

# Health and Wellbeing Board Agenda

**Date:** Tuesday 23 November 2021

**Time:** 10.00 am

**Venue:** Online

## Membership (Quorum 5)

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**Chair:** Councillor Graham Henson

### Board Members:

Sheik Auladin	Clinical Commissioning Group
Councillor Simon Brown	Harrow Council
Councillor Janet Mote	Harrow Council
Marie Pate	Healthwatch Harrow
Councillor Christine Robson	Harrow Council
Dr Muhammad Shahzad	Harrow Clinical Commissioning Group
Dr Genevieve Small (VC)	Harrow GP Governing Body Member for NWL CCG
Councillor Krishna Suresh	Harrow Council
1 Vacancy	Harrow Clinical Commissioning Group

### Reserve Members

Councillor Sue Anderson	Harrow Council
Councillor Niraj Dattani	Harrow Council
Councillor Dean Gilligan	Harrow Council
Councillor Maxine Henson	Harrow Council
Councillor Dr Lesline Lewinson	Harrow Council
Dr Himagauri Kelshiker	Harrow Clinical Commissioning Group
Rasila Shah	Healthwatch Harrow
1 vacancy	Harrow Clinical Commissioning Group

### Non Voting Members:

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Inspector Edward Baidon, Harrow & Brent Police  
Carole Furlong, Director of Public Health, Harrow Council  
Paul Hewitt, Corporate Director - People, Harrow Council  
John Higgins, Representative of the Voluntary and Community Sector  
Chris Miller, Chair, Harrow Safeguarding Boards  
Angela Morris, Director Adult Social Services, Harrow Council  
Vacancy, NW London NHS England  
Vacancy, Harrow Clinical Commissioning Group

**Contact:** Mwim Chellah, Senior Democratic & Electoral Services Officer  
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## **Useful Information**

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**Agenda publication date: Monday 15 November 2021**

7. **Covid-19/Vaccinations and Winter Pressures Update** (Pages 1 - 21)
8. **Progress of the Integrated Care Partnership -100 Day Plan** (Pages 22 - 35)
9. **Better Care Fund Update** (Pages 36 - 82)
10. **Annual Reports of Adults' Safeguarding Board and Children's Safeguarding Board** (Pages 83 - 172)
11. **Public Health Quarterly Report** (Pages 173 - 184)



# Harrow Borough Vaccination Update

23 November 2021

# Data Report

# NWL Overview

## Vaccinations as at 16/11/2021 on Foundry

Total					
Covid Vaccine Doses Administered		Vaccinated on latest day		Submitted on latest day	
3,438,438		9,559		10,769	
Hospital Hub Vaccination Events		Vaccinated on latest day		Submitted on latest day	
198,636		411		419	
PCN Vaccination Events		Vaccinated on latest day		Submitted on latest day	
1,547,586		3,793		4,656	
Pharmacy Vaccination Events		Vaccinated on latest day		Submitted on latest day	
765,723		4,710		5,008	
Vaccination Centre Events		Vaccinated on latest day		Submitted on latest day	
926,493		645		686	
Vaccination events by dose			Vaccination events by vaccine type		
1,656,419	1,443,272	346,310	2,019,494	1,372,990	53,522
Number of patients who have received their first vaccination	Number of patients who have received their second vaccination	Number of patients who have received their third/booster vaccination	Number of Pfizer vaccine events	Number of AZ vaccine events	Number of Moderna vaccine events

# 1<sup>st</sup> dose as % of population

Foundry data - cohorts at CCG level to 16/11/2021

1st dose uptake as % of population

% Uptake	Brent	Central	Ealing	H&F	Harrow	Hillingdon	Hounslow	West London	Unknown	Total
Care Home Resident	95.2%	92.0%	94.3%	96.2%	93.9%	97.8%	96.2%	96.0%	95.1%	95.6%
Healthcare Workers NHS Trust (ESR)	85.3%	91.4%	89.4%	90.3%	92.6%	93.0%	92.3%	86.6%	93.5%	90.2%
80+	84.7%	84.0%	86.8%	81.2%	92.6%	92.1%	90.3%	80.8%	82.7%	87.3%
75-79	84.8%	82.5%	88.5%	82.3%	92.1%	93.3%	90.1%	80.3%	83.1%	87.4%
Clinically Extremely Vulnerable	82.6%	84.7%	88.1%	83.0%	91.1%	92.7%	90.7%	84.2%	89.5%	87.5%
70-74	82.7%	76.0%	85.9%	80.2%	90.1%	91.1%	87.0%	77.0%	74.4%	84.4%
65-69	80.9%	73.6%	83.3%	77.6%	88.1%	89.1%	85.5%	72.9%	74.2%	82.1%
Learning Disability Register	75.9%	73.9%	80.6%	74.7%	85.0%	86.5%	84.6%	76.3%	86.4%	80.3%
QCovid	81.2%	79.2%	84.9%	76.0%	86.3%	86.8%	85.2%	78.4%	83.1%	82.8%
DWP Carers	67.5%	69.6%	73.9%	63.2%	77.0%	77.2%	76.4%	64.8%	76.7%	71.9%
LA Carers	75.9%	79.7%	81.9%	65.4%	87.1%	84.2%	88.5%	70.8%	76.0%	80.8%
At Risk	74.4%	71.0%	78.9%	74.7%	83.0%	84.0%	82.5%	70.0%	81.5%	77.7%
60-64	72.6%	66.5%	77.4%	71.6%	83.6%	84.9%	80.3%	64.5%	65.7%	75.4%
55-59	70.6%	64.0%	74.2%	73.1%	79.4%	81.2%	78.1%	63.5%	69.5%	72.9%
50-54	67.7%	61.5%	72.2%	70.1%	76.0%	78.6%	75.7%	60.8%	61.6%	70.3%
40-49	61.1%	53.6%	64.2%	59.6%	68.1%	72.4%	66.0%	53.7%	62.7%	62.4%
30-39	53.6%	50.7%	57.2%	60.5%	58.1%	64.8%	57.4%	52.4%	64.2%	56.9%
18-29	55.1%	54.5%	59.4%	65.0%	58.1%	62.6%	63.0%	54.3%	61.9%	59.2%
12-17 Household contacts of immunosuppressed	36.1%	36.4%	43.2%	27.8%	51.2%	49.7%	45.4%	27.2%	25.8%	42.0%
16-17	41.3%	40.0%	45.5%	36.4%	52.0%	53.4%	50.7%	35.4%	49.2%	45.4%
12-15	30.9%	28.2%	37.3%	27.7%	40.1%	37.6%	37.2%	26.2%	34.2%	34.2%
<b>Total</b>	<b>62.8%</b>	<b>59.1%</b>	<b>67.3%</b>	<b>65.2%</b>	<b>71.1%</b>	<b>73.8%</b>	<b>69.5%</b>	<b>59.6%</b>	<b>68.8%</b>	<b>66.1%</b>

# Borough Level – 2<sup>nd</sup> Dose as % of first dose

## 2nd dose as % of first doses

% Uptake	Brent	Central	Ealing	H&F	Harrow	Hillingdon	Hounslow	West London	Unknown	Total
Care Home Resident	90.4%	89.6%	94.3%	90.8%	91.5%	90.3%	90.2%	91.9%	90.2%	90.8%
Healthcare Workers NHS Trust (ESR)	94.7%	94.9%	95.7%	96.2%	96.7%	96.8%	96.3%	96.1%	95.6%	96.0%
80+	94.7%	95.6%	96.7%	96.5%	97.4%	97.6%	97.1%	95.1%	95.2%	96.5%
75-79	97.2%	95.8%	97.6%	96.6%	98.3%	98.4%	97.9%	96.0%	98.8%	97.4%
Clinically Extremely Vulnerable	95.6%	95.6%	97.0%	96.0%	97.8%	98.0%	96.9%	95.9%	96.8%	96.7%
70-74	96.8%	95.1%	97.7%	97.5%	98.3%	98.2%	97.9%	96.5%	94.9%	97.4%
65-69	96.8%	95.5%	97.3%	96.4%	98.4%	98.2%	97.4%	96.1%	96.4%	97.2%
Learning Disability Register	91.3%	92.1%	92.6%	89.9%	94.5%	94.5%	90.4%	92.5%	94.7%	92.4%
QCovid	95.0%	95.3%	95.1%	94.1%	96.3%	95.8%	95.2%	94.9%	97.4%	95.2%
DWP Carers	90.9%	91.6%	92.1%	89.7%	94.4%	93.3%	91.4%	93.1%	93.7%	92.1%
LA Carers	91.7%	94.2%	92.5%	93.2%	96.5%	96.0%	96.1%	94.1%	92.1%	95.0%
At Risk	93.7%	93.0%	94.3%	93.9%	96.0%	95.2%	94.9%	93.7%	93.2%	94.4%
60-64	95.9%	94.2%	97.0%	95.8%	98.2%	97.8%	97.1%	94.6%	93.8%	96.5%
55-59	94.9%	94.5%	96.8%	96.1%	97.4%	97.8%	96.3%	94.7%	93.9%	96.1%
50-54	94.8%	94.5%	95.8%	95.2%	96.8%	97.0%	96.1%	94.5%	92.5%	95.6%
40-49	93.7%	93.4%	94.2%	94.7%	95.4%	95.5%	94.0%	93.3%	91.7%	94.3%
30-39	90.6%	91.6%	90.7%	93.2%	92.5%	92.2%	91.0%	91.1%	89.4%	91.6%
18-29	84.7%	86.5%	84.4%	90.5%	88.1%	86.8%	84.9%	86.1%	84.7%	86.7%
12-17 Household contacts of immunosuppressed	15.8%	13.3%	7.7%	8.2%	11.0%	9.6%	9.8%	10.8%	0.0%	10.8%
16-17	30.6%	25.5%	21.2%	21.6%	23.1%	21.2%	25.3%	26.2%	20.0%	24.2%
12-15	0.9%	0.5%	0.3%	0.4%	0.2%	0.3%	0.2%	0.8%	0.0%	0.4%
<b>Total</b>	<b>89.1%</b>	<b>90.0%</b>	<b>89.1%</b>	<b>91.8%</b>	<b>90.8%</b>	<b>90.6%</b>	<b>89.5%</b>	<b>90.4%</b>	<b>88.4%</b>	<b>90.1%</b>

# Booster Dose as % of 2<sup>nd</sup> Doses

## Booster dose as % of 2nd doses

% Uptake	Brent	Central	Ealing	H&F	Harrow	Hillingdon	Hounslow	West London	Unknown	Total
Care Home Resident	69.5%	66.7%	67.3%	69.2%	69.1%	71.0%	66.3%	70.7%	70.5%	69.4%
Healthcare Workers NHS Trust (ESR)	50.8%	57.9%	57.7%	58.1%	61.3%	62.3%	60.2%	59.3%	56.6%	58.5%
80+	61.6%	73.5%	70.1%	64.9%	81.2%	79.2%	76.3%	68.6%	61.4%	72.7%
75-79	69.2%	76.3%	75.7%	71.6%	85.4%	83.7%	79.2%	74.8%	76.3%	77.7%
Clinically Extremely Vulnerable	50.2%	58.7%	57.2%	51.7%	74.7%	68.0%	60.1%	59.6%	53.8%	59.6%
70-74	68.0%	75.3%	74.8%	71.8%	86.0%	82.6%	78.1%	71.8%	63.1%	76.6%
65-69	59.4%	64.0%	60.4%	53.8%	80.5%	72.3%	64.0%	63.1%	44.0%	65.4%
Learning Disability Register	21.4%	27.6%	19.5%	27.4%	51.5%	31.7%	33.3%	22.2%	27.8%	29.6%
QCovid	20.9%	38.9%	21.8%	23.6%	47.6%	30.7%	26.2%	36.3%	33.0%	28.7%
DWP Carers	14.6%	15.8%	16.3%	13.7%	34.5%	20.3%	19.1%	18.2%	9.5%	19.0%
LA Carers	24.0%	27.5%	21.5%	17.4%	50.4%	29.6%	35.0%	27.2%	20.0%	29.1%
At Risk	24.5%	31.4%	23.7%	17.5%	51.8%	36.5%	31.5%	32.0%	18.2%	30.7%
60-64	35.3%	49.2%	29.6%	27.5%	52.8%	29.0%	29.3%	45.1%	18.0%	36.5%
55-59	18.9%	25.9%	15.2%	16.1%	40.9%	20.3%	16.6%	26.4%	15.4%	21.9%
50-54	13.5%	13.7%	10.4%	8.8%	37.9%	13.2%	12.5%	18.8%	8.1%	15.5%
40-49	3.6%	4.2%	3.0%	2.9%	9.3%	4.6%	3.5%	3.4%	3.6%	4.2%
30-39	2.6%	2.9%	2.1%	2.0%	5.5%	3.1%	2.5%	2.3%	2.7%	2.7%
18-29	1.7%	3.5%	1.6%	1.6%	3.4%	1.9%	1.8%	1.8%	1.5%	2.1%
12-17 Household contacts of immunosuppressed	1.9%	0.0%	1.7%	0.0%	1.0%	1.7%	2.0%	0.0%	#DIV/0!	1.4%
16-17	0.5%	1.3%	0.8%	0.7%	0.9%	1.0%	0.9%	0.5%	0.0%	0.8%
12-15	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	9.1%	0.0%	#DIV/0!	0.7%
<b>Total</b>	<b>21.0%</b>	<b>22.8%</b>	<b>22.8%</b>	<b>14.1%</b>	<b>39.6%</b>	<b>30.1%</b>	<b>25.4%</b>	<b>25.4%</b>	<b>22.5%</b>	<b>24.8%</b>

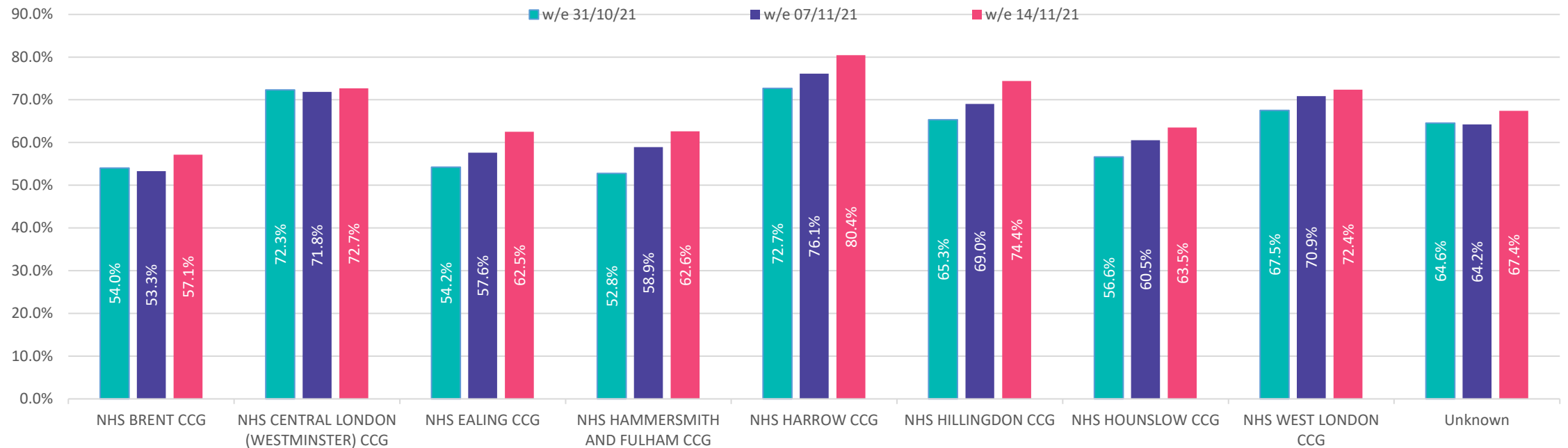
# Booster uptake by Borough

Booster uptake in eligible patients (Cohorts 1-9 who received their 2nd dose >6m ago)



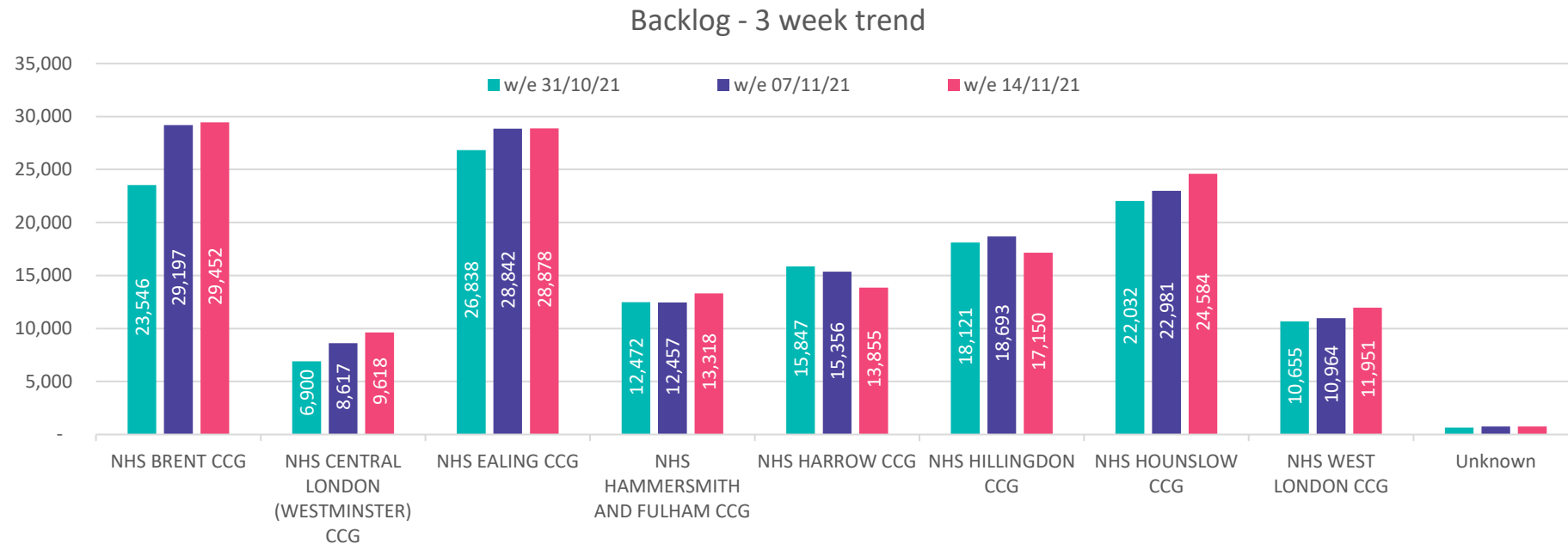
# Booster trend by Borough

% total eligible patients vaccinated - 3 week trend





# Booster backlog by Borough



# JCVI updates

# JCVI updates

- **Extension of the booster campaign to 40-49 year olds (booking from Monday 22<sup>nd</sup> November)**
- **2<sup>nd</sup> dose administration for 16-17 year-olds** to come forward and have a second dose of the Pfizer/BioNTech vaccine.
- Recommendation that those under 18s now should **not receive a vaccine until 12 weeks after positive pcr test.**
- Period between 1<sup>st</sup> & 2<sup>nd</sup> dose for those under 18s who are not in 'at risk group' should be 12 weeks after 1<sup>st</sup> dose

Inclusion of cohort 10 (40-49 year olds) in the booster programme

PCN sign up to support NBS arrangements

13 PCN sites in NWL opted for NBS sign up

# Big Weekend

## 26 to 28 November 2021

# Key message and requirement

- A nationwide initiative on the last weekend of November across all cohorts, from 12 years of age upwards that prompts people to get COVID-19 vaccinated (1st, 2<sup>nd</sup> doses and Boosters) before Christmas Day.
- **National campaign promoting:** “X number of days to protect a loved ones this Christmas”. “ Get vaccinated ahead of the Festive Season”
- **Plan to increase vaccination activity for ALL cohorts, all vaccination types and dose**
- Recognise this is as much about promotion as it is capacity so real **joint** effort across Health and LAs.

