

Performance and Finance Scrutiny Sub-Committee AGENDA

DATE: Wednesday 27 March 2019

TIME: 7.30 pm

VENUE: Committee Room 5, Harrow Civic Centre, Station Road, Harrow, HA1 2XY

MEMBERSHIP (Quorum 3)

Chair: Councillor Ghazanfar Ali

Councillors:

Jeff Anderson
Ajay Maru

Nitesh Hirani
Pritesh Patel (VC)

Reserve Members:

- | | |
|------------------|-------------------|
| 1. David Perry | 1. Ameet Jogia |
| 2. Dean Gilligan | 2. Amir Moshenson |
| 3. Primesh Patel | |

Contact: Manize Talukdar, Democratic Services Officer
Tel: 020 8424 1323 E-mail: manize.talukdar@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: Tuesday 19 March 2019

AGENDA - PART I

1. ATTENDANCE BY RESERVE MEMBERS

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

Reserve Members may attend meetings:-

- (i) to take the place of an ordinary Member for whom they are a reserve;
- (ii) where the ordinary Member will be absent for the whole of the meeting; and
- (iii) the meeting notes at the start of the meeting at the item 'Reserves' that the Reserve Member is or will be attending as a reserve;
- (iv) if a Reserve Member whose intention to attend has been noted arrives after the commencement of the meeting, then that Reserve Member can only act as a Member from the start of the next item of business on the agenda after his/her arrival.

2. DECLARATIONS OF INTEREST

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

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

3. MINUTES (Pages 5 - 10)

That the minutes of the meeting held on 13 December 2018 be taken as read and signed as a correct record.

4. PUBLIC QUESTIONS *

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

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

[The deadline for receipt of public questions is 3.00 pm, Friday 22 March 2019. Questions should be sent to publicquestions@harrow.gov.uk

No person may submit more than one question].

5. PETITIONS

To receive petitions (if any) submitted by members of the public/Councillors under the provisions of Committee Procedure Rule 15 (Part 4B of the Constitution).

6. REFERENCES FROM COUNCIL AND OTHER COMMITTEES/PANELS

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

7. ANNUAL EQUALITIES REPORT 2018/19 (Pages 11 - 54)

Report of Divisional Director, Strategic Commissioning.

8. UPDATE ON THE HEALTH VISITING SCRUTINY REVIEW (Pages 55 - 70)

Report of Carole Furlong, Director of Public Health.

9. 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.]

PERFORMANCE AND FINANCE SCRUTINY SUB-COMMITTEE MINUTES

13 DECEMBER 2018

Chair: Councillor Ghazanfar Ali

Councillors: Jeff Anderson * Primesh Patel (3)
Nitesh Hirani * Pritesh Patel

* Denotes Member present
(3) Denotes category of Reserve Members

9. Attendance by Reserve Members

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

Ordinary Member

Reserve Member

Councillor Ajay Maru

Councillor Primesh Patel

10. Declarations of Interest

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

11. Minutes

RESOLVED: That the minutes of the meeting held on 13 July 2018 be taken as read and signed as a correct record.

12. Public Questions & Petitions

RESOLVED: To note that there were none.

13. References from Council and Other Committees/Panels

RESOLVED: To note that there were none.

RESOLVED ITEMS

14. Draft Capital Programme 2019/20 to 2020/21

The Sub-Committee received a report of the Director of Finance which set out the new draft General Fund capital programme proposals which had been proposed as part of the 2019/20 budget process and also set out budgets within the existing Capital Programme between 2018/19.

Members asked the following questions and officers provided the following responses:

What was the status of the Regeneration Programme? How had the figures for rental income from the proposed expansion of the Central Depot been calculated?

The Director of Finance stated that the Regeneration Programme was in the process of being reviewed and the capital budget going forward had been reduced to those schemes given approval (Haslam house and Waxwell Lane) or pending business case (Harrow New Civic Centre and POETS Corner) at this stage. Specific projects which were to be funded by the Neighbourhood CIL (Community Infrastructure Levy) would be progressed by relevant Directorates. Doing this would make the schemes cost-neutral. Projected rental income from the proposed expansion of Central Depot had been based on assumptions and evaluations and the market circumstances within the borough.

Was it the case that the Rayners Lane Triangle project was meant to have been partly crowd funded?

The Director of Finance stated that she did not have the figures to hand and would circulate this information to Members after the meeting.

£400k had been allocated for the development of unmanned aerial vehicles to support a range of Council services. What did this pertain to and why was the figure so high?

The Director of Finance advised that this initiative was still at the bid stage and the expenditure related to the purchase of drones. There were plans to use them for traffic enforcement, identifying fly tipping and other activities aimed at cleaning up and improving the quality of life in the borough. The £400k figure related to the purchase of equipment. She would look into the figures in detail and report back to Members.

A Member asked whether the figures relating to the Disabled Facilities Grant, the grant for potholes and the Highways project grant related to 2018/19.

The Director of Finance advised that the figures in the table related to the current financial year.

RESOLVED: That the report be noted.

15. Draft Revenue Budget 2019/20 and Medium Term Financial Strategy 2019/20 to 2021/22

The Sub-Committee considered a report of the Director of Finance which set out the draft revenue budget for 2019/20 and draft Medium Term Financial Strategy (MTFS) for 2019/20 to 2021/22. The budget and MTFS would be considered again by Cabinet in February 2019 for final approval and recommendation to Council.

Members asked the following questions and officers provided the following responses:

What was the latest position with regard to the grants available for pot holes, social care and the Disabled Facilities Grant?

The Director of Finance advised that, in respect of additional funding received for social care, it would be set aside in a social care reserve, available for draw down, as the funding was only provided for a year. Pothole funding and DFG funding, and its treatment, was set out in the report. She anticipated that the Spending Review and the Fair Funding Review would be finalised in autumn 2019 but this was subject to confirmation.

A Member asked about the reason for and the nature of the projected overspend in Adults.

The Director of Finance advised that this had been as a result of increasing demand for social care placements. She added that the pressures arising from the forecast overspend had been only partly alleviated following receipt of a number of different grants, for example, the Adult Social Care Support grant. She added that performance against the Adults' savings targets had been good, with 70% of the built-in savings rated as green and 18% rated as amber (these had been partially achieved).

A Member asked for an update on the provisional Local Government Settlement.

The Director of Finance advised that she had received notification earlier in the day regarding the provisional Finance Settlement. She added that the budget figures would be re-assessed on the basis of this information and updated versions of the tables of figures at appendices 1-4 would be submitted to Cabinet in February 2019 for approval.

How many new properties had been purchased?

The Director of Finance confirmed that there were 300 properties each with a potential rental income of £1,350 per month.

With regard to the proposed increase in Council Tax, was it the case that only 2 percent of the 4.99 percent could be used towards adult social care?

The Director of Finance advised that council tax was proposed to be increased by 4.99 percent, with 1.99% being the core council tax, 1% additional core council tax (2 year of a 2 year facility) and that 2 percent of this amount related to the adult social care precept.

How would the devolution of Business rates retention benefit Harrow?

The Director of Finance advised that permanent devolution was estimated to be in place by 2020. Harrow could benefit from an estimated £3.5m of one-off income in 2018/19 which would be applied in the 2019/20 budget as a result of being a member of the London Business Rates Pilot Pool. Additional one-off income of £0.779m in the form of section 31 grant funding had also been allocated to Harrow in 2018/19 which would be applied in the 2019/20 budget.

A Member asked how slippages were mitigated against and how confident was she that the savings targets were achievable?

The Director of Finance advised that the Council was committed to maintaining its statutory services, while improving commercial viability and ensuring value for money at all times. Last year the budget was de-risked in terms of removing unachievable income targets (Regeneration and project Infinity) Front line demand pressures would always pose a risk to the budget but these would be closely monitored throughout the year.

What was the current position with regard to project Infinity? Who did the project belong to?

The Director of Finance advised that marketing and product launch work was ongoing behind the scenes. She added that the product belonged to IBM although the intellectual property rights belonged to the Council. Infinity would not be included in the budget until after the product launch had taken place and detailed figures regarding potential revenue income had been calculated.

How long was the consultation period for the draft budget?

The Director of Finance stated that the consultation was done online and lasted for a month.

The Member expressed concern that the consultation would be carried out over the Christmas and New Year period, when typically responses were likely to be low.

The Director of Finance advised that there were separate consultations with stakeholders such as Access Harrow. She added that the Budget would be approved in February 2019, subject to completion of the Eqia and collation of any outstanding consultation responses.

What was the rate of response to the Budget consultation? How were the public made aware of the consultation? What had been the focus of the consultation?

The Director of Finance stated that typically, response rates to Budget consultations were low across all London Boroughs, and last year Harrow received 8 responses. She added that past consultations on libraries and the Arts Centre had elicited a much better response rate.

Were there occasions when grant funding had to be returned to Central government because it had not been spent within specified timescales?

The Director of Finance stated that this was a rare occurrence and it was in the interests of the Council to ensure all grant funding was spent within the required timescales.

RESOLVED: That the report be noted.

16. Revenue and Capital Monitoring 2018/19 - as at Quarter 2 (30th September 2018)

The Sub-Committee considered a report of the Director of Finance which set out the Council's forecast financial position as at Quarter 2 (30 September 2018) and Capital Programme adjustments and debts write offs.

Members asked the following questions and officers provided the following responses:

Why had there been a need to draw down from reserves when a number of service areas showed an underspend?

The Director of Finance advised that this was necessary in order to understand the full extent of the forecast position against the service directorate. Reserves were allocated for specific purposes. At year end the forecast total underspend would be returned to reserves.

How would the projected over spend in Adults be mitigated?

The Director of Finance advised that the Council was obliged to fund statutory services. It was important to ensure that the appropriate spending controls and preventions were in place, that officers in Adults were considering all possible options when dealing with requests from service users.

Why had there been slippage in the vehicle procurement budget and when would the current stock of refuse vehicles be replaced?

The Director of Finance advised that the purchase of refuse vehicles would be staggered over a two-year period as the some of old fleet had not yet reached the end of their life cycle.

What proportion of the Capital bids were made up of an external funding element?

An officer stated that this information was set out in detail at appendix 1 of the report.

RESOLVED: That the report be noted.

17. Exclusion of the Press & Public

RESOLVED: That in accordance with Part I of Schedule 12A to the Local Government Act 1972, the press and public be excluded from the meeting for the following item(s) for the reasons set out below:

<u>Item</u>	<u>Title</u>	<u>Reason</u>
18		Information under paragraph 3 (contains information relating to the financial or business affairs of any particular person (including the authority holding that information)).

18. Revenue and Capital Monitoring 2018/19 - as at Quarter 2 (30th September 2018)

The Sub-Committee received appendix 5 of the report of the Director of Finance entitled Revenue and Capital Monitoring 2018/19 – as at Quarter 2 (30 September 2018).

RESOLVED: That the appendix be noted.

(Note: The meeting, having commenced at 7.30 pm, closed at 8.40 pm).

