6	RES15	Procurement	Restructuring of the Commercial, Contracts and Procurement Division's function.	151			151	Y	N
7	RES_16	Strategic Commissioning	VCS funding - This saving reduces community grants and transfer funding from the emergency relief fund, to support the information and advice strategy as the December cabinet report.	57	50		107	Y	Y- separate report to December 2016 Cabinet
8	RES_SC01	Strategic Commissioning	Income from Communications Through Gain Share Model	13			13	Y	N
9	RES_SC03	Strategic Commissioning	Alternative Funding of domestic violence budget	61			61	Y	N
10	RES_SC04	Strategic Commissioning	Proposed savings in Health watch Funding	50			50	Y	N
11	RES_SC02	Strategic Commissioning	Additional Income from Communications Provider and Further Savings	107			107	Y	N

Savings Proposed from 2016/17 and 2017/18 Budget Setting									Appendix 1B
Item No	**Unique Reference No.**	**Specific Service Area**	**Headline Description re: saving / reduction INTERNAL**	**2018/19**	**2019/20**	**2020/21**	**Total**	**EQIA Required and in file Y/N**	**Key Stakeholders to consult 'Yes/No Completed**
				£000	**£000**		**£000**		
12	RES_SC02	Strategic Commissioning	The previous tender of the Communications Service aimed to deliver a programme of reductions in spend phased of a number of financial years. With the service recently being brought back in house, it requires all available funding to keep up with demand.	(57)			(57)	N	N
13	RES_SC05	Strategic Commissioning	SIMS Team Contribution to Overheads and Additional Income	20			20	N	N
14	RES_SC06	Strategic Commissioning	Commissioning Capacity in the Council	50			50	Y	N
15	RES_LG04	Legal & Governance	Expansion of the Legal Practice	210			210	Y	N
16	RES12	Legal & Dem Services	Reduction in Legal cost, in the initial instance by growing the business	144			144	Y	N
17	RES_F02	Finance & Assurance	Improved Treasury investment return from increased Risk appetite (Primarily lending for longer and to institutions with lower credit ratings)	625			625	N	N
18	RES_F04	Finance & Assurance	Investment Portfolio	350			350	N	N
			sub - Resources Total	**2,020**	**150**	**-**	**2,170**		

Savings Proposed from 2016/17 and 2017/18 Budget Setting									Appendix 1B
Item No	**Unique Reference No.**	**Specific Service Area**	**Headline Description re: saving / reduction INTERNAL**	**2018/19**	**2019/20**	**2020/21**	**Total**	**EQIA Required and in file Y/N**	**Key Stakeholders to consult 'Yes/No Completed**
				£000	**£000**		**£000**		
19	RES_LG05	Legal & Governance	Delayed implementation of land charges transfer of service	(250)			(250)	N	N
			Resources Total	**1770**	**150**	**0**	**1920**		
People Service									
		Adult							
20	PA_3	Adults	Wiseworks - commercialisation opportunities and to be self financing by end of MTFS period	56			56	Y	N
21	PA_4	Adults	Milmans Community tender	184			184	Y	Y
22	PA_10A	Adults	Transport - review transport provision	350			350	Y	Consultation will be done in accordance with HR policies
23	PA_10A	Adult	Transport - Review transport Provision	(350)				N	N
24	PA_26	Adult	My Community ePurse - commercialisation of My Community ePurse	1,000	600		1600	Y	N
25	PA_26	Adult	My Community ePurse - commercialisation of My Community ePurse	(1,000)	-600		-1600	N	N
26	PA_27	Adults	Re-phasing - add in new phasing	998	1250		2248	Y	N
27	PA_28	Adult	Community Wrap - explore new commercialisation opportunities	(998)	-1250		-2248	N	N

Savings Proposed from 2016/17 and 2017/18 Budget Setting									Appendix 1B
Item No	**Unique Reference No.**	**Specific Service Area**	**Headline Description re: saving / reduction INTERNAL**	**2018/19**	**2019/20**	**2020/21**	**Total**	**EQIA Required and in file Y/N**	**Key Stakeholders to consult 'Yes/No Completed**
				£000	**£000**		**£000**		
28	PA_28	Adults	Community Wrap - explore new commercialisation opportunities	640			640	Y	N
29	PA_28	Adult	Community Wrap - explore new commercialisation opportunities	(640)			-640	N	N
30	PA_29B	Adults	Total Community ePurse - explore new commercialisation opportunities		2250		2250	Y	N
31	PA_29B	Adult	Total Community ePurse - explore new commercialisation opportunities		-2250		-2250	N	N
			Total Adult	**240**	**-**	**-**	240		
Children									
32	PC12	Children & Young People	Review of posts in Quality Assurance & Improvement Service	223			223	N	N
33	PC12	Children & Young People	These savings were based on a reduction in the number of Looked After Children, Children in Need and Child Protection cases compared with 2015-16. However demand has increased since 2015-16 meaning these savings, in order to maintain a safe service, are now not achievable	(185)			(185)	N	N
34	PC14	Children & Young People	Review of Adoption Contract	86			86	N	N