# 20% stretch at Borough Level – All Pillars

Borough	Sum of Total Vaccinations (W.C 8th Nov - 14th Nov)	Sum of Total Vaccinations (12th Nov - 14th Nov)	Sum of Additional 20% (Friday to Sunday)
Brent	4,516	1,484	297
Central	4,981	1,409	282
Ealing	13,693	6,547	1,309
H&F	6,991	2,795	559
Harrow	9,482	5,237	1,047
Hillingdon	10,742	3,978	796
Hounslow	8,740	4,865	973
West London	6,045	2,651	530
<b>Grand Total</b>	<b>65,190</b>	<b>28,966</b>	<b>5,793</b>

# Schools Programme

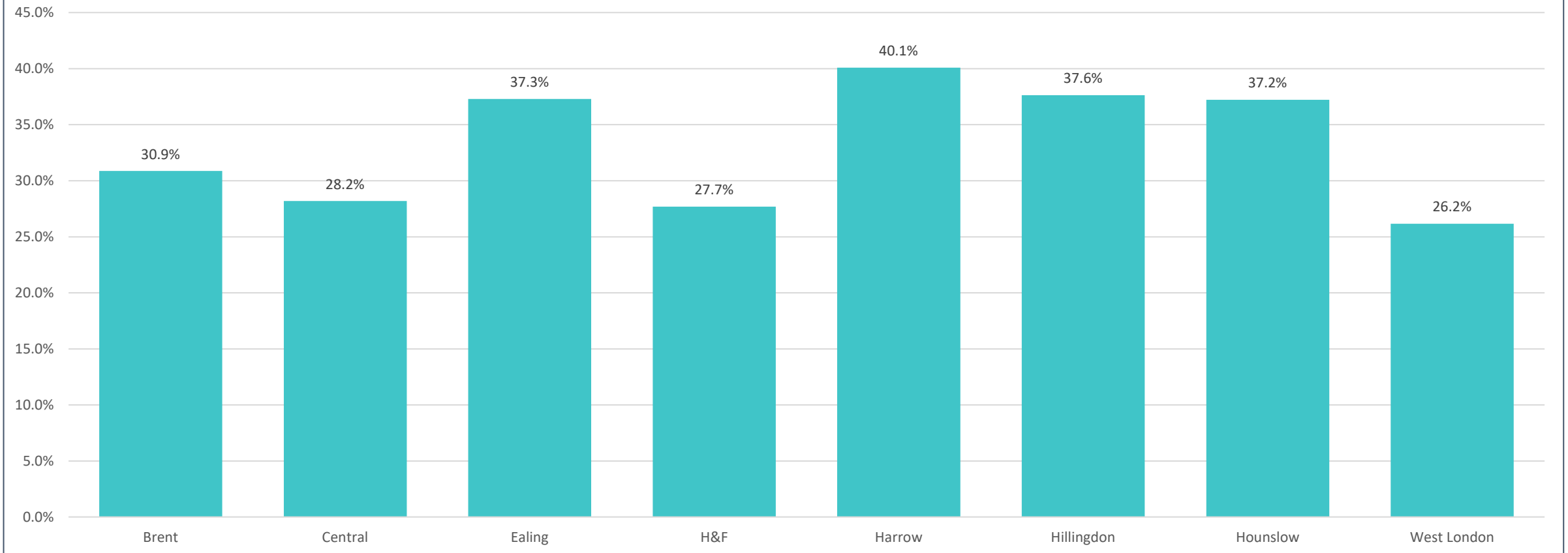


# CYP data (up to 16<sup>th</sup> November)

Local Authority	Total Number of Eligible Children	Pupils vaccinated in week commencing													% pupils vaccinated	Consent forms returned to date
		20/09/2021	27/09/2021	04/10/2021	11/10/2021	18/10/2021	25/10/2021	01/11/2021	08/11/2021	15/11/2021	22/11/2021	29/11/2021	06/12/2021	13/12/2021		
Brent	13,716	-	-	-	1,671	1,150	214	1,833	415	21					38.7%	4,302
Ealing	15,221	546	182	509	965	2,612	401	980	310	-					42.7%	5,586
Hammersmith and Fulham	8,117	-	118	79	58	775	140	1,111	95	-					29.3%	2,372
Harrow	11,730	-	583	832	1,601	1,053	384	163	112	66					40.9%	3,841
Hillingdon	15,374	-	99	871	1,273	1,579	249	1,456	616	-					40.0%	5,309
Hounslow	13,092	-	310	423	951	977	164	2,438	295	13					42.6%	5,026
Kensington and Chelsea	5,925	-	-	-	281	721	35	728	29	-					30.3%	2,097
Westminster	10,621	155	-	25	646	1,289	76	574	305	54					29.4%	2,914
Vaccinated																
Total (all schools)	93,796														38.0%	31,447
Total from visited schools	92,161	701	1,292	2,739	7,446	10,156	1,663	9,283	2,177	154					38.6%	

# CYP Borough of Residence (includes vaccinations delivered in school & community)

Uptake % 12-15 year olds by Health Borough to 16/11/2021



# Next Steps

- Lessons learned session held on 15<sup>th</sup> November with key stakeholders involved with focus on understanding areas for improvement in order to inform delivery model going forward.
- Delivery from wc 22<sup>nd</sup> November will focus on mop-up sessions for those children / parents who have consented but who have not yet been vaccinated & also for those children who were absent due to illness etc.
- 80 schools have been highlighted as having largest pupil populations but lowest overall uptake and the team are planning re-visits to each of these schools over the coming weeks.
- Additionally, a re-promotion offer letter will be distributed through schools this coming Friday 19<sup>th</sup> November aimed at parents who have not returned the consent form and thus have neither consented nor declined the vaccination for their child.
- Planning for 2<sup>nd</sup> doses will also commence ahead of likely announcement from JCVI before Christmas

# Care Homes Update

- All CQC Registered Care Homes to have an offer of a visit to administer boosters by 1<sup>st</sup> Dec 2021#
- No current target on uptake for Residents or staff

# Care Home Booster Vaccinations by Borough- need updated table

Borough	Total Residents	No. of Boosters	% Resident Booster uptake	% Change from Last week	Total Staff(in agency)	No. of boosters	% Staff Booster Uptake(inc agency)	% Change from last week
Brent	967	713	74	3↑	1387	334	24	2↑
Ealing	1283	1009	79	6↑	1695	276	16	3↑
H&F	371	290	78	12↓	512	120	23	6↑
Harrow	1037	762	73	6↑	1555	347	22	2↑
Hillingdon	1230	947	77	0	1702	530	31	3↑
Hounslow	696	545	78	5↓	1136	304	27	3↑
RBKC	285	200	70	13↑	520	126	24	1↑
Westminster	284	203	71	0	432	62	14	0

Data Source CT 17.11.2021( currently 30 homes that appear not have updated CT post visit)

# Harrow Integrated Care Partnership

## 100 day plan: developing our understanding and delivering action

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*Lisa Henschen, Managing Director, Harrow Integrated Care Partnership*

*Version 2: 18<sup>th</sup> August 2021*

# Introduction to the 100 day plan

In February 2020, the Harrow Health and Care Partnership produced their **first 100 day plan**, setting out the next 100 days of the ICP development. No one could then have foreseen what the next 100 days would bring.

As we look back on those 100 days at the beginning of March 2020, it is clear that the newly formed Harrow Health & Care Executive (HHaCE) became the epicentre of our ICP and of our work with local partners on supporting each other in responding to Covid-19. It brought together, as it continues to, on a weekly basis senior representatives of the acute, community, mental health, social services, primary care networks, voluntary and community sector, CCG and broader council services. It set out the foundations of a system that we believe will enable us to drive improvements in health and wellbeing, reductions in inequalities, and the sustainable use of collective resources: both to meet current demands across these areas and our future health and wellbeing priorities for Harrow as a whole.

In June 2020, following the first wave of COVID-19, the Harrow Health & Care Executive produced their **Out of Hospital Recovery Plan**. This plan built on what the partnership had rapidly learnt over the first wave of the COVID pandemic, as well as the long term aspirations of this partnership; delivery of integrated, person centred care. It set out these long held objectives as well as a programme of recovery in the priority areas of our transformation programme. This plan cemented the out of hospital recovery workstreams at the heart of our integrated care partnership and the vehicles for collaboration and change delivery.

As the partnership continued to provide leadership and operational oversight of our out of hospital recovery plan and continued response to the second and third waves of the pandemic, it continued to evaluate and refine its direction and approach. A reflect and refresh exercise, undertaken in April 2021 with members of the Health

and Care Executive, sought feedback on the effectiveness of the partnership and ongoing priorities. A series of conversations with Black Community Leaders and citizen champions for health and care provided constructive challenge to our approach and the ways services are delivered. They reinforced the need to place our citizens at the heart of ICP developments and reflect seriously on the values of the Health and Care Partnership for Harrow.

Four strategic conversations were then held to shape our way forward:

1. **Putting patients and citizens at the heart of the ICP:** Including in the planning, delivery and assurance of better health and care outcomes
2. **How we hold ourselves to account?** Including the role of primary care leadership, future of commissioning, self-assurance, conflict resolution and relationship with the ICS
3. **Reaffirming our shared delivery commitments:** Including the operational changes and workstream development to support the above
4. **Developing our shared culture:** Including how to make this real for people, engaging staff, integrated training and development, and promoting staff wellbeing

We are now at a critical point in the partnership development. We need to continue to engage, alongside acting on what we have heard. We need to effectively establish the Harrow Health and Care Partnership as the agency to deliver for our local citizens and for the North West London Integrated Care System (ICS).

This is the purpose of this 100 day plan; turning our understanding to action and demonstrating the robustness and readiness of the partnership to deliver the priorities for our wider health and care system.

# Setting the priorities for the 100 day plan

The priorities for the 100 day plan have been developed through:

**a) The outcomes of the Harrow Health and Care Executive four strategic conversations, the key conclusions from which are:**

- The need to start engaging the wider workforce, giving people the permission / freedom to start the process of integration
- The importance of values but the need for these to come from people, not from the system leadership
- The consistent themes from the conversation sessions around improving access, jointly developing workforce, and embedding community voices
- The need for the next “100 day plan” to be about empowering, asking others and addressing power dynamics, not just providing a new set of workstreams and priorities
- Potential availability of support and funding to enable this journey through our dedicated transformation funding.

**b) The priorities of our transformational workstreams and how we are driving their work to reduce health inequalities, improve care and develop a sustainable local health care system (Appendix A)**

**c) Our commitment to the delivery of the ICP priority areas that have been set across North West London and the set of metrics that have been agreed to measure their delivery (Appendix B)**

- Reducing health inequalities: Population Health Management underpinning all decisions
- Development of PCNs and reducing Primary Care variation
- Integrating and organising teams at a neighbourhood level
- Diabetes – achieve new spec to improve health
- Community mental health – deliver model and access as agreed by North West London
- Vaccines, hesitancy and post-COVID care

**d) The development of the wider Integrated Care System in North West London and the need to secure our agency to deliver system priorities, including having a robust Borough Delivery Plan in place (see Appendix C)**



# The 100 day plan: what we are seeking to achieve

The 100 plan is about laying the foundations for a strong ICP, building the momentum for change as well as delivering change for our citizens. We expect opportunities for positive change to emerge through this process and team will be supported to enact and learn through delivery of these over the 100 day period..



# 100 day plan at a glance

	Days 1 – 30 [September]	Days 30 – 60 [October]	Days 60 – 90 [November]	Days 90 – 100 [December]
1. Establish a shared purpose for our work across our local health and care system	Commence borough level population health needs assessment. PCN development plans: review by Harrow Health and Care Executive.	Needs assessment continues with refreshed census data. Values and ways of working established, directed by the Harrow conversation	Neighbourhood population needs assessment completed. Neighbourhood team moving to PHM approach.  Agreement and commitment to Borough Delivery Plan across all Harrow Health and Care Partners.	Borough Delivery Implementation Plan agreed.  Borough and PCN needs assessment complete as foundation for Population Health Management.
2. Secure our citizens and staff at the heart of the Integrated Care Partnership in Harrow	Commence the Harrow Conversation across our staff groups.  Engagement through Health inequalities programme with groups experiencing health inequalities	Conclude and reporting on the Harrow Conversation across our staff groups  Stage 1 of the Health inequalities programme concludes.	Insights gained at the heart of the Borough Delivery Plan.  Citizens and staff established and active within ICP Governance structure.	Citizen and VCS engagement into neighbourhood structures secured.
3. Establish our agency to deliver	Agree refreshed Governance structure	New Governance structure in place ICP metrics in place with accountability for delivery agreed. ICP system oversight process commences	Deep dives into diabetes programme delivery. Beginning to evidence impact (initial focus on process metrics) for our diabetes programme.	Deep dives into mental health programme delivery.  Areas of variation for focused agreed for the partnership.
4. A clear transformation programme in place for our ICP	Agreement of winter plans Making Integration Happen in Harrow moves to implementation. Integrated training and workforce programme initiated. Phase 3 COVID vaccination programme implemented. Harrow Primary Care Summit.	Refresh of frailty pathway Responding to Harrow conversations: delivering quick wins. Vaccination hesitancy programme in place and uptake monitored.	Tackling health inequalities programme: programmes of change begin implementation.	Transformation workstreams have clear priorities and associated delivery plans in place.  Foundation for integrated teams in place at neighbourhood level.

# Teams supporting the 100 day plan priorities



# Priority area 1: Establish a shared purpose for our work across our local health and care system

	Key actions	Lead/s	Programme oversight
Days 1 – 30 (September)	<ul style="list-style-type: none"><li>Commence borough level population health needs assessment through gathering and reviewing existing needs assessments that have been completed</li></ul>	Public Health team	Population health management working group
	<ul style="list-style-type: none"><li>PCN development plans: review by Harrow Health and Care Executive. This will be a process of constructive check and challenges, alongside identification of where support across the partnership could be secured for delivery.</li></ul>	PCN Clinical Directors supported by Harrow Borough team	Harrow Health and Care Executive
Days 30 – 60 (October)	<ul style="list-style-type: none"><li>Needs assessment continues with refreshed census data and Borough needs assessment completed by day 60.</li></ul>	Public Health team	Population health management working group
	<ul style="list-style-type: none"><li>Values and ways of working established for the Harrow ICP. These will be directed by the Harrow conversation which will have happened over September; engaging with as many front line staff teams as possible. Through listening to our staff and comparing this to what we have heard from our citizens we will create a set of values that are owned by the people we are serving.</li></ul>	Lisa Henschen and supported by all Harrow Health and Care Exec senior leaders	Communications and engagement workstream
Days 60 – 90 (November)	<ul style="list-style-type: none"><li>Following Borough needs assessment completion, neighbourhood population needs assessment completed by day 90, reflecting each of the PCN footprints.</li></ul>	Public Health Team / PCN CDs / PCN Operational Managers / Borough team	Population health management working group
	<ul style="list-style-type: none"><li>Agreement and commitment to Borough Delivery Plan across all Harrow Health and Care Partners</li></ul>	Lisa Henschen	Joint Management Board
Days 90 – 100 (December)	<ul style="list-style-type: none"><li>Borough Delivery Implementation Plan agreed.</li></ul>	Lisa Henschen	Joint Management Board
	<ul style="list-style-type: none"><li>Borough and PCN needs assessment complete as foundation for Population Health Management. From this, we are able to set out our long term approach to embedding population health management</li></ul>	Carole Furlong and Meena Thakur, supported by Lisa Henschen	Population Health Management & Tackling Health Inequalities

# Priority area 2: Secured our citizens and staff at the heart of the Integrated Care Partnership in Harrow

	Key actions	Leads	Programme oversight
Days 1 – 30 (September)	<ul style="list-style-type: none"><li>Commence the Harrow Conversation across our staff groups. Conversation guide agreed as a framework. Discussions in place across as many staff groups as possible within health, social care and VCS organisations. Executives from Health and Care organisations attending conversations in listening capacity</li></ul>	Lisa Henschen, Ayo Adekoya supported by PPL  Executive Board members attending conversations.	Communications and engagement workstream  Harrow Health and Care Exec
	<ul style="list-style-type: none"><li>Engagement through Health inequalities programme with groups experiencing health inequalities</li></ul>	Alex Dewsnap, Shanae Dennis	Prevention and population health management workstream
Days 30 – 60 (October)	<ul style="list-style-type: none"><li>Conclude and report on the Harrow Conversation across our staff groups. Results need to feed into all work programmes through the Borough Delivery Plan. Use this engagement opportunity to establish the Harrow ICP staff advisory group.</li></ul>	Mike Waddington, Lisa Henschen	Communications and engagement workstream  Harrow Health and Care Exec
	<ul style="list-style-type: none"><li>Stage 1 of the Health inequalities programme concludes. Recommendations are made to new programmes of work that need commissioning and redesign of existing services.</li></ul>	Alex Dewsnap, Shanae Dennis, Lisa Henschen and transformational programme SROs.	Prevention and population health management workstream  Harrow Health and Care Exec
Days 60 – 90 (November)	<ul style="list-style-type: none"><li>Insights gained through citizen and staff engagement at the heart of the Borough Delivery Plan.</li></ul>	Lisa Henschen, Alex Dewsnap, Mike Waddington	JMB
	<ul style="list-style-type: none"><li>Citizens and staff established and active within ICP Governance structure.</li></ul>	Lisa Henschen	JMB
Days 90 – 100 (December)	<ul style="list-style-type: none"><li>Citizen and VCS engagement into neighbourhood structures secured</li></ul>	PCN Clinical Directors supported by the Borough team	Harrow Health and Care Exec

# Priority area 3: Establish our agency to deliver

	Key actions	Leads	Programme oversight
Days 1 – 30 (September)	<ul style="list-style-type: none"> <li>Agree refreshed Governance structure</li> </ul>	Lisa Henschen	JMB
	<ul style="list-style-type: none"> <li>Develop the BCF 2021/22 approach and schedules for partner review</li> </ul>	Johanna Morgan and Hugh Caslake	BCF Core Officers Group / Harrow Health and Care Exec
Days 30 – 60 (October)	<ul style="list-style-type: none"> <li>New Governance structure in place</li> </ul>	Lisa Henschen / Chairs	JMB
	<ul style="list-style-type: none"> <li>ICP metrics in place with accountability for delivery agreed across the ICP objectives:                             <ul style="list-style-type: none"> <li>(1) Population Health Management underpinning all decisions, (2) Development of PCNS and reducing primary care variation, (3) Integrated and organising teams at a neighbourhood level (frailty focus), (4) Diabetes – achieve new spec to improve health, (5) Community Mental Health – deliver NWL service, (6) Vaccines, hesitancy and post-COVID care.</li> </ul> </li> </ul>	Ayo Adekoya	JMB & Health and Care Executive
	ICP system oversight process commences. Once a month, the Harrow Health and Care Executive will focus on key system metrics for the partnership to hold themselves to account and secure greater system focus on areas of concern.	Lisa Henschen / Ayo Adekoya	JMB & Health and Care Executive
	<ul style="list-style-type: none"> <li>BCF approach and schedules for 2021/22 agreed</li> </ul>	Johanna Morgan and Hugh Caslake	BCF Core Officers Group / Harrow Health and Care Exec
Days 60 – 90 (November)	<ul style="list-style-type: none"> <li>Deep dive into diabetes programme delivery to assure ourselves as a system</li> </ul>	Kaushik Karia / James Benson / Isha Coombes	Harrow Health and Social Care Senate
	<ul style="list-style-type: none"> <li>BCF approach and schedules for 2022/23 proposed (with a view to agreement by end of December)</li> </ul>	Johanna Morgan and Hugh Caslake	BCF Core Officers Group / Harrow Health and Care Exec
Days 90 – 100 (December)	<ul style="list-style-type: none"> <li>Deep dives into mental health programme delivery to assure ourselves as a system</li> </ul>	Dilip Patel / Ann Sheridan / Isha Coombes	Harrow Health and Social Care Senate

# Priority area 4: Clear transformation programme in place for our ICP (one of two)

	Key actions	Leads	Programme oversight
Days 1 – 30 (September)	<ul style="list-style-type: none"> <li>Agreement of winter plans for the Harrow Borough</li> </ul>	Lisa Henschen / Simon Crawford / Isha Coombes	A&E Delivery Board / Harrow Health and Care Exec
	<ul style="list-style-type: none"> <li>Making Integration Happen in Harrow moves to implementation. Integration operational leads groups established.</li> </ul>	Lisa Henschen / Ayo Adekoya / Chair of Integration Leads Group (TBC)	Harrow Health and Care Exec
	<ul style="list-style-type: none"> <li>Integrated training and workforce programme initiated</li> </ul>	Ashok Kelshiker / James Benson	Integrated workforce and education workstream
	<ul style="list-style-type: none"> <li>Phase 3 COVID vaccination programme implemented</li> </ul>	Isha Coombes / PCN CDs	Harrow Health and Care Exec
	<ul style="list-style-type: none"> <li>Flu vaccination programme implemented</li> </ul>	Isha Coombes / PCN CDs	Harrow Health and Care Exec
	<ul style="list-style-type: none"> <li>Focus on frailty pathway commences, with the following aims:                             <ul style="list-style-type: none"> <li>Fully understanding the service offers and patient pathways for our frail patients</li> <li>Identification of further opportunities of integration of services</li> <li>Establish service readiness for management of winter pressures</li> </ul> </li> </ul>	Angela Morris / Simon Crawford / Amol Kelshiker / Ayo Adekoya	Frailty workstream
	<ul style="list-style-type: none"> <li>Harrow Primary Care Summit held to address the immediate demand issues on primary care and develop long term solutions</li> </ul>	Lisa Henschen / Isha Coombes	Harrow Health and Social Care Senate / CCG Borough Executive Group



# Priority area 4: Clear transformation programme in place for our ICP (two of two)

	Key actions	Leads	Programme oversight
Days 30 – 60 (October)	<ul style="list-style-type: none"> <li>Insights gained from the Harrow staff conversations further develops the Making Integration in Harrow programme</li> </ul>	Lisa Henschen	Harrow Health and Care Exec
	<ul style="list-style-type: none"> <li>Focus on frailty services continue, with MDT approach to care planning 15% complex / frail patients confirmed</li> </ul>	Angela Morris / Simon Crawford / Amol Kelshiker / Ayo Adekoya	Frailty workstream
	<ul style="list-style-type: none"> <li>Implementation of winter plans</li> </ul>	Lisa Henschen / Simon Crawford / Isha Coombes	A&E Delivery Board / Harrow Health and Care Exec
	<ul style="list-style-type: none"> <li>Responding to Harrow conversations: delivering quick wins</li> </ul>	Lisa Henschen / Jackie Allain / Tanya Paxton	Harrow Health and Care Exec
	<ul style="list-style-type: none"> <li>Vaccination hesitancy programme in place and uptake monitored. Ongoing support to Phase 3.</li> </ul>	Isha Coombes	Harrow Health and Care Exec
Days 60 – 90 (November)	<ul style="list-style-type: none"> <li>Tackling health inequalities programme: programmes of change begin implementation.</li> </ul>	Alex Dewsnap, Shanae Dennis	Prevention and population health management workstream
Days 90 – 100 (December)	<ul style="list-style-type: none"> <li>Transformation workstreams have clear priorities and associated delivery plans in place.</li> </ul>	SROs of all transformational workstreams	Harrow Health and Social Care Senate and Harrow
	<ul style="list-style-type: none"> <li>Foundation for integrated teams in place at neighbourhood level.</li> </ul>	Lisa Henschen / Ayo Adekoya / Chair of Integration Leads Group (TBC)	Harrow Health and Care Exec



# Appendix A: The Transformational work programmes of the Harrow ICP

(for final JMB agreement)

Delivery Workstreams		SROs	Management support	Enabling workstreams	SROs	Management support
Population Health Management & Tackling Health Inequalities	Prevention, self-care and social prescribing sub-group	Carole Furlong Meena Thakur Alex Dewsnap	Sandra Arinze Nahreen Matlib Laurence Gibson	Workforce and OD integration	Ashok Kelshiker James Benson	Simon Young
	Tackling health inequalities sub-group			Access to care and COVID recovery		
	Population health management working group					
Long term conditions		James Benson Kaushik Karia	Bharat Gami	Strategic Estates Group	Isha Coombes	Simon Young
Mental Health		Dilip Patel Ann Sheridan	Lennie Dick & Tanya Paxton			
Learning Disability and Autism (all age)		Paul Hewitt	Lennie Dick & Mital Vagdia	Digital transformation	Andrew Chronias	Nomaan Omar
Frailty and care settings		Amol Kelshiker Angela Morris Simon Crawford	Sonal Dhanani			
Children and Young People		Varun Goel Paul Hewitt	Anita Harris & Priya Ganatra	Communication and engagement	Mike Waddington Alex Dewsnapp	TBC
Carers		TBC	Kim Chilvers			

# Appendix B: ICP priorities and metrics in North West London

ICP priority area	Outcome/aim	Suggested evidence/deliverable
<b>PHM approach underpinning decisions at all levels, to reduce inequalities (Practice, PCN, ICP)</b>	Demonstrable, embedded use of data to support decision making and the reduction of inequalities at practice, PCN and ICP	Self reporting by PCNs and ICPs on: <ul style="list-style-type: none"> <li>WISC dashboard available to all organisations in the ICP</li> <li>Increase in user accounts for x borough</li> <li>Demonstrable use of data to identify priority cohorts and actions at PCN and ICP level</li> <li>Demonstrable resident engagement in action plans</li> <li>Impact monitoring and evaluation in place for agreed plans and reported at ICP Board</li> </ul>
<b>Development of PCNs and reduced variation in PC</b>	PCNs demonstrating at scale working as a foundation for integrated teams and understanding and addressing variation	<ul style="list-style-type: none"> <li>PCN development plans in place and agreed with ICP board</li> <li>PCN operating model in place with aligned community physical and mental health teams and leads identified and clearly articulated third sector involvement</li> <li>Area of focus for variation identified by each ICP with delivery plan and impact evidenced</li> </ul>
<b>Organising &amp; integrating care teams around PCNs, to better support frail &amp; complex patients</b>	ICPs develop and agree approach for effective integrated management of frail and complex patients across their health and care needs	<ul style="list-style-type: none"> <li>Confirm identification of top 15% complex/frail residents</li> <li>Agree and implement operating model for case management/care planning</li> <li>Decrease in admissions for over 65s over the year (and sub segmented rate for top 15% or actively case managed)</li> <li>Increase in identified carers and uptake of carer support</li> <li>Reduction in Care Home admissions rate against 2019/20</li> </ul>
<b>Diabetes – achieve new spec to improve care. Wider LTC focus if capacity</b>	Diabetes enhanced service implemented in PC with integrated pathways into community services (including REWIND and self management)	<ul style="list-style-type: none"> <li>8 Key care processes delivered in line with contract requirements</li> <li>Key outcome improvements identified and delivered in line with contract requirements</li> </ul>
<b>Community Mental Health – new model implemented &amp; access as NWL agreed</b>	Deliver new MH team model supporting PCNs. Delivery of PC MH Enhanced spec	<ul style="list-style-type: none"> <li>SMI and LD health checks delivered in line with contract</li> <li>MH programme to confirm integration metric at neighbourhood/PCN level</li> </ul>
<b>Ongoing Covid needs: Vaccination, hesitancy and Post Covid pathway</b>	Consistent focus on impact of covid and future wave s/ vaccines. System working on hesitancy, into flu	<ul style="list-style-type: none"> <li>Community engagement programme in place to address hesitancy</li> <li>Covid vaccination to national targets</li> <li>Flu &amp; Covid vaccination – integrated plan in place by September 21 and delivery target to national level (75% last year)</li> <li>1) %PC contact at risk search and increase in referrals</li> <li>2) Post covid service delivering to x week waiting time</li> </ul>

# Appendix C: ICS Early Planning Guidance

## Approach to planning: outline timetable

### EARLY THINKING

	Before September	September	October	November	December	January	February	March
National			<ul style="list-style-type: none"> <li>Publishes new census data</li> </ul>		<ul style="list-style-type: none"> <li>Publishes operating plan guidance</li> </ul>		<ul style="list-style-type: none"> <li>? Requires first draft of ICS operating plan</li> </ul>	<ul style="list-style-type: none"> <li>Requires final draft of ICS plan</li> </ul>
NWL wide	<ul style="list-style-type: none"> <li>Agree NWL vs BDP vs trust/ collaborative responsibilities</li> <li>Set out planning process and brief LAs</li> <li>Sets out PHM priorities based on PHM framework</li> <li>Sets frame for NWL wide needs compilation</li> </ul>	<ul style="list-style-type: none"> <li>Compiles needs assessments from boroughs/ ICPs</li> <li>Sets initial NWL wide priorities, targets and KPIs</li> <li>Sets initial areas for standards</li> </ul>	<ul style="list-style-type: none"> <li>Sets out likely areas for support/ best practice for boroughs</li> <li>Sets efficiency expectations</li> </ul>	<ul style="list-style-type: none"> <li>Sets standards for initial areas in service delivery</li> <li>Develops and tests template for BDP delivery plans</li> </ul>	<ul style="list-style-type: none"> <li>Adds national priorities to NWL and borough priorities</li> <li>Issues template for delivery plan</li> </ul>	<ul style="list-style-type: none"> <li>Lays out support/ best practice offer for boroughs</li> <li>Sets out allocations for trusts/ collaboratives/ BDPs</li> <li>Confirms efficiency expectations</li> </ul>	<ul style="list-style-type: none"> <li>8 x planning sessions with BDPs to test and support plan</li> <li>Prioritisation sessions</li> <li>Iterates allocation</li> <li>Agrees goals with ICS work streams</li> </ul>	<ul style="list-style-type: none"> <li>Collates plans to create ICS plan</li> <li>Submits ICS plan</li> <li>Finalise contracts</li> </ul>
Borough level	<ul style="list-style-type: none"> <li>Gathers most recent borough needs assessments/ H&amp;WB strategies (with/ for H&amp;WB)</li> <li>Compiles timetables for needs/ H&amp;WB refresh (if known)</li> </ul>	Suggests ICS wide priorities	<ul style="list-style-type: none"> <li>Suggests local priorities (which together with NWL priorities give borough priorities)</li> <li>Participates in further borough needs assessment/ H&amp;WB strategy</li> </ul>	<ul style="list-style-type: none"> <li>Outlines BDP delivery plan</li> <li>Discusses delivery plan with acutes</li> </ul>	<ul style="list-style-type: none"> <li>Updates NWL on borough priorities</li> <li>Adds national priorities to NWL and borough priorities</li> <li>Works with trusts/ collaboratives to set standardised interfaces</li> </ul>	<ul style="list-style-type: none"> <li>Develops BDP delivery plan</li> <li>Interfaces with acutes on delivery plan</li> </ul>	<ul style="list-style-type: none"> <li>8 x planning sessions with NWL/ relevant trusts to test and support plan</li> <li>Agrees alternation to allocations</li> </ul>	<ul style="list-style-type: none"> <li>Finalises BDP delivery plan</li> <li>Finalise contracts</li> </ul>
Trusts/ Collaboratives				<ul style="list-style-type: none"> <li>Outlines trust/ collaborative delivery plan</li> <li>Interfaces with BDPs on delivery plan</li> </ul>	Works with BDPs to set standardised interfaces	Develops trust/ collaborative delivery plan Interfaces with NWL/ BDP on delivery plan	<ul style="list-style-type: none"> <li>Planning sessions with NWL/ BDPs to test and support plan</li> </ul>	<ul style="list-style-type: none"> <li>Finalise contracts</li> </ul>

# Harrow ICP

## 2020/21 Better Care Fund Submission

### Harrow Health and Wellbeing Board Paper

# Elements of the Plan

The BCF Plan comprises 3 elements:

- 1) **Financial Schedules:** Funding arrangements between the LA and CCG and scheme schedules have been agreed.
- 2) **BCF Outcome Metrics:** Proposed plans for 2021/22 outcome measures that will be submitted for sign-off by NHSE are included in the slides below.
- 3) **Supporting Narrative:** A summary is provided in the slides below.

# Submission Process

The submission has been endorsed by the Harrow Health and Care Executive.

A draft submission was made on 16/11/21, subject to the approval of the Health and Wellbeing Board.

NHSE will consider the submissions from each HWB area and are expected to provide feedback prior to a final decision on approval, which is expected in January 2022.

# 1. Agreement of the Financial Schedules

	Total Opening Plan (20/21 Prices)	CCG Contribution to LA	LA Uplift	21/22 Proposed CCG contribution to LA	NHS Funded	CCG Uplift (Non NHS)	Proposed 21/22 - Total NHS contribution	Proposed Plan 21/22
Minimum CCG Contribution to Health	9,835,183	-	-	-	9,835,183	521,265	10,356,448	10,356,448
Minimum CCG Contribution to LA	6,436,002	6,436,002	341,089	6,777,091	-	-	-	6,777,091
<b>Total</b>	<b>16,271,185</b>	<b>6,436,002</b>	<b>341,089</b>	<b>6,777,091</b>	<b>9,835,183</b>	<b>521,265</b>	<b>10,356,448</b>	<b>17,133,538</b>

- The CCG Contribution to the local authority has been agreed: £6,777,091.
- The Local Authority has confirmed the schedule of allocations for LA commissioned schemes funded through the CCG Contribution.
- The value of the NHS Provided Schemes element has been agreed: £10,356,448.
- The schedule of NHS Provided Schemes has been revised to align with current allocations.

# LA BCF Schemes

Ref	Description of schemes funded with CCG contribution to LA	21/22 Value (£)
Har17	Quality assurance & safeguarding support to care providers to ensure quality provision to keep people safe within their homes	947,300
Har18	Advocacy & DoLs support	436,300
Har19	Information, advice and respite services	1,537,812
Har20	Range of services to support safe and timely hospital discharge	1,426,400
Har21	A range of services to maximise independent living	1,333,400
Har22	Co-located LA staff supporting development of integrated services	430,500
Har23	CCG Growth 20/21	324,290
Har24	CCG Growth 21/22	341,089
	<b>Total</b>	<b>6,777,091</b>



# NHS BCF Schemes

Ref.	Scheme Type	Value (£)	Service
Har01	High Impact Change Model for Managing Transfer of Care 4. Home First/Discharge to Assess - process support/core costs	1,484,128	CLCH Short Term Rehabilitation Team
Har02	Integrated Care Planning and Navigation 2. Assessment Teams / Joint Assessment	1,365,448	CLCH Rapid Response
Har03	Bed based intermediate Care Services / 4. Other	1,619,364	Intermediate Care Beds
Har04	Prevention / Early Intervention / 4. Other	419,364	Rewind Programme
Har05	Residential Placements / 8. Other	399,364	Harrow spot-purchase funding
Har06	Residential Placements / 8. Other	200,000	Care Home Support Team
Har07	Reablement in a persons own home / 1. Preventing Hospital Admissions	224,000	CLCH Falls Service
Har08	Residential Placements / 7. Discharge from hospital	1,247,583	Harrow Complex Care
Har09	Prevention / Early Intervention / 2. Risk Stratification	2,417,753	WSIC contract value
Har10	Growth 20/21	458,179	
Har11	Growth 21/22	521,265	
		<b>10,356,448</b>	

## 2. BCF Outcome Metrics

Each HWB area is required to propose plans for the following Outcome Metrics for the remainder of 2021/22.