(Signed) COUNCILLOR GHAZANFAR ALI
Chair

**REPORT FOR: PERFORMANCE &
FINANCE SCRUTINY
SUB-COMMITTEE**

Date of Meeting:	27 March 2019
Subject:	Annual Equalities Report 2018/19
Responsible Officer:	Alex Dewsnap, Divisional Director, Strategic Commissioning
Scrutiny Lead Member area:	Councillor Ghazanfar Ali Councillor Pritesh Patel
Exempt:	No
Wards affected:	All
Enclosures:	Appendix 1 – Annual Equalities Report 2018/19

Section 1 – Summary and Recommendations

This report highlights the Council's performance and work towards advancing equality of opportunity and provides an evaluation of the equality of service provision. It looks at ways work has been undertaken to eliminate unlawful discrimination and promote good relations between the different communities that make up Harrow.

Recommendations:

To approve the report for recommendation.

Section 2 – Report

Introduction

Harrow prides itself in being one of the most ethnically and religiously diverse Boroughs in the country with people of many different backgrounds and life experiences living side by side. The aim of this report is to assess our performance against our Corporate Equality Objectives via a basket of indicators and includes this year the annual equalities data for the Council and the borough. The report provides details of the progress we are making in achieving our equality objectives. It illustrates the wide range of work carried out by the Council to promote inclusion, cohesion, fairness and justice and sets out our suggested priority actions for the year ahead.

Being the diverse borough that it is, it is important to recognise and celebrate the good work that is being done across the Council to further equality and to celebrate the Borough's diversity and build on the commitment to promote fairness and diversity, as outlined in Harrow's Corporate Plan.

Work to ensure equalities is embedded into all Council work is overseen by the Corporate Equalities Group (CEG), which was chaired by the Interim Chief Executive. This group provides senior leadership and strategic direction for our work on equality and diversity and oversees the delivery of the Equalities Action Plan.

There are no additional implications on resourcing or cost.

Equality Act 2010 and the Public Sector Equality Duty

The Equality Act contains a range of rights, powers and obligations to help the advancement of equality. Section 149 of the Act details the Public Sector Equality Duty (PSED) which requires public authorities, in the exercise of their functions, to have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act

- Advance equality of opportunity between people who share a protected characteristic and those who do not
- Foster good relations between people who share a protected characteristic and those who do not.

The PSED covers Age, Disability, Gender Reassignment, Pregnancy and Maternity, Race (this includes ethnic or national origins, colour or nationality) Religion or Belief (includes lack of belief), Sex and Sexual Orientation; it also applies to Marriage and Civil Partnership but only in respect of the requirement to have due regard to the need to eliminate discrimination.

The PSED is supported by specific duties which are intended to help public authorities to meet their requirements, and we are required to (1) publish (by the 31 January each year) information to demonstrate their compliance with the general equality duty; and (2) prepare and publish equality objectives by 6 April 2012, and at least every four years thereafter.

Collate and Publish Equalities Information

We continue to review how we publish annual equalities data. The data and format we have published for 2018/19 is included in this report and this year covers data on the nine protected characteristics in Harrow as well as a narrative around some of the key drivers of inequality in Harrow. The data is used numerous times by officers for the strategic context for key strategies (such as the Harrow Ambition Plan and the Community Safety Plan) and in the drafting of equality impact assessments and by partners to develop projects and funding bids.

The intention is that with consideration of the annual equalities report, the Performance and Finance Committee will have the opportunity to shape the Corporate Equalities Action Plan for the year ahead based on the data that has been published.

Developing and Publishing Equality Objectives

Our Corporate Equality Objectives were last reviewed in 2016 and were agreed by Cabinet in March 2016. They are:

- An inclusive workforce that feels valued, respected and reflects our Community
- An improved understanding of our communities to ensure services are fair, equitable and accessible to all and reduce inequality
- Promote and celebrate the diversity of our borough and foster community cohesion

We are not proposing any changes to the Corporate Equality Objectives for 2019/20 and they will next be reviewed by March 2020 at the latest.

Measuring Performance against Corporate Equality Objectives

Directorates produce quarterly progress reports against their directorate scorecards for the Improvement Boards; the progress reports form the basis

Section 3 - Statutory Officer Clearance

Not required

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

Contact: Fola Irikefe, Policy Officer. Email: fola.irikefe@harrow.gov.uk.
Tel: 020 8420 9389. Ext: 6333.

Background Papers: None

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Our Harrow, Our Story - Meeting the Public Sector Equality Duty

Annual Progress & Data Analysis Report 2018/19



Foreword

Welcome to the 2018/19 Annual Equalities Progress and Data Analysis Report which outlines our performance against our Corporate Equality Objectives via a basket of indicators and includes the equalities data for the Council and the borough. This report provides details of the progress we are making in achieving our equality objectives. It illustrates the wide range of work carried out by the Council to promote inclusion, cohesion, fairness and justice. Some suggested priority areas for the year ahead are also included and will be discussed in further detail by the Corporate Equalities Group (CEG).

Harrow prides itself in being one of the most ethnically and religiously diverse boroughs in the country with people of many different backgrounds and life experiences living side by side. As a community leader, we will continue to work in partnership with the public, voluntary and private sectors to ensure we achieve this vision for our borough.

The Council operates a robust approach to the governance and mainstreaming of equality and diversity across the organisation. Our CEG provides senior leadership and strategic direction for the equality and diversity agenda in Harrow. It sets the priorities for the equalities annual action plan and monitors the outcomes and progress. As well as playing a key role in championing equality, diversity and inclusion, promoting good practice on equality and diversity with regards to employment, service delivery and equality impact assessments is also a key role of the CEG. We are indebted to the work that staff and Councillors do in addition to their paid role as Diversity Champions, Straight Allies or Mental Health Champions to promote diversity, tolerance and inclusion in the workplace and the wider community. Equalities truly is everybody's business and we couldn't make the difference we do without their passion, dedication and commitment.

Harrow is a vastly diverse Council and borough, and there is much being done across the Council to continue to further equality and to celebrate the Borough's diversity. The borough's diversity is something to value and the Council can be proud of the achievements highlighted in this report, which build on our firm commitment to promote fairness, inclusiveness and tolerance, as outlined in our Corporate Plan. We will continue to ensure equality and diversity is integral to everything we do and use this evidence to inform the priorities for the year ahead.

Cllr Graham Henson
Leader

Sean Harriss
Chief Executive

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1. Introduction

Harrow is one of the most ethnically and religiously diverse boroughs in London with people of many different backgrounds and life experiences living side by side. It is the richness of this diversity and the positive impact that it has on the borough and our community, that we believe helps make Harrow such a great place to live, work and visit.

In serving a diverse population, the Council aims to ensure there is equality of opportunity for its residents, service users, employees, elected members, stakeholders and partner organisations irrespective of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation. However, we recognise that in our society, groups and individuals continue to be unlawfully discriminated against and we acknowledge our responsibilities to eliminate unlawful discrimination and to promote equality of opportunity and good relations within the rich diversity of Harrow's communities.

The Equality Act 2010 introduced the Public Sector Equality Duty (PSED) which requires public authorities, in the exercise of their functions, to have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act;
- Advance equality of opportunity between people who share a protected characteristic and those who do not; and
- Foster good relations between people who share a protected characteristic and those who do not.

The PSED covers nine protected characteristics:

- Age
- Disability
- Gender Reassignment
- Pregnancy and Maternity
- Race – this includes ethnic or national origins, colour or nationality
- Religion or Belief – this includes lack of belief
- Sex
- Sexual Orientation
- Marriage and Civil partnership

Our vision for equality and diversity in Harrow is: “A Proud, Fair & Cohesive Harrow, a Great Place to Live, Work & Visit”. In order to achieve this vision we set three Corporate Equality Objectives, as set out in the ‘Harrow Council Corporate Plan 2015-19, which are:

1. An inclusive workforce that feels valued, respected and reflects our community
2. An improved understanding of our communities to ensure that services are fair, equitable and accessible to all and reduce inequality
3. Promote and celebrate the diversity of our borough and foster community cohesion

As an employer, we are committed to employing a diverse workforce, to help us to understand and relate to the community we serve. Through our recruitment policies and practices, we will aim to improve on our record and explore further initiatives and opportunities to encourage applicants from all sections of the community to consider joining us.

As a service provider and commissioner, we are committed to ensuring our services are open, fair and accessible by taking into consideration the needs and requirements of our diverse community and service users. We will continue to improve our services through a comprehensive Equality Impact Assessment (EqIA) process, engaging with and listening to our communities and service users.

As a community leader, we will continue to work in partnership with the public, voluntary and private sectors to foster good relations in our community and ensure people from all backgrounds continue to get on well with each other.

2. Our Harrow, Our Community – Equalities Profile

The following headline data and information provides a profile of equality and diversity in Harrow. The information is updated annually and is based on the latest available information as at January 2019. (n.b not all information is updated annually). More detailed information can be found in the respective strategies, links to which are available on the Council's website.

PROTECTED CHARACTERISTICS

Population - Harrow's resident population is estimated to be 248,900¹. Over the past year, Harrow's population is estimated to have increased by just 0.07% (183 higher than the ONS revised mid-2016 population estimates), compared to 0.76% (1,119) from mid-2015 to mid-2016. From mid-2016 to mid-2017, Harrow's population growth was the lowest in London, although four London Boroughs showed population decreases over this period (Ealing, Kensington & Chelsea, and Haringey & Merton). Over the decade, the borough's population has increased by around 9.9% (22,480); this is lower than London's growth rate of 14.7% over the same period. Harrow's growth over the decade is ranked 25th in London. The 2017 Mid Year Estimates indicate a population density of 49.3 persons per hectare (pph) in Harrow², below the London average of 55.9 pph, but above the Outer London average density of 42 pph.

One of the predominant components of Harrow's population change (from June 2016 to June 2017) is net international migration, showing a net gain of 3,035 people. Internal migration resulted in a net loss of 4,988 people, so overall there was a net loss of 1,953 people through internal and international migration over this period. Natural change showed 2,177 more births than deaths. International migration to Harrow decreased in 2016-17 with a net gain of 3,035 people into Harrow, lower than the previous year's level which showed a net gain of 3,831 people into Harrow. It currently looks as though the level of international migration may have peaked in 2015-16³.

¹ Office for National Statistics (ONS) 2017 Mid-Year Estimates, published June 2018

² The London Borough of Harrow covers an area of 5,046 hectares

³ ONS, 2017 Mid-Year Estimates

Age – 20.9% of Harrow’s residents are under 16. 63.7% of Harrow’s population are of working age (16 to 64) and 15.4% of Harrow’s residents are 65 or older⁴. The average (mode) age range is between 34-9 years, with a median age of 37.7 years⁵. As with most areas in the country, the proportion of older people in Harrow continues to increase. 15.4% (38,420) are now aged 65 and over, compared to 14.8% (36,330) in 2014. In 2001 around 30,000 of Harrow’s residents were aged 65 and over, so numbers have increased over 8,400 or 28% since then. This 2017 level of 15.4% compares to 11.8% in London overall and 18% nationally⁶. It is expected that the number of residents aged 65 plus will increase by 41% and those aged 85 plus could increase by over 67% by 2031. It is also expected that the number of children (0-15) will also increase by 14% during the 10 year period between 2014-2024⁷.