Savings Proposed from 2016/17 and 2017/18 Budget Setting									Appendix 1B
Item No	**Unique Reference No.**	**Specific Service Area**	**Headline Description re: saving / reduction INTERNAL**	**2018/19**	**2019/20**	**2020/21**	**Total**	**EQIA Required and in file Y/N**	**Key Stakeholders to consult 'Yes/No Completed**
				£000	**£000**		**£000**		
35	PC14	Children & Young People	These savings were based on a reduction in the number of Looked After Children, Children in Need and Child Protection cases compared with 2015-16. However demand has increased since 2015-16 meaning these savings, in order to maintain a safe service, are now not achievable	(86)			(86)	N	N
36	PC15	Children & Young People	Review of posts in MASH	100			100	N	N
37	PC15	Children & Young People	These savings were based on a reduction in the number of Looked After Children, Children in Need and Child Protection cases compared with 2015-16. However demand has increased since 2015-16 meaning these savings, in order to maintain a safe service, are now not achievable	(86)			(86)	N	N
38	PC16	Children & Young People	Review of posts in Family Information Service	61			61	N	N
39	PC16	Children & Young People	Review of posts in Family Information Service	(61)			(61)	N	N
40	PC17	Children & Young People	Review of posts in Access to Resources	57			57	N	N

Savings Proposed from 2016/17 and 2017/18 Budget Setting									Appendix 1B
Item No	**Unique Reference No.**	**Specific Service Area**	**Headline Description re: saving / reduction INTERNAL**	**2018/19**	**2019/20**	**2020/21**	**Total**	**EQIA Required and in file Y/N**	**Key Stakeholders to consult 'Yes/No Completed**
				£000	**£000**		**£000**		
41	PC17	Children & Young People	These savings were based on a reduction in the number of Looked After Children, Children in Need and Child Protection cases compared with 2015-16. However demand has increased since 2015-16 meaning these savings, in order to maintain a safe service, are now not achievable	(57)			(57)	N	N
42	PC19	Children & Young People	Review of Leaving Care, Children Looked After & Unaccompanied Asylum Seeking Children Teams	173			173	N	N
43	PC19	Children & Young People	These savings were based on a reduction in the number of Looked After Children, Children in Need and Child Protection cases compared with 2015-16. However demand has increased since 2015-16 meaning these savings, in order to maintain a safe service, are now not achievable	(173)			(173)	N	N
44	PC28	Cross Service	Non-pay inflation	150	150		300	N	N
45	PC36	Children & Young People	Review of posts in Quality Assurance & Service Improvement.	248			248	N	N

Savings Proposed from 2016/17 and 2017/18 Budget Setting									Appendix 1B
Item No	**Unique Reference No.**	**Specific Service Area**	**Headline Description re: saving / reduction INTERNAL**	**2018/19**	**2019/20**	**2020/21**	**Total**	**EQIA Required and in file Y/N**	**Key Stakeholders to consult 'Yes/No Completed**
				£000	**£000**		**£000**		
46	PC36	Children & Young People	These savings were based on a reduction in the number of Looked After Children, Children in Need and Child Protection cases compared with 2015-16. However demand has increased since 2015-16 meaning these savings, in order to maintain a safe service, are now not achievable	(248)			(248)	N	N
47	PC38	Children & Young People	Review of Children Looked After & Placements Service.	1,000			1,000	N	N
48	PC38	Children & Young People	These savings were based on a reduction in the number of Looked After Children, Children in Need and Child Protection cases compared with 2015-16. However demand has increased since 2015-16 meaning these savings, in order to maintain a safe service, are now not achievable	(1,000)			(1,000)	N	N
49	PC42	Special Needs Service	Review of Special Needs Service £1,164m ('Reversal of Savings - Special Educational Needs Placements In respect of PC41 approved February 2016. New funding regulations mean there will no longer be flexibility to further charge these costs to grant £651k)	513			513	N	N

Savings Proposed from 2016/17 and 2017/18 Budget Setting									Appendix 1B
Item No	**Unique Reference No.**	**Specific Service Area**	**Headline Description re: saving / reduction INTERNAL**	**2018/19**	**2019/20**	**2020/21**	**Total**	**EQIA Required and in file Y/N**	**Key Stakeholders to consult 'Yes/No Completed**
				£000	**£000**		**£000**		
50	PC42	Special Needs Service	Demand has continued to rise in the number of young people with Special Educational Needs, in particular for post 16 provision up to age 25, as well as an increase in complexity of growth.	(413)			(413)	N	N
			Total Childrens Services	**302**	**150**	**-**	**452**		
				302	**150**		**452**		
Public service									
51	PH_01	PH	Wider Health Improvement - bring forward approved 2018/19 savings in relation to wider determinants of health to 2017/18. Warmer Homes £50k retained until 2018/19.	(96)			(96)	N	N
52	PH_02	PH	Wider Health Improvement - breast feeding - saving scheduled for 2018/19 to allow service to develop alternative model.	65			65	Y	Consultation will be done in accordance with HR policies
53	PH_11	PH	Drug and Alcohol - reduction in service (contract related costs. Employee costs included in PH_12)	1,500			1,500	Y	Consultation will be done in accordance with HR policies
54	PH_11	PH	Drug and Alcohol - reduction in saving	(1,000)			(1,000)	N	N

Savings Proposed from 2016/17 and 2017/18 Budget Setting									Appendix 1B
Item No	**Unique Reference No.**	**Specific Service Area**	**Headline Description re: saving / reduction INTERNAL**	**2018/19**	**2019/20**	**2020/21**	**Total**	**EQIA Required and in file Y/N**	**Key Stakeholders to consult 'Yes/No Completed**
				£000	**£000**		**£000**		
55	PH_12	PH	Reduction to service - staffing reductions	795			795	Y	Consultation will be done in accordance with HR policies
			Total Public Health	**1,264**	-		**1,264**		
			People Total	**1,806**	**150**	**-**	**1,956**		
Community									
Community and Culture									
56	COM	Commissioning & Commercial	Income from expansion of Central Depot	239	246		485	Y	N
57	COM_S08	Environment & Culture	Phase 2 of Environment & Culture Review - Regulatory Services Review of Enforcement functions across the Division and the Council. Revised approach to prioritise commercial / cost recovery generating work and health and safety issues and to undertake all other services at minimum standards meeting the minimum level of Food Standards Agency and other regimes.	200			200	Y	Consultation will be done in accordance with HR policies

Savings Proposed from 2016/17 and 2017/18 Budget Setting									Appendix 1B
Item No	**Unique Reference No.**	**Specific Service Area**	**Headline Description re: saving / reduction INTERNAL**	**2018/19**	**2019/20**	**2020/21**	**Total**	**EQIA Required and in file Y/N**	**Key Stakeholders to consult 'Yes/No Completed**
				£000	**£000**		**£000**		
58	COM_S12	Environment & Culture	Route Optimisation on food waste collection	150			150	Y	N
59	COM_S12	Environment & Culture	Route Optimisation on food waste collection This saving is predicated on the availability of a food waste transfer facility in a closer proximity. The latest update from West London Waste Authority is that the new facility is unlikely to be ready and in operation until Oct 2018, which means route optimisation is delayed to achieve cost efficiencies.	(75)	75		-	N	N
60	CE_5	Directorate Wide	Reduction of supplies & services budget	50			50	N	N
61	CE_8	ESD - Technical Services	Staff efficiency once Towards Excellence fully embedded - Deletion of 2 posts.	34			34	Y	Consultation will be done in accordance with HR policies
62	E&E_18	Directorate wide	Staff Efficiencies following the merger of the Business & Service Development and Commissioning Services Divisions - Delete one performance management officer post and a cemetery superintendent post as of 31 March 2015. In addition, further efficiencies to be achieved in Environmental Services Delivery and Commissioning Divisions in 17/18.	50			50	Y	N

Savings Proposed from 2016/17 and 2017/18 Budget Setting									Appendix 1B
Item No	**Unique Reference No.**	**Specific Service Area**	**Headline Description re: saving / reduction INTERNAL**	**2018/19**	**2019/20**	**2020/21**	**Total**	**EQIA Required and in file Y/N**	**Key Stakeholders to consult 'Yes/No Completed**
				£000	**£000**		**£000**		
63	CE_12	Commissioning Services	Project Phoenix - Commercialisation projects	1,525			1,525	Y	N
64	CE_15	Commissioning Services	Highways Services - Reduction in revenue budget for reactive maintenance due to accelerated capital investment from 2014/15.	20			20	Y	N
65	CE_16	Commissioning Services	Staff efficiencies in Parking and Network Teams - reduction in team leader and inspector posts. Staff consultation completed in June 15. The reduction in posts will be phased over the next 2 years to ensure minimal impact on service level.	20			20	Y	Consultation completed in Junew 2015.
66	CE_17	Commissioning Services	General efficiencies across the Division (Policy, Community Engagement, Facilities Management and Contracts Management) - including capitalisation of senior contracts officer post, removal of some supplies & services budget.	80			80	Y	N

Savings Proposed from 2016/17 and 2017/18 Budget Setting									Appendix 1B
Item No	**Unique Reference No.**	**Specific Service Area**	**Headline Description re: saving / reduction INTERNAL**	**2018/19**	**2019/20**	**2020/21**	**Total**	**EQIA Required and in file Y/N**	**Key Stakeholders to consult 'Yes/No Completed**
				£000	**£000**		**£000**		
67	CE_18	Commissioning Services	Income Generation - Facilities Management Service Level Agreements (SLAs) and Energy SLAs to schools.	20			20	N	N
68	E&E_06	Commissioning Services - Facilities Mgt	Reduction in Facilities Management costs - reduce the controllable budget by 20% in the first 2 years through re-structuring and changing ways of service delivery and a further 5% over Years 3 & 4 through additional efficiencies post re-structuring. Consultation with staff already underway and it is proposed to delete 8 posts, 3 of these are currently vacant.	22			22	Y	N
69	E&E_09	Commissioning Services - Highways	Highways Contract - Extend the scope of the Highways Contract to include scheme design and / or inspection services when the contract is re-procured (current contract will expire in 16/17).	120			120	Y	N
70	E&E_10	Commissioning Services - Highways	Review salary capitalisation of highway programme & TfL funded projects	50			50	N	N

Savings Proposed from 2016/17 and 2017/18 Budget Setting									Appendix 1B
Item No	**Unique Reference No.**	**Specific Service Area**	**Headline Description re: saving / reduction INTERNAL**	**2018/19**	**2019/20**	**2020/21**	**Total**	**EQIA Required and in file Y/N**	**Key Stakeholders to consult 'Yes/No Completed**
				£000	**£000**		**£000**		
71	E&E_12	Commissioning Services - Street Lighting	Changes in Street Lighting Policy to include variable lighting solutions.	12			12	Y	N
72	E&E_14	Commissioning Services - Winter Gritting	Reduction in winter gritting budgets - renegotiation of winter gritting contract - adopt a risk sharing approach and move away from the current fixed pricing for the service	10			10	Y	N
73	CE_21	NIS	Neighbourhood Investment Scheme (NIS) - a base budget of £210K is available for all 21 wards. A one-off saving has been offered as part of the early year saving. It is now proposed that the full budget is removed from 16/17 onwards.	210			210	Y	N
74	COM_S10	Commissioning & Commercial Division	Neighbourhood Investment Scheme (NIS) - cease funding. This is already an agreed MTFS saving for 18/19. This proposal is to bring forward the saving to 17/18.	(210)			(210)	N	N

Savings Proposed from 2016/17 and 2017/18 Budget Setting									Appendix 1B
Item No	**Unique Reference No.**	**Specific Service Area**	**Headline Description re: saving / reduction INTERNAL**	**2018/19**	**2019/20**	**2020/21**	**Total**	**EQIA Required and in file Y/N**	**Key Stakeholders to consult 'Yes/No Completed**
				£000	**£000**		**£000**		
75	CC_2	C&C	Library Strategy Phase 2 - delivery of network of libraries and library regeneration	209			209	Y	Consultation will be done in accordance with HR policies
76	CC_2	Environment & Culture	Library Strategy Phase 2 - delivery of network of libraries and library regeneration The original saving relates to the relocation of Gayton Library and Wealdstone Library. The new town centre libray that replaces Gayton Library will be built by the developer as part of the redevelopment of 51 College Road. The latest timescale suggests that the new library will become operational no later than March 2020. Therefore the saving relating to Gayton Library (£159k) needs to be re-profiled to 2020/21 at the earliest. Wealdstone Library is likely to remain in Wealdstone Centre, and therefore the saving of £50k will not be achieved.	(209)		159	(50)	N	N
			Total Community & Culture	2,527	321	159	3,007		
							-		
Housing							-		
							-		

Savings Proposed from 2016/17 and 2017/18 Budget Setting									Appendix 1B
Item No	**Unique Reference No.**	**Specific Service Area**	**Headline Description re: saving / reduction INTERNAL**	**2018/19**	**2019/20**	**2020/21**	**Total**	**EQIA Required and in file Y/N**	**Key Stakeholders to consult 'Yes/No Completed**
				£000	**£000**		**£000**		
77	COM_G05.3	Housing	Homelessness - Extension of Property Purchase Initiative (Additional 50 homes) - Purchase of a further 50 homes for use as TA to reduce pressure on B&B.	469	225		694	N	N
78	CH_9	HGF	Property purchase initiative - net benefit to Council of proposals to purchase 100 homes, per Cabinet report appendix. Homelessness savings are part of the equation.	(2)	42		40	N	N
79	CH_9	HGF	Additional income - 'Property purchase initiative - net benefit to Council of proposals to purchase 100 homes, per Cabinet report appendix. Homelessness savings are part of the equation.	355	(4)		351	N	N
			Total Housing	822	263		1,085		
			Community Total	3,349	584	159	4,092		

Savings Proposed from 2016/17 and 2017/18 Budget Setting									Appendix 1B
Item No	**Unique Reference No.**	**Specific Service Area**	**Headline Description re: saving / reduction INTERNAL**	**2018/19**	**2019/20**	**2020/21**	**Total**	**EQIA Required and in file Y/N**	**Key Stakeholders to consult 'Yes/No Completed**
				£000	**£000**		**£000**		
80	PO 03	Pan Organisation	Regeneration - Indicative net income realised from a long term regeneration strategy for the borough, to be formalised following consultation launched in early 2015.	2,000	0		2,000	N	N
							-		
			Net Savings Pan Organisatin	2,000	-	-	2,000		
			Total Net Savings	8,925	884	159	9,968		

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Growth from 2017/18 Budget Setting Process

Appendix 1C

Item No	Unique Reference No.	Specific Service Area	Headline Description re: saving / reduction INTERNAL	2018/19	2019/20	Total	EQIA Required Yes/NO
(1)	(2)	(3)	(4)	(9)	(10)	(11)	
				£000	£000	£000	
People Services							
1	Adults		Growth - reinstatement of an operational budget for The Bridge to be phased out over a three year period so that by 2020/21, the service can be provided at nil cost.	96	90	186	N
			Total Adults	96	90	186	
	Childrens						
2	PC_G03	Children & Young People	Children's Placements & Accommodation and No Recourse to Public Funds & Other Client Spend Increase in the number of children in high cost residential placements. A number of these placements have been needed in response to significant risks relating to child sexual exploitation and gangs involvement. Increase in number of families with NRPF supported by the Council. The welfare reforms, along with stricter enforcement of Asylum Legislation are the main causal factors for this demand, which is unpredictable in terms of volume and costs.	(200)		(200)	N
			Total Children and Family	(200)	-	(200)	
			People's Total Growth	(104)	90	(14)	
Community & Culture							
Community and Culture							
3	COM_G01	Environment & Culture	West London Waste Authority (WLWA) - increase in disposal levy arising from waste growth and population growth		(100)	(100)	N

Item No	Unique Reference No.	Specific Service Area	Headline Description re: saving / reduction INTERNAL	2018/19	2019/20	Total	EQIA Required Yes/NO
(1)	(2)	(3)	(4)	(9)	(10)	(11)	
				£000	£000	£000	
People Services							
			Total Environment	-	(100)	(100)	
Housing							
4	COM	HGF	Homelessness growth - growth required to build the ongoing homelessness pressure into the base budget.	163	-	163	N
			Total Community	163	(100)	63	
			Total Growth	59	(10)	49	

MEDIUM TERM FINANCIAL STRATEGY 2018/19 to 2020/21

	2018/19	2019/20	2020/21
	£000	£000	£000
Budget Requirement Brought Forward	164,804	167,913	163,003
Corporate & Technical	5,049	14,848	13,862
People	5,965	-1,491	-90
Community	-3,967	-1,429	-271
Resources & Commercial	-1,888	-180	0
Regeneration	-2,050	0	0
Pan Organisation			
Total	**3,109**	**11,748**	**13,501**
FUNDING GAP	**0**	**-16,658**	**-11,033**
Total Change in Budget Requirement	**3,109**	**-4,910**	**2,468**
Revised Budget Requirement	**167,913**	**163,003**	**165,471**
Collection Fund Deficit/-surplus	-6,093		
Revenue Support Grant	-7,332	-1,560	-1,560
Top Up	-21,684	-22,392	-22,392
Retained Non Domestic Rates	-15,000	-15,000	-15,000
Amount to be raised from Council Tax	**117,804**	**124,051**	**126,519**
Council Tax at Band D	**£1,394.69**	**£1,443.36**	**£1,472.08**
Increase in Council Tax (%)	**3.49%**	**3.49%**	**1.99%**
Tax Base	84,466	85,946	85,946
Collection rate	98.00%	98.00%	98.00%
Gross Tax Base	86,190	87,700	87,700

MTFS 2018/19 to 2020/21 – Proposed investments / savings

TECHNICAL BUDGET CHANGES			
	2018/19	**2019/20**	**2020/21**
	£000	**£000**	**£000**
Capital and Investment			
Capital financing costs and investment income Increased Minimum Revenue Provision costs of the capital programme and interest on balances changes	7,994	4856	
One off MRP underspend	-4,000	4000	
On going MRP underspend	-2,000		
25%reduction i	-1,144	-355	-45
Reductions following review of capital bids in December	-51	-816	
Application of Capital Receipts to reduce borrowing costs	-350	350	
Capital In Investment			500
One of use of MRP capacity	500		
Total Capital and Investment Changes	**949**	**8,035**	**455**
Grant Changes			
New Homes Bonus Estimated Grant changes	940	1000	940
Reduction in New Homes Bonus - December Settlement			
New Adult Social Care Grant 2017.18	974		
Total New Homes Bonus	*1,914*	*1,000*	
Better Care Fund *Estimated additional grant from 2016/17*			
Education Support Grant. Projected reduction in grant received	751	144	0
Reduction in ESG - December Settlement			
Total ESG	751	144	
Transition grant	699		
Public Health Grant Reduction	697	487	
Total Grant Changes	**4,061**	**1,631**	**940**
Other Technical Changes			
Freedom Pass Levy increase. Cost of Freedom passes charged to Harrow by Transport for London	390		500
Amendment 2016/17 review - extension to 2019/20	0	414	
Total Freedom Pass Levy change	*390*	*414*	*500*
Remove original energy price contingency	*0*		
Increase energy contingency	*-64*		
Contingency - reduction back to £1.248m			
Estimated Cost of the Apprenticeship Levy			
Budget planning contingency.	370	0	
One off use from 2016/17	1,000	0	
Total Budget planning contingency.	*1,370*	*0*	
corporate adjustment	*-748*	*-108*	
Total Other Technical Changes	**948**	**414**	**500**
Pay and Inflation			
Pay Award @ 1% pa	1,000	1,000	
Pay Award @ 2% pa			2,000
Pay inflation total	1,000	1,000	
National Minimum Wage		1,300	

MTFS 2018/19 to 2020/21 – Proposed investments / savings

TECHNICAL BUDGET CHANGES			
	2018/19	**2019/20**	**2020/21**
	£000	**£000**	**£000**
Employer's Pension Contributions lump sum increases agreed with actuary Required to reduce the pension deficit	664	700	
Further Contribution of Lump sum in accordiance with actuarial triennial valuation			
NNDR Revaluation - Estimated cost of Harrow NNDR			
Inflation on goods and services @ 1.3% p.a.	1,270	0	500
Reduction in inflation provision	0	TBC	
Inflation Provision total	*1,270*	*0*	
Total Pay and Price Inflation	**2,934**	**3,000**	**2,500**
OTHER			
Reversal 17.18 Income	3,500		
Estimated Directorate Growth			4000
Adult Social care grant 2018/19 and 2019/20	-2,743	1376	1367
Improved better care grant	-1,900	-2200	4100
Capital Receipts Flexibility	-2,700	2700	
Total Corporate & Technical	**5,049**	**14,848**	**13,862**

MTFS 2018/19 to 2020/21 – Proposed investments / savings

PEOPLE DIRECTORATE			
	2018/19	2019/20	2020/21
	£000	£000	£000
Children & Families			
Proposed Savings - see appendix 1a	-91	0	0
Proposed Growth - see appendix 1a	2,900	0	0
Proposed Savings - see appendix 1b	-302	-150	0
Proposed Growth - see appendix 1c	200		
Sub total Children & Families	2,707	-150	0
Adults			
Proposed Savings - see appendix 1a	-1,242	-1,251	0
Proposed Growth - see appendix 1a	5,825	0	-90
Proposed Savings - see appendix 1b	-240	0	0
	-96	-90	0
Sub total Adults	4,247	-1,341	-90
Public Health			
Proposed Savings - see appendix 1a	0	0	0
Proposed Growth - see appendix 1a	275		
Proposed Savings - see appendix 1b	-1,264	0	0
Sub total Public Health	-989	0	0
Total People Directorate	**5,965**	**-1,491**	**-90**

MTFS 2018/19 to 2020/21 – Proposed investments / savings

COMMUNITY			
	2018/19	2019/20	2020/21
	£000	£000	£000
Environmental Services			
Proposed Savings - see appendix 1a	-355	-1,120	-137
Proposed Growth - see appendix 1a	0	175	25
Proposed Savings - see appendix 1b	-2,527	-321	-159
Proposed Growth - see appendix 1c		100	0
Sub total Environmental Services	-2,882	-1,166	-271
Cultural Services			
Proposed Savings - see appendix 1a	0	0	0
Proposed Growth - see appendix 1a		0	0
Proposed Savings - see appendix 1b			
Sub total Community & Culture	0	0	0
Housing - General Fund			
Proposed Savings - see appendix 1a	-100	0	0
Proposed Growth - see appendix 1a			
Proposed Savings - see appendix 1b	-822	-263	0
Proposed Growth - see appendix 1c	-163	0	0
Sub total Housing General Fund	-1,085	-263	0
Total Community	**-3,967**	**-1,429**	**-271**

MTFS 2018/19 to 2020/21 – Proposed investments / savings

RESOURCES & COMMERCIAL			
	2018/19	2019/20	2020/21
	£000	£000	£000
Resources & Commercial			
Proposed Savings - see appendix 1a	-228	-30	0
Proposed Growth - see appendix 1a	110	0	0
Proposed Savings - see appendix 1b	-1,770	-150	0
Total Resources & Commercial	**-1,888**	**-180**	**0**

MTFS 2018/19 to 2020/21 – Proposed investments / savings

REGENERATION			
	2018/19	2019/20	2020/21
	£000	£000	£000
Proposed Savings - see appendix 1a	-50		
Proposed Savings - see appendix 1b	-2,000		
Total Regeneration	**-2,050**	**0**	**0**

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APPENDIX 3

Schools Budgets 2018-19

Introduction

1. The Dedicated Schools Grant (DSG) is a ring-fenced grant of which the majority is used to fund individual school budgets in maintained schools, academies and free schools in Harrow. It also funds Early Years nursery free entitlement places for 2, 3 and 4 year olds in maintained council nursery classes and private, voluntary and independent (PVI) nurseries as well as provision for pupils with High Needs including those with Special Educational Needs (SEN) statements and Education Health & Care Plans (EHCPs) in special schools and special provision in Harrow and out of borough.

School Funding for 2018-19

2. There are significant changes to school funding in 2018-19. In March and December 2016 the Government issued a two phase consultation which proposed the introduction of a National Funding Formula (NFF) for schools and High Needs funding. The outcome of these consultations was announced in the summer.

3. The Government will introduce a National Funding Formula from 2018-19. This will be a 'soft' NFF in 2018-19 and 2019-20. This means that LAs will be funded on the basis of the aggregate of the NFF for all schools, academies and free schools in its area but the final formula for distribution will be determined by each LA following consultation with schools and Schools Forums. This will come to Cabinet in February 2018 for approval.

4. In 2020 the Government intends to implement the NFF 'hard' formula which means that school allocations will be determined by the DfE rather than LAs.

Table 1 – Funding Formula Factors

National Funding Formula Factors	Harrow Funding Formula Factors
Basic per pupil entitlement	Basic per pupil entitlement
Deprivation Free School Meals	Deprivation Free School Meals
Deprivation Free School Meals Ever 6	
Deprivation Income Deprivation Affecting Children Index (IDACI)	Deprivation Income Deprivation Affecting Children Index (IDACI)
	Looked After Children
English as an Additional Language	English as an Additional Language
Mobility	Mobility
Low Prior Attainment	Low Prior Attainment
Lump Sum	Lump Sum
Business Rates	Business Rates

5. Formula Factors
   Whilst the formula factors remain broadly the same in both formulae, the £ values are, in some cases, significantly different.

6. Free School Meals
   The NFF uses both Free School Meals and Ever 6 and whilst the proposed factor values are lower in the NFF compared with the current Harrow formula, the cohort of young people on which the funding will be based, increases.

7. English as an Additional Language (EAL)
   The current Harrow formula uses EAL2 for primary and EAL1 for secondary schools. This means that funding is allocated for the first and second year a child, whose first language is not English, is in the state education system for primaries and only the first year in secondary schools. The NFF uses EAL3 for both primary and secondary schools so that funding will allocated for the first 3 years that a child enters the education system. In addition the factor value is higher than the Harrow factor and it is distributed over a larger cohort of young people.

8. Low Prior Attainment (LPA)
   The current Harrow formula uses Early Years Foundation Stage Profile (EYFSP) below 73. The NFF uses EYFSP 78. In addition the factor value is higher than the Harrow factor and it is distributed over a larger cohort of young people.

9. Looked After Children (LAC)
   There will not be a LAC factor in the new NFF. Instead, Pupil Premium Plus rates for 2018-19 will increase.

10. The NFF maximises the proportion of funding allocated to pupil-led factors compared to the current system and increases the total spend on the additional needs factors in the NFF. Whilst the base factor rates are standard across the country LAs will receive an Area Cost Adjustment (ACA) to recognise the higher salary costs faced by some schools especially in London. This uses the hybrid ACA methodology which takes into account variation in both general and teaching labour markets.

Transitional Protection

11. The NFF builds in an overall funding floor so that no school would face a reduction of more than 3% per pupil (over two years) as a result of the NFF. LAs may also set a minimum funding guarantee for schools between 0% and minus 1.5% per pupil. The level the LA will set will depend on the overall affordability of the formula.

Consultation

12. The LA is currently undertaking a consultation with all schools, academies and free schools in Harrow to seek views on the structure of the Harrow schools funding formula in 2018-20. The consultation asks whether schools think the LA should use the existing Harrow schools funding formula or to introduce the national funding

formula for the distribution of budgets to schools. The consultation closes on Friday 1st December 2017.

13. The outcome of the consultation, proposed final funding formula and final DSG allocations will be reported to Cabinet in February 2018.

Central Services

14. Services currently funded from centrally retained DSG are included in either the High Needs Block or Early Years Block where appropriate, with the remaining falling into the Schools Block. All the funding in the schools block has to be passed to schools apart from the following named exceptions which can still be retained but are frozen at 2012-13 levels:
    - Co-ordinated Admissions
    - Servicing of Schools Forum

    Schools Forum has agreed to continue to de-delegate funding in respect of Trade Union Facilities Time.

Additional Class Funding

15. Schools Forum agreed to continue to maintain a ring fenced Growth Fund from the DSG in order to fund in year pupil growth in relation to additional classes in both maintained and academy schools but not Free Schools, which create additional classes at the request of the local authority.

High Needs Funding

16. High Needs funding is designed to support a continuum of provision for pupils and students with special educational needs (SEN), learning difficulties and disabilities, from their early years to age 25. The following are funded from the High Needs Block:

    1) Harrow special schools & special academies
    2) Additional resourced provision in Harrow mainstream schools & academies
    3) Places in out of borough special schools and independent special schools
    4) Statements/Education Health & Care Plans (EHCPs) in mainstream schools & academies
    5) Post 16 SEN expenditure including Further Education settings
    6) SEN Support services and support for inclusion
    7) Alternative provision including Pupil Referral Units and Education Other than at school

17. The Government will introduce a National Funding Formula for High Needs from 2018-19. High Needs funding has previously been based on historical allocations plus small annual amounts of growth. In order to manage increasing growth for demand and complexity annual funding transfers from the schools block into the high needs block have been approved by Schools Forum. In 2018-19 the schools block

will be ring-fenced and transfers to the High Needs block will be limited to 0.5% of the overall Schools Block. For Harrow this would equate to around £600k. This decision is still the responsibility of Schools Forum.

18. Table 2 shows the formula factors for the high needs NFF.

Table 2 – High Needs National Funding Formula Factors

Formula Factors		**Other factors & adjustments**
Basic entitlement: basic unit of funding for pupils and students in specialist SEN institutions		Area Cost Adjustment (ACA)
Population Factor		
Health and disability factors	Disability living allowance	
	Children in bad health	Import/export adjustments
Low Attainment factors	KS2 low attainment	
	KS4 low attainment	Funding floor factor
Deprivation Factors	Free school meals	
	IDACI	Hospital education factor
Historic spend factor – 50% of 2017-18 baseline funding		

19. The notional implication for Harrow is that there will likely be a shortfall in funding compared with the 2017-18 budget. This is because there is an overall shortfall in the DSG in 2017-18 which is being funded by the use of a schools brought forward contingency which will be fully spent by the end of this financial year. This means that the funding baseline on which 50% of the allocation in 2018-19 will be based is lower than the budget in 2017-18. This could equate to a pressure on high needs funding of £1m - £1.5m. This will be closely monitored and every effort to mitigate pressures will be taken.

20. The LA will formally request Schools Forum agree a transfer of funding from the schools block which could equate to around £600k in January 2018 once the October 2017 census data is available and the final high needs funding allocation is announced. If Schools Forum does not agree a transfer then the LA must make an application to the Secretary of State.

21. The DfE guidance states that at the end of the financial year the central expenditure element of the schools budget may be under or overspent. If the local authority overspends on the central expenditure component of the schools budget there are three options:

    1) The local authority may decide to fund all the overspend from its general resources in the year in question;

2) The local authority may decide to fund part of the overspend from its general resources in the year in question and carry forward part to the schools budget in the next or subsequent year; or
3) The local authority may decide not to fund any of the overspend from its general resources in the year in question and to carry forward all the overspend to the schools budget in the next or subsequent year.

22. Where a local authority decides it wishes to carry all or some of the overspend forward it needs to obtain the consent of the schools forum, or failing that the Secretary of State, to fund this deficit from the schools budget.
23. Once the final DSG allocations are announced in December 2017 the LA will be in a better position to understand any financial implications for future years. In the meantime the LA will continue to drive down costs and improve efficiencies to minimise future pressures.

Early Years Funding

24. Funding for Early Years relates to free 15 hour nursery entitlement for all 3 and 4 year olds in maintained nurseries and nursery classes as well as private, voluntary and independent providers (PVI). From September 2017 this was extended to 30 hour nursery entitlement for eligible 3 and 4 year olds. It also funds free 15 hour nursery entitlement for disadvantage 2 year olds.

25. A national funding formula for Early Years was introduced in 2017-18. Cabinet approved the structure of the Harrow formula for the distribution of funding to providers in January 2018. At this stage there have been no further announcements about Early Years funding for 2018-19.

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Draft Public Health Funding 2018-19 **Appendix 4**

Mandatory Services		
Sexual Health (incl Family Planning)	2,642	
Health Visiting	2,898	
Health Checks	175	
Supporting Child Health	655	
		6,370
Discretionary Services		
Tobacco Control	0	
Drug & Alcohol Misuse	1,946	
Physical Activity	0	
		1,946
Staffing & Support Costs		
Staffing	556	
Non-Staffing	66	
Overheads	218	
		840
Health Improvement	0	
Wider Determinants of Health	1,642	
		1,642
Total Expenditure		**10,798**
Funded by		
Department of Health Grant	-10,798	
Total Income		**-10,798**
		0

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