Health and Social Care Scrutiny Sub-Committee AGENDA

DATE: **Tuesday 5 November 2019**

TIME: **7.30 pm**

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

MEMBERSHIP **(Quorum 3)**

Chair: **Councillor Mrs Rekha Shah**

Councillors:

Michael Borio	Vina Mithani (VC)
Natasha Proctor	Chris Mote

Reserve Members:

1. Niraj Dattani
2. Dan Anderson
3. Chloe Smith

1. Chetna Halai
2. Dr Lesline Lewinson

Advisers:

Julian Maw	Healthwatch Harrow
Dr N Merali	Harrow Local Medical Committee

Contact: **Daksha Ghelani, Senior Democratic Services Officer**
Tel: 020 8424 1881 E-mail: daksha.ghelani@harrow.gov.uk

Useful Information

Meeting details:

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Agenda publication date: Friday 25 October 2019

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 Sub-Committee;
(b) all other Members present.

3. MINUTES (Pages 5 - 16)

That the minutes of the meeting held on 12 June 2019 be taken as read and signed as a correct record.

4. PUBLIC QUESTIONS *

To receive any public questions received in accordance with Committee Procedure Rule 17 (Part 4B of the Constitution).

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, 31 October 2019. 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 Committee Procedure Rule 15 (Part 4B of the Constitution).

6. REFERENCES FROM COUNCIL AND OTHER COMMITTEES/PANELS

To receive any references from Council and/or other Committees or Panels.

7. HARROW WALK-IN CENTRE STRATEGY UPDATE INCLUDING AN UPDATE ON ALEXANDRA AVENUE GP ACCESS CENTRE (Pages 17 - 32)

Report of the Managing Director, Harrow CCG.

8. UPDATE ON RECOMMENDATIONS SET OUT IN THE SCRUTINY REPORT ON DEMENTIA (Pages 33 - 80)

Report of the Corporate Director of People.

9. HARROW SAFEGUARDING ADULTS BOARD (HSAB) ANNUAL REPORT 2017/2018 (Pages 81 - 134)

Report of the Corporate Director of People.

10. UPDATE FROM NW LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE (Pages 135 - 140)

Report of the Director of Strategy.

11. 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 SOCIAL CARE SCRUTINY SUB-COMMITTEE

MINUTES

12 JUNE 2019

Chair:	*	Councillor Mrs Rekha Shah		
Councillors:	†	Michael Borio	†	Chris Mote
	*	Vina Mithani	*	Natasha Proctor
Advisers:	*	Julian Maw	-	Healthwatch Harrow
	*	Dr N Merali	-	Harrow Local Medical Committee

* Denotes Member present
† Denotes apologies received

35. Attendance by Reserve Members

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

36. Declarations of Interest

RESOLVED: To note that the following interests were declared:

Agenda Item 13 – Information Report – Public Health Forward Plan

Councillor Vina Mithani, a member of the Sub-Committee, declared a non-pecuniary interest in that she worked for Public Health England. She would remain in the room whilst the matter was considered and voted upon.

37. Minutes

RESOLVED: That the minutes of the meeting held on 4 February 2019, be taken as read and signed as a correct record.

38. Appointment of Vice Chair

RESOLVED: That Councillor Vina Mithani be appointed as Vice-Chair of the Health and Social Care Scrutiny Sub-Committee for the 2019/2020 Municipal Year.

39. Appointment of (non-voting) Advisers to the Sub-Committee 2019/20

RESOLVED: That the following nominees be appointed as Advisers to the Sub-Committee for the 2019/20 Municipal Year:

Mr Julian Maw (Healthwatch Harrow)
Dr Nizar Merali (Harrow Local Medical Committee).

40. Public Questions

RESOLVED: To note that no public questions were received.

41. Petitions

RESOLVED: To note that no petitions were received.

42. References from Council and Other Committees/Panels

None received.

RESOLVED ITEMS

43. RNOH Quality Account 2018-19

The Sub-Committee received a report of the Director of Nursing, Royal National Orthopaedic Hospital (RNOH) NHS Trust, which set out the Quality Account for the RNOH for 2018-19. The report set priorities for the RNOH for 2019-20 and identified the progress against the quality priorities set in 2017-18. It also identified performance against key indicators set by National Health (NH) Improvement.

The representative of the RNOH introduced the report and summarised the progress made against priorities set for 2018/19. She referred to the quality priorities set for 2019/20 as follows:

- develop and embed safety hurdles across all in-patient areas;
- develop and implement a Ward Accreditation Programme
- procure, develop and roll-out Electronic Prescribing and Medicines.

The representative was pleased to report that the RNOH had been rated 'good' by the Care Quality Commission (CQC).

Members of the Sub-Committee asked the following questions which were responded to:

Q - Construction of the new inpatient Stanmore Building was completed and opened for patients in December 2018. How had the first six months been, were there any emerging issues or improvements needed? What had been the impact of the new building on the quality of care that could be offered by the Trust?

In terms of the new building, a number of issues with the building needed to be resolved with the contractor. However, the new building provided a better environment for patients who had given positive feedback. Staff were settling into the new building.

Q - The Trust had been visited by the Care Quality Commission (CQC) in 2018. Overall the Trust had improved from a 'Requires Improvement' to a 'Good' rating. Had this helped maintain RNOH's position as the country's leading specialist musculoskeletal centre?

A – The Trust had improved vastly. Staff culture and experiences had both been improved but the Trust was not complacent and had recognised that there was room for further improvement. Staff morale was good and confidence needed to be improved.

In response to further questions from Members on the improvements made in the severe infection area and the outcomes of the clinical audits relating to the pharmacy department, the representative from the RNOH agreed to consult her colleagues and provide responses separately. She explained that audits were carried out with clinicians and with the support of the Corporate Management Team. Audits were conducted on a regular basis but there was always room for improvement.

Members' attention was drawn to pages 62 and 63 of the agenda which made reference to the conduct of various local audits, such as 'audit of anaemia and transfusion in spinal surgery', 'audit on the effectiveness of the green bag scheme' and 'audit on the pharmacy endorsements on drug charts'. The representative from the RNOH responded to further questions relating to the audits and reported that audits were carried out on a monthly basis and reported quarterly. In addition, observational audits were carried out. She explained that audits were carried out to measure compliance against the national guidance set by the World Health Organisation WHO) and that compliance had been high.

Q – Could the Trust elaborate on performance against quality priorities for 2018-19, such as improving length of stay and developing staff capability and capacity in quality improvement? Could the Trust outline the experiences of staff working at the RNOH and the development

opportunities provided to them? What measures had been put in place to retain staff?

A – One of the priorities of the Trust was to ensure that patients did not remain in the hospital longer than necessary. The Trust worked with various services and partners to ensure a smooth transition. It was intended to maximise the flow of patients.

In terms of staffing, various initiatives had been put in place such as the VAL-YOU Programme which was intended to engage with staff and provide development opportunities. Staff experiences within the Trust continued to be a priority. By embedding Values: Patient First *always*, Excellence *in all we do,* Trust, Honesty and Respect *for each other*, and Equality *for all*, the Trust had continued to develop a culture within the organisation to help reach the goal of becoming the best place to work in the NHS, as detailed in our vision. Various taster sessions had been provided, including serving on the Board. Management Programmes had also been put in place.

The representative of Healthwatch Harrow reported that his organisation had carried out a patient survey at the RNOH. The results had been positive and he would circulate the 'Experience of Services – RNOH' report to the Sub-Committee. The feedback from patients had identified strong themes around staff attitude, quality of treatment and care, administration and levels of communication, involvement and support. The vast majority of feedback indicated an excellent level of service across the criteria tested. Members welcomed this positive feedback.

RESOLVED: That an assurance letter from the Chair stating that the draft Quality Account was reviewed by Members of the Health and Social Care Scrutiny Sub-Committee to their satisfaction be sent to the RNOH.

44. Quality Account Timetable for Imperial College Healthcare NHS Trust

The Sub-Committee received a report of the Medical Director, Imperial College Healthcare NHS Trust, which set out the Quality Account 2018/19 for the Trust. Quality Accounts were annual reports to the public from NHS Healthcare providers about the quality of services they delivered. Their purpose was to encourage Boards and Leaders of healthcare organisations to demonstrate their commitment to continuous, evidence-based quality improvement, to assess quality across all of the services offered and to explain their progress to the public.

The representative of the Trust (Deputy Medical Director) introduced the report and outlined the vision 'Better Health for Life" and the values, which were being embedded in everything the Trust did. He added that the Trust had worked with staff to co-design the vision and values and these had been linked to behaviours expected of all A behaviours framework had been developed which set out how the Trust expected staff to behave in order to put the values – Kind, Expert, Collaborative and Aspirational – into practice. Overarching strategic goals to create a stronger connection to the delivery of vision had been articulated.

The representative added that staff were encouraged to be curious about what was happening across the country and the world in relation to healthcare. Many improvements had been made but the Trust was very aware of how much work there was still to do and was on a journey of continuous improvement. For example, the Trust had launched a flow coaching academy, in partnership with Sheffield Teaching Hospitals NHS Foundation Trust, to improve care which had resulted in improvements for patients in several pathways, such as Sepsis and Diabetes. He outlined the work in relation to keeping mortality as low as possible, the establishment of a Strategic Lay Forum to involve patients in the strategic work of the Trust, and supporting improvements in patient care through innovation and by working with and learning from other Trusts.

Members of the Sub-Committee asked the following questions which were responded to:

Q - Was the A&E reaching its targets?

A - The Trust had been through a challenging period during the 2017/18 winter months and had set up a Care Journey and Capacity Collaborative which had helped to make significant improvements. Despite record numbers of ED attendances, there had been a reduction in 'black alerts' by over one third (169 in 2017/18, 11 in 2018/19). The Trust was also working with the Primary Care sector and nursing homes to improve patient experience.

Q - What were the Trust's priorities and what challenges was it facing? What improvements had been identified during 2019/20?

A - The Trust had a large number of priorities of which the following were key: continuing to improve patient safety, values and behaviours, improvements in patient flow through A&E, collaboration with other organisations such as GPs and the emerging Primary Care networks. The creation of an integrated care system, outstanding and sustainable services, learning and innovation were at the heart of the Trust's three strategic goals.

Q - What percentage of patients using the Trust's services were Harrow residents? Were these patients predominantly accessing any particular services?

A - The users of the Trust were mainly from the tri-borough and also the boroughs of Ealing and Brent. A little under 5% (3.6% last year) were from Harrow and these were largely people needing specific specialist services. The representative from the Trust gave a brief example of some collaborative working between paediatricians and the renal team from North West London Hospital NHS Trust.

Q - What was the performance against quality priorities for 2018-19?

A - A number of improvements had been made both with staff and the environment they worked in, details of which were set out in full within the report. The demand on services was high and more work was required to

ensure continuous improvements. The Trust was also targeting specific areas such as hand hygiene deteriorating patients and falls as part of its safety stream work. Observational audits were carried out on a regular basis.

Q - VTE – venous thromboembolism – had the targets been met? Had the infection prevention and control targets been met?

A - With regards to VTE, from April 2018, the Trust had met the 95 per cent target consistently until December 2018, with average compliance across the year of 95.42 per cent. The Trust was currently working with the areas that were below target to support staff to complete the assessment, including additional training for staff, and introducing VTE 'champions'.

Overall, infection prevention and control targets had not been met as set out on page 172 of the agenda (page 56 of the Quality Account).

The representative from the Trust noted the correction required to the figure relating to the 'turnover' on page 122 of the agenda (page 6 of the Quality Account) where a comma had been used instead of a full stop and it was

RESOLVED: That the report be noted and the representative be thanked for attending the meeting.

45. London North West University Healthcare NHS Trust - Quality Account 2018 to 2019

The Sub-Committee received the Quality Account 2018-19 of the London North West University Healthcare NHS Trust, which had similarities with those of the reports considered at Minutes 43 and 44 in terms of the improvements made in the provision of care.

The representative of the Trust introduced the report and summarised the progress made. He stated that the Trust was placed 10th in the country in terms of mortality rates. Northwick Park Hospital was the second busiest in London but considered to be the most improved hospital in terms of its performance.

The representative added that the Trust's Transformation Programme focused on its staff and provided development opportunities. Staff retention was also key. The Trust was working towards becoming a digital exemplar and praised the work carried out by Imperial College NHS Trust in this area. Work on a new electronic patient record was underway and he outlined the progress made in the various priorities of the Trust. He reported that it was important to ensure improvements were sustainable.

Members of the Sub-Committee asked the following questions which were responded to:

Q - In relation to the development of the workforce, had this been sustainable?

A - The Transformation Programme had helped to ensure the development of staff. Data was being used to compare services. Retaining staff was an issue but the situation was improving. Various measures such as health and wellbeing initiatives, effective communication, training and a zero tolerance approach to bullying had helped. New initiatives such as the introduction of 'speak up' guardians had helped to establish trust with staff and to show that they were being listened to. The Trust continued to use agency/bank staff. Staffing numbers were reported on a monthly basis. Safe rostering arrangements had also been put in place.

The Trust was undergoing a journey of continuous improvement and supporting staff to embed a 'can do' culture. Individual Wards were visited to monitor and resolve behavioural issues.

The Trust was experiencing problems when patients remained in the hospital(s) longer than required thereby creating blockages.

Q - Maternity services were flagged by CQC as needing attention. The Quality Account states that the physical environment in maternity services has improved – what are these changes and what does this mean for women using the service?

A - Another representative of the Trust reported on the provision of maternity services. She explained that a greater focus on staff working in this area, including their training needs, had to helped deliver improvements in the care provided and there had been an alignment with national standards.

Members were also reminded that the majority of the recommendations in the CQC Inspection Report had related to security, operation of the bleep system and tailgating. These issues had been addressed and audits were undertaken to ensure that the measures put in place were working. Compliments and complaints were shared with staff, particularly in relation to 'after care'. All complaints were taken seriously and addressed. The intention was to ensure that staff in maternity services provided a consistent service and the Trust was looking at a revised model of care.

Additionally, the Trust was building a library of patient stories which would be used to educate and develop staff. Patient stories had proved to be a powerful tool in improving care.

Q - Emergency Department performance was the third most improved in the country since January 2017 and there had also been an increase in the number of attendances at A&E. How did this translate into an improved experience for patients?

A - A representative of the Trust outlined the following:

- patient and ambulance waiting times had been reduced;

- improved processing and pathways had helped to move patients out of A&E into Wards, where required. A better flow within the hospital system had been introduced;

- length of stay in hospitals had been reduced by working with clinicians and partners, such as the CCG and care homes. Earlier doctor visits to Wards (Ward rounds), improved working with hospital pharmacies, better management of prescription charts and improved transport facilities had also helped reduce waiting times and improve patient experience.

In relation to the question on warning notices issued by the CQC, some related to the critical care provided by the Trust. The notice focused on the number of beds provided and their location to perform emergency life saving care and treatment. Additionally, there were insufficient hand washing facilities to mitigate the risk of cross contamination. These matters including other warning notices were being addressed.

The staffing levels in A&E had been improved. The team had developed a 'WOW' campaign and awards to team members had been introduced for those who went the 'extra mile'.

Q - What measures had been put in place to improve communication?

A - The adviser on the Sub-Committee, Healthwatch Harrow, stated that his organisation had met with the Trust regarding this matter and he cited the examples of the poor telephone system and appointment letters. Discussion were continuing in this regard.

Generally, the care provided at Northwick Park Hospital was good but poor communication methods resulted in adverse comments from patients. A representative from the Trust acknowledged that the response rates of switchboard operators needed improving.

RESOLVED: That the London North West University Healthcare NHS Trust's Quality Account 2018 - 2019 be noted.

46. Update on Alexandra Avenue GP Access Centre - June 2019

Members received a report of the Harrow Clinical Commissioning Group (CCG), which provided a summary of the latest activity at the Alexandra Avenue GP Access Clinic in South Harrow.
Members were disappointed that the CCG had not been represented at the meeting and

RESOLVED: That consideration of the report be deferred to the next meeting of the Committee.

47. Information Report: Public Health Forward Plan

The Sub-Committee received a report of the Director of Public Health, which set out her Department's plans for 2019-20 and provided an overview of the budgets and the priority areas of work for the team.

Members were informed that prior to April 2018 (not 2019 as indicated in the report), public health in Harrow was a shared service with Barnet Council. This changed in April 2018 when the team became two separate teams, with a restructure of the Harrow team also occurring at that time. With a re-focused Harrow team, the plans and priorities for the coming year were before the Sub-Committee for their information.

The Consultant in Public Health introduced the report and outlined the work areas and priorities, encompassing some strategic work in the following areas: Joint Strategic Needs Assessment (JSNA), Joint Health and Wellbeing Strategy (JHWS) and Annual Public Health Report (APHR), details of which were set out in the report. The Consultant reported on other priorities such as public health commissioning, health improvement, wider determinants of health and health care public health. She referred to table 1 in the report, which set out the use of the public health budget for 2019/20 and referred to the grant which was currently confirmed until 2020.

Q - If from April 2020, the public health national ring-fencing of the budget was lifted, what would that mean in Harrow?

A - The Consultant in Public Health reported that the public health ring fence was due to finish in April 2020 and, thereafter, the government expected public health services to be funded from the retention of business rates. Councils were lobbying for the ring fence to remain and, if they were unsuccessful, money would have to come from other sources, such as business rates, if the work was to continue.

Q - Given the Sub-Committee's work on dementia, what progress had been made, such as in the provision of a Dementia Hub?

A - The Consultant in Public Health reported that a new Dementia Hub had been launched in May 2019 and its impact would be monitored. Robust monitoring practices would be put in place and analysed. Details and data on the parameters set would be provided separately to the Sub-Committee.

The Sub-Committee requested that a report be submitted to its next meeting setting out which recommendations set out in the Scrutiny report on Dementia had been carried forward.

The Consultant added that dementia was a priority area of focus for integrated care and that the CCG were leading on the Dementia Strategy.

Q - Engagement plans for the Joint Heath and Wellbeing Strategy for 2020-23 and the Obesity Strategy were expected to be refreshed this year. What would be scrutiny's input?

A - The Consultant in Public Health reported that the Health and Wellbeing Strategy workshops would be held in July 2019 and members serving on scrutiny bodies would be invited. Members of the Health and Wellbeing Board would also be invited to help shape the Strategy and decide on how best to engage with the community. Plans for engagement in the Obesity Strategy had not yet been fully developed.

Q - What actions were being considered around mental health, especially given that it was the focus of the Annual Public Health Report this year.

A - The Consultant in Public Health reported that cohesive thinking was required in this area with a view to bringing together various initiatives and to help identify gaps. A new Children's Mental Health Board had been set up.

Q - The London Assembly Health Committee's report 'Keeping the Tooth Fairy Away', as reported in the Evening Standard 5 June 2019, underlined massive inequalities between London boroughs in children suffering tooth decay by the age of 5. On average, a quarter of children in the capital were suffering from tooth decay. However there were huge differences between boroughs, as quoted in the report – 14% of 5 year olds suffered tooth decay in Bexley compared to 40% in Harrow. Was Harrow the worst in London? Why would this be? What actions were being taken to improve the situation – was it a priority? What was the uptake of free dental care in the borough? What work was ongoing with schools?

A - The Consultant in Public Health acknowledged the problem and considered Harrow's situation a high priority. Money from the Migration Fund was being used to educate people on the importance of oral health and outreach work with affected sections of the community was underway such as supervised brushing of teeth. The importance of weaning and oral health were being addressed. An oral health strategic group had been established to provide an oversight.

Q - Please identify local actions in public health that linked to the NHS 10-year Plan.

A - A Health Protection Board had been established and would meet quarterly with its first meeting scheduled in September 2019. The Board's remit would include oversight of outbreaks, infections and immunisation.

In conclusion, the Consultant in Public Health responded to questions on social prescribing and the need to set up a network which would involve the Third Sector. An adviser was of the view that prescribers should be at grass root levels – locally based.

RESOLVED: That the Public Health Forward Plan be noted.

48. Update from NW London Joint Health Overview and Scrutiny Committee

Members received a report of the Director of Strategy which provided an update on discussions held at the meeting of the NW London Joint Health Overview and Scrutiny Committee (JHOSC) on 12 March 2019.

The Chair stated that she would not be able to attend the next meeting of the JHOSC on 21 June 2019. She referred to the Patient Transport Services and reported that each borough would be required to contribute to the scheme.

RESOLVED: That the report be noted.

(Note: The meeting, having commenced at 7.35 pm, closed at 9.30 pm).

(Signed) COUNCILLOR REKHA SHAH
Chair

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North West London
Collaboration of
Clinical Commissioning Groups

Item: # Document: #

Meeting name:	Health & Social Care Scrutiny Sub Committee
Date	Tuesday, 05 November 2019

Title of paper	**Harrow Walk-in Centre strategy update including an Update on Alexandra Avenue GP Access Centre**

Author/s	Tom Elrick, Assistant Managing Director of Planned and Unscheduled Care, Harrow CCG Pam Clarke, Programme Lead, Harrow CCG				
Responsible Director	Javina Sehgal, Managing Director, Harrow CCG				
Clinical Lead	Dr Genevieve Small				
Confidential	**Yes**	☐	**No**	☑	Items are only confidential if it is in the public interest for them to be so

The Committee is asked to:
The Committee is asked to note the update on the review by Harrow CCG of the existing Walk In Centre provision at Pinn Medical Centre and the Belmont Health Centre, and the proposal to change both to GP Access Centres in 2019 following Governing Body approval.

Strategic Objectives and Board Assurance Framework
Reduce avoidable hospital admissions and enhance the safety quality efficiency and sustainability of hospital services Contributing towards a financially sustainable health and care economy through effective management of resources to ensure capability and capacity to deliver

Summary of purpose and scope of report
Summary • Harrow CCG has reviewed the walk-in and wait services provided at Belmont Health Centre and the Pinn Medical Centre • This is in line with guidance from NHS England, and follows the successful transition of the Alexandra Avenue walk-in centre to a GP Access Centre • The Belmont Health Centre became a GP Access Centre on 1st November 2019 as part of the annual contract review • The opening times for the Belmont Health Centre will remain unchanged and will

continue to see 20,000 patients by booked appointment per annum.
- The timeline for the Pinn Medical Centre is to be determined, subject to clarity on how the current contractual dispute will be resolved
- The messages around equality of access, focus on a service for Harrow patients etc. Inequity and heath inequalities

National and London context

The system review follows the publication of GP Forward View in April 2016. The document sets out plans to enable clinical commissioning groups (CCGs) to commission and fund additional Primary Care capacity across England. The capacity will ensure that, by 2020 everyone has improved access to GP services including sufficient routine appointments at evenings and weekends. This is intended to meet locally determined demand, alongside effective access to out of hours and urgent care services.

NHS England has committed to achieving 50 per cent national population coverage by March 2018, and 100 per cent of the population by March 2019.

To utilise the appropriate funding allocation for the delivery of extended GP access arrangements, the provision must meet the requirements of the agreed London Specification for Improved Access; ensuring compliance in five core areas:

- Appointments
- Inequalities
- Access
- Measurement
- Digital

The service specification requirements for the delivery of GP Extended Access are different to those of Walk-in Centres with one of the key differences being that GP Extended Access pre-bookable appointments are available for the area's (CCG) registered population

Local context

In November 2018, the walk-in service at Alexandra Avenue changed from a walk-in and wait service to an appointment only service for Harrow residents. This change followed national NHS guidance to develop GP Access Centres.

Two further Walk in Centres remained commissioned by Harrow CCG:

- Belmont Health Centre
- Pinn Walk In Centre

The services operate 08:00 to 20:00, Monday to Sunday, including bank holidays. As Walk in Centres, both services accept all patients irrespective of whether they are registered with a GP. Unlike the GP Extended Access service, the Walk in Centres can be accessed by non-Harrow residents whose registered GP is also outside the borough. At the Pinn Walk in Centre, for example, at least 50% of activity is generated by patients whose registered GP is

outside of Harrow.

In May 2019, since the change at Alexandra Avenue, the CCG surveyed service users to gather their feedback and reviewed usage data for the service. Eight out of 10 patients rated their experience at the Alexandra Avenue GP Access Centre as very good or excellent. We are confident, therefore, that the change from a walk-in and wait service to an appointment only service for Harrow residents has been beneficial. We have now made the same change at the Belmont Health Centre which commenced on 1st November 2019.

At this stage, no formal decision has been made by the CCG to change the Walk in Centre at Pinn Medical Centre. A decision on the Pinn Medical Centre will be made subject to following clarity on the resolution of a contractual dispute with the practice, though the intention is for this change to be made in 2019 early 2020.

Reducing inequality of access to GP services for people in Harrow is part of this review. Having two separate walk-in services does not provides fair access for all Harrow residents, and does not make best use of our limited resources. As an example, the Pinn Medical Centre currently operates two walk-in services, one for patients registered with the Pinn Medical Practice only, and a general walk-in service for Harrow registered non-Pinn patients and patients from any other area. Of the patients using the general walk-in service at the Pinn Medical Centre, only 1 out of 3 live in Harrow.

This is why we are looking at ways of commissioning services and appointments that are exclusively for patients in Harrow (see the data below). We are therefore exploring a GP Access Centre/appointment model at the Pinn Medical Centre so services will be provided to Harrow patients only. This will afford greater access for our local population with a dedicated GP appointment time.

Outlined below are activity levels by borough for each of the two walk-in centre sites.

Belmont Walk In Centre Activity

By CCG

	Nov 16 to Oct 17	Nov 17 to Oct 18	Nov 18 to March 19	Total	
NHS Harrow CCG	15902	17465	7409	40776	82.87%
Not Registered	673	1119	318	2110	4.29%
NHS Brent CCG	713	852	527	2092	4.25%
Other CCGs	700	836	359	1895	3.85%
NHS Barnet CCG	298	517	252	1067	2.17%
NHS Herts Valleys CCG	212	244	100	556	1.13%
NHS Ealing CCG	121	189	86	396	0.80%
NHS Hillingdon CCG	129	123	61	313	0.64%
	18748	**21345**	**9112**	**49205**	100.00%

PINN WiC Attendances by CCG 2018/19

CCG	Attendances	Percentage
NHS Harrow CCG	8,149	39%
NHS Hillingdon CCG	5,786	28%
Unknown	1,907	9%
NHS Herts Valleys CCG	1,147	5%
NHS Ealing CCG	716	3%
NHS Brent CCG	480	2%
Not Registered	246	1%
NHS Buckinghamshire CCG	168	1%

NHS Barnet CCG	135	1%
NHS Herts Valleys CCG	128	1%
NHS Nottingham City CCG	83	0%
NHS Birmingham and Solihull CCG	69	0%
Untraceable	58	0%
Other CCGs	1,944	9%
Grand Total	**21,016**	**100%**

Contract details

	Provider	Contract start	Type
The Pinn	The Pinn Medical Centre	01/08/16 extension awarded 01/08/18 for 3 years. This contract is included in this proposal.	NHS Standard Contract for general walk-in service for non-Pinn registered Harrow patients and patients from other areas (6 month notice period)
The Pinn	The Pinn Medical Centre	Rolling contract from 1/4/2004. **Contract under review as per NHS England mandate – not included in this proposed change.**	PMS Contract solely for the use of Pinn registered patients.
Belmont	Harrow Health CIC	01/11/16 extension awarded 01/11/18 for 3 years for a Walk In Centre. From November 2019 this contract	NHS Standard (6 month notice period)

		changed to a GP Access Centre	

The Frequently Asked Questions enclosed with this update give further information.

We have also included the Patient Survey carried out at the Alexandra Avenue GP Access Centre carried out in May 2019. All GP Practices in Harrow can direct book into this centre. NHS 111 also has the facility to direct book into this service.

What are the benefits of this project?

There are a number of benefits to the recommended change :

- Improving patient access to Primary Care / GP services.
- Facilitating continuity of care for patients through shared access to medical records at the GP Extended Access Centre
- Increased availability of appointments for patients registered with a Harrow GP
- Improved value for money through better commissioning

Patient, staff and stakeholder engagement

In May 2019, since the change at Alexandra Avenue, the CCG surveyed service users to gather their feedback and reviewed usage data for the service. Eight out of 10 patients rated their experience at the Alexandra Avenue GP Access Centre as very good or excellent.

Jargon buster

GP – General Practitioner

PMS – Personal Medical Services

WiC – Walk in Centre

GPAC – GP Access Centre

CCG – Clinical Commissioning Group

Quality & Safety

There are no identified quality or safety risks associated with the Walk In Centre Services or

Item: # Document: #

GP Access Centres.
Equality analysis
An impact assessment has been completed for both the Alexandra Avenue GP Access Centre and for the Belmont GP Access Centre.

Finance and resources
None

Risk	**Mitigating actions**
The appropriate risk management processes are in place.	The appropriate risk management processes are in place.

Supporting documents
Harrow WiC FAQs Alexandra Avenue Patient Survey

Conflict of interests

Following the review of the paper by the main co-ordinating team (secretary; committee chair and executive lead), have any potential conflicts affecting the membership been identified?

Yes	☐	**No**	☑

If yes, please identify conflicted individual(s) and confirm what action is being taken, ticking all the actions that apply. If actions differ for more than one conflicted individual, please record this clearly by further naming each individual alongside each action that applies to them.

Name and nature of conflict (describe):

……

……

……

Action taken: **Please tick one**

Item: # Document: #

1.	The paper has been withheld from the individual(s) concerned.	☐
2.	The individual(s) will not attend the meeting where the paper will be discussed.	☐
3.	The paper is being shared; however, the individual(s) will not participate in discussion.	☐
4.	The paper is being shared for discussion purposes; however the individual(s) will not participate in, or be present for the final decision	☐

For the avoidance of doubt, the use of the above chosen handling strategy will also be formally recorded by the secretary in the minutes of the meeting to confirm the action that was taken, which shall further be added to the CCG's COI management actions log and made available online alongside the CCG's register of decisions taken.

Governance, reporting and engagement

Provide a brief overview of where this paper – or work in developing it – has been discussed. Signpost to where in the paper more detail on this can be found.

Name	Date	Outcome and where in the report can you find out more
Harrow Councillors briefing	10 July 2019	Walk-in centres discussed
Meeting with Harrow Council, Councillors and MPs	13 August 2019	Walk-in centre proposals discussed

North West London
Collaboration of
Clinical Commissioning Groups

Changes to the GP access centre at Alexandra Avenue - What our patients think?

June 2019

It has been seven months since the GP access centre at Alexandra Avenue Health Centre changed from being a walk-in and wait service, to an appointment only service for Harrow residents.

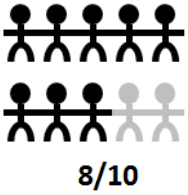
We wanted to find out what patients thought of the change to the service.
This paper covers the responses received.

Summary

152 surveys completed in May 2019

Seven out of ten people attending the GP access centre had been aware of the condition they needed help with for more than two weeks

Eight out of ten people received an appointment (86%) at the GP access centre within two to three days



> **Six out of ten** people received a **same or next day appointment**
>
> Patients that waited longer than three days were asked to leave a comment, **all of the 36 comments left stated that they had either chosen the date, or they were attending an annual check-up.**

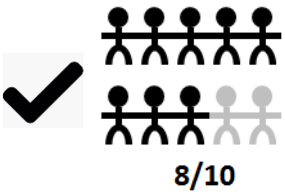
Seven out of ten people knew they needed to book an appointment for the GP access centre, **the same number** thought their appointment was extremely or very convenient for them

Nearly everyone (96%) of people thought the time they had to wait when they arrived at the GP access centre was reasonable

Of those that had previously used the walk-in (two out of three respondents).
Six out of ten thought booking an appointment improved the service

> Patients that did not agree with the change said: “a walk-in was still required.” **23** respondents (1.5 out of 10), left a comment along these lines.

Eight out of ten people rated their experience at the GP access centre as **very good or excellent.**



Methodology

The survey was conducted during the last two weeks in May 2019, seven months after the GP access service changed at Alexandra Avenue Medical Centre.

The survey was predominantly filled in face-to-face with patients 150/152 surveys, but to ensure a wide range of people had the opportunity to share their views the survey was:

- Shared with 350 organisations across Harrow, via the Harrow CCG engagement lead

- Published on the Harrow CCG website
- Promoted through twitter
- Press release sent out, with coverage in the Harrow Times and Hillingdon Times.
- The survey was also made available through reception at Alexandra Avenue Medical Centre.

Engagement leads from the NW London Collaboration of CCGs visited Alexandra Avenue on:

- Wednesday 22May: 1pm – 4pm
- Wednesday 29 May: 11am – 4pm
- Saturday 18 May: 11am - 12pm
- Thursday 30 May: 2pm – 6pm
- Friday 31 May: 1pm – 4pm

The survey questions

1. Following your most recent visit to Alexandra Avenue - how long were you aware of the medical condition you asked for help with?

2. Did you try and book an appointment with your own GP first?

3. How did you get your appointment booked at the Alexandra Avenue?

4. Did you know you needed to book an appointment?

5. How long did you have to wait for an appointment from the time you tried to book one?

6. How convenient was the appointment time you were able to get?

7. How long did you have to wait for an appointment from the time you tried to book one?

8. How convenient was the appointment time you were able to get?

9. During your recent visit to Alexandra Avenue - did you feel the time you had to wait to be seen by a GP/nurse was reasonable?

10. Had you used Alexandra Avenue GP access centre before the changes were made in October 2018?

11. If you answered yes to Q8, do you think booking an appointment time slot has improved the service offered to you?

12. Overall how would you rate your experience of visiting Alexandra Avenue?

The results

Following your most recent visit to Alexandra Avenue - how long were you aware of the medical condition you asked for help with?

- 40% of patients attending the GP access centre had been aware of their condition for more than two weeks, 32% for more than a month

- 33% of patients had become aware of their problem the day they sought help from the access centre.

Did you try and book an appointment with your own GP first?

- 66% tried to book an appointment with their GP first

How did you get your appointment booked at the Alexandra Avenue?

- 59% booked their access centre appointment through there GP
- 11% turned up and 26% came via other services
- Just 3% called 111

Did you know you needed to book an appointment?

- *71% of people knew they needed to book an appointment first*

How long did you have to wait for an appointment from the time you tried to book one?

- 35% received a same day appointment
- 18% booked the appointment the day before
- 28% waited two to three days for an appointment
- 19% *waited longer than three days

*Patients that waited longer than three days were asked to comment on if there was a reason – **all of the 36 comments left stated that they had either chosen the date as it was unimportant, or they were attending an annual check-up**

How convenient was the appointment time you were able to get?

- 15 said extremely convenient
- 56 said very convenient
- 21% said somewhat
- 5 said somewhat
- 3 said not convenient at all

During your recent visit to Alexandra Avenue - did you feel the time you had to wait to be seen by a GP/nurse was reasonable?

- 7% said extremely reasonable
- 60% said very reasonable
- 30% said somewhat reasonable
- 2 said not reasonable
- 2% said unacceptable

Had you used Alexandra Avenue GP access centre before the changes were made in October 2018?

- 64% of survey respondents had previously used the walk-in service before the change

These respondents were asked, do you think booking an appointment time slot has improved the service offered to you?

- 59% said yes
- 41% said no
- Respondents also left a selection comments.

23 comments were in favour of keeping a walking service, 19 comments stated people were either happy with the service as it is now or happy with either.

Summary comments - all collected in the waiting area at Alexandra Avenue

- “Only used once and I was I in quickly”

- “The whole idea of a walk-in clinic, people expect to have to wait a little sometimes. By changing it to book only appointments, it might as well just be

a normal poorly run, run of the mill, doctor's surgery. Where you can't get an appointment for love nor money."

- "Prefer now with appointment service."
- "Preferred walk-in, able to just come in and see the doctor. Now I had to call my GP many times and waited few days until I got here."
- "I support this - and very happy. I got an appointment on the same day."
- "Avoid A&E, walk in was much better with childcare."
- "It has improved it immensely."
- "Is great to have both - I was happy with walk in and now happy with appointment."
- "Prefer walk-in, easy process just used to walk in. Now is more complicated - I needed to see my GP yesterday and they book me in for today, walk in more convenient."

One comment was emailed to harrow CCG:

"I gather from the "Harrow Times" that you are seeking views on people's experience of the Centre.
I have been using the Centre, as a registered patient, since it opened. I can only say, that since the changes, it has been easier to obtain appointments. I have also been seen closer to the booked time, and the doctors have been better placed to give me their attention and talk through treatment options. It is a much better system."

Overall how would you rate your experience of visiting Alexandra Avenue?

- 80% rated their experience as very good or excellent
- 15% said it was excellent
- 65% said it was very good
- 1% poor
- 8% left mixed comments about the service

Summary comments

- "Excellent before as a walk-in, and now is good"
- "Not used the service before"
- "Don't know I am still waiting"
- "Along with the change of appointments, the service is totally useless as any medication needs to be done via my surgery, the service has become useless"

- "The service is brilliant"
- "Dr`s are very good but the service not so good"

The survey was completed by an:

- Equal mix of male and female respondents
- Equal mix of respondents through the age ranges, the 18-24's were under represented in responses
- Equal mix of white and black minority ethnic respondents
- 40% of respondents had caring responsibilities

Tables below:

Age

Under 18	0.67%	1
18-24	1.33%	2
25-34	13.33%	20
35-44	15.33%	23
45-54	16.67%	25
55-64	19.33%	29
65-74	16.67%	25
75+	15.33%	23
Prefer not to say	1.33%	2
TOTAL		150

Gender

Male		44.67%	67
Female		53.33%	80
Other		0.67%	1
Prefer not to say		1.33%	2
I prefer to use my own term (please specify)	Responses	0.00%	0
TOTAL			150

Is you gender identity the same as at birth

Yes	98.00%	147
No	0.67%	1
Prefer not to say	1.33%	2
TOTAL		150

Sexual orientation

Heterosexual/straight		95.92%	141
Lesbian/Gay woman		1.36%	2
Gay man		0.68%	1
Bisexual		0.00%	0
Prefer not to say		2.04%	3
If you prefer to use your own term, please specify here:	Responses	0.00%	0
TOTAL			**147**

Ethnicity

White: White British		32.21%	48
White: Irish		5.37%	8
White: Gypsy/Irish traveller		0.00%	0
White: Polish		2.68%	4
White: Other white background		2.68%	4
White: All white groups		0.67%	1
Mixed: White and Black Caribbean		0.67%	1
Mixed: White and Black		0.67%	1
Mixed: African		0.67%	1
Mixed: White and Asian		1.34%	2
Mixed: Other mixed background		0.67%	1
Asian or Asian British: Indian		24.16%	36
Asian or Asian British: Pakistani		1.34%	2
Asian or Asian British: Bangladeshi		2.01%	3
Asian or Asian British: Other Asian background		4.03%	6
Asian or Asian British: All Asian groups		2.01%	3
Black or Black British: Caribbean		2.68%	4
Black or Black British: African		1.34%	2
Black or Black British: Other black background		0.67%	1
Black or Black British: All black groups		0.00%	0
Other: Somali		1.34%	2
Other: Irish traveller		0.00%	0
Other: Romany		0.00%	0
Other: Arab		0.67%	1
Prefer not to say		1.34%	2
Other (please specify)	Responses	10.74%	16

Religion

No religion		20.98%	30
Buddhist		2.10%	3
Christian		33.57%	48
Hindu		27.97%	40
Jewish		0.70%	1
Muslim		6.99%	10
Sikh		0.00%	0
Prefer not to say		2.10%	3
Other (please specify)	Responses	5.59%	8
TOTAL			143

Caring responsibilities

No		60.67%	91
Yes - primary carer of a child/children (under 18)		24.00%	36
Yes - primary carer of disabled child/children (under 18)		0.00%	0
Yes - primary carer of disabled adult (18 and over)		2.67%	4
Yes - primary carer of older person		6.00%	9
Yes - secondary carer (another person carries out the main caring role)		2.00%	3
Prefer not to say		1.33%	2
Other (please specify)	Responses	3.33%	5
TOTAL			150

ENDS

REPORT FOR: HEALTH AND SOCIAL CARE SCRUTINY SUB-COMMITTEE

Date of Meeting:	5 November 2019
Subject:	Update on recommendations set out in the scrutiny report on dementia
Responsible Officer:	Paul Hewitt, Corporate Director of People
Scrutiny Lead Member area:	Policy Lead - Councillor Michael Borio Performance Lead - Councillor Vina Mithani
Exempt:	No
Wards affected:	All
Enclosures:	Harrow Joint Dementia Strategy (October 2019), Addendum: Enhancements to the Dementia Care Pathway

Section 1 – Summary and Recommendations

This information report sets out to update the Health and Social Care Scrutiny Sub-Committee on progress in relation to the recommendations originating in the Dementia Friendly Housing Report.

Recommendations:
There is no decision required. This paper provides an update on progress made on each of the recommendations.

Section 2 – Report

Background

In September 2017, the Council's Health and Social Care Scrutiny Sub-committee agreed that a review should be undertaken on dementia friendly housing in the borough.

The research undertaken for the report indicated the need for some long-term strategic thinking by Harrow Council in order to ensure that it is able to meet and manage the needs of a growing ageing population with complex needs, utilising current resources and opportunities, against a backdrop of increasing financial pressures and limited resources.

Through the evidence gathered, five recommendations were formed. This report provides an update against each of the recommendations as to the progress made.

Updates on Recommendations

Recommendation 1
Harrow Council undertakes a detailed and comprehensive needs analysis of demand for accommodation and support for older people in the borough and those diagnosed with dementia and other complex conditions.

Update:

The statistical modelling exercise to analyse demand for Extra Care housing* was completed in October 2018. This was done by Harrow Council's Business Intelligence Unit and social care team managers.

The results estimate that by 2025 a range of between 153-580 people referred to the local authority could be catered for with Extra Care housing, depending on the type of provision and financial arrangements involved and relevant provision available to meet diverse cultural needs.

Harrow Council's Housing and Adult Social Care departments have been working together to explore ways to increase the supply of Extra Care Housing for Older People in the Borough, with the aim to meet the housing, care and support needs of older people as an alternative to residential care and maintain health and wellbeing needs.

There is currently one Extra Care scheme in Harrow, Ewart House (Harrow Churches Housing Association) however additional Extra Care homes are in the pipeline.

This includes Watkins House, having been transferred from Harrow Council to Harrow Churches Housing Association. The redevelopment of the site will provide 56 Extra Care homes expected to be available by spring 2021.

The Wolstenholme & Rectory site (Harrow Churches Housing Association) has achieved planning permission and will provide 57 units (replacing the 32 current units of sheltered housing on part of the site and thus a net increase of 25).

The Council has requested the developer of Harrow View East / Kodak provides an Extra Care housing scheme as part of the affordable housing contribution for the site and plans have been progressed with Housing and Adult Social Care involved in the detailed design discussions.

Opportunities for additional Extra Care developments are being reviewed on an ongoing basis. The financial implications of schemes will be considered on the basis of individual business cases, with the care support provided subject to procurement.

** Extra care housing is a type of housing which helps people to maintain their independence as far as is reasonably practicable. Extra Care housing provides self-contained accommodation with access to onsite care services enabling people to continue to live in the community to avoid becoming isolated.*

Recommendation 2
The outcomes of the intermediate care and wellbeing scheme on an existing site in Pinner Road, Headstone South Ward (if successful) be considered as a business case for developing a cost neutral solution for Extra Care housing within regeneration plans for Poets Corner (site of the Current Civic Centre).

Update:

A cross directorate officer group is now established and exploring options that will increase the range of housing options available to older people in Harrow. A number of site options will be reviewed for the provision of new Extra Care and Extra Care plus housing with the ability to cater for people with dementia, including the potential for development on the Poets Corner site. These opportunities will be considered within the context of best practice and in accordance with the draft London Plan, with reference to some of the examples explored by the Scrutiny Committee. Consideration will also be given to the potential for existing older persons housing schemes to be upgraded to better meet the needs of frailer older people.

A report on Extra Care Housing was presented to Cabinet on 15 November 2018. The report set out the Adults Social Care vision for extra care housing in Harrow and the strategy to increase the supply of extra care housing for older people in Harrow.

Reports will be brought back to Cabinet as options are identified and business cases and funding arrangements developed.

Recommendation 3
Harrow Council produces an older people's housing strategy, which is incorporated within the Council's revised Housing Strategy.
The strategy should:

a) Take into account the provisions made for and funding available to develop specialist older people's housing to support older people diagnosed with dementia;

b) Take into account the policies and targets set within the Mayor's new Housing strategy and draft London Plan, with regard to the provision of specialist housing for older people with dementia;

c) Be integrated with health and adult social care priorities and provide a holistic approach to meeting the needs of older people with dementia as their condition progresses;

d) Take into account best practice examples and learning from other boroughs that have put in place strategies for supported accommodation and support for older people with dementia and other complex needs.

Update:

Housing Services is reviewing all of its published Housing Strategies and the new Strategy will be reported to Cabinet in 2019/2020.

a)
The Housing Strategy includes a section on supported housing incorporating Housing for Older People including those with dementia.

b)
The Housing Strategy must conform with the London Housing Strategy and will make reference to the draft London Plan. However, it should be noted the targets are still to be agreed and therefore Harrow's Housing Strategy will focus on what we will be able to deliver taking into account sites and funding availability.

c)
The Housing Strategy is developed in consultation with key stakeholders and to meet the joint priorities of housing, health and adults social care priorities. There will be opportunities for officers and members to engage with this strategy and policy review process.

d)
Harrow Council's Housing and Adult Social Care departments have undertaken research and site visits to identify and continue to learn from good practice in the provision of Extra Care housing, including Brent, Haringey, Hillingdon and Westminster.

Recommendation 4
The borough's joint dementia strategy is refreshed to include:

a) Progress of outcomes from the previous strategy;
b) Integrated policies and action plans that meet the health, housing and social care needs of people with dementia in the borough;

c) A dementia care pathway to ensure improved post diagnosis care and support; better awareness and access to information and advice services via the council, the CCG and through local voluntary and community sector (VCS);
d) Details of plans for the development of a dementia information and advice hub for Harrow.

Update:

a)

Harrow CCG and Harrow Council Joint Dementia Strategy 2018 – 2021 final draft was presented to the Health and Social Care Scrutiny Sub-Committee in October 2018 and is available to download at the Harrow Council website.

https://www.harrow.gov.uk/downloads/file/26515/harrow-ccg-and-harrow-council-joint-dementia-strategy-2018-2021

The refreshed dementia strategy outlines significant progress since the 2010 to 2015 strategy and they are as follows:

- Partnership working between the Memory Assessment Service (MAS), GPs, Acute Hospitals, and through referral agencies
- Sign Posting to Voluntary and Community Sector Organisations resource funded and non-resource funded support services in Harrow
- Weekly Local Authority engagement with older people services, CCG and Acute Mental Health services to prevent 'delayed transfers of care' (DToC)
- Co-located social worker based in the team
- A pre-screening tool has been designed for Nursing Home staff to review their patients where dementia is indicated but not diagnosed. This will allow a more focused approach for the MAS and GPs. The screening tool has been shared with the Local Authority to deploy in partnership working with Nursing Homes
- MAS service already participating in reviews of patients in nursing homes
- CNWL and the MAS are training all their staff; 'Make every contact count'
- Harrow Patient Participation Network and CCG Engagement Team are working together to develop a strategy for public engagement to raise awareness and to de-stigmatise dementia.
- Post diagnostic information packs given to all service users and carers which include information on Housing benefits, community transport and various voluntary and community sector organisations.

b)
The Strategy provides a framework for creating and empowering the dementia environment for people living with dementia and their families.

The strategy is live and subject to scrutiny where potential gaps in the pathway may be identified when users, carers, friends and family provide personal stories and experiences. Learning from such comments helps continuous improvement to address diagnostic and post diagnostic health and social care support for dementia.

During the past 12 months since publication of the Dementia Strategy final draft the Harrow Integrated Care Programme - Dementia Group has been working collaboratively on delivering several themes forming the dementia Improvement Plan including: Admiral Nurses; Dementia Hub; A clear pathway for people living with dementia; Single point of access; Information; and Training.

c)
October 2019: A new post-diagnosis pathway has been designed and work has begun on testing the model before full implementation. There are three main areas to be trialled: 1) identification of patients for referral to the Memory Assessment Service (MAS) from the community 2) Single Point of Contact for dementia patients and their carers after diagnosis 3) direct referrals from the hospital to the MAS with a letter to the GP.

d)
Harrow Council's second Dementia Hub at the Bridge Centre, Christchurch Avenue, launched on 16th April 2019. It has seen its average weekly attendance grow week on week. This compliments Harrow Council's first Dementia Hub, known as 'Annie's Place'.

Combined, the hubs are being accessed by up to 80 people per week. Currently the running costs are being met by Public Health's wider social determinants budget and are estimated to be £24k for the first year. At time of writing a 6 monthly review report is being prepared.

The Dementia Hub at the Bridge is a ‘dementia friendly’ meeting place where carers, family and friends are welcome.

Harrow Dementia Hub offers a weekly drop-in in a convenient location towards the east of the borough. There is opportunity to meet others living with Dementia in Harrow for a cup of tea or coffee, a chat and fun and varied activities in a relaxed environment.

Harrow Dementia Hub activities include:

- Information and advice sessions
- Expert guest speakers
- Support and training
- Refreshments
- Wellbeing and therapeutic activities e.g. cognitive stimulation, movement & exercise sessions, music, reminiscence, quizzes, poetry readings and more

- An opportunity to share experiences
- Social opportunities
- A garden space

Recommendation 5
Council departments are encouraged to explore opportunities for increased partnership working with:

a) Harrow CCG to ensure better integration of health and adult social care services, improved awareness of and signposting to other services in the borough and identify gaps in service provision;

b) Local VCS sector to raise awareness of dementia diagnosis and support services among BAME communities.

Update:

a)

Harrow Clinical Commissioning Group, the Local Authority and key Providers in Harrow have been working in partnership to develop and deliver integrated care initially for a subset of older adults, one group being the 65+ with dementia.

The aim is to enable truly person-centred care that supports adults with significant needs to achieve the best possible quality of life with an increased focus on prevention, proactive care and self-reliance.

In accordance with the publication of the NHS long term plan, the North West London Sustainable Transformation Partnership (STP) is developing their approach to creating integrated care across North West London. Harrow CCG and Harrow Council are working with Providers, the newly established Primary Care Networks (PCNs) and the VCS to establish the Integrated Care Partnership (ICP) in Harrow.

See also Recommendation 4 c)

b)

The council has been working with Voluntary Action Harrow (VAH) to raise awareness of dementia diagnosis and support services among BAME communities.

An example of this is a dementia awareness raising event organised by VAH during Dementia Action Week 24 organisations representing various groups, faiths and cultures participated.

In addition, VAH, as part of Harrow Community Action, is actively involved in the role out of social prescribing in Harrow. Social prescribing aims to address the needs of people that do not have a clinical or social care need and could be better using services in the community or voluntary sector to help them improve their wellbeing. It is a way of “prescribing” structured activity to

individuals who have social, emotional or practical needs that cannot be met by clinical or social care services. This could include people with dementia or their carers. A directory of services is being developed covering the range of voluntary and community sector organisations across Harrow that could be utilised as part of this service, which will include a range of services for BAME populations, people with dementia and carers.

The aim is to help improve signposting and identifying gaps across communities. The social prescribing offer in Harrow also brings with it new technology that has been procured by Public Health to link newly appointed social prescribers who can be referred to by GP surgeries and social care professionals to the directory resources with the functionality to report on activity and outcomes through the system.

Financial Implications

There are no direct financial implications associated with this report however any costs associated with new provision or re-procurement of contracts as a result of service development are expected to be reported to Cabinet as part of the Council's financial regulations and governance framework.

Performance Issues

There are no specific performance issues associated with this report.

Environmental Impact

There is no specific environmental impact associated with this report.

Risk Management Implications

There are none specific to this report.

Equalities Implications

There are none specific to this report but to reiterate a previous report, Harrow has one of the highest older people populations in London. There are over 38,000 people aged 65 plus living in Harrow and this is set to rise in the next twelve years. During this period, the number of older people with dementia in Harrow is expected to increase by an estimated 37 per cent, from 2500 to just under 4000.

In addition, Harrow has an ethnically diverse older population. As Harrow's population ages, the proportion of people in older age groups who are from Black and Minority Ethnic Groups will increase.

These factors will provide unique challenges for Harrow, in terms of meeting the needs of people with dementia.

Council Priorities

- Protect the most vulnerable and support families

Why a change is needed

N/A

Implications of the Recommendation

N/A

Ward Councillors' comments

N/A

Performance Issues

N/A

Environmental Impact

N/A

Risk Management Implications

N/A

Equalities implications / Public Sector Equality Duty

N/A

Council Priorities

Section 3 - Statutory Officer Clearance

Report is for <u>information only</u>. Statutory clearances not necessary.

Name: Paul Hewitt	x	Corporate Director of People
Date: 23 October 2019		

MANDATORY	
Ward Councillors notified:	**NO**

Section 4 - Contact Details and Background Papers

Contact: Mario Casiero, Service development manager, Adult social care 020 8424 1023

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

Harrow CCG and Harrow Council

Joint Dementia Strategy

2018 – 2021

Contents

Lennie Dick
Head of Commissioning for Mental Health, Learning Disabilities and Carers
Harrow Clinical Commissioning Group

October 2019

EXECUTIVE SUMMARY

Dementia is the term used to describe a progressive illness that usually harbours a number of symptoms including memory loss leading to a decline in a person's functioning. The condition does not only affect the memory but also affects intellect, rationality, social and emotional reactions.

We recognise that living with dementia and supporting a person with dementia can be very challenging and that situations can arise that are difficult for the person with dementia or those supporting them. We believe that working collaboratively we can deliver sustained improvements in dementia services and make Harrow more dementia friendly.

The condition is sometimes associated with stigma and cultural taboo which often leads to social exclusion, discrimination and disempowerment in some cases. The stigma affects a person's ability to seek help which, in turn, affects the process of early diagnosis and assessment as well as referral to services and support.

The Royal College of Psychiatrist describe Alzheimer's disease as the most common cause of dementia which accounts for about 7 in 10 of all dementias. It typically begins with memory problems and slowly gets worse over time. People will often notice that they can't remember things that happened recently, even though they can still remember what happened years ago. They will often find that they have difficulty recalling particular words and naming objects.

Vascular dementia is another form of dementia which is caused by the blood vessels supplying the brain becoming damaged or blocked. This can lead to small strokes, or parts of the brain dying, as they are starved of oxygen and nutrients. This dementia can come on more quickly than Alzheimer's. Someone with vascular dementia is more likely to suffer from conditions which lead to blocked arteries, such as high blood pressure, smoking, diabetes or high cholesterol.

We are working hard to raise community awareness about the effects of the stigma associated with dementia, to address the need to change the way people approach dementia, make recommendations for further action and to empower people living with dementia to achieve their potential.

Harrow CCG, Harrow Local Authority and Public Health Harrow are committed to improving the patient's journeys in terms of living well with dementia. There has been an

increasing focus on the Dementia Diagnosis Rate, to enable easy access to care, support and advice following diagnosis. The intention is to increase the level of diagnosis to ensure appropriate post diagnostic support for patients and carers creating a more Dementia friendly Borough.

The percentage of people diagnosed with Dementia in relation to the prevalence of dementia in Harrow at August 2018 is 64%. Both the prevalence rate and the number of people being diagnosed have risen 14% since 2015.

STATUTORY AND NON-STATUTORY GUIDANCE

On the 20 June 2018 the National Institute for Health and Clinical Excellence published 'Nice Guidelines for Dementia focusing on; assessment, management and support for people living with dementia and their carers.

The guideline complements existing legislation and guidance and aims to describes how services and professionals can provide high-quality care and support.

The Prime Minister's Challenge on Dementia 2020 sets out the UK Government's strategy for transforming dementia care within the UK. The aims of the strategy include:

- improving diagnosis, assessment and care for people living with dementia
- ensuring that all people living with dementia have equal access to diagnosis
- providing all NHS staff with training on dementia appropriate to their role
- ensuring that every person diagnosed with dementia receives meaningful care.

Since the 2006 NICE guideline on dementia was developed, key new legislation has been implemented. The Care Act 2014 created a new legislative framework for adult social care, and also gives carers a legal right to assessment and support.

<u>Relevant legislation and statutory guidance</u>

- NHS England (2015) Accessible Information Standard
- Care Act 2014
- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- Department of Health (2014) Care Act 2014: Statutory Guidance for Implementation

- Department of Health (2014) Positive and Proactive Care: Reducing the need for restrictive
- Interventions
- Health and Social Care Act 2012
- Equality Act 2010
- Mental Capacity Act 2005
- Human Rights Act 1998

Relevant policies and non-statutory guidance

- Information Commissioner's Office (2017) Guide to the General Data Protection Regulation
- NHS England (2017) Dementia: Good Care Planning
- NHS England (2015) Implementation guide and resource pack for dementia care
- Skills for Health, Health Education England and Skills for Care (2015) Dementia Core Skills Education and Training Framework. This framework was commissioned and funded by the Department of Health and developed in collaboration by Skills for Health and Health Education England in partnership with Skills for Care
- Department of Health (2014) NHS Outcomes Framework 2015 to 2016
- Department of Health (2014) Adult Social Care Outcomes Framework 2015 to 2016

UNDERSTANDING THE CHALLENGE

Dementia is a growing challenge. As the population ages and people live for longer, it has become one of the most important health and care issues facing the world. In England it is estimated that around 650,000 people have dementia. In the whole of the UK, the number of people with dementia is estimated as 850,000.

Dementia mainly affects older people, and after the age of 65, the likelihood of developing dementia roughly doubles every five years.

However, for some dementia can develop earlier, presenting different issues for the person affected their carer and their family. There are around 540,000 carers of people with dementia in England. It is estimated that one in three people will care for a person with dementia in their lifetime. Half of them are employed and it's thought that some 66,000 people have already cut their working hours to care for a family member, whilst 50,000 people have left work altogether.

There is a considerable economic cost associated with the disease estimated at £23 billion a year, which is predicted to triple by 2040. This is more than the cost of cancer, heart disease and stroke.

What is dementia?

Dementia can be described a brain disease which often starts with memory problems, but goes on to affect many other parts of the brain, producing:

- Memory loss
- Feeling anxious
- Language impairment
- Disorientation (not knowing the time or place)
- Change in personality (becoming more irritable, anxious or withdrawn; loss of skills and impaired judgment)
- Self-neglect
- Behaviour which is out of character

Studies have shown that dementia gets worst. It is more common in older people and it may also run in families. A person with dementia may lose empathy, they may see or hear things that other people do not (hallucinations), or they may make false claims or statements.

Contrary to common belief, dementia is not one specific disease but is an umbrella term that describes a wide variety of symptoms that damages the brain cells. Dementia is progressive, meaning that it gradually gets worse. And sadly, there is no cure for most forms of dementia. “People typically think Alzheimer’s is dementia. In fact, it is one of the many forms of dementia.

As dementia affects a person's mental abilities, they may find planning and organizing difficult. Maintaining their independence may also become a problem. A person with dementia will therefore usually need help from friends or relatives, including help with decision making. Patients may have difficulty feeding, dressing and washing themselves and are highly dependent on carers.

Most types of dementia can't be cured, but if detected early there are ways to slow it down and maintain mental function. Everyone's experience of dementia is unique and the progression of the condition varies. Some symptoms are more likely to occur with certain types of dementia.

Why it is important to get a diagnosis

An early diagnosis opens the door to future care and treatment. It helps people to plan ahead while they are still able to make important decisions on their care and support needs and on financial and legal matter. It also helps them and their families to receive practical information, advice and guidance as they face new challenges.

Diagnosis will help them gain access to resources and support, make the most of their abilities and also benefit from drug and non-drug treatments available.

Why people may shy away from diagnosis

Harrow has a diverse population and diagnosing people with dementia is a challenge. Generally the public have concerns over the impact on their daily lives. Particularly in their jobs, social lives, cultural belief and the ability to drive and in many cases the stigma is associated with dementia. For these reason, some families, carers and suffers prefer not to seek a diagnosis when early signs of dementia are present**.**

- 49 % of people are worried that they would be seen as mad after a diagnosis of dementia
- 56% of people put off seeking diagnosis for up to a year of more.
- 62% of people feel that their life is over after diagnosis.
- 58% of people feel that they will struggle to join in conversations or enjoy the things they used to enjoy the things they used to.
- 42% believe that once a person living with dementia stops recognising loved ones, they don't benefit from spending time with them.
- 68% believe that they will be a different person if they were diagnosed of dementia.
- 68% of people feel isolated following a diagnosis of dementia
- 85% of people want to stay at home as long as possible after a diagnosis of dementia.

Source: Alzheimer's Society / Dementia statics.org (2016)

Early and Late onset dementia

Early-onset of dementia is used to describe the situation where dementia is developed before the age of 65. It is estimated that at least 42,000 younger people are living with dementia in the UK **(2014)** Prince M et al, Dementia UK.

Late-onset of dementia refers to patients who develop dementia after the age of 65. Late-onset dementia is far more common than early-onset dementia, because dementia is primarily a disease associated with ageing. However the underlying disease for all age ranges is the same.

Underlying causes of dementia

The most common causes of dementia are age-related neurodegenerative processes. These refer to diseases or injuries which affect the function of the brain. There are a number of such diseases which cause dementia. The most common cause of dementia is Alzheimer's disease, followed by vascular dementia.

It is important to make a distinction between the different underlying causes of dementia because they vary in the range of symptoms suffered and the rate of progression of symptoms. The key features of the most common underlying causes of dementia are summarised as:

Alzheimer's disease:

- The most common cause of dementia.
- Damaged tissue builds up in the brain to form deposits called 'plaques' and 'tangles'. These cause the brain cells around them to die.
- Characterised by a gradual progression of symptoms.
- The first symptoms to appear are usually a loss of memory.
- Learning new information becomes harder
- As symptoms progress, the person will have increasing difficulty carrying out daily functions.

Vascular dementia

- This is when the arteries supplying blood to the brain become blocked
- This leads to small or big strokes
- Parts of the brain die as they are starved of oxygen.
- Unlike Alzheimer's, progression of symptoms may be sudden (after a stroke) or step-wise rather than gradual.

Dementia with Lewy bodies:

- Associated with protein deposits that develop inside nerve cells in the brain and affect the function of the brain
- Type of dementia may have symptoms similar to those of Parkinson's disease, such as tremors and slowness of movement.

- The disease is progressive, although a person's level of function may fluctuate on an hourly basis.

Front temporal dementia

- Is rare, and can be caused by a number of degenerative diseases affecting the brain including Pick's disease.
- In the early stages of disease, memory is often intact, but personality and behaviour change are apparent.
- Incontinence may be a relatively early feature of the disease.
- This often starts in people in their 50s and 60s.

Mild cognitive impairment

- When memory problems are more than you would expect for your age, but not bad enough to be called dementia. About 1 in 3 people with this problem may develop dementia

RISK FACTORS FOR DEMENTIA

Risk factor in this context means anything that can increase a person's risk of developing dementia. Some of these factors can be avoided or managed but some are impossible to control. For example; high blood pressure can cause strokes and strokes can cause vascular dementia, high blood pressure is a risk factor for vascular dementia.

The most important non-modifiable risk factor for dementia is age. A number of modifiable risk factors for dementia exist. These include the risk factors for vascular diseases, such as diabetes, hypertension, smoking and high cholesterol, which all increase the likelihood of both vascular dementia and Alzheimer's disease. Excessive alcohol consumption is also an important modifiable risk factor.

Risk factors for dementia

Risk factor	Comments
Non-modifiable risk factors	
Age	Increasing age is the most important risk factor for dementia.
Sex	Alzheimer's disease is slightly more common in women, particularly in those over 80 years of age

Genetic factors	Mutations in 3 individual genes cause familial Alzheimer's disease. Down's syndrome is associated with an increased risk of Alzheimer's (this is rare)
Family history	Family history of a first degree relative with Alzheimer's disease may increase the risk of Alzheimer's, however caution should be used when interpreting this information and association can only determine on an individual basis given the number of other associated variables.
Modifiable risk factors	
Hypertension	Associated with an increased risk of both vascular dementia and Alzheimer's disease.
High cholesterol	Associated with an increased risk of both vascular dementia and Alzheimer's disease.
Diabetes	Associated with an increased risk of both vascular dementia and Alzheimer's disease.
Smoking	Associated with an increased risk of both vascular dementia and Alzheimer's disease
Excessive alcohol consumption.	Excessive alcohol intake is associated with Korsakoff's syndrome, and other of types of dementia.
Educational level	Additional years of education appear to offer some protection against Alzheimer's disease.

Source: Kester and Scheltens. Dementia UK: The Bare Essentials Pract Neurol **(2009)**; **9:**241-251

<u>People with learning disabilities and Dementia</u>

People with learning disabilities, particularly those with Down's syndrome, are at increased risk of developing dementia. Professionals must ensure additional time and adjustments particularly with communication allowing expression on how they feel if their abilities have deteriorated. Communication difficulties will make it harder for others to assess change.

THE NATIONAL CONTEXT

Prevalence of dementia in the UK

It is estimated that about 850,000 people are living with dementia in the UK. It is difficult to know the exact number of people living with dementia due to its gradual nature, the mild early-stage symptom and low diagnosis rate.

About two in 100 people aged between 65 and 69 have dementia, and this figure rises to one in five for those aged between 85 and 89 (*Dementia UK).*

In terms of the rising care needs of people with dementia, it is estimated that in England over the next 30 years it will more than double to 1.4 million. The health social costs are currently at a critical level with all the evidence showing accelerated demand.

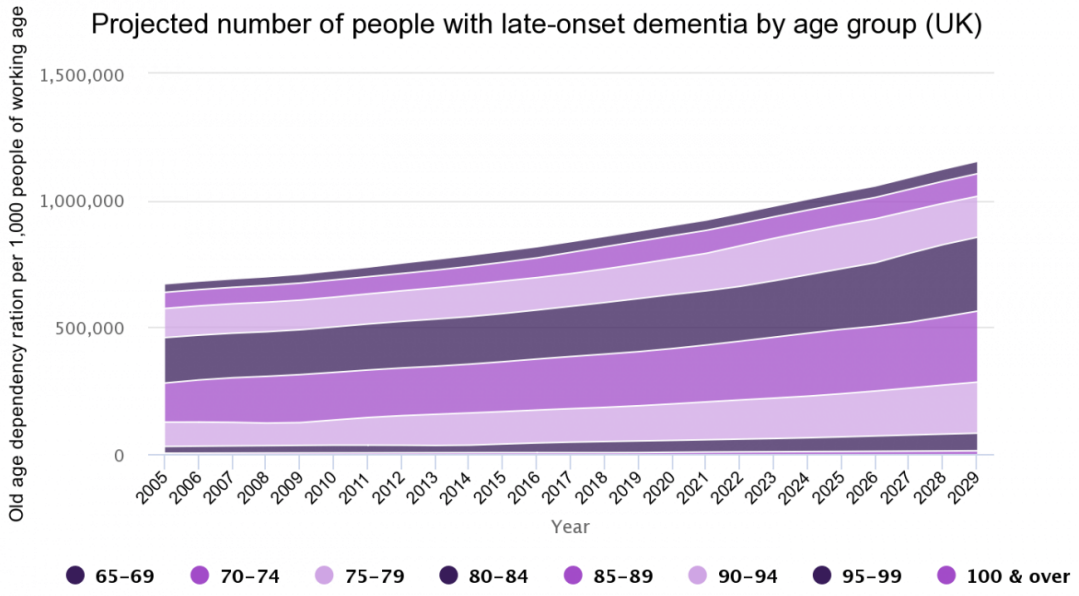
Demographic change will drive significant growth in the number of people with dementia, even though the percentage of older people developing some types of dementia (particularly vascular dementia) may decline as a result of reductions in hypertension and other risk factors (Snell T, Wittenberg R, Fernandez JL, Malley J, Comas-Herrera A, King D, **2011**).

Research suggests that approximately one in four patients in acute hospitals have dementia and that these needs are not currently well responded to Lakey (**2009**).

Staff in acute settings and care homes may need extra training in caring for people with dementia and delirium. The cost of dementia will rise by 61 per cent to £24 billion by 2026 (at 2007 prices), with most of this cost being met by social care and by individuals and families rather than the NHS (McCrone P, Dhanasiri S, Patel A, Knapp M, Lawton-Smith S, **2008**).

Harrow has to look at ways of developing effective preventive/management interventions that could offset some of these significant costs in view of its local fiscal challenges.

Projected UK dementia trends



Source: Knapp M, Prince M **(2007)**. Report. Dementia UK*London School of Economics, King's College London and The Alzheimer's Society*

The National Dementia Strategy

Dementia is currently estimated to cost £26 billion to the society more than the cost of cancer, heart disease or stroke and this is expected to triple by 2040. Dementia has become a key priority for both NHS England and the Government (Lewis et al, **2014**).

NHS England plan to achieve the following by 2020

- Equal access to diagnosis for everyone
- GPs playing a lead role in ensuring coordination and continuity of care for people with dementia
- Every person diagnosed with dementia having meaningful care following their diagnosis
- All NHS staff having received training on dementia appropriate to their role.

The Prime Minister's challenge on dementia 2020

The goal of the new challenge is to consolidate and build on the progress made since the first challenge issued by the Prime Minister in 2012. The challenge aims to make

England the best place to live well with dementia for patients and families by 2020, and the best place in the world to undertake research into dementia and other neurodegenerative diseases.

The implementation plan focuses on four core themes:

- Risk reduction
- Health and care
- Awareness and social action
- Research.

The challenge has identified 18 fundamental commitments. These commitments are specifically about improving public awareness and understanding the factors that increase the risk of developing dementia and how individuals can reduce their risk through healthy lifestyles. This plan will involve a healthy aging campaign and access to tools such as personalised risk assessment calculator as part of the NHS Health Check.

There is emphasis on risk reduction. This will be delivered as a pilot scheme in partnership with voluntary sector organisations using the existing NHS Check to provide training around the risks of developing dementia and the steps they could take to reduce those risks.

Industry sectors are encourage to develop Dementia Friendly Charters and work with business leaders to make individual commitments and also become dementia friendly.

Harrow Local Authority undertook a Dementia Friendly Housing review to:

- develop a greater understanding of what constitutes 'dementia friendly' housing;
- develop a greater understanding of and clarity around whether current housing provision within the borough meets the needs of residents aged 65 and over, diagnosed with dementia, or those that could develop the condition in the future;
- identify measures that the Council could implement to help meet future housing needs and in doing so, identify what overall steps Harrow Council can take towards becoming more dementia-friendly.

Dementia Research will become a career opportunity of choice with the UK being the best place for Dementia Research. An international dementia institute is to be established in England and increased investment in dementia research will be encouraged. https://www.gov.uk/government/publications/prime-ministers-challenge-on-dementia-2020/prime-ministers-challenge-on-dementia-2020

LOCAL CONTEXT

Statutory Dementia Service in Harrow

Harrow council has a statutory duty to carry out a community care assessment, which will assess the person's needs and identify which services could be arranged to help meet these needs.

The Council can also provide a carer's needs assessment which can help carers to access services to support them with their caring role.

The council has equipped various voluntary sector workers and volunteers in terms of supporting people with dementia through training programmes. These courses are person centred and also a practical way of sharing knowledge and raising awareness of dementia amongst carers and within the voluntary sector.

Harrow Memory Services

The Memory Assessment Service (MAS) as part of Central and North West London NHS Foundation Trust (CNWL) provides a comprehensive assessment of an individual's memory, ensuring that if dementia is an issue a diagnosis is given as soon as possible. Once a service user has been diagnosed, the services can help to support the individual in coming to terms with their diagnosis and sign-post to agencies for post diagnostic support. They provide useful strategies and treatments to help people minimise their memory difficulties. Their primary objective is to help people live independently and safely.

The Harrow Older People Community Mental Health Team

The team has three key functions:

- To give advice on the management of mental health problems by other professionals – in particular,
- providing advice to primary care, such as GP surgeries, and making sure appropriate referrals are made.
- Providing treatment and care for those with short-term mental health issues who can benefit from specialist
- Interventions.
- Providing treatment and care for those with more complex needs.

Harrow's elderly population

There are 31,900 of older residents aged 65 and over. Harrow has one of the highest proportions of older residents aged 65 and over compared to other London boroughs at 15.2%. Old age is the most important risk factor for dementia and Harrow has the highest percentage of elderly residents of the 8 boroughs in the North West London sector. This is below the national average of 16.3%. Harrow is ranked 7th in London for the proportion of residents aged 65 and over. (ONS LSOA Mid-Year Estimates **2016**)

Percentage of population over the age of 65 – North West London Boroughs.

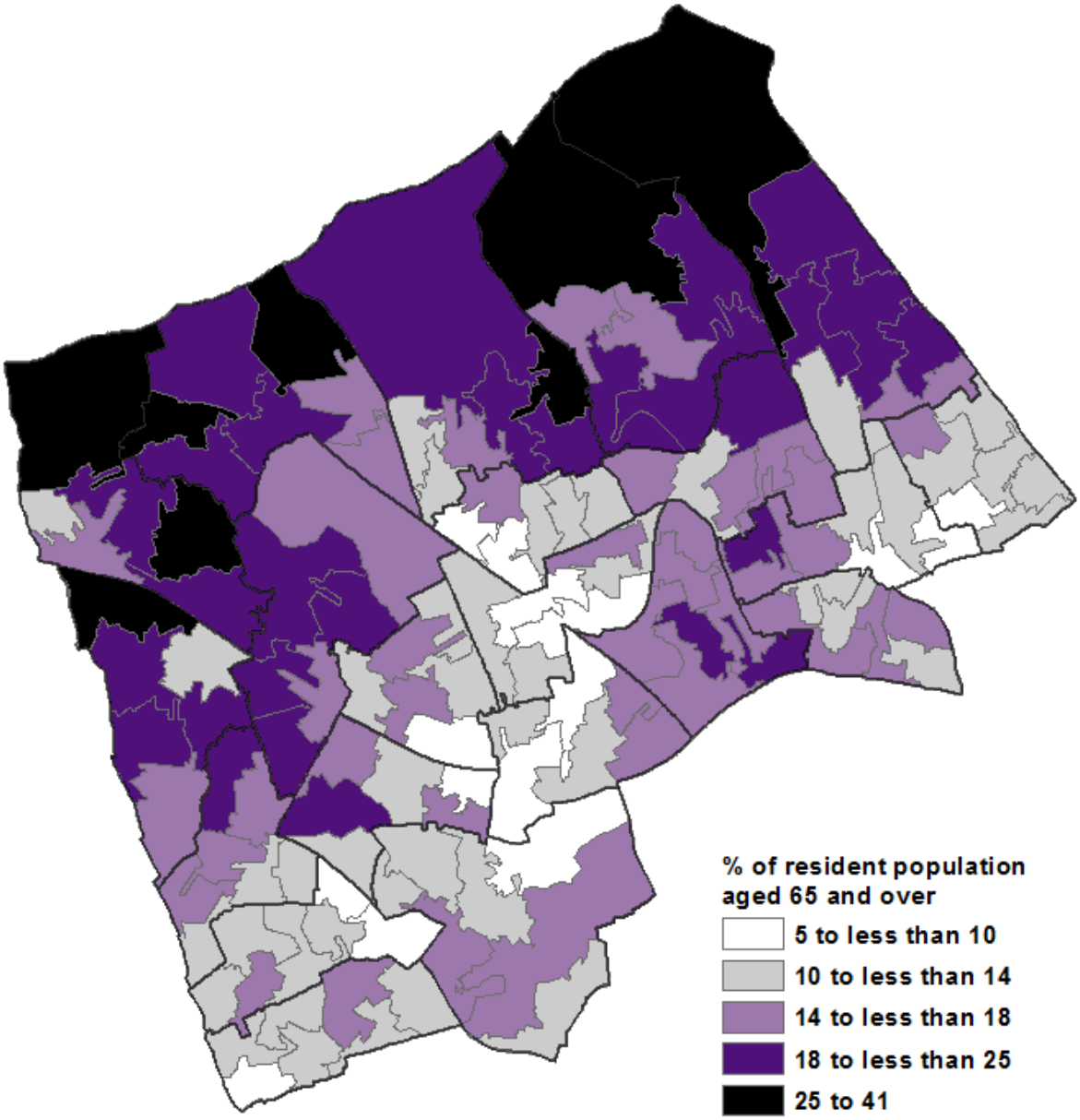
London Borough	**Percentage of total population over 65**
HARROW	15.2
Hillingdon	13.1
Brent	11.5
Kensington and Chelsea	14.9
Ealing	12.1
Westminster	11.8
Hounslow	11.5
Hammersmith and Fulham	10.5

Source: ONS projections - 2016

Harrow has seen an increase in the number of older residents since 2011. The population of those aged 65 and over was 14.1% and this increased to 15.2% in 2016. High proportions of older residents live in the wards to the north. Stanmore Park has the highest proportion of people over the age of 65, with 23.5%. Roxbourne, Greenhill, Marlborough and Wealdstone have fewer than 12% of older residents over 65. The north of the borough has a higher percentage of elderly residents than the south and central areas of the borough (Source: ONS projections **2016**).

Percentage of elderly residents across Harrow's electoral wards.

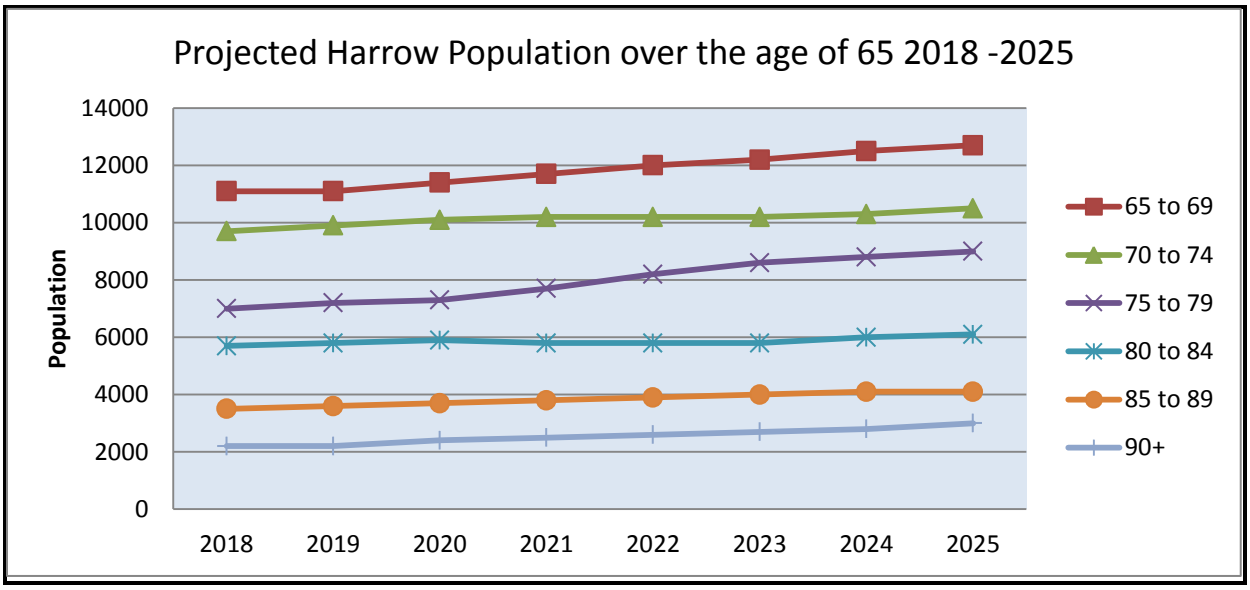
Residents Aged 65+ *Source: ONS LSOA Mid-Year Estimates (2016)*



- Harrow is ranked 7th in London for the proportion of residents aged 65 and over
- 5.2% of Harrows residents are aged 65 and over, 12% (4034 residents) higher since 2011
- Source: Harrow vitality profile 2017-2018

Harrow's elderly population is projected to rise over the next 15 years

The population of over 65s is projected to increase to 45,500. Rises will be seen in all age groups over the age of 65 between 2018 and 2025. This increase in population will impact on the number of people with dementia



Source – GLA intelligence Unit- Released in July 2017

Estimated Dementia Prevalence (65+ only) NHS England Dementia Rate Denominator

July 2018	**Monthly Dementia Diagnosis Rate Indicator**	**Sum of Dementia Registers (65 + only) latest available Numerator**	**Estimated Dementia Prevalence (65 + only) CFAS II Denominator**
England	67.8%	441,626	**651,772**
London	70.8%	47,863	**67,617**
NHS Brent CCG	74.9%	1,846	**2,464**
NHS Central London (Westminster) CCG	73.4%	1,044	**1,422**
NHS Ealing CCG	76.1%	2,211	**2,904**
NHS Hammersmith and Fulham CCG	66.8%	839	**1,256**
NHS Harrow CCG	63.0%	1,589	**2,524**
NHS Hillingdon CCG	66.9%	1,814	**2,711**
NHS Hounslow CCG	71.1%	1,469	**2,065**
NHS West London CCG	75.7%	1,338	**1,767**

(Source: NHS England **July 2018**)

Dementia cases recorded on the GP register

In July 2018, 1,589 people aged 65 and over had been diagnosed with dementia. It is estimated that 2,524 people are living with dementia in Harrow. When applying the Dementia Diagnosis Rate shows Harrow as 63.0%. The denominator used estimates there are 2,524 patients currently living with dementia in Harrow. This forecast suggests there are over 935 people with dementia in Harrow who have not yet been diagnosed, or whose condition is not known to their GP. (Source: NHSE July 2018).

Estimated prevalence of late-onset dementia in Harrow by age group

Age group	Estimated prevalence of dementia in Harrow
Over 65 years of age	1 in 14 people
Over 80 years of age	1 in 6 people
Over 90 years of age	nearly 1 in 3 people

Source: Mental Health Observatory

Consensus of Estimate of population prevalence of late on-set of dementia

Age in Years	Female	Male	Total
65-69	1.8%	1.5%	1.7%
70-74	3.0%	3.1%	3.0%
75-79	6.6%	5.3%	6.0%
80-84	11.7%	10.3%	11.1%
85-89	20.2%	15.1%	18.3%
90-94	33.0%	22.6%	29.9%
95+	44.2%	28.8%	41.1%

NHSE – May 2018

The prevalence of late-onset dementia is greater in females than in males

The prevalence of dementia in females over the age of 65 in Harrow is estimated as 8.2% compared to 6.1% for males. This equates to a total of 1458 females with late onset dementia in Harrow compared to only 829 males. The higher prevalence rate in females can largely be explained by the fact that women have a longer life expectancy

and so are more likely to live into their 80s and 90s, when dementia is most prevalent. However, even allowing for age, Alzheimer's disease is thought to be slightly more common in females than in males. One of the main reasons for the greater prevalence of dementia among women is the longer life expectancy of women (Alzheimer's Research UK / Dementia Statistic Hub **July 2018**)

Prevalence of early-onset dementia

In early-onset dementia, symptoms start below the age of 65. Dementias that affect younger people is said to be rare and difficult to recognise. People are likely to be very reluctant to accept there is anything wrong when they are otherwise fit and well and they may refuse to be diagnosed as a consequence. It is estimated that there are 42,325 people in the UK who have been diagnosed with early-onset dementia. They represent around 5% of the 850,000 people with dementia.

Prevalence rates for early-onset dementia in black and minority ethnic groups are higher than for the population as a whole. People from BAME backgrounds are less likely to receive a diagnosis or support, this is due to some cultural belief and the stigma associated with dementia.

Studies have shown that people with a learning disability are at greater risk of developing dementia at a younger age and that one in ten people with a learning disability develop early-onset Alzheimer's disease between the ages of 50 to 65.

One in ten aged 40-49 and one in three people with Down's syndrome will have Alzheimer's in their 50s (Source -Dementia UK, 2nd edition **2014**, Alzheimer's; Young Dementia UK).

Dementia and Ethnicity in Harrow

Harrow has one of the most diverse populations nationally.

Population estimates for 2017 from ONS (based on the 2011 census). This is resident population.

White	Asian	Black	Mixed/ Other	Total
113,000	105,000	10,000	25,000	252,000
45%	42%	4%	10%	

https://data.london.gov.uk/dataset/ethnic-groups-borough

The number of people registered with Harrow GP practices aged 65 years or older: **38,892 people.** (Patient demographic services extracts for Sept 2018). This is **GP registered** population not comparable with the figures for ethnicity from ONS above.

The largest BAME group is of Indian ethnicity. Research has shown that the borough has the largest concentration of Sri Lankan Tamils in the UK as well as having the highest density of Gujarati Hindus in the UK. The borough is also ranked the 8th nationally for linguistic diversity in the Greater London Authority.

Life expectancy within the borough at 81.2 for men and 84.6 for women is better than that of England as a whole.

The population of those aged 65 and over is 37,701 equalling 15.2% of the total population.

Studies in South Asian communities in Britain have shown there is a sense of stigma and inadequate knowledge about dementia care. This poses a great problem with diagnosis. People tend to put off going to get a diagnosis and this is a big challenge in Harrow.

STRATEGIC IMPROVEMENT AND INTERVENTIONS

Integrated care

The NHS Five Year Forward View (2014) called for new care models to achieve better integration of care across GP, community health, mental health and hospital services, as well as more joined up working with home care, care homes and the voluntary sector.

These new models will be delivered in Harrow through the development of Integrated Care where health and care partners work together to develop models of care that meet the needs of their population. This includes tackling wider determinants of health and illness e.g. housing, environment, education etc.

Integrated care operates through working collectively to a single contract, a shared and single set of outcomes to be delivered and single funding stream for the services delivered. Early results from parts of the country that have started doing this – 'vanguard' areas – are seeing slower growth in emergency hospitalisations and less time spent in hospital compared to the rest of the country. The difference has been particularly noticeable for people over 75, who often face a revolving door of emergency admission, delayed discharge and then hospital re-admission.

Since August 2017, Harrow Clinical Commissioning Group, the Local Authority and key Providers in Harrow have been working in partnership to develop and deliver integrated care initially for a subset of older adults, one group being the 65+ with dementia.

The aim is to enable truly person-centred care that supports adults with significant needs to achieve the best possible quality of life with an increased focus on prevention, proactive care and self-reliance.

The programme aims to ensure that people have a personalised and co-ordinated approach for the care they need, making it easier and simpler to access support. It is intended that from 1st April 2019, Harrow CCG will commission a new model of care and services for this group of over 65's from a provider partnership. The intention is that this new model of care will be designed during September and October 2018, with testing from November 2018.

Care Home projects

North West London collaborative older peoples team are leading on the implementation on a series of schemes across all boroughs in North West London, with individual CCG Care Home leads taking forward the implementation of the projects locally, these projects include:

1. **Red Bag Scheme** is currently available in 13 Harrow older peoples care homes. The aim of the red bag is to streamline information sharing when a patient is transferred into A&E or via a frailty pathway. The vision is for all of older peoples care homes to implement the red bag scheme within the next 6 months.

2. **Telemedicine via 111 *6.** In November 2017 111/*6 was soft launched across NW London, whereby care home staff could speak to a clinician via the 111 service. The service is about to be re launched ahead of winter 18/19 to ensure all care homes are aware of the service to reduce inappropriate LAS call outs and conveyances. Older peoples nurse practitioners are now available 8am-8pm 7 days per week to take the calls, with a view to extend the opening times to 2am over the next few months.

   The overall vision is for telemedicine to be available via 111 *6 in all older peoples care homes, whereby the 111 clinician will be able to complete a consultation as care homes will have access to a tablet device. This pilot will be tested first in a Brent care home with a Harrow care home being tested within the next few months.

3. **Recognising and acting on deterioration Training.** This is a 5 day training programme which is being delivered by St Luke's Hospice to a number of Harrow older peoples care homes. The training is bespoke to each care home and aims

to improve the outcomes in care homes in recognising deterioration and end of life.

4. **Medicines Optimisation in Care Homes** Harrow CCG are one of four CCG's in NW London who expressed an interest in implementing the 2 year pilot. Whereby pharmacists will support care homes with medicines managements and complete medication reviews working closely with the relevant GP's. Harrow CCG are working in partnership with LNWHT, who will recruit and manage the pharmacists. This pilot is due to commence by January 2019 and will initially run for 2 years.

5. **Leadership training programme – My Home Life** All care home managers were invited to apply to take part in the training programme. For Harrow there are 13 care homes that are part of the training programme which is provided by City University. The training is due to end in March 2019 and

Dementia awareness training for staff

Training and educating staff in Dementia Core skills will improve staff knowledge, skills, attitude and confidence and this can have a positive impact on those they provide care. The framework is a comprehensive resource to support health and social care staff, educators and carers who work with and care for people living with dementia. It sets out the essential skills and knowledge necessary for all staff involved in the dementia care pathway. Harrow CCG has commenced training for GP practice and would expect all staff that comes into contact with patients who have dementia to at least attain Tier (1).

Dementia Awareness: Summary of framework subjects

Subject	Tier 1	Tier 2	Tier 3
Dementia awareness	●	●	●
Dementia identification, assessment and diagnosis		●	●
Dementia risk reduction and prevention		●	●
Person-centred dementia care		●	●
Communication, interaction and behaviour in dementia care		●	●
Health and wellbeing in dementia care		●	●
Pharmacological interventions in dementia care		●	●
Living well with dementia and promoting independence		●	●
Families and carers as partners in dementia care		●	●
Equality diversity and inclusion in dementia care		●	●
Law, ethics and safeguarding in dementia care		●	●
End of life dementia care		●	●
Research and evidence-based practice in dementia care		●	●
Leadership in transforming dementia care			●

Delivering the 2020 Roadmap (Prime Minister's Challenge on Dementia)

Key points of the action plan are taken as commitments for local focus in Harrow. The full list of actions at a national level can be seen on-line at: https://www.gov.uk/government/publications/prime-ministers-challenge-on-dementia-2020/prime-ministers-challenge-on-dementia-2020

	Commitments for local focus in Harrow	**Delivery Plan**
1	Improved public awareness and understanding of the factors, which increase the risk of developing dementia and how people can reduce their risk by living more healthily. This should include a focus on health inequalities, a new healthy ageing campaign and access to tools such as a personalised risk assessment calculator as part of the NHS Health Check.	**June 2019**
3	People with dementia having equal access to diagnosis as for other conditions, with an expectation that the national average for an initial assessment should be 6 weeks following a referral from a GP (where clinically appropriate), and that no one should be waiting several months for an initial assessment of dementia	**Done**
4	All Clinical Commissioning Groups and Local Health and Wellbeing Boards having access to improved data regarding the prevalence of dementia at local and national level and using this data to inform the commissioning and provision of services so that more people with dementia receive a timely diagnosis and appropriate post diagnosis support.	**Done**
5	An increase in the numbers of people of Black, Asian and Minority Ethnic origin and other seldom heard groups who receive a diagnosis of dementia, enabled through greater use by health professionals of diagnostic tools that are linguistically or culturally appropriate	**June 2019**
7	GPs playing a leading role in ensuring coordination and continuity of care for people with dementia, as part of the existing commitment that from 1 April 2015 everyone will have access to a named GP with overall responsibility and oversight for their care	**Done**
8	Every person diagnosed with dementia having meaningful care following their diagnosis, which supports them and those around them, with meaningful care being in accordance with published National Institute for Health and Care Excellence (NICE) Quality Standards.	**October 2019**
10	Increased numbers of people with dementia being able to live longer in their own homes when it is in their interests to do so, with a greater focus on independent living	**March 2020**

Views of Key Stakeholders

Harrow CCG undertook a Dementia RightCare 'Optimal Design Workshop' in September 2016. The feedback is included below which has informed delivery to-date and will continue to form part of the delivery plan going forward.

Dementia RightCare - Optimal Design Workshop Feedback from stakeholders event held on 7 September 2016				
	What, if any, changes were suggested by the group	**How should these suggested changes be implemented**	**What, if any, resources or information are required to implement suggested changes**	**What could be the impact of these suggested changes**
Preventing Well	▪ Early identification and risk scoring with 30's, 40's and 50's amongst high risk groups; ▪ Parkinson's, vascular risks; ▪ Current drugs of value? ▪ Better to focus on awareness and trigger points i.e. age group; ▪ Having a stand-alone memory service for people to independently access support where necessary.	▪ Wider stakeholder engagement and awareness raising; ▪ Strengthen link between research and practice; ▪ More support available in the community to tackle social barrier and stigma; ▪ Better support systems to promote healthy living and independence; ▪ Work with employers to raise awareness and enhance support system.	▪ More investment on awareness raising; ▪ High vascular risk prevention; ▪ More social care focus on prevention.	▪ Early identification; ▪ Early detection; ▪ Intergenerational work.
Diagnosing Well	▪ A link worker to support patients and carers throughout their journey e.g. highly skilled Admiral Nurses or Enhanced Practice Nurses to ensure a person-centred and individualised care; ▪ Memory Assessment Service to provide support pre and post diagnosis; ▪ More coordinated and integrated care involving social care and the voluntary sector in supporting patients and families with a dementia diagnosis; ▪ **Please refer to flowchart for suggested framework.**	▪ Develop care pathway for those at high risk of developing dementia; ▪ Develop and maintain robust process of communication amongst professionals; ▪ Recruit or make use of nurses to take on the role of link workers to coordinate patient care throughout their journey; ▪ Provide regular health checks and dementia screening for those at risk and with long-term conditions; ▪ Enhance existing Memory Assessment Service to support patients pre and post-diagnosis.	▪ Tailored training for healthcare professionals to raise awareness and understanding of the pathway; ▪ Create capacity to restructure the pathway; ▪ A system for health professionals to communicate, integrate and coordinate care; ▪ Better use and support from community services and voluntary sectors.	▪ Improved diagnosis; ▪ Early detection and more tailored intervention; ▪ Better support offered to patients and carers; ▪ Coordinated and person centred care and support provided; ▪ Improved value to the population of Harrow.

Living Well with Dementia and Planning ahead	▪ Use of Admiral Nurses for advice, practical and emotional support as early as possible; ▪ Integrate services and support available in the community; ▪ Information, advice and support more readily available to patients, carers and professionals; ▪ Mapped services and pathway to allow carers and professionals to navigate the care and health system; ▪ Involvement of carers and case manager in planning for the future and preparing for future eventualities; ▪ Advice and support available early enough to support patients' and their families to plan ahead and prepare for the future.	▪ Package of care/support agreed and formulated with carers and reviewed regularly; ▪ Care package coordinated by the care navigator; ▪ Care coordinated similar to the care principles of 'palliative care'; ▪ Develop and promote services and support in the community to help patients and carers feel valued and safe in society; ▪ Raise awareness of carers' rights and improve signposting to access legal and financial advice. ▪ Social services and health provide more coordinated care and support; ▪ Use of peer support i.e. patient or carers led; ▪ Enhance pathway to support carers' health and well-being.	▪ More widespread information about the resources and support available to patients and carers; ▪ A database or system that coordinate social care, health care and voluntary sector agencies. ▪ Support to facilitate access to appropriate services; ▪ Innovative models of care and more evidence base; ▪ More therapeutic models of care for patients and carers.	▪ A more positive journey for patients with dementia and their carers/ families; ▪ Carers and patients receive the support they need at the right time; ▪ Reduced levels of stress and worries for patients, carers and families; ▪ Patients and carers feeling more in control of their lives and condition; ▪ Higher number of people accessing appropriate support; ▪ Improved well-being of patients' and their carers and families; ▪ Possible reduction on prescribing.
Supporting Well and Preventing and Managing Crisis	▪ A system analogous to Macmillan Cancer support where care and support is available from diagnosis through to palliative care.▪ Adopt Admiral Nurse model as shown to work well;▪ Care reviews to be triggered by events rather than annual;▪ Reviews best carried out by case manager to ensure continuity of care;▪ Proactively change care and support provided according to patients' changing needs and 'trigger events' such as admission into acute settings, change in social circumstances; co-morbidities;▪ 24/7 crisis hotline for family and carers.	▪ Develop way to identify trigger points for a change in care / management needs to be identified;▪ Education and support for patients, family, carers and professionals to help identify subtle trends and changes;▪ Carers supported to become partners in care;▪ Support people with dementia and their families and carers to live well with dementia;▪ Ensure family and carers' needs are addressed and support to ensure patient well-being;▪ Entry into service provision should be based on needs rather than a diagnostic label.	▪ Create capacity in the system to provide flexible care to support patients' changing needs and late diagnosis;▪ Training and education to carers and professionals;▪ A system for health and care professionals to communicate and coordinate care according to patients changing needs;▪ Nurses to coordinate patient care ;▪ Better use of voluntary sector and social services to provide support to patients and their families and carers.	▪ Continuity of care and support to patients and family carers;▪ Improved emotional and practical support offered to patients and carers;▪ Carers supported and better able to manage and prevent crisis admission.▪ Carers supported and better able to improve patients' well-being;▪ Tailored care and support provided according to changing needs of patients and carers;▪ Improved and timely access to appropriate services by patients and carers;

Dying Well with Dementia	▪ Risk stratification tool to identify multiple admissions and reduced levels of functioning; ▪ A first point of contact (i.e. 'Dementia Adviser' to carry out regular reviews, care coordination/navigation and emotional support; ▪ Access to menu of support/ability to refer; ▪ Personalised and flexible care plans owned by patients and carers with rights of access and determination between carer and patient clearly outlined; ▪ Proactive care plans that clearly describe agreed provision of care and support to empower patients and carer to achieve personal goals; ▪ Care plans to describe family and social situation and is used by the system; ▪ Emotional and practical support for carers post death.	▪ Regular review of need and care plan with single point of contact (i.e. 'Dementia Adviser' to foster trusted relationship; ▪ 'Dementia Adviser' to develop, manage and review patient/carer owned care plan and support patient and carers; ▪ 'Dementia Adviser' to identify when condition of patient deteriorates or circumstances change to adapt care approach and provide advice and first line emotional support to carers and families. ▪ Pilot Stafford and Cannock's 'Memory First' programme; ▪ Provide separate (and shared) support for patient and carer.	▪ 'Dementia Adviser' to have dementia expertise; local knowledge and awareness of services including cross boundary, cultures and communities; ▪ Alzheimer's Society to provide evidence and information; ▪ Support system that prepare families and patients for end of life and build early plans, some of which would commence at diagnosis (linked with care plan and 'Dementia Adviser') ▪ End-of-life support and education for people with dementia and carers;	▪ Possible reduction in hospital admissions; ▪ Improved support offered and personalised care to patients and carers; ▪ Reduced demand on primary care; ▪ Prevent unnecessary clinical interventions; ▪ Better experience and outcomes for patients and carers;

<u>Where we are now</u>

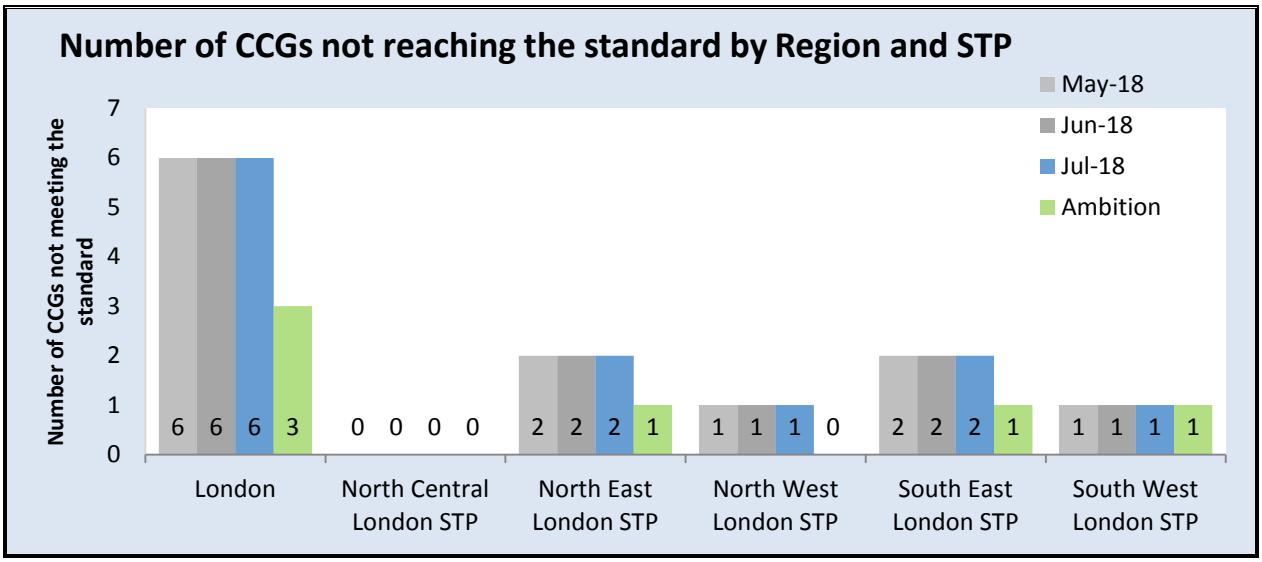
Significant progress has been noted since the 2010 to 2015 strategy and they are as follows:

- Partnership working between the Memory Assessment Service (MAS), GP's, Acute Hospitals, and through referral agencies
- Sign Posting to Voluntary and Community Sector Organisations resource funded and non-resource funded support services in Harrow
- Weekly Local Authority engagement with older people services, CCG and Acute Mental Health services to prevent 'delayed transfers of care' (DToC)
- Co-located social worker based in the team
- A pre-screening tool has been designed for Nursing Home staff to review their patients where dementia is indicated but not diagnosed. This will allow a more focused approach for the MAS and GPs. The screening tool has been shared with the Local Authority to deploy in partnership working with Nursing Homes
- MAS service already participating in reviews of patients in nursing homes
- CNWL and the MAS are training all their staff; 'Make every contact count'
- Harrow Patient Participation Network and CCG Engagement Team are working together to develop a strategy for public engagement to raise awareness and to de-stigmatise dementia.
- Post diagnostic information packs given to all service users and carers which include information on Housing benefits, community transport and various

voluntary and community sector organisations.

Where we want to be

We are doing a lot of work in terms of addressing the stigma and cultural taboo associated with dementia where many families are reluctant to seek help and miss out on health and social care interventions. These include; medication, carer support, advice, family friendly housing, dementia friendly transport, financial help for both carers and users through dementia disability living allowance and carers allowance.



Harrow is on trajectory to meet the Dementia Diagnostic Rate Target of 67% by December 2018.

Harrow CCG Dementia Diagnosis Improvement Plan

- Performance management driven by the Executive team including the Chairman and MD
- Clinical Director for Mental Health has been involved at every level in driving the requirement to increase diagnosis
- Clinical Director leads meetings held with CNWL (MAS) in trying to drive up numbers being diagnosed
- MD engaging with VCSO's including Harrow Patient Participation Network to cascade wider awareness and to seek their support in engaging with users and carers
- Areas of underperformance reviewed regularly at the MDs/CDs where

discussions to assess any additional approaches that can be taken and to quantify the impact of any actions already taken.

- Dementia performance is also discussed at the Finance Recovery Operation Group under the assurance section
- Reports including Dementia performance is reviewed at the Finance & Performance Committee
- Performance against all areas including Dementia is reviewed at the Senior Leadership Team

CCG strategies to deliver the diagnosis ambitions

- Practices have been asked to check the quality outcome framework (QOF) to ensure patients are recorded correctly.
- The message has been repeated in other formats to all GP Practices during 2018
- Harrow CCG is in the process of using an EMIS Specialist to deep-dive ensuring effective cleansing of all registers. Monitoring will be undertaken practice by practice.
- In the letter to GP practices Harrow CCG suggest; practices review all treatment cases on 'GP EMIS' where reversible medications (Acetylcholinesterase inhibitors) are being used for patient not diagnosed with dementia or review how they are being coded. In addition GPs are asked to review their coding for cognitive impairment as in some cases these can be coded as 'Dementia unspecified' (Read Code: Eu02z).
- Harrow CCG will follow up the cleansing with the joint harmonisation work in collaboration with CNWL MAS
- GP practices will receive requests from Harrow CCG to maintain compliance fortnightly, then monthly dependent on outcome
- CNWL (MAS) are undertaking a reconciliation of all diagnosed cases with GP practice record.
- The CCG is supporting CNWL MAS with additional admin staffing to deliver this initiative.
- On completion this should form the basis of a full and 'live' Dementia Register for Harrow
- Harrow MH Commissioners, CNWL, London Borough of Harrow and the Voluntary and Community Sector are developing a strategy for post-diagnostic support. The Dementia Strategy (2018-2020) is due to go to the Harrow Health and Social Care Scrutiny Committee in October 2018
- Support to deliver this is being requested through Faith Groups, Community Networks, Harrow Carers, Harrow Mencap, Harrow Mind, Harrow Patient

Participation network, and Harrow Association of Somali Voluntary Organisations

- Harrow CCG has commissioned an EMIS specialist experienced in uncovering undiagnosed cases to support GP practices with increasing their dementia diagnosis rate.

CONCLUSION

The purpose the strategy is to provide a framework for creating and empowering dementia environment for the people living with dementia and their families. The focus is to help people with dementia needs feel in control of their lives, feel valued and to also help carers feel satisfaction in charge of the disease what they accomplish in care.

The strategy will be subject to scrutiny where potential gaps in the pathway may be identified, as they often are when users, carers, friends and family provide personal stories and experiences. Learning from such comments will help to improve diagnostic and post diagnostic health and social care support for dementia.

The local and national strategic vision is set out to be achieved in the document. Aligning the action plan to deliver it and providing the evidenced will be achieved through partnership working between all stakeholders. Health and Social Care will take the lead as accountability will be monitored through their regulators.

Implementation of the plan has started and the new NICE guidance will provide a measurable framework and toolkit to deliver the best dementia care and support.

This strategy supports the national dementia plan and we are committed to improving dementia care in Harrow.

ADDENDUM: Enhancements to the Dementia Care Pathway 2019/20

Increasing the Dementia Diagnosis Rate, enabling easy access to care, and providing post diagnostic support and advice are some of the key themes driving the strategy. Harrow has made great headway as a more Dementia friendly Borough.

At the close of March 2019 there were 68.7% people in Harrow diagnosed with Dementia in relation to the dementia prevalence for the borough. The dementia prevalence has increased 6% from 2433 in 2015 to 2569 by March 2019. The diagnosis rate has increased from 55.1% to 68.7% over the same period.

The key changes required to improve diagnosis were:

- Harrow CCG increased investment in key personnel within the MAS initially by using additional Consultants Psychiatrist (locums) and clinical nurses.
- The appointment of a permanent full-time Consultant Psychiatrist (vacant for an extended period) has helped to transform the MAS.
- Simplified the clinical pathway by removing the onus on GPs to undertake Magnetic Resonance Imaging (MRI) Scans, which are now mainly requested by the MAS consultant.
- Increased communication with GP practices around referral criteria for memory assessments, whilst sharing the challenge of increasing the diagnosis rate.
- Harrow CCG commissioned EMIS Specialist to review coding on all cases held on the Quality Outcome Framework (QOF) within each GP practice in Harrow. The specialist highlighted:

Building on the Harrow Whole Systems Integrated Care (WSIC) model for over 65s, Harrow CCG and local health and care partners made a decision in 2017 to formalise arrangements to work as an Integrated Care Partnership (ICP) and deliver integrated models of care to the whole population of Harrow. The ICP integration has enhanced the planning and provision for Admiral Nurses and a Community Specialist Dementia Nurse.

Initial scoping work was undertaken to identify drivers for change and what Harrow would need to do to deliver sustainable, efficient and cost-effective health and social care to our population now and in the coming years. This scoping highlighted the significant challenges relating to the increased demand for care caused by an ageing population (a doubling of over 65s in next 10 years), workforce challenges and financial pressures. The Integrated care Pathway (ICP), focusing on Frail Older patients 65 years plus, agreed an outcomes framework and we have been developing and testing new models of care in response to these challenges.

All partners have signed-off the outcomes from the programme, and the partnership is making good progress in strengthening new ways of integrated working. A new post-diagnosis pathway for patients living with a diagnosis of dementia is being developed and tested.

The Harrow joint dementia strategy has acknowledged the **NHS Long Term Plan (LTP)** through the work of Integrated Care Model and the Primary Care Network development. The LTP indicates new investment will fund expanded community multidisciplinary teams aligned with new Primary Care Networks based on neighbouring GP practices that work together typically covering 30-50,000 people. As part of a set of multi-year contract changes individual practices in a local area will enter into a network contract, as an extension of their current contract, and have a designated single fund through which all network resources will flow. The expanded neighbourhood teams will comprise a range of staff such as GPs, pharmacists, district nurses, community geriatricians, dementia workers and AHPs such as physiotherapists and podiatrists/chiropodists, joined by social care and the voluntary sector.

The **Primary Care Networks** will from 2020/21 assess their local population by risk of unwarranted health outcomes and, working with local community services, make support available to people where it is most needed. Based on individual needs and choices, people identified as having the greatest risks and needs, will be offered targeted support for both their physical and mental health needs. These will include; musculoskeletal conditions, cardiovascular disease, dementia and frailty.

The NHS Long Term Plan will go further in improving the care we provide to people with dementia and delirium, whether they are in hospital or at home. One in six people over the age of 80 has dementia and 70% of people in care homes have dementia or severe memory problems. There will be over one million people with dementia in the UK by 2025, and there are over 40,000 people in the UK under 65 living with dementia today. Over the past decade the NHS has successfully doubled the dementia diagnosis rate and halved the prescription of antipsychotic drugs.

Strategic working and planning for dementia and frailty has been multi-agency and supported by all stakeholders. London North West University Healthcare NHS Trust (LNWUHT) is committed to improving hospital care and community outpatient services for people living with dementia. The Trust pledged via Dementia Action Alliance to become a dementia friendly organisation by 2024. They have developed a dementia strategy to provide clear direction to drive implementation of the service and environmental developments required to achieve this aspiration.

LNWUHT operates both in-patient and community health services across Ealing, Brent

& Harrow. The aim of the dementia strategy developed by LNWUHT is to outline the service provisions that all patients living with dementia, caregivers, families and friends can expect to receive whilst at LNWUHT. Both LNWUHT and Harrow Health and Social joint dementia strategies are informed by national and local strategies, guidelines and legislation to provide safe and effective care.

Key themes of the LNWUHT Dementia Strategy include:

- **Setting out vision for 2024** and key achievements by which the overall success of the strategy will be measured
- Collaboratively and partnership working with the Clinical Commissioning Groups (CCG), health and social care providers adopting the **Integrated Care Programme Strategy** to build on a seamless pathway for people living with dementia and their caregivers, families and friends Identifying **key actions** for the next 5 years which will be undertaken to further improve the support for people living with dementia and their caregivers, equipping staff involved in dementia care with the right knowledge and skills

In October 2019: A new post-diagnosis pathway has been designed and work has begun on testing the model before full implementation. There are three main areas to be trialled: 1) identification of patients for referral to the Memory Assessment Service (MAS) from the community 2) Single Point of Contact for dementia patients and their carers after diagnosis 3) direct referrals from the hospital to the MAS with a letter to the GP.

Harrow Council's second Dementia Hub at the Bridge Centre, Christchurch Avenue, launched on 16th April 2019. It has seen its average weekly attendance grow week on week. This compliments Harrow Council's first Dementia Hub, known as 'Annie's Place'.

Combined, the hubs are being accessed by up to 80 people per week. Currently the running costs are being met by Public Health's wider social determinants budget and are estimated to be £24k for the first year. At time of writing a 6 monthly review report is being prepared.

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cup of tea or coffee, a chat and fun and varied activities in a relaxed environment.

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REPORT FOR:	**Health and Social Care Scrutiny Sub-Committee**
Date of Meeting:	5 November 2019
Subject:	Harrow Safeguarding Adults Board (HSAB) Annual Report 2017/2018
Responsible Officer:	Paul Hewitt, Corporate Director of People
Scrutiny Lead Member area:	People – Councillors Jerry Miles and Janet Mote
Exempt:	No
Wards affected:	All
Enclosures:	Harrow Safeguarding Adults Board Annual Report 2018/2019

Section 1 – Summary and Recommendations

The attached report provides Scrutiny Committee Members with an overview of safeguarding adults activity undertaken in 2018/2019 by the Council and its key partners through the work of the Harrow Safeguarding Adults Board (HSAB). It sets out the progress made against objectives, analyses the referrals received and outlines priorities for the current year (2019/2020).

Recommendations:
Scrutiny Committee is requested to note the work that has taken place in 2018/2019 and the action plan for 2019/2020.

Section 2 – Report

Introductory paragraph

This is the 12th Annual Report of the Harrow Safeguarding Adults Board (HSAB) and a copy is attached as an appendix for information and full details.

Background

Under the Care Act 2014 the local Safeguarding Adults Board has 4 core (statutory) duties. It **must**:

i. publish a strategic plan for each financial year

- *the Harrow SAB has a 3 year strategic plan for 2017 – 2020 which is updated each year after the production of the Board's annual report*

ii. publish an annual report

- *Harrow SAB's 11th Annual Report (for 2017/2018) was presented to the Council's Scrutiny Committee in October 2018. This 12th report covers the financial year 2018/2019*

- *each partner organisation represented at the HSAB presented the Board's Annual Report for last year at their Executive level meeting or equivalent*

- *as in previous years, the Board's annual report for 2018/2019 has been produced in "Executive Summary", "key messages for staff" and "easy to read" formats and is available to a wider audience through the Council and partner agencies websites*

iii. conduct any Safeguarding Adults Reviews (SARs)

- *these will be carried out as required, but there were none commissioned by the HSAB in 2018/2019*

iv. have the following organisations on the Board – the Council; the local NHS Clinical Commissioning Group (CCG) and the chief officer of Police

- *the membership of Harrow's SAB (as at 31st March 2019) is shown in Appendix 2 and their attendance record is shown at Appendix 3*

Statistics

The attached report covers the full range of statistical analysis as well as an update on progress against the objectives set in 2018/2019.

In the majority of the performance statistics in the report, the Harrow position mirrors the last available national data and/or is broadly in line with the 2017/2018 position.

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

Some examples of HSAB work in 2018/2019

- 1,247 staff across all organisations had some safeguarding adults training last year

- some care providers ran events to mark Dignity Awareness Day (February 2019)

- the HSAB and HSCB held their third joint conference in January 2019 (for the first time with Safer Harrow) with a focus on the trafficking of adults and children into slavery and exploitation. Evaluation was almost 100% positive from the 150 multi-agency staff that attended and there is a commitment from both Boards to continue collaborating on events in future years

- there have been 3 "deep dive" statistical reports (looking at an area of safeguarding work in more detail) presented to the HSAB in 2018/2019 – sexual abuse by location and national comparisons (twice). CNWL had also carried out a further analysis of the financial abuse statistics following the deep dive report presented to the HSAB in March 2018

- Mind in Harrow provided induction training to over 50 new volunteers in awareness of safeguarding adults and how to report a safeguarding concern

- the September 2018 edition of "Harrow People" magazine which is delivered to all households in the borough included an article titled "Safe From Scams" which (through the fictitious story of Naveen) explained how the safeguarding adults team can assist elderly or disabled people at risk from this type of crime

- the training sessions organised for local care Providers by the Council's Safeguarding Quality Assurance (SAQ) Team was: pressure ulcer prevention x 3 sessions (120 people); diabetes awareness x 3 sessions (115 people); six month falls champion course (38 people); dementia challenging behaviour (100 people). Total 373 attendees in 2018/2019. In addition, 35 care homes in Harrow had an onsite talk from the OT falls specialist

- Mind in Harrow promoted the free scams and fraud awareness sessions offered by the NatWest Harrow & Wembley Community Banker to 20 local voluntary sector and mental health providers. Mind in Harrow facilitated 4 scams and fraud awareness sessions attended by over 50 of their service users, reporting positive feedback from participants

- London Northwest Hospitals NHS Trust (Northwick Park site) has incorporated domestic abuse into the training provided to Trust staff and located two Independent Domestic Violence Advocates (IDVA's) in the Emergency Rooms at both Ealing and Northwick Park Hospitals to provide support to patients attending the hospital and as a crucial resource for front line staff delivering care

- Central London Community Healthcare NHS Trust (CLCH) has undertaken audits into the application of the Mental Capacity Act and use of the Pressure Ulcer Protocol (PUP) by its Harrow staff

The areas for the Board to action in 2019/2020 include:

From analysis of the statistics, areas for the HSAB's attention in 2019/2020 include: (i) community safety projects with a particular focus on older people

at risk in their own homes through awareness raising both in the wider community and with non specialist organisations e.g. hairdressers; (ii) a focus on supported housing so that there are the same safeguards and protection for vulnerable people in these settings as for those in regulated services; (iii) "think whole family" through the new joint HSAB HSCB sub-groups - with a focus on cross over issues: domestic abuse; safeguarding in transition; cross generational work e.g. with schools/colleges; (iv) self neglect/hoarding; and (v) any local learning from the national Learning Disability Mortality Review report.

Financial Implications

As at 31st March 2019, the staff and resources supporting the work of the HSAB are:

1 Service Manager (Safeguarding Adults and DoLS)
1 Safeguarding Adults Co-ordinator

In addition to staff, there are ongoing costs for the multi agency training programme; best practice forums; publicity (posters/fliers/wallet cards); awareness/briefing sessions; independent file audit; independent interviews with users; and administrative support to the HSAB etc. The costs of these services are primarily borne by the People Services Department within Harrow Council, with contributions totalling circa £21,000 p.a. from three of the four local NHS partner agencies (Harrow Clinical Commissioning Group; North West London Hospitals Trust; and the Royal National Orthopaedic Hospital Trust); the London Fire Service and Metropolitan Police. Costs related to the time spent by partner agencies on HSAB activities e.g. attending meetings, facilitating staff release for training etc, are borne by the individual member organisations

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

The costs of implementing the HSAB objectives for 2018/2019 are expected to be met within the allocated budgets.

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

Under the formal Section 75 agreement there are also a number of trained Safeguarding Adults Managers with a dedicated lead located in Central and North West London Mental Health NHS Foundation Trust (CNWL). The statistics for the CNWL Safeguarding Service are included in section 2.2 of the annual report

Performance Issues

The attached report is primarily concerned with performance and contains analysis of the Harrow Safeguarding Adults Board statistics, both as they relate to the previous year and (wherever possible) comparison with national data. The analysis of performance against the national data shows no significant issues for Harrow.

Environmental Impact

There is no environmental impact arising from this report.

Risk Management Implications

Risk included on Directorate risk register? Yes

Separate risk register in place? No

Potential risks:

Failure to ensure local safeguarding adults' arrangements are robust could lead to a serious untoward incident e.g. death of a vulnerable person. Failure to implement the statutory DoLS guidance could lead to a legal challenge about unlawful deprivation of a vulnerable person in a care home, hospice, or hospital.

Equalities implications

The HSAB considers local safeguarding adults statistics at each Business Meeting and at its annual review/business planning event, with particular emphasis on ensuring that concerns (referrals) are being received from all sections of the community. The Strategic Plan for 2017 - 2020 was developed such that the HSAB monitors the impact of abuse in all parts of Harrow's community. Safeguarding adults' work is already focused on some of the most vulnerable and marginalised residents and the 2018/2019 statistics demonstrate that concerns continue to come from all sections of the Harrow community.

Council Priorities

The Council's vision:

Working Together to Make a Difference for Harrow

This report primarily relates to the Corporate priorities of:

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

Section 3 - Statutory Officer Clearance

Name: Donna Edwards Date: 15 August 2019	on behalf of the Chief Financial Officer

Name: Paul Hewitt Date: 9 September 2019	Corporate Director of People

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

Section 4 - Contact Details and Background Papers

Contact: Paul Hewitt (Corporate Director of People)
paul.hewitt@harrow.gov.uk

Background Papers: Harrow Safeguarding Adults Annual Report 2018/2019

& our Partners,

Committed to Safeguarding Adults

Harrow Safeguarding Adults Board (HSAB)

Annual Report 2018 - 2019

in partnership with:

Index **Page**

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

Foreword

This is the last time I will be writing the foreword to the Board's annual report, as I have decided to leave Harrow due to some caring responsibilities that I have taken for family members abroad. Thank you so much for all your support over the time that I have been the HSAB chair. I would also like to thank staff, volunteers, experts by experience, users and carers from all the many agencies who have contributed to safeguarding and dignity/respect work in Harrow over the last year.

I was very pleased to attend the third joint HSAB HSCB (Harrow Safeguarding Children's Board) annual conference on the 25th January 2019 and for the first time it was co-hosted with the Safer Harrow Partnership. The topic was "invisible chains – the trafficking of adults and children into slavery and exploitation" and was an inspirational event. There were excellent speakers and challenging workshops and it continued to develop the Board's commitment to "thinking whole family" as well as addressing a key priority around community safety. Look out for the fourth joint conference in early 2020.

In 2018/2019 the HSAB continued to tackle issues such as hate crime; scams; distraction burglary/doorstop crime; and home fire safety. Section 3 highlights the excellent work that has been done by partners in these areas over the last 12 months.

An excellent piece of joint work between the Police and the Council Safeguarding Team led to the successful prosecution (resulting in a custodial sentence) last year of a son who had systematically harassed his parents to give up both money and their home to him.

I think that once again this annual report demonstrates the difference that the Board's work has made to the lives of the most vulnerable people in the borough and hope you agree once you have read it.

As ever, everything the HSAB does is to achieve its vision – "*that Harrow is a place where adults at risk from harm are safe and empowered to make their own decisions and where safeguarding is everyone's business".* In that context, section 4 of this report covers the areas that the Board wants to work on this year (2019 - 2020) which includes a focus on supported housing with a learning event looking at best practice for Providers, and a continued focus on any areas that tackle the vulnerability of older people living in their own home e.g. scams.

Once again I am delighted to present this report to you and hope you will use it to raise awareness of adult safeguarding and to identify issues that you can take forward in your own organisation. A lot has been achieved, but we are not complacent – so I wish you all the very best for the future.

Visva Sathasivam (Chair of the HSAB)

Message from the new Chair of the Harrow Safeguarding Adults' Board

In May 2019 I was appointed by the HSAB to the post of independent chair, a role that I am delighted to take up. I have been the chair of the Harrow Children Safeguarding Board since 2017 and have been impressed during that time by the quality of the engagement that there is in Harrow among the statutory partners and between them and the voluntary sector.

This spirit of cooperation and engagement also is evident in the many transactions that there are between those whose work protects children and their peers who safeguard vulnerable adults.

Harrow's partners have decided from June 2019 onwards to move to a new safeguarding structure, which sees closer alignment between adults' and children's safeguarding work. This will lead among other things to some shared objectives, more crossover working groups and better alignment of data and intelligence sharing.

We have a lot to learn from each other and I believe that having one person chairing both boards will facilitate cohesion and shared learning. As the occupant of that role I am excited by the possibilities that it offers and am glad that I am surrounded by so many dedicated and knowledgeable professionals who will help me to ensure that our new structure will deliver safeguarding excellence.

(Chris Miller)

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SECTION 1 - INTRODUCTION

1. Introduction to the annual report

This is the 12th Annual Report published on behalf of Harrow's Safeguarding Adults Board (HSAB) and contains contributions from its member agencies. The Board is statutory and coordinates local partnership arrangements to safeguard adults with care/support needs who are at risk of harm. This report details the work carried out by the HSAB last year (2018/2019) and highlights the priorities for 2019/2020.

The Care Act 2014 sets out the main purpose of a safeguarding adults board as:

- to assure itself that local safeguarding arrangements are in place as defined by the Care Act 2014 and statutory guidance;
- to assure itself that safeguarding practice is person-centred and outcome-focused;
- to work collaboratively to prevent abuse and neglect where possible;
- to ensure agencies and individuals give timely and proportionate responses when abuse or neglect have occurred;
- to assure itself that safeguarding practice is continuously improving and enhancing the quality of life of adults in Harrow

1.1 The Harrow Safeguarding Adults Board (HSAB)

The Harrow Safeguarding Adults Board (HSAB) was chaired in 2018/2019 by Visva Sathasivam (Director – Adult Social Services, Harrow Council) and is the statutory body that oversees how organisations across Harrow work together to safeguard or protect adults with care/support needs. At the time of writing this report the HSAB members have agreed to the appointment of an independent Chair (Chris Miller) who took up the role at the end of May 2019.

The HSAB takes its leadership role very seriously with appropriate senior management attendance from member organisations and the active involvement of the elected Councillor who is the Council's Portfolio holder for adult social care, health and well-being. The list of members (as at March 31st 2019) is at Appendix 2, with their attendance record at Appendix 3.

1.2 HSAB Accountability

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

i. publish a strategic plan for each financial year

- the HSAB has a 3 year strategic plan for 2017 - 2020 which is updated each year after production of the annual report

ii. publish an annual report

- the HSAB's 11th Annual Report (for 2017/2018) was presented to the Council's Scrutiny Committee on 16th October 2018 and this 12th report for 2018/2019 will go to a Scrutiny meeting on 5th November 2019
- the HSAB's 11th Annual Report (for 2017/2018) was presented to the Harrow Health and Wellbeing Board on 1st November 2018
- each partner organisation represented at the HSAB presented the Board's Annual Report for last year at their Executive level meeting or equivalent
- as in previous years, this report will be produced in "Executive Summary", "key messages for staff" and "easy to read" formats and will be available to a wider audience through the Council and partner agencies websites

iii. conduct any Safeguarding Adults Reviews (SARs)

- the HSAB has an agreed protocol for carrying out Safeguarding Adults Reviews, but no referrals were received requesting a SAR in 2018/2019

iv. have the following organisations on the Board – the Council; the local NHS Clinical Commissioning Group (CCG) and the chief officer of Police

- the membership of Harrow's HSAB (as at 31st March 2019) is shown in Appendix 2 and their attendance record is shown at Appendix 3

1.3 Strategic Links

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

1.4 "London Multi-Agency Adult Safeguarding Policy and Procedures"

The London Multi-Agency Adult Safeguarding Policy and Procedures have been used throughout the period covered by this report. The HSAB was consulted on the revisions to the London procedures and will adopt them once they have been finalised.

SECTION 2

HSAB Work Programme in 2018/2019

2.1 Harrow HSAB business meetings – work areas covered

The HSAB met on 4 occasions in 2018/2019 – three Business Meetings and an Annual Review/Business Planning Day. The following table lists the main topics discussed by the Board at those meetings – some being standing items; some were items for a decision; some were for information/discussion; others were aimed at Board development, and there were also specific items providing challenge to the Board. Some items were discussed at more than one meeting.

Prevention and Community Engagement (including user involvement)

- fatal fire presentation – and agreement to a "learning lessons" event (for information and decision)
- CNWL financial abuse report (for information)
- Provider concerns (item for information at every meeting)
- Nat West Bank - Community Banker scheme for awareness about fraud/scams (item for information/dissemination)
- experts by experience from Harrow Mencap input to annual review/business planning day 2018 - young people with a learning disability talking about feeling unsafe and the importance of social inclusion/integration (item for challenge)
- "feedback about keeping people with mental health problems safe" - experts by experience from Mind in Harrow input to annual review/business planning day 2018 (item for challenge)
- Harrow Council Serious Concerns (about Providers) Procedure (item for information)

Training and Workforce Development

- feedback from the third joint HSAB/HSCB conference ("trafficking and modern day slavery") on 25th January 2019 (item for information)
- coercive and controlling behaviour – outcome from recent court case in Harrow and any learning for the HSAB (item for discussion and information)
- HSAB training programme for 2019/2020 (item for information and decision)

Quality and Performance Review

- statistical "deep dive" reports: "how does Harrow compare to the latest national data?" and "sexual abuse by user group and location"
  (items for information, discussion and decisions)
- quarterly statistics – findings used by the HSAB to inform changes to the training programme and local practice (standing item at every meeting)
- NHS England/ADASS Risk Audit completed in 2017/2018
  (item for discussion and information)
- NHS England/ADASS Risk Audit for 2018 – 2019 (item for discussion/information)

Policies and Procedures/Governance

- HSAB Annual Report 2017/2018 - discussed and formally signed off
  (item for decision)
- future HSAB chairing arrangements (item for decision)
- consultation on the revisions to the Multi-Agency Adult Safeguarding policy and procedures (item for discussion and decision)
- Appropriate Adult protocol (item for discussion)
- HSAB updated self neglect protocol (item for decision)
- Metropolitan Police information sharing agreement (item for discussion)
- revised HSAB Training Strategy 2019 – 2022 (item for decision)
- HSAB Strategic (Business) Plan 2017/2020 (exception reports)

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

- HSCB Annual Report 2017/2018 (item for information and discussion)
- Harrow Safeguarding Children's Board changes and new joint Strategic Partnership arrangements (item for discussion and decision)

Items for HSAB development

- GDPR – information sharing in safeguarding adults work (item for information)
- national and regional updates from Dr Adi Cooper (items for challenge, information and discussion)
- Learning Disability Mortality Review (item for information)
- Police custody changes (for information)

Safeguarding Adults Reviews (SARs)

No referrals were made to the HSAB requesting that a SAR be commissioned during 2018/2019, however the Board did receive a report on a fatal fire and discussed the outcomes from a "learning lessons" event.
In addition, every HSAB newsletter covered a different SAR carried out by other Board's so that the learning could be disseminated.
The World Elder Abuse Awareness Day 2018 Best Practice Forum covered the learning from SARs where the people harmed were hard to engage and delegates heard about legislation that can be used which is outside the usual (social care) framework e.g. Environmental Health powers.

2.2 Management information (statistics)

The Board collates multi agency information on a range of adult safeguarding statistics in order to produce a management report. The report which is available at each business meeting is overseen by and exceptions are discussed at the HSAB. The Board's strategic plan for 2017 – 2020 contains 5 year trend analysis which provides an excellent basis for planning future work. The 4 year trends post the implementation of the Care Act 2014 are shown at Appendix 1 and referred to in the narrative below. The more detailed background information for the statistical analysis of safeguarding adults services work in 2018/2019 is available on request from safeguarding.adults@harrow.gov.uk

Headline messages 2018/2019 – safeguarding adults

- 1,403 concerns compared to 1,467 in 2017/2018, represented a 4% reduction overall. The breakdown shows that Mental Health Services received a 24% increase in concerns whilst Adult Social Care had a 10% reduction. The Harrow SAB will continue to monitor referral numbers to be reassured that cases of abuse are being reported appropriately
- 42% of Harrow concerns were taken forward as enquiries, compared to 43% in 2017/2018. The most recent national comparator is 38%, so the HSAB can be reassured that locally a very similar number of concerns have met the threshold for enquiries. However, as previously reported, both internal and external file audits continue to check that appropriate concerns are being taken forward to the enquiries stage i.e. that threshold decisions are being correctly made in the safeguarding adults teams
- in 2017/2018 repeat enquiries were at 17% and in 2018/19 there was a very small further reduction to 16%. The most recent national comparator figure was also 16%
- completed enquiries in Harrow were at 101% last year (this will include work started in the previous year), suggesting that casework is progressing to a conclusion and not "drifting". The most recent national comparator figure was 100%

- in Harrow the female:male ratio at the end of 2018/2019 was 62:36 for enquiries, which is very close to the figure in 2017/2018 of 60:39. Nationally the percentage of women subject to safeguarding adults enquires also remains higher than for men (59:41) and the ratio in Harrow has been fairly stable since the statistics were first collected
- the figure for older people has increased slightly at 52% (309 people in 2018/2019 compared to 301 in 2017/2018) and they continue to be the highest "at risk" group in Harrow as they have been since 2009/2010. Nationally older people represented 45% of the concerns, so locally there are more older people at risk than the national average
- for adults with a physical disability the figure in Harrow last year was 38% of concerns (224 people) compared to 34% (217 people) in 2017/2018. As indicated in previous annual reports it is important to note that in the statistics (as required by the Department of Health/NHS Information Centre), people (for example) who are older but also have a physical disability are counted in both categories. It therefore remains quite difficult for the HSAB to form a view about the extent and nature of the risks to younger adults whose primary disability is physical or sensory
- mental health numbers were 27% (163 people) last year. Numbers now seem to have stabilised at a figure well above the most recent national average of 9%
- in Harrow enquiries for people with a learning disability in 2018/2019 were slightly lower at 11% (67 people) than the previous year's figure of 80, but numbers remain relatively stable. The most recent national figure is 10%
- concerns from "BME" communities last year were at 56% compared to 51% in 2017/2018 – which remains in line with the makeup of the Harrow adult population. The enquiries figure was 53% which is also positive, as it suggests that a proportionate number of concerns progress and concerns from "minority" communities are not disproportionately closed before that stage of the process
- statistics showing where the abuse took place in Harrow have changed somewhat from the previous year particularly in respect of care homes. The highest percentage at 58% remains in the user's own home, compared to the average over the last 8 years of 55%. However concerns about care homes fell last year (from 19% to 15%). The national statistics are in similar proportions i.e. highest levels of abuse in the user's own home (43%), but show higher numbers in care homes (35%). It is believed that the role of the Council's Safeguarding Quality Assurance (SQA) Team in working to improve standards in local care/nursing homes is having a positive (prevention) impact on this statistic.

  Numbers in other settings were - 5% in mental health in-patient units (31 patients compared to 30 in 2017/2018); 7% in supported accommodation (44 people compared to 33 in 2017/2018); 3% (21 incidents) in a public place; and 1% in acute hospitals (7 patients compared to 10 the previous year).

These figures confirm the experience in the Safeguarding Team that the number of issues arising in supported housing settings (unregulated by CQC) are rising.

- allegations of physical abuse, neglect, emotional abuse and financial abuse have been the most common referral reasons in previous years and reported in successive annual reports.

  It is therefore possible to compare the 2018/2019 statistics with the average figures from the last 8 years.

  Physical abuse was 20% last year (156 people) compared to the 8 year average of 24%. Neglect was at 24% in 2018/2019 (193 people) compared to the average of 20%. Emotional abuse was at 19% (154 people) compared to the average of 20%. Financial abuse was at 18% last year (145 people) compared to the average of 17% and has been growing in numbers over the last few years.

  The following areas can be compared to 2017/2018:

  - sexual abuse at 4% (33 people) compared to 5% (43 people). This figure has now reduced over 2 successive years in both Mental Health Services and Adult Social Care

  - concerns about self-neglect which decreased from 28 situations to 21 being dealt with under the local arrangements. It is noteworthy that there was a 43% increase in these cases in Adult Social Care and a 93% decrease in mental Health Services

  - concerns about domestic abuse fell slightly from 86 people to 74 people. The largest drop was in Mental Health Services which had dealt with 60 cases in 2017/18, but only 37 last year. Adult Social Care made 37 enquiries last year compared to 26 in 2017/18

  - the newer area of modern slavery dropped from 4 cases in 2017/2018 to 3 last year. All 3 cases were managed by Adult Social Care

  There was one reported case of forced marriage, but none for sexual exploitation last year.

- in Harrow, social care staff (22% across all care sectors); family/partner (48%); stranger (2%); and health care worker (5%) were the most commonly alleged persons alleged to have caused harm (PACH). The family/partner numbers increased again last year (by 5%), having already been the highest category in recent years
- given the numbers of training and briefing sessions undertaken in recent years, it is always important to look at the source of concerns and this is the fifth time that year on year comparison has been possible for the HSAB to carry out:

Last year the highest numbers (18%) were from social workers/care managers; mental health staff (12%); primary health care staff (15%); secondary health care staff (10%); and Police (8%).
The other sources were: residential care staff (7%); family (9%); self referral (2%); and Care Quality Commission (1%). There are no significant statistical changes from the previous year

- outcomes in Harrow for the person alleged to have caused harm in relation to criminal prosecutions/Police action dropped again which is disappointing given the continued focus on this area in the last 3 years. The figure in 2016/17 was 131 cases; this decreased to 105 in 2017/18 and fell to 86 last year. The safeguarding adults teams in both the Council and CNWL MH Trust will continue to give this issue high priority by reporting all relevant cases to the Police.

  Other outcomes for the PACH were: exoneration (11%); monitoring (7%); management of access to adult at risk (7%); and community care assessment (8%). There were 120 cases (a reduction from 154 the previous year) where the outcome was "not known" (primarily in the Council's service) which remains disappointing and will need to be a continued area of focus in 2019/2020

- outcomes for the adult at risk include: community care assessment and services at 23%; management of access to PACH at 4%; increased monitoring at 10%; and moved to different services at 5% (all exactly the same as 2017/18). Referral to counselling or training at 4%; referral to advocacy at 3%; referral to MARAC at 1%; management of access to finances at 2%; and application to Court of Protection (5 cases) were all close to last year's figures.

Summary/Actions Required

In the majority of the performance statistics above, there is now quite a lot of stability looking back over recent years. Areas for action in 2019/2020 include:

- a continued focus on the newer areas of work i.e. modern slavery; forced marriage/sexual exploitation; and domestic abuse so that the HSAB is reassured there is sufficient knowledge amongst professionals about recognition and referral mechanisms and good awareness across a wide range of settings outside the Council, NHS and CNWL MH Trust
- a continued focus on Police action/criminal prosecution where a crime may have been committed
- a relaunch of the self neglect protocol with a particular emphasis on attendance by CNWL staff
- ensuring that wherever possible the outcome for the PACH is recorded
- a focus on supported housing with a learning event looking at best practice for Providers; alongside the Council's SQA Team increasing the type and focus of the quality monitoring in these projects
- another review of the collection of statistics on sexual abuse
- a continued focus on any areas that tackle the vulnerability of older people living in their own home e.g. scams

- a statistical “deep dive” looking at type of abuse by person alleged to have caused harm (PACH)

The plan in section 4 of this report (year 3 of the HSAB Strategic Plan 2017 - 2020) includes the actions to address the key messages from the statistical analysis.

Headline messages - Deprivation of Liberty Safeguards (DOLS) 2017/2018

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

At the time of writing this report the Mental Capacity (Amendment) Act 2019 has received Royal Assent and become law. The legislation provides for the repeal of the Deprivation of Liberty Safeguards and their replacement with a new scheme (the Liberty Protection Safeguards). Implementation is likely to be in mid to late 2020, giving time for organisations to prepare for the new process. The action plan at Section 4 refers to the possible preparatory work needed.

	Total Active Cases	**Granted**	**Granted (%)**	**Not Granted**	**Not Granted (%)**	**Withdrawn**	**Yet to be signed off**
2018/19	810	600	74%	55	7%	n/a	155
2017/18	1078	684	94%	35	5%	6 (1%)	353
2016/17	957	893	93%	51	6%	13 (1%)	0
2015/16	778	644	83%	88	11%	46 (6%)	0
2014/15	384	304	79%	66	17%	14 (4%)	0

‘Active application - an application is considered active from the date it is received until the date it is either formally withdrawn, not granted or the granted authorisation comes to an end.’

2.3 HSAB Resources

As at 31st March 2019, the staff and resources supporting the work of the HSAB are:

1 Service Manager (Safeguarding Adults and DoLS)

1 Safeguarding Adults Co-ordinator

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

The costs of these services are primarily borne by the People Services Department within Harrow Council, with contributions totalling circa £21,000 p.a. from three of the four local NHS partner agencies (Harrow Clinical Commissioning Group; London North West Hospitals NHS Trust; and the Royal National Orthopaedic Hospital Trust); the London Fire Service and Metropolitan Police. Costs related to the time spent by partner agencies on HSAB activities e.g. attending meetings, facilitating staff release for training etc, are borne by the individual member organisations.

Central and North West London Mental Health NHS Foundation Trust (CNWL) Under the formal Section 75 agreement there are also a number of trained Safeguarding Adults Managers with a dedicated lead located in Central and North West London Mental Health NHS Foundation Trust (CNWL). The statistics for the CNWL Safeguarding Service are included in section 2.2 of the annual report.

2.4 Metropolitan Police update

The Metropolitan Police Service is key member of the partnership, working in collaboration towards a shared vision and joint objectives, improving outcomes for vulnerable members of our community.

In November 2018, the police areas of Barnet, Brent and Harrow merged to form the North West Basic Command Unit (NW BCU) operating a single command structure across the three boroughs. There are 12 BCU's across London, bringing together other boroughs to improve service delivery and reduce inefficiencies. Within the BCU command structure, there are five portfolios – Emergency response, Neighbourhoods, Safeguarding, Local Investigations and Head Quarters.

In February 2019, the NW BCU Safeguarding model launched, embedding former Child Protection (CAIT) and serious sexual offence (Sapphire) teams firmly within NW Safeguarding operating model. The key principle behind this change is, bringing together, complex investigations with volume crime to improve outcomes and the victim experience. Frequently, domestic abuse investigations involving children, or sexual offences, were been investigated by two, sometimes three different investigators. This was inefficient and demoralising for both the victim and investigators.

Co-locating investigation teams means, one investigating officer will lead the investigation throughout its life cycle, without diminishing the availability of skilled staff to support other crimes and investigation, improving outcomes and satisfaction for vulnerable victims.

The NW Safeguarding portfolio has thematic areas, with a Lead Responsible Officer for each area. This ensures there is a subject matter expert for each theme, responsible for training and staff development, supporting partner meetings, quality assurance and audit for the NW BCU.

Child abuse referral teams are co-located within the Multi-Agency Safeguarding Hub (MASH), at three local authority sites, to ensure there is one front door for partner agency referrals, improving information sharing, case analysis and attendance at strategy meetings and child protection conferences. This is the same route adult referrals are made via our MERLIN system, whether they are victims of crime or have been identified as vulnerable.

The MPS will continue to train all frontline and custody staff to recognise people who are ill, vulnerable or in crisis; signposting them to help through the Adult Coming to Notice (ACN) referral process, or MERLIN for cases of missing, exploitation, vulnerability or involved in crime. Regular engagement with awareness campaigns and partner training helps to equip police officers and staff with the right skills to recognise illness and vulnerability, such as; dementia, modern slavery, criminal exploitation and mental illness.

During the BCU transition, three borough based Missing Persons Units (MPU) were consolidated into a single larger unit, bringing together a range of expertise, located at Colindale Police Station, to ensure they are close at hand to offer support and advice to control room staff and initial response officers. Since go-live in February the overall outstanding cases halved due to the new workflow processes and highly skilled officers working closely together.

The Metropolitan Police will work alongside partners to take advantage of the new safeguarding partnership arrangements in response to the Children & Social Work Act 2017 and Working Together to Safeguard Children (2018). Introducing long-term plans with the Local Authority and Clinical Commissioning Group, to reduce the prevalence and impact of adverse childhood experiences that can culminate or result in contact with policing. Police officers and staff have a distinct position in the community, in particular through their role as first responders at high harm incidents. This understanding will improve the multi-agency response to children and vulnerable people.

2.5 Learning Disability Mortality Review (LeDeR) programme

The Learning Disabilities Mortality Review (LeDeR) programme was established in May 2015 to support local areas across England to review the deaths of people with a learning disability, to learn from those deaths and to put that learning into practice.

CCGs are expected to work with their local partners including people with a learning disability, families and carers, local authorities and NHS trusts. CCGs have a responsibility to improve the quality of the health and social care services provided to people with a learning disability, and to address the persistent health inequalities people often face.

It is of great concern that the latest LeDeR national report cites deaths reviewed where there were concerns about the quality of care, and an average age of death that is 23 years younger than the general population for men with a learning disability and 27 years younger for women. The report stated that, of the LeDeR cases reviewed to date, the most common causes of death were pneumonia, sepsis and aspiration pneumonia. Mortality reviews also indicated that issues such as constipation, the failure to recognise physical deterioration, and the application of the Mental Capacity Act applied to physical health issues were also significant factors in avoidable deaths.

The LeDeR programme provides a framework for making sure that local service improvements are being made in response to learning from deaths.

Harrow and Brent CCG

There is an established joint LeDeR steering group for Harrow and Brent. The Designated Nurse for Safeguarding Adults (Harrow CCG) is the Local Area Contact and Co-chairs the Steering group. The role of the LeDeR Steering Group is to:

- look into the reports of completed reviews presented by the reviewers or Local Area Contact . These reports are anonymised
- identify the gaps in practice and put action plans in place
- monitor actions and outcomes
- respond to recommendations with the aim of improving service provision and reduce likelihood of premature deaths
- demonstrate evidence of the changes
- recognise and share best practice and innovation

In the year 2018/2019 there were 10 cases allocated to Harrow. Five of these reviews have been completed and signed off. One of the reviews is on hold as it is going through a multiagency review.

Summary of the Harrow Review

Ethnicity: White British 6; Asian 3; White Other 1

Place of death: Hospital 6; Residential/Nursing Home 2; Hospice 2

Cause of death secondary to respiratory problems: 5

Cause of death secondary to circulatory problems: 3

Other e.g. epilepsy: 2

The process gives the following assurances to SABs:

- that all known deaths of people with learning disabilities receive a review of the full range of circumstances leading to death;
- that there is an effective route of escalation to the SAB if a wider safeguarding issue is detected that would require consideration by the SAB under its safeguarding adults review duties; and
- that there is an effective mechanism for SABs to share information and direction to services for people with learning disabilities within the local system

2.6 Learning Disability - institution based abuse

In the years since the abuse at Winterbourne View in 2012 there has been a large amount of focus across the UK by safeguarding boards, Council and NHS staff to ensure that the abuse faced by the patients in that setting would not happen again. Sadly, in May 2016 abuse was uncovered at Mendip House run by the National Autistic Society with a range of findings similar to those seen at Winterbourne View. In May 2019 the Durham Police started to investigate 'physical and psychological abuse' allegations at Whorlton Hall (Cygnet Healthcare), County Durham which led to 16 of the 85 staff being suspended.

Section 4 below contains an action for the Harrow SAB in relation to these issues of significant concern.

SECTION 3 – MAKING A DIFFERENCE
(Progress On Objectives 2018/2019)

The next section of the report looks at what difference the work of the HSAB made last year by reviewing progress on the priorities agreed for 2018/2019, as set out in the annual report for 2017/2018.

In addition to contributing to the HSAB priorities (highlighted in section 3.2 below), all member organisations have also progressed their own safeguarding priorities and reports on that work are available through the relevant representative on the Board.

3.1 Training and Workforce Development

Multi-agency training remains a high priority for the HSAB. As a supplement to the formal training programme, the Safeguarding Adults and DoLS Service also ran briefing sessions across a range of agencies, offering most at the organisation's premises.

The details are as follows (see next page):

Training – multi agency formal courses	2018-19
Harrow Council Internal	111
Health	34
Statutory (other)	2
Private sector	90
Voluntary sector	104
HSAB Board Development	100
SGA Team Development	28
Partner Training: CNWL	10
Total:	**479**

SGA Team Briefing Sessions	
Afghan Association - Scams & Fraud	22
Bereavement Care - Scams & Fraud	59
Domiciliary Care Agency Staff / Providers	20
Harrow Mosque - Scams & Fraud	35
MIND Staff & Volunteers	39
Neighbourhood Champions	90
Neighbourhood Champions - Scams & Fraud	26
Somali Voluntary Organisation - Scams & Fraud	28
Elected Councillors (LBH)	32
Good Practice Workshops / Events / Conferences	
BIA Legal Update / Refresher Courses	24
Mental Capacity, DoLS and Safeguarding	15
HSAB/HSCB Joint Annual Conference - Modern Slavery & Human Trafficking	154
Self Neglect & Hoarding (Learning from Policy and Practice)	20
Social Work Conference	94
WEAAD 2018 - (Non-engaging Adults, thinking beyond Mental Capacity).	45
Community & Service User Briefings	
Harrow Baptist Church - Scams & Fraud	23
Trinity Church Community Group	23
GP / Doctor / Medical Centres	
GP Briefing	19
Total Briefings	**768**

Total (all sessions)	1247

Each year the training programme and Best Practice Forums are developed from the evaluation and experience of the previous year's sessions. Last year there was a focus on scams and fraud with particular reference to older people.

Analysis of the attendance across the range of events suggests that the uptake of best practice forums and on-site "bespoke" sessions is greater than for the commissioned multi-agency formal training programme. Consequently, for 2019/2020 the HSAB has agreed to trial a shift in emphasis away from the formal classroom events and on to the one-off sessions which can be tailored and set up more quickly to address themes emerging from casework audits or SARs etc. A decision can then be taken about the best approach in future years.

HSAB member organisations' training activity

Each of the organisations represented on the HSAB also carry out their own training programmes to ensure that their staff are up to date. An example from Central London Community Healthcare NHS Trust: "our training compliance in Harrow at the end of March 2019 was generally above 90%, including a "Workshop to Raise Awareness of Prevent (WRAP)" training; Level 2 adult safeguarding training was 88% at the end of March 2019, but is now 95%. We have reviewed our training to include level 3 MCA and adult safeguarding to comply with the RCN Intercollegiate Guidance 2018.

We are using the 7 minute briefings to embed learning across our teams and in training and have shared SAB cases with frontline staff. We have had a good response to the use of this resource in training and will continue to share learning using cases and patient's voices and experience. Hearing 'Miriam' speak at the HSAB safeguarding conference was so powerful regarding her being a victim of modern slavery and we are hoping she will speak at our safeguarding conference in October 2019".

Another example from London Northwest Healthcare NHS Hospital Trust: "LNWHT is located across the London boroughs of Harrow, Ealing and Brent, these three boroughs are identified as PREVENT priority localities. In 2018/19 the Trust continued to prioritise PREVENT training for the workforce. The number of staff trained with the 'Workshop to raise the Awareness of Prevent (WRAP)' training at 85.4% currently exceeds the target set by NHS England at 85%".

Safeguarding Adults Board Conference 2019

The HSAB and HSCB held their third joint conference in January 2019 (this time in collaboration with the Safer Harrow Partnership) with a focus on the trafficking of adults and children into slavery and exploitation. See below for details.

Progress on objectives in 2018/2019

Principle One: **Empowerment**	**Description:** *Presumption of person led decisions and informed consent*
Objectives and how they will be achieved and measured	**Actions**
The HSAB ensures effective communication with its target audiences Impact and effectiveness are evaluated and influence changes to future campaigns	A range of methods are used throughout the year to provide information to all sections of the community with a focus on people/groups highlighted in the statistics (e.g. older people living in their own home and about the risks of financial abuse)
The Harrow SAB's work is influenced by user feedback and priorities User feedback at annual review events reports progress on agreed projects	Further attempts are made with Head Teachers to engage with young people and adults at risk – in relation to disability awareness and social inclusion

Mind in Harrow

Mind in Harrow provided induction training to over 50 new volunteers in awareness of safeguarding adults and how to report a safeguarding concern. Mind in Harrow's education course programme provided the Met Police 'Little Book of Big Scams' section on online scams and an information sheet about safeguarding to over 200 people with mental health needs to increase awareness. 100% of service users self-reported feeling safe and supported while using Mind in Harrow's services and 99% felt staff and volunteers treat service users with respect and dignity.

The Council's Safeguarding Adults Coordinator widely promoted the "little book of big scams" produced by the Metropolitan Police/Home Office.

The Council's September 2018 edition of "Harrow People" magazine which is delivered to all households in the borough included an article titled "Safe From Scams" which (through the fictitious story of Naveen) explained how the safeguarding adults team can assist elderly or disabled people at risk from this type of crime.

The Council's Safeguarding Assurance and Quality (SAQ) Team newsletter in June 2018 covered a range of topics including: "Dignity Day 2018"; training information e.g. diabetes, dementia/challenging behaviour; falls and recognising the deteriorating resident. There was also an article from the safeguarding adults team about "dignity and safeguarding" in relation to prevention.

The Council's safeguarding adults web pages are well used with (for example) 13,622 visits about organisational abuse and 5,521 about discriminatory abuse. It is difficult to be sure which individuals are accessing the website but if even a small proportion are people with care/support needs or their families then it is very positive.

In the Council an independent/external social worker continued to interview users at the point of the enquiry being concluded. Her questions were focused around the Making Safeguarding Personal areas about involvement in the process and outcomes. All feedback is given to the Team so that practice continues to develop. The retiring social worker has provided a summary report at the end of her involvement which shows an average 65% response rate which is excellent in the context of most surveys which rarely obtain more than 30 – 40%. The overall majority of respondents felt "heard" and are pleased that their issues are taken seriously, however "safeguarding" remains a term that many people don't understand but when described as "helping them to keep safe" they are more pleased with the process. The main challenge (also highlighted in audit reports) is the need to express the outcomes desired by users in a more measurable way. A new independent external auditor for user interviews has been recruited and started in June 2019.

Harrow Mencap

Harrow Mencap is a campaigning organization, as well as being a service provider. In addition to our target audience being clients who use our own community support services, we also strive to communicate with a much wider group, helping to raise awareness about the rights of disabled people and their families. We support people with challenges and barriers they face and to get their voices and concerns heard on a number of issues at various levels.

One initiative/collaboration we have been involved with has been helping to develop a carers groups. These groups meet with Harrow Council officers, sharing their thoughts and concerns on some key issues such as housing, support with accessing supported living and residential services. They have also delivered training and events in some of the areas where carers have shared worries and concerns (in collaboration with the council) which have been delivered to a wider group of clients/carers/ staff.

Harrow Mencap have a number of mechanisms for communicating with our target audience around their rights, quality of services we provide and empowering individuals to stay safe. This includes: forums, surveys / complaints process and policy / advocacy / external audits / CQC inspections / regular monitoring calls to families and clients / Harrow safeguarding assurance team / carers groups swish / safeguarding leads and group / Internal audits.

Feedback has been obtained through these mediums and evaluated. This has helped to shape HM policy and fed back to HSAB to help gain local intelligence.

Principle Two: **Prevention**	**Description:** *There is a culture that doesn't tolerate abuse, dignity/respect are promoted and it is better to take action before harm occurs* *Communities have a part to play in preventing, detecting and reporting neglect and abuse*
Objectives and how they will be achieved and measured	**Actions**
The HSAB is reassured that partnership priorities are informed by local intelligence about risk and prevalence Performance reports at quarterly Board meetings and the annual review day provide more detailed analysis – informing decisions about future campaigns	Change the reporting to the HSAB such that routine performance information (e.g. repeat referrals, Police action, modern slavery) is highlighted on an exception basis only Focus to be on more "deep dive" statistical reports in areas of interest/concern to the HSAB e.g. sexual abuse by location
The Harrow SAB ensures that community safety for adults with care/support needs is a high priority for action Numbers of home fire safety checks increase from the 2017/18 out-turn position	Relevant campaigns take place each year (e.g. a focus on scams, door step crime, distraction burglary) and formal evaluation influences future activities Work continues with care providers and the general public about fire safety

The Harrow SAB ensures that dignity is a high priority for local care providers More Providers in Harrow improve their CQC rating each year	Provider concerns are monitored at Board meetings and commissioners oversee quality assurance Providers are supported with relevant information/training
The Board supports elected Councillors and others in similar roles to recognise abuse and report their concerns	Provide annual training/refresher events for elected Councillors and those in similar roles across partner agencies

Statistical reports to the HSAB continued on a quarterly basis but were exception reports. There were 3 "deep dive" reports in 2018/19 with a focus on sexual abuse by location and national comparisons (twice). CNWL had also carried out a further analysis of the financial abuse statistics following the deep dive report presented to the HSAB in March 2018.

Numbers of referrals for **home fire safety checks** to the local Fire Service via the safeguarding adults team fell last year to 12 which is disappointing given the level of priority for fire related issues at the HSAB. Following a fatal fire, a "learning the lessons" event was held in March 2018 which generated 2 main recommendations: (1) that HSAB along with LFB review its procedures for alerting LFB about fire risks to ensure that threats to cause fire are treated in much the same way as a visible fire hazard as a trigger for a referral; and (2) the HSAB reviews its practice in relation to information sharing in those cases where a service user, who has previously had dealings with one or more service provider, subsequently refuses to engage with the LA in their attempts to conduct a needs assessment.

The Council's Safeguarding Assurance and Quality (SAQ) Team ran training sessions for local care Providers: pressure ulcer prevention x 3 sessions (120 people); diabetes awareness x 3 sessions (115 people); six month falls champion course (38 people); dementia challenging behaviour (100 people). Total 373 attendees in 2018/2019. In addition, 35 care homes in Harrow had an onsite talk from the OT falls specialist.

In June 2018 the **Council's Safeguarding Adults Team** provided a training session for 32 elected Councillors.

In the NHS Prevent Data is collated on a quarterly basis by the Provider Organisations for the NHSE and also the PREVENT Lead in the CCG for scrutiny. It assists Providers in identifying potential areas for development and provides Clinical Commissioning Groups with an assurance framework on which they monitor their commissioned providers' delivery of the Prevent Strategy.

The NWL CCGs quality assurance visits are intended to be supportive and the overall objective is to work with providers for continuous improvement. It is not a regulatory process and as such does not rate the performance or the quality of a service that is visited. The outcome of quality assurance visits can change and influence both the practice of individual provider services and the CCG's commissioning intentions/decisions. In Harrow some of the Providers visited included Harrow Health Community Interest Company, St. Luke's Hospice, Harrow Women's health centre and Mind in Harrow. As a result of these safeguarding and quality assurance visits, policies and processes have been modified and updated and appropriate staff have had their skill levels improved.

Harrow Mencap has 6 safeguarding leads, including managers, divisional heads and the Chief Executive. The safeguarding leads meet as a group on a quarterly basis. There is a direct link to HSAB as our chief executive sits on both groups, so always shares information where appropriate. We carry out a critical analysis of all safeguarding referrals/reports. The critical analysis influences policy, training and practice. Harrow Mencap staff all attend safeguarding training delivered through Harrow Council. The training is good quality and covers a range of safeguarding topics.

Harrow Safeguarding Quality Assurance Team also carry out an annual audit of our CQC registered service, carrying out a thorough inspection providing feedback and advice. There is a direct link to CQC as the report is also shared sent to them by the Safeguarding Assurance Team. This inspection also involves getting direct feedback from clients and carers and getting feedback from our own annual questionnaires/surveys.

Mind in Harrow promoted the free scams and fraud awareness sessions offered by the NatWest Harrow & Wembley Community Banker to 20 local voluntary sector and mental health providers. Mind in Harrow facilitated 4 scams and fraud awareness sessions attended by over 50 of their service users, reporting positive feedback from participants.

London Northwest Healthcare NHS Trust - Modern Slavery and Human Trafficking abuse was incorporated in Adult safeguarding Training. Staffs across Children's and Adult Safeguarding Service have completed the London ADASS & NHS England "Train the Trainer: Human Trafficking and Modern Slavery Multiagency Awareness Raising Training". Domestic abuse awareness has been firmly incorporated into the training provided to Trust staff with two Independent Domestic Violence Advocates (IDVA's) employed in the Emergency Rooms at both Ealing and Northwick Park Hospitals. The IDVAs provide support to patients attending the hospital and act as a crucial resource for front line staff delivering care.

The Hospitals' adult safeguarding team has been involved in the Trust's commitment to improve care provided to patients with dementia. In the past year the team contributed to the development of a new patient pathway for patients suffering with confusion. Additionally the Trust has signed up to John's Campaign which enables relatives and carers of patients, who are suffering with dementia, greater access to the hospital outside of normal visiting hours. The Trust currently employs a Learning Disability Specialist Nurse. The nurse oversees the delivery of training and education to Trust staff, recently setting up and training a team of learning disability (LD) champions within the nursing workforce. The service provided by the LD nurse includes the assessment and support of patients with Learning Disabilities attending the Trust for care.

Principle Three: **Proportionality**	**Description:** *Proportionate, person centred and least intrusive response appropriate to the risk presented (best practice)*
Objectives and how they will be achieved and measured	**Actions**
The HSAB has an effective Quality Assurance framework in place which includes relevant approaches to overseeing effective practice Demonstrable changes in practice are evident through file audit, user interviews and as presented by experts by experience at the HSAB Review Day and other relevant partner events	A minimum of 40 externally audited and 30 internally audited cases will be completed each year; and independent user interviews will take place – with a focus on ensuring that a person centred approach to practice (including use of advocates) identified the outcomes desired by users Audit reports will be taken to the HSAB with any required actions and proposed recommendations
Staff are confident in balancing risks with user empowerment	Audit findings, user feedback, SAR actions and Risk Panel learning to be fed into the Multi-agency Training Programme and Best Practice Forums Work continues to take place to increase staff confidence (in all agencies) in completing mental capacity assessments and using DoLS/Court of Protection

Learning is embedded in practice and leads to continuous service improvement The multi-agency safeguarding adults training programme is updated annually based on formal evaluation; and learning from audits, user feedback and SARs	The approach to multi-agency safeguarding adults training is changed in 2019/2020 – to run more best practice forums and bespoke events (on emerging topics) - with recommendations for future programmes reported to HSAB in March 2020
The Harrow SAB is reassured that Making Safeguarding Personal (MSP) is well embedded in practice There is a reduction in "not known" and "other" outcomes recorded at the end of safeguarding enquiries Return is made to NHS Digital	Work is completed to investigate if the Jade (or its replacement) and Mosaic systems can record the more diverse variety of outcomes likely to be achieved for adults at risk through MSP HSAB is provided with quantitative data (in addition to the existing qualitative information) about MSP outcomes (based on the return to NHS Digital)

The **Council Mosaic Team** has made a number of adjustments to the data recording system so that in future it should be possible to capture the MSP outcomes.

The training statistics demonstrate that greater numbers attend one-off best practice forums and conferences than the formal/scheduled training events. Examples include the conference held on 15th June 2018 to mark World Elder Abuse Awareness Day 2018 which covered the learning from Safeguarding Adults Reviews (SARs) where the people harmed were hard to engage and delegates heard about legislation that can be used which is outside the usual (social care) framework e.g. Environmental Health powers.

In the Council the practice of inviting an external independent auditor to review casework twice a year continued. In parallel internal routine monthly audits were carried out by the Team Manager. The independent audits took place in May and October 2018 and the areas for focus agreed with the auditor were: complex cases as they are the ones that worry social workers most and (arguably) have the most to learn from; a couple of "institutional concerns" enquiries as they are challenging and most staff/managers have less experience in running them given the low numbers; and at least one case from each worker in the Team so there is external oversight of practice. The other agreed focus to review MSP practice was: were outcomes identified at the outset by the adult at risk?; was the mental capacity assessment recorded where required?; and was the adult seen / spoken to as part of the enquiry?

The key findings were:

Strengths - excellent collaborative work with other relevant professionals including SAQS team, care management and children's social care; generally mental capacity issues are addressed, recorded and for one complex case a specialist assessment was commissioned; appropriate unannounced visits were made as a way of extending enquiries; recording is comprehensive and important case notes are usefully typed in bold to highlight; safeguarding meetings are fully and consistently minuted; enquiry reports are now routinely written using the standardised template, making a significant improvement to the quality of the recording of key information including better reference to previous safeguarding concerns and enquiries; managers and supervisors continue to fully support the work and supervision is recorded more fully; and there is evidence of reflection and analysis in both safeguarding meetings and supervision.

Areas for development **- s**ome complex enquiries would benefit from a more detailed and structured plan; better clarity is needed on some cases about the role of the enquiry officer and how much general social work tasks are taken on during the enquiry; and risk assessments need reviewing when new safeguarding concerns are raised.

Harrow Clinical Commissioning Group (CCG) - for 2019-20 NW London CCGs have developed the Safeguarding Health Outcomes Framework as a consistent reporting framework for providers to enable a clear picture of Safeguarding Adults and Children across North West London and one that provides assurance for the CCGs, Trust Boards, Local Safeguarding Children Boards (LSCB) and Local Safeguarding Adult Boards (LSAB). This document sets out the strategic approach required to ensure safe and effective Safeguarding processes are in place, hence strengthening the arrangements for Safeguarding Children and Adults across the commissioned health services of eight North West London CCGs; Brent, Harrow, Hillingdon, Central London, West London, Hammersmith and Fulham, Hounslow and Ealing.

The CCGs aim to commission services that protect individual human rights, promote dignity, independence and wellbeing, hear and respond to the needs of children, young people, adults and carers and demonstrate assurance that any child, young person or adult with care and support needs, is safeguarded and protected from harm, neglect and/or abuse.

Central London Community Healthcare NHS Trust (CLCH) - it has been a positive but challenging year for the CLCH adult safeguarding team due to the increasing volume and complexity of cases of concern our staff are identifying and ensuring they are supported to work in partnership with service users and their families to promote independence, and positive outcomes. There has been continued investment in adult safeguarding within the Trust and we have successfully recruited a dedicated MCA Lead to support the Trust in implementing the MCA/ Liberty Protection Safeguards. We have undertaken audits into the application of the MCA and use of the Pressure Ulcer Protocol (PUP) by our Harrow staff.

We can evidence staff have improved knowledge of applying the MCA and using the PUP to support safe and effective care. There has been an increase in frontline teams contacting for safeguarding advice and support and evidence they complete the safeguarding pressure ulcer protocol (PUP) so they respond to and manage risk appropriately.

Our second Annual Safeguarding Conference in October 18 was really well received. We had a broad range of speakers covering both Children's and Adults Safeguarding and the feedback was positive from staff. The conference covered topics such as self-harm in schools, the Mental Capacity Act 2005, Prevent, and Hoarding and Self-neglect, Homelessness, Modern Slavery, a legal update and the CLCH Safeguarding Champions programme.
Our training compliance in Harrow at the end of March 2019 was generally above 90%, including Workshop to Raise Awareness of Prevent (WRAP) training); Level 2 adult safeguarding training was 88% at the end of March 2019, but is now 95%. We have reviewed our training to include level 3 MCA and adult safeguarding to comply with the RCN Intercollegiate Guidance 2018.

We are using the 7 minute briefings to embed learning across our teams and in training and have shared SAB cases with frontline staff. We have had a good response to the use of this resource in training and will continue to share learning using cases and patient's voices and experience. Hearing 'Miriam' speak at the HSAB safeguarding conference was so powerful regarding her being a victim of modern slavery and we are hoping she will speak at our safeguarding conference in October 2019.

We continue to support the Harrow SAB in developing and achieving the Board priorities of empowerment, prevention, proportionality and protection.

Central and North West London Mental Health NHS Trust - staff are confident in balancing risks with user empowerment – this is addressed at the monthly Safeguarding Forums held at Bentley House (Bi-monthly with Cygnet Hospital and Cygnet Lodge). Plan in place to organise monthly surgeries at NPH with staff in acute services.

Best Practice Forums – Monthly Social Work Forums and Band 5/newly qualified staff (Health & Social Care) continues to take place to increase staff confidence and learning is embedded in practice. Mental capacity assessments forms an integral element of the safeguarding process and using DoLS/Court of Protection considered as part of the protection plan.

In terms of in-patient services and CNWL commitment to reduce restrictive practice the Violence Reduction Work that is being undertaken to decrease use of restraint on in-patient wards is having good effect. Some very innovative interventions supporting this around sleep hygiene use of sleep apps and travel masks. Good sleep patterns promotes more positive interactions and less incidents on wards.

CQC spotlight has been on sexual safety in MH wards and CNWL have been acknowledged nationally for being ahead of things with our sexual safety leaflet that is now on version 2. Well received by service users and carers alike.

Harrow Mencap carries out folder audits ensuring care planning documents/risk assessments/annual reviews are up to date/identifying any gaps and taking corrective action. We have also commissioned an external audit from an independent company called Competitive Insights who have sought feedback from key stakeholders including clients/families/Harrow Council/Staff/ Managers.

Changes in practice have included new internal and external bulletins for improved communication / /Carer's forums/ Clients signing off on important documents/clients involvement in recruitment.

Mind in Harrow's User Involvement Project Coordinator facilitated 4 Mental Health Service User Representatives of the Harrow User Group (HUG) to present a user challenge at the Safeguarding Adults Board awayday June 2018. Improvements requested by User Representatives included MSP and responses to allegations of sexual abuse raised by mental health inpatients. As a result, a deep dive of sexual abuse allegations data and MSP outcomes were reported to the HSAB and Mind in Harrow is contributing to the learning from a mental health inpatient case study example. Mind in Harrow staff attended the joint safeguarding adults and children's conference in February 2019, increasing their awareness and understanding about trafficking and modern slavery in UK. Mind in Harrow staff who attended the conference shared their learning with the wider team of 15 staff.

Mind in Harrow completed the voluntary sector version of the NHS England/ADASS Risk Audit Tool in 2019 and identified potential areas of improvement for future action including how safeguarding can be better embedded in supervision practice.

London Northwest Hospitals NHS Trust - provides its staff with a number of safeguarding related training courses, a variety of training methods are used to deliver the sessions, these include e-learning and face to face teaching sessions. In 2018/19 the Trust delivered training across all three required levels of safeguarding training. The Trust acknowledges that there is further work to do in respect to the workforce development and will continue to focus on adult safeguarding training in the year ahead.

Principle Four: **Protection**	**Description:** *Support and representation for those in greatest need*
Objectives and how they will be achieved and measured	**Actions**
The HSAB is reassured that adults at risk are empowered to raise concerns from any setting (including in-patient units and care homes) and that advocacy is being sought and provided to those that seek it as part of the safeguarding adults enquiry process	Projects are implemented as highlighted by users e.g. task and finish group or learning review for CNWL in-patient services; and presentation by Public Health about their role with reducing social isolation

Harrow Mencap – the Harrow Safeguarding Assurance Team have been in and met with our clients to raise awareness safeguarding how to share a safeguarding concern. This was well received by our clients and informative. Harrow Mencap deliver quarterly forums for people with learning disabilities which have included sessions on mate crime, speaking up. Harrow Mencap provides Care Act Advocacy support, referrals from Harrow Council, other professions, Swish. We have been in and met with various social work teams in order to ensure people understand about the service and how to access it.

Several Harrow Mencap team members attended the annual safeguarding conference focusing on modern slavery. We found it informative relevant and at times gripping. We all thoroughly enjoyed the event.

Harrow Council Safeguarding Team and the Police coordinated a successful prosecution (resulting in a custodial sentence) last year of a son who had systematically coerced and controlled his parents to give up both money and their home to him.

Principle Five: **Partnership**	**Description:** *Effective partnership working ensures a "whole family" approach leading to the best possible outcomes for users* *Effective partnership working ensures an effectively coordinated approach leading to the best possible outcomes for users*
Objectives and how they will be achieved and measured	**Actions**
The HSAB is effective as a partnership	HSAB monitors the actions resulting for each agency represented on the Board from the NHS England/ADASS Risk Audit completed in 2017/2018
The HSAB and HSCB work collaboratively ensuring a "whole family" approach to safeguarding work Joint projects (e.g. annual conferences, training events, community outreach, work with schools) will be explored wherever possible - to optimise both resources and outcomes	A third joint HSCB HSAB conference will be held in 2018/2019 with a focus on "trafficking and modern day slavery"

The HSAB and HSCB held their third joint conference in January 2019 (this time in collaboration with the Safer Harrow Partnership) with a focus on the trafficking of adults and children into slavery and exploitation. There were 150 attendees from across a range of agencies and topics included:

- modern day slavery "eradication is our duty" (Kevin Hyland)
- a partnership approach to combating modern slavery (Ruth Van Dyke)
- the voice of a victim (Miriam)
- national and local challenges (Tamara Barnett)
- supporting the human rights of trafficked individuals (Philip Ashola)

A follow up survey was completed 3 months after the event to track what actions delegates have taken prompted by the learning on the day.

Council's Children and Young People's Service (CYPS) - in the Council's Children and Young People's Service (CYPS) the HSAB's information is cascaded through the workforce for consideration for practice / training e.g. home fire safety assessments/information from the fire brigade / sharing information when missing adult notifications are received into CYPS. User feedback, which includes adults, is considered in the Annual Reports of the Independent Reviewing Officer Service, Child Protection Conference Service, LADO Service, and CYPS QA Annual reports. The agreed data set in the HSCB includes relevant adult facing issues e.g. Domestic Violence. CYPS has developed a National Referral Mechanism flag in MOSAIC that records referrals which will include risks associated with modern slavery.

HSCB/CYPS have contributed to QA activity where multi-agency audits have included Adult Services - so that practice learning is drawn out both from adult and children's services perspectives. One recent example is CYPS contributing to the multi-agency review of an adult death caused through fire setting. The Adult Services training programmes are cascaded across CYPS on a regular basis so that there is alignment of associated training priorities.

Principle Six: **Accountability**	**Description:** *There is accountability and transparency in delivering safeguarding. The Board meets its statutory requirements as set out in the Care Act 2014.* *Learning from local experiences and national policy/research improves the safeguarding arrangements and user outcomes*
Objectives and how they will be achieved and measured	**Actions**
The statutory HSAB Annual Report is produced	HSAB receives the Annual Report within 3 months of the end of each financial year
The HSAB Annual Report is presented to all relevant accountable bodies	Presentation is made to Scrutiny Committee to include progress against the previous year's action plan and objectives for the coming year All partner agencies present the Annual Report to their Board (or equivalent) within 3 months of the agreement by the HSAB

	Presentation is made to the Harrow Health and Wellbeing Board with particular reference to progress on agreed joint priorities and recommendations for the coming year
Elected Councillors, Executives and Committee members in HSAB agencies are aware of their personal and organisational responsibilities	Briefings are provided on a quarterly basis by HSAB members to their organisations at a senior level sufficient to ensure ownership of the issues and leadership to agree any changes required
The general public is aware of safeguarding issues and the work of the HSAB Relevant staff are aware of safeguarding issues and the work of the HSAB	The HSAB Annual Report for 2018/19 is published in an "easy to read" format and posted on all partner websites The HSAB Annual Report for 2018/19 is published in "Executive summary" and "staff headlines" formats and posted on all partner websites

The HSAB's 11th Annual Report (for 2017/2018) was presented to the Council's Scrutiny Committee on 16th October 2018 and this 12th report for 2018/2019 will go to a Scrutiny meeting on 5th November 2019. It was also presented at the health and Wellbeing Board on 1st November 2018. Each partner organisation represented at the HSAB presented the Board's Annual Report for last year at their Executive level meeting or equivalent.

As in previous years, the 2017/2018 report was produced in "Executive Summary", "key messages for staff" and "easy to read" formats and was made available to a wider audience through the Council and partner agencies websites.

In the Council a quarterly safeguarding update was provided to the Leader, the Chief Executive and portfolio holder by the Corporate Director (People Services) and the Director of Adult Social Services (DASS) in April, July and October 2018, and February 2019.

Section 4: Action plan priorities – 2019/2020 (year 3 from the Strategic Plan 2017 - 2020)

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

Principle One: Empowerment *Presumption of person led decisions and informed consent*			
Priorities	**Actions**	**Lead agency/s**	**Timescale**
The HSAB ensures effective communication with its target audiences Impact and effectiveness are evaluated and influence changes to future campaigns	A range of methods are used throughout the year to provide information to all sections of the community with a focus on people/groups highlighted in the statistics (e.g. older people living in their own home)	Safeguarding Adults Service (LBH)	End March 2020
The Harrow SAB's work is influenced by user feedback and priorities Demonstrable changes in practice are evident through file audit, user interviews and as presented by experts by experience at the HSAB Review	Further attempts are made with Head Teachers to engage with young people and adults at risk – in relation to disability awareness and social inclusion Develop accessible information for hospital patients in both mainstream and mental health units about Making Safeguarding Personal (MSP) Develop more "safety hubs" in Harrow	People Services (LBH) and HSCB CNWL and LNWHT Harrow Mencap	End March 2020 End March 2020 End March 2020

Principle Two: Prevention *There is a culture that doesn't tolerate abuse, dignity/respect are promoted and it is better to take action before harm occurs* *Communities have a part to play in preventing, detecting and reporting neglect and abuse*			
Priorities	**Actions**	**Lead agency/s**	**Timescale**
The HSAB is reassured that partnership priorities are informed by local intelligence about risk and prevalence	Use "deep dive" statistical reports in areas of interest/concern to the HSAB e.g. crimes against older people in their own homes	LBH Safeguarding Team	End March 2020
The Harrow SAB ensures that community safety for adults with care/support needs is a high priority for action	Relevant campaigns take place each year (e.g. a focus on scams, door step crime, distraction burglary) and formal evaluation influences future activities	Trading Standards and LBH Safeguarding Team	End March 2020
Numbers of home fire safety checks increase from the 2018/2019 out-turn position	Work continues with care providers and the general public about fire safety	LBH Safeguarding Team	End March 2020
	The recommendations from the fatal fire review are implemented (see section 3 for details)	LFB	End March 2020

Principle Three: Proportionality *Proportionate, person centred and least intrusive response appropriate to the risk presented (best practice)*			
Priorities	**Actions**	**Lead agency/s**	**Timescale**
The HSAB has an effective Quality Assurance framework in place which includes relevant approaches to overseeing effective practice	A minimum of 40 externally audited and 30 internally audited cases will be completed each year; and independent user interviews will take place – with a focus on ensuring that a person centred approach to practice (including use of advocates) identified the outcomes desired by users HSAB members ensure use of the NHSE and ADASS audit tool within their organisations – with actions fed back to the HSAB	LBH Safeguarding Team All HSAB members	End March 2020 Annually
The Harrow SAB is reassured that Making Safeguarding Personal (MSP) is well embedded in practice – demonstrated through file audit, data returns and user feedback at the annual review	Develop accessible information for hospital patients in both mainstream and mental health units about Making Safeguarding Personal (MSP)	CNWL and LNWHT, with the MIND in Harrow HUG Group	End March 2020

Principle Four: Protection *Support and representation for those in greatest need*			
Priorities	**Actions**	**Lead agency/s**	**Timescale**
The Board oversees actions to address the issues highlighted in the national LeDeR report	Training events for Providers are organised on: sepsis; constipation; aspiration pneumonia and mental capacity assessments (with a focus on learning disability services)	LBH Safeguarding Team with Harrow CCG	End March 2020
HSAB has a focus on supported housing so that there are the same safeguards and protection for vulnerable people in these settings as for those in regulated services	Focussed monitoring by the Harrow Safeguarding Assurance and Quality (SAQ) Team, alongside events for Providers about best practice	LBH Safeguarding and DOLS Service	End March 2020
The HSAB is reassured that adults at risk are empowered to raise concerns from any setting (including in-patient units and care homes)	HSAB considers any actions required locally to address the recommendations arising from the investigations into the recent institutional abuse at Mendip House and Cygnet Healthcare The HSAB relaunches the revised self neglect protocol	LBH Safeguarding Team LBH Safeguarding Team	End March 2020 End December 2019

The HSAB is reassured that Liberty Protection Safeguards (to replace the DOLS arrangements) are implemented effectively	Reports provided to the HSAB during the implementation period	LBH DOLS Team with Harrow CCG; CNWL and LNWHT	Autumn 2020
Principle Five: Partnership *Effective partnership working ensures a "whole family" approach leading to the best possible outcomes for users* *Effective partnership working ensures an effectively coordinated approach leading to the best possible outcomes for users*			
Priorities	**Actions**	**Lead agency/s**	**Timescale**
The HSAB and HSCB work collaboratively ensuring a "whole family" approach to safeguarding work	A 4th joint HSCB HSAB conference will be held in 2020 with a focus on "suicide prevention and mental health"	HSCB and HSAB learning and development sub-group	January 2020
The HSAB and HSCB are reassured that there is a robust transition process in place for young people with care/support needs leaving care who have identified safeguarding issues	The existing transition protocol in place for the HSAB and HSCB will be updated and relaunched, incorporating Research in Practice findings/recommendations	HSCB and HSAB sub-group	End March 2020

"Think whole family"	The new joint HSAB HSCB sub-groups to focus on cross over issues: domestic abuse; safeguarding in transition; cross generational work e.g. with schools/colleges	HSCB and HSAB sub-group	End March 2020
Principle Six: Accountability *The Board meets its statutory requirements as set out in the Care Act 2014.*			
Priorities	**Actions**	**Lead agency/s**	**Timescale**
The general public is aware of safeguarding issues and the work of the HSAB	The HSAB Annual Report for 2018/19 is published in an "easy to read" format and posted on all partner websites	LBH Safeguarding Team	End August 2019
Relevant staff are aware of safeguarding issues and the work of the HSAB	The HSAB Annual Report for 2018/19 is published in "Executive summary" and "staff headlines" formats and posted on all partner websites	LBH Safeguarding Team	End August 2019

Appendix 1

Statistic	2015/2016	2016/2017	2017/2018	2018/2019	*National figure (2017/2018)
Concerns	1690	1662 (2% decrease)	1467 (11% decrease)	1403 (4% decrease)	Not available
Concerns taken forward as enquiries	40%	39%	43%	42%	38%
Repeat referrals (enquiries)	19%	31%	17%	16%	16%
Completed referrals (enquiries)	100%	95%	99%	101%	100%
Concerns from non white backgrounds	51%	48%	51%	56%	8%
Where abuse took place	Client's own home (61%)	Client's own home (63%)	Client's own home (57%)	Client's own home (58%)	Client's own home (43%)
	Care Homes (20%)	Care Homes (14%)	Care Homes (19%)	Care Homes (15%)	Care Homes (35%)
User group	Older people (46%)	Older people (48%)	Older people (48%)	Older people (52%)	Older people (45%)
	Physical Disability (40%)	Physical Disability (38%)	Physical Disability (34%)	Physical Disability (38%)	Physical Disability (31%)
	Mental Health (31%)	Mental Health (33%)	Mental Health (31%)	Mental Health (27%)	Mental Health (9%)
	Learning Disability (13%)	Learning Disability (12%)	Learning Disability (13%)	Learning Disability (11%)	Learning Disability (10%)

Type of abuse	Physical (23%)	Physical (19%)	Physical (19%)	Physical (20%)	Physical (22%)
	Neglect (21%)	Neglect (21%)	Neglect (22%)	Neglect (24%)	Neglect (32%)
	Emotional (20%)	Emotional (20%)	Emotional (20%)	Emotional (19%)	Emotional (13%)
	Financial (17%)	Financial (22%)	Financial (19%)	Financial (18%)	Financial (15%)
	Not recorded this year	Domestic abuse (75 cases)	Domestic abuse (86 cases)	Domestic abuse (74 cases)	Domestic abuse - (not available)
	Not recorded this year	Self neglect (14 cases)	Self neglect (28 cases)	Self neglect (21 cases)	Self neglect - (not available)
Person alleged to have caused harm (highest incidence first)	Family including Partner (35%)	Family including Partner (35%)	Family including Partner (41%)	Family including Partner (42%)	Not available
	Social care staff (22%)	Social care staff (19%)	Social care staff (21%)	Social care staff (22%)	Not available
	Not recorded this year	Stranger (4%)	Stranger (5%)	Stranger (2%)	Not available
Outcomes for adult at risk	Increased monitoring (13%)	Increased monitoring (13%)	Increased monitoring (12%)	Increased monitoring (10%)	Not available
	Community Care Services (13%)	Community Care Services (17%)	Community Care Services (20%)	Community Care Services (23%)	Not available
	Court of Protection application (1%)	Court of Protection application (1%)	Court of Protection application (1%)	Court of Protection application (1%)	Not available
	Advocacy (2%)	Advocacy (3%)	Advocacy (2%)	Advocacy (3%)	Not available
	MARAC referral (5%)	MARAC referral (1%)	MARAC referral (1%)	MARAC referral (1%)	Not available

Prosecutions or Police action as an outcome for PACH	12%	16%	14%	12%	Not available

*The 2017/2018 data is the most recent national information available for comparison

Appendix 2

HSAB Membership (as at 31st March 2019)

HSAB Member	Organisation
Florence Acquah	London North West Healthcare NHS Trust (hospital services)
Kate Aston	Central London Community Health Care NHS Trust
Christine-Asare-Bosompem	Harrow NHS Clinical Commissioning Group
Cllr Simon Brown	Elected Councillor (Portfolio Holder), Harrow Council
Barry Loader	Metropolitan Police – Harrow (Vice Chair)
Karen Connell	Harrow Council Housing Department
Julie-Anne Dowie	Royal National Orthopaedic Hospital NHS Trust
Jaya Karira	Westminster Drug Project
Andrew Faulkner	Brent and Harrow Trading Standards
Mark Gillham	Mind in Harrow
Lawrence Gould	Harrow (NHS) CCG – GP/clinical representative
Paul Hewitt	People Services, Harrow Council
Sherin Hart	Private sector care home provider representative
Chris Miles	London Ambulance Service
Marie Pate	Healthwatch Harrow
Alan Taylor	London Fire Service
Nigel Long	Harrow Association of Disability
Coral McGookin	Harrow Safeguarding Children's Board (HSCB)
Tina Smith	Age UK Harrow
Cllr Chris Mote	Elected Councillor (shadow portfolio holder), Harrow Council
Tanya Paxton	CNWL Mental Health NHS Foundation Trust

Deven Pillay	Harrow Mencap
Visva Sathasivam	Adult Social Care, Harrow Council (Chair from December 2017)
Officers supporting the work of the HSAB	
Sue Spurlock	Safeguarding Adults and DoLS Services – Harrow Council
Seamus Doherty	Safeguarding Adults Co-ordinator - Harrow Council

Appendix 3 **Harrow Safeguarding Adults Board** **Attendance Record 2018/2019**

Organisation	June 2018	September 2018	December 2018	March 2019	Total attended
HSAB Chair	√	√	√	√	4
Brent and Harrow Trading Standards	√	√	X	√	3
Harrow Council - Housing Department	√	√	X	√	3
London Ambulance Service	X	X	X	X	0
London Fire Service	X	X	√	X	1
Westminster Drug Project	√	√	√	√	4
Harrow Council - Adult Social Services	X	X	X	X	0
Harrow Council - elected portfolio holder	√	X	√	√	3
Harrow Council - shadow portfolio holder	X	X	√	X	1
Harrow Council – People Services/Children's Services	X	X	√	X	1
Mind in Harrow	√	√	√	√	4
NHS Harrow (Harrow CCG)	√	√	√	√	4
CLCH NHS Trust (Harrow Provider Organisation)	√	√	√	√	4
London North West Healthcare University Hospitals Trust	√	√	X	√	3

Harrow CCG – clinician	√	√	X	√	3
Local Safeguarding Children Board (HSCB)	√	√	√	√	4
Royal National Orthopaedic Hospital	√	√	√	√	4
Metropolitan Police – Harrow (Vice Chair)	√	√	X√	√	3
Age UK Harrow	X	X	X	X	0
Harrow Mencap	√	√	√	√	4
CNWL MH Trust	X	√	√	√	3
Harrow Association of Disabled People	X	√	X	X	1
Private sector provider representative (elected June 2013)	√	X	X	X	1
Public Health	X	X	X	X	0
Department of Work and Pensions	X	X	X	X	0
In attendance					
Care Quality Commission (CQC)	X	X	X	X	0
Healthwatch Harrow (other Board members e.g. from Harrow Mencap and Mind in Harrow are also Healthwatch Harrow members)	X	√	√	X	2

Further information/contact details

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

www.harrow.gov.uk/safeguardingadults

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

safeguarding.adults@harrow.gov.uk

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

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

(cnw-tr.mentalhealthsafeguardingharrow@nhs.net)

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

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

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

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

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REPORT FOR: HEALTH AND SOCIAL CARE SCRUTINY SUB-COMMITTEE

Date of Meeting:	5 November 2019
Subject:	Update from NW London Joint Health Overview and Scrutiny Committee
Responsible Officer:	Alex Dewsnap, Director of Strategy
Scrutiny Lead Member area:	Health: Policy Lead – Councillor Michael Borio Performance Lead – Councillor Vina Mithani
Exempt:	No
Wards affected:	All
Enclosures:	None

Section 1 – Summary and Recommendations

This report provides an update on discussions held at the meetings of the NW London Joint Health Overview and Scrutiny Committee (JHOSC) on 21 June and 22 July 2019.

Recommendations:
The Sub Committee is asked to consider the update and provide any comments / issues that are to be raised in advance of the next JHOSC meeting on 10 December at Kensington and Chelsea Council.

Section 2 – Report

Background
The North West London Joint Health Overview and Scrutiny Committee (JHOSC) comprises elected members drawn from the boroughs geographically covered by the NHS NW London Shaping a Healthier Future (SaHF) programme and was set up to consider the proposals and consultation process formally between the period of 2 July and 8 October 2012. The proposals set out the reconfiguration of the accident and emergency provision in North West London. This included changes to emergency maternity and paediatric care with clear implications for out-of-hospital care.

The JHOSC published its final report in October 2012, making recommendations on how the SaHF proposals could be developed and implemented, including the risks that needed to be explored. The JHOSC also recommended that the committee continue to meet beyond the original consultation period to provide ongoing strategic scrutiny of the development and implementation of Shaping a Healthier Future.

Harrow's ongoing participation in the JHOSC examining the implementation of the SaHF ensures that scrutiny of the issues is maintained at a regional level and that Harrow residents' perspectives are put forward to the NHS as it implements the SaHF programme. The Health and Social Care Scrutiny Sub Committee receives regular update reports on the JHOSC so that it can pick up any local issues in its own work programme as well as feed into the JHOSC's agenda planning and deliberations. Harrow's member representatives on the JHOSC for 2019/20 are Councillors Rekha Shah and Vina Mithani.

On 26 March, the Secretary of State for Health announced the closing down of the Shaping a Healthier Future programme. In a letter dated 26 March, the NW London Collaboration of CCGs confirmed the decision and stated:

> *"All parts of the NHS are now in agreement to draw the SaHF programme to a conclusion and bring our on-going efforts to improve health and care together in a new programme as part of our NHS Long Term Plan response. We will not be taking forward the plans as set out in SaHF for changes to Ealing and Charing Cross hospitals, but this does not mean that services across NW London will not change…We want to work with local people, communities and organisations to develop this new plan for NW London, which ensures high quality care for all our residents. We think it should include continuing our expansion of primary and community services and the development of more integrated care. We are also clear that services will need to be configured in such a way as to build a health system that is both clinically and financially sustainable. If we are to improve care and outcomes for local residents, we know that the status quo is not an option. This new plan for health and care in NW London will therefore still need to include changes, involving some difficult decisions and trade-offs, if we are to offer high quality, person-centred care sustainably. By realigning under the NHS Long Term Plan, updating our planning*

assumptions and enabling all of our staff, patients, partners and stakeholders to be involved in its development and delivery over time, we will have the best possible chance of success."

The NW London Collaboration of CCGs has established an engagement approach to help guide a first local response to the NHS Long Term Plan this autumn, as well as seeking to expand existing partnership working to enable further development and implementation of a new health and care strategy for NW London. This will involve talking to local people, and attending Health and Wellbeing Boards and Scrutiny Committees, with a view to developing a new plan for NW London.

Officers supporting the JHOSC are developing a protocol for change following the annual review of the JHOSC. This will include revised terms of reference for the JHOSC to reflect the closure of the Shaping a Healthier Future programme.

JHOSC meeting 21 June 2019

The JHOSC held on 21 June 2019 was at Hounslow Council and did not have Harrow representation. The agenda for this meeting included:

Annual Report NWL JHOSC – the report summarises the work of the JHOSC over the last year and incorporates feedback from the NWL Collaboration of CCGs.

Case for a single CCG and borough arrangements and development of integrated care – the national approach to developing integrated care systems is set out in the NHS Long Term Plan. All Sustainability and Transformation Partnerships (STP) areas must transition to an integrated care system by April 2021. The JHOSC was told that there is no requirement for public consultation around these changes as they do not constitute significant change to health services or a substantive variation. The rationale for change is to reduce costs, improve quality and address inequalities.

JHOSC meeting 22 July 2019

The meeting of the JHOSC held on 22 July 2019 at Westminster Council was attended by Councillor Rekha Shah. The agenda for the meeting included:

Update on the commissioning reform case for change – the proposed deadline for a single CCG for NW London is April 2020. Many patients and partners had wanted more time to fully consider the proposed case for change and therefore the engagement period was extended to 24 August. It is proposed that the single CCG will continue to attend local scrutiny committees and Health and Wellbeing Boards, through its local leads, in addition to regular attendance at JHOSC for NW London wide scrutiny.

The reform in the case for change is seen by NHS England and NHS Improvement as a key step in addressing NW London NHS' financial problems. The starting point for a single CCG will be the borough based allocations of funding and services they have now. Allocations covering the period to 2023/24 were published by NHSE in January.

JHOSC meeting 30 October 2019
This meeting at Hammersmith and Fulham Council takes place after this report has been submitted to committee, therefore verbal feedback will be available from the JHOSC member(s) who attended.

Other updates
On 21 August, the JHOSC formally responded to the NWL Collaboration of CCGs (NWLCCCG) proposal to establish a single CCG for NW London. This covered issues around: financial implications; services to residents / local responsiveness; timeframe; lessons learnt; and governance and oversight.

Ward Councillors' comments
Not applicable as all wards affected.

Financial Implications
The costs of delivering the health scrutiny work programme will be met from within existing resources.

Performance Issues
There are no specific performance issues associated with this report.

Environmental Impact
There is no specific environmental impact associated with this report.

Risk Management Implications
There are none specific to this report.

Equalities Implications
There are a number of equalities implications that relate to the reconfiguration of health services in North West London as a whole. These implications form part of the ongoing considerations of the JHOSC.

Council Priorities
The work of the JHOSC relates most to the delivery of the following council priorities:

Supporting Those Most in Need

- Empower residents to maintain their well-being and independence
- Children and young people are given the opportunities to have the best start in life and families can thrive
- Reduce the gap in life expectancy in the borough

Protecting Vital Public Services

- Healthcare services meet the needs of Harrow residents

Section 3 - Statutory Officer Clearance

Statutory clearances not required.

Ward Councillors notified:	N/A

Section 4 - Contact Details and Background Papers

Contact:

Nahreen Matlib, Senior Policy Officer, nahreen.matlib@harrow.gov.uk

Background Papers:

Agendas papers for the JHOSC meetings can be found at:
http://www.harrow.gov.uk/www2/ieListMeetings.aspx?CId=1102&Year=0

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