Disability – 9.6% of Harrow’s working age population classified themselves as disabled, a total of 23,900 people⁸. 5,510 individuals, 2.2% of the total population, receive Disability Living Allowance⁹. A total of 2347 people received long term social care services primarily for physical support needs during 2017-18. This is about 1% of the total resident population. An additional 94 people received long term support primarily for sensory impairments. There were 579 Harrow residents receiving long-term social care support from Harrow Adult Social Care Services for learning disabilities during 2017-18. 521 (approximately 90%) were younger adults under the age of 65¹⁰.

At 17.9% in 2017-18, Harrow has a higher percentage of younger adults with learning adults with learning disabilities in paid employment than the averages for both London (7.5%) and England (6%)¹¹. In 2017-18, 82% of younger adults with learning disabilities were in settled accommodation (with security of tenure); this was average in London.

Gender reassignment – we do not currently hold information on gender reassignment in Harrow. We will expect to see data following the 2021 census.

⁴ ONS, 2017 Mid-Year Estimates

⁵ ONS, 2017 Mid-Year Estimates (table MYE6)

⁶ ONS, 2017 Mid-Year Estimates

⁷ 2017-2032, ONS, 2014 Sub-National Population Projections

⁸ Oct 2018, NOMIS, Jul 2017 – Jun 2018, ONS, Annual Population Survey

⁹ May 2018, ONS/DWP. Rates calculated using the ONS 2017 Mid-Year Estimates

¹⁰ Adult Social Care: Short and Long Term (SALT) Return, 2017-18

¹¹ NHS Digital, Adult Social Care Outcomes Framework data England 2017-2018, Table 1E

Pregnancy and Maternity – in 2017, there were 3695 live births to mothers living in Harrow, representing 14.8 live births per 1000 population, higher than the London rate of 14.3¹². The fertility rate was 2.15 children per woman, higher than the rate for England and Wales of 1.76¹³. For women under the age of 18, the birth rate was 3.7 per 1000 population which is in line with the London average of 3.8 and lower than the UK average of 5.7¹⁴. In 2016, Harrow has the lowest levels of live births outside of marriage in the country (19.4%)¹⁵

Race (Ethnicity) – in 2011, 30% (73,830) of Harrow’s residents are White British, ranking Harrow fourth lowest nationally. This population group has fallen by 28.5% in Harrow over the decade. The national level for this group is 80.5%. Harrow has one of the most ethnically diverse populations nationally. 69% of Harrow’s residents were from minority ethnic groups in 2011, where ethnic minority is defined as all people who are non White-British. Nationally, Harrow has the fourth highest proportion of residents from minority ethnic groups¹⁶. The Greater London Authority (GLA) Diversity Indices rank Harrow seventh highest nationally for ethnic diversity¹⁷. 26.4% of Harrow’s residents are of Indian origin, the largest minority ethnic group in the borough, followed by Kenyans and Sri Lankans. Harrow is home to the largest Sri Lankan born community in the country. 8.2% of residents are ‘White Other’, up from 4.5% in 2001¹⁸.

In 2015/16, Harrow recorded its 2nd highest levels of migration in a decade signifying change in population make-up since the 2011 census¹⁹. The top three nationalities of these most recent arrivals are Romanian, Indian and Polish. The top 5 most recorded community languages in Harrow are: English, Gujarati, Tamil, Romanian, Polish, and there are over 155 languages spoken in Harrow schools.

¹² ONS, Birth Summary Tables, England and Wales 2017

¹³ ONS, Births by mothers’ usual area of residence in the UK 2016

¹⁴ ONS, Births by mothers’, usual area of residence in the UK 2016

¹⁵ ONS, Births by mothers’ usual area of residence in the UK 2016

¹⁶ ONS, 2011 Census

¹⁷ GLA Intelligence, 2011 Census Snapshot: Ethnic Diversity Indices. This analysis uses the Simpson’s Diversity Index to measure ethnic diversity at local authority level for all 18 ethnic group categories

¹⁸ ONS, 2011 Census

¹⁹ ONS, 2016 Mid-Year Estimates

Religion or Belief – Religious affiliation is high in Harrow, with Harrow having the 2nd lowest number of residents who stated that they have no religion. The Greater London Authority (GLA) Diversity Indices rank Harrow and second for religious diversity in London. In the 2011 Census, Christianity was identified as Harrow’s most common religion with 37% of followers (59% nationally). This represents an overall fall of 8.8% since 2001. Hinduism is Harrow’s second most common religion with 37% of followers (59% nationally). This represents an overall fall of 8.8% since 2001. Hinduism is Harrow’s second most common religion and ranking highest nationally. Harrow has the highest proportion of Hindus, Jains and members of the Unification Church in London and the second highest for Zoroastrianism. At 10,538, Harrow has the third highest proportion of people identifying themselves as Jewish in London (4.7%). There has been a 100% increase in the number of people identifying as Muslims in Harrow, from 14,915 in 2001 to 29,880 (12.5%) in 2011. Islam is London’s second most common religion and Harrow’s third²⁰.

Gender/Sex – 49.9% of the population are male and 50.1% are female²¹.

Sexual Orientation – In 2017, it is estimated that 2.7% of the London population identify as lesbian, gay and bisexual (LGB), which would equate to approximately 6,720 of our residents²². Organisations such as Stonewall believe the true figure to be higher. People aged 16 to 24 were most likely to identify as LGB in 2016 (4.1%).

Civil Partnerships and Same Sex Marriage - From 1 April 2018 to February 2019 2 couples have had a Civil Partnerships, 5 same sex couples have given their notice of intention to be married (not necessarily in Harrow) and 1 couple have converted their Civil Partnership to a Same Sex Marriage.

²⁰ ONS, 2011 Census

²¹ ONS, 2017 Mid-Year Estimates

²² ONS, Annual Population Survey, October 2016 to September 2017

DRIVERS OF INEQUALITY

Employment – Harrow has seen a reduction in unemployment and the number of long term unemployed claimants. However, a number of residents are in low paid jobs and have low functional skills. Unemployment in the year to November 2018 averaged 1.4%, below the London and national averages, both 2.3%²³. The JSA claimant count in October 2018 showed 1.4% (2,125 residents) were claiming job seekers allowance below the London and national average of 2.3% and 2.3% respectively, 52% were men and 48% were women.

The overall employment rate in Harrow is 80.9%²⁴, increasing from 76.5% at the same time last year²⁵ and above both the London and UK average (78.5%). These rates vary by population group. The employment rate (age 16-64) for ethnic minority groups is 77.9%.

The employment deprivation domain within the Index of Multiple Deprivation (IMD) indicates 12,083 of Harrow's residents experiencing employment deprivation. This includes people who would like to work but are unable to do so due to unemployment, sickness or disability, or caring responsibilities. Overall, Wealdstone is Harrow's most deprived ward for employment deprivation, closely followed by Roxbourne. Unemployment figures are highest in Greenhill, Wealdstone and Roxbourne wards²⁶.

Income deprivation – The Income Deprivation scale indicates that 30,733 of Harrow's residents are experiencing income deprivation. Wealdstone is Harrow's most deprived ward for income deprivation and for income deprivation affecting children closely followed by Roxbourne, then Marlborough and Harrow Weald²⁷.

Over a fifth of Harrow's residents are in low paid jobs. Wages paid in Harrow workplaces (average £574.90/week for full-time workers) are generally lower than in London (£713.20) and in all other West London Boroughs (£580-£755). In part, this relates to

²³ ONS Claimant Count Data for out-of-work benefits, Nov 2018, as % of population 16-64

²⁴ ONS Annual Population Survey, October 2017 to September 2018

²⁵ ONS Annual Population Survey, October 2016 to September 2017

²⁶ MHCLG, Index of Multiple Deprivation 2015

²⁷ MHCLG, Index of Multiple Deprivation 2015

the business composition of the borough, with small businesses paying less than larger companies and in part due to a significant number of residents of the West London Borough and a little over the London average (£670.80)²⁸.

Skills – 49% of Harrow’s residents (aged 16-64) have higher level qualifications (NVQ Level 4+), with 2.8% having no qualifications at all. The borough has a high percentage of residents with ‘Other’ qualifications (including foreign qualifications), at 15.4%, compared to London (9.1%) and Great Britain overall (6.9%)²⁹. At 2.1%, the borough has the fourth lowest level of 16-17 year old NEETs (not in education, employment or training) nationally³⁰.

Poor language skills are a major barrier to progressing in the workplace. Harrow was one of 25 local authority areas identified by the Department for Communities and Local Government as an area with high levels of need for English Language provision. 2.8% of Harrow’s residents have a foreign first language. In 15.9% of households, English is not the main language of any household occupants, the 10th highest ranking nationally and much higher than the national level of 4.3%. The 2011 census showed 1% of Harrow residents unable to speak English at all, compared to 0.6% for London and a national figure of 0.3%.

Benefits – There are 15,008 households in receipt of Housing Benefit and 12,022 in receipt of Council Tax Support as at November 2018. . This represents a reduction since November 2017, where recipients stood at 16,159 and 12,667 respectively³¹. While the number of Housing Benefit and Council Tax caseload has reduced, the makeup has changed with the number of in-work claimants continuing to rise.

Harrow has the second highest proportion of in-work Housing Benefit households in the country, reflecting the number of low-paid jobs available in the borough. Harrow also has the ninth highest proportion of Housing Benefit claimants in private sector properties. With the widening gap between average market rents and Housing Benefit, this puts increasing pressure on Harrow households to be able to remain in the borough, even if they are in employment.

²⁸ Source: ONS Annual Survey of Hours and Earning 2018 – Residents and Workplace analyses – using median of full-time workers’ gross pay

²⁹ ONS Annual Population Survey, October 2017 to September 2018

³⁰ DFE, 2018 figures average of Dec17/Jan18/Feb18, Isles of Scilly excluded, due to no return

³¹ ONS claimant count with rates and proportions

Health Inequality

Overall statistics for health in the borough are generally good. Harrow's ranking for health deprivation has improved and is better than the national average, but there are health disparities within the borough. In 2011, the census showed that 14.6% of residents in Harrow had a limiting long-term illness or disability. This was an increase of 13.2% (+4000) since 2001. Harrow's rate is now higher than the average for London (14.2%)¹⁷.

Life expectancy in Harrow for both men and women is higher at 82.5 years and 85.9 years respectively than the national averages, 79.5 years for men, 83.1 years for women and London rates and continues to increase but the gap between those in affluent areas and those in deprived areas within the borough is also increasing. Men in the most affluent parts of Harrow can expect to live 6.7 years longer than those in the most deprived. Similarly, women in the most affluent parts of Harrow live 3.7 years longer than their deprived counterparts. Furthermore, the number of years a male and female living in Harrow can expect to live in good health is decreasing, on average men and women in Harrow can expect to live 66.6 years in good health, (compared with 69.2 and 70 years previously). Therefore, men in Harrow live 15.9 years in poorer health and women 19.3 years. As forecasted, life expectancy is increasing; Healthy life expectancy adds a dimension of quality to the estimate of life expectancy. So even though both men and women are living longer in Harrow, a greater proportion of their life is spent with disability or a limiting long term illness.

National data has estimated 22,700 people in Harrow have a common mental health problem. In England, 1 in 6 people report experiencing a common mental health problem (such as anxiety and depression) in any given week³². Nationally, ratings of ONS quality of life metrics in 2015 (on life satisfaction, happiness and perception that things they do are worthwhile) are lower for members of the LGB community than for heterosexual people³³.

In 2017-18, a marked decrease was noted for Year 6, 10-11 year olds classified as obese and overweight, 34.4% (compared with 36.8% the previous year). An incremental decrease was also noted for obesity levels in this year group, at 20% compared with 20.9%, these figures remain below the London and National averages of 23.1% and 20.1% respectively. For Reception children in Harrow, 4-5 year olds, 18.7% are classified as having excess weight or being obese, with 8.8% of them being categorized obese.

³² NHS, Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England 2014

³³ ONS, (2017). Retrieved from

<https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/sexuality/articles/lesbiangayandbisexualpeoplesaytheyexperiencealowerqualityoflife/2017-07-05> [Accessed 10/07/18].

There has been a noted increase in reception children classified as obese, of 0.2% compared to the previous 2016/17 cohort. However, the rate of obesity for reception year children also remains lower than both the London (10.1%) and National 99.5%) averages for obesity.

The most recent Public Health England (PHE) data in 2017 for Harrow shows that it has a lower than national rate of newly diagnosed sexually transmitted infections (STIs) (658.2 per 100,000 residents compared to 743 per 100,000 in England). More specifically, Harrow has the 61st highest rate (out of 326 local authorities in England) of new STIs (excluding chlamydia diagnoses in 15-24 year olds) with a rate of 792.2 per 100,000 residents (compared to 794 per 100,000 in England). 41% of diagnoses of new STIs in Harrow were in young people aged 15-24 years (compared to 50% in England).

Harrow has also seen an increase in its opiate and/or crack cocaine-using population from 898 individuals in 2011/12 to 1193 individuals in 2014/15. The most recent PHE estimates for alcohol dependency indicate that in 2016/17, Harrow had 1,583 alcohol dependent adults in need of specialist assessment and treatment which is slightly lower than 2015/16 of 1,596 adults. The ONS similarly published its latest statistics on drug poisoning and Harrow has seen a slight decrease in the number of drug related deaths. The figure across England and Wales is similar to levels seen in 2016.

The PHE segment tool allows us to look at the cause of death that is driving the inequalities gap. It shows that in men, the biggest contributor to the inequalities gap is circulatory disease followed by respiratory disease and cancer, circulatory disease respiratory disease and digestive system disease (including chronic liver disease)³⁴. Personal lifestyle factors appear in most of these underlying causes but the ability to make healthier choices is determined by wider factors. People can be empowered to improve their own well-being, but they need to have healthy home, work and learning environments and access to the right opportunities, in order to make lasting changes to their daily lives.

³⁴ Diabetes which is a leading cause of morbidity in Harrow is included in the “other” category, but the majority of deaths in people with diabetes are due to circulatory disease.

Figure 1 Underlying causes of health inequalities

	Risk factors	Link to inequalities
Circulatory Disease	Smoking Obesity and poor diet Physical inactivity Hypertension Diabetes Alcohol	Higher rates of most risk factors in more deprived communities. Higher rates of many risk factors in BAME groups.
Respiratory disease	Smoking Influenza Cold weather	Higher rates of smoking in more deprived communities. Lower rates of flu immunisation in higher deprivation areas Poor housing/cold homes/fuel poverty
Cancers	Smoking Obesity Poor diet Physical inactivity Alcohol Genetic Factors Sunburn	Higher rates of most risk factors in more deprived communities. Higher rates of some risk factors in BAME groups.
Digestive diseases (including alcohol related)	Alcohol Hepatitis	Higher rates of binge drinking in more deprived communities but significant hidden harm from alcohol in more affluent communities.

Child poverty

- Child poverty is increasing. There were 4.1 million children living in poverty in the UK in 2016/17 (compared to 3.7m in 2013/14) that's 30% of children or 9 in a classroom of 30. London is the area with the highest rates of child poverty in the country.
- Child poverty levels in Harrow are 19% before housing costs (BHC), and rise to 29% after housing costs in Harrow (2017). The Highest levels of child poverty are found in Roxbourne (28.4% BHC), Wealdstone (25.3% BHC) and the lowest in Pinner South (10% BHC) and Headstone North (9.43% BHC).

- Out of 326 most deprived Local Authority districts in England, Harrow is ranked 213th which is an improvement since 2010 when the borough was ranked 184th (where 1st is the most deprived). Harrow performs best in ‘Education, Skills and Training’ and performs worst in the ‘Barriers to Housing’ and ‘Income affecting Older People’ indicators.
- Work does not provide a guaranteed route out of poverty in the UK. Two-thirds (64%) of children growing up in poverty live in a family where at least one member works.
- Children in large families are at a far greater risk of living in poverty – 34% of children in poverty live in families with three or more children.
- Child poverty has long-lasting effects. By GCSE, there is a 28% gap between children receiving free school meals (FSM) and non FSM in terms of the number achieving at least 5 A*-C GCSE grades.
- Poverty is also related to more complicated health histories over the course of a lifetime, again influencing earnings as well as the overall quality – and indeed length of life. Childcare and housing are two of the costs that take the biggest toll on families’ budgets.

Housing

At 10%, Harrow has the second lowest proportion of social housing of any of the London boroughs³⁵. At March 2018, there were 4,759 council properties and there are a similar number of Housing Association properties. Households from all of Harrow’s diverse ethnic groups live in social housing, reflecting the overall make-up of the borough’s population. Where ethnicity is known, the largest single ethnic group housed within the council’s stock is White followed by Asian then Black.

At the 2011 census, 66% of residents were homeowners, but that has declined since to around 60% in 2017 whilst private rented sector is increasing from 22% in 2011 to around 30% in 2017. The 2011 Census also revealed that 5.8% of Harrow’s households, almost 5,000 families, were ‘severely overcrowded’, and this is increasing over time. ‘Severely overcrowded’ is defined as being at least 2 bedrooms short of the national ‘bedroom standard’. At 2.8, Harrow has the second largest average household size in England and is nationally ranked 24th of the 326 local authorities in England for severe overcrowding. There is a concentration of severely overcrowded households in the central wards as well as to the south-east and south-west of the Borough³⁶.

³⁵ 2017, Dwelling Stock Table 100, MHCLG

³⁶ ONS, 2011 Census

Despite the huge emphasis on homelessness prevention, there has been an increase in demand for temporary and emergency accommodation over the last three years. A common cause of homelessness in Harrow is loss of private rented accommodation. In the 12 months to Dec 18, there were 215 households were accepted as being eligible, unintentionally homeless and in priority need. The number of households in emergency B&B accommodation has decreased from a peak of 307 families in June 2016 to 204 households in December 2018. 19 of these were families with children or pregnant women that had been there more than six weeks.

Education and Attainment

Schools in Harrow are among the best performing in the country. This level of performance has been maintained over a number of years. There are 62 schools in the borough, of which 95% are judged as good or outstanding by Ofsted. Our primary school rank 8th in the country, placing them in the top 5% nationally for Key Stage 2 results in the combined reading, writing and mathematics measure and Harrow has also been ranked joint 4th best performing local authority nationally in 2018 for pupils progress in mathematics score at Key Stage 2. Our secondary schools rank Harrow 20th out of 150 local authorities for 'Average Attainment 8 score per pupil' and 22nd for pupils achieving a 9-5 pass at KS4. In December 2016, a report by the Education Policy Institute ranked Harrow top nationally for the highest density of high performing schools in England by local authority during 2010-2015. 98.7% of 16-18 year olds are in education, employment or training.

The inequality gaps in achievement in Harrow continue to narrow. However, it is still above national averages. Whilst all pupils in Harrow have performed above national averages, particular ethnic groups within Harrow do not fare as well as others. Inequalities in education in Harrow exist particularly amongst children with special educational needs (SEN), those eligible for Free School Meals (FSM) and ethnic groups. The achievement gap between pupils with SEN and their peers at Key Stage 2 is slightly wider than the national average. Although there has been a reduction in the gap, children who receive FSM show less progress across all subjects between Key Stage 1 and Key Stage 2 compared to their peers.

Just over a third (37%) of Harrow School children speak English as their first language as at the October 2018 school census.

Adult Social Care

A total of 2,347 people received long term social care services primarily for physical support needs during 2017-18, approximately 6.6% of all older people in the Borough and 1% of the total resident population. This compares to London (which averages 8.5%) and England (average of 6.7%). . An additional 94 people received long term social care support from Harrow Adult Social Care Services for learning disabilities during 2017-18. 521 (approximately 90%) were younger adults under the age of 65³⁷.

The majority (73%) of people receiving long-term services in Harrow are residing in the community. The remaining users are in either residential (14%) or nursing care (13%). The proportion is almost identical to the London average. Older service users (74%) are similarly mainly residing in the community with the remaining users either in (14%) residential or (12%) nursing settings. In comparison, to the England average (61%), we find Harrow has a much higher proportion of older people receiving services in the community and a far smaller proportion in residential placement (25%). Nursing placements in England (13%) are however the same as Harrow.

The 2017 Long Term Services User Survey found differences in self-reported Quality of Life between those respondents over and under 75. Those over 75 were likely to report “very poor” Quality of Life, but also less likely to report “very good” Quality of Life. Those over 75 were less likely to report being “extremely satisfied” with the support they received than those under 75.

Carers:

376 carers assessed or supported by the local authority during 2016-2017 were aged 65 or over, accounting for 36% of all carers supported by the local authority. 39 (3.7%) of them were aged 85 and older. The Quality of Life of older carers responding to the survey was not significantly different than younger carers (2016-17 Carers Survey).

³⁷ Source: SALT

Our Workforce:

Amongst the Council's staff, including schools, as at the end of March 2018, 43.72% are BAME, 77.10% are female and 22.90% are male and 1.99% declared a disability.

3. Reviewing Progress & Setting Priorities

The following section of this report outlines Harrow Council's progress in 2018/19 against the Corporate Equality Objectives. As well as reporting our overall performance against key performance indicators, it also highlights some examples of the work we are doing to contribute to each objective. This section also includes an overview of how many of the performance indicators associated with each Corporate Equality Objective (listed in appendix 1) were Green, Amber and Red, using the following criteria:

- High Green:** Target exceeded by more than 5%
- Low Green:** Target Met
- Amber:** Target missed by no more than 5%
- Low Red:** Target missed by 5-10%
- High Red:** Target missed by over 10%

Each Equality Objective has been given an overall 'RAG' status using the following criteria:

If two thirds of the indicators within a priority are a particular status then this will determine its status. If not, then the priority status will become Amber.

Overall, progress against delivery of the Equalities Objectives is being reported as green in the Council's Strategic Performance Report for quarter 4 of 2017/18.

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<p>Deliver improvements against our Corporate Equality Objectives</p>	<p>On the whole, good progress is being made against the Corporate Equality Objectives Action plan.</p>	<p>GREEN</p>
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Objective 1 – An inclusive workforce that feels valued, respected and reflects our community

Green	3
Amber	0
Red	7
Overall Status	R

It is a key priority that our workforce reflects our community. We continue to try to improve our understanding of the profile of the workforce as a substantial number of staff still do not provide any social identity information, particularly in respect of religion and sexual orientation. The Council is doing well with regards to the number of BAME staff and female top earners thanks to targeted recruitment briefs, development and succession plans for staff, mentoring and coaching and blind recruitment. However, the Council needs to continue to focus on improving the percentage of disabled employees, employees under 25 and the completion of the mandatory e-learning for new starters.

Reducing the stigma of mental health in the workplace

In 2018, we held a World Mental Health Day workshop in partnership with MIND in Harrow to support this objective. The purpose of the workshop was to 'Support your Wellbeing and Mental Health' within the workplace and the community. The workshop was attended by approximately 200 people and community groups. This workshop consisted of a Yoga class, Qi Gong class and a Mindfulness & Meditation class open for the public and staff in a way to promote relaxation within the workplace. We have also recently held a Time to Talk Day event, where the theme of the event was to 'bring the right ingredients together to have a conversation about Mental Health'. Time 2 Talk Day was a platform where residents and employees alike could attend and express their concerns, thoughts or views on Mental Health. A total of 11 organisations such as MIND and Harrow Rethink were

given stalls to promote their services in combating mental health while the Council provided free tea, coffee, biscuits and cakes! This year, we have engaged and worked closely with partners such as MIND, MENCAP, HAD, HYP and schools to collaborate and have a bigger impact on mental health. Looking forward, Harrow Council has a number of actions that they plan to deliver throughout the year in order to carry on reducing the stigma towards mental health. Examples of this include; Supporting Thrive LDN's This Is Me campaign, undertaking internal and external communications; holding training for managers to include Mental Health – how to support managers to identify signs of poor mental health (absenteeism); and holding an open workshop around Stress Management which is being supported by MIND.

Stonewall Workplace Equality Index (WEI)

In the Stonewall WEI for 2018 we scored 79 marks out of a possible 200, which ranks us at position 197 out of a total 445 participating organisations.

Last year we were 154 out of 434 participating organisations. Recruitment has meant we now have staff capacity in place to lead this project and planning for a range of activities for LGBT history month linking to mental health is now taking place.

Disability Working Group

The Council's Disability Working Group which reports to the Corporate Equalities Group has been meeting monthly since March 2018 to address a range of issues to better support our disabled staff and staff with long term conditions. The Group meets monthly to address:

- Disability Confident Scheme
- Disability Awareness Training
- Data and information
- Infrastructure and facilities
- Adjustments and IT

In December 2018, the Disability Working Group commissioned an independent review to help us understand how we can improve the procedures we employ to better understand how workplace adjustments and support can be provided to disabled colleagues and colleagues with long-term conditions. Business Disability Forum (BDF), a not-for-profit business membership organisation that represents over 300 organisations were employed to help us to explore what is currently happening, identify challenges and barriers and are due to report their findings and recommendations at the end of February 2019. As part of this work, they commissioned an online survey for staff, focus groups with staff and line managers, one-to-one meetings and workshops with the Disability Working Group.

2018 gender pay gap

The gender pay gap compares the average (mean) and median (central point) of all male and female hourly pay rates. The presence of a gender pay gap does not imply that there is an equal pay issue. Equal pay is the right for men and women to be paid the same, for the same, or equivalent, work or work of equal value. The pay gap value for female employees in Harrow Council is greater than that for male employees with the mean hourly rate for women is 3.44% higher than men's and the median women's pay rate 13.32% higher than the men's. The reasons for the gender pay gap at Harrow Council are:

- There is a higher % of women in the top quartile (62.3%), the upper middle quartile (69.4%) and the lower middle quartile (65.6%) of the workforce. Compared to the workforce as a whole, women in these three bands account for 49.3%.
- There is a lower % of women in the bottom quartile of the workforce (47.1%), when compared to the whole workforce, (61.1% women, 38.2% men).

Objective 2 – An improved understanding of our communities to ensure services are fair, equitable and accessible to all and reduce inequality

Green	8
Amber	0
Red	3
Overall Status	G

39

Equality Impact Assessments

In 2018, we undertook a review of our Equalities Impact Assessment (EqIA) form. This is the form all services in the council use to assess if there is any disproportionate impact from any new initiatives or service changes to the nine protected characteristics set out in the PSED and if there is, what mitigations, if any, can be put into place. The EqIA serves to demonstrate how decision-makers in the Council have paid due regard to the requirements of the PSED. The new template was devised in consultation with council officers and built in best practise from other councils. This year the EqIA Pool of Advisers was established (a group of officers throughout the council who are available to support others to produce their EqIA's). In line with this a new EqIA SharePoint site was developed with links to the online training module and supporting equalities data to assist those producing EqIA's.

Mental Health in schools

Harrow Council recently decided to work with Thrive London to promote the Youth Mental Health First Aid (MHFA) programme to schools in Harrow, encouraging as many schools as possible to sign up to the programme. As of now, we have delivered the first of the 4 Youth MHFA courses in partnership with the young Harrow Foundation. Whitefriars School are hosts for the training in Harrow. Each school is offered to train 1 MHFA champion in each secondary school and host schools can train up to 4. Having just completed an evaluation, initial thoughts are that the project has 'supported enhanced ability to challenge mental health stigma and discrimination' and 'raised school awareness of mental health issues'.

Transient Migrant Population

The transient population is having an impact in increased Houses in Multiple Occupation, quick turnover of tenancies, and increased fly tipping. The Council hopes to understand the transient migrant population and impact on fly tipping and overcrowding; consider solutions that can be created to support better enforcement of illegal HMOs; tackling the black economy and cash-in-hand and the knock on impacts; addressing how additional HRA borrowing will be approved to support direct delivery of much needed affordable housing in the borough is also a key focus.

A housing survey will be carried out in 3 key areas, with above the national average of rented accommodation (19%). These 3 areas lie between 23%-25%, where a higher level of non-English/transient population and increased environmental issues such as fly tipping. Keep Britain Tidy were also commissioned by the Communications team to look into the causes of fly tipping.

Adult social care - Resilient Communities

The Council's focus has been on developing community resilience in 2018/19 to empower citizens to maintain their well-being and independence; strengthen their support networks within their families and communities; enabling them to be stronger, healthier, more resilient and less reliant on formal social care services. The transformation of adult social care seeks to utilize community assets, strengthen local networks and integrative pathways and give better access to community resources. As a result, work streams are to release a model to develop Community Resilience in Harrow:

- Developing community assets and raising awareness of local opportunities
- Enhancing information and advice channels

- Reviewing the current social care pathway
- Developing the use of enhanced telecare and adaptive technology
- Transforming the offer of care

Apprenticeships

Xcite Employment Project is a council programme supporting Harrow residents that helps people into work, provides apprenticeship brokerage linking young people to training providers and businesses, accesses funding for vocational training for eligible people in work to improve their career opportunities and provides a Construction employment specialist providing job brokerage and training advice and funding for eligible residents.

During 2018/19, Xcite employed a total of 39 apprentices for Harrow Council. 48.7% of these are between the ages of 16 and 24. Of these 39 apprentices, White British (English) and White British (Other) were the highest proportion of ethnicities employed at 20.5% and 15.4% respectively. This was then followed by Asian or Asian British – Indian, Pakistani, Sri Lankan and other Mixed Background at 10.3 and 7.7%. Black or Black British – African and Caribbean both came in at 5.1%.

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Objective 3 – Promote and Celebrate the Diversity of our Borough and Foster Community Cohesion

Green	1
Amber	0
Red	0
Overall Status	G

As Harrow is one of the most diverse boroughs in London, community cohesion is integral in all that we do. We strive to increase the amount of those who are from different backgrounds and cultures to feel included within the community. In order to support this

objective, we agreed an annual diversity calendar for 2018/19. Diversity Champions, the staff Making a Difference group, partners, stakeholders and the VCS worked together to organise, deliver and celebrate a number of events including: World Mental Health Day; Championing Diversity; White Ribbon Day and Time to Talk Day.

10th October 2018 – World Mental Health Day

The idea behind World Mental Health Day is to promote the growing issue of mental health today. In turn, we decided to hold an event at the Council open to both the public and employees. At this event, we had a number of speakers including the Interim Chief Executive, the Leader of the Council, the Leader of the Conservative group, the Mayor of Harrow and the Chief Executive of Young Harrow Foundation who all spoke about their willingness to be included promoting the support systems in place for people with mental health. We also had various stall holders from charities and groups such as MIND, Mencap, MADG, and Simply Health, WISH etc. who provided support and promoted their services that aim to support those suffering from Mental Health. The Policy Team also had a stall where we promoted our Straight Allies and Diversity Champions network, coupled with a quiz that attendees could complete and posters/fact sheets about mental health and LGBTQ+. Throughout the day, we also held various workshops such as Yoga, Qi Gong, Mindfulness & Meditation, How to Cope with Stress and Improve your Wellbeing etc. We also had the opportunity to listen to a very moving poem written by a survivor of domestic abuse. A Pledge Wall was also available for attendees to write a pledge onto, as a promise to what they will do to end the stigma associated with mental health.

16th October 2018 – Championing Diversity Day

The purpose of this event was to celebrate and promote diversity and equality, across all the protected characteristics. This event was only open to employees as it was a chance to celebrate and champion diversity at work with our very own Diversity Champions and Straight Allies. We had short speeches from the Mayor of London, Councillor Nitin Parekh and the Interim Chief Executive, Tom Whiting. We also had different stall holders such as Galop, Hestia, Simply Health, MIND, HAD and many more as well as a Ukulele orchestra.

22nd November 2018 - White Ribbon Day

This year, Harrow Council decided to explore the issue of financial abuse as a form of domestic abuse to mark White Ribbon Day, the UN Day for the Elimination of Violence Against Women and the 16 Days of Activism Against Gender Violence. The event, which included awareness raising, information sharing and networking opportunities, was attended by over 50 people. The topic of working with service users who have no recourse to public funds was also addressed. Speeches were made by Jan Irwin, Chair of the Harrow DSV Forum; Dr Nicola Sharp-Jeffs, Director of the charity Surviving Economic Abuse (SEA); and Judith Banjoko from Hestia. There were also opportunities for questions to the panel.

1st February 2019 – Flag Raising

To mark the beginning of LGBT month, Harrow Council raised the rainbow flag as a symbol to show the borough's commitment to diversity. Councillors and activists rung in this year's celebration which was built around the theme of 'Peace, Activism and Reconciliation'. With Harrow being one of the most diverse boroughs in London, we felt it was important to, once again, raise the flag to show our support for people and employees of many different backgrounds and preferences.

7th February 2019 – Time to Talk Day

Harrow Council also held a Time to Talk Day, where we encouraged residents and employees to have a conversation about mental health. We offered free tea/coffee, biscuits and rainbow cupcakes; along with having local charities and organisation run stalls to promote their own services that can help those affected by mental health. We also had speeches from the Leader of the Council, Graham Henson and the Corporate Director of Peoples, Paul Hewitt addressing some of the issues related to mental health. The event was a success with a lot of positive feedback.

7th and 19th February 2019 - LGBT and Equality Workshop

After the Time to Talk Event, we held an LGBT and mental health workshop where we highlighted the support that is available for people who identify as LGBT, where their mental health has been directly affected by the stigma and discrimination that comes

from identifying as such. The purpose of this workshop was to explore relevant issues for LGBT people, including how to access support and raise awareness and understanding. This was a free workshop delivered in partnership with MIND in Harrow, of which 30+ people attended, to develop skills and knowledge as well as your ability to support yourself and others.

8th March 2019 – International Women’s Day

International Women’s Day (IWD) is a global celebration of the fantastic achievements of women. All staff are invited to celebrate, with various events taking place including Tai Chi class, Judy Karbritz IWD Open Mic poetry and Tales from the Teacup – Claudia Mernick.

4. Proposed priorities for the 2019/20 Action plan

It is intended that the 2019/20 action plan will focus on a smaller number of projects where we want to make a concerted difference this year. It is these projects whose progress will be monitored by the Corporate Equalities Group on a quarterly basis. Other mainstreamed equalities and diversity work will continue within the services and be monitored via their own service plans and strategies. We will capture relevant information via a revised basket of indicators and case studies that we will use in the annual report to demonstrate progress against our Corporate Equality Objectives.

Objective 1 – An inclusive workforce that feels valued, respected and reflects our community

Disability

Continue to focus on Improving our procedures in place as a council to support our staff and work towards achieving Disability Confident Level 2 accreditation

Mental Health

To continue to focus on reducing the stigma of mental health in the work place and the community. Carry on holding events

throughout the year and working with organisations such as MIND, Paiwand and more to promote services through the borough.
<p><i>Stonewall</i> Our Stonewall ranking has remained stable and such, we will continue to participate in the Stonewall Workplace Equality Index and work towards a top 100 ranking.</p>
<p><i>Social Identity Recording</i> To continue to increase the levels of social identity recording amongst staff.</p>
<p><i>Mandatory Equality Matters e-learning training</i> To continue to increase the numbers of staff completing the mandatory e-learning training.</p>
<p>Objective 2 – An improved understanding of our communities to ensure services are fair, equitable and accessible to all and reduce inequality.</p>
<p><i>Communities and Regeneration</i> TBC</p>
<p><i>Peoples</i> TBC</p>
<p><i>Resources and Commercial</i> Possible areas for consideration</p> <ul style="list-style-type: none"> • Settled Status • Engaging Eastern European Communities
<p>Objective 3 – Promote and Celebrate the Diversity of our Borough and Foster Community Cohesion</p>

Diversity Champions, Straight Ally and community events

To maintain and engage the Diversity Champions and Straight Allies network more throughout the year.

Appendices

Appendix 1 – Corporate Equality & Diversity Performance Targets 2018/19

Measure	Target Q3 2018/19	Actual Q3 2018/19	RAG Status	Comments (include comparisons against National Average and Neighbouring Boroughs(s) where available)
Objective 1: An inclusive workforce that feels valued, respected and reflects our community				
Improve our position in Stonewall Workplace Index (WI) <ul style="list-style-type: none"> KPI – Achieving a top 100 place in the workplace index in 2018 	100	194	HR	Although our position has fallen by 40 places, 40 new organisations have also joined the Stonewall Index. While we are outside of the top 100, we have remained in a relatively stable position over the past three years; yet remain in a red status. Therefore, we recommend that the KPI is re-evaluated to reflect something broader and possibly more holistic.
Achieve a more comprehensive profile of the workforce by improving the reporting and recording of protected characteristics, particularly disability. <ul style="list-style-type: none"> KPI - % of staff providing social identify information 	30%	27.9%	LR	The CEG will continue to explore ways in which we can improve the reporting of protected characteristics.

Measure	Target Q3 2018/19	Actual Q3 2018/19	RAG Status	Comments (include comparisons against National Average and Neighbouring Boroughs(s) where available)
Improve the proportion of BAME staff <ul style="list-style-type: none"> • KPI – Proportion of BAME employees • KPI - % of top 5% earners who are BAME 	47%	47.29%	LG	The proportion of BAME staff has increased from last year (being 45.99% last year); all while exceeding the target.
	25%	25.14%	LG	The proportion of BAME in the top 5% of earners has decreased by a minimal amount from 25.49%.
Improve the proportion of disabled employees <ul style="list-style-type: none"> • KPI – proportion of disabled employees • KPI - % of top 5% earners who are disabled 	3%	1.84%	HR	Comparing this figure to last year, the proportion of disabled employees Harrow Council has decreased from 2.02%. The relatively small numbers mean the indicator is highly volatile and performance may be impacted by future organisational changes.
	5%	4.72%	LR	Although we are failing to reach our target by 0.28%, the amount of disabled people who are in the top 5% of earners has increased from 3.92% in 2017/18. Evaluating the RAG status, it seems that making disabled employees should be made a focus for next year.

Measure	Target Q3 2018/19	Actual Q3 2018/19	RAG Status	Comments (include comparisons against National Average and Neighbouring Borough(s) where available)
Improve % top 5% earners who are women <ul style="list-style-type: none"> KPI - % top 5% earners who are women 	50%	52.83%	HG	The proportion of women who are in the top 5% has increased from last year and remains above target.
Improve the recruitment, support and retention of young people <ul style="list-style-type: none"> KPI – Proportion of Harrow Council employees aged less than 25 	3%	1.62%	HR	Since Q2 of 2017/18, there has been a steady decrease in the amount of employees recruited by Harrow Council under 25 years old. We continue to work with both Per Temps and Xcite to encourage young people to apply for opportunities in Harrow Council.
All staff to complete the mandatory Equality Matters training every two years to ensure they are up to date with the latest legislation, Council's policies and best practise. <ul style="list-style-type: none"> KPI - % of new starters who completed the mandatory Equality Matters training (either face to face or E-Learning Module) within the first 8 weeks of their employment KPI - % of existing staff (as at April '16 who are up to date with Equality Matters refresher training (either face to face or E-Learning Module) 	95%	95%	HR	The % of new starters completing the training is higher than it was last year (up 24%). We invite all Harrow and Agency staff to attend Staff Induction organised throughout the year. For those who have not completed their training, they have the opportunity to complete on the day.
	95%	60%	HR	The % of existing staff completing the training has dropped from last year. The services where there is a low completion rate is due to majority of staff having no access to IT to complete the E-Learning course.

Measure	Target Q3 2018/19	Actual Q3 2018/19	RAG Status	Comments (include comparisons against National Average and Neighbouring Borough(s) where available)
Objective 2: An improved understanding of our communities to ensure that services are fair, equitable and accessible to all and reduce inequality				
AccessAble – increase the number of people who use the Access Guide <ul style="list-style-type: none"> KPI – No. access guide views 	8,000	8,452	HG	The number of Access Guide views has decreased from last year by 354 views, but remains high and above the target.
Narrow the education attainment gap <ul style="list-style-type: none"> The percentage inequality gap in achievement across all the Early Years Learning Goals (EYFS) 	24%	32%	HR	There has been a minor increase in this indicator.
Adult Learning Development, delivery and evaluation of community learning programmes to support recovery from mental health problems <ul style="list-style-type: none"> KPI - % of adults in contact with secondary mental health services in paid employment 	7%	8.4%	HG	There has only been a 0.1% increase in this indicator compared to last year
Adult social care <ul style="list-style-type: none"> KPI – equality of service provision (Adult Social Care) 	0.9-1.1%	0.97%	LG	Overall, all Adult Social Care indicators are hitting or exceeding their targets, with 2 of the indicators shifting from red to green.

<ul style="list-style-type: none"> • KPI - % of long term clients reviewed in year 	37%	42.4%	HG	
<ul style="list-style-type: none"> • KPI - % of adults with learning disabilities in paid employment 	14%	14%	LG	
<ul style="list-style-type: none"> • KPI - % of Mental Health service clients living independently 	82%	82.2%	LG	
<p>Child Social Care</p> <ul style="list-style-type: none"> • KPI – Repeat referrals to Children’s Social Care (within 12 months) • KPI - % of children who became subject of a child protection plan for a second or subsequent time • KPI - % of children looked after with three or more placement moves in a 12 month period • % of children looked after for 2.5 years, who have been in the same placement for 2 years or more 	16%	13.7%	LG	Child Social Care statistics are new to the Annual Equalities Report as of this year (2018-19).
	15%	16.1%	LR	
	8%	5.5%	HG	
	70%	63%	LR	

Measure	Target Q3 2018/19	Target Q3 2018/19	RAG Status	Comments (include comparisons against National Average and Neighbouring Borough(s) where available)
Objective 3: Promote and celebrate the diversity of our borough and foster community cohesion				
<p>Work in partnership with partners, stakeholders and the VCS to organise, deliver and celebrate key diversity events within the borough</p> <ul style="list-style-type: none"> KPI - % of residents who agree that my local area is a place where <i>people from different ethnic backgrounds get on well together.</i> 	70%	77%	G	<p>This year, we have held multiple events that represent Harrow's positive community cohesion:</p> <p>Black History Month – Harrow marked Black History Month this year with a series of events throughout October. A screening of Marvel's "Black Panther" was shown at Harrow Arts Centre, a chance to learn about the African Jubilee Year 1987-88 from Harrow BHM programmer Kwaku.</p> <p>Showing Racism The Red Card – All staff were invited to join the GMB in a meal to celebrate Black History month and support the charity 'Show Racism The Red Card'. For £5, staff could enjoy different dishes from around the world – all proceeds went towards SRTRC and British Heart Foundation Charity.</p> <p>Holocaust Memorial Day – On the 28th January, we held a Holocaust Memorial Day to remember the millions of people killed in</p>

			<p>the Holocaust, Nazi persecution and subsequent genocides in Cambodia, Rwanda, Bosnia and Darfur. The event will include a choir, poetry, talks and a performance by pupils from Shaftesbury High School.</p> <p>Holocaust Memorial Open Mic Evening: 'Torn From Home' – To mark Holocaust Memorial Day, poet Judy Karbritz invited staff and residents to consider the theme 'Torn From Home'. Attendees could read a favourite poem, or listen and reflect on the contributions of others.</p>
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**REPORT FOR: PERFORMANCE &
FINANCE SCRUTINY
SUB-COMMITTEE**

Date of Meeting:	27 March 2019
Subject:	Update on the Health Visiting Scrutiny Review
Responsible Officer:	Carole Furlong, Director of Public Health
Scrutiny Lead Member area:	Health and Social Care scrutiny sub-committee Chair - Cllr Rekha Shah Scrutiny Health Lead - Cllr Michael Borio
Exempt:	No
Wards affected:	All
Enclosures:	See papers referenced throughout the report.

Section 1 – Summary and Recommendations

This report provides scrutiny members with an update on the 0-19 Health Visiting and School Nursing contract six months after it commenced on 1 July 2018.

Recommendations:

For information.

Section 2 – Report

Background

The report of the Health Visiting Scrutiny Review was brought to the Overview and Scrutiny Committee on 27 June 2017¹ with the response from Cabinet and the then provider of the Health Visiting Service, London North West NHS Trust coming to Cabinet on 14 September 2017².

It was acknowledged that a procurement process was about to take place and so the update to the Scrutiny Review was delayed to give the new service the chance to settle in.

The combined contract for health visiting and school nursing (0-19) was awarded to Central and North West London NHS Foundation Trust and commenced on 1 July 2018.

This report will look at the key achievements of the last six months as well as some of the challenges. It will also provide members with an update on their recommendations.

The new contract has delivered a number of efficiencies by combining four services / contracts into one: health visiting, school nursing, safeguarding supervision, and breastfeeding peer support. Thanks to these efficiencies we have added or will be adding a number of new services while maintaining the breastfeeding peer support offer. The new offer includes: vision screening for all children in reception, a new check at 4-5 months, a new check for vulnerable children at 3.5 years, health questionnaires for Years 7, 9, 11 and 13. These changes will be phased in over the coming 2 years. The vision screening has started this academic year.

1

<https://www.harlow.gov.uk/www2/ieListDocuments.aspx?CId=276&MId=64281&Ver=4#AI108885>

2

<https://www.harlow.gov.uk/www2/ieListDocuments.aspx?CId=249&MId=64134&Ver=4#AI110550>

Achievements

CNWL as the new provider – in conjunction with LNWUH and CLCH as the previous providers – worked very hard to successfully transfer all the staff and data to the new service, in a new venue with functioning IT systems on the first day of work, Monday 2 July 2019. It is a testament to all involved that this happened without a hitch and was no small undertaking with 75 staff involved.

As part of mobilisation CNWL needed to recruit a number of staff. All key posts were filled by the beginning of October 2018.

Official launch of the new service was on 2 October 2018. Shortly afterwards visits to the fully refurbished office / clinic space at Milman's in Pinner were arranged for any Councillor who wished to attend. It was a useful opportunity for the lead / shadow members as well as the members of the Health Visiting Scrutiny Review to see for themselves how the service is operating from the new combined site.

The service has carried out an in-depth audit of SEN cases and held a consultation with parents / carers of children with SEN in order to make sure it is supporting this group of vulnerable young people. Overall practice was found to be good but there were a number of areas that the service will be focussing on over the coming months, including the service offer for home-schooled pupils. This is an important focus for the service currently.

As previously set out in Cabinet reports, the introduction of the new check at 4-5 months is dependent on health visiting resources being freed up through GPs sending through additional information from their existing 6-8 week check. The project is now moving into the IT governance phase.

Significant amounts of work are being carried out to work in a different way at the 2 year check points with early years settings. The fuller introduction of the new check for vulnerable children at 3.5 years is dependent on this project.

There was a delay in starting with the NCMP (National Child Measurement Programme) while the new staff in the school nursing team were recruited. The programme is on track to weigh all children by the end of the academic year.

The new vision screening service started in January 2019 and was preceded by meetings with ophthalmology at Northwick Park Hospital to ensure that the pathways were appropriate and only appropriate referrals were made. The programme has already started to identify pupils who need to be referred for further tests.

At the request of the HSCB the 0-19 Service has made FGM a priority given the low numbers of referrals from health services. The service has ensured that all its staff have been trained or had their training refreshed.

The Breast-Feeding Peer Supporters won the award for Volunteers of the year Award at the Harrow Heroes 2018 Award ceremony.

Safeguarding service

All posts are now recruited to. There is a full-time MASH Health Visitor based at the Civic Centre and full-time administrative support for the team.

Financial Implications

None. This report is for information only.

Update on the Health Visiting Scrutiny Review recommendations

	Recommendation	Response (of 13.9.17)	Update
1.	To ensure the vacancy rate is filled across all the grades and not just the Health Visitors in order to meet the demand of the service, which will reduce the caseload per HV and improve the efficiency of the service.	In public health we collate the quarterly vacancy data and ask for assurances around the staffing vacancies. We will ensure that this is built in to the new contract performance reporting regime.	Under the new contract we will be receiving more detailed staffing data. There has been very few staffing changes since the start of the new contract. Overall the service is slightly over-establishment (though not costing the authority any additional money). This is only temporary.
2.	To improve the level of skill-mix within the Health Visiting teams to deliver the Healthy Child Programme focusing mainly on the underperforming 12 months and 2-2.5 year developmental checks while maintaining performance levels for the other mandated checks.	This will be a requirement in the new service spec and potential bidders were informed of this at the market engagement event in June.	The bidders all put their staffing proposals into their bids. CNWL as the winning bidder was chosen on their plan to improve performance and deliver a high quality service. As can be seen from the table below, performance has been maintained despite all the changes. The

	Recommendation	Response (of 13.9.17)	Update
			reasons for the dip in performance at 6-8 weeks are being addressed.
3.	To develop and implement a programme to recruit, develop and retain HV staff to meet the demand in service, which will reduce waiting times and deliver a more efficient service.	Harrow does have good staff retention rates. We are looking to incorporate a requirement in relation to clinical support and training into the new service spec. We would also expect providers to set out how they will grow their own staff as part of the social value requirements of the evaluation process.	There have been very few leavers since the new contract started. We will continue to monitor this closely.
4.	That Health Visitors (HVs) are trained to ensure information and advice provided to parents is consistent across the board including knowledge on Language Line and providing the service in various community languages	This is a very useful recommendation and has been shared with potential providers who attended the 0-19 market engagement event in June. We will be assessing how well the bidders for the new contract propose to meet these requirements around information and accessibility as part of the evaluation process.	We made sure that this was a strong feature of the bids. CNWL use The Language Shop as their contracted interpreting service and built time into their service model to allow for interpretation services to be used.
5.	That HVs undergo diversity and cultural awareness training to develop an understanding of different cultures and how this impacts on their roles improving the quality of service being delivered.	We will ask the prospective providers during the procurement process how they will meet this requirement	All CNWL staff are trained in equality and diversity issues. Please see also recommendation 16.
6.	That HVs are trained to recognise cultural pressures	The recommendation	The Safeguarding

	Recommendation	Response (of 13.9.17)	Update
	and are able to provide the relevant support, information and advice in a confidential and safe environment to mothers/parent, which will help pick up and address potential issues such as depression and domestic violence.	and the specifics of the issues that members picked up on when they carried out their visits are very useful. Prospective providers, during the procurement process, will be asked to demonstrate how they will ensure that this is dealt with under the new contract.	service which is now part of the combined 0-19 contract is making sure that this is picked up in safeguarding supervision.
7.	To further promote appointments within dedicated Saturday clinics to address the low take up of Antenatal and 12 months and 2-2.5 year Health Reviews to reduce the number of parents not attending.	We recognise the importance of the Saturday clinics in increasing the numbers under the current contract. We will be asking providers what range of steps they will be adopting to ensure the maximum uptake of all the mandated child development checks.	We have changed the antenatal contact to focus on vulnerable mothers, first-time mothers, and late-bookers as this can be a sign of a mother who needs additional support. The process for getting the data to flow has taken some time to set up. The % of 2 year checks has been maintained. The % of 12 month checks by 15 months has remained high. However, the % of 12 month checks by 12 months has fallen significantly but that is due to an operational issue and will be rectified in the coming months.

	Recommendation	Response (of 13.9.17)	Update
8.	To undertake a publicity campaign (including posters, social media, engaging with the voluntary and community sector, faith groups, schools and partners) to raise awareness and educate parents on the importance of the clinics, and could reduce the no shows.	We will be looking to have the most ambitious targets possible for attendance at the mandated child development checks and want to monitor these by ethnicity and other protected characteristic groups so it will be possible to ensure more steps are undertaken if particular ethnic/language groups are underrepresented. We have also worked closely with partners such as early support hubs/children's centres, PVIs (Private, Voluntary and Independently run childcare settings), GPs, maternity/midwifery, vol sec orgs as part of the consultation in order to look at how this can be addressed collectively.	We have set high performance level targets and will be working towards getting very comprehensive data on those that DNA. This will take some time to get the data flowing as we intend. See also recommendation 16.
9.	To ensure adequate information (posters) is displayed at all clinics and also available to provide to parents, as lack of information was available at a number of clinics.	We support this recommendation and will be working with current provider as well as the successful bidder of the new contract to ensure this is improved.	Some scrutiny members have visited the new 0-19 base at Millmans and will know that there are a lot of posters and leaflets in the clinic space. There are discussions

	Recommendation	Response (of 13.9.17)	Update
			<p>ongoing with children's centres about how best to keep posters up-to-date and other printed information available and noticed by parents.</p> <p>Discussions are ongoing with Alexandra Avenue and Wealdstone Centre regarding displaying posters as these are spaces shared with many other services.</p> <p>Leaflets are available at all clinics when mandated assessments are carried out.</p>
10.	<p>[Council] To agree targets (comparative to neighbouring boroughs) and include these as Key Performance Indicators (KPIs) within the contract to be monitored on a regular basis, which will help to improve performance.</p>	<p>We have agreed variations to the contract that was novated from NHS England on 1 October 2015. This includes more challenging targets. It is important to note that performance has been improving significantly in the last two quarters. More details about current performance are set out below in Appendix 3. It should be noted that we will be requiring the</p>	<p>The new contract includes more challenging targets for all the checks. We have included an indicator to ensure that all the vulnerable children are seen at each check point. The data has started to be reported for this but the data needs to be cleansed as some children have not been discharged who should have been since the change</p>

	Recommendation	Response (of 13.9.17)	Update
		service to report on new local indicators that will show the percentage of vulnerable children who are seen at each of the mandated child developmental checks. There is the target that 100% of vulnerable children are seen.	of provider.
11.	To change the way ethnicity and mother tongue/language competence are recorded on patient records. At the moment the Health Visiting patient record system records 132 different ethnicities. It is recommended that ethnicity is simplified and the Council's Diversity Monitoring categories (Appendix 4) are used and a separate record is kept of language and language proficiency.	Work has started on this recommendation. There was be a meeting on 25 July to start discussions around aligning data recording and it will be a requirement of the new contract.	The new provider will be using the NHS 16+1 standardised coding system for ethnicities. This should make it easier to monitor access etc. by different ethnic and language groups.
12.	To review the contact material (letters) to ensure they are inclusive and incorporate a strap line offering the information in alternative formats and community languages, which will contribute to addressing the language barrier.	We support this recommendation and it will be a requirement of the new contract. We will also be working with the existing provider to improve this.	See response to recommendation 16. Some changes have been made to the antenatal letter following contact with Romanian parents. (Our biggest language group in Harrow.)
13.	To ensure all staff are aware of and trained to arrange for interpretation services if required to address the issue of language barrier.	We support this recommendation and it will be a requirement of the new contract. We will also be working with the existing provider to improve this.	CNWL use The Language Shop as their contracted interpreting service and built time into their service model to allow for interpretation services to be used.

	Recommendation	Response (of 13.9.17)	Update
14.	To undertake a review of the set-up of all clinics to ensure customer confidentiality is maintained at all times so that no more than one visit is conducted in the same room at any one time.	We support this recommendation and it will be a requirement of the new service. We will also be working with the existing provider to improve this before the commencement of the new contract.	The new clinic space at Milmans allows for this. It is more difficult at some of the children's centre sites but staff are aware of the need to be sensitive to parents who might feel uncomfortable in such venues.
15.	[Council] That a fully comprehensive Equality Impact Assessment is undertaken to highlight potential barriers and identify ways to improve the service. The findings and requirements of this to be incorporated	This recommendation is accepted and the EqlA along with the refresh of the JSNA that was completed specifically for this tender reflects the most comprehensive EqlA that was possible. The Scrutiny Review report in itself forms part of this. As Scrutiny Members note at recommendation 11, the system of data recording is not adequate so there are gaps in our knowledge of the service users and their protected characteristics. We have started conversations with the current service and it will be part of the new specification.	This was carried out as part of the pre-tender work.
16.	That the service develops and supports five groups for the five most common language groups. The purpose of these	There was extensive consultation with different community	The service has started by engaging with the Romanian

	Recommendation	Response (of 13.9.17)	Update
	groups would be to act as a sounding board for translated documents and invitation letters etc., and be able to support other parents from those communities	groups as part of the consultation process for this contract. We will be asking bidders to set out how they plan to engage effectively with the five most common ethnic groups in Harrow.	Community Trust who have Identified a group of Romanian mothers and are planning a focus group, to feed into concerted health promotion at contacts with Romanian families.

Performance

Overall high levels of performance have been maintained as can be seen in the table and graph below.

In terms of the areas of improvement, the number of **antenatal checks** has fallen quite significantly as the service is still working on data flows from the main maternity units in order to have the information to target the antenatal checks at the mothers specified in the service specification i.e.

- those categorised as vulnerable by maternity/midwifery services;
- those referred by GP as vulnerable;
- late bookers for maternity services i.e. those who register their pregnancy after 20 weeks ;
- first-time mothers (primips);
- those for whom there is no information e.g. they have just arrived in the country.

The percentage of **6-8 week reviews** has fallen slightly but the figure for 6-8 week reviews carried out before 10 weeks is 76%. The service is working to improve this.

The performance for the **2 year reviews** remains strong. There were some issues with the way the data was calculated by the previous provider for the **12 month reviews** which is why there has been a significant drop. This will start improving and the figure for **12 month reviews by the age of 15 months** has remained high.

National KPI	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18	Q1 18/19	Q2 18/19	Q3 18/19
Total number of infants who turned 30 days within the quarter	938	914	931	828	916	906	894
Number of mothers who received a first face to face antenatal contact with a Health Visitor.	284	276	255	248	263	26	23

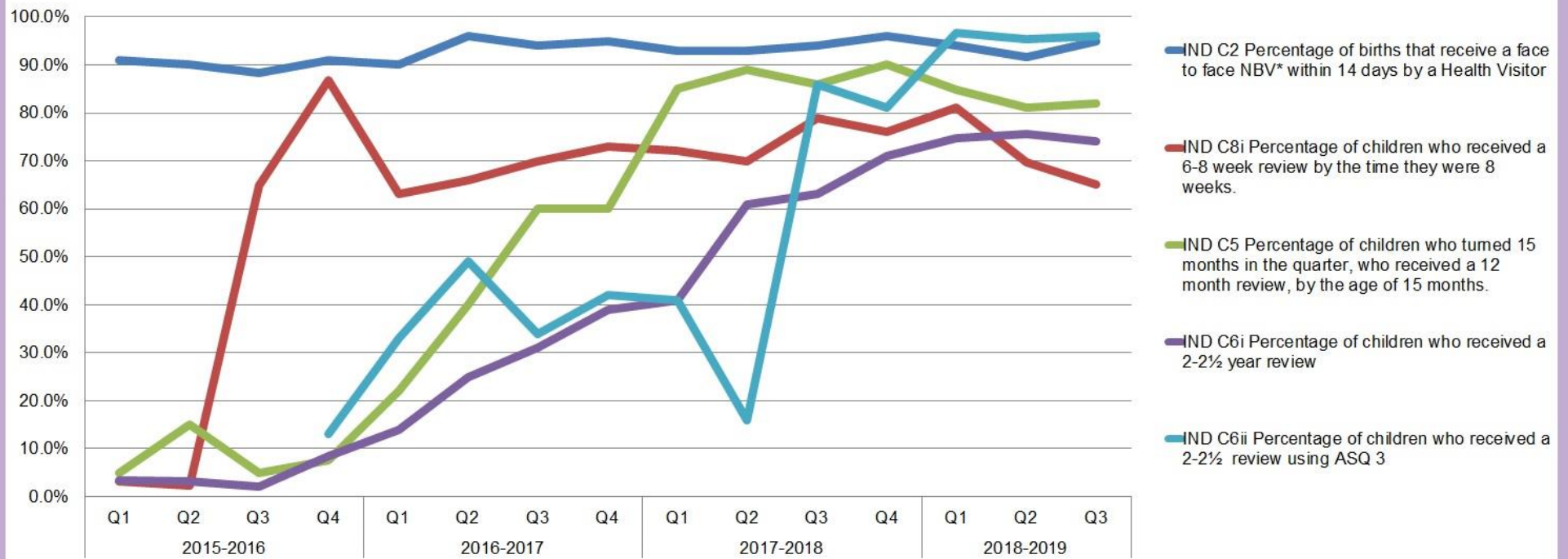
National KPI	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18	Q1 18/19	Q2 18/19	Q3 18/19
Percentage of births that receive a face to face NBV* within 14 days by a Health Visitor	93%	93%	94%	96%	94%	92%	95%
Percentage of children who received a 6-8 week review by the time they were 8 weeks.	72%	70%	79%	76%	81%	70%	65%
12 Month checks when child turns 12 months in that quarter	84%	80%	86%	86%	34%	19%	14%
Percentage of children who turned 15 months in the quarter, who received a 12 month review, by the age of 15 months.	85%	89%	86%	90%	85%	81%	82%
Percentage of children who received a 2-2½ year review	41%	61%	63%	71%	75%	76%	74%
Percentage of children who received a 2-2½ review using ASQ 3	41%	16%	86%	81%	97%	95%	96%

Risks and mitigations

Risks	Mitigations
Dip in performance	This is always a risk and will be closely monitored as always. The service has been set performance targets which they are working towards.
Risks of vulnerable children not being seen due to changes in processes e.g. to the school nurse involvement in CP processes.	<p>This is always a risk and was carefully considered as part of the procurement and service design stage. Children's social care and the HSCB were consulted on the changes prior to procurement.</p> <p>There is always a strong focus on the part of the service and LA/CCG commissioners re. the most vulnerable children i.e. it is always checked that the service is regularly seeing those known as vulnerable; those transferring into Harrow from another local authority or country.</p> <p>In addition, reviews have been built into the process so that it can be ensured that the changes are not having a negative impact on vulnerable children and families. The intention behind the changes is to <i>reduce</i> risks overall by ensuring that e.g. children who are not in an early years setting are seen at 3.5 years.</p>
Capacity to deliver change across a number of complex areas while maintaining performance	<p>There are a significant number of changes as set out above that are absorbing a large amount of management capacity within the service.</p> <p>Performance will continue to be monitored closely by the service and the commissioner.</p>

Risks	Mitigations
	<p>There will always be a strong focus on safeguarding.</p> <p>All the major changes will be piloted first before being rolled out across the whole borough. Post-implementation reviews will be carried out as appropriate.</p>
<p>Impending SEND inspection</p>	<p>It is expected that Harrow will be inspected in the course of the next 3 – 6 months. The inspection covers all relevant parts of the local authority and NHS services. The 0-19 service will be inspected as part of this wider inspection.</p> <p>The 0-19 service has carried out an audit of SEN cases, and produced an action plan as a result. It has consulted with SEN parents at a coffee morning. It has met with the Designated Clinical Officer for Harrow to test preparedness. The action plan is comprehensive but various planned actions will not be delivered in the short-term.</p>

Performance



Financial Comments

There are no financial implications arising from this report updating the progress since the start of the contract in July 2018.

The contract value totals approx. £3.7m pa, and represents school nursing and health visiting services (funded by the Public Health grant) and the children's safeguarding service (funded by Harrow CCG).

It should be noted that the award of this contract included the provision of breast feeding services (previously commissioned separately) as well as vision and screening services which were not previously funded. The contract was awarded for an initial term of 3 years, with the potential to extend for a further 4 years.

Equalities implications

Was an Equality Impact Assessment carried out? Yes

The Equality Impact Assessment was carried out ahead of issuing the tender was brought to Cabinet on 14 September 2017 and can be found here: <http://www.harrow.gov.uk/www2/ieListDocuments.aspx?CId=249&Mid=64134&Ver=4#AI110550>. It drew on the work of and referenced the Health Visiting Scrutiny Review.

Council Priorities

The Council's vision:

Working Together to Make a Difference for Harrow

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

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

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

Contact: Jonathan Hill-Brown, Public Health Commissioning Manager, 020 8424 7613.

Background Papers:

The initial Health Visiting Scrutiny Review was brought to the Overview and Scrutiny Committee meeting on 27 June 2017.³

The Cabinet response to the Health Visiting Scrutiny Review was brought to Cabinet on 14 September 2017.⁴

An update on the 0-19 Health Visiting and School Nursing Service was brought the Health and Well-Being Board on 5 July 2018.⁵

A further update was brought to the Health and Well-Being Board on 7 March 2019.⁶

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<http://www.harrow.gov.uk/www2/ieListDocuments.aspx?CId=276&MId=64281&Ver=4#AI1088>

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<http://www.harrow.gov.uk/www2/ieListDocuments.aspx?CId=249&MId=64134&Ver=4#AI1105>

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<http://www.harrow.gov.uk/www2/ieListDocuments.aspx?CId=1280&MId=64406&Ver=4#AI113708>

⁶ <http://www.harrow.gov.uk/www2/ieListDocuments.aspx?CId=1280&MId=64410&Ver=4>