These plans, once agreed at the HWB, will be submitted to NHSE for approval.

- 1a. Percentage of Patients who have been in hospital for longer than 14 days
- 1b. Percentage of Patients who have been in hospital for longer than 21 days
- 2. Percentage of Hospital Inpatients who have been discharged to usual place of residence
- 3. Unplanned hospitalisation for ACS conditions
- 4. Long Term Support Needs of Older People met by Admission to Residential and Nursing Care Homes
- 5. Proportion of Older People who Were Still at Home 91 Days After Discharge from Hospital into Re-ablement / Rehabilitation Services

# Setting and Delivering Outcome Metrics: Percentage of Patients who have been in hospital for longer than 14 / 21 days

Reverting to 19/20 performance would imply a substantial deterioration in current performance, even allowing for increased levels of delays during the winter period.

Harrow has produced a revised forecast that excludes 20/21 activity and has used this to set a target.

		21-22 Q3 Plan	21-22 Q4 Plan
Percentage of in patients, resident in the HWB, who have been an inpatient in an acute hospital for: i) 14 days or more ii) 21 days or more As a percentage of all inpatients (SUS data - available on the Better Care Exchange)	Proportion of inpatients resident for 14 days or more	10.3%	11.1%
	Proportion of inpatients resident for 21 days or more	4.9%	5.9%

	NHSE Forecast: All HWBs		NHSE Forecast: London (sum of 33)		Actual 19/20 Harrow		NHSE Forecast: Harrow		Harrow Proposed Forecast	
	14+	21+	14+	21+	14+	21+	14+	21+	14+	21+
21/22 Q3 Forecast Average	11.9%	5.4%	11.0%	5.1%	11.6%	6.2%	9.9%	4.8%	10.5%	4.9%
21/22 Q4 Forecast Average	12.2%	5.3%	11.8%	5.0%	12.4%	7.6%	9.8%	4.6%	11.3%	5.9%
Total	24.1%	10.8%	22.7%	10.1%	24.0%	13.8%	19.7%	9.3%	21.8%	10.8%

# Setting and Delivering Outcome Metrics : Percentage of Hospital Inpatients who have been discharged to usual place of residence

## 2. Percentage of Hospital Inpatients who have been discharged to usual place of residence

	21-22 Plan
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence  (SUS data - available on the Better Care Exchange)	94.0%

Supported Discharge Services including Home First continue to support discharge from hospital, with the priority being to support patients to live at their home.

# Setting and Delivering Outcome Metrics : Unplanned hospitalisation for ACS conditions

8.1 Avoidable admissions	19-20 Actual	20-21 Actual	21-22 Plan
Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	2,030	1,250	2,030

The guidance describes the purpose of the metric as a measure of, *‘Progress in preventing chronic ambulatory care sensitive conditions (e.g. diabetes, hypertension) from becoming more serious will be measured using this indicator. Ambulatory Care Sensitive (ACS) conditions are those where effective community care and case-management can help prevent the need for hospital admission’.*

- This represents a sub-set of the NWL Operating Plan indicator for Non-Elective Admissions (NEL), which requires a return to 19/20 activity levels ie a return to pre-Covid levels without growth.
- The proposed plan is equal to the total number of ACS admissions in 19/20: 2,030.
- Modelling of activity in the year to date (M1-5) indicates that, if activity trends throughout the year mirrored those in 19/20, there would be 1,756 admissions of Harrow patients in 21/22.

# Setting and Delivering Outcome Metrics : Long Term Support Needs of Older People met by Admission to Residential and Nursing Care Homes

Ambition:	No more than 146 placements made or intended
Performance:	August 2021 65

Data source: Adult Social Care Outcomes Framework

## Comments:

- On track performance would be 61
- Currently slightly outside target
- Harrow's national rank has improved since 2017/18 when 30<sup>th</sup> to ranked 15<sup>th</sup> in 2019/20
- Strengths based approach to person centred planning
- Exploring D2A model to increase reablement and maintain independence

# Setting and Delivering Outcome Metrics : Proportion of Older People who Were Still at Home 91 Days After Discharge from Hospital into Reablement / Rehabilitation Services

Ambition:	To retain current performance as a minimum
Performance:	Provisional 2020/21 96%

Data source: Adult Social Care Outcomes Framework

## Comments

- No target set but would seek to maintain current performance
- National performance ranking improved since 2017/18 130<sup>th</sup> to 15<sup>th</sup> in 2019/20
- Develop further the Reablement Offer through ICP – hospital discharge, community and existing citizens
- DFG – housing adaptations

### 3. Supporting Narrative System Working to Develop the BCF Plan

- The details of the 2021/22 BCF submission has been shared with and endorsed by the Harrow Health and Care Executive (HHaCE), the membership of which includes all local providers, the CCG and Local Authority, including the DPH, the voluntary sector and representatives of patients' groups.
- The metrics were presented to the Health and Care Executive HHaCE, the Harrow Integrated Partnership Board and the local authority on 25<sup>th</sup> October.
- The comments and discussions were incorporated into the draft submission which was endorsed by the HHaCE on 12th November



### 3. Supporting Narrative System Working to Deliver the BCF

- The core purpose of the Harrow ICP is: *tackling health inequalities and improved outcomes and experience through truly integrated care*
- The ICP uses a Population Health Management approach to underpin decision making at all levels (practice, PCN, ICP) to reduce inequalities of access and health outcomes.
- Embedding data analysis at all levels of decision making will provide demonstrable targeting of greatest need in all commissioning and operational decisions.

# 3. Supporting Narrative System Working to Deliver the BCF

The following local developments will support the Harrow Health and Care System to deliver the BCF Outcome Metrics.

## **The Development of Harrow's Integrated Care Programme (ICP)**

- Harrow's ICP has developed rapidly during 2021/22, accelerated by the need to respond to the challenge presented by the pandemic to the local health and care system.
- The 100 Day Plan for the development of Harrow's ICP is attached as Appendix A.

## **Improving the Efficiency and Stability of Discharges from Acute Care**

- The main focus, during 20/21, of service development to improve the discharge process has been the implementation, led by the acute trust (LNWUHT), the community provider (CLCH) and the local authority, of an Integrated Discharge Hub (IDH) at Northwick Park Hospital.
- This, with the restructuring of ASC teams, has succeeded in reducing lengths of stay (LoS) and improving the stable discharge of patients from Northwick Park Hospital (LNWUHT).

## **Strengthening the Management of Long Term Conditions**

- The Frailty Pathway is the first priority for delivery of the ICP's objective of establishing integrated, out of hospital teams at a neighbourhood level.
- The focus on frailty services will continue throughout 21/22, with further development of the MDT approach to care planning 15% complex / frail patients and the model for integrated falls pathway the key deliverables.

# 3. Supporting Narrative: System Working to Deliver the BCF

## **Integrated Working in Harrow**

There is an overarching Section 75 Agreement between the NHS and Council which allows collaborative commissioning arrangements.

The ICP 100 Day Plan was presented and agreed by the HWBB. ICP priorities and governance arrangements are in place to deliver outcomes for Children and Young People Health, Older Adults and Care Homes, Learning Disabilities, Mental Health, Population Health and Inequalities to support locality based service delivery.

The ICP has undertaken an extensive public engagement, 'The Harrow Conversation' which will contribute to informing tackling inequalities.

The participants in Harrow's health and care system are co-producing a new model of reablement which will be jointly commissioned.

The Discharge to Assess brokerage process is led by the LA who purchase placement on behalf of the CCG.

The Frailty Pathway is the first priority for delivery of the ICP's objective of establishing integrated, out of hospital teams at a neighbourhood level.

# 3. Supporting Narrative System Working to Deliver the BCF

## **Service Development**

The ASC SW teams were restructured to increase capacity to deliver reablement to support quicker hospital discharge and reviews with appropriate support in the community.

ASC adopted a strengths based model embedded through a phased approach, initially with the early intervention and support team, followed by the Locality teams and is now being delivered by the Hospital SW Team and Promoting Independence Team (PIT). The Teams have undertaken 3 Conversations training to support successful transitions and improve the patient's journey from the acute setting into the community through the delivery of intensive support with a focus on outcomes, and support plans that are person centred and co-designed with the patient and carer.

A key service development during 20/21 has been the implementation, led by the acute trust (LNWUHT), the community provider (CLCH) and the local authority, of an Integrated Discharge Hub (IDH) at Northwick Park Hospital.

The aim of the IDH is to reduce lengths of stay (LoS) and ensure the safe discharge of patients from Northwick Park Hospital (LNWUHT).

### 3. Supporting Narrative System Working to Deliver the BCF

Commissioning arrangements were jointly agreed with the NHS for each of the pathways and are kept under review via the NW Discharge Group and locally between the borough and LA teams.

Separate D2A/COVID Section 75 agreements are in place for the COVID discharge funding, extended from 2020/21 to the current financial year.

Supported Discharge Services including Home First continue to support discharge from hospital, with the priority being to support patients to live at their home.

The Integrated Discharge Hub works with all partner organisation to place the patient in the best place aiming for home as the first option. The hub has delivered:

- Improved access to Care at Home
- Working closely with voluntary organisations to support discharge home
- Harrow LA make now place patients on Pathway 3 rather than CHC to ensure longterm care is the most appropriate and always aiming for home
- More access to clinicians to order equipment including single approvals for equipment under £150 to avoid delays

# Next Steps

- Submission to NHSE – final assurance expected in January.
- Monthly reporting of performance against BCF Outcome Metrics to HH&CE for assurance of implementation of plans and the alignment of developing system priorities and service development.

## **Harrow BCF narrative plan template**

***Bodies involved in preparing the plan (including NHS Trusts, social care provider representatives, VCS organisations, district councils)***

***How have you gone about involving these stakeholders?***

The details of the 2021/22 BCF submission has been shared with and endorsed by the Harrow Health and Care Executive (HHaCE), the membership of which includes all local providers, the CCG and Local Authority, including the DPH, the voluntary sector and representatives of patients' groups.

The details of the submission have been shared with the Chair of the HWB and agreed by the Chief Executive and Managing Director of the Harrow Integrated Care Partnership in advance of the presentation of the report to the Harrow Health and Wellbeing Board for approval on 23rd November

The metrics were presented to the Health and Care Executive HHaCE, the Harrow Integrated Partnership Board and the local authority on 25<sup>th</sup> October.

The comments and discussions were incorporated into the draft submission which was presented to the HHaCE on 12th November

## ***Executive Summary***

### ***Priorities for 2021-22***

The objectives of the Harrow Health and Care System (ICP) in 2021/22 are:

- Establish integrated, out of hospital teams at a neighbourhood level
- Take action to address health inequalities in Harrow
- Improve outcomes for the Harrow population and reduce variation

The following schemes, which are being implemented during 2021/22, directly support performance against the BCF Outcome Metrics.

#### **The Development of Harrow's Integrated Care Programme (ICP)**

Harrow's ICP has developed rapidly during 2021/22, accelerated by the need to respond to the challenge presented by the pandemic to the local health and care system.

The 100 Day Plan for the development of Harrow's ICP is attached as Appendix A.

#### **Improving the Efficiency and Stability of Discharges from Acute Care**

The main focus, during 20/21, of service development to improve the discharge process has been the implementation, led by the acute trust (LNWUHT), the community provider (CLCH) and the local authority, of an Integrated Discharge Hub (IDH) at Northwick Park Hospital.

This, with the restructuring of ASC teams, has succeeded in reducing lengths of stay (LoS) and improving the stable discharge of patients from Northwick Park Hospital (LNWUHT).

#### **Strengthening the Management of Long Term Conditions**

The Frailty Pathway is the first priority for delivery of the ICP's objective of establishing integrated, out of hospital teams at a neighbourhood level.

The focus on frailty services will continue throughout 21/22, with further development of the MDT approach to care planning 15% complex / frail patients and the model for integrated falls pathway the key deliverables.



## ***Key changes since previous BCF plan***

### **Service Development**

- The ASC SW teams were restructured to increase capacity to deliver reablement to support quicker hospital discharge and reviews with appropriate support in the community.
- ASC adopted a strengths based model embedded through a phased approach, initially with the early intervention and support team, followed by the Locality teams and is now being delivered by the Hospital SW Team and Promoting Independence Team (PIT). The Teams have undertaken 3 Conversations training to support successful transitions and improve the patient's journey from the acute setting into the community through the delivery of intensive support with a focus on outcomes, and support plans that are person centred and co-designed with the patient and carer.
- The development and embedding of Integrated Discharge Hubs enabled seamless working – demonstrated by metrics. The focus to be on the patient experience and other elements within the system e.g. paperwork and GP calls

A key service development during 20/21 has been the implementation, led by the acute trust (LNWUHT), the community provider (CLCH) and the local authority, of an Integrated Discharge Hub (IDH) at Northwick Park Hospital.

The aim of the IDH is to reduce lengths of stay (LoS) and ensure the safe discharge of patients from Northwick Park Hospital (LNWUHT).

The hub ensures:

- 7 day service with daily huddles and discharge hub accountability has resulted in a higher number of complex/specialist patient discharges
- Close working with wards has improved patient flow / reduced pressure on hospitals
- Reduced number of Delayed Transfer of Care (DTC)
- Daily huddles ensure earlier identification of risk – thus near miss rather than harm to patients
- Whole systems working approach – with accountabilities and responsibilities
- Collaborative working has resulted in “working in the best interests of patients” and improved relationships
- Defined escalation processes e.g. Intermediate Care Escalation (ICE) to support discharge teams find a rehabilitation inc. neuro bed.
- More efficient out of borough placements/discharges, minimising bed blocking.
- Single site NWL brokerage via hub reducing delays and process hand overs
- Introduction of the Intermediate Care Escalation Hub (ICE) for support with complex discharges and access to all commissioned community beds across NWL

## **Governance**

***Please briefly outline the governance for the BCF plan and its implementation in your area***

- The BCF Plan was agreed by HHaCE and recommended to the Health and Wellbeing Board for agreement.
- The BCF has been incorporated into the ICP plan.
- The progress of implementation will be managed by the ICP's Frailty Workstream.
- Issues with delivery will be reported to the HH&CE for discussion and the agreement of remedial actions.
- The BCF Outcome Metrics will be included in quarterly reports to the HHaCE on the Harrow system's performance against demand, capacity and outcomes metrics.
- Quarterly reports on the implementation of the Frailty Workstream's action plan, including the BCF, will be presented to the HHaCE.
- Performance against BCF outcomes and the HHaCE's discussions of implementation plans will be included in its reporting to the ICS through NWL's assurance process.

## **Overall approach to integration**

### **Brief outline of approach to embedding integrated, person centred health, social care and housing services including**

- **Joint priorities for 2021-22**
- **Approaches to joint/collaborative commissioning**
- **Overarching approach to supporting people to remain independent at home, including strengths-based approaches and person-centred care.**
- **How BCF funded services are supporting your approach to integration. Briefly describe any changes to the services you are commissioning through the BCF from 2020-21.**

There is an overarching Section 75 Agreement between the NHS and Council which allows collaborative commissioning arrangements.

The ICP 100 Day Plan (see Appendix A) was presented and agreed by the HWBB. ICP priorities and governance arrangements are in place to deliver outcomes for Children and Young People Health, Older Adults and Care Homes, Learning Disabilities, Mental Health, Population Health and Inequalities to support locality based service delivery.

The ICP has undertaken an extensive public engagement, 'The Harrow Conversation' which will contribute to informing tackling inequalities.

The participants in Harrow's health and care system are co-producing a new model of reablement which will be jointly commissioned.

The Discharge to Assess brokerage process is led by the LA who purchase placement on behalf of the CCG.

The Frailty Pathway is the first priority for delivery of the ICP's objective of establishing integrated, out of hospital teams at a neighbourhood level.

There are a range of ASC and health services to support safe and timely hospital discharge, which have been reviewed and remodelled to ensure that they contribute to an efficient discharge process. For example:

- The ASC SW teams were restructured to increase capacity to deliver reablement to support quicker hospital discharge and reviews with appropriate support in the community.
- ASC adopted a strengths based model embedded through a phased approach, initially with the early intervention and support team, followed by the Locality teams and is now being delivered by the Hospital SW Team and Promoting Independence Team (PIT). The Teams have undertaken 3 Conversations training to support successful transitions and improve the patient's journey from the acute setting into the community through the delivery of intensive support with a focus on outcomes, and support plans that are person centred and co-designed with the patient and carer.
- The development and embedding of Integrated Discharge Hubs enabled seamless working – demonstrated by metrics. The focus to be on the patient experience and other elements within the system e.g. paperwork and GP calls (see Executive Summary above)
- An approach to joint funding the D2A to ensure a better experience for citizens and efficient administration is being developed.

- Step down beds in intermediate care have been commissioned. Reablement to commence where appropriate to support the step down and back into the citizen's own home.
- ASC have worked with the main carer service provider, Harrow Carers, to develop their approach to support carers through the development of strengths-based approach to assessing carers.
- ASC have employed a dedicated Carers Lead to raise the profile of carers and challenge conventional practice including during the assessment process.
- An all age Carers Strategy and Needs Assessment are being developed. The development of which will be supported through Carers by Experience, including young carers. The Carers by Experience will be supported through the process by Harrow Carers and YHF.
- ASC have employed an Admiral Nurse who provides support to Carers of citizens with dementia and who will input into the Carers Strategy and Needs Assessment.
- PIT has seen an increase in the referrals and uptake of the service with performance success in admission avoidance.
- Harrow ICP is in the process of exploring the development of an integrated falls pathway with the community services provider CLCH, ASC and CCG.
- Integration Operational Leads' Group meet monthly to identify areas for integration and, using quality improvement change cycles, improve services by integrating fragmented pathways.
- MDTs at PCN-level for our most frail population
- A new frailty model for Harrow is being developed for implementation in Q4
- Improvement of the diabetes pathway with targeted interventions using a population health approach, with support from Optum (end Q4)
- An integrated training and education model for the health and care workforce to enable integrated support of residents and patients in the community (end Q4)
- A Care Providers' Support Group meets weekly to help resolve issues raised by care providers (care homes, dom care, day care) and to ensure robust partnership support and response to the needs of the providers and their residents/users.
- We are supporting practices and care homes to complete CMC records to ensure patients are supported to remain in their places of residence if they do not wish to go into hospital (end Q3)
- The Care Homes Response Team (CHRT) is offering training to care home staff in falls prevention, hydration and nutrition and other preventative measures to build resilience to crises and enable early detection of frailty. They also offer clinical support during crises.
- There are plans to align the reablement offers across the local system to ensure patients are better supported to access services and manage their rehabilitation in the community (Nov 22).

## ***Supporting Discharge (national condition four)***

### ***What is the approach in your area to improving outcomes for people being discharged from hospital?***

### ***How is BCF funded activity supporting safe, timely and effective discharge?***

The councils has pooled all placement/care related budgets into the BCF pool, including those used to fund support for the social work teams within hospital settings.

Commissioning arrangements were jointly agreed with the NHS for each of the pathways and are kept under review via the NW Discharge Group and locally between the borough and LA teams.

Separate D2A/COVID Section 75 agreements are in place for the COVID discharge funding, extended from 2020/21 to the current financial year.

A key focus of service development during 20/21 has been the implementation, led by the acute trust (LNWUHT), the community provider (CLCH) and the local authority, of an Integrated Discharge Hub (IDH) at Northwick Park Hospital.

The hub ensures:

- 7 day service with daily huddles and discharge hub accountability has resulted in a higher number of complex/specialist patient discharges
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- Collaborative working has resulted in “working in the best interests of patients” and improved relationships
- Defined escalation processes e.g. Intermediate Care Escalation (ICE) to support discharge teams find a rehabilitation inc. neuro bed.
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- Single site NWL brokerage via hub reducing delays and process hand overs
- Introduction of the Intermediate Care Escalation Hub (ICE) for support with complex discharges and access to all commissioned community beds across NWL

### **Supported Discharge**

Supported Discharge Services including Home First continue to support discharge from hospital, with the priority being to support patients to live at their home.

The Integrated Discharge Hub works with all partner organisation to place the patient in the best place aiming for home as the first option.

To embed this, the Partners have improved pathways and introduced new functions, including:

- Improved access to Care at Home
- Working closely with voluntary organisations to support discharge home
- Harrow LA make now place patients on Pathway 3 rather than CHC to ensure longterm care is the most appropriate and always aiming for home
- More access to clinicians to order equipment including single approvals for equipment under £150 to avoid delays

## ***Disabled Facilities Grant (DFG) and wider services***

### ***What is your approach to bringing together health, care and housing services together to support people to remain in their own home through adaptations and other activity to meet the housing needs of older and disabled people?***

ASC Officers have close working relationships with Housing colleagues and work together on a range of housing matters including, discharge from hospital, adaptations to support independence at home, development of new schemes, planning move-on from supported living for people recovering from Mental Health.

Health trusts and the CCG are also involved in some strategic local authority projects, for example, reducing homelessness.

DFG adaptations are used to help to meet the changing needs of older people.

In Harrow older people can also access sheltered housing for older and extra care housing (with on-site care services), provided either by the Council and by registered providers (housing associations) as their needs become more complex, as well as residential and nursing placements.

### **Aids & Adaptations**

Different schemes are available to help people in all housing tenures who require aids, adaptations and home improvements to stay in their own home and continue to live independently.

Harrow Council supports eligible residents through promoting and delivering major adaptations (funded through the Housing Revenue Account for council tenants and Disabled Facilities Grants in other tenures), the handy person scheme and the 'Staying Put' scheme.

The Disabled Facilities Grant (DFG) programme provides funding for properties to be adapted to meet the needs of disabled people (non-council tenants) to live independently in their own homes.

Adults applying for the grants are means tested to assess whether they are able to contribute to the cost of works, however children do not have to undergo the means test.

Examples include level access showers, through-floor lifts or the construction of extensions to provide additional bedrooms allows households to continue living independently in their own homes and reduces the need for costly residential care.

### **Social Housing- Transfer applications**

Social housing tenants whose current home is no longer suitable for their needs due to health, disability or mobility are given priority to move and can bid for alternative general needs social housing or sheltered housing for older people.

### **Move on from Supported Housing**

Access to social housing continues to be facilitated for some vulnerable groups through move on quotas to support moving from care or supported housing to independent housing.

### **New Supply of Affordable Housing**

The Council is building new homes for the first time in decades and is making use of other opportunities to increase the supply of affordable housing in the borough, such as through the Council's regeneration programme.

The Council works with registered providers (housing associations) to develop new general needs and supported housing and to explore options for existing housing where the accommodation falls below current standards or is not being used to its optimum benefit.

### **Housing for Older People**

Older people are a diverse group of people with a range of different housing needs and preferences, and may choose to live in mainstream housing or in specialist housing.

Mainstream housing is usually general needs housing in the social or private sectors, either rented or purchased. Aids and adaptations can help to meet the changing needs of older people in this type of housing.

Specialist housing for older people, other than residential and nursing care homes, enables an older person to live independently in their own living space with varying levels of support. In Harrow older people can access sheltered housing for older and extra care housing, provided either by the Council and by registered providers (housing associations).



***Equality and health inequalities.***

***Briefly outline the priorities for addressing health inequalities and equality for people with protected characteristics under the Equality Act 2010 within integrated health and social care services. This should include***

- ***Changes from previous BCF plan.***
- ***How these inequalities are being addressed through the BCF plan and services funded through this.***
- ***Inequality of outcomes related to the BCF national metrics.***

The core purpose of the Harrow ICP is: *tackling health inequalities and improved outcomes and experience through truly integrated care*

The ICP uses a Population Health Management approach to underpin decision making at all levels (practice, PCN, ICP) to reduce inequalities of access and health outcomes.

Embedding data analysis at all levels of decision making will provide demonstrable targeting of greatest need in all commissioning and operational decisions.

# Harrow Integrated Care Partnership

100 day plan: developing our understanding and delivering action

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*Lisa Henschen, Managing Director, Harrow Integrated Care Partnership*

*Version 2: 18<sup>th</sup> August 2021*

## Introduction to the 100 day plan

In February 2020, the Harrow Health and Care Partnership produced their **first 100 day plan**, setting out the next 100 days of the ICP development. No one could then have foreseen what the next 100 days would bring.

As we look back on those 100 days at the beginning of March 2020, it is clear that the newly formed Harrow Health & Care Executive (HHaCE) became the epicentre of our ICP and of our work with local partners on supporting each other in responding to Covid-19. It brought together, as it continues to, on a weekly basis senior representatives of the acute, community, mental health, social services, primary care networks, voluntary and community sector, CCG and broader council services. It set out the foundations of a system that we believe will enable us to drive improvements in health and wellbeing, reductions in inequalities, and the sustainable use of collective resources: both to meet current demands across these areas and our future health and wellbeing priorities for Harrow as a whole.

In June 2020, following the first wave of COVID-19, the Harrow Health & Care Executive produced their **Out of Hospital Recovery Plan**. This plan built on what the partnership had rapidly learnt over the first wave of the COVID pandemic, as well as the long term aspirations of this partnership; delivery of integrated, person centred care. It set out these long held objectives as well as a programme of recovery in the priority areas of our transformation programme. This plan cemented the out of hospital recovery workstreams at the heart of our integrated care partnership and the vehicles for collaboration and change delivery.

As the partnership continued to provide leadership and operational oversight of our out of hospital recovery plan and continued response to the second and third waves of the pandemic, it continued to evaluate and refine its direction and approach. A reflect and refresh exercise, undertaken in April 2021 with members of the Health

and Care Executive, sought feedback on the effectiveness of the partnership and ongoing priorities. A series of conversations with Black Community Leaders and citizen champions for health and care provided constructive challenge to our approach and the ways services are delivered. They reinforced the need to place our citizens at the heart of ICP developments and reflect seriously on the values of the Health and Care Partnership for Harrow.

Four strategic conversations were then held to shape our way forward:

1. **Putting patients and citizens at the heart of the ICP:** Including in the planning, delivery and assurance of better health and care outcomes
2. **How we hold ourselves to account?** Including the role of primary care leadership, future of commissioning, self-assurance, conflict resolution and relationship with the ICS
3. **Reaffirming our shared delivery commitments:** Including the operational changes and workstream development to support the above
4. **Developing our shared culture:** Including how to make this real for people, engaging staff, integrated training and development, and promoting staff wellbeing

We are now at a critical point in the partnership development. We need to continue to engage, alongside acting on what we have heard. We need to effectively establish the Harrow Health and Care Partnership as the agency to deliver for our local citizens and for the North West London Integrated Care System (ICS).

This is the purpose of this 100 day plan; turning our understanding to action and demonstrating the robustness and readiness of the partnership to deliver the priorities for our wider health and care system.



## Setting the priorities for the 100 day plan

The priorities for the 100 day plan have been developed through:

**a) The outcomes of the Harrow Health and Care Executive four strategic conversations, the key conclusions from which are:**

- The need to start engaging the wider workforce, giving people the permission / freedom to start the process of integration
- The importance of values but the need for these to come from people, not from the system leadership
- The consistent themes from the conversation sessions around improving access, jointly developing workforce, and embedding community voices
- The need for the next “100 day plan” to be about empowering, asking others and addressing power dynamics, not just providing a new set of workstreams and priorities
- Potential availability of support and funding to enable this journey through our dedicated transformation funding.

**b) The priorities of our transformational workstreams and how we are driving their work to reduce health inequalities, improve care and develop a sustainable local health care system (Appendix A)**

**c) Our commitment to the delivery of the ICP priority areas that have been set across North West London and the set of metrics that have been agreed to measure their delivery (Appendix B)**

- Reducing health inequalities: Population Health Management underpinning all decisions
- Development of PCNs and reducing Primary Care variation
- Integrating and organising teams at a neighbourhood level
- Diabetes – achieve new spec to improve health
- Community mental health – deliver model and access as agreed by North West London
- Vaccines, hesitancy and post-COVID care

**d) The development of the wider Integrated Care System in North West London and the need to secure our agency to deliver system priorities, including having a robust Borough Delivery Plan in place (see Appendix C)**



## The 100 day plan: what we are seeking to achieve

The 100 plan is about laying the foundations for a strong ICP, building the momentum for change as well as delivering change for our citizens. We expect opportunities for positive change to emerge through this process and team will be supported to enact and learn through delivery of these over the 100 day period..

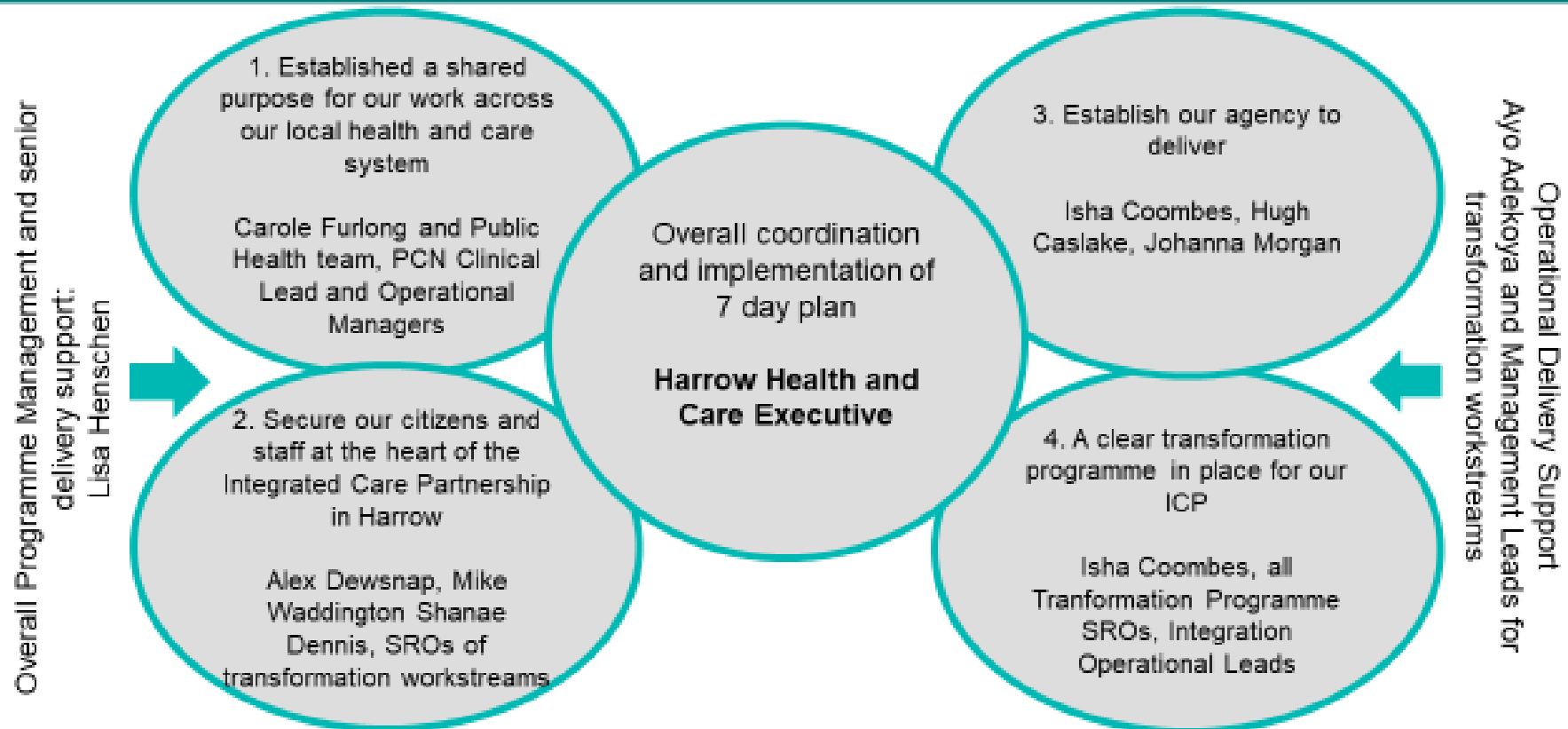
By the end of the 100 days we will have ...	Delivered through ...	Demonstrated by ..
1. Established a shared purpose for our work across our local health and care system	Clear and agreed priorities and delivery programme	The Harrow Borough Delivery Plan
2. Secured our citizens and staff at the heart of the Integrated Care Partnership in Harrow	The Harrow Conversation	Voice of citizens and staff at the heart of our Borough Delivery Plan. Changes made to digital models in response to citizen voice.
3. Established our agency to deliver	Clear governance, decision making and accountability in place	Agreed Governance structure
4. Be clear on the transformation programme for our ICP	Implementation of transformation programmes	Key indicators in the Harrow Health and Care dashboard



## 100 day plan at a glance

	Days 1 – 30 [September]	Days 30 – 60 [October]	Days 60 – 90 [November]	Days 90 – 100 [December]
1. Establish a shared purpose for our work across our local health and care system	Commence borough level population health needs assessment. PCN development plans: review by Harrow Health and Care Executive.	Needs assessment continues with refreshed census data. Values and ways of working established, directed by the Harrow conversation	Neighbourhood population needs assessment completed. Neighbourhood team moving to PHM approach.  Agreement and commitment to Borough Delivery Plan across all Harrow Health and Care Partners.	Borough Delivery Implementation Plan agreed.  Borough and PCN needs assessment complete as foundation for Population Health Management.
2. Secure our citizens and staff at the heart of the Integrated Care Partnership in Harrow	Commence the Harrow Conversation across our staff groups.  Engagement through Health inequalities programme with groups experiencing health inequalities	Conclude and reporting on the Harrow Conversation across our staff groups  Stage 1 of the Health inequalities programme concludes.	Insights gained at the heart of the Borough Delivery Plan.  Citizens and staff established and active within ICP Governance structure.	Citizen and VCS engagement into neighbourhood structures secured.
3. Establish our agency to deliver	Agree refreshed Governance structure	New Governance structure in place ICP metrics in place with accountability for delivery agreed. ICP system oversight process commences	Deep dives into diabetes programme delivery. Beginning to evidence impact (initial focus on process metrics) for our diabetes programme.	Deep dives into mental health programme delivery.  Areas of variation for focused agreed for the partnership.
4. A clear transformation programme in place for our ICP	Agreement of winter plans Making Integration Happen in Harrow moves to implementation. Integrated training and workforce programme initiated. Phase 3 COVID vaccination programme implemented. Harrow Primary Care Summit.	Refresh of frailty pathway Responding to Harrow conversations: delivering quick wins. Vaccination hesitancy programme in place and uptake monitored.	Tackling health inequalities programme: programmes of change begin implementation.	Transformation workstreams have clear priorities and associated delivery plans in place.  Foundation for integrated teams in place at neighbourhood level.

## Teams supporting the 100 day plan priorities



## Priority area 1: Establish a shared purpose for our work across our local health and care system

	Key actions	Lead/s	Programme oversight
Days 1 – 30 (September)	<ul style="list-style-type: none"> <li>Commence borough level population health needs assessment through gathering and reviewing existing needs assessments that have been completed</li> </ul>	Public Health team	Population health management working group
	<ul style="list-style-type: none"> <li>PCN development plans: review by Harrow Health and Care Executive. This will be a process of constructive check and challenges, alongside identification of where support across the partnership could be secured for delivery.</li> </ul>	PCN Clinical Directors supported by Harrow Borough team	Harrow Health and Care Executive
Days 30 – 60 (October)	<ul style="list-style-type: none"> <li>Needs assessment continues with refreshed census data and Borough needs assessment completed by day 60.</li> </ul>	Public Health team	Population health management working group
	<ul style="list-style-type: none"> <li>Values and ways of working established for the Harrow ICP. These will be directed by the Harrow conversation which will have happened over September; engaging with as many front line staff teams as possible. Through listening to our staff and comparing this to what we have heard from our citizens we will create a set of values that are owned by the people we are serving.</li> </ul>	Lisa Henschen and supported by all Harrow Health and Care Exec senior leaders	Communications and engagement workstream
Days 60 – 90 (November)	<ul style="list-style-type: none"> <li>Following Borough needs assessment completion, neighbourhood population needs assessment completed by day 90, reflecting each of the PCN footprints.</li> </ul>	Public Health Team / PCN CDs / PCN Operational Managers / Borough team	Population health management working group
	<ul style="list-style-type: none"> <li>Agreement and commitment to Borough Delivery Plan across all Harrow Health and Care Partners</li> </ul>	Lisa Henschen	Joint Management Board
Days 90 – 100 (December)	<ul style="list-style-type: none"> <li>Borough Delivery Implementation Plan agreed.</li> </ul>	Lisa Henschen	Joint Management Board
	<ul style="list-style-type: none"> <li>Borough and PCN needs assessment complete as foundation for Population Health Management. From this, we are able to set out our long term approach to embedding population health management</li> </ul>	Carole Furlong and Meena Thakur, supported by Lisa Henschen	Population Health Management & Tackling Health Inequalities



## Priority area 2: Secured our citizens and staff at the heart of the Integrated Care Partnership in Harrow

	Key actions	Leads	Programme oversight
Days 1 – 30 (September)	<ul style="list-style-type: none"> <li>Commence the Harrow Conversation across our staff groups. Conversation guide agreed as a framework. Discussions in place across as many staff groups as possible within health, social care and VCS organisations. Executives from Health and Care organisations attending conversations in listening capacity</li> </ul>	<p>Lisa Henschen, Ayo Adekoya supported by PPL</p> <p>Executive Board members attending conversations.</p>	<p>Communications and engagement workstream</p> <p>Harrow Health and Care Exec</p>
	<ul style="list-style-type: none"> <li>Engagement through Health inequalities programme with groups experiencing health inequalities</li> </ul>	Alex Dewsnap, Shanae Dennis	Prevention and population health management workstream
Days 30 – 60 (October)	<ul style="list-style-type: none"> <li>Conclude and report on the Harrow Conversation across our staff groups. Results need to feed into all work programmes through the Borough Delivery Plan. Use this engagement opportunity to establish the Harrow ICP staff advisory group.</li> </ul>	Mike Waddington, Lisa Henschen	<p>Communications and engagement workstream</p> <p>Harrow Health and Care Exec</p>
	<ul style="list-style-type: none"> <li>Stage 1 of the Health inequalities programme concludes. Recommendations are made to new programmes of work that need commissioning and redesign of existing services.</li> </ul>	Alex Dewsnap, Shanae Dennis, Lisa Henschen and transformational programme SROs.	<p>Prevention and population health management workstream</p> <p>Harrow Health and Care Exec</p>
Days 60 – 90 (November)	<ul style="list-style-type: none"> <li>Insights gained through citizen and staff engagement at the heart of the Borough Delivery Plan.</li> </ul>	Lisa Henschen, Alex Dewsnap, Mike Waddington	JMB
	<ul style="list-style-type: none"> <li>Citizens and staff established and active within ICP Governance structure.</li> </ul>	Lisa Henschen	JMB
Days 90 – 100 (December)	<ul style="list-style-type: none"> <li>Citizen and VCS engagement into neighbourhood structures secured</li> </ul>	PCN Clinical Directors supported by the Borough team	Harrow Health and Care Exec

## Priority area 3: Establish our agency to deliver

	Key actions	Leads	Programme oversight
Days 1 – 30 (September)	• Agree refreshed Governance structure	Lisa Henschen	JMB
	• Develop the BCF 2021/22 approach and schedules for partner review	Johanna Morgan and Hugh Caslake	BCF Core Officers Group / Harrow Health and Care Exec
Days 30 – 60 (October)	• New Governance structure in place	Lisa Henschen / Chairs	JMB
	• ICP metrics in place with accountability for delivery agreed across the ICP objectives: <ul style="list-style-type: none"> <li>• (1) Population Health Management underpinning all decisions, (2) Development of PCNS and reducing primary care variation, (3) Integrated and organising teams at a neighbourhood level (frailty focus), (4) Diabetes – achieve new spec to improve health, (5) Community Mental Health – deliver MWL service, (6) Vaccines, hesitancy and post-COVID care.</li> </ul>	Ayo Adekoya	JMB & Health and Care Executive
	ICP system oversight process commences. Once a month, the Harrow Health and Care Executive will focus on key system metrics for the partnership to hold themselves to account and secure greater system focus on areas of concern.	Lisa Henschen / Ayo Adekoya	JMB & Health and Care Executive
	• BCF approach and schedules for 2021/22 agreed	Johanna Morgan and Hugh Caslake	BCF Core Officers Group / Harrow Health and Care Exec
Days 60 – 90 (November)	• Deep dive into diabetes programme delivery to assure ourselves as a system	Kaushik Karia / James Benson / Isha Coombes	Harrow Health and Social Care Senate
	• BCF approach and schedules for 2022/23 proposed (with a view to agreement by end of December)	Johanna Morgan and Hugh Caslake	BCF Core Officers Group / Harrow Health and Care Exec
Days 90 – 100 (December)	• Deep dives into mental health programme delivery to assure ourselves as a system	Dilip Patel / Ann Sheridan / Isha Coombes	Harrow Health and Social Care Senate

## Priority area 4: Clear transformation programme in place for our ICP (one of two)

	Key actions	Leads	Programme oversight
Days 1 – 30 (September)	• Agreement of winter plans for the Harrow Borough	Lisa Henschen / Simon Crawford / Isha Coombes	A&E Delivery Board / Harrow Health and Care Exec
	• Making Integration Happen in Harrow moves to implementation. Integration operational leads groups established.	Lisa Henschen / Ayo Adekoya / Chair of Integration Leads Group (TBC)	Harrow Health and Care Exec
	• Integrated training and workforce programme initiated	Ashok Kelshiker / James Benson	Integrated workforce and education workstream
	• Phase 3 COVID vaccination programme implemented	Isha Coombes / PCN CDs	Harrow Health and Care Exec
	• Flu vaccination programme implemented	Isha Coombes / PCN CDs	Harrow Health and Care Exec
	• Focus on frailty pathway commences, with the following aims: <ul style="list-style-type: none"> <li>• Fully understanding the service offers and patient pathways for our frail patients</li> <li>• Identification of further opportunities of integration of services</li> <li>• Establish service readiness for management of winter pressures</li> </ul>	Angela Morris / Simon Crawford / Amol Kelshiker / Ayo Adekoya	Frailty workstream
	• Harrow Primary Care Summit held to address the immediate demand issues on primary care and develop long term solutions	Lisa Henschen / Isha Coombes	Harrow Health and Social Care Senate / CCG Borough Executive Group

## Priority area 4: Clear transformation programme in place for our ICP (two of two)

	Key actions	Leads	Programme oversight
Days 30 – 60 (October)	<ul style="list-style-type: none"> <li>Insights gained from the Harrow staff conversations further develops the Making Integration in Harrow programme</li> </ul>	Lisa Henschen	Harrow Health and Care Exec
	<ul style="list-style-type: none"> <li>Focus on frailty services continue, with MDT approach to care planning 15% complex / frail patients confirmed</li> </ul>	Angela Morris / Simon Crawford / Amol Kelshiker / Ayo Adekoya	Frailty workstream
	<ul style="list-style-type: none"> <li>Implementation of winter plans</li> </ul>	Lisa Henschen / Simon Crawford / Isha Coombes	A&E Delivery Board / Harrow Health and Care Exec
	<ul style="list-style-type: none"> <li>Responding to Harrow conversations: delivering quick wins</li> </ul>	Lisa Henschen / Jackie Allain / Tanya Paxton	Harrow Health and Care Exec
	<ul style="list-style-type: none"> <li>Vaccination hesitancy programme in place and uptake monitored. Ongoing support to Phase 3.</li> </ul>	Isha Coombes	Harrow Health and Care Exec
Days 60 – 90 (November)	<ul style="list-style-type: none"> <li>Tackling health inequalities programme: programmes of change begin implementation.</li> </ul>	Alex Dewsnap, Shanae Dennis	Prevention and population health management workstream
Days 90 – 100 (December)	<ul style="list-style-type: none"> <li>Transformation workstreams have clear priorities and associated delivery plans in place.</li> </ul>	SROs of all transformational workstreams	Harrow Health and Social Care Senate and Harrow
	<ul style="list-style-type: none"> <li>Foundation for integrated teams in place at neighbourhood level.</li> </ul>	Lisa Henschen / Ayo Adekoya / Chair of Integration Leads Group (TBC)	Harrow Health and Care Exec

## Appendix A: The Transformational work programmes of the Harrow ICP

(for final JMB agreement)

Delivery Workstreams		SROs	Management support	Enabling workstreams	SROs	Management support
Population Health Management & Tackling Health Inequalities	Prevention, self-care and social prescribing sub-group	Carole Furlong Meena Thakur Alex Dewsnap	Sandra Awinze Nahreen Matlib Laurence Gibson	Workforce and OD integration	Ashok Kelshiker James Benson	Simon Young
	Tackling health inequalities sub-group					
	Population health management working group			Access to care and COVID recovery	TBC	TBC
Long term conditions		James Benson Kaushik Karia	Bharat Gami	Strategic Estates Group	Isha Coombes	Simon Young
Mental Health		Dilip Patel Ann Sheridan	Lennie Dick & Tanya Paxton			
Learning Disability and Autism (all age)		Paul Hewitt	Lennie Dick & Mital Vagdia	Digital transformation	Andrew Chronias	Nomaan Omar
Frailty and care settings		Amol Kelshiker Angela Morris Simon Crawford	Sonal Dhanani			
Children and Young People		Varun Goel Paul Hewitt	Anita Harris & Priya Ganatra	Communication and engagement	Mike Waddington Alex Dewsnapp	TBC
Carers		TBC	Kim Chilvers			

## Appendix B: ICP priorities and metrics in North West London

ICP priority area	Outcome/aim	Suggested evidence/deliverable
PHM approach underpinning decisions at all levels, to reduce inequalities (Practice, PCN, ICP)	Demonstrable, embedded use of data to support decision making and the reduction of inequalities at practice, PCN and ICP	Self-reporting by PCNs and ICPs on: <ul style="list-style-type: none"> <li>WISC dashboard available to all organisations in the ICP</li> <li>Increase in user accounts for x borough</li> <li>Demonstrable use of data to identify priority cohorts and actions at PCN and ICP level</li> <li>Demonstrable resident engagement in action plans</li> <li>Impact monitoring and evaluation in place for agreed plans and reported at ICP Board</li> </ul>
Development of PCNs and reduced variation in PC	PCNs demonstrating at scale working as a foundation for integrated teams and understanding and addressing variation	<ul style="list-style-type: none"> <li>PCN development plans in place and agreed with ICP board</li> <li>PCN operating model in place with aligned community physical and mental health teams and leads identified and clearly articulated third sector involvement</li> <li>Area of focus for variation identified by each ICP with delivery plan and impact evidenced</li> </ul>
Organising & integrating care teams around PCNs, to better support frail & complex patients	ICPs develop and agree approach for effective integrated management of frail and complex patients across their health and care needs	<ul style="list-style-type: none"> <li>Confirm identification of top 15% complex/frail residents</li> <li>Agree and implement operating model for case management/care planning</li> <li>Decrease in admissions for over 65s over the year (and sub segmented rate for top 15% or actively case managed)</li> <li>Increase in identified carers and uptake of carer support</li> <li>Reduction in Care Home admissions rate against 2019/20</li> </ul>
Diabetes – achieve new spec to improve care. Wider LTC focus if capacity	Diabetes enhanced service implemented in PC with integrated pathways into community services (including REWIND and self management)	<ul style="list-style-type: none"> <li>8 Key care processes delivered in line with contract requirements</li> <li>Key outcome improvements identified and delivered in line with contract requirements</li> </ul>
Community Mental Health – new model implemented & access as NWL agreed	Deliver new MH team model supporting PCNs. Delivery of PC MH Enhanced spec	<ul style="list-style-type: none"> <li>SMI and LD health checks delivered in line with contract</li> <li>MH programme to confirm integration metric at neighbourhood/PCN level</li> </ul>
Ongoing Covid needs: Vaccination, hesitancy and Post Covid pathway	Consistent focus on impact of covid and future wave s/ vaccines. System working on hesitancy, into flu	<ul style="list-style-type: none"> <li>Community engagement programme in place to address hesitancy</li> <li>Covid vaccination to national targets</li> <li>Flu &amp; Covid vaccination – integrated plan in place by September 21 and delivery target to national level (75% last year)</li> <li>1) %PC contact at risk search and increase in referrals</li> <li>2) Post covid needs delivered to match waiting time</li> </ul>

## Appendix C: ICS Early Planning Guidance

### Approach to planning: outline timetable

#### EARLY THINKING

	Before September	September	October	November	December	January	February	March
National			<ul style="list-style-type: none"> <li>* Publishes new census data</li> </ul>		<ul style="list-style-type: none"> <li>* Publishes operating plan guidance</li> </ul>		<ul style="list-style-type: none"> <li>? Requires first draft of ICS operating plan</li> </ul>	<ul style="list-style-type: none"> <li>* Requires final draft of ICS plan</li> </ul>
NWL wide	<ul style="list-style-type: none"> <li>* Agree NWL vs BDP vs trust/ collaborative responsibilities</li> <li>* Set out planning process and brief LAs</li> <li>* Sets out PHM priorities based on PHM framework</li> <li>* Sets frame for NWL wide needs compilation</li> </ul>	<ul style="list-style-type: none"> <li>* Compiles needs assessments from boroughs/ ICPs</li> <li>* Sets initial NWL wide priorities, targets and KPIs</li> <li>* Sets initial areas for standards</li> </ul>	<ul style="list-style-type: none"> <li>* Sets out likely areas for support/ best practice for boroughs</li> <li>* Sets efficiency expectations</li> </ul>	<ul style="list-style-type: none"> <li>* Sets standards for initial areas in service delivery</li> <li>* Develops and tests template for BDP delivery plans</li> </ul>	<ul style="list-style-type: none"> <li>* Adds national priorities to NWL and borough priorities</li> <li>* Issues template for delivery plan</li> </ul>	<ul style="list-style-type: none"> <li>* Lays out support/ best practice offer for boroughs</li> <li>* Sets out allocations for trusts/ collaboratives/ BDPs</li> <li>* Confirms efficiency expectations</li> </ul>	<ul style="list-style-type: none"> <li>* 8 x planning sessions with BDPs to test and support plan</li> <li>* Prioritisation sessions</li> <li>* Iterates allocation</li> <li>* Agrees goals with ICS work streams</li> </ul>	<ul style="list-style-type: none"> <li>* Collates plans to create ICS plan</li> <li>* Submits ICS plan</li> <li>* Finalise contracts</li> </ul>
Borough level	<ul style="list-style-type: none"> <li>* Gathers most recent borough needs assessments/ H&amp;WB strategies (with/ for H&amp;WB)</li> <li>* Compiles timetables for needs/ H&amp;WB refresh (if known)</li> </ul>	<ul style="list-style-type: none"> <li>Suggests ICS wide priorities</li> </ul>	<ul style="list-style-type: none"> <li>* Suggests local priorities (which together with NWL priorities give borough priorities)</li> <li>* Participates in further borough needs assessment/ H&amp;WB strategy</li> </ul>	<ul style="list-style-type: none"> <li>* Outlines BDP delivery plan</li> <li>* Discusses delivery plan with acutes</li> </ul>	<ul style="list-style-type: none"> <li>* Updates NWL on borough priorities</li> <li>* Adds national priorities to NWL and borough priorities</li> <li>* Works with trusts/ collaboratives to set standardised interfaces</li> </ul>	<ul style="list-style-type: none"> <li>* Develops BDP delivery plan</li> <li>* Interfaces with acutes on delivery plan</li> </ul>	<ul style="list-style-type: none"> <li>* 8 x planning sessions with NWL/ relevant trusts to test and support plan</li> <li>* Agrees alternation to allocations</li> </ul>	<ul style="list-style-type: none"> <li>* Finalises BDP delivery plan</li> <li>* Finalise contracts</li> </ul>
Trusts/ Collaborative				<ul style="list-style-type: none"> <li>* Outlines trust/ collaborative delivery plan</li> <li>* Interfaces with BDPs on delivery plan</li> </ul>	<ul style="list-style-type: none"> <li>Works with BDPs to set standardised interfaces</li> </ul>	<ul style="list-style-type: none"> <li>Develops trust/ collaborative delivery plan</li> <li>Interfaces with NWL/ BDP on delivery plan</li> </ul>	<ul style="list-style-type: none"> <li>* Planning sessions with NWL/ BDPs to test and support plan</li> </ul>	<ul style="list-style-type: none"> <li>* Finalise contracts</li> </ul>





## Better Care Fund 2021-22 Template

### 6. Metrics

Selected Health and Wellbeing Board:

Harrow

#### 8.1 Avoidable admissions

	19-20 Actual	20-21 Actual	21-22 Plan	Overview Narrative	
Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	Available from NHS Digital (link below) at local authority level.  Please use as guideline only	1,250.0	2,030.0	Details of the local demand context and the risks to capacity in H2 21/22 are contained in the Winter Plan, jointly agreed by the LA, acute trust, CCG and community provider.  The proposed plan is equal to the total number of ACS	Please set out the overall plan in the HWB area for reducing rates of unplanned hospitalisation for chronic ambulatory sensitive conditions, including any assessment of how the schemes and enabling activity for Health and Social Care Integration are expected to impact on the metric.
<a href="#">&gt;&gt; link to NHS Digital webpage</a>					

#### 8.2 Length of Stay

		21-22 Q3 Plan	21-22 Q4 Plan	Comments	
Percentage of in patients, resident in the HWB, who have been an inpatient in an acute hospital for: i) 14 days or more ii) 21 days or more As a percentage of all inpatients (SUS data - available on the Better Care Exchange)	Proportion of inpatients resident for 14 days or more	10.3%	11.1%	Reverting to 19/20 performance would imply a substantial deterioration in current performance, even allowing for increased levels of delays during the winter period.	Please set out the overall plan in the HWB area for reducing the percentage of hospital inpatients with a long length of stay (14 days or over and 21 days and over) including a rationale for the ambitions that sets out how these have been reached in partnership with local hospital trusts, and an assessment of how the schemes and enabling activity in the BCF are expected to impact on the metric. See the main planning requirements document for more information.
	Proportion of inpatients resident for 21 days or more	4.9%	5.9%	To reduce lengths of stay (LoS) at the local Trust (LNWUHT), the Integrated Discharge Hub has been introduced to bring all partners together to optimise discharges and ensure patient care is provided in the	

#### 8.3 Discharge to normal place of residence

	21-22 Plan	Comments	
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence (SUS data - available on the Better Care Exchange)	94.0%	Supported Discharge Services including Home First continue to support discharge from hospital, with the priority being to support patients to live at their home.  The Integrated Discharge Hub works with all partner organisation to place the patient in the best place aiming	Please set out the overall plan in the HWB area for improving the percentage of people who return to their normal place of residence on discharge from acute hospital, including a rationale for how the ambition was reached and an assessment of how the schemes and enabling activity in the BCF are expected to impact on the metric. See the main planning requirements document for more information.

#### 8.4 Residential Admissions

		19-20 Plan	19-20 Actual	20-21 Actual	21-22 Plan	Comments	Please set out the overall plan in the HWB area for reducing rates of admission to residential and nursing homes for people over the age of 65, including any assessment of how the schemes and enabling activity for Health and Social Care Integration are expected to impact on the metric.
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	466	365	445	350	ASC has a target of 146 admissions and achieving this supported through a range of actions. ASC continues to implement and embed a strengths based approach to person centred planning, including the Hospital Team within the integrated discharge hub. The discharge to assess process is being explored to increase reablement	
	Numerator	185	146	181	146		
	Denominator	39,675	39,988	40,634	41,727		

Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population (aged 65+) population projections are based on a calendar year using the 2018 based Sub-National Population Projections for Local Authorities in England:

<https://www.ons.gov.uk/releases/subnationalpopulationprojectionsforengland2018based>

## 8.5 Reablement

		19-20 Plan	19-20 Actual	21-22 Plan	Comments	Please set out the overall plan in the HWB area for increasing the proportion of older people who are still at home 91 days after discharge from hospital into reablement/rehabilitation, including any assessment of how the schemes and enabling activity for Health and Social Care Integration are expected to impact on the metric.
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual (%)	89.3%	91.1%	90.0%	The target is to retain 90% performance. There is a range of services to support safe and timely hospital discharge, including the restructure of ASC SW teams to increase capacity to deliver reablement to support quicker hospital discharge and reviews with appropriate support in the community.	
	Numerator	250	329	325		
	Denominator	280	361	361		

Please note that due to the splitting of Northamptonshire, information from previous years will not reflect the present geographies. As such, all pre-populated figures above for Northamptonshire have been combined.

For North Northamptonshire HWB and West Northamptonshire HWB, please comment on individual HWBs rather than Northamptonshire as a whole.



# Summary Assessment of the Effectiveness of The Harrow Safeguarding Arrangements

Harrow Health and Wellbeing Board November 2021

Chris Miller Independent Chair and Scrutineer



# Safeguarding Partnership Reporting Requirements

**HSAB must publish its annual report and supply it specifically to:**

- The Local Authority
- Health Watch
- The Police
- The Health and Wellbeing Board

**The Children Safeguarding Partnership must publish its report and supply it specifically to;**

- The Child Safeguarding Practice Review Panel
- The What Works Centre



# Publication

- Both reports have been published and can be found at
- [hsab-annual-report-2020-21 \(harrow.gov.uk\)](https://www.harrow.gov.uk/downloads/file/29692/hsab-annual-report-2020-21)
- with easy read version at [www.harrow.gov.uk/downloads/file/29692/hsab-annual-report-2020-21-easy-read-version](https://www.harrow.gov.uk/downloads/file/29692/hsab-annual-report-2020-21-easy-read-version)
- <http://www.harrowscb.co.uk/wp-content/uploads/2021/10/HSCB-HSP-Annual-Report-2020-21.pdf>

# Assessment of Arrangements and Partnership



= Good



= Some Work to Do



= Much Work to Do

## Both Boards

- Engagement with relevant agencies ✓
- Resilience and adaptability through Covid ✓
- Review Arrangements ✓
- Understanding performance information ✓
- Working with other Boards and Partnerships ✓
- Multi agency Audit Arrangements # (better for Children's arrangements than adults)
- Challenge by and Involvement of Service Users and Families #
- Resourcing Commitment of Partners X





# Assessment of Arrangements and Partnership

## HSAB

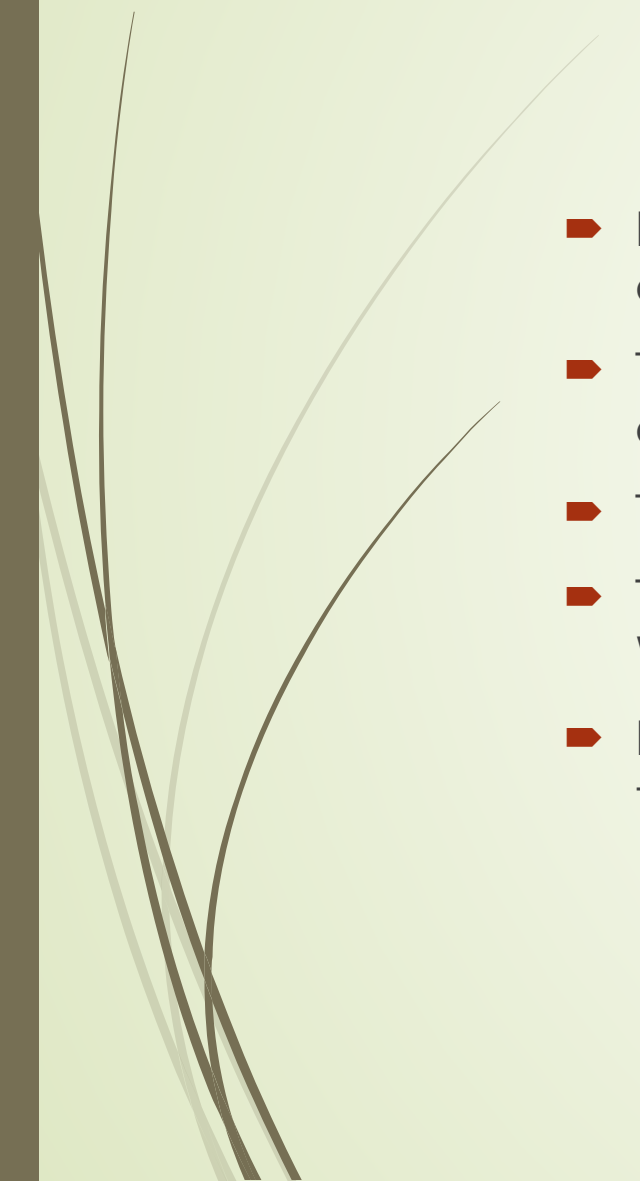
- Making Safeguarding Personal ✓
- Assurance on Provider Concerns ✓
- Performance Against Strategic Plan #

## Children's Arrangements

- Information Sharing ✗



# Conclusion

- Harrow's safeguarding Partnerships are cooperative and have a good degree of healthy openness
  - There is some more work to do on making scrutiny and audit of routine activity truly multi agency
  - The "serious incident/ review" process is a strong suit.
  - The adoption of joint priorities consolidates the aspiration to work in a Whole Family Way.
  - Both parts of the partnership still retain a distinct identity and that ensures that bespoke issues are pursued.
- 





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**REPORT FOR:      HEALTH AND WELLBEING  
BOARD**

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**Date of Meeting:** 23<sup>rd</sup> November 2021

**Subject:** Harrow Safeguarding Adults Board  
(HSAB) Annual Report 2020 - 2021

**Responsible Officer:** Paul Hewitt  
Corporate Director, People Services

**Public:** Yes

**Wards affected:** All

**Enclosures:** Harrow Safeguarding Adults Board Annual  
Report 2020 - 2021

**Section 1 – Summary and Recommendations**

The attached report provides the Health and Wellbeing Board with an overview of safeguarding adults activity undertaken in 2020 - 2021 by the Council and its key partners through the work of the Harrow Safeguarding Adults Board (HSAB).

FOR INFORMATION

## **Section 2 – Report**

### **2.1 The Care Act 2014**

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

- i. publish a strategic plan for each financial year
  - the HSAB has a 3 year strategic plan which is updated each year after production of the annual report
- ii. publish an annual report
  - the 2020 - 2021 annual report has been written in magazine style, (in line with the approach taken by the Children's Board HSCB) which has been well received
  - each partner organisation represented at the HSAB presented the Board's Annual Report for last year at their Executive level meeting or equivalent
  - as in previous years, this report has also been produced in an "easy to read" format and is available to a wider audience through the Council and partner agencies websites
- iii. conduct any Safeguarding Adults Reviews (SARs)
  - the HSAB has an agreed protocol for carrying out Safeguarding Adults Reviews and last year the HSAB completed SAR "A" and started work on SAR "B"
- iv. have the following organisations on the Board – the Council; the local NHS Clinical Commissioning Group (CCG) and the chief officer of Police
  - the membership of Harrow's HSAB includes the required statutory partners

### **2.2 Statistics**

The attached report covers the full range of statistical analysis.

In many respects the data shows the same picture as it has in previous years. The person most likely to be abused is older, female and living in her own home.

It is unsurprising that numbers reported for care homes fell in the COVID period, as registered managers were primarily focused on dealing with COVID related issues and less visitors were accessing the residents. At the time of writing this report, safeguarding concerns are routinely being reported again from both home care agencies and residential/nursing providers.

Impact of COVID 19 - the full year data now supports the anecdotal experience of the safeguarding teams that incidents of domestic abuse had increased (up by 284% from the previous year).

Ethnicity and referrals - historically the HSAB has received generalised data about which sections of the Harrow community were reporting abuse and over recent years saw improvements to the point where in percentage terms the number being received from BAME communities was in line with the adult population. However, the Council's Business Intelligence Unit data (now being presented routinely at HSAB meetings) is more detailed and suggests that of the concerns received about black/black British people, only 18% are progressed to enquiries compared to 26% for white people. The new strategic plan for the HSAB covering the period 2021 – 2024 includes an action point to look further into this issue.

In relation to Making Safeguarding Personal, a high percentage (93%) of people by the time of case closure had been asked for their required outcome. Risks had also been reduced in 81% of cases.

## **2.3 HSAB priorities for 2021 - 2022**

The annual HSAB Development Day was held on the 29<sup>th</sup> September 2021 when the Board's existing priorities were reviewed to see whether they remained the right ones, or other areas of priority work could be identified. The full set including the joint priorities with the HSCB are at page 31 of the attached report.

Progress on the priorities will be monitored at quarterly HSAB meetings and an end of year review will be summarised in the HSAB Annual Report 2021/2022.

## **Ward Councillors' comments**

N/A – this report affects all Wards

## **Financial Implications/Comments**

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

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

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

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

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

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

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

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

## **Legal Implications/Comments**

The Care Act 2014 puts safeguarding on to a statutory footing and requires inter alia that the Safeguarding Adults Board publish an annual report.

The terms of reference for the Health and Well Being Board include that the purpose of the Board is to improve health and wellbeing for the residents of Harrow and reduce inequalities in outcomes. The Board will hold partner agencies to account for delivering improvements to the provision of health, adult and children's services social care and housing services.

## **Risk Management Implications**

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

## **Equalities implications / Public Sector Equality Duty**

The HSAB considers local safeguarding adults' statistics at each Business Meeting and at its annual review/business planning event, with particular emphasis on ensuring that concerns (referrals) are being received from all sections of the community. The Board's existing Strategic Plan was developed such that the HSAB monitors the impact of abuse in all parts of Harrow's community.

- Safeguarding adults' work is already focused on some of the most vulnerable and marginalised residents and the statistics demonstrate that concerns continue to come from all sections of the Harrow community. However further analysis will be undertaken in two specific areas in 2021/2022:

- to explore the numbers being received from the Asian population adjusting for relative population sizes
- and explore why there are proportionately less enquiries progressed for Black people adjusting for relative population sizes

## Council Priorities

The Council's vision:

Working Together to Make a Difference for Harrow

This report primarily relates to the Corporate priority of:

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

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

Name: Donna Edwards	<input checked="" type="checkbox"/>	on behalf of the* Chief Financial Officer
Date: 26 <sup>th</sup> October 2021		
Name: Sharon Clarke	<input checked="" type="checkbox"/>	on behalf of the* Monitoring Officer
Date: 18 <sup>th</sup> October 2021		
Name: Paul Hewitt	<input checked="" type="checkbox"/>	Corporate Director
Date: 18 <sup>th</sup> October 2021		

**Ward Councillors notified:**  
**MANDATORY**

**NO** – this report affects all  
Wards

## **Section 4 - Contact Details and Background Papers**

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

### **Background Papers:**

Harrow Safeguarding Adults Board Annual Report 2020 - 2021

# Harrow Safeguarding Adults Board

## Annual Report 2020 - 2021



& our **Partners,**

**Committed to  
Safeguarding Adults**



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



in partnership with:



## Foreword

This is Harrow Safeguarding Adults Board (HSAB) 14th annual report. It describes how the Harrow's safeguarding partners have combined their efforts, developed their practice and performed in relation to our most recent strategic plan. Of course, the year has been overshadowed by the Covid 19 pandemic and both statutory and voluntary agencies have had to introduce significant changes to the way they operate in order to carry on their work. This report looks at what the partners did in the face of the pandemic and also has some commentary on how it affected cases being referred to them.

Safeguarding comprises a wide range of issues and activities and to avoid getting stretched in too many directions at once we have focused on three priorities which we share with the safeguarding children board; domestic abuse, mental health and wellbeing and contextual safeguarding. These can be found described in their wider context in our strategic plan 2021-2024<sup>1</sup>. This report describes some of the things that the partnership did to tackle these issues.

HSAB is a coalition of all the statutory agencies and a number of voluntary sector partners, whose work impacts the lives of adults who have care and support needs in Harrow. Our aim is to ensure that when and as we act, we do so in ways that have the best interests of the service user at the centre. Each organisation represented on the HSAB has its own priorities and objectives and our partnership seeks to prevent any one organisation's needs from pulling in the opposite direction to those of another.

This report has a number of important statistics in it. They describe the demographic make-up of Harrow, the levels of reported incidents, where safeguarding issues have been identified and some of the things that the Harrow Safeguarding Partners have done to address the needs of those who are vulnerable.

**Think Whole Family** is an approach to safeguarding, which seeks to ensure that the work of safeguarding both children and adults with support needs is delivered in a coordinated way. Adults with care and support needs may be the parents or carers of children, whose welfare needs promoting. Children who experience adverse childhood experiences may grow into adults who then have care and support needs. Harrow's partners have identified these important crossover issues and their safeguarding structure, their objectives and their approach to learning and development reflect a determination to cooperate across disciplines. The **Think Whole Family** approach has grown in importance and relevance over the past twelve months and this report describes some of this development. Harrow is fortunate to have a team of committed and experienced professionals and volunteers, whose work to protect the vulnerable makes a genuine difference to the lives of so many. **Chris Miller Independent Chair**

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<sup>1</sup> Accessed at <https://www.harrow.gov.uk/downloads/file/29124/hsab-strategic-plan-2021-24>



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## Welcome to Harrow

Harrow<sup>2</sup> is a relatively prosperous borough. Table 1 provides a range of key data, which at a glance reveal some important things about the local population which has been growing steadily over the past decade. Harrow is a richly diverse place where the many resident communities generally get on well. The population of those over 65 is growing but makes up a smaller proportion of the population than is the case in the rest of England but makes up a larger proportion than in London itself.

Currently unemployment levels are low although this has got slightly worse in the past 12 months, probably due to Covid 19. The pandemic has not only made a difference to short term employment prospects, it may well have a long-term impact as well.

Life expectancy in the Borough outstrips the England average for both men and women and the levels of expressed satisfaction with their lives for all adults is high and has been rising over the past seven years. Notwithstanding the general expressions of satisfaction with life among the wider community, those over the 65 have high levels of life limiting illnesses.

The proportion of people with a learning disability in the population is similar to the rest of London but lower than England. Hospital admissions for intentional self-harm and hip fractures is lower than for London as a whole.

Ensuring access to justice (in the face of crime victimisation) for those who are vulnerable is an important theme for the Harrow Safeguarding Adults Board. Some of the crimes that particularly impact those who are vulnerable have stayed at similar levels to last year and the reported numbers are low, but domestic abuse crimes including those where the victim is injured have increased noticeably.

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<sup>2</sup> Data in the table below taken from ONS mid-year estimates, the Metropolitan Police crime dashboard and Public Health England's Local Authority Health Profiles. In the case of numbers larger than 2000 they are rounded to the nearest 100.

Overall population	252,300
Deprivation (where 1 is most deprived Local Authority Area in England). This index is updated every few years. In 2015 Harrow was more or less in the same place.	207/ 317(England) 27/33 (London)
Percentage of Harrow residents who are black or minority ethnic.	63%
People aged Over 65	40,000(16%)(England18.5%) (London 12%)
People aged over 85	6000(2.4%) (England, 2.5%) (London 1.7%)
Number and percentage of working age people who are unemployed	7000 (5.6%), (London 5.9%, England, 4.6%)
Life expectancy at birth for women	86 (85, England)
Life expectancy at birth for men	83 (81, England)
Hip Fractures for +65s (per 100,000)	382 (473 London)
Emergency Admissions for intentional self-harm (per 100,000)	70 (London 82)
Percentage of people over 65 with a life limiting illness	85%. (London 86%, England 82%)
Proportion of adults with a learning disability	4/1000; (London 4, England,5)
Proportion of learning-disabled adults getting long term support from the Local Authority	3.18/1000; (London 2.98, England 3.42)
Disability Hate Crime	5 (9 in 2020)
Domestic Abuse Crimes (change over last year)	2150 (+18%)
Domestic Violence Crimes with an injury caused (change over last year)	507 (+8%)
Distraction burglary; where an offender tricks their way into the home of (usually) vulnerable adults to steal	11 (- 30%)

**Table 1**

# 1. What is Adult Safeguarding?

## Introduction

It is now 20 years since **No Secrets** was published. This laid out how at a local level, partnerships should work together to protect vulnerable adults from harm. It was the first time that the need for cooperative working in this field between agencies was made explicit. Even then it was only guidance. The need for agencies to work together moved from a “nice to do” to a “must do” with the passing of the Care Act 2014 (The Act). In fact, as was the case in most areas, Harrow had already established strong local working arrangements and there was a broad welcome for placing the business of safeguarding adults on a statutory footing.

The Act requires that local Safeguarding Adults Boards:

- publish an annual report and strategic plan,
- commission Safeguarding Adult Reviews, and
- hold partner agencies accountable for how they work together to protect adults from abuse and harm

## How are adults abused?

There are a range of ways in which vulnerable adults can experience abuse: these are physical abuse, domestic violence, organisational abuse, modern slavery, discriminatory abuse, physical abuse, psychological abuse, sexual abuse, self-neglect, neglect and acts of omission, financial or material abuse.

## The responsibility for carrying out enquiries and reviews

The core purpose of adult care and support is to help people achieve the outcomes that matter to them in their life. To achieve this the Care Act 2014 introduced the ‘Wellbeing Principle.’ Wellbeing is at the heart of safeguarding adults and is broadly defined as:

- maintaining personal dignity (including treating the individual with respect)
- physical, emotional and mental health and wellbeing

- protection from abuse and neglect
- control by the individual over day to day life (Including the care and support provided) and the way it is provided.
- participation in work, education, training and recreation/social and economic wellbeing/the individual contribution to society
- domestic, family and personal wellbeing and suitability of living accommodation

People with care and support needs require a safeguarding plan. To achieve this, care and support staff need to be creative. They can call on family support and community services. Accommodation and other spaces can be fitted with equipment and adapted to meet service user need. Assistive technology and technological solutions can be deployed. However, central to every plan is:

- the need to identify risks so that service users can be protected
- the assumption that the individual is best placed to judge their own wellbeing
- the need to ensure that any restriction on the individual's rights and freedom of action is minimised and is the least restrictive option
- the need for the plan to take into account the individual's expectations, views, wishes and feelings
- the importance of preventing or delaying the need for care and support and the importance of reducing needs that already exist
- the need to place the individual at the centre of decision making and to ensure that decisions are bespoke to each individual's circumstances
- the importance of balance between the individual's wellbeing and that of any friends or relatives who are involved in the caring of that individual

Those who need safeguarding help are often elderly and frail, living on their own in the community, or in care homes. They may be people who have physical or learning disabilities and people who have mental ill health or other care and support needs. They are people at risk of suffering harm both in institutions and in the community.

Safeguarding adults means ensuring that they can live in safety, free from abuse and neglect. This means that people and organisations need to work together to prevent abuse or neglect, while also ensuring adult's wellbeing is promoted. This requires professionals and families to pay proper regard to the views of those being safeguarded before deciding on any action. Professionals should work with the adult to establish what being safe means to them and how that can be best achieved.

Safeguarding partners have to cooperate in this activity and they also need to share information. When abuse or neglect is reported the Local Authority has a duty to make enquiries to see what the appropriate protective or preventative response should be. Many people with care and support needs experience difficulty maintaining physical and mental wellbeing following abuse or neglect and the safeguarding process should support the person to maintain wellbeing and gain equitable access to criminal justice.

Section 42 of the Care Act (2014) describes a safeguarding enquiry and identifies that a Local Authority must make (or cause to be made) whatever enquiries it thinks necessary to enable it to decide whether action is required. The enquiries are to be conducted when the adult (aged 18 or over) meets the three-part eligibility test for safeguarding and there is reasonable cause to suspect that the adult is in the Local Authority area (irrespective of whether they are ordinarily resident there or not).

In the most serious cases of abuse and neglect, where an adult has died or come to serious harm and there is suspicion that there has been a lack of joined up working among responsible agencies the Act requires Safeguarding Adults Boards (SAB) to conduct a Safeguarding Adult Review (SAR). The principle purpose of a SAR is learning. The sort of case that requires a SAR is inevitably one of high impact and it is vital that the partners to the SAB learn lessons to improve future practice.

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## **2. Covid 19 and safeguarding adults work**

Safeguarding adults work during the Covid 19 pandemic did not change. The provisions of the Coronavirus Act 2020 emergency legislation (25 March 2020) allowed for 'easement' or suspension of a number of duties in the Care Act 2014. However, Sections 42-45 of the Care Act 2014 that relate to safeguarding adults did not change nor were they 'eased', so remained a statutory duty. Consequently, safeguarding adults remained the responsibility of local authorities and partner agencies – to keep everybody safe from abuse or neglect, with a clear role in avoiding any breach of human rights.

The impact of the pandemic in safeguarding adults work is covered in the relevant sections of this report. In Harrow the Safeguarding Strategic Partnership (HSSP) met on a more frequent basis between March 2020 and March 2021 so that it could oversee the impact of the pandemic/lockdown in safeguarding work (for both adults and children) and support the work of front-line staff across all the partner agencies.

### 3. Making Safeguarding Personal (MSP)



The underlying principle of MSP is that we are the best experts in living our lives. The ability to make decisions about one's own care, safety and welfare is a key difference between children and adults. Adults with mental capacity have the right to make decisions about themselves even when some of those decisions may seem to others to be unwise or personally harmful. Any enquiry into an adult's welfare or safety should start with an understanding of what the adult at risk would like to happen. This leads to tricky judgements and it can be hard for safeguarding professionals to establish what an adult's wishes are and whether any care offered or received meets the wants as well as the needs of the person cared for. Harrow has embraced MSP and how this is done is shown in this report.

### 4. Evaluation of the effectiveness of the Harrow Safeguarding Adult's Board

✓ = Good

# = Some Work to Do

✗ = Much Work to Do

#### Introduction

The Harrow Safeguarding Adults Board (SAB) <sup>3</sup> as part of their arrangements to safeguard adults must publish a report, which describes what it has done to achieve its objectives and what it and each of its members has done to implement its strategy <sup>4</sup>. I have now been in post as Harrow's Independent Chair since the summer of 2019 and this is my assessment of how well the SAB has performed in the period April 2020 – 2021.

<sup>3</sup> These are Harrow Council, The Metropolitan Police and The Harrow Clinical Commissioning Group and other agencies and organisations listed in Appendix 3

<sup>4</sup> Schedule 2 Care Act 2014

## Engagement of Other Relevant Agencies

The SAB is required to be a partnership which coordinates its arrangements so that vulnerable adults are safeguarded. It needs to include a wide range of other agencies in these arrangements<sup>5</sup>. These other agencies, should then act in a mutually cooperative way to ensure that the local arrangements are effective. The Harrow SAB partners have identified a significant range of relevant agencies<sup>6</sup> including organisations in the voluntary and third sector. Their joint and singular activities are described in this report. These agencies have been effectively engaged in the SAB since its formation. They have demonstrated this through their contribution across a range of meetings and activities and involvement both as attendees of the main board and of its various sub groups.

Covid 19 tested the resourcefulness of the SAB partners to the full. The development of new ways of working, the emergence of effective contingency arrangements and the flexibility demonstrated by the partners in stepping up to this challenge is testament to the strength of the partnership. The SAB's arrangements with its range of voluntary sector organisations work well. There is also strong and appropriate support from elected Councillors. ✓

## Learning from audits, reviews and incidents

It is a responsibility of the SAB<sup>7</sup> to identify those safeguarding cases which are so serious that they need to be formally reviewed. This is so that improvements can be made to systems, process and operations so that adults will be better protected in future. In the past twelve months the SAB has more or less concluded a Safeguarding Adult Review, the result of which will need to be fully explored in next year's annual report. However, before waiting for a review to be commissioned (by which time a case must have become serious) it is also good for an SAB to conduct regular case and system audits to identify areas where preventative action could be effective.

This report includes the details of a range of such reviews and audits. The SAB in conjunction with the HSCB has a good system for identifying serious incidents, a well organised group of multi-agency professionals that assess and move them forward and a strong learning ethos, which ensures that difficult cases improve practice. The audit regime which has been established by Harrow Council ensures that learning is revisited and embedded. The partnership contribution to this audit regime continues to develop but still has a way to go before it is visibly multi agency. Review Arrangements ✓; Multi Agency Audit Arrangements #

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<sup>5</sup> Ibid

<sup>6</sup> Accessed at Appendix 1; <http://www.harrowscb.co.uk/wp-content/uploads/2019/06/Harrow-Safeguarding-Children-Arrangements-May-2019.pdf>

<sup>7</sup> Section 44 care Act 2014



## **Enquiry and Challenge**

This is one of the key activities that an SAB need to have in place. This is a developing strength of the SAB. The Quality Assurance Function which is related to the audit issue above is strong in parts but as yet is not fully multi agency. Recently the SAB and the HSCB have recruited two independent lay members, to strengthen the challenge to the work of professionals. There is regular oversight of adult safeguarding performance by elected councillors and officers. This helps to demonstrate the strong commitment of the Council to the work of adult safeguarding.

The voice of the service user is an important factor in understanding real effectiveness and impact. Currently the role of presenting the user voice falls to representatives of various user groups. Developing a way of hearing more directly from service users is an area which the SAB intends to explore. #

## **Understanding performance information**

This is a very much an encouraging and improving picture. We have a rich data set provided by Harrow Council. The Metropolitan Police, following its restructure, is still developing its data provision to the partnership. Health provider data is now regularly inspected at the SAB quality assurance sub group. There is still a willingness and an ambition to compound and analyse all the data that is available. This will further improve the SAB's understanding of what is happening. The partners need to build on what they have achieved in the past twelve months or so and take their insight and analysis work to the next level. ✓

## **Working strategically with other partnership boards**

Partnership work is a strength of these arrangements and there is a real commitment to work together with other partners and boards wherever there is mutual advantage to be had. The 2021 annual conference was conducted jointly with HSCB and Safer Harrow. I chair the HSCB as well as chairing and scrutinising the work of the SAB. I am also a member of the Health and Wellbeing Board and take part in the joint strategic need analysis working groups. The way that Harrow Partners seek to join up their work across departments is very impressive. ✓

## **Making Safeguarding Personal**

This report contains a section on how SAB has developed a culture of making safeguarding personal. Service user views are sought, acted on and performance improved. This work will be enhanced by the arrival of the two new lay members and the intended expansion of the work to hear the authentic voice of the service user. ✓

## Assurance on Provider Concerns

The partners have a strong culture of examining provider issues. There is good constructive engagement with providers, speedy action to manage problems and strong channels of two-way communication. There has needed to be a constructive dialogue with providers during this difficult year. Engaging more directly with providers is an avenue that the SAB may want to explore. Currently engagement is principally through the Council; making this more of a shared task across the partnership would demonstrate the strength of the partnership. ✓

## Performance Against Strategic Plan

The SAB is required in its annual report<sup>8</sup> to describe what it has done to achieve its objectives and how it has delivered its strategic plan. The SAB has a range of stretching priorities (described at Appendix 1 of this report) and further goals to be achieved described in its strategic plan. There have been some interesting developments in individual agency and partner activity to make progress against the priorities and the data set about these priorities is improving all the time. The work of the quality assurance sub group, which reviews in detail certain aspects of safeguarding performance is also becoming more integrated. The partners have identified the need to develop more coordinated action to safeguard vulnerable people living at home. This remains work still to be developed. The strategic plan is ambitious so there is a lot to do before some of what is aspired to is achieved. #

## Resourcing Commitment of Partners

Safeguarding is a complex business and the joint HSAB and HSCB arrangements require administrative resources to function. The law and guidance that impacts the establishment of SABs invite partners to make financial contributions<sup>9</sup> but do not require them to do so. Funding should be agreed, proportionate, equitable and transparent and the burden should not fall disproportionately on one member more than another. The funding arrangements for this work which are described at Appendix 4 show clearly how they fall disproportionately on Harrow Council. They lack equity and transparency. This is not fair to Harrow Council and is unsatisfactory. ✗

**Conclusion** - The SAB has had a taxing year. The partnership found ways of adapting how it worked in the shadow of Covid and emerged from a difficult 12 months having learned that its contingency planning could withstand the toughest of challenges. My assessment is that the Harrow arrangements are sound and there is ambition for improvement.  
Chris Miller (Independent Chair HSAB)

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<sup>8</sup> Schedule 2 (4) Care Act 2014

<sup>9</sup> Schedule 2 (2) Care Act 2014

## 5. Principles of Safeguarding Adults

These six principles are contained in the statutory guidance to the Care Act 2014 and underpin the way that we seek to work across our partnership in Harrow. The principles are:

Principle	Objective	User outcome
Empowerment	Adults are encouraged to make their own decisions and are provided with support and information	I am consulted about the outcomes I want from the safeguarding process and these directly inform what happens
Prevention	Strategies are developed to prevent abuse and neglect that promotes resilience and self determination	I am provided with easily understood information about what abuse is, how to recognise the signs and what I can do to seek help
Proportionate	A proportionate and least intrusive response is made balanced with the level of risk	I am confident that the professionals will work in my interest and only get involved as much as needed
Protection	Adults are offered ways to protect themselves, and there is a co-ordinated response to adult safeguarding	I am provided with help and support to report abuse. I am supported to take part in the safeguarding process to the extent to which I want and to which I am able
Partnership	Local solutions through services working together within their communities	I am confident that information will be appropriately shared in a way that takes into account its personal and sensitive nature. I am confident that agencies will work together to find the most effective responses for my own situation
Accountable	Accountability and transparency in delivering a safeguarding response	I am clear about the roles and responsibilities of all those involved in the solution to the problem

Some examples of the work of HSAB partners under these principles are:

**Prevention**

The LFB (Fire Service) has continued to work with hoarders across the borough through the existing peer support activities being carried out. Even with the restrictions around Covid 19 they managed to carry out over 390 Home Fire Safety Visits in 2020 - 2021 and these have been targeted at the most vulnerable

**Prevention**

Based on the learning from SAR "A", Adult Social Care (LBH) refreshed and re-launched the self-neglect/hoarding protocol which includes greater oversight by the Safeguarding Adults Team and a new self-neglect panel to discuss high risk cases.

**Prevention**

During COVID -19 there was a focus on raising awareness of domestic abuse with frontline staff via webinars/staff communication (CLCH NHS Trust).

**Prevention**

Training on Annual Health Checks for people with a learning disability and STOMP (stopping over medication of people with a learning disability) has been provided at the Practice Managers Forum, the Practice Nurses Forum and a selection of Primary Care Networks meetings (Harrow CCG).

**Prevention**

Cases of cuckooing, modern slavery, scams/financial abuse/exploitation are all being raised by staff (CLCH NHS Trust).

## 6. Safeguarding Activity

When an adult appears to a member of the public, a charity, or a statutory agency such as the Police or the Health Service to be in need of care and support and is experiencing some form of neglect or abuse they need to inform Harrow Council or CNWL Mental Health Trust - so that an assessment can be carried out. Last year:



- **2,621** such concerns were raised. This was considerably more than the previous year's number of **873** (an atypical year), but also more than 2018/2019 (**1403**) and 2017/2018 (**1,467**). The highest percentage of concerns are now coming in from the Police for the first time since HSAB data has been collected and presented
- **596 (23%)** of these cases progressed to full enquiry. The volume is considerably greater than in 2019/2020, but alongside the large increase in concerns the percentage taken forward as enquiries reduced (**42% in 2018 - 2019**). This will continue to be kept under review to ensure that enquiries are made in all relevant cases
- **22%** of concerns were "repeats" i.e. had been previously referred. This has risen since 2019 - 2020 (**14.1%**) with the Police being involved for at least one concern in 47% of repeat concerns
- Over the past year there has been a shift in source of concerns. In 2019-20 the majority of concerns came from Social Care (**39%, down to 23% in 2020-2021**) and Health (**30%, down to 21% in 2020-2021**), however in 2020-21, the Police now refer the most people (**38%, up from 11%**)
- **37%** of these records relate to people aged 75 or over
- **60%** of concerns relate to women. This is similar to last year
- In relation to ethnicity, **49%** of concerns involve white clients and **22%** Asian. Given the age profile of those about whom concerns are raised this is similar to their representation in the community
- Of those that led to a full enquiry the four principle issues were neglect (**31%**), financial abuse (**20%**), physical abuse (**17%**) and psychological abuse (**17%**)
- By far the largest number of enquiries involved incidents reported in peoples own homes (**61%**), with residential care homes (**11%**), community service setting (**7%**) and mental health hospital setting (**6%**) also featuring

- **72%** of cases involved a risk originating within the person's family or other close contact group. **18%** originated with a service provider and in **10%** of cases the origin of the risk was unknown or unascertainable

### **Domestic Abuse**

Significant increase in recorded concerns (up 284%)

Significant increase in cases investigated (up 135%)

Significant increase in substantiated cases (up 225%)

- most referrals come from health and police, while only 4% were self referrals or from **family members**
- the top 2 alleged perpetrators were **family members** followed by partner
- almost a quarter of investigations ceased at the individuals request (down from the previous year)
- risk was removed or reduced in 69% of substantiated cases compared with 88% in 2019-20

### **Analysis**

In many respects the data shows the same picture as it has in previous years. The person most likely to be abused is older, female and living in her own home. At its 2020 annual review event the HSAB agreed a priority related to this issue (see Priorities section below).

It is unsurprising that numbers reported for care homes fell in the COVID period, as registered managers were primarily focused on dealing with COVID related issues and less visitors were accessing the residents. At the time of writing this report, safeguarding concerns are routinely being reported again from both home care agencies and residential/nursing providers.

Impact of COVID 19 - the full year data now supports the anecdotal experience of the safeguarding teams that incidents of domestic abuse had increased (up by 284% from the previous year). Most referrