

Health and Wellbeing Board

AGENDA

DATE: Thursday 19 September 2019

TIME: 12.00 pm

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

MEMBERSHIP (Quorum 5)

Chair: Councillor Graham Henson

Board Members:

Councillor Ghazanfar Ali	Harrow Council
Councillor Simon Brown	Harrow Council
Councillor Janet Mote	Harrow Council
Marie Pate	Healthwatch Harrow
Councillor Christine Robson	Harrow Council
Javina Sehgal	Managing Director, Harrow Clinical Commissioning Group
Dr Muhammad Shahzad	Harrow Clinical Commissioning Group
Dr Genevieve Small (VC)	Chair, Harrow Clinical Commissioning Group
1 Vacancy	Harrow Clinical Commissioning Group

Reserve Members

Councillor Niraj Dattani	Harrow Council
Councillor Dean Gilligan	Harrow Council
Councillor Maxine Henson	Harrow Council
Councillor Dr Lesline Lewinson	Harrow Council
Councillor Krishna Suresh	Harrow Council
Rasila Shah	Healthwatch Harrow
1 vacancy	Harrow Clinical Commissioning Group

Non Voting Members:

Varsha Dodhia, Representative of the Voluntary and Community Sector
Carole Furlong, Director of Public Health, Harrow Council
Paul Hewitt, Corporate Director - People, Harrow Council
Chief Superintendent Sara Leach, Harrow & Brent Police
Chris Miller, Chair, Harrow Safeguarding Boards
Angela Morris, Director Adult Social Services, Harrow Council
Vacancy, NW London NHS England
Vacancy, Harrow Clinical Commissioning Group

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

Useful Information

Meeting details:

This meeting is open to the press and public.

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

Filming / recording of meetings

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

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

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

Meeting access / special requirements.

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

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

Agenda publication date: Wednesday 11 September 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 Board;
- (b) all other Members present.

3. MINUTES (Pages 5 - 12)

That the minutes of the meeting held on 25 July 2019 be taken as read and signed as a correct record.

4. PUBLIC QUESTIONS *

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

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

[The deadline for receipt of public questions is 3.00 pm, Monday 16 September 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 Board Procedure Rule 13 (Part 4B-1 of the Constitution).

6. DEPUTATIONS

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

7. DISCUSSION ON THE HEALTH AND WELLBEING BOARD TERMS OF REFERENCE

Discussion led by Chair and Vice-Chair

8. BETTER CARE FUND (To Follow)

Report of the Director of Adult Social Services

9. PUBLIC HEALTH QUARTERLY UPDATE (Pages 13 - 24)

Report of the Director of Public Health

10. REVIEW OF THE ACTIVE HARROW PHYSICAL ACTIVITY AND SPORTS STRATEGY 2016-20 (Pages 25 - 48)

Report of the Director of Public Health

11. NWL CCGS COMMISSIONING REFORM UPDATE (Pages 49 - 66)

Report of the Managing Director, Harrow Clinical Commissioning Group

12. UPDATE ON THE PRIMARY CARE NETWORKS AND THE INTEGRATED CARE PARTNERSHIP (Pages 67 - 70)

Report of the Managing Director, Harrow Clinical Commissioning Group

13. HARROW SAFEGUARDING BOARD (HSAB) ANNUAL REPORT 2018/19 (Pages 71 - 126)

Report of the Independent Chair

14. HARROW SAFEGUARDING CHILDREN BOARD (HSCB) ANNUAL REPORT 2018/19 (Pages 127 - 164)

Report of the Independent Chair

15. CONFIRMATION OF MEETING DATES FOR THE 2019/20 MUNICIPAL YEAR

Tuesday 26 November 2019 11.30am to 1.30pm (to replace 21 November 12.00pm)

Tuesday 14 January 2020 11.30am to 1.30pm (to replace 9 January 2020 12.00pm)

Tuesday 17 March 2020 2.00pm to 4.00pm (to replace 12 March 2020 12.00pm)

16. ANY OTHER BUSINESS

Which cannot otherwise be dealt with.

AGENDA - PART II - NIL

*** DATA PROTECTION ACT NOTICE**

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

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

HEALTH AND WELLBEING BOARD MINUTES

25 JULY 2019

Chair:	* Councillor Graham Henson		
Board Members:	* Councillor Ghazanfar Ali		
	* Councillor Simon Brown		
	* Councillor Janet Mote		
	* Councillor Christine Robson		
	* Dr Genevieve Small (VC)	Chair, Clinical Commissioning Group	
	* Marie Pate	Healthwatch Harrow	
	* Javina Sehgal	Harrow Clinical Commissioning Group	
	* Dr Muhammad Shahzad	Clinical Commissioning Group	
Non Voting Members:	* Varsha Dodhia	Representative of the Voluntary and Community Sector	Voluntary and Community Sector
	* Carole Furlong	Director of Public Health	Harrow Council
	* Paul Hewitt	Corporate Director, People	Harrow Council
	† Chief Superintendent Sara Leach	Harrow, Brent & Barnet Police	Metropolitan Police Service
	* Chris Miller	Chair, Harrow Safeguarding Boards	Harrow Council
	* Angela Morris	Director of Adult Social Services	Harrow Council

In attendance: (Officers)	Jackie Allain	Divisional Director of Operations	Harrow Integrated Care and Brent Falls Service
	Mark Easton	Chief Officer	NHS North West London Collaboration of CCGs
	Sally Cartwright	Consultant in Public Health	Harrow Council
	Alex Dewsnap	Director of Strategy Harrow Council	Harrow Council
	Donna Edwards	Service Manager, Adults and Housing Harrow Borough	Harrow Council
	Tanya Paxton	Director,	CNWL NHS Foundation Trust
	Johanna Morgan	Divisional Director, People Services	Harrow Council
	Bridget O'Dwyer	Senior Commissioning Manager, Harrow Substance Misuse Service/ Harrow Integrated Sexual and Reproductive Health Service	Harrow Council
	Sofor Uddin	Harrow Health CIC	

In attendance: (Councillors) Chris Mote Minute 74

- * Denotes Member present
- † Denotes apologies received

72. Attendance by Reserve Members

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

73. Appointment of Vice-Chair

RESOLVED: To note the appointment of Dr Genevieve Small, Chair of Harrow Clinical Commissioning Group, as Vice-Chair of the Board for the 2019/2020 Municipal Year.

74. Declarations of Interest

RESOLVED: To note that the following interests were declared:

Agenda Item 9 – Update on Primary Care Networks and the Integrated Care Partnership

Councillor Chris Mote, who was not a member of the Board, declared a non-pecuniary interest in that he was a patient at the Pinn Medical Centre. He would remain in the room whilst the matter was considered and voted upon.

Councillor Janet Mote declared a non-pecuniary interest in that she was a patient at the Pinn Medical Centre. She would remain in the room whilst the matter was considered and voted upon.

During the course of the meeting, Councillor Christine Robson declared a non-pecuniary interest in that she was a patient at the St Peter's Medical Centre. She would remain in the room whilst the matter was considered and voted upon.

75. Minutes

RESOLVED: That the minutes of the meeting held on 2 May 2019 be taken as read and signed as a correct record.

76. Petitions

RESOLVED: To note that no petitions had been received.

77. Public Questions

RESOLVED: To note that no public questions had been received.

78. Deputations

RESOLVED: To note that no deputations had been received.

RESOLVED ITEMS

79. NW London Commissioning Reform Programme: Public Draft Case for Change

The Board received a report which set out the case for change and considered the implications of moving towards a single North West London Clinical Commissioning Group (CCG).

Mark Easton, Chief Officer, NHS North West London Collaboration of CCGs, gave a detailed outline of the background to 'The Case for Change' document and the proposal that all sustainability and transformation partnerships (STP) develop into an integrated care system (ICS) which would act as a regulator of health in a geographical area. In order to enable this change, it was proposed to change the organisation of CCGs to operate at ICS level and he advised that over the next couple of years the number of CCGs was likely to reduce from the current 196 to 44. The Board could influence the timing of

the changes and he was keen to see a substantial NHS presence retained in the boroughs. As the document had been updated since the production of the agenda, Mr Easton undertook to circulate the latest version to Board members.

The Chief Officer outlined the core issues arising from the proposals in terms of continuity and change as follows:-

- the proposals built on the existing collaboration of CCGs. It was proposed that 8 local borough based sub-committees of CCGs be established headed by a borough director with delegated budgets;
- work with local stakeholders would continue;
- public representation would continue;
- there were proposals in relation to memberships of North West London governing bodies.

He explained that the consultation would conclude on 24 August 2019 after which the necessary reports would be prepared for government. He outlined the advantages of the new way of working which included:

- there was evidence to support that patient pathways across London could be standardised;
- prices and costs across London currently varied;
- NWL CCG would look to reduce health inequalities;
- a reduction in the number of times the same decision had to be made;
- collaboration in terms of payment.

In response to comments from the Board, the Chief Officer advised that:

- the changes were based on policy guidance and that he was reasonably confident that there would be a continuity of staff and experience. In terms of timing, in order to reduce the uncertainty for staff, sooner rather than later might be preferable to mitigate the risk of staff leaving;
- in terms of Harrow CCG's financial deficit, it would be necessary to clarify the starting balance sheet of the new CCG. Guidance on this was awaited from NHS England but it might be possible to clear the historic debt and start with a 'clean sheet';
- in terms of seats for Healthwatch, discussions on the membership were on-going but he noted the comment that this body did not have the capacity to gather evidence and that this should be factored in;

- his view was that local services were best commissioned locally;
- he was keen to have continued scrutiny of health services so he did not expect to see changes to statutory boards. However, there was a North West London Joint Health Overview and Scrutiny Committee and there might be a need for a similar body for the Board;
- Equality Impact Assessments needed to improve in order to capture the needs of the diverse community and his expectation was that there would continue to be capacity to do this;
- in terms of the numbers of designated nurses, he did not envisage there being any changes in safeguarding arrangements;
- there were assurances in the consultation document about maintaining good joint commissioning such as CAHMS in Harrow.

In response to a question on timescales, the Board was advised that the new CCG had to be established in either 2020 or 2021 with the former date reducing the uncertainty for staff and the latter providing more time to draft and finalise new governance documents/ constitutions. In terms of the role of providers in the new arrangements, this was dependent on the integration agenda and the Chief Officer added that it might be possible, in a few years, to create a statutory health and care entity to provide both commissioning and services.

RESOLVED: That the report be noted.

80. Update on Primary Care Networks and the Integrated Care Partnership

The Board received a report which provided the latest position in the development in Harrow of Primary Care Networks (PCN) and the Integrated Care Partnership.

Javina Sehgal, Managing Director, NHS Harrow CCG, tabled an update on the registration forms from prospective Primary Care Networks. She outlined the content of the report and explained that Harrow was likely to have six PCNs and that this proposal had been approved by NHS London.

A Member sought clarification on the practical implications of the PCNs on patients and questioned the links between the associated practices within the PCNs. The Board were informed that the CCG had determined the PCNs but that it was early in the process and that any feedback was to be welcomed.

The Voluntary and Community Sector representative stated that in terms of the extended hours requirement, as a patient, she would expect a GP to have her notes at a walk in centre. The Managing Director advised that, due to continuity of care, walk in centres were not in line with the NHS direction of travel and that from 1 April 2021 each PCN would be responsible for out of hours care provision for their population.

In response to comments that there was a need to 'scale up' the approach to serious case reviews, the Managing Director advised that it was intended to build expertise in all areas by educating GPs and PCNs but suggested this be discussed separately. There was no proposal to have more than one named GP.

The Vice Chair advised that place based care and the development of integrated care plans was key. There was a need to increase the pace and scale for more holistic wrap around care and the CCG had been working with the PCN providers, given that the PCNs had come into existence from July 2019 in order to deliver Integrated Care to the whole Harrow population by 2021. She acknowledged and agreed with a comment that as Harrow and Brent shared a major acute provider, each area's health and care integrated plans required consideration to ensure consistency of service.

RESOLVED: That the report be noted.

81. Public Health Update

The Board received a report which provided an update on areas of public health activity including the stop smoking service, social prescribing, the Joint Strategic Needs Assessment and the Joint Health and Wellbeing Strategy.

In response to a question, the Director of Public Health advised that GP referral would identify the most vulnerable to the stop smoking adviser. In addition, it was proposed to hold a stop smoking session with pregnant women, a target group. The Vice-Chair stated that mental health was a significant issue in terms of smoking.

The representative of the Community and Voluntary Sector advised health messages, such a stop smoking, might require translation in order to reach residents for whom English was not their first language.

RESOLVED: That the report be noted.

82. Harrow Adult Substance Misuse

The Board received a report which provided an update on the re-procurement of Harrow Adult Substance Misuse Service.

The Senior Commissioning Manager outlined the content of the report and made reference to incident planning for Fentanyl arriving into the illicit drug market. In response to guidance from the Local Government Association and Public Health England, Harrow Council had implemented a Framework to prepare for the threat. Harrow Adult Substance Misuse Service also worked jointly with Stakeholder Management in the Housing Team.

The members of the Board made a number of comments including:

- the night shelter for the homeless provided an opportunity to engage with this hard to reach group;

- the Mental Health Service was impacted when there was a reduction in the Adult Substance Misuse Service;
- a dual diagnosis specialist nurse should be considered given the reduced funding. The Senior Commissioning Manager responded that the previous £0.5 m reduction in budget resulted in a reduction of staff including a dual diagnosis nurse specialist. Care of service users with a dual diagnosis continued to be a component of the service specification and there was an opportunity for bidders to be innovative in the delivery of the care pathway.

The Senior Commissioning Manager advised that all agencies would be consulted on the service specification and that she would keep the Board updated. A report would be submitted to Cabinet in September 2019.

RESOLVED: That the report be noted.

83. SEND Strategy, Commissioning Plan and Local Area Inspection Self Evaluation

The Board received a report which presented a suite of strategic documents related to children and young people with special educational needs and disabilities.

The Divisional Director People Services outlined the content of the report and provided an update on the latest developments, including the launch of the Harrow SEND conversation with Harrow partners and the meeting of the SEND Group on 8 July 2019 which aimed to provide a focus on the delivery of SEND reforms.

The Corporate Director, People, stated that the positive feedback from Inspectors was to be both welcomed and celebrated. This view was endorsed by the Board.

RESOLVED: That the report be noted.

(Note: The meeting, having commenced at 12.00 pm, closed at 1.58 pm).

(Signed) COUNCILLOR GRAHAM HENSON
Chair

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REPORT FOR: HEALTH AND WELLBEING BOARD

Date of Meeting: 19 September 2019

Subject: Public Health Quarterly Update Report

Responsible Officer: Carole Furlong – Director of Public Health

Public: Yes

Wards affected: All

Enclosures: Public Health Quarterly Report

Section 1 – Summary and Recommendations

This report provides updates in the work programmes of the Public Health team for the first quarter of 2019-20.

Recommendations:

This is for information

Section 2 – Report

See attached report

Ward Councillors' comments

None

Financial Implications/Comments

The work programme of the public health team is directly funded and contained within the ring fenced public health grant of £10.523m in 2019-20.

Legal Implications/Comments

Legal note there are no specific implications and risks identified within this Report. Any decisions undertaken in the delivery of the Quarterly Public Health strategy will be subject to any relevant governance considerations.

Risk Management Implications

none

Equalities implications / Public Sector Equality Duty

none

Council Priorities

The broad work programme of public health is aligned with the council priorities outlined below.

- Building a Better Harrow
- Support those most in need
- Protecting Vital Public Services.
- Delivering a Strong local Economy for All

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

Name: Donna Edwards

on behalf of the
Chief Financial Officer

Date: 6 September 2019

Name: Paul Hewitt



Corporate Director

Date: 9 September 2019

Ward Councillors notified:

NO

Section 4 - Contact Details and Background Papers

Contact: Sally Cartwright, Consultant in Public Health
Tel 07927548184

Background Papers: none

QUARTERLY PUBLIC HEALTH REPORT

QUARTER 1

INTRODUCTION

Hello and welcome to the first Quarterly Public Health Report for 2019-20.

This quarter we said goodbye to Dr Heema Shukla, interim Public Health Consultant, who had been providing maternity cover for Sally Cartwright. We also wished good luck to Andrea Lagos as she went on maternity leave and welcomed Chimeme Egbutah to the team to cover her maternity leave.

In addition to our permanent staff, we have Dr Aliza Dhanji with us for a 6 month public health placement as part of her GP training scheme and Leonard Kwashie joined us as a volunteer intern.

Health Improvement

Health Improvement describes the work to improve the health and wellbeing of individuals or communities through enabling and encouraging healthy lifestyle choices as well as addressing underlying issues such as poverty, lack of educational opportunities and other such areas.

Joint Health and Wellbeing Strategy

The 2015-20 Joint Health and Wellbeing strategy ends in April 2020 so the Joint Health and Wellbeing Strategy refresh is underway. Two workshops have been held to review progress against the current strategy, and to think about what the priorities, opportunities and challenges are in Harrow now. One workshop focused on the Start Well / Live Well component of the strategy and the other on the Live Well/ Age Well/ Work well components. These workshops were well attended and provided some rich information for the development of the strategy.

The next stage will be a workshop with the Health and Wellbeing Board members, in October. Following this the strategy will be developed further and a draft for consultation will be presented to the Health and Wellbeing board in November. Consultation will include further discussions with the original workshop attendees as well as an online questionnaire and presentations at other workshops and meetings. The final strategy will be approved by the Health and Wellbeing Board in March.

Healthy Schools London Awards

Public Health has commissioned Health Education Partnership (HEP) to provide support to all Harrow schools wanting to participate in the Healthy Schools London scheme. Currently 54 of 62 schools are registered, with 33 at bronze level, 20 at silver, and 12 having received gold awards.

Over the coming year the aim is to increase by 16 the number of schools in the programme and in those receiving awards: That means 5 new school registrations, 4 schools achieving or renewing a bronze award, 5 getting a new silver award, and 2 further gold awards.

On 27th June , Marlborough Primary School received the silver award at the pan London Healthy Schools London celebration. . Among the speakers were Leon Taylor, Olympic diver and Elaine Wyllie MBE, founder of The Daily Mile. Marlborough received the award for their work on improving children's bike and scooter skills so that pupils could come to school car free, thereby increasing the amount of physical activity they do and reducing air pollution. Congratulations to everyone for the hard work you put into this



London Healthy Early Years Awards

Healthy Early Years is a new pan-London GLA supported initiative which transposes the learning from the Health Schools programme into an early years setting. Introduced in Summer 2018, it is also being implemented in Harrow, again with support from Health Education Partnership. Going forward, we aim to work with 10 settings with Cedar's Children's Centre hub being the first to achieve silver award.

Active Harrow

The Active Harrow Physical Activity and Sports Strategy 2016-2020 has been reviewed and it has become clear that we have many achievements to celebrate over the duration of the strategy. The review was taken to the Active Harrow Strategic Group in June.

Our main aim has been to *support people who are not doing any activity into doing some and those doing some activity into doing more*, and this will continue to be our aim going forward. A plan for revised objectives and indicators has now been agreed and the full review and proposed dashboard for 2019-24 is being presented to this September 2019 Health and Wellbeing Board for information. Some important highlights of the 2016-20 review include;

- Increasing to 21 Health Walks a week
- Attracting nearly 300 new walkers each year for the past 2 years.
- 17 schools trained to deliver the Daily Mile
- Annual attendance at School Games competitions reported in July 2018 was 5,390
- We now have 26 operational Park User Groups and 23 Outdoor Gyms in Harrow.

Social prescribing

A Harrow-wide approach to social prescribing is continuing to develop. Throughout quarter 1 we were waiting for the new Primary care Networks to form. Each of the Primary Care Networks will have funding for a social prescribing link worker for their PCN. We have been working on how we can bring together these link workers to maximize the benefit to people across the borough and share a single directory and case management system so that the programme can be evaluated. Public Health has also agreed to fund a coordinator/manager role who will oversee the link workers, the set up and promotion of the new system, build relationships across primary care and the voluntary sector, and lead on monitoring and outcomes measurement of the new system.

We have also agreed to provide the new social prescribing service with a digital solution to enable responsive and comprehensive case management, and an up to date directory of community services that can be utilised as part of social prescribing.

A New Dementia Hub

For the past few years, a dementia hub called Annie's Place, has been held at Millman's Resource centre. Annie's place has provided activities for those with dementia and respite and support for their carers. Public Health funding has allowed a second dementia hub to open at The Bridge. The launch which was a joy-filled event in April was well attended by service users, carers, dementia friends, councillors and council staff. Everyone was delighted when it was announced that we would also be funding an Admiral nurse post in addition to the one funded by adult social care.



Stop Smoking service

Following the January 2019 visit of Duncan Selbie, Chief Executive of Public Health England, funding was identified within the public health grant to reintroduce a small specialist stop smoking service. Recruitment is underway for the new stop smoking advisor. We hope to have the new service starting therefore in October to coincide with the Stoptober campaign.

Oral Health update

Working with PHE, we have now commissioned the Whittington Health NHS Trust to deliver oral health promotion to Romanian families and children. The first phase of the project involved the oral health promoter (OHP) delivering workshops, training sessions and face to face advice to Romanian families in community settings. Between April 2019 – June 2019 15 OHP sessions were delivered in the community. The OHP has also liaised with school health visiting team to support with brushing packs delivered to every pupil at the Schools where OHP sessions and workshops will be taking place. From September 2019, the OHP will be undertaking supervised tooth brushing in 10 Harrow schools with the highest number of Romanian children. A further 10 schools will be approached for supervised tooth brushing in highly deprived areas.

Grange Farm Community Development project

Earlier in the year, Public Health provided a small grant to a project in Grange Farm. The project began with a concern about children going hungry in the half term holidays and has grown and grown and grown – far outstripping the original aim. Although Children's services and Public Health may have helped start the project, My Yard (<http://www.myyard.org.uk/>) and the community volunteers have built and sustained a regular food market, started a community allotment, done cooking sessions, provided natural and nutritional advice and held community meals that have broken down barriers and created friendships. The school nurses have also

"The school nurses were fabulous! It really does add something to the food project them being there, it creates a real buzz and the kids love

participated in all the Grange Farm estate holiday programmes since the beginning of the year. The feedback has been excellent.

Health Intelligence

Health Intelligence is the sub-speciality of public health that deals with data, performance indicators, outcome measurements, evidence of effectiveness, needs assessments and profiles.

JSNA Web-based tool

After a successful stakeholder event in February 2019, the JSNA web-based tool was launched in June 2019, with the first installment, Start Well. The JSNA web-based tool follows the Life Course approach to Health and Well-being and is aligned to Harrow's Health and Wellbeing Strategy.

Transition to parenthood and the first 1001 days from conception to age two is widely recognised as a crucial period that will have an impact and influence on the rest of the life course. So giving each child the best start in life and keeping them safe is essential. (Fair society , healthy lives The Marmot review 2010).

Pregnancy and the first years of life is a time when parents are particularly receptive to learning and making changes. There is good evidence that the outcomes for both children and adults are strongly influenced by the factors that operate during pregnancy and the first years of life and the benefits of interventions during the early years of childhood are realised both in the short-term and over the entire life course of children.

Overall, comparing local indicators with England averages, a child born in Harrow can expect better health and wellbeing compared to the England averages.

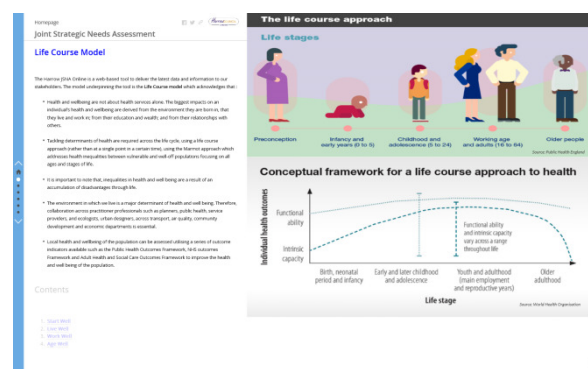
Children and Young people aged 0-19 years make up around a quarter of the population of Harrow, and those 0-4 years making up the largest proportion within this group. This population will continue to grow over the next 10 and 20 years increasing by 4% and 9% respectively. The under 19 years population reflects the increasing ethnic diversity in Harrow with the largest ethnic group being Asian Indian population, followed by the White British and then the Other Asian.

Births continue to rise in Harrow with a 5% increase seen in the last 5 years over the next 10 years is estimated to increase by a further 4%. Fertility rates in Harrow are higher than the London and England averages. More new mothers in Harrow are aged 30-34 than is seen nationally. Seven out of ten births in Harrow are to non-UK born mothers and almost 2 in 5 births are to first time mothers.

However, inequalities exist across the borough. Infant mortality, neonatal mortality and perinatal mortality rates have come down in recent years, but the key risk factors that still need to be addressed in Harrow include reducing children in poverty; reducing homelessness in families with children and in pregnant women; reducing overcrowding;



Harrow JSNA Online



reducing the rate of low birth weight babies; reducing late antenatal booking; and increasing vaccination rates by 1 year of age.

The rate of tooth decay in young children is higher than the London average. This is amenable to preventative action to reduce pain, discomfort and need for tooth extraction under anaesthetic. Rates of obesity in Year 6 (10-11 year olds) and Reception (4-5 year olds) remain lower than the regional and national figures and are decreasing. The MMR immunisation level does not meet recommended coverage (95%), by age two, 85.8% have had one dose. Harrow's rate of A&E attendances for children four years and under remains higher than the regional average.

Children achieving a good level of development at the end of reception remains higher than the regional and national averages for Harrow, as does GSCE attainment .

The above is a snapshot of the health and wellbeing of children and young people in Harrow, further information is available in the online tool which can be accessed [at http://www.harrow.gov.uk/JSNA](http://www.harrow.gov.uk/JSNA)

Public Health Commissioning

The Public Health Team are responsible for commissioning four programmes: 0-19 Public Health Nursing (health visiting , school nursing and the national child measurement programme); Sexual Health services; Health Checks; and the Drug and Alcohol Treatment and Recovery Service.

0-19 Service

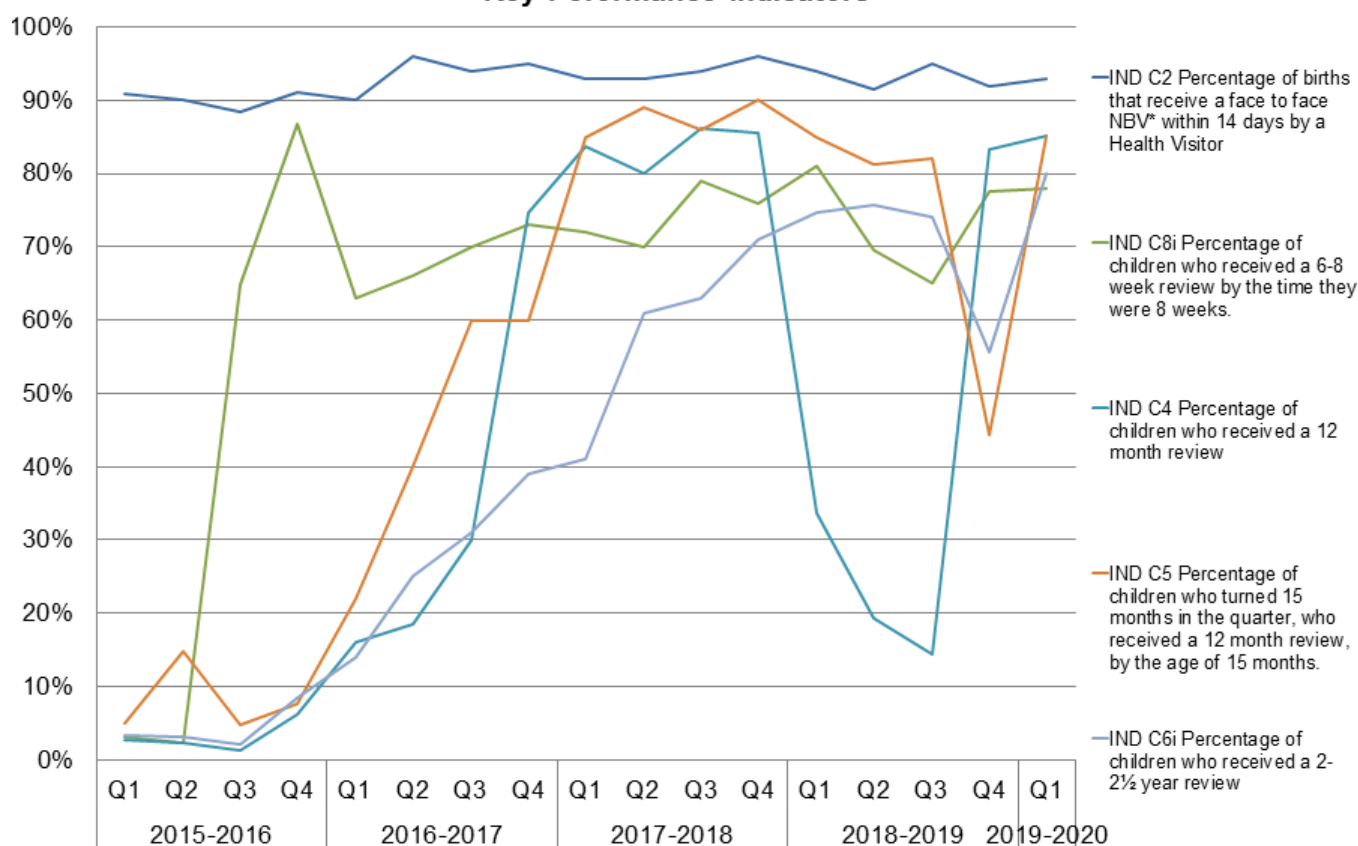
The new service contract with CNWL NHS Foundation Trust commenced on 1 July 2018. Mobilisation proceeded very smoothly both in terms of staffing, data and the new base and clinical space. As we approach the end of the first year of the contract we have been reviewing the performance on the various mandated checks.

Health Visiting

Performance in all areas has been maintained, bar a slight dip for the 12 month checks which was largely due to a one-off problem with the automatic text invitation service. See graph on next page showing KPIs for Health Visiting Service:

The service undertook a significant amount of work to prepare for the SEND inspection with a random audit of cases and engagement with Harrow Parents Forum. The action plan has been comprehensive and the feedback from parents and carers has been very good.

Key Performance Indicators



School Nursing

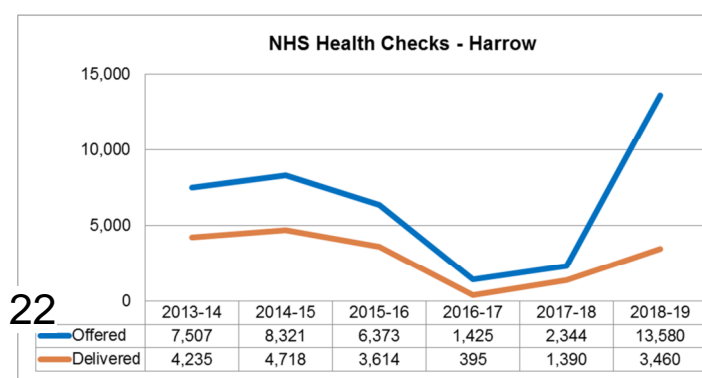
The introduction of vision screening has been very well received. The final year figures are not yet available but as at the end of June 2019, 2,500 vision screenings had been completed of which 388 were referred to opticians for general vision check and an additional 54 were advised to attend the opticians for review prior to referral to specialists at Moorfields.

National Child Measurement Programme

The National Child Measurement programme (NCMP) is a nationally mandated function of Public Health in Local Authorities and has been running since 2006. measurement of height and weight of children aged 4-5 years (Reception) and 10-11 years (Year 6) At the onset of the school year, our Public Health Intelligence Analyst, Sarita, worked with School Nurses to ensure that we would capture all of the height and weight measurements from Harrow schools.

We had a successful submission for the 2018/19 school year with a record breaking participation rate of 98% overall which provides immense credibility to the NCMP results obtained. This allows the use of this data across teams not only in the Local Authority but CCG and other stakeholders too In addition to the high participation rates this year, we also have the lowest recorded "Blank NHS numbers" at 0.1% (compared to 1.2% previously), and "Unknown Ethnicity " at 0% which is also at a record low.

NHS Health Check programme



Performance had been slowly improving after the programme budget was increased following the conversations with PHE. After a sustained push by our provider, Harrow Health CIC, in Q4 of last year we managed to exceed our statutory target of 20% for the numbers of invites to NHS Health Checks.

The new contract was awarded to Harrow Health CIC and commenced on 1 April 2019. Public Health is working very closely with them to ensure that the take-up of the programme is improved. There are still a number of issues to work through around data, GP practices participating in the programme and patient experience.

Performance in Q1 19-20 is better than last year but it will need a concerted effort to enjoy the programme remains on target for this year. The contract provides for bonus payments to the provider for achieving this.

Sexual Health

Harrow's new Integrated Sexual & Reproductive Health Service was launched in June at The Caryl Thomas Centre in Headstone Drive. The Integrated Service offers a 'one stop' service for contraception and testing & treatment of sexually transmitted infections (STIs). The new service has doubled its previous capacity which enables staff to see up to 100 service users a day with shorter waiting times, extended opening hours, online services and access to a network of community support. To create a further seamless service, staff will be undertaking specialist training to deliver both contraception and testing & treatment of STIs to avoid a client being referred between specialisms – hence a further seamless at interface of care. See www.nwlondonsexualhealth.nhs.uk



Coming Up in Quarter 2

Population Health Management Board

Population health management systematically uses data to plan and deliver services and interventions to achieve maximum impact. It includes segmentation, stratification and impact modelling to identify local "at risk" cohorts, and analysis of pathways and outcomes. This is used to design and target interventions to prevent ill-health and to improve care and support for people with ongoing health conditions and reduce unwarranted variation in outcomes. This new multiagency group will provide the needs assessments that will drive the integrated care programme.

#AskAboutAsthma campaign

This is a campaign that is being promoted by the Healthy London Partnership in Week 38 i.e. the week commencing 16th September which always shows a spike in asthma related A&E admissions for children across the country.

Mental Health Strategy

Public health are currently facilitating the drafting and delivery of a borough wide mental health strategy. The initial approach has been to engage with colleagues working with children and young people to discuss approach and begin the process of data collection. The needs assessment will expand to include adults. A project plan and approach is being developed to be shared and agreed with partners.

Our Wealdstone Play Square

Another small grant has been approved to provide equipment for the Play Square in Wealdstone in July.

JSNA – Age Well

In the Age Well section of the online JSNA, we will present statistics on demographics of the over 65's as well as those diseases of old age that are more prevalent in Harrow, e.g. Diabetes, COPD, Dementia and Cancer are some examples. In addition to presenting disease specific reports, we will also present information on Frailty, Mental Health and End of Life Care.

Busy Feet and Mental Health First Aid Evaluation

The Busy Feet training for early years settings and Mental Health First Aid (MHFA) courses will be evaluated for effectiveness. We have drafted two different e-surveys to be sent via email to all participants on our database for each course. Results from each survey will inform the 'healthy weight strategy' refresh and public health's offer to supporting T1 mental health services.



REPORT FOR: HEALTH AND WELLBEING BOARD

Date of Meeting: 19 September 2019

Subject: Review of the Active Harrow Physical Activity and Sports Strategy 2016-20

Responsible Officer: Carole Furlong – Director of Public Health

Public: Yes

Wards affected: All

Enclosures:

- 1) Active Harrow Physical Activity and Sports Strategy 2016-20 Review Sept 2019
- 2) Draft Active Harrow Physical Activity and Sports Dashboard 2020-24

Section 1 – Summary and Recommendations

This report provides a summary of the achievements of the above strategy which has been monitored by the Active Harrow Strategic Group since 2016.

Also included is a draft Active Harrow Dashboard 2019-24 which sets out the proposed outcomes and indicators, which have been agreed by all partners, to be monitored by the Active Harrow Strategic Group 2019-24.

Recommendations:

This is for information

Section 2 – Report

Keeping active is important to maintain good health – it builds strength, supports development, concentration and good sleep in children and babies, it reduces your chances of long term conditions such as cancer, diabetes, cardiovascular disease, stress and joint and back pain in adults. But it does more than this – it is a reason for people to get together and have fun, it improves peoples quality of life and mood, it makes parks busy and popular, it creates a feeling of community and makes our residents feel safer and happier as a result. Ultimately it can help Harrow be a better place to live.

The Active Harrow Physical Activity and Sports Strategy 2016-20 is a partnership of many council departments (Public Health, Transport, Community Engagement, Sports Development) and community and voluntary sectors organisations. To monitor this we developed the Active Harrow Dashboard and this report summarises what we have achieved against the outcomes and indicators in the dashboard since 2016.

The update includes;

- 1) A review of the Active Harrow Strategy 2016-2020 – the strategy was initially presented to this Board in June 2016 for comment and had the overarching goal *to support people who are not doing any activity into doing some and those doing some activity into doing more*. It was a carefully thought out plan to make keeping active easier and more widespread, with an emphasis on targeting inactive people.
- 2) A refreshed Active Harrow Dashboard 2019-24 which has been developed with close partnership working with all partners to reflect all the work that is taking place in the borough to support people to be more active with particular emphasis on those who do little.

All information on sport and physical activity opportunities for organisations, professionals and residents in Harrow can be found at www.harrow.gov.uk/getactive

Current situation

Overall the levels of participation in sport in the borough have shown improvement since 2005/06; however we still remain below the London average with the lowest participation in the female and white demographic groups. The rates of latent demand indicated that Harrow had opportunities to increase physical activity participation - where 53% of people indicated they would like to do more sport than they were currently doing.

It has been problematic to see linear data on physical activity in Harrow since 2016 due to a change in the national survey approach. From 2016 a new methodology was used called the Active Lives. Due to these two different approaches, data from before and after 2016 are not comparable. However since 2016 in Harrow, participation in sport or physical activity at least twice in the last 28 days has decreased between 2015/16 (75.7%) to 2017/18 (72.7%) and remains lower than both the London (77.8%) and England rates (77.4%).

Additionally, within the borough levels of inactivity in 2017/18, defined as less than 30 minutes a week, have risen from to 26.8% to 30.2%, exceeding both the regional (24.1%) and national rates (25.2%)¹.

Why a change is needed

The Active Harrow Strategy 2016-20 required an update and therefore a paper (attached) reviewing the strategy was developed and discussed at the Active Harrow Strategic Group in June 2019.

The group was attended by many partners and stakeholders and a largely similar lists of objectives and outcomes were agreed going forward and this is reflected in the attached revised dashboard.

*The only change to objectives and outcomes from the original strategy relate to objective 3 below (corresponding to outcome E) - where previously this related to 'Council Staff' only the group felt that the strategy going forward should strive to support all employers and their staff in Harrow to be healthier.

The agreed Active Harrow 5 objectives for 2020-24 are:

1. *Reduce inactivity in priority groups by increasing awareness of the opportunities available and addressing the barriers to participation*
2. *Increase participation in sport in priority groups by improving the accessibility, range and quality opportunities for sport*
3. *Increase opportunities and awareness for employees in Harrow to be active**
4. *Improve the degree to which Harrow as a place supports residents to be active as a routine part of daily life*
5. *Work in partnership with stakeholders to make the best use of resources and attract new funding into the borough*

The reviewed outcome measures:

- A. *More people will take up active travel, walk and cycle more*
- B. *More people access leisure services that are affordable*
- C. *More people will access parks, green spaces and growing areas*
- D. *More people from priority communities take up sport*
- E. *Harrow council to provide support to other employers in the borough to have healthier staff**

The Terms of reference state that the Active Harrow Strategic Group will provide updates when relevant and annually to the Health and Wellbeing Board

¹ Active Lives survey accessed at Sport England 2/5/19 - <https://activelives.sportengland.org/Result?queryId=19765>

Ward Councillors' comments

None

Financial Implications/Comments

Public Health input is provided through PH strategist and consultant representation on the Active Harrow Strategic group and in supporting funding bids.

In addition, the PH grant funds the following activities through the wider determinants of health:

Leisure Commissioning	£48k
Sports Development	£55k
London Youth Games	£11k
Total	£114k

A further £20k is allocated towards physical activity projects and part of the £10k Superzone project funding supports active travel.

The implementation of the Active Harrow strategy does not identify any specific resource requirements from directorates represented in the Active Harrow Strategic Group and any recommended actions arising from the implementation of the strategy will need to be delivered within existing directorate budgetary provision on an ongoing basis as approved as part of the annual budget setting process.

The existing resources against each area captured in the dashboard for each directorate are currently as follows:

- Sports Leisure and Libraries 2019: £240k leisure services contract (although the council receives an income of £990k from the leisure centre), outdoor pitch improvements are funded by Section 106 money from the Kodak site.
- Transport: Travel planning existing budget £105k
- Adult Learning: This is all funded by DFE grant and DCLG grants
- Parks: Harrow Park User Groups raise money to implement a range of projects and they do this in various ways through the Community Fund, sponsorship, crowd funding, raffles and from funding streams such as Tesco's Bags of Money.

The annual council budget process will determine the available funding within directorates which can be targeted towards the Active Harrow: Physical Activity and Sports Strategy 2020-24. Any changes in funding could affect the objectives and outcomes to be achieved and this will be reported in subsequent strategy updates.

Risk Management Implications

None

Equalities implications / Public Sector Equality Duty

Was an Equality Impact Assessment carried out? Yes on the strategy 2016-20

The previous (2016-20) and refreshed strategy (2019-24) are focused on improving access to physical activity opportunities for vulnerable groups and initiatives will be tailored and targeted accordingly. The dashboard action plan and enclosed update identifies some of the indicators used to measure success.

Council Priorities

Please identify how the decision sought delivers these priorities.

- The strategy outlined an approach to Building a Better Harrow by working to improve Harrow as a place making opportunities for being active easier. It highlights the need to ensure that our planning, transport and regeneration programmes promote and encourage active lives from the moment our residents step out of their front doors with pleasant and safe spaces for walking, cycling, exercise and social activities.
- The strategy focuses to Support those most in need with an overall aim and approach that gives appropriate proportional emphasis that supports that groups within Harrow who have a higher risk of physical inactivity and the resulting health impacts have improved and better opportunities for being active. An example of this is our sub group focusing on South Harrow which is an area of lower physical activity.
- Consultation with the identified vulnerable groups has been undertaken and an on-going dialogue will be maintained including looking at resident involvement in the South Harrow sub group. Community organisations that represent different communities are also part of the Strategic Group and the wider Active Harrow members.
- Specific work has been undertaken to engage with parents and children and schools have been highlighted as a priority group and this has been addressed in the action plan.
- We are working in close partnership with many community partners to deliver this strategy and build capacity within those groups and organisations who are providing sports and physical activity in Harrow and therefore Protecting Vital Public Services.
- We are Delivering a Strong local Economy for All by reducing the cost of physical inactivity. The cost of inactivity to LB Harrow is £16 million.¹ Health cost of inactivity in Harrow is estimated to be £4.0 million. Sports and active recreation adds an economic value of £121.4m in improved quality and length of life plus health care costs avoided. It brings in jobs and opportunities for volunteering.
- We are Delivering a Strong local Economy for All by working in close partnership and therefore maximising both funding opportunities and capacity to improve physical activity levels.

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

Name: Donna Edwards	<input checked="" type="checkbox"/>	on behalf of the Chief Financial Officer
Date: 9 September 2019		

Name: Paul Hewitt	<input checked="" type="checkbox"/>	Corporate Director
Date: 9 September 2019		

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

Contact: Anna Kirk, Public Health Strategist, ext 5522

Background Papers: None

References

ⁱ <http://www.ukactive.com/turningthetide/pdf/Turning%20the%20tide%20of%20inactivity.pdf>

Draft Active Harrow Physical Activity and Sports Strategy Review 2019

Keeping active is important to maintain good health – it builds strength, supports development, concentration and good sleep in children and babies, it reduces your chances of long term conditions such as cancer, diabetes, cardiovascular disease, stress and joint and back pain in adults. But it does more than this – it is a reason for people to get together and have fun, it improves peoples quality of life and mood, it makes parks busy and popular, it creates a feeling of community and makes our residents feel safer and happier as a result. Ultimately it can help Harrow be a better place to live.

Harrows Physical Activity and Sports Strategy 2016-2020

Our strategy was developed in 2016 and had the overarching goal *to support people who are not doing any activity into doing some and those doing some activity into doing more.* It was a carefully thought out plan to make keeping active easier and more widespread, with an emphasis on targeting inactive people.

Our groups most at risk of low or no levels of exercise were identified as:

- Low income and unemployed
- People living in deprived areas
- Women
- Older people
- People with mental health problems
- People with disabilities
- People with Long Term Conditions

There was a consultation through surveys and workshops and from this we gained further insight into the barriers people were experiencing locally to inform our plan.

Data in 2016 showed that 1 in 3 adults are inactive, 1 in 2 adults are not meeting minimum required level of physical activity guidelines set by Chief Medical Officer (CMO) and two thirds of adults are obese. Six out of ten of Harrow's inactive residents want to do more activity.

To challenge barriers to exercise and to meet the needs of our residents we set ourselves the following objectives:

1. *Reduce inactivity in priority groups by increasing awareness of the opportunities available and addressing the barriers to participation*
2. *Increase participation in sport in priority groups by improving the accessibility, range and quality opportunities for sport*
3. *Increase opportunities and awareness for Harrow Council staff and other employees in Harrow to be active*
4. *Improve the degree to which Harrow as a place supports residents to be active as a routine part of daily life*
5. *Work in partnership with stakeholders to make the best use of resources and attract new funding into the borough*

We worked against the following key outcomes:

- *More people will take up active travel, walk and cycle more*
- *More people access leisure services that are affordable*

- *More people will access parks, green spaces and growing areas*
- *More people from priority communities take up sport*
- *Harrow council to achieve London Healthy Workplace Charter level excellence by March 2017*

The governance of the Active Harrow

A Strategic Active Harrow group was set up, made up of all the community groups and large providers of exercise in the borough and the group has worked together to deliver the strategy through an action plan named the Physical Activity and Sports dashboard. The group meet quarterly on themed agendas, along with the dashboard that is then reported to the Health and Wellbeing Being Board each year.

The Strategic Active Harrow group is attended by Young Harrow Foundation, London Sport, Voluntary Action Harrow and various Council departments – Public Health, Sport & Leisure, Community Engagement, School Standards and Effectiveness team and Transport.

The Active Harrow members (previously called Harrow CSPAN (Harrow Community Sport and Physical Activity Network) is made up of individuals from key organisations involved in the provision of sport and physical activity across Harrow. This group receives regular information from the Active Harrow Strategic Group and receives support on funding opportunities and capacity building from London Sport. . The members may be asked to give updates that contribute to the monitoring and supporting of the Active Harrow objectives.

Up until autumn 2018 the chair of the Strategic Active Harrow Group was Candice Bryan from Community Organisation Noire Wellness and thereafter the group agreed a rotating chair with themed agendas.

Harrow Physical Activity

In February 2017 London Sport produced the Physical Activity and Sport Borough Profile for Harrow which looked at data from 2005 – 2015 for key areas such as Active Travel, Participation in Sports and Sports Facilities. The profile provides a summary of where Harrow is compared to both the regional and national average.

Overall the levels of participation in sport in the borough have shown improvement since 2005/06; however we still remain below the London average with the lowest participation in the female and white demographic groups. The rates of latent demand indicated that Harrow had opportunities to increase physical activity participation - where 53% of people indicated they would like to do more sport than they were currently doing¹.

Prior to 2016 the physical activity of adults was measured by the Active People Survey and this was used in our strategy. From 2016 a new methodology was used called the Active Lives. Due to these two different approaches, data from before and after 2016 are not comparable. In Harrow, participation in sport or physical activity at least twice in the last 28 days has decreased between 2015/16 (75.7%) to 2017/18 (72.7%) and remains consistently similar to both the London (77.8%) and England rates (77.4%). Additionally, within the borough levels of inactivity in 2017/18, defined as less than 30 minutes a week, have risen from to 26.8% to 30.2%, exceeding both the regional (24.1%) and national rates (25.2%)².

¹ <https://data.london sport.org/dataset/borough-physical-activity-and-sport-profiles> Harrow - Physical Activity and Sport Borough Profile (Sept 2016)

² Active Lives survey accessed at Sport England 2/5/19 - <https://activelives.sportengland.org/Result?queryId=19765>

When considering levels of activity by gender between 2015/16 and 2017/18 in Harrow, levels of inactivity and therefore physical activity amongst females remain the same. However males have become more inactive with rates rising from 21% to 27.6%³.

Harrow Active Travel

The Harrow Borough profile 2017, evidenced that in Harrow the proportion of residents regularly undertaking active travel (walking and cycling) is below the London average. Walking and cycling for utility statistics in Harrow, based on results from the Active Lives Survey and the National Travel Survey, are represented below in Figure 1 and 2 for the years 2015/16 and 2016/17. Utility refers to cycling and walking for purposes of getting from A to B, and therefore for reasons other than recreational purposes⁴.

The trend of data in Figure 1 and 2 suggests that levels of cycling for 'utility' purposes have increased by a small percentage and that walking for 'utility' purposes has decreased for all the levels of walking once a month up to 5 times a week.

Figure 1

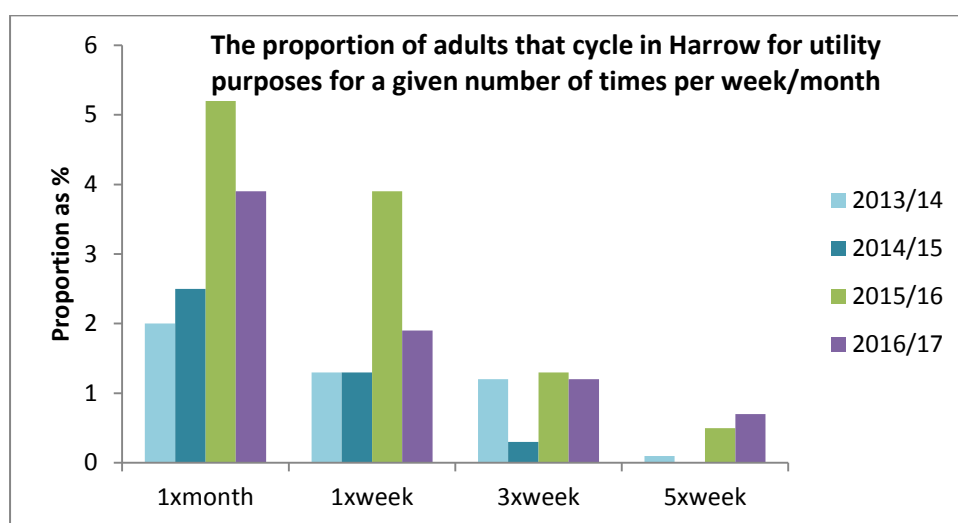
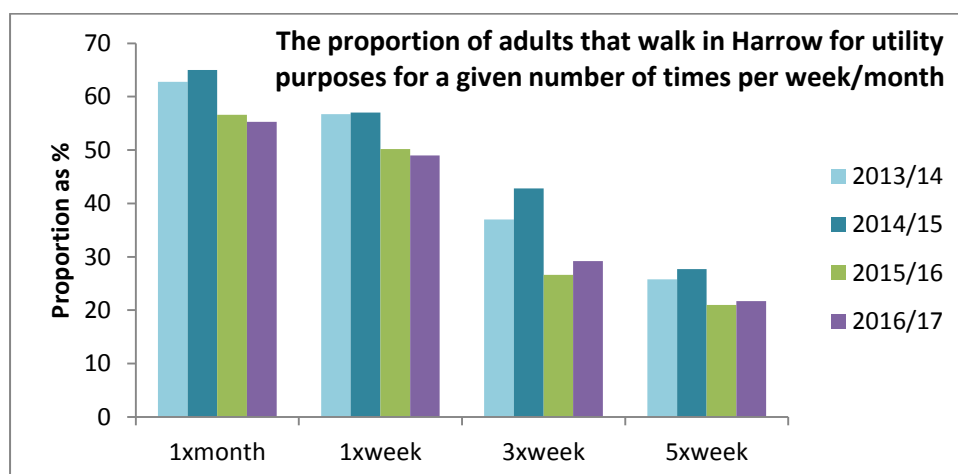


Figure 2



³ Active Lives survey accessed at Sport England 2/5/19 - <https://activelives.sportengland.org/Result?queryId=19765>

⁴ <https://data.londonsport.org/dataset/borough-physical-activity-and-sport-profiles> Harrow - Physical Activity and Sport Borough Profile (Sept 2016) accessed 2/5/19

Harrow Indoor Facilities Review 2017

A full review of Harrows Indoor Sports Facilities was commissioned by the Sports Development team within Harrow Council and broadly concluded that demand exceeds supply in the borough for swimming pools, sports halls, artificial grass patches and gymnastic facilities. The report stated that there is a clear need to modernise, maintain and refurbish venues in the borough. The recommendations also state that the council should work with all sport and leisure partners going forward and consider lower income groups and areas of the borough with fewer facilities such as South Harrow. The full report and action plan can be found here:

<http://www.harrow.gov.uk/www2/documents/s153070/Appendix%201%20-%20Harrow%20Indoor%20Facility%20Strategy.pdf>

Active Harrow survey of residents (2017 and then repeated in 2019)

A survey to gain insight into the barriers to exercise and also the types of exercise people found attractive in Harrow was administered in 2017 across the borough and a further push was given in 2019 to organisations and people in the South Harrow wards (Roxeth, Roxbourne and Rayners Lane) which we know is an area which has more people who are less active.

Almost all of the respondents (231, 90%) were interested in being more active. The most common reason for lack of physical activity was cited as lack of time and cost, closely followed by work pressures and lack of motivation. Distance to opportunity (48, 19%), accessibility (48,19%), health issues (42, 16%), lack of facilities (43,17%), lack of options (45,18%) and lack of group activity (30,12%) were also a few reasons cited for not getting enough physical activity. A small minority of the respondents wanted the safety issues to be resolved (14, 5%). The most preferred location for physical activity was Parks (142, 55%), followed by sport centres (120,47%), place of work (101,39%), schools (85,33%), private venues like gyms and clubs (76,30%), faith groups (54,21%) and local streets (48,19%). Some women preferred ladies only events and some activities which can be done with children.

Consultation on inactive groups use of Harrow Leisure Centre sand Byron Park

As part of the planned regeneration of the Byron Quarter in Harrow a qualitative piece of research was undertaken to gain insight on any emotional and/or physical barriers that prevent people to access Harrow Leisure Centre and Byron Park. The focus groups and interviews also discussed the emotional and/or physical barriers that make people inactive (less than 30 minutes a week). The research targeted the groups we know in Harrow are less active.

Respondents talked about affordability and lacking in confidence to take part being barriers to using the facilities, although many talked about liking the social aspect of sports activities. A key theme was people not knowing about what was going on at the leisure centre in terms of activities. Both exercise and physical activity are seen as “not for people like me” amongst inactive participants and the report gave some important suggestions on how to promote and describe activities positively going forward.

Harrow Obesity Strategy Review 2019

The Obesity Needs Assessment 2013 and Strategy 2014 are also due for a review in the Autumn 2019 and will work in synergy with the Active Harrow Strategy. As part a strong and robust obesity pathway we will continue to support and promote access to physical activity opportunities in Harrow to help people achieve and maintain a health weight.

Summary of a review of Harrow Physical Activity and Sports Dashboard 2016-2019

The Active Harrow Group developed an action plan in the form of a dashboard to demonstrate and monitor what we have achieved against the areas on the strategy. Below are some data demonstrating what we have achieved since 2016 under each of the key outcomes as headings and below that in blue are the proposed indicators for the dashboard going forward in 2020-24:

More people will take up active travel, walk and cycle more:

Walking for Health

Our Walking for Health programme has gone from strength to strength in the last 5 years. Public Health has invested resources to expand the walks across the borough, train more volunteer walk leaders, and to specify a clear pathway to walks from primary care and NHS Health Checks for less active people in Harrow so that the programme has a clear recommendation from GPs. We have also been part of a London Sport pilot to target people using Facebook advertising and support them to attend a walk. The scheme is run and each walk is led by a strong team of volunteer walk leaders who give time each week and are vital to the programme..

The number of walks has increased from 14 in 2015 to 21 open walks and 3 private walks (for group such as parents after school). There are now more walks associated with GP surgeries in areas where we know we have more residents struggling to do half an hours physical activity a day.

The number of walkers taking part in the walks scheme has increased between 2016 from 209 to 352 in April 2018 and to 296 in April 2019. The slight decrease is likely due to a reduction in capacity in Public Health and is shown in Table 1.

Table 1 The number of new walkers taking part in the Walking for Health programme Apr 16 – Dec18					Indicator status
Target: to have 100 new people each year					
	April 15/16	Apr 16/17	Apr 17/Mar 18	Apr 18/Dec 19	GREEN
New walkers		209	↑ 352	296	

Table 2 The number of targeted walk programs for priority groups and areas Apr 16 – Mar 2019				Indicator status
Target: To maintain 20 walks by March 2019				
	Apr 16/Mar 17	Apr 17/Mar 18	Apr 18/Dec 18	GREEN
Targeted Walks	20 (6 new walks set up since April 2016)	20	↑ 21 public walks and 3 private	

Dashboard indicators 2019 2024:

- To maintain the current level of walks (21) and walkers (250 a year)
- To continue to promote walks to our target groups and in lower income areas and as part of a universal physical activity pathway from NHS Health Checks and primary care.

Schools and Early Years

The Daily Mile in Primary Schools

The Daily Mile is a concept developed in a school in Scotland where every pupil and staff do 15 minutes physical activity in school every day. Public Health coordinated training for schools in 2016/17 on how to do the Daily Mile with pupils and in Harrow 17 schools took part in the training.

The Daily Mile has since been formally recommended in the Government's Childhood Obesity Strategy 2018 as an initiative to help combat children inactivity and obesity in Primary Schools and an evaluation is being carried out at London level by GLA. As the strategy goes forward we will look to support and encourage schools to deliver the Daily Mile in Harrow.

Table 3 The number of schools taking part in "Daily Mile" Apr 16 – Dec 18				Indicator status AMBER
Target: To have 20 trained and delivering a Daily Mile initiative by March 2019				
	Apr 16/17	Apr 17/Mar 18	Apr 18/Dec 18	
Number of Schools	15 trained	17 trained (in total)	↔ 17 trained(in total)	

Healthy Schools London

Since 2016 number of schools in Harrow signed up to the Healthy Schools London award who have a policy on physical activity on how it will be promoted to parents, staff and pupils have nearly doubled.

Table 4 The number of schools with a HSL award and Physical Activity Policy Apr 16 – Dec 18 * dashboard outcome changed to Bronze, Silver & Gold				Indicator status GREEN
Target To have 40 schools with the HSL by March 2019				
	Apr 16/17	Apr 17/Mar 18*	Apr 18/Dec 18	
Number of Schools	35 bronze	58	↑ 63	

Early Years Settings

Early years settings in Harrow have been offered the Busy Feet Training which trains them on how to promote 3 hours a day of physical activity to the under 5s. When we developed the strategy we did not measure how many were trained but since then we have trained 117 settings and we are completing an evaluation in 2019 on how this has been implemented into practice

Table 5 The number of early years settings supported to promote physical activity (3 hours per day)				Indicator status GREEN
	Apr 16/17	Apr 17/Mar 18	Apr 18/Dec 18	
Number of EY	Not measured	44	↑117	

Dashboard indicators 2019-2024

- Number of schools delivering the 'Golden Mile' (and number of children recorded)
- Number of NEW schools with a HSL award and a physical activity policy (Bronze, silver or gold)
- Number of early years settings supported to promote physical activity (3 hours per day) and a full evaluation completed of the impact of training

More people access leisure services that are affordable:

Harrow Leisure Centre

Below in Table 6 the data shows the number of people who have been accessing Harrow Leisure Centre from the groups. It includes several of the groups known to be more at risk from a lack of exercise. The Exercise on referral programme which is for people with long term conditions or obesity has seen a drop in numbers and the leisure centre is working closely with Public Health and primary care to try and increase the activity.

Table 6 Number of people accessing Harrow Leisure Centre from the below groups						Indicator status GREEN
	Swimming 60+	Ladies BAME	Service w/disability	Exercise on Referral at Everyone Active and Aspire	HCS corporate membership	
Apr 16/17	37945	8154	3807	1375	280	
Apr 17/Mar 18	42265	8695	4156	675	413	
Apr 18/Mar 19	46489	9821	8292	571	311	
Target for 18/19	39600	6600	4620	1400	250	
Target for 2019-24	33600	6000	4550	tbc	250	

Dashboard indicators 2019 2024

- To continue to monitor the services against the above targets and use the Active Harrow group to support access to leisure services.
- To review the uptake of Exercise on Referral since the introduction of the NHS Health Checks pathway to the service in March 2019.
- To monitor the impact of the introduction of a cost for 60+ swimming in 2019.

- To review available data on the existing leisure services in preparation for the new contract negotiations in 2021.

More people will access parks, green spaces and growing areas:

In our strategy we committed to ensure parks are maintained and promote their use for physical activity for everyone. The measures that we put in place in the dashboard were to ensure that parks had facilities that supported people to be active. Firstly we pledged that maintenance issues are monitored and dealt with to residents’ satisfaction and that the level of complaints decreases. Since 2016 all complaints about parks have been responded to within 15 days and levels of complaints have been maintained as low.

At the start of the strategy we had 1 Multi Use Games Areas in green spaces in Harrow and now this has increased to 3 which is on track for our target. The number of park user groups has increased from 20 to 23 (The target for March 2019 was 20 so we have exceeded that) and there is now a Harrow Park Forum to provide a place that groups can be supported. We have had one new Outdoor Gym and the other 26 gyms have been maintained which means we have exceeded the target of 25.

Indicator status
GREEN

Dashboard indicators 2019 2024

- To develop an audit of council provided play spaces for children and review access to play space in Harrow
- To deliver Council’s Outdoor Sports Pitch Strategy (improvements to pitches, changing facilities, and installation of 3G grass pitches as follows:
 - Installation of the 3G Artificial Grass Pitch at Bannister Sports Centre by September 2020
 - the 3G pitch has a development plan for the Football Foundation that will have to be delivered with partners.
 - Completion of improvements to grass pitches by September 2021
- To maintain number of newly developed MUGA’s and outdoor gyms
- To maintain number of new park user groups and expansion of existing ones with new users

More people from priority communities take up sport:

Programmes in Parks

We know from our local survey that residents want physical activity opportunities locally and specifically in their local parks. We are committed to promote various sport and leisure development programmes and sports club initiatives in Harrow and below is a summary of the indicators 2016-20 and then more detail on what was delivered.

Active Harrow Targets 2016-20	Indicator status GREEN
To deliver the ‘Fitness in Our Parks’ programme by March 2017	
Engage minimum of 30 participants in the 10 week ‘On Your Marks’ disability project – funding only until March 2017 (Achieved 67)	

Promote 'Sportivate' projects – until March 2017	
Our Parks programme running in South Harrow 2019	

Sportivate

Sportivate is a £56 million Lottery funded London 2012 Legacy project that gave more young people the chance to discover a sport that they love. The programme ended in 2018 and was aimed at 11-25 year-olds access to six-to-eight weeks of free or subsidised coaching in a range of sports.

- In 2016 - 2,597 participants took part in Sportivate projects in Harrow
- In 2017 – 2,947 participants took part in Sportivate projects in Harrow

On Your Marks

On Your Marks – was an exciting new disability sports programme that took place across West London, in which disabled adults had more of an opportunity to take part in sporting activity. The project was in partnership between Harrow Council's Sports Development team, Brentford FC Community Sports Trust, Pro-Active West London (known as London Sport) and Everyone Active. In 2017, 67 registered adults took part in a 3 sport activity programme, which then became an established 'Active Friday Club'.

Fitness in Our Parks

Fitness in Our Parks – working in partnership with Our Parks, who are the leading free exercise provider across London. Our Parks delivers an extensive range of activities and ensures that all classes, regardless of workout intensity, are accessible to all members of the community and held at a variety of times throughout the day and week to ensure maximum participation.

- In 2017 across 4 parks in Harrow, a total of 267 participants attended the sessions over a 10 week period.
- Currently in 2019 sessions are being held at Newton Farm West and Roxeth Recreation ground for a 15 week projects.

London Youth Games

Team Harrow's entry for young people aged 7 to 17, competing in 30 sports against 33 London boroughs.

- 2016 :
 - 508 participants took part
 - 244 males & 264 females
 - 81% participants registered living in deprived area of Harrow
 - 34 sports entered
- 2017 :
 - 584 participants took part
 - 303 males & 281 females
 - 88% participants registered living in deprived area of Harrow
 - 32 sports entered

- 2018 :
 - 529 participants took part
 - 257 males & 272 females
 - 87% participants registered living in deprived area of Harrow
 - 27 sports entered

Satellite Clubs

Satellite Clubs establish links with clubs to schools, colleges and other community settings to create opportunities for children and young people aged 14-19 to participate in regular sport or physical activity.

- 2017 : £13,540 invested in 8 providers
- 2018 : £9950 invested in 3 providers

Working in partnership to build capacity

Wider Active Harrow member events are events which sports clubs and physical activity providers are invited to get advice and support and since 2016 there have been the following:

2016 – 27 people attended workshop held by Active Harrow

2017 – 18 people attended workshop held by London Sport

2019 – we have an event planned on 30th Sept where national and regional funders will offer support to local clubs to increase capacity and resources.

In 2015 / 2016 CSPAN funding (£50k transformation fund) was used to develop projects submitted by the Active Harrow wider group to support themes relating to:

1. female participation
2. disability sports
3. health & physical activity
4. club, coach & workforce development.

As a result of this 12 projects in Harrow received funding.

We had a major funding bid to Sport England in 2017 for the Local Delivery Pilots which was a partnership between the council and several Active Harrow members. This bid was not successful but we got feedback that it was one of the bids that just missed out and consequently London Sport have been giving support to the Active Harrow group to adopt some of the principles in the bid in South Harrow. To develop this a South Harrow sub group has been established.

As part of the South Harrow sub group Active Harrow partners have been working together on the Grange Farm estate to develop an approach for school holidays which has combined offering food to combat holiday hunger issues in children with providing team activities

including sport. This has been possible with the support of community organisations Roxeth Christ Church and My Yard.

A bid was made by Watford FC Community Trust to the London Together Fund in 2019 for over 55s using the model for an existing programme. The bid used the results of the survey we did as part of the strategy work and the results of the bid have not yet been announced.

Public Health has partnered with the Housing team since January 2019 to offer free Tai Chi twice a week to council housing tenants in a community centre in South Harrow. The emphasis is on the social aspect of the sessions with refreshments provided afterwards and the benefits tai chi has for wellbeing, strength and general fitness are also promoted.

Public Health have also partnered with Watford FC to deliver a pilot 12 week weight management programme which promotes keeping active and has been delivered at multiple locations including in South Harrow and at Cedars Community Centre. So far over 100 people have taken part and a full evaluation will be included in the Obesity Strategy Review which will be presented to the Health and Wellbeing Board in the Autumn 2019.

Adult Learning

As part of partnership working of the group we have captured the aspects of the Adult learning programme that promote being active and worked together to ensure we maximise all opportunities to promote and link with Adult Learning courses.

Adult Learning indicators 2016-19	Status 18/19
b) Number of people joining a dance course	Green - 468
c) Number of people joining a general exercise class including Yoga and fitness	Green -287
d) Number of older learners joining health and exercise course	Green -410
e) Number of disabled people accessing the para dance sessions	Green -40

Communications

While many of our opportunities are well attended there are still people who do not access physical activity opportunities even when they are free and open to everyone.

Previously we have worked on developing a website on the council pages and monitored clicks on the website. Activity on the website has dropped in the past year largely as we have had less resource to spend on promotional activities. As part of the Active Harrow Strategic Group we have committed to developing a communications plan with support from the Communications Team. We have spoken with residents about what they want and will use the Active Harrow partners to help get the message particularly to our target areas. We do not have the resources we have had in previous years to spend on communications due to reductions in the Public Health budget, but we will be using all capacity we have to try and make opportunities more widely accessed.

Dashboard indicators 2019-2024

- To evaluate the Tai Chi programme offered to council tenants in 2019
- To develop an approach building on community assets for South Harrow and monitor this reporting to the main group
- To develop a clearer relationship with the Wider Active Harrow Members going forward

- Number of partners in funding bids or partner projects that contribute to strategy objectives
- Number of programmes delivered in parks and number of people taking part
- Number of people joining a dance course
- Number of people joining a general exercise class including Yoga and fitness
- Number of older learners joining health and exercise course
- Number of disabled people accessing the para dance sessions
- A joint communication plan will be developed for the Active Harrow Strategy Review which looks at the Get Active directory, council website pages and the promotion of physical activity and sports opportunities in Harrow
- To monitor number of clicks on tharrow.gov.uk/getactive

Physical Activity in Social Care

We committed to promote physical activity through social services; in care homes and domiciliary care and Una Taylor has attended the Active Harrow group. Since the strategy started we have begun sitting netball in 16 care homes. A pilot of sitting exercises is being run in partnership with the Disability Foundation which will be rolled out further if it is successful. The feasibility of walks in care homes were investigated but this proved not possible as staff needed to attend the walk and this meant shortage of staff left in the care home.

Dashboard indicators 2019-2024

- To record the number of participants in sitting netball
- To develop more the physical activity opportunities in care homes

Harrow council to support other employers to have healthier staff

London Healthy Workplace Charter

In the strategy we committed to achieve London Healthy Workplace Charter (LHWC) level excellence by March 2017. Since 2016 Public Health team has had significant reduction in capacity due financial savings and so it has not been possible to achieve excellence level, and the commitment level is still in place. In Harrow two other employers are registered to be working towards the LHWC , organisations can use support from the Greater London Authority if they wish to work towards any of the levels within the LHWC accreditation and Public Health can support them by promoting the universal physical activity options available.

We have completed one health impact assessment on a council Regeneration project and much of the schedule of regeneration within Harrow has now been put on hold. Public Health is working with Planning team to develop an approach to assess health impacts as part of the approach in the new Harrow Local Plan.

Dashboard indicators 2019-2024

- To develop a council webpage offering support to workplaces who wish to sign up to the London Healthy Workplace Charter
- To develop a process in partnership with the planning team for Health Impact Assessments to be carried out on major developments

More people will use active transport

Active Travel

Active Transport measure 2016-20	18/19	Status
To decrease the amount of car journeys to and from the civic centre	We have 10 pool cars available for staff to use. We are running an e-bike trial with West Trans. There are 5 pool bikes available and 1 allocated to Parking enforcement. The first trial of 6 months ended in December the current one started in March and will end in September.	Red/Amber
To implement a programme of behaviour change to encourage the uptake of sustainable transport	The Wealdstone Liveable Neighbourhoods was submitted to TFL in November 2018. This bid was to radically change the transport provision in Wealdstone to promote active travel. The bid was not successful but the transport team has been encouraged to resubmit it in partnership with Public Health in November 2019.	Red/Amber
To develop the Harrow Council Travel Plan and implement the measures and achieve outcomes	We have 10 pool cars available for staff to use.	Red/Amber
<p>The reduction each year of the overall proportion of children travelling to school by car (annual survey-schools/travel planning)</p> <p>Baseline 2015/16 25% (School Travel surveys)</p> <p>March 2019 target 28%</p>	23%	Green
More people will use active transport	The Wealdstone Liveable Neighbourhoods was submitted to TFL in November 2018. This bid was to radically change the transport provision in Wealdstone to promote active travel. The bid was not successful but the transport team has been encouraged to resubmit it in partnership with Public Health	Red/Amber
b) Deliver a minimum of 3 initiatives per year for schools	3 completed	GREEN
c) Deliver school travel plan workshops and increase the number of schools with STARS accreditation	The number of Accredited schools at Gold and Silver level has increased. As of August 2018 we	GREEN

	<i>have 39 accredited schools and a total of 44 schools engaged on the STARS programme</i>	
d) Deliver 3 business/community engagement events per year	<i>Due to an extension in the remit of the Transport and Highways team which has meant some resourcing issues 3 separate events has not been possible. One event was attended and information disseminated about travel planning in March 18 which was attended by over a 100 Harrow Businesses and it is planned this will happen again in 2019.</i>	Amber

Dashboard indicators 2019-2024

- Deliver 3 business/community engagement events relating to Sustainable Travel per year
- To submit the Liveable Neighbourhoods bid following support from TFL for the Wealdstone area and in consultation with Public Health
- Deliver school 2 travel plan workshops a year and increase the number of schools with STARS accreditation
- Deliver 3 promotional events relating to the reduction of emissions from traffic and good Air Quality

Physical Activity and Sports Strategy	Outcome 2019-2024	Dashboard Indicator revised July 2019	Updated for Q1 19/20 unless otherwise stated	Change from 2016-20	RAG rating	Annual Target					
						Mar-20	Mar-21	Mar-22	Mar-23	Mar-24	
More people will take up active travel, walk and cycle more	1. Number of new people taking part in walks program	296 new people joined April -2018 - Mar 2019 71 new people joined Q1 19/20 (taken August 2019)	N	G	250	250	250	250	250		
	2. Number of targeted walk programs for priority groups and areas (The indicator March 2018-9 will be to maintain this level of walks)	20 walks running in 18/19. Several walks have been set up from GP surgeries and work is underway to ensure that the pathway from primary care and NHS Health Checks. A facebook advertising campaign has been promoting the walks to people over 55 in the borough.	N	G	Maintain 20 walks						
	3. Number of schools delivering the 'Daily Mile' (and number of children recorded)	17 schools were trained to deliver the Daily Mile in January 2017 - a survey is planned in 2019 to look at who is actually doing the Daily Mile runs.	Y	A	Maintain at least 10 schools delivering Golden Mile						
	4. Number of NEW schools with a HSL award and a physical activity policy (Bronze, silver or gold)	11 Gold, 17 silver and 33 bronze In Dec 2018 in total(Andrea Lagos) From the School Games lead (Rob Hawkes) We also achieved 20 School Games Marks last academic year, 3 Platinum, 7 Gold, 5 Silver 5 Bronz. Annual attendance at competitions reported in July 2018 was 5390 participants.	Y	G	5	5	5	5	5		
	5. Number of early years settings supported to promote physical activity (3 hours per day) and a full evaluation completed of the impact of training		Y	A	evaluation of 18/19 completed						
	(Anna Kirk / Andrea Lagos PH)										
	6. The reduction each year of the overall proportion of children travelling to school by car (annual Hands Up survey-schools/travel planning) - 2% reduction achieved in 17/18 giving baseline of 26% (to be reviewed)			TBC	24%	22%	20%	18%	16%		
	7. Meet targets and objectives as outlined in the Sustainable Modes of Travel To School Strategy			TBC	link to strategy to follow						
	(Annabelle Fosu, Transport)										
	More people access leisure services that are affordable	8. The numbers of people accessing council subsidised leisure facilities from our priority groups;	Need full year data for 18/19								
a) Number of people accessing free 65+ swimming. Target Average 2,800 per month across both centres AND to monitoring the impact of the fees for 60-64 year olds			y		33,600	33,600	33,600	33,600	33,600		
b) Number of people accessing ladies BAME groups. Target - Average 500 per month across swimming and gym usage			n		6000	6300	6600	6900	7200		
c) Number of people accessing service with a disability. Target: Average 350 per month across all centres			n		4550	4550	4550	4550	4550		
d) Number of people accessing the Exercise on Referral scheme at Everyone Active and Aspire			n		tbc						
e) Number of people accessing Exercise on Referral at Aspire leisure services who have a disability			n		tbc						
f) Number of Harrow Council Staff taking up corporate membership at Harrow Leisure Centre Target average 250 annually			n		250	250	250	250	250		
g) To review the EOR data for 2018/19			y		complete review and develop plan						
h) To monitor the introduction of a fee for 60-65 yr olds swimming in March 2019			y		complete review and develop plan						
i) To prepare for the contract negotiations for 2021 and to consider enagement from priority 'inactive' groups			y			Contract negotiations to begin in 2021					
(Patricia Johnson Sports ,Leisure and Libraries)											
9 a) To promote various sport and leisure development programmes / sports club initiatives in Harrow-											
b) To develop an approach building on community assets for South Harrow and monitor this reporting to the main group	The South Harrow Sub Group is chaired by London Sport, attended by YHF, Housing, Public Health, LS , Street Games, SPORTED and this group reports to the Active Harrow Group	y		develop a commuications approach and review the Grange Farm work							

in sport and physical activity in priority groups by improving the accessibility, range and quality opportunities for sport and physical activity

Physical Activity and Sports Strategy	Outcome 2019-2024	Dashboard Indicator revised July 2019		Change from 2016-20	RAG rating	Annual Target						
			Updated for Q1 19/20 unless otherwise stated			Mar-20	Mar-21	Mar-22	Mar-23	Mar-24		
Increase participation in sport	More people from priority communities take up sport	c) To develop a clearer relationship with the Wider Active Harrow Members going forward	Wider members meeting planned for 30th Sept with funders present to provide advice to clubs on support that can be accessed	y	G	annual meeting in Summer/autumn 2019						
		d) Number of partners in funding bids or partner projects that contribute to strategy objectives		n	G	baseline year	no target yet	no target yet	no target yet	no target yet		
		(Anna Kirk/PH, Harvi Singh Sports Development)										
		10. To deliver Council's Outdoor Sports Pitch Strategy (improvements to pitches, changing facilities, and installation of 3G grass pitches as follows: - installation of the 3G Artificial Grass Pitch at Bannister Sports Centre by September 2020 - the 3G pitch has a development plan for the Football Foundation that will have to be delivered with partners. - completion of improvements to grass pitches by September 2021	Planning application has been submitted for the 3G pitch at the Bannister Stadium. Procurement exercise for improvement works to the pavilion at Harrow Weald recreation ground due to be completed by the end of 2018.		A							
		(Tim Bryan – Libraries, Sport and Leisure)										
Increase opportunities and awareness for employees to be active	Harrow council to support other employers to have healthier staff	11. To promote physical activity through social services; in care homes and domiciliary care:										
		a) Number of care homes delivering sitting netball	16 care homes run sitting netball		G	10	10	10	10	10		
		b) Number of participants in sitting netball				tbc						
		c) Number of physical activity opportunities (e.g.walks started in care homes)	A new pilot is being run trying out sitting exercises with the Disability Foundation and if this is successful will be rolled out. Walks were not able to be run in carehomes due to staffing levels as staff had to attend the walks aswell as walk leaders									
		(Una Taylor – Social Services)										
Increase opportunities and awareness for employees to be active	Harrow council to support other employers to have healthier staff	Deliver 3 business/community engagement events relating to Sustainable Travel per year				3	3	3	3	3		
		(Annabelle Fosu/Kerry Edens -Transport)										
		14.To develop a council webpage offering support to workplaces who wish to sign up to the London Healthy Workplace Charter (Carole Furlong PH)	website text being working on			website to be live						
More people will access parks, green spaces and growing areas	More people will take up active travel, walk and cycle more	17. To develop a process in partnership with the planning team for Health Impact Assessments to be carried out on major developments	PH working with the Planning team to scope out options for this	y	A	process to be finalised				5		
		(Anna Kirk PH)										
		18.a) To submit the Liveable Neighbourhoods bid following support from TFL for the Wealdstone area	The Wealdstone Liveable Neighbourhoods will be resubmitted in November 2019. This bid was to radically change the transport provision in Wealdstone to promote active travel and information on the success of the bid should be available in Feb 20. The bid will involve consultation with priority groups and partnership working across the council			bid submitted						
		b) Deliver school 2 travel plan workshops a year and increase the number of schools with STARS accreditation (Annabelle to add targets)	The number of Accredited schools at Gold and Silver level has increased. As of August 2018 we have 39 accredited schools and a total of 44 schools engaged on the STARS programme		A	40	40	40	40	40		
More people will take up active travel, walk and cycle more	More people will take up active travel, walk and cycle more	c) Deliver 3 promotional events relating to the reduction of emissions from traffic and good Air Quality				3	3	3	3	3		
		(Annabelle Fosu Transport)										

Physical Activity and Sports Strategy	Outcome 2019-2024	Dashboard Indicator revised July 2019	Updated for Q1 19/20 unless otherwise stated	Change from 2016-20	RAG rating	Annual Target						
						Mar-20	Mar-21	Mar-22	Mar-23	Mar-24		
Improve the degree to which Harrow as a place supports	More people will access parks, green spaces and growing areas	19. Number of programmes delivered in parks and number of people taking part				baseline year						
		(Harvi Singh Sports Development)										
	More people will access parks, green spaces and growing areas	20. To ensure parks are maintained and promote their use for physical activity for everyone;										
		a) To develop an audit of council provided play spaces for children and review access to play space in Harrow	Map produced and working with planning to include this in the Options and Issues Appraisal for the development of the new Local Plan.			G	complete review and develop plan					
		b) To maintain number of newly developed MUGA's and outdoor gyms	3 New MUGA's were in place by April 2018: (West Harrow Recreation Ground, Kenton Recreation Ground, Rayners Mead) These will be maintained but no more regular funding for MUGAs identified. Existing outdoor gym levels maintained (26)			G	1	2				
c) Maintain number of new park user groups and expansion of existing ones with new users	New park user groups established in Rayners Mead and Byron Park. This will bring the total to 23 park groups operational, with Belmont Nature Trail and Church Fields are both currently in start up.		y	G	24	25	26	27	28			
(Dave Corby – Community Engagement)												
Work in partnership with stakeholders to make the best use of resources and attract new funding into the borough	More people will access parks, green spaces and growing areas. More people will take up active travel, walk and cycle more	12. A joint communication plan to be developed for the Active Harrow Strategy Review which looks at the Get Active directory, council website pages and the promotion of physical activity and sports opportunities in Harrow	Communications by the Active Harrow Strategic Group in 18/19 has been: - using the My Harrow email to promote the Watford FC Weight Management and exercise programme - Facebook advertising has been used to promote the walks programme targeting older people with higher risk of inactivity, signposting them to their local walk - The NHS Health checks pathway has been refined and promoted including training to staff working in GP practices on all physical activity and sports opportunities via the www.harrow.gov.uk/getactive landing page, and all nurses and GPs have been given a guidance pack including Exercise on Referral, Walks and other opportunities available.			develop a communications plan for 2020-24						
		13. Number of clicks on tharrow.gov.uk/getactive	The www.harrow.gov.uk/getactive in April 2017 was set up clicks are being monitored. April 16 - Sept 2017 it got 2455 April 17 - Dec 2018 it got : 1237 Resource changes in Public Health have meant that there is less capacity for promotion of the webpage although it is now part of the referral pathway for NHS Health checks and a coms plan is being developed (see above).									
	(Anna Kirk/Carole Furlong PH)											
More people from priority communities take up sport	15. Adult Learning: (Karen Bhamra - plse note this service runs Jan-Dec)											
	b) Number of people joining a dance course			n		468						
	c) Number of people joining a general exercise class including Yoga and fitness			n	G	287						
	d) Number of older learners joining health and exercise course			n	G	410						
	e) Number of disabled people accessing the para dance sessions (new	G	40						

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REPORT FOR: HEALTH AND WELLBEING BOARD

Date of Meeting: 19 September 2019

Subject: NWL CCGs Commissioning Reform update

Responsible Officer: Javina Sehgal, Managing Director, Harrow CCG on behalf of Mark Easton, Accountable Office, NWL CCGs

Public: Yes.

Wards affected: All.

Enclosures: NWL Commissioning Reform update

Section 1 – Summary and Recommendations

Recommendations:

The Board is requested to note the update on the NWL CCGs Commissioning Reform and the recommendation to governing bodies for the merger to a single CCG for NW London to take place on 1 April 2021.

Section 2 – Report

In response to the NHS long term plan, which suggested that the number of CCGs will be significantly reduced to align with the number of emerging integrated care system (ICSs), NW London CCGs launched a case for change for commissioning reform on 29 May 2019.

The case for change recognised that there were questions on how the CCGs respond to the configuration issues raised by the long term plan which required exploration and resolution.

The key areas for exploration identified for engagement were:

- Whether this change to the number of CCGs happens by April 2020 or later, in April 2021;
- What functions should be delivered at a NW London level and what should be organised more locally;
- How the finances would work;
- How the changes to our CCGs relate to: changes at NW London with the development of an NW London integrated care system, the development of integrated care partnerships (ICP), based on boroughs, current CCG footprints, or groupings of boroughs, and the development of sub-borough structures such as primary care networks (PCNs).

The enclosed paper sets out the engagement process and findings.

The outcome of the engagement is to present to the eight CCG governing bodies recommendations for taking NWL Commissioning Reform forward.

In view of the feedback from our stakeholders to move to a single CCG in 2021, the need to focus on financial recovery, and the commitment of all Chairs to remain aligned as an eight borough collaboration, we recommend to CCG governing bodies that the merger to a single CCG for NW London takes place on 1 April 2021.

This would allow for a transition year which will focus on:

- System financial recovery;
- Development of integrated care at PCN, borough and ICS level;
- The development of a single operating structure across the commissioning system, and meet the expectations of NHSE that we would operate in 2020/21 under a single operating framework, with the associated reduction in management costs and streamlined governance;
- To work with providers to develop alternative reimbursement structures from 2020/21 to support delivery of ICP/ICS.

Ward Councillors' comments

CCG report so not applicable

Financial Implications/Comments

As well as improving outcomes and reducing variation, we also recognise that our financial challenges are significant and that only by working as a single CCG can we begin to address them.

Legal Implications/Comments

None identified.

Risk Management Implications

Risk	Mitigating actions
If we do not engage sufficiently with stakeholders there is a risk that we may not realise the benefits for commissioning reform in North West London.	We are developing an engagement plan. Once it is agreed and implementation has commenced we envisage that it will be unlikely that there will be a moderate slippage to the timetable, reducing the risk.
If we do not develop an approach that is coherent across the ICS, single CCG, ICPs and Primary Care Networks then this could become just an administrative change that will not help us to address the underlying issues of financial and clinical sustainability resulting in intervention by regulators.	We have measures in place; however, we need to do more to meet national standards. By implementing improvements and evidencing success we can reduce the likelihood of regulator intervention.
If we do not merge into a single organisation with clearly articulated financial principles and flow, then we risk success to financial recovery and sustainability resulting in a lack of cohesive operations and delivery.	Until we have agreement from governing bodies to the merger and associated financial principles and flow, we cannot reduce the risk. With agreed principles we can implement, it is unlikely this risk will be of detriment to financial recovery.

Equalities implications / Public Sector Equality Duty

The thorough impact assessment is underway. The detailed report will be made available when complete.

Council Priorities

One of the outcomes from the reform is to work towards equity of access to services across north west London.

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

Not applicable

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

Contact:

Javina Sehgal, Managing Director, Harrow CCG
Mark Easton, Accountable Officer, NWL CCGs

Background Papers:

<https://www.healthiernorthwestlondon.nhs.uk/bettercare/thevision/caseforchange>

NW London commissioning reform: recommendations to September Governing Bodies

September 2019

1. Background

In response to the NHS long term plan, which suggested that the number of CCGs will be significantly reduced to align with the number of emerging integrated care system (ICSs), NW London CCGs launched a case for change for commissioning reform on 29 May 2019.

The case for change recognised that there were questions on how the CCGs respond to the configuration issues raised by the long term plan which required exploration and resolution. The key areas for exploration identified were:

- Whether this change to the number of CCGs happens by April 2020 or later, in April 2021
- What functions should be delivered at a NW London level and what should be organised more locally;
- How would the finances work; and
- How the changes to our CCGs relate to: changes at NW London with the development of an NW London integrated care system, the development of integrated care partnerships (ICP), based on boroughs, current CCG footprints, or groupings of boroughs, and the development of sub-borough structures such as primary care networks (PCNs).

2. Our stakeholders

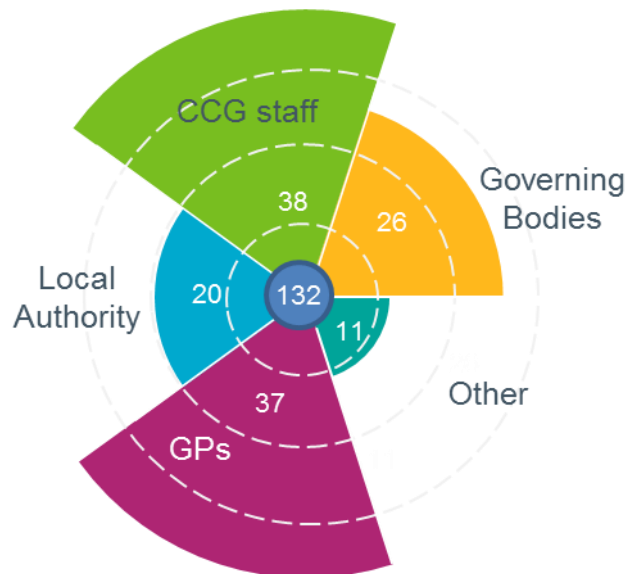
Our wide ranging stakeholders range from our staff across the NW London commissioning system, our providers of health and care, our voluntary sector, supporting bodies such as the Londonwide Local Medical Committees (LMC), Healthwatch, local government and our regulators.

3. Engagement

Our engagement period launched on the 29 May with the publication of the case for change. The engagement focused on the case for change and gave stakeholders the opportunity to input into the design of the future commissioning arrangements for NW London.

During the engagement phase, we carried out significant engagement with our range of stakeholders and subsequent information was disseminated, including FAQs and detail around the operating model and governance. We agreed to extend the engagement phase to 24 August, in order to give stakeholders further time to comment and input into proposals.

Collectively, we have now attended over 130 events, including 8 governing bodies in public and 18 governing body events. In addition to this we have met with all local authorities, GP members, primary care networks and GP Federations, patient groups, the LMC, Healthwatch and most importantly, our staff.



Context in which engagement was conducted:

- NW London is the largest and most complex STP area in the country with multiple providers and eight local authorities. Our plans and reform proposals have been arguably scrutinised more thoroughly and generated greater debate than in some other areas of London and the rest of England. We are grateful for the time and effort people took to input into our plans and the responses received.

- The NHS in NW London is one of the most financially challenged in the country, and the need to get back into financial balance is a major priority which will dominate our work for the period of the financial recovery plan.
- The changes to CCG configuration are being discussed at a time when significant other changes are being proposed to the health and care system. The health and care partnership is making good progress with integrated care at system (NW London), borough (ICP) and sub-borough level (PCN); however, in order to ensure success, the interplay between these emerging arrangements and the role of a single CCG needs to be explained with a well thought out division of responsibilities at place and system level.

4. Key issues raised

The key points that emerged through the engagement were:

- **Drivers for change:** Stakeholders generally understood the need to change our current commissioning arrangements, especially those that reduce costs from transactional activities, reduce health inequalities, support front-line delivery and are supportive of our move to integrated care. They would like to see us move away from systems that can incentivise the wrong patient pathways, such as payment by results, and focus our commissioning effort on the integration agenda.
- **Concern around timing:** Although most respondents accepted the need to reduce the number of CCGs to align with the STP there was concern about whether we would be ready by April 2020. With ICS, PCN and ICP development, and the perceived lack of clarity to the system architecture and function of ICPs in the future, GB members particularly felt that the merger would land better when ICPs and PCNs further developed in 2020/21. There is much energy and focus on our integration agenda and the characteristics of each component, we must continue to keep our efforts focused and take more time to develop the form and structures to support these developments.
- **Surplus/deficit position:** Some CCGs were concerned about what financial position the new CCG would inherit and whether historic surpluses and deficits would be netted off into the new arrangement or if the CCG was starting with a clean balance sheet. Definitive guidance on this is still awaited at the point at which these papers are published.

- **Operating model¹**: some stakeholders were unclear how the single CCG would function, how finance will flow and how responsibilities would be distributed between different levels. Some stakeholders suggested that a transition year will help us continue at pace, whilst we ensure risks are managed effectively.
- **Governance products**: some stakeholders expressed a desire to see and have time to effectively scrutinise the new CCG constitution, scheme of delegation and powers delegated to local committees before a decision is taken. There has been significant interest in our constitution, and we are now engaging more widely with the support of LMC colleagues. Maintaining clinical leadership and ensuring the empowerment of members was raised multiple times as a very important point to emphasise in the new governance products and new arrangements.
- **Patient involvement and democratic scrutiny**: concerns were expressed as to whether there would be a loss of democratic accountability to local authorities and local residents in each area.
- **Justification for one CCG rather than more**: some comments were received that we had not clearly justified the proposal for one CCG rather than two or more. During the engagement phase it was explained that a single CCG would achieve the NHS Long Term Plan aim of aligning the CCG boundary to the STP boundary and that if we were to deviate from that a justification was required. We made clear that we were willing to consider arguments for more than one CCG, but none were put forward.
- **Staff**: the key response from staff was about the implications for them and whether there would be job losses. Clearly the required reductions in management costs will have an implication for jobs but given the number of vacancies and interim posts we currently have, we would not anticipate significant numbers of compulsory redundancies.

5. CCG Chairs Review

The CCG Chairs, the AO, and STP SRO met to review the position and consider the results of the engagement period, and to agree the recommendation to take to governing bodies.

It was noted that:

¹ An operating model is the blueprint for how resources are organised and operated to deliver the strategy. All elements of the operating model—structure, accountabilities, governance, behaviours as well as the way people, processes and technology get integrated to deliver key capabilities—must be explicitly designed to support the strategy. <https://www.bain.com/insights/design-principles-for-a-robust-operating-model/>

- Financial recovery is the number one priority in NW London;
- There is a strong desire for the collaboration to move forward as a partnership of eight boroughs and to work with providers to develop alternative payment and contractual arrangements from 2020/21 to support our collective desire of ICP and ICS delivery;
- Due to the significant interest and complexity in the system, a number of products remain in development, such as the CCG constitution and scheme of delegation;
- We are yet to receive finalised advice from NHSE on the financial surplus/deficit position;
- There is not an aligned view amongst governing bodies, CCG members, and stakeholders to support the earlier date for CCG merger; and that
- Not supporting a merger in 2020 did not mean no change, indeed a number of changes will still be required as we transition to formal merger in 2021.

There are a number of changes we need to make in preparation for 2021:

1. CCG Governing Bodies are expected to agree to a commitment to merge in April 2021.
2. CCGs will move to a transition year, working under a single operating model for 2020/21.
3. As part of this transition year, each CCG will require a clear plan to demonstrate the delivery of the equivalent financial and efficiency benefits to that of a formal merger from April 2020. This will need to include plans for the following areas:
 - Delivery of cost savings and organisational efficiencies to meet the 20% management cost reduction.
 - Developing the NW London-wide collaborative governance arrangements and reducing CCG governing body committee and governance meetings.
 - Rationalisation of governing body membership, in line with the arrangements that we have already been making to share roles and standardise and review clinical lead arrangements in line with the new operating model.

- Developing a single operating model and new staffing structures to reduce duplication and support the development of integrated care arrangements at borough and ICS level.

The points above align with our regulators expectations of how a transition year would operate, and are consistent with other areas in London where merger is deferred until 2021.

6. Recommendation to the governing body

It is the CCG Chairs' and Accountable Officer's recommendation to the governing bodies is as follows:

The governing body is asked to agree with the following recommendation:

1. In view of the feedback from our stakeholders to move to a single CCG in 2021, the need to focus on financial recovery, and the commitment of all Chairs to remain aligned as an eight borough collaboration, we recommend to CCG governing bodies that the merger to a single CCG for NW London takes place on 1 April 2021.

The governing body is asked to note the following consequence of recommendation 1:

2. This transition year will enable us to work with each governing body to focus on:
 - a. System financial recovery
 - b. Development of integrated care at PCN, borough and ICS level
 - c. Building closer working relationships with our local authorities
 - d. The development of a single operating structure across the commissioning system, and meet the expectations of NHSE that we would operate in 2020/21 under a single operating framework, with the associated reduction in management costs and streamlined governance
 - e. To work with providers to develop alternative reimbursement structures from 2020/21 to support delivery of ICP/ICS.

7. Next Steps

If the recommendations are agreed we will:

- Review our structures and implement our single operating model, in-line with financial recovery;
- Continue our engagement on the future CCG constitution and related governance documentation;
- Work together during the transition year, making our meetings more efficient and effective, while maintaining strong public engagement and effective scrutiny; and
- Continue to work with members to demonstrate benefits of merging as we prepare to vote in 2020.

Mark Easton

Accountable Officer

Appendix 1: Engagement activities

CCG/ NWL	Event	Date
Brent CCG	Governing Body Meetings	26/06/2019
Brent CCG	Governing Body Seminar	10/07/2019
Brent CCG	Governing Body Seminar	08/05/2019
Central London CCG	Governing Body Meetings	12/06/2019
Central London CCG	Governing Body Seminars	08/05/2019
Central London CCG	Governing Body Seminars	10/07/2019
Ealing CCG	Governing Body Meetings	19/06/2019
Ealing CCG	Governing Body Seminar	22/05/2019
Ealing CCG	Governing Body Seminar	24/07/2019
Hammersmith & Fulham CCG	Governing Body Meetings	11/06/2019
Hammersmith & Fulham CCG	Governing Body Seminar	07/05/2019
Hammersmith & Fulham CCG	Governing Body Seminar	16/07/2019
Harrow CCG	Governing Body Meetings	18/07/2019
Harrow CCG	Governing Body Seminars	21/05/2019
Harrow CCG	Governing Body Seminars	16/06/2019
Hillingdon CCG	Governing Body Meetings	05/06/2019
Hillingdon CCG	Organisation Development Seminars (GB)	08/05/2019
Hillingdon CCG	Organisation Development Seminars (GB)	24/07/2019
Hounslow CCG	Governing Body Meetings	11/06/2019
Hounslow CCG	Governing Body Seminar	14/05/2019
Hounslow CCG	Governing Body Seminar	09/07/2019
West London CCG	Governing Body Development session	07/05/2019
West London CCG	Governing Body Development session	04/06/2019
West London CCG	Governing Body Development session	02/07/2019
West London CCG	Governing Body Development session	06/07/2019
West London CCG	Governing Body Meetings	18/06/2019
Brent CCG	locality meeting	27/06/2019
Brent CCG	locality meeting	10/07/2019
Brent CCG	locality meeting	19/07/2019
Brent CCG	GP Engagement	June 2019 - July 2019
Central London CCG	Council members	26/06/2019
Central London CCG	Membership meetings (big conversation)	26/06/2019
Central London CCG	Practice visits	June 2019 onwards - Present
Central London CCG	Primary Care Network Boards	06/08/2019
Central London CCG	Primary Care Network Boards	15/08/2019

CCG/ NWL	Event	Date
Ealing CCG	Council of members	15/05/2019
Ealing CCG	Council of members	24/07/2019
Ealing CCG	GP Practice	03/06/2019 (virtual engagement)
Hammersmith & Fulham CCG	local LMC	13/06/2019
Hammersmith & Fulham CCG	local LMC	08/08/2019
Hammersmith & Fulham CCG	Members meeting	18/07/2019
Hammersmith & Fulham CCG	Practice visits offered	June - present
Hammersmith & Fulham CCG	Primary Care Networks meetings	July - sept
Harrow CCG	GP forum	19/06/2019
Harrow CCG	LMC	02/07/2019
Harrow CCG	Practice visits	May 2019 onwards - present (<i>August</i>)
Harrow CCG	Primary Care Networks meetings	July onwards - September
Hillingdon CCG	AGM	09/07/2019
Hillingdon CCG	locality meeting	05/07/2019
Hillingdon CCG	locality meeting	12/07/2019
Hillingdon CCG	locality meeting	27/07/2019
Hounslow CCG	Council of members	15/05/2019
Hounslow CCG	Council of members	17/07/2019
NW London meetings	NWL wide LMC	17/07/2019
NW London meetings	NWL wide LMC	30/07/2019
West London CCG	AGM	23/07/2019
West London CCG	Council members - plenary meeting	25/06/2019
West London CCG	Council members - plenary meeting	23/07/2019
West London CCG	Network meetings	11/07/2019
West London CCG	Network meetings	17/07/2019
West London CCG	Network meetings	18/07/2019
West London CCG	Network meetings	24/07/2019
West London CCG	Network meetings	25/07/2019
Brent CCG	Health & Wellbeing Board	23/04/2019
Brent CCG	Health & Wellbeing Board	15/07/2019
Central London CCG	Health & Wellbeing Board	03/07/2019
Ealing CCG	Health & Wellbeing Board	09/07/2019
Ealing CCG	Overview & Scrutiny Committees	20/06/2019
Hammersmith & Fulham CCG	Health & Wellbeing Board	25/06/2019
Harrow CCG	Health & Wellbeing Board	25/07/2019
Harrow CCG	Health & Wellbeing Board	04/06/2019

CCG/ NWL	Event	Date
Harrow CCG	Overview & Scrutiny Committees	09/07/2019
Hillingdon CCG	Health & Wellbeing Board	25/06/2019
Hillingdon CCG	Overview & Scrutiny Committees	09/07/2019
Hounslow CCG	Health & Wellbeing Board	15/07/2019
NW London meetings	Joint Health Overview & Scrutiny Committee	21/06/2019
NW London meetings	Joint Health Overview & Scrutiny Committee	23/07/2019
NW London meetings	Lay members meeting Accountable Officer	28/05/2019
NW London meetings	Local Authorities Meetings	20/05/2019
NW London meetings	Local Authorities workshop	24/06/2019
NW London meetings	Local Authorities Meetings	09/07/2019
West London CCG	Health & Wellbeing Board	04/07/2019
West London CCG	Overview & Scrutiny Committees	02/07/2019
Brent CCG	Brent CCG Patient Voice	24/06/2019
Hammersmith & Fulham CCG	H&F patient group	16/07/2019
Harrow CCG	Engagement and Equality Committee	16/07/2019
NW London meetings	Brent patient Voice	24/07/2019
NW London meetings	Ealing save our hospital	03/07/2019
NW London meetings	Lay partner meeting	04/06/2019
NW London meetings	NWL Clinical Quality Leadership Group	27/06/2019
NW London meetings	NWL Partnership board	27/06/2019
NW London meetings	NWL Partnership operations group	13/06/2019
West London CCG	Patient and public engagement committee	13/08/2019
West London CCG	Patient reference group	09/07/2019
Brent CCG	Staff meeting	08/05/2019
Brent CCG	Staff meeting	18/06/2019
Brent CCG	Staff meeting	16/07/2019
Brent CCG	Staff meeting	20/08/2018
Central London CCG	Staff meetings	05/06/2019
Central London CCG	Staff meetings	09/07/2019
Central London CCG	Staff meetings	12/07/2019
Ealing CCG	staff meeting	04/06/2019
Ealing CCG	staff meeting	11/06/2019
Ealing CCG	staff meeting	18/06/2019
Ealing CCG	staff meeting	25/06/2019
Hammersmith & Fulham CCG	Staff meeting	30/07/2019
Hammersmith & Fulham CCG	Staff meeting	06/08/2019

CCG/ NWL	Event	Date
Harrow CCG	staff meeting	19/06/2019
Harrow CCG	staff meeting	17/07/2019
Harrow CCG	Staff meeting	21/08/2019
Hillingdon CCG	Staff meeting	21/05/2019
Hillingdon CCG	Staff meeting	05/06/2019
Hillingdon CCG	Staff meeting	01/08/2019
Hounslow CCG	Staff meeting	15/05/2019 onwards (weekly) till present
Hounslow CCG	Staff meeting	01/06/2019
Hounslow CCG	Staff meeting	03/08/2019
Hounslow CCG	Staff meeting	01/07/2019
NW London meetings	NW London Live Staff Q&A	18/07/2019
NW London meetings	NW London Staff event	12/06/2019
NW London meetings	Informatics Staff meeting	20/08/2019
NW London meetings	Comms & Engagement staff meeting	25/07/2019
NW London meetings	Comms & Engagement staff meeting	20/08/2019
NW London meetings	Health and Care Partnership team meetings	17/06/2019
NW London meetings	Health and Care Partnership team meetings	01/07/2019
NW London meetings	Health and Care Partnership team meetings	15/07/2019
NW London meetings	Health and Care Partnership team meetings	29/07/2019
NW London meetings	Health and Care Partnership team meetings	12/08/2019
NW London meetings	Governance Staff meetings	24/05/2019
West London CCG	Staff meeting	15/05/2019
West London CCG	Staff meeting	12/06/2019
West London CCG	Staff meeting	10/07/2019
West London CCG	Staff meeting	14/08/2019

Appendix 2: Formal feedback received

Date received	Name	Organisation
23/08/2019	Cllr Heather Acton/ Cllr Sarah Addenbrooke/ Cllr Robert Freeman/Cllr Jonathan Glanz,	Westminster City Council & Royal Borough of Kensington & Chelsea
23/08/2019	Robin Sharp CB, Chair	Brent Patient Voice
23/08/2019	Primary Care leads	NWL CCGs
21/08/2019	Chris Corfield Head of Medicines Management	NWL CCGs
21/08/2019	Jenny Greenfield Director of Services, voluntary and community sector	Kensington & Chelsea Social Council
21/08/2019	Cllr Mel Collins	JHOSC
20/08/2019	Patient Reference Group Response	WLCCG
05/08/2019	Ealing Save Our NHS	Ealing Save Our NHS
02/08/2019	Hammersmith & Fulham Council	Hammersmith & Fulham Council

Date received	Name	Organisation
29/07/2019	PPIE committee	Hillingdon CCG
12/06/2019	Cllr Graham Henson, Chair of Health & Wellbeing Board	Harrow Council
06/06/2019	Lay Partners meeting	NWL CCGs
20/06/2019	Lesley Williams Assistant Director Primary Care Strategy	Londonwide LMCs and Londonwide Enterprise Ltd
24/08/2019	Elizabeth Gaynor Lloyd	Brent Patient Voice
23/08/2019	Carena Rogers	Central West London Healthwatch

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REPORT FOR: HEALTH AND WELLBEING BOARD

Date of Meeting: 19 September 2019

Subject: **Update on Primary Care Networks and the Integrated Care Partnership**

Responsible Officer: Ms Javina Sehgal
Managing Director
NHS Harrow CCG

Public: Yes

Wards affected: Harrow Borough

Enclosures: None

Section 1 – Summary

This report is to inform the Board on the latest position in the development in Harrow of Primary Care Networks and the Integrated Care Partnership.

Primary Care Networks are designed to build on current primary care services to enable a greater provision of proactive, personalised, coordinated and more integrated health and social care for their registered patients. There are five networks in Harrow, which became operational on 1 July 2019.

The Integrated Care Partnership is a vehicle for delivering integrated population health and care, in line with the NHS Long Term Plan published in January 2019.

FOR INFORMATION

Section 2 – Report

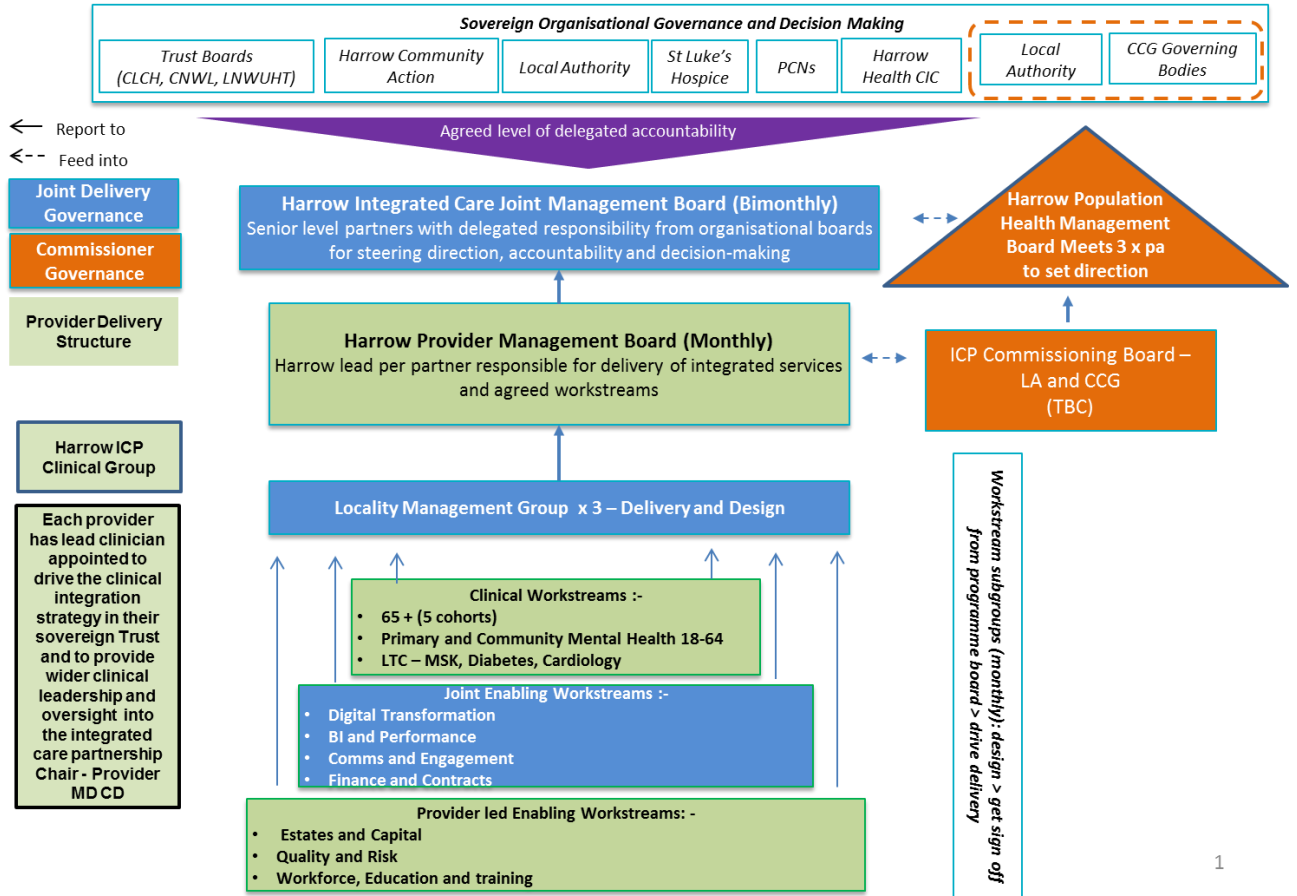
Following the July board, five PCNs have been approved by NWL HCP and NHS England, and became operational from 1 July 2019. The PCN structure is the foundation for the delivery of Integrated Care in Harrow. The CCG has built fortnightly meetings with PCN Clinical Directors as part of the corporate calendar. The first meeting will be held on the 3rd of September where the format for future meetings will be agreed; part of the meetings will have a themed focus (e.g. where a provider could be asked to attend), and part of the meeting will focus on financial recovery.

PCN Name	Practices Covered	Population Size (as of 1 Jan 2019) <i>based on raw list size</i>	Clinical Director
Harrow Collaborative Network	Civic Medical Centre First Choice Medical Pinner Road Surgery Pinner View Medical Centre Headstone Road Surgery Headstone Lane Medical Centre Savita Medical Centre Zain Medical Centre Kenton Clinic Shaftesbury Medical Centre Kings Road Surgery	44,972	Dr Dilip Patel (Civic Medical Centre)
Healthsense	Ridgeway Surgery Pinn Medical Centre Simpson House Medical Centre Enderley Road Medical Centre Roxbourne Medical Centre Kenton Bridge Medical Centre – Dr Golden Kenton Bridge Medical Centre – Dr Raja	80,779	Dr Amol Kelshiker (Pinn Medical Centre)
Harrow East PCN	Honeypot Medical Centre Mollison Way Surgery Bacon Lane Surgery	28,619	Dr Meena Thakur (Honeypot Medical Centre)
Health Alliance PCN	Aspri Medical Centre Belmont Health Centre Stanmore Medical Centre The Circle Practice The Enterprise Practice Streatfield Medical Centre	52,873	Dr Kaushik Karia (Aspri Medical Centre)
Sphere PCN	Elliott Hall Medical Centre Hatch End Medical Centre Northwick Surgery St Peters Medical Centre Streatfield Health Centre GP Direct	63,362	Dr Ashok Kelshiker (Elliott Hall Medical Centre) Dr Varun Goel (Streatfield Health Centre) <i>Job sharing the CD role</i>
Total	33 Practices	270,605	

Integrated Care Partnership

Following the briefing given to the board in July, the partnership has continued to show strong commitment and excellent engagement evidenced by a number of strategic and operational meetings held in July and August. The programme governance structure (see below) has been agreed by all partners although it is accepted that this may see some changes as the structure is tried and tested, and also with the development of the NW London CCGs into a single CCG.

Harrow Integrated Care Delivery Programme: Delineated Governance Structure



1

A roadmap to 20/21 has been developed and the organisational priorities of the partnership are currently being mapped on to the roadmap to promote visibility and alignment across the partnership. A detailed delivery plan will be developed from the roadmap.

Another Strategic Partnership event is planned for 10th September 2019 (following the first one held on 18 June 2019). The main focus of this event will be to agree the collective position of the partnership in terms of: the commissioner and provider offer, the ‘ask’ and outcomes, the financial sustainability of the system and the ICP development plan.

Section 3 – Further Information

Any further updates will be given verbally at the board.

Section 4 – Financial Implications

Planned to work within the existing financial envelope.

Section 5 – Equalities Implications

Primary Care Networks are designed to operate at local population levels to ensure that health inequalities and access to care can be addressed.

For the Integrated Care Partnership, clinical leads are attached to the programme, and quality impact assessments undertaken.

STATUTORY OFFICER CLEARANCE (Council and Joint Reports)

Not applicable

Ward Councillors notified: NO

Section 7 – Contact Details and Background Papers

Contact: Javina Sehgal, Managing Director, Harrow CCG, 020 8966 1147

Background Papers: None



REPORT FOR: HEALTH AND WELLBEING BOARD

Date of Meeting: 19 September 2019

Subject: Harrow Safeguarding Adults Board (HSAB) Annual Report 2018/2019

Responsible Officer: Paul Hewitt
Corporate Director, People Services

Public: Yes

Wards affected: All

Enclosures: Harrow Safeguarding Adults Board Annual Report 2018/2019

Section 1 – Summary and Recommendations

The attached report provides the Health and Wellbeing Board 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),

FOR INFORMATION

Section 2 – Report

2.1 The Care Act 2014

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

- i. publish a strategic plan for each financial year
 - the HSAB has a 3 year strategic plan 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 includes the required statutory partners

2.2 Statistics

The attached report covers the full range of statistical analysis as well as an update on progress against the objectives set in 2017/2018.

The full report also covers some trend analysis and comparisons with the latest national data.

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

2.3 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 with their users to mark Dignity Awareness Day 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. Topics included: “modern day slavery - eradication is our duty”; “a partnership approach to combating modern slavery”; “the voice of a victim”; “national and local challenges” and “supporting the human rights of trafficked individuals”. 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 (see below)
- 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 Mind in Harrow education course programme promoted the Metropolitan Police ‘Little Book of Big Scams’ section about online scams and has provided a new user-friendly information sheet about safeguarding & Prevent to over 200 people with mental health needs to increase awareness
- numbers of referrals for home fire safety checks to the local Fire Service via the Council’s safeguarding adults coordinator 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 2019 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

- 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.
The organisation also facilitated 4 scams and fraud awareness sessions attended by over 50 of their service users, reporting positive feedback from participants
- two Independent Domestic Violence Advocates (IDVA's) are now 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
- CLCH NHS Trust held its second Annual Safeguarding Conference in October 18 which was well received by staff, with a broad range of speakers covering both Children's and Adults Safeguarding. The conference covered topics such as self-harm in schools, the Mental Capacity Act 2005, Prevent, and hoarding/self-neglect, homelessness, modern slavery, a legal update and the CLCH Safeguarding Champions programme
- CNWL's commitment to reduce restrictive practice continued with the Violence Reduction Work that is being undertaken to decrease the use of restraint on in-patient wards. Some very innovative interventions supporting this work are around sleep hygiene, use of sleep apps and travel masks. This is having a positive effect - good sleep patterns promote more positive interactions and less incidents on wards
- Harrow Mencap deliver quarterly forums for people with learning disabilities which have included sessions on mate crime and speaking up
- the Police with support from the Harrow Council Safeguarding Adults Team 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
- the Council's Children and Young People's Service (CYPS) have contributed to quality assurance 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

Included in the report this year is a reference to the nation and local Learning Disability Mortality Review programme, with related actions included in the priorities below.

2.4 HSAB priorities for 2018/2019

The areas that the Board has agreed are priorities for action in 2019/2020 include:

- 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)

- 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
- use “deep dive” statistical reports in areas of interest/concern to the HSAB e.g. crimes against older people in their own homes
- 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 recommendations from the fatal fire review are implemented
- 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
- training events for Providers are organised on: sepsis; constipation; aspiration pneumonia and mental capacity assessments (with a focus on learning disability services)
- focussed monitoring of supported housing units by the Harrow Safeguarding Assurance and Quality (SAQ) Team of supported housing services, alongside the above events for Providers about best practice
- 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
- a 4th joint HSCB HSAB conference will be held in 2020 with a focus on “suicide prevention and mental health”
- the existing transition protocol in place for the HSAB and HSCB will be updated and relaunched, incorporating Research in Practice findings/recommendations

Progress on the above actions will be monitored at quarterly HSAB meetings and an end of year review will be summarised in the HSAB Annual Report 2019/2020.

Ward Councillors’ comments

N/A – this report affects all Wards

Financial Implications/Comments

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

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

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

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

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

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

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

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

Legal Implications/Comments

N/A – this is a “for information” report

Risk Management Implications

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

Equalities implications / Public Sector Equality Duty

The HSAB considers local safeguarding adults statistics at each Business Meeting and at its annual review/business planning event, with particular emphasis on ensuring that concerns (referrals) are being received from all sections of the community. The 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 priority of:

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

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

Name: Donna Edwards	<input checked="" type="checkbox"/>	on behalf of the Chief Financial Officer
Date: 15 th August 2019		
Name: Paul Hewitt	<input checked="" type="checkbox"/>	Corporate Director
Date: 15 th August 2019		

Ward Councillors notified:	NO – this report affects all Wards
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Section 4 - Contact Details and Background Papers

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

Background Papers:

Harrow Safeguarding Adults Board Annual Report 2018/2019

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& our Partners,

Committed to Safeguarding Adults



Harrow Safeguarding Adults Board (HSAB)

Annual Report 2018 - 2019



in partnership with:



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

Foreword

This is the 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 enquiries 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
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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

<p>Principle One: Empowerment</p>	<p>Description: <i>Presumption of person led decisions and informed consent</i></p>
<p>Objectives and how they will be achieved and measured</p>	<p>Actions</p>
<p>The HSAB ensures effective communication with its target audiences</p> <p>Impact and effectiveness are evaluated and influence changes to future campaigns</p>	<p>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)</p>
<p>The Harrow SAB's work is influenced by user feedback and priorities</p> <p>User feedback at annual review events reports progress on agreed projects</p>	<p>Further attempts are made with Head Teachers to engage with young people and adults at risk – in relation to disability awareness and social inclusion</p>
<p>Mind in Harrow</p> <p>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.</p> <p>The Council's Safeguarding Adults Coordinator widely promoted the "little book of big scams" produced by the Metropolitan Police/Home Office.</p>	

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.

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

<p>The Harrow SAB ensures that dignity is a high priority for local care providers</p> <p>More Providers in Harrow improve their CQC rating each year</p>	<p>Provider concerns are monitored at Board meetings and commissioners oversee quality assurance</p> <p>Providers are supported with relevant information/training</p>
<p>The Board supports elected Councillors and others in similar roles to recognise abuse and report their concerns</p>	<p>Provide annual training/refresher events for elected Councillors and those in similar roles across partner agencies</p>
<p>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.</p> <p>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.</p> <p>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.</p> <p>In June 2018 the Council’s Safeguarding Adults Team provided a training session for 32 elected Councillors.</p> <p>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.</p>	

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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.

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

<p>Learning is embedded in practice and leads to continuous service improvement</p> <p>The multi-agency safeguarding adults training programme is updated annually based on formal evaluation; and learning from audits, user feedback and SARs</p>	<p>The 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</p>
<p>The Harrow SAB is reassured that Making Safeguarding Personal (MSP) is well embedded in practice</p> <p>There is a reduction in “not known” and “other” outcomes recorded at the end of safeguarding enquiries</p> <p>Return is made to NHS Digital</p>	<p>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</p> <p>HSAB is provided with quantitative data (in addition to the existing qualitative information) about MSP outcomes (based on the return to NHS Digital)</p>
<p>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.</p> <p>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.</p> <p>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?</p>	

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 - some 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.

<p>Principle Four:</p> <p>Protection</p>	<p>Description:</p> <p><i>Support and representation for those in greatest need</i></p>
<p>Objectives and how they will be achieved and measured</p>	<p>Actions</p>
<p>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</p>	<p>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</p>
<p>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.</p> <p>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.</p> <p>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.</p>	

<p>Principle Five:</p> <p>Partnership</p>	<p>Description:</p> <p><i>Effective partnership working ensures a “whole family” approach leading to the best possible outcomes for users</i></p> <p><i>Effective partnership working ensures an effectively coordinated approach leading to the best possible outcomes for users</i></p>
<p>Objectives and how they will be achieved and measured</p>	<p>Actions</p>
<p>The HSAB is effective as a partnership</p>	<p>HSAB monitors the actions resulting for each agency represented on the Board from the NHS England/ADASS Risk Audit completed in 2017/2018</p>
<p>The HSAB and HSCB work collaboratively ensuring a “whole family” approach to safeguarding work</p> <p>Joint projects (e.g. annual conferences, training events, community outreach, work with schools) will be explored wherever possible - to optimise both resources and outcomes</p>	<p>A third joint HSCB HSAB conference will be held in 2018/2019 with a focus on “trafficking and modern day slavery”</p>
<p>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:</p> <ul style="list-style-type: none"> • 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) <p>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.</p>	

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.

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

	Presentation is made to the Harrow Health and Wellbeing Board with particular reference to progress on agreed joint priorities and recommendations for the coming year
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
<p>→ → →</p> <p>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.</p> <p>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.</p> <p>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.</p>	

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 <i>Presumption of person led decisions and informed consent</i>			
Priorities	Actions	Lead agency/s	Timescale
<p>The HSAB ensures effective communication with its target audiences</p> <p>Impact and effectiveness are evaluated and influence changes to future campaigns</p>	<p>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)</p>	<p>Safeguarding Adults Service (LBH)</p>	<p>End March 2020</p>
<p>The Harrow SAB's work is influenced by user feedback and priorities</p> <p>Demonstrable changes in practice are evident through file audit, user interviews and as presented by experts by experience at the HSAB Review</p>	<p>Further attempts are made with Head Teachers to engage with young people and adults at risk – in relation to disability awareness and social inclusion</p> <p>Develop accessible information for hospital patients in both mainstream and mental health units about Making Safeguarding Personal (MSP)</p> <p>Develop more “safety hubs” in Harrow</p>	<p>People Services (LBH) and HSCB</p> <p>CNWL and LNWHT</p> <p>Harrow Mencap</p>	<p>End March 2020</p> <p>End March 2020</p> <p>End March 2020</p>

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

Principle Four: Protection <i>Support and representation for those in greatest need</i>			
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

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

<p>“Think whole family”</p>	<p>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</p>	<p>HSCB and HSAB sub-group</p>	<p>End March 2020</p>
<p>Principle Six: Accountability</p> <p><i>The Board meets its statutory requirements as set out in the Care Act 2014.</i></p>			
<p>Priorities</p>	<p>Actions</p>	<p>Lead agency/s</p>	<p>Timescale</p>
<p>The general public is aware of safeguarding issues and the work of the HSAB</p> <p>Relevant staff are aware of safeguarding issues and the work of the HSAB</p>	<p>The HSAB Annual Report for 2018/19 is published in an “easy to read” format and posted on all partner websites</p> <p>The HSAB Annual Report for 2018/19 is published in “Executive summary” and “staff headlines” formats and posted on all partner websites</p>	<p>LBH Safeguarding Team</p> <p>LBH Safeguarding Team</p>	<p>End August 2019</p> <p>End August 2019</p>

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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
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*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
124 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 WELLBEING BOARD

Date of Meeting: 19 September 2019

Subject: Harrow Safeguarding Children Board Annual Report (DRAFT – pending approval by HSCB on 17.09.19)

Responsible Officer: Produced on behalf of the Independent Chair of HSCB, Chris Miller

Public: Yes

Wards affected: Not applicable

Enclosures: Annual Report

Section 1 – Summary and Recommendations

This is the final annual report for the HSCB produced as part of its previous statutory responsibilities. The HSCB was required to publish and share its report with specified bodies and persons – one of which is the Health and Wellbeing Board. This presentation of the report concludes the HSCB's role in this respect. The HSCB now comes under the governance of the newly established Harrow Strategic Safeguarding Partnership.

Recommendations:

The Annual report does not make recommendations, but the report is shared to help ensure that local strategic partnerships inform and support each other's priorities and objectives.

Section 2 – Report

The draft annual report is attached. This is due to be considered at the HSCB meeting on 17 September.

Financial Implications/Comments

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

Legal Implications/Comments

None

Risk Management Implications

None

Equalities implications / Public Sector Equality Duty

None – LSC's are not public bodies

Council Priorities

N/A . The LSCB works to agreed multi-agency priorities

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

Name: Jo Frost



on behalf of the
Chief Financial Officer

Date: 10 September 2019

Name: Paul Hewitt



Corporate Director

Date: 9 September 2019

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

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

Background Papers: N/A

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Think Whole Family

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19	Children Looked After
21	Challenge & Review: Allegations against staff/CQC Inspection of NWLUHT
22	Challenge & Review: RNOH/Ofsted and CNWL
23	Learning from Case Reviews
24	Learning & Development
25	2019 Annual Conference – Sexual Abuse within the family
26	Trafficking and modern day slavery – safeguarding conference
27	Policy, Procedure and Guidance
28	Engagement with the Voluntary, Private & Faith Sectors
29	Child Sexual and Criminal Exploitation – A new focus on contextual safeguarding
30	Mental Health – success of a local service
App1	Our New Priorities for 2019 – 2021
App2	Budgets
App3	HSCB Board Membership and attendance

FOREWORD

This is the final statutory annual report of the Harrow Safeguarding Children Board (HSCB). As of June 2019, Harrow has adopted a new set of safeguarding arrangements which replace the HSCB. These new arrangements seek to further strengthen the partnership between the principle safeguarding agencies, so that they share responsibility equally for what happens to children in Harrow.

Whatever the statutory arrangements, children still need excellent services, which are well led and are delivered by people who have a commitment to the task of keeping children safe and helping them to thrive.

This report gives you our account of what we have done in the past 12 months to safeguard children who live, learn, or take leisure in Harrow.

I regularly meet service leaders and practitioners dedicated to the task of safeguarding children and I am always impressed by their focus and determination to do what is best for them. We are, though, never complacent and we know that we need to keep challenging each other and our systems to ensure that our safeguarding partnership is as good as it needs to be and that it is able to evolve to deal with new issues that arise.



CHAIR'S EVALUATION OF THE BOARD'S EFFECTIVENESS

Enquiry and Challenge

This is a strength of the HSCB. The Challenge and Review Section of this report illustrates the multi-agency determination to ensure that our practice is scrutinised and improved as part of our continuous cycle of learning and improvement ✓

Understanding of the impact of practice

The HSCB is consistently curious about how the work of the partners plays out in the real world among children, young people and their families. Our review of the way the Multi-Agency Safeguarding Hub (MASH) practice impacts professionals and our new understanding of the health visitor and school nurse provision (both described later on) are but two illustrations of this. ✓

Understanding performance information

This is a mixed but improving picture. We have a rich data set provided by Harrow Council. The Metropolitan Police, following its restructure, continues to work on its data provision to the partnership, which is currently accompanied by too little analysis. Health provider data has improved and developed over the past 12 months – in particular, with impressive scrutiny taking place by the Royal National Orthopaedic Hospital which is driving up local standards. Substance misuse services have also begun presenting strong evidence of their monitoring arrangements with clear impact on service improvement. To take us to the next step, we need to find ways of compounding all the data we have to enable a full picture of what is happening. There is, though, real determination amongst the partners to get this right. #

Understanding the impact of early help and child protection thresholds

Our data on children who are in need, on child protection plans and who are looked after, give us information on trend and need. This data is subject to review and analysis along with children centre registration and attendance data. Our Quality Assurance activity regularly looks at the application of thresholds and what early help was offered or available. Through this, we have a picture of which children are accessing early help services and how they progress thereafter. ✓

Learning from reviews and incidents

We have not published a Serious Case Review (SCR) in the past twelve months but we worked closely with Lewisham LSCB on a case relevant to Harrow and have undertaken a separate local Learned Lessons Review. These are described later on. . We have taken our learning from these and explored how good we are at accessing a full range of partner information to help us with decision making.

We have also been contributing to an ongoing Learned Lessons Review led by Richmond LSCB to ensure that important lessons about cross border working are identified and responded to in a timely fashion. The findings of this will be reported in the new partnership's first annual report.

Our robust audit regime regularly brings to light partnership challenges. The HSCB has been good at responding to these challenges and improving practice. ✓

Working strategically with other partnership boards

Partnership work is a strength of HSCB and our aspiration is to work together with other partners and boards wherever there is mutual advantage to be had. Our annual conference this year was conducted jointly with Harrow Safeguarding Adults Board (HSAB) and Safer Harrow. The HSCB chair has recently been appointed to chair HSAB as well. He sits as a member of the Health and Wellbeing Board and takes part in the joint strategic need analysis working groups. ✓

General Commitment of Partners

The HSCB is well attended and the sub groups receive regular support from colleagues across a wide range of agencies. Health and Education colleagues have assumed chairing responsibility for a number of areas of multi-agency work and have taken on responsibility for the multi-agency partnership. The Partnership in Harrow is a cooperative and effective one. The HSCB also benefits from a strong input from an independent lay member. ✓

Resourcing Commitment of Partners

Safeguarding is a complex business and a LSCB requires resources to function. The regulations that established LSCBs invites partners to make financial contributions but do not require them to do so beyond the exhortation that the burden should not fall disproportionately on any one member more than another. The funding for the Harrow LSCB in 2018 -19 has fallen disproportionately on Harrow Council for several years. ✗

However, this is the last year of the HSCB in its current form and 2019-20 offers new opportunities to get this right.

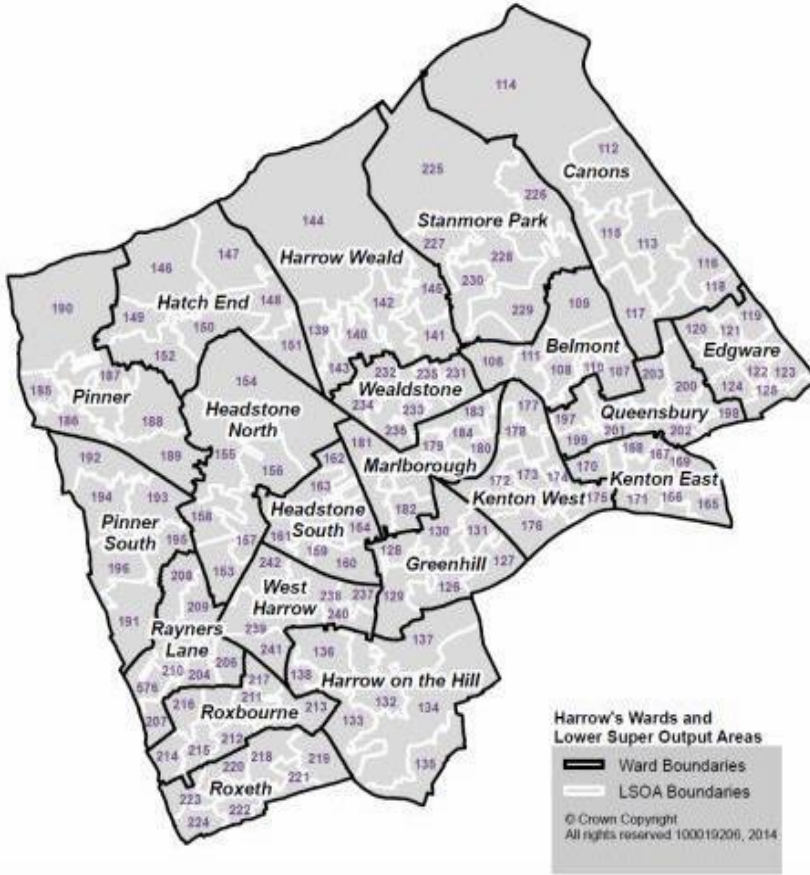
Conclusion

The HSCB has many areas of strength and is always seeking to get better. Its enquiry and challenge function continues to be the driver of change and improvement. Senior staff across the partnership set a good example in the way that they engage with problems, accept the need for change and put in place ways of making practice better. 2019-20 will be an important year of transition as we dissolve the statutory LSCB and move to new arrangements. We must continue to build on what we have achieved.

A SNAPSHOT OF SAFEGUARDING ACTIVITY IN HARROW

HARROW AT A GLANCE

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	Overall Population (2018 mid-year estimate ONS)	250,100
	Deprivation (Where 1 is most deprived) out of 326 local authority districts.	213 th
	Number of Primary Schools	56
	Number of Secondary Schools / Sixth form colleges/ Tertiary Education Colleges	24/2/1
	Children in Borough	58,400
	Children from a Black, Asian or Minority Ethnic Background	74%
	Number of Contacts in MASH (1 st April 2018- 31 st March 2019)	7576
	Number of Children in Need (31 st March 2019)	1847
	Number of Children on Child Protection Plans (31 st March 2019)	280
	Number of Children Looked After (CLA) (31 st March 2019)	169
	Number of Children Looked After who are unaccompanied asylum seekers	38
	Number of Children Placed for Adoption (1 st April 2018- 31 st March 2019)	6
	Number of Children assessed for Private Fostering	4

A SNAPSHOT OF SAFEGUARDING ACTIVITY IN HARROW

Commentary:

Harrow is generally a prosperous borough and the majority of children thrive in their families and achieve excellent educational results in our schools, which are among the best in the country. It is a diverse borough and the many communities who live in Harrow get on well. Compared with London, the UK as a whole and other local areas, which share our characteristics (our statistical neighbours) the number of children in need, on child protection plans and being looked after by the Council is relatively low.

However, sometimes children, for a variety of reasons, do not thrive in their family homes. When an agency identifies that to be the case they make a referral to MASH and then a variety of interventions are possible. Mostly the concern can be dealt with by normal services. But, if the child or family needs additional help which goes beyond what normal services can provide then as a child in need, with the family's consent, we provide to them additional support and help.

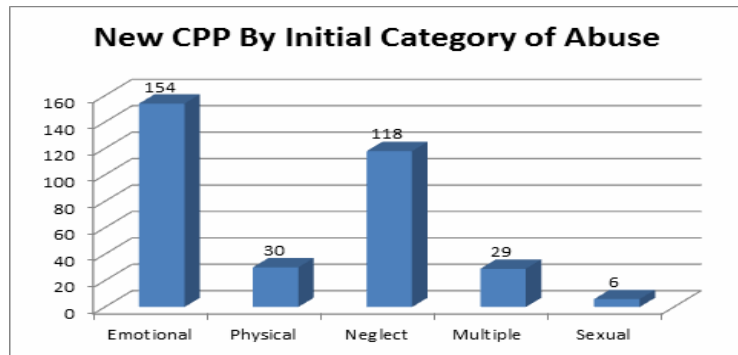
Where a child is thought to at risk of significant harm then we place the child on a child protection plan and work with families to reduce the risk. When the risk is just too high then the child has to leave the family home (often temporarily) to live in an environment, where we know that the child's safety is assured.

In addition to looking after Harrow children whose homes are not safe for them we also look after children who have arrived in the UK as unaccompanied asylum seekers as they do not have homes to live in or family support.

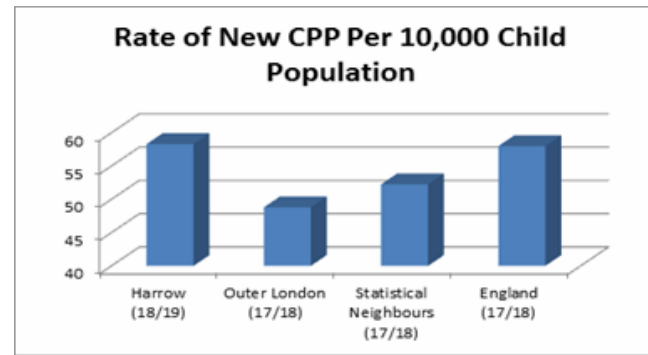
Some children cannot ever return to their family homes and in those cases, we seek to place them with an adoption family.



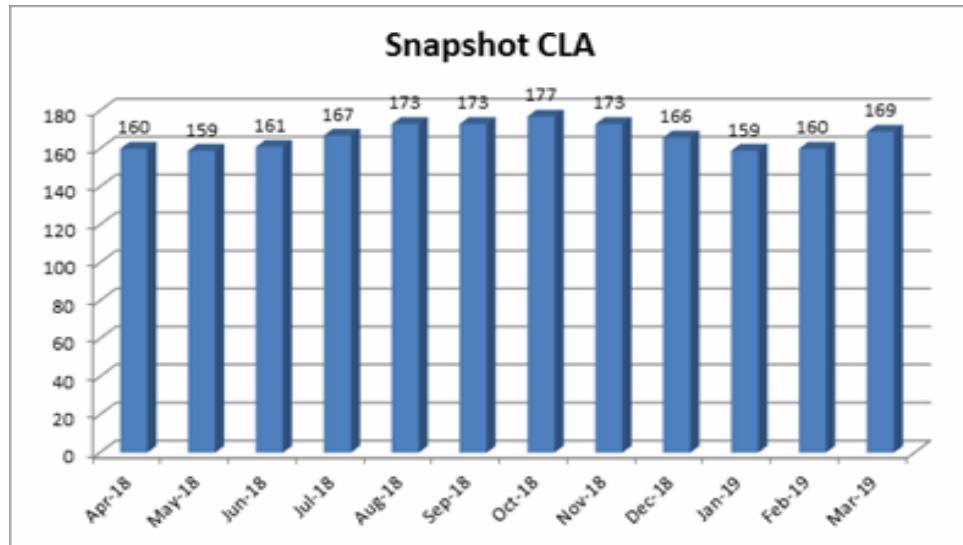
A SNAPSHOT OF SAFEGUARDING ACTIVITY IN HARROW



Categories by which children placed on CP Plans 2018-19



Comparison of Harrow's 2018-19 figures with other authorities



Looked After population during 2018/19

The age profile of children and young people entering care during 2018-19

- 14.8% of children were less than 1.
- 9.0% of children were aged 1 to 4.
- 9.0% of children were aged 5 to 9.
- 25.4% of young people were aged 10 to 15.
- 41.8% of young people were aged 16 and over.

The profile in terms of children leaving care as at 31st March 2019:

- 28.8% Returned home to live with parents/relatives.
- 5.9% Special Guardianship Order granted.
- 13.6% Moved in to Independent Living.
- 2.5% Age assessment determined child is aged 18 or over
- 4.2% Adopted
- 2.5% Sentenced to Custody.
- 0.8% Care taken over by another Local Authority.
- 35.6% Care ceased for any other reason

YOUNG HARROW FOUNDATION – SURVEY

Understanding the Needs of Young People in Harrow – from their perspective

The Young Harrow Foundation commissioned a survey in Harrow to establish the needs of local young people. With the assistance of schools and 51 charities, the survey reached **4,358** young people. By using the feedback from such an extensive and informative survey, local agencies and charities can ensure that their service plans, initiatives and funding bids are better and more realistically informed by the voice of young people.

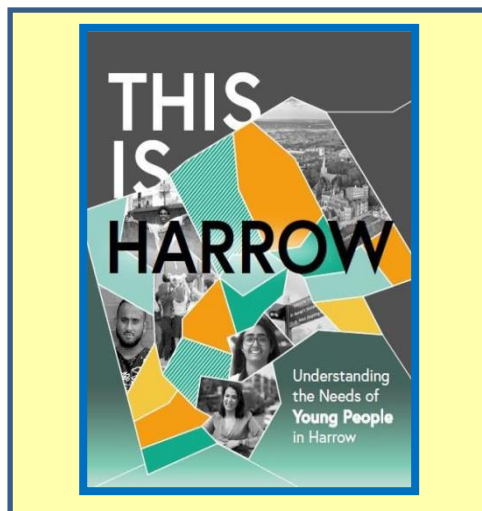
What children and young people tell us in Harrow in relation to safeguarding matters:

Mental and Emotional Well-being

Mental health is the largest area where there is unmet need for support. There are surprisingly high numbers of young people self-harming and experiencing suicidal thoughts. This does not equate to a high risk or prevalence of suicide but indicates that many young people are living with high levels of distress. This finding led to the HSCB planning its next annual conference on **Mental health – self harm and suicide prevention**.

Youth Violence

While only a small number of young people are involved in gang activity, the perceived upsurge in youth violence associated with gangs registered as a major concern for young people. The HSCB has confirmed **Contextual Safeguarding** as one of its three new priorities for 2019 to 2021 with youth violence being a key component.



Inequalities

Despite Harrow being a relatively affluent borough, the challenges young people face are made worse if they are disadvantaged. Children from poorer families, those with caring responsibilities and children with disabilities are likely to have more unmet support needs. The HSCB ensures that children and parents with additional support needs are incorporated into its core auditing programme, working collaboratively with Harrow Safeguarding Adults Board for robust scrutiny of services.

HSCB PRIORITIES 2017 – 2019



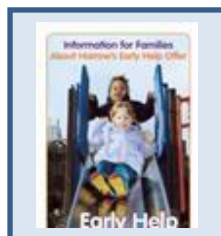
Priority 1: Early Help/Support:

To ensure a clear understanding of what help is available across the partnership, where it is delivered and how to access it.

- *Developing and implementing a communication strategy to promote a clear understanding of the referral process and the range of services available.*
- *Monitoring and evaluating front-line practice in relation to the identification, referral and impact of early help – Drawing upon regular single and multi-agency data analysis and auditing.*

What was achieved?

- **A redesign of the Early Help Offer** – advertising and providing local support for both universal access and targeted groups:



Focus on Parenting: We have three hubs in the community and a range of satellite services. Walk-in parenting tips sessions, “Stay and Play” sessions which help parents to learn how to become First Teachers are popular sessions. Targeted support is provided to those families referred by the Multi Agency Safeguarding Hub. Assessments of need lead to access to a wide range of help from within the Early Help Service and/or by other agencies. The Early Help in-put is for 6-12 weeks

Progress: In October 2018 around 2,000 families accessed 6,200 sessions – with good reach into the most deprived areas.

Focus on Young People: Youth work, including services from the voluntary sector e.g. **Ignite** operates from the Wealdstone and Cedars Hubs and provides outreach work. Targeted services are provided for some particularly at risk young people such as young offenders.


Progress: By October 2018 the centre reached 111 young people accessing 489 sessions. 75% were repeat visitors.



- **Together with Families:** A new programme introduced to support families who are most at risk and who are highly dependent on acute services – and where appropriate working to keep families together and children out of local authority care. Harrow is in Phase two of a five year programme. Harrow’s five year target is to have supported 1,330 families who enjoy sustained outcomes.

Progress: Since the start of the programme work has taken place with 1,700 families - supporting the whole family. The programme aligns with Early Help through early identification and preventative work, and consequently reducing statutory intervention and pressure on acute services.

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	<p>Priority 2: Understanding Risk:</p> <p>To achieve a reliable understanding of the risks faced by children and young people in Harrow, so that preventative and responsive actions are informed by up to date and relevant information.</p> <ul style="list-style-type: none"> • <i>Reviewing the focus and breadth of the HSCB's data set and identifying priority areas for further scrutiny</i> • <i>Compiling problem profiles and ensuring they are regularly fed by data and intelligence from the <u>whole</u> partnership</i> • <i>Identifying best practice in preventing and addressing risk; drawing upon local learning from reviews and audits - and evidenced based practice (local and national)</i>
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What was achieved?

- **The Multi-agency data set** - has been expanded to reflect the safeguarding activity of the wider partnership and we now regularly review data from
 - Substance misuse services (both children and adult services)
 - Sexual health services
 - Northwest London University Healthcare Trust – Northwick Park Hospital; mental health and community health services.

The data-set has promoted reactive audits where practice varies from statistical neighbours e.g. Female Genital Mutilation (FGM) referrals; child protection categories (see pages on Quality Assurance).

- **Risk areas better understood** – We now understand how a range of issues impact the safety and welfare of teenage children because we now review a range of wider data from
 - The Police
 - Children's social care
 - Sexual health services

This includes data in relation to child sexual exploitation (CSE), gangs and youth violence, missing young people, and criminal exploitation – including County Lines (the exploitation and often trafficking of young people to expand the illegal drugs market across the country). Improved profiling allows local agencies to intervene early and work with colleagues from other neighbouring authorities.

- **Data and audit findings informing risk management** – The number of children placed in local authority care is relatively low in Harrow because we think it is better, wherever possible, to manage risk in a way that keeps the child at home. However decisions on whether to allow a child to remain at home need to be ratified by good quality data and a robust approach to review and audit. The best interests of the child are central to Harrow's approach to managing these risks.
- **HSCB Audits and Case Reviews** – have enabled the partnership to evaluate progress on previous findings to ensure that its Learning and Improvement Cycle is effective – and new areas for future scrutiny are identified and in the future we will be scrutinising how well we engage with parents with learning difficulty and how good is our inter-agency information sharing.

HSCB PRIOTITIES 2017 - 2019

We want to hear from YOU.

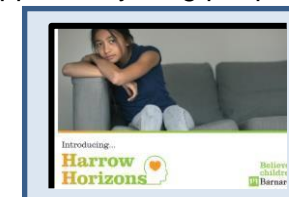
Priority 3: Engagement:

To ensure that the work of the Board is regularly informed by children, young people and their families – and to harness new support from the wide range of communities in Harrow

- *Broadening the methods of communication with children, young people and families – and furthering their involvement in service development and evaluation.*
- *Seizing opportunities to involve local communities in safeguarding and promoting the welfare of children.*

What was achieved?

- **The voice of children and young people** – All HSCB members have been active over the year in ensuring that both their practice and strategic planning is informed by the voice of the child. Most notably, agencies have been drawing upon the wealth of information collated by the extensive survey carried out by Harrow Young Foundation (see key safeguarding messages on page 9). Individual agencies have reported into the Quality Assurance Sub group on their internal feedback and survey activity which has led to service improvement e.g. Compass (support for young people who misuse substances) set up a **One Stop Shop** for easier access and refreshed their website in response to feedback from young service users. The development of a new emotional health and wellbeing service '**Harrow Horizons**' provided by Barnardo's, for children and young people up to the age of 18 or 25 for young people with special educational needs and disabilities (SEND), was shaped by extensive consultation with young people too.
- The HSCB has also incorporated changes to its website following consultations with young people and the development of our new Partnership website will be informed by a programme of work experience for young people with additional needs – **Watch this space!**
- All HSCB case audits seek evidence that practice is informed by the voice of young people and their families and these have shown a marked improvement, especially with regard to hearing the voice of siblings and children with additional needs (see Quality Assurance pages)
- HSCB reviews ensure that the views and experiences of families inform local learning. The recently published joint review with Lewisham has led to an improved focus on working more effectively and supportively with parents who have additional needs (See page 23).
- The HSCB's voluntary sector arm, Voluntary Action Harrow, has proven to be an effective mechanism for feedback from a wide range of community based services, which have further informed the HSCB's learning and improvement programme and communications with the Multi-agency Safeguarding Hub.



HSCB PRIORITIES 2017-19



Working Together

Priority 4: Effective collaboration:

To ensure that the priorities of the HSCB are supported by other strategic partnerships within Harrow and that relevant collaborative work takes place with other LSCB's.

- *Building on existing collaboration with other strategic partnerships and identifying new external alliances to strengthen practice and achieve efficiencies.*
- *Ensuring that the HSCB promotes robust scrutiny, transparency and accountability in all of its monitoring activity*
- *Developing 'in-house' auditing and reviewing skills to ensure efficient allocation of HSCB's financial resources.*

What was achieved?

- **Collaboration with Harrow Safeguarding Adults Board (HSAB)** – Building on existing joint activity, the new Strategic Safeguarding Partnership has been developed to reflect the formal and structured connection between the HSCB and the HSAB, both at a strategic planning level and in the newly framed sub group work (see <http://www.harrowscb.co.uk/wp-content/uploads/2019/06/Harrow-Safeguarding-Children-Arrangements-May-2019.pdf>). This will further strengthen Harrow's strategies to address areas of safeguarding risk that affect the young and adults with care and support needs, including the transition from childhood to adulthood. Already, our shared 'Think Whole Family' approach has been reflected in:
 - **Joint annual conferences** – Domestic abuse, Sexual abuse, Modern day slavery, and Self-harm and suicide prevention.
 - **Jointly led case auditing** – Substance misuse, sexual abuse, agency child protection Enquiries.
 - **Joint learning events** – FGM, problem gambling, belief in spirit possession, and contextual Safeguarding.
- **Collaboration with North-West London Safeguarding Partnerships** – New Child Death Review arrangements are being developed. The combined larger amount of data from this new collaboration is intended to produce more reliable patterns and themes to guide preventative action in respect of avoidable deaths.

Shared HSCB & HSAB Learning events



CHALLENGE & REVIEW

HSCB multi-agency audit of cases involving sexual abuse

The proportion of child protection plans in Harrow for sexual abuse has remained relatively lower than other areas similar to us (known as our statistical partners) This has been the case for some time now. The Quality Assurance Sub Group undertook a multi-agency audit to explore the reasons why this might be the case.

Nine cases spanning the full range of thresholds were selected for review (i.e. cases resulting in no further action through to those requiring child protection and criminal investigation).

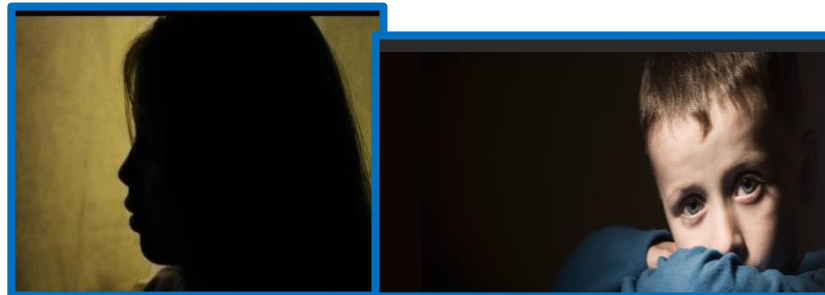
The following areas showed good practice:

- The application of thresholds in response to the initial referral.
- The range of support offered to children by schools and colleges including early help services.
- Cross border information sharing by children's social care.
- Engagement with birth fathers in assessment and planning.
- Constructive inter-agency challenge.
- GP services in their recording of cases and their readiness to raise alerts appropriately.
- Mental Health Services holding on to cases and persevering with non-engaging young people or families.
- The wide range of arrangements in place to obtain the voice of the child, including those with special needs.

Areas for further development:

- Some initial assessments were informed by an incomplete range of information because not all available information was sought from or provided by those agencies to whom family members were known.
- There were some examples where adult services focused on the needs of parents with care and support needs without identifying the impact of their additional needs on their children.
- Conversely, there were some examples of child facing services not identifying or adequately acknowledging the mental health or learning needs of parents.
- Systems for notifying agencies of action to protect children were robust, but they were not so reliable when Children's Social Care decided to take no further or alternative action – leaving schools and GP's unclear about how to respond to the families they had referred.

A multi-agency action plan overseen by the Quality Assurance sub group will ensure that the above findings are addressed and their impact monitored throughout 2019 to 2020.



CHALLENGE & REVIEW

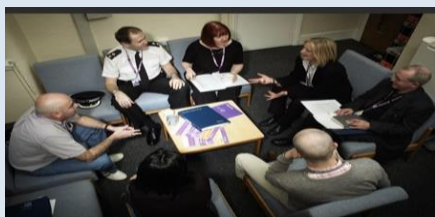
Analysis of the HSCB Data Set:

1. Understanding Child Protection Categories

Regular scrutiny of the HSCB's data set indicated that the proportion of cases registered for sexual abuse at child protection conferences was lower than the London average and our statistical neighbours. The Quality Assurance Sub Group explored this in different ways; involving interviews with conference chairs and participating professionals, as well as conducting an extensive survey of multi-agency perspectives on the outcomes of all conferences held over a 3 month period.

The survey concluded that participating professionals agreed with the final categorisation of cases in the majority of cases, and that where there had been disagreement, the conference Chair facilitated good discussion bringing matters to a satisfactory resolution. Participants felt sufficiently skilled and confident to challenge and escalate concerns in this multi-agency setting.

The Quality Assurance Sub Group remains actively curious in its scrutiny of related data and sought a wider understanding of practice in relation to sexual abuse cases in its dedicated multi-agency audit (see Sexual Abuse Audit Findings).



The process of examining notifications revealed that entries onto the Local Authority system were not always undertaken accurately in terms of how the initial concern was being categorised. This finding led to additional training for the relevant Business Support Team, who made helpful suggestions themselves for the improvement of checklists and descriptions on the electronic system. The accuracy of entries will be kept under review.

2. Scrutiny of MASH Notifications and Outcomes

Reports from some agencies that they were not automatically receiving feedback from MASH in response to their referrals were investigated by the Quality Assurance Group. For the period examined, compliance on feedback was confirmed although the timeliness of feedback led to further action. The introduction of the national CP-IS system (Child Protection Information Sharing) will further improve communications between key health providers and Children's Social Care.

3. Scrutinising Developments in the Multi Agency Child Sexual Exploitation Arrangements (MACE)

A 4th audit over a 3 year period of the functioning of the MASE Panel demonstrated the importance of the HSCB's attention to the partnerships response to young people at risk of exploitation. The scrutiny led to improved use of the Child Sexual Exploitation Risk Assessment Tool and better identification of patterns and themes emerging across Harrow and neighbouring boroughs.

CHALLENGE & REVIEW

Evaluation of Health Visitor and School Nursing provision

In 2018 Harrow Council's Public Health Department assumed responsibility for the commissioning of Health Visitors and School Nurses (replacing the CCG).

The Quality Assurance Group has kept the 0-19 service under scrutiny because we wanted to know what impact the change has had on children and young people.



Improvement:

Firstly the collection and analysis of data has improved enabling us to have a better understanding of the service. We have found that:



- The proportion of children at 12 months receiving checks has increased
- The take up of checks on 3.5 year olds needs to improve and
- The rates for breast feeding is not what we would like it to be. (NB: However 2019/20 shows significant improvement with targets being met).

So the HSCB will continue to monitor progress.

Ensuring continuing progress

Progress on action plan from CYAD Audit

The HSCB commissioned an independent audit to seek assurance about the new arrangements for the 0-25 Disability Service set up in 2016. The audit found many strengths in the new service including detailed and timely assessments. Progress on the areas for development was monitored during 2018, supported by further internal case auditing.



The action plan led to:

- Better evidence of how the voice of the child/young adult was sought and used to influence planning – drawing upon direct work with the child/young adult and by widening the range of family members and professionals who contribute to this feedback.
- Action to identify and support young carers/siblings – supported by staff training from The Children's Society and the Together with Families Programme.

Making a positive difference

CHALLENGE & REVIEW



Monitoring Safeguarding Arrangements and New Developments in Harrow



Sexual Health Services – Public Health

A new contraceptive and sexual health service was launched at the Caryl Thomas Clinic. To ensure its accessibility, it operates from the new Community Clinic hub.

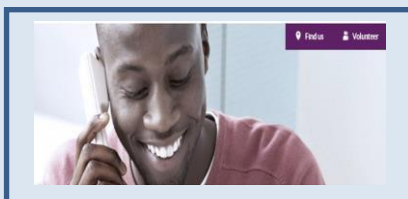
A **C-Card Scheme** now operates providing access to free condoms for registered 13-24 year olds – helping to promote better sexual health.

The Sexual Health Service provides educational work in schools and colleges, as well as training for professionals on a range of sexual health related topics including CSE, consent, body image, on-line safety and pornography. Additional support is provided for young people with special educational needs and outreach work for vulnerable and high risk young people.

Westminster Drugs Project (WDP) Substance Misuse Services for Adults

WDP provides drug services to adults in Harrow. It comes across a lot of children in its work and so liaises closely with child facing organisations to ensure that children who may be at risk from substance misusing adults are referred to partners. It also provides expert advice to professionals across the partnership.

A CQC Inspection in 2018 found four outstanding areas of best practice and no required areas for improvements. This service has experienced budget reductions in the past two years and so, HSCB continues to monitor the impact this may have on safeguarding processes. WDP have evidenced that this area of work receives priority.



Compass – Young Peoples' Substance Misuse Service

Over the year Compass:

- Updated its tracking systems to ensure that the service learns from safeguarding incidents.
- Set up on-site advisory support to ensure an **early response** to young people seen at Northwick Park Hospital.

Compass made good use of feedback from young people to:

- Revise guidance leaflets for young people – in 5 common languages and develop a new website.
- Develop a **One Stop Shop** which provides a range of support from Compass itself and other services; Barnardo's (mental health), Prospects Careers Advice, Terrence Higgins Trust (sexual health) and Azy Counselling Services.

CHALLENGE & REVIEW

Child Protection Conferences

Arrangements to protect and support children at risk of significant harm are overseen and monitored by a multi-agency conference. **838** such conferences were held in Harrow during 2018 to 2019 to consider initial cases and a further **480** conferences were held to consider the review of existing cases where a child/young person already had a child protection plan. **82.8%** of the initial conferences led to the child/ren receiving a child protection plan.

Children who remain on a child protection plan for more than two years or for a second or subsequent time are additionally monitored through the multi-agency Child Protection Practice Panel. The additional scrutiny ensures that any delay in progress is identified and the reasons understood or challenged.

Between 2018 and 2019 **0.4%** of the total of cases had a Child Protection Plan for two years or more in Harrow. This placed Harrow well below the statistical and England average (**4.53%** and **1.8%** respectively) – indicating the effectiveness of local plans.

Improvements have taken place in the timeliness of conferences being held to receive cases transferred into the borough – previously 37% were meeting target timescales and this has improved to **69%**. The improvements are linked to learning embedded from a local **Serious Case Review**.

Other successes:

- **100%** of parents received a report for the conference.
- **96%** of conferences had appropriate representation from agencies.
- **97%** of social care reports were assessed as satisfactory, good or excellent.

Strengthening Families

The Strengthening Families model used by practitioners in Harrow helps families understand their strengths and risk areas – empowering them to participate in the assessment and planning in a constructive way.

This also means that child protection conferences are more inclusive and dynamic.

The approach is supported by:

- A new dedicated conference room with easier access on the ground floor and separate Waiting Room.
- The use of a Signs of Safety visual tool at every conference – which breaks up information for easier interpretation.
- Encouraging attendance and engagement by children and young people in the process of the conference.
- Improved engagement by GPs.
- The use of an independent advocacy service.
- The use of children's consultation forms.
- Feedback from professionals.



CHILDREN LOOKED AFTER

Independent Reviewing Officers (IROs)

IROs have a statutory role in ensuring that Children Looked After (CLA) are receiving the support and care that they individually require – and have a key role in challenging any drift or delay in the agreed arrangements.

Achievements:

- A total of **525 Reviews** were chaired by IROs for the year ending 2017 and **98.6% were held within the required timescale.**
- **Caseload** for IROs in Harrow are of the right size and are balanced so that complexity and distance (some Harrow CLA have to live a long way from Harrow but need the same help as locally placed children) are shared equitably across the service
- **86% of disputes** about care plans were resolved at the earliest stage (stage 1) and the remainder resolved at Stage 2. None required further escalation.
- **100% of care leavers received information about their financial entitlements** regarding setting up home and for education/training and employment

Continuing Scrutiny:

- **80% of children had an up to date Health Assessment** at the time of their review – and the CLA Health Team continues to make progress
- **60% of children had an up to date Personal Education Plan** at the time of their review. Attention is being given to ensuring that schools and social workers complete the plans in a timely fashion

Both areas for improvement are kept under scrutiny by the HSCB's Quality Assurance Sub Group.

Data

The Looked After population for 2018 to 2019 ranged from **162 to 170** children and young people

The largest proportion of children who started to be Looked After in this period were aged **16 plus (41.8%)**

By the second Review, there was a Permanency Plan in place for 87% of children. The remainder were subject to ongoing assessments as part of care proceedings being in progress

9 Looked After Reviews concerned children and young people with a **disability**. Additional time was given to ensure that their wishes and feelings were identified



CHILDREN LOOKED AFTER

Permanent placements or returned home

During the period 2018/19 the profile of children leaving care by end of 31st March 2019 was:

- 28.8% Returned home to live with parents/relatives.
- 5.9% Special Guardianship Order granted.
- 13.6% Moved in to Independent Living.
- 2.5% Age assessment determined child is aged 18 or over
- 4.2% Adopted
- 2.5% Sentenced to Custody.
- 0.8% Care taken over by another Local Authority.
- 35.6% Care ceased for any other reason

The voice of the child/young person

In Harrow, we seek to ensure that the views of Children Looked After are sought at all stages of their time in care

- 81% of children and young people over the age of 4 participated in their Review by attending or having their views and feelings expressed via another method
- Some young people have chaired part of their Review and/or helped set agendas
- Advocacy in Harrow is provided by **Community Solutions** from **Harrow Mencap**
- The Youth Justice Board commissions advocacy services for young people detained in young offender institutions and secure training centres

Listening to children and young people

I have support from the Children Looked After Nurse

I know her, but can't remember her name – she is kind and understands me

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

I have no family in the UK

I know who my IRO is – she is very good

I like my IRO – she's nice

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

CHALLENGE & REVIEW

Management of Allegations against Staff

The Local Authority Designated Officer (LADO) ensures that any allegation of abuse against adults who work with children is dealt with in a thorough, fair and timely manner.

In the past year there were a total of **73** referrals of allegations against staff and volunteers across Harrow. This figure has remained fairly stable in recent years. Most are referred by schools and Children's Social Care.

52 cases involved referrals to the police, but **25** of these did not result in an investigation.

20 cases required enquiries by Children's Social Care to establish if there was a risk of significant harm to a child.

15 referrals involved concerns of a physical nature; 3 were in relation to emotional abuse; 18 in relation to sexual abuse (including on-line and historical abuse).

Of the total number of allegations **18** were substantiated. This was an increase of **50%** on the previous year's statistics.

8 cases involved children with disabilities.

Performance:

31 cases were completed within 3 months. Delays on other cases were largely due to the complexity of necessary police and court processes.

1 case was referred to the Disclosure and Barring Service to ensure that the individual concerned could not work with children again.

Care Quality Commission (CQC) Inspection of NWLUHT

The CQC inspected services at NWLUHT – Northwick Park Hospital and made a number of recommendations and requirements for improvement. Some were in relation to their safeguarding arrangements. The HSCB and its Quality Assurance Sub Group has maintained oversight of the progress on relevant key actions:

- Improving compliance with mandatory training – A new training strategy has been produced, including monitoring.
- Improving systems for recording safeguarding matters – The new CP-IS (Child Protection Information Sharing) system has been put in place.
- Providing nursing staff with clinical and safeguarding supervision. A formalised safeguarding supervision strategy has been developed and rolled out across allied health services.
- New Children's Board established to steer and maintain standards.

Harrow Council's Residential Provision for children/young people with learning or complex needs: The Firs

The Firs provides children/young people with a variety of experiences and relationships outside of their own home whilst also providing families with a break from meeting the additional support needs of their children. The service supports **32 children/young people**.

In their inspection by Ofsted in the year 2018/19 The Firs maintained its "**Outstanding**" grading for the 10th consecutive year.

The Firs is in the top 1% of children's homes nationally!



CHALLENGE AND REVIEW

Royal National Orthopaedic Hospital (RNOH)

A review of safeguarding arrangements at RNOH in 2017 led to a **robust action plan** to ensure that quality assurance was at the forefront of safeguarding.

Progress has been impressive, with regular audits being undertaken and presented to the HSCB's Quality Assurance Sub-Group for external scrutiny.

- A new specialist Safeguarding Advisor post was created and governance arrangements strengthened
- Audits confirm that the majority of staff have good overall safeguarding knowledge
- RNOH's robust auditing programme continues to drive up standards



Central & North West London NHS Foundation Trust (CNWL)

Children and Adolescent Mental Health Services (CAMHS) **improving service provision:**

- A hub model for an **Urgent Care Team** was established providing services for children and young people in crisis – including A&E assessments and supporting young people and their families for intensive short periods of time to avoid the need for hospital admission or to support early discharge
- A new unit '**Lavender Walk**' was opened in November 2018, providing in-patient care for young people aged 13 to 18 who are experiencing severe mental health difficulties and need to be cared for in a safe and secure environment. It comes from innovative work by the North West London **CAMHS New Models of Care Programme**

The Team
at
Lavender
Walk



- A new Unit '**Crystal House**' (5 beds) has been opened to provide specialist support for adolescents with a learning disability

Ofsted's focused visit to Harrow Local Authority Children's Services

Inspectors considered the local authority's arrangements for children who need help and protection – specifically the 'front door' services. They concluded that there was **strong leadership** in Harrow to improve outcomes for children and their families. Since the previous inspection in 2017, they found a **sustained commitment to improving the quality of social work practice** and that the local authority had **clear strategies in place to promote early intervention and support**.



LEARNING FROM CASE REVIEWS

Local Serious Case Reviews

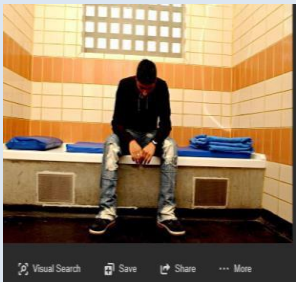


HSCB contributed to a Serious Case Review led by Lewisham LSCB in a case which involved serious injury to a Harrow child who had gone to live with a relative in Lewisham through a Special Guardianship Order. Key learning included:

- Ensuring multi-agency checks are carried out and that they inform assessments
- Understanding the implications of parental learning difficulties and the need to work effectively with specialists in adult services
- Being clear about the legal framework relevant to professional duties
- Ensuring that the life story of a child is passed on to professionals in the child's new area.

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Learned Lessons Review



A Local Learned Lessons Review was undertaken in response to a 17 year old with serious mental health issues who experienced an extreme delay waiting in a police cell for a Tier 4 CAMHS bed. The review led to a revised pathway for young people with mental health problems in crisis.

New model for Local Learning Reviews

The above review was a new way of learning for us with fewer written reports, shorter time frames and better multi-agency working. Practitioners and their managers contributed to the findings through shared reflective learning on key stages of the young person's experience in custody.

Learning from Deaths and other Serious Incidents

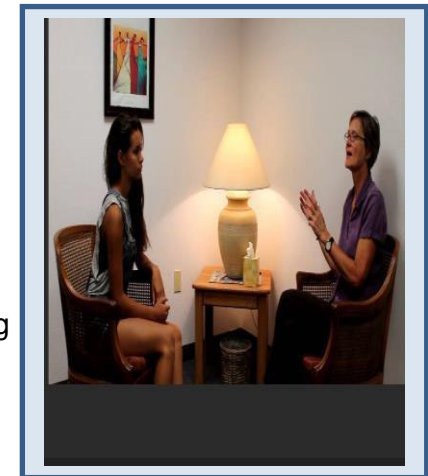


A 2018 case which involved the sad death of a primary school child following an acute asthmatic episode. Learning took place for schools on asthma treatment through awareness raising. The National Guidance for Schools on Asthma and the attached process chart were circulated to all schools.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/416468/emergency_inhalers_in_schools.pdf

The case of a young person admitted to an adult ward out of area in South London was also scrutinised by the Review Group.

The findings led to the Tier 4 pathway being revised to ensure better access to Tier 4 beds and a new model of care. This work has led to funding for and the opening of Lavender Walk, a Tier 4 inpatient service adjacent to Chelsea and Westminster Hospital in November 2018.



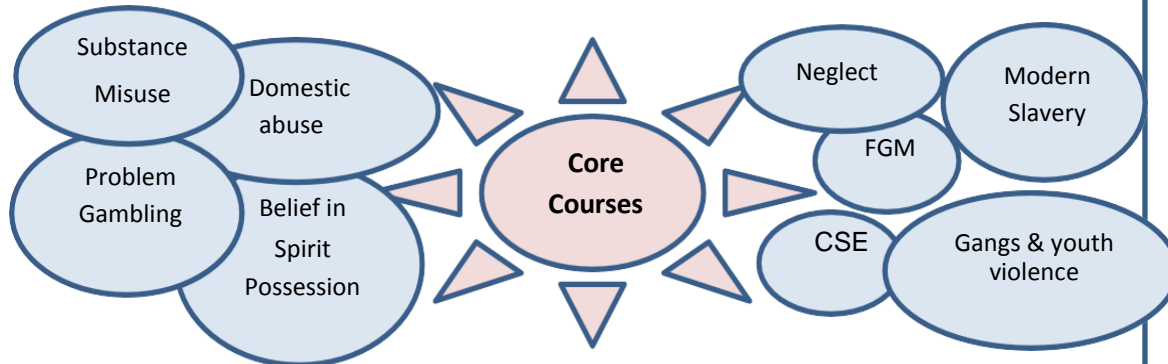
LEARNING AND DEVELOPMENT

Restructure of HSCB Learning and Development Programme

We found that demand for multi-agency training and our capacity to deliver it has changed significantly over the past few years. In the face of this, the HSCB reviewed partners' annual training requirements and the level of contribution they were able to offer to resource them. The outcome was to reduce the available core courses to two: **'Introduction to Safeguarding'** and **'Advanced'**.

To ensure that practitioners also keep their knowledge and skills up to date, a new programme of **Learning Events** was set up, involving shorter briefings and seminars. These are provided over a long lunch break or at a half-day session. This leads to better attendance, because it is more attractive to agencies as the release of staff for shorter periods has less impact on general service capacity. This has been reflected in a good take-up of the events.

Events have included a wide range of topics led by local leads and external specialists in each field. Practitioners attending any of the core courses or the learning events receive a certificate to include in their personal development portfolios.



Expansion of HSCB Training Pool

The HSCB refreshed the content of its core courses over the last year with the help of existing trainers and ran a 'recruitment' programme to attract more practitioners into the Training Pool. This was a very successful exercise and **16 new trainers** were added to this highly valued multi-agency resource, helping us to extend the range and number of our courses. This will support our expansion in to the topic of **Contextual Safeguarding**.



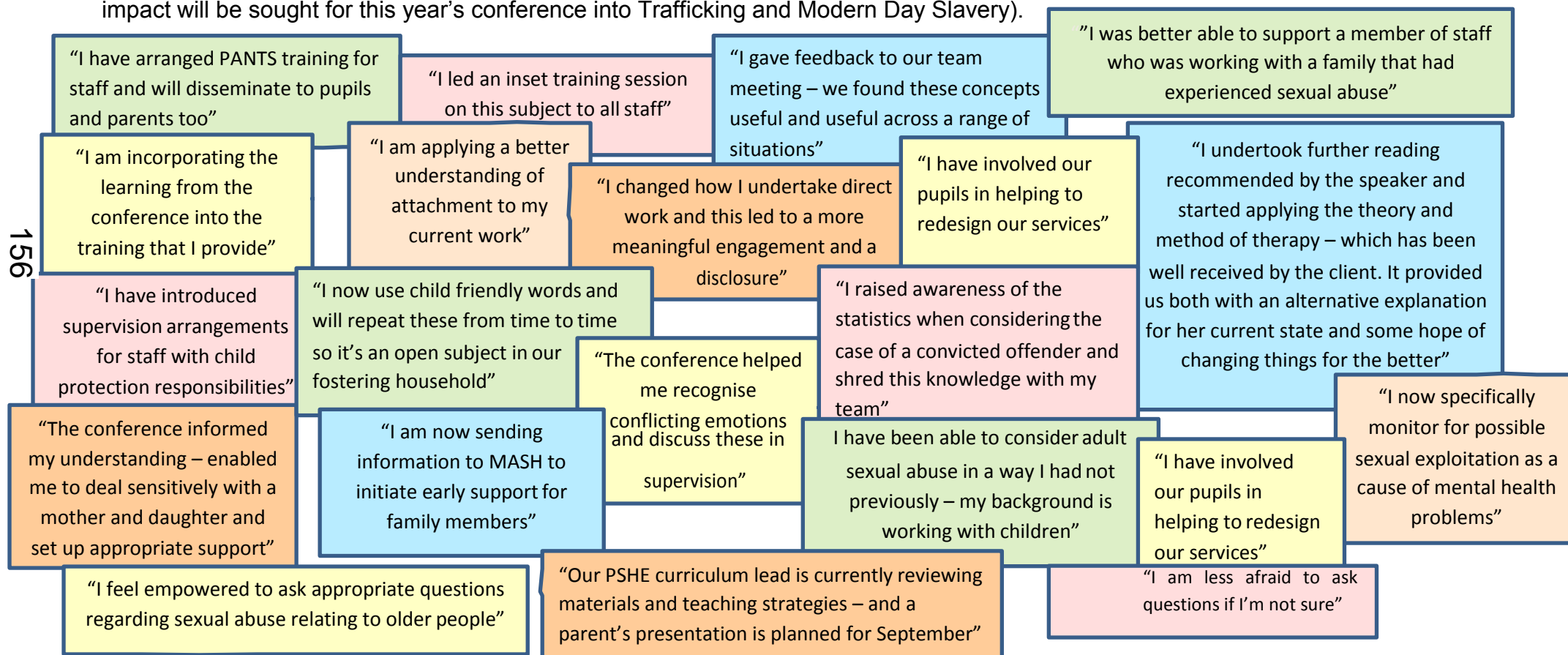
Designated Safeguarding Leads for Schools Forum

The HSCB provides a termly safeguarding forum for all Designated Safeguarding Leads (DSLs) in Schools and Colleges. These events are popular as they provide DSLs with up to date information and briefings on emerging safeguarding issues and services available to support them in meeting the needs of their pupils and families.

The forums are also a good opportunity for schools to share examples of good practice e.g. Early Help, Inspection Readiness

2019 ANNUAL CONFERENCE: 'SEXUAL ABUSE WITHIN THE FAMILY' – good news from practitioners in Harrow!

We want to ensure that our safeguarding learning events lead to better, professional practice. We want our learning to improve the lives of children, adults with support needs and their families in Harrow. Our joint conference with Harrow Safeguarding Adults Board in 2018 led to the following feedback and actions taken by a selection of those people who attended (evidence of similar impact will be sought for this year's conference into Trafficking and Modern Day Slavery).



TRAFFICKING AND MODERN DAY SLAVERY

The HSCB and Harrow Safeguarding Adults Board (HSAB) provide shared training for the children's and adult's workforces where they are dealing with mutual and overlapping risk.

IMPACT 14 referrals regarding children were made to the **National Referral Mechanism (NRM)** in the year 2018/19 for potential child trafficking. This shows a steady increase on previous years and possibly indicates the effectiveness of raising awareness activity.



Some of the cases are linked to concerns of child criminal exploitation (i.e. County Lines drug **trafficking**). Harrow's data shows that children are often referred for other concerns before trafficking emerges as a factor.

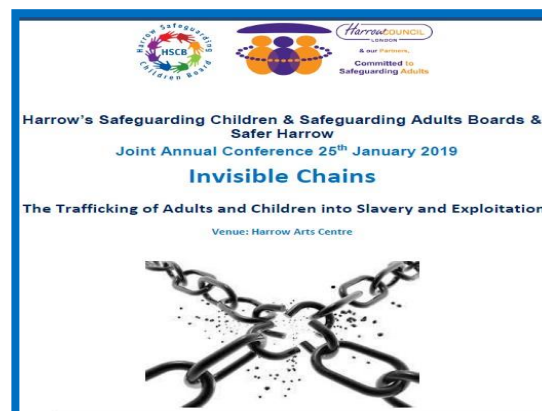
PILOT: To strengthen the local response, the Local Authority instigated a pilot partnership with **ECPAT** (Every Child Protected Against Trafficking) to raise awareness and improve practice, including the links with other risks such as Child Sexual Exploitation and County Lines.

IMPACT:

- Implementation of a register to identify and track children at risk of exploitation
- Increase in the number of training sessions on child trafficking indicators and notification duties
- Revision of trafficking guidance and procedures

SAFEGUARDING CONFERENCE: 'INVISIBLE CHAINS'

In January 2019 HSCB, HSAB and Safer Harrow collaborated on delivering a conference on modern day slavery and people trafficking which are shared areas of concern.



It attracted a wide range of practitioners from across the children and adult's workforce. Keynote speakers included Kevin Hyland OBE, the UK's first Independent Anti-Slavery Commissioner and expert researchers in the field; Dr Ruth Van Dyke, Tamara Barnett and Philip Ishola. The day was also supported by a good variety of specialist workshops drawing on local experience and national support organisations.

A powerful presentation was given by 'Miriam' a survivor of trafficking which grounded the conference in service user experience. As with all HSCB learning events, delegates were required to report back on how they had embedded the learning into their practice to make a positive difference to children and vulnerable adults in Harrow.



POLICY, PROCEDURE AND GUIDANCE

DEVELOPING AND REVISING GUIDANCE

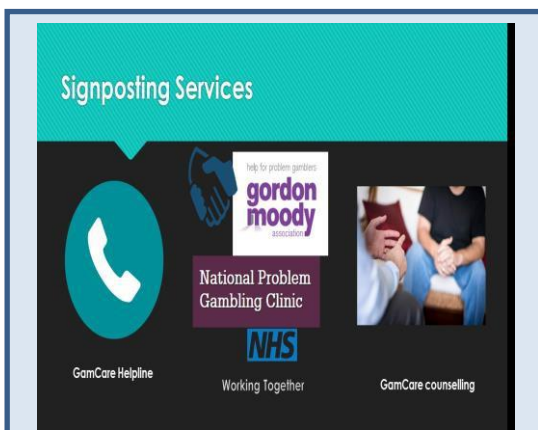


There are a set of London safeguarding procedures but sometimes they require local interpretation or amplification. HSCB's **Policy and Procedures Sub-Group** leads on this work. What the group is asked to do can be identified through local audits and reviews – or they could be required to develop guidance to support a unique local service.

This has been another active year where many existing procedures and guidance tools have been reviewed and updated to include new research or arrangements. This has included a refresh of the **'Golden Number'** referral leaflet.

The Sub-Group has scrutinised and endorsed a range of safeguarding policies for local and national organisations, and have contributed to national consultations on new guidance e.g. Carers Joint Commissioning Strategy; Elected Home Education, National Safeguarding Policy for Supplementary Schools, NHS England's Joint Guidance for Children's Social Care and Substance Misuse Services, and Relationship and Sexual Education Guidance. The Sub-Group also responded to requests from local schools to produce guidance to achieve a proportionate response to 'threats' of terrorism.

One area of particular achievement is the collaborative work this group has undertaken with Harrow's Licensing Service on the topic of **Problem Gambling**. After researching the prevalence of this problem across the partnership, a number of full day training events and part day briefings were arranged with the assistance of Gamcare – promoting greater understanding of the risks associated with addiction and its impact on the family and young people.



HSCB WEBSITE



The Sub Group oversees the development of the HSCB's website, which provides guidance for practitioners and links to the Pan London Safeguarding Procedures.

In addition, the website provides guidance and assistance for children, young people and their families on a range of topics – and signposts them to services and additional guidance, both local and national.

The website links to the HSCB's training programme and its **NEWS** page promotes upcoming events and new developments.

The Sub Group scrutinises 'traffic reports' which show how often the website is accessed and which pages attract most interest. This helps to inform the HSCB about the impact of learning events and where practitioners and the public might seek more assistance e.g. allegations management, preventing radicalisation, training and pathways to referring concerns: 'The Golden Number'.

A new look

- To ensure our website is relevant and accessible, plans are in place to engage young people in redesigning it under its new partnership arrangement beginning September 2019.
- Alongside developments for the new partnership, the HSCB and HSAB are exploring options to use a new shared website platform to promote our **'Think Whole Family'** approach to safeguarding.

ENGAGEMENT WITH THE VOLUNTARY, PRIVATE AND FAITH SECTORS



Helping you achieve.
We work with the voluntary and community sector providing information, training and guidance.

Some topics are taboo in some cultures – it's good to talk about it

I feel more knowledgeable now to deal with disclosures

Excellent support regarding how to deal with allegations against staff

I am more confident supporting the families we work with

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HSCB has been working with Voluntary Action Harrow (VAH) for five years. VAH helps the HSCB to reach a wide range of local voluntary, private and faith organisations with key safeguarding information, advice and training. VAH helps to ensure that HSCB's priorities become known and embedded locally. We have asked them to pay special attention to issues such as Female Genital Mutilation, Breast Flattening, Modern Day Slavery, and the Sexual and Criminal Exploitation of children because of the impact that they have on particular communities. Annually VAH provides evidence to us of the impact they have had through their engagement with local organisations. The number of organisations accessing their safeguarding support services has grown steadily year on year and their impressive reach provides reassurance to HSCB that there are well developed levels of understanding about safeguarding among local communities. The advice provided by VAH is supplemented by the **Green Book** which outlines all the required duties and responsibilities relating to safeguarding children for the voluntary, private and faith sectors.

VAH – Strengthening Strategic and Operational Arrangements

VAH ensures that the voice of the voluntary and faith sector informs the HSCB's strategic and operational planning.

They are active members of the HSCB's Multi-agency Training Pool and the annual safeguarding conference planning group. (please see Learning and Development).

On an operational level, VAH has also proved very effective in enhancing knowledge and cooperation between statutory organisations and voluntary groups across Harrow. Briefings in the Multi-Agency Safeguarding Hub and advocacy for smaller organisations has helped to smooth communications and bust some traditional myths about safeguarding practice on both sides.

The Team at VAH



CHILD SEXUAL AND CRIMINAL EXPLOITATION - A NEW FOCUS ON CONTEXTUAL SAFEGUARDING

Child Sexual Exploitation

There were 28 referrals to the Multi Agency Sexual Exploitation Panel over the past year. 26 of these were girls and most referrals related to children aged 15 or older.

A new electronic recording system has allowed practitioners to identify higher risk Areas. It also helps link these young people with missing episodes and those also thought to be involved with or on the periphery of gangs or criminal exploitation. This enables the delivery of appropriate services which can be coordinated much earlier to address multiple vulnerabilities for the young people concerned.

HSCB's Violence, Vulnerability and Exploitation Sub Group encouraged the establishment of more robust internal reporting systems and this has improved the way we can help to protect children placed in Harrow by other local authorities. Better cross border information sharing now takes place which means that risks faced or posed by these 'out of area' children are more completely understood and addressed.

Trafficking and Modern Day Slavery

Agencies in Harrow made **11 referrals** to the **National Referral Mechanism** over the past year identifying young people at risk of trafficking related to CSE and or criminal exploitation. This was a significant rise on previous years and reflects the effectiveness of training and the impact of our annual conference in raising awareness of this crime.



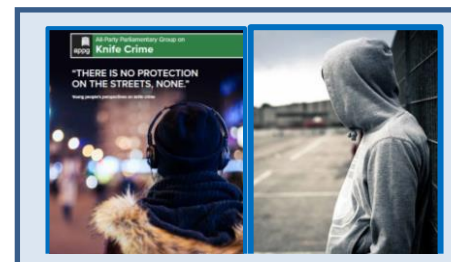
Youth Violence and Criminal Exploitation

The HSCB's Violence, Vulnerability and Exploitation Sub Group has expanded its focus over the past year to review the prevalence and multi-agency response to criminal exploitation, including 'county lines'.

In the last year, **30 children/young people** were identified as victims of child criminal exploitation (CCE) – and the majority of these were aged 16-17 years of age.

Unlike those at risk of CSE (girls mainly), the majority of those at risk of CCE (80%) were male.

The expanded remit of the **Multi-Agency Exploitation Panel** and **improved performance monitoring** have led to earlier identification of risk and more effective management of key risk factors, including cross border work.



MENTAL HEALTH – SUCCESS OF A LOCAL SERVICE



The WISH Centre who work with young people who self-harm is an important safeguarding partner in Harrow. A review of their services, undertaken by the Centre for Mental Health in 2018, found:

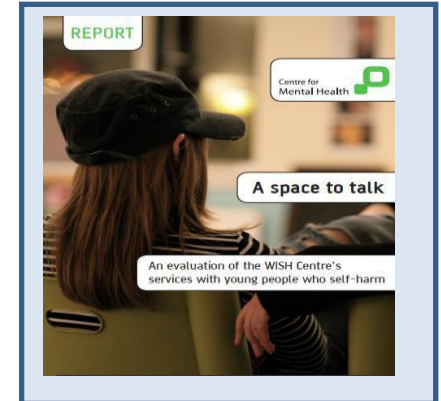
- 81% recovery rates for young people who self-harm, with a positive measurable change
- Markedly reduced A&E attendances for self-harm
- Across a whole range of conditions (self-harm, suicidal ideation, abuse, trauma, anxiety/stress, depression/sadness) there was a statistically significant improvement in a range of outcomes, particularly coping mechanisms and emotional resilience
- Savings for health through a reduction in the number of GP appointment, A&E attendances, medication prescription and paramedic callouts; savings for Children Social care through a higher rate of sustained closure in Child Protection Plans and a reduction in social services referrals; and for schools through; a reduction in the demand for in-school support particularly pastoral support
 - Young people had improved body confidence, demonstrated an ability to form healthier relationships and indulged in less risk-taking behaviour
 - The WISH approach – peer support networks and evidence based psychological therapies – were both found to have a positive impact on young people.

The review concluded that WISH’s approach is successful and replicable, and is likely to be cost effective:

“Young people describe a project that is holistic, that focuses on their strengths and in building resilience, and that does so at the young person’s pace”

“Young people collaborate in their risk-assessment plans”.

The Centre for Mental Health is calling for CCGs and local authorities across the country to commission services similar to that provided by WISH to support young people struggling with self-harm.



“I still have negative experiences & thoughts but, like, I am able to deal with them much better than before”


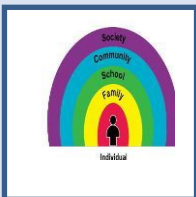


“When there were some older (young people) they were more willing to share things and you could ask them for advice”

Young person in focus group

OUR NEW PARTNERSHIP PRIORITIES 2019-2021 HARROW STRATEGIC SAFEGUARDING PARTNERSHIP



‘THINK WHOLE FAMILY’

 <p style="text-align: center;">Preventing harmful behaviours</p>	<p style="text-align: center;">1. MENTAL WELLBEING</p> <ul style="list-style-type: none"> • Promote an early intervention and prevention approach to mental ill health with a focus on harmful behaviours, including self-harm and suicide • Promote collaboration between services and agencies at all stages of assessment and intervention • Consider how multiple vulnerabilities impact mental ill health such as substance misuse and domestic abuse
 <p style="text-align: center;">Through a welfare lens</p>	 <p style="text-align: center;">2. CONTEXTUAL SAFEGUARDING</p> <ul style="list-style-type: none"> • Target the contexts in which that abuse occurs, from assessment through to intervention • Develop partnerships with agencies who have a reach into extra-familial contexts e.g. transport providers, retailers, residents associations, parks and recreation services • Monitor outcomes of success in relation to contextual, as well as individual, change
 <p style="text-align: center;">Early identification of risk</p>	<p style="text-align: center;">3. DOMESTIC ABUSE</p> <ul style="list-style-type: none"> • Ensure all relevant sectors have access to training and awareness training • Promote vigilance to the fact that age, gender, ethnicity and ability do not discriminate in term of who can become a victim or perpetrator of domestic abuse • Ensure early intervention and appropriate support for victims • Promote access to specialist intervention programmes for perpetrators
<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 5px; width: 25%;"> <p style="text-align: center;"><i>Considering the voice of children and those with care and support needs in everything we do</i></p> </div> <div style="width: 70%;"> <p style="text-align: center;">Safeguarding Guidance:</p> <p>Adults: http://www.harrow.gov.uk/safeguardingadults</p> <p>Children: www.harrowlscb.co.uk</p> </div> </div>	

Appendix 2.

HSCB BUDGET 2018 TO 2019

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INCOME	
Harrow Council including Business Support	-130,226
Police / MOPAC	-5,000
National Probation Service and CRC	-1,000
London Fire Brigade	-1,000
Royal National Orthopaedic Hospital	0
Cafcass	-550
Central and North West London NHS Foundation Trust	0
Harrow Clinical Commissioning Group	-11,000
London North West Healthcare Acute Services & Community Services	-11,000
Training Income	-7,560
Sale of USBs	-10
External Consultancy	0
Total Income	-167,346

EXPENDITURE	
LSCB Chair	18,011
Professional Support (full time BM; part time L&D co-ordinator)	73,253
Training Admin (.5 FTE)	24,244
SCRs and Independent Auditing	351
Voluntary Outreach work	13,100
Staffing & consultancy expenditure Total:	128,959
Delivery Costs	
Council charges	23,620
Annual Conference	4,690
Training Providers	1,756
Venue Hire	2,791
LSCB Website & 3 year Chronolator™ License	2,990
Publications, Printing, USB Production	130
Catering & Misc	2,410
Delivery Costs Total:	38,387
Total Expenditure:	167,346

Appendix 3 HSCB BOARD MEMBERSHIP AND ATTENDANCE – APRIL 2018 TO March 2019

Representing Organisation	Title	Attended total of
HSCB	Independent Chair	4/4
Lay Member	Vice Chair	3/4
Political Accountability	Lead Member children & Young People	4/4
Harrow Council, People Services	Corporate Director	4/4
Harrow Council, Public Health	Director of Public Health	2/4
Harrow Council, Education	Divisional Director	0/4
Harrow Council, Children with Disabilities	Service Manager 0-25 Disabilities Service	3/4
Harrow Council, Housing & Resident Services	Senior Professional	3/4
Metropolitan Police	Detective chief Inspector or Representative	4/4
HSCB Chair, Case Review Sub Group	Associate Director, Safeguarding & Safety, CNWL	3/4
HSCB Chair, Quality Assurance Sub Group	Service Manager, Quality Assurance (LA)	3/4
HSCB Chair of Learning & Development sub Group	Lead for special Needs – Shaftesbury School	4/4
HSCB Chair, Policy & Procedures Sub Group	Quality Assurance Officer (LA)	0/4
HSCB Chair, Violence, Vulnerability & Exploitation Sub Group	Head of Service, Children' Access Team	3/4
Harrow CCG	Chief/Assistant Operating Officer	1/4
Designated Nurse	Designated Nurse	4/4
Central North West London healthcare Foundation Trust	Associate Director (also Chair of Case Review Sub Group)	3/4
North West London University Healthcare Trust	Director of Nursing or Representative	4/4
Royal National Orthopaedic Hospital	Deputy Director of Nursing or Representative	1/4
West London Drugs Project	Service Manager	3/4
Sexual Health Services	Consultant Doctor	1/4
NHS England	Lead for NW London	0/4
Voluntary Sector	Director, The WISH Centre	3/4
High Schools	Headteacher, Kingsley High School	2/4
Infant and Primary	Headteacher, Kenmore Park	2/4
Independent Schools	Safeguarding Leads for Harrow School and John Lyon School	3/4
Colleges	Safeguarding Lead Stanmore	2/4
National Probation Service	Assistant Chief Officer	2/4
Community Rehabilitation Company	Head of Stakeholders & Partnerships	3/4
Cafcass	Head of Service	0/4
London Ambulance NHS Trust	Deputy Station Officer	0/4
Advisor to the Board	Senior Solicitor, Harrow Legal Services	3/4
Advisor to the Board	Business Manager	4/4
Advisor to the Board	Learning & Development Manager (vacant)	0/4

Board Meeting dates: 05.06.18, 18.09.18, 04.12.18 and 05.03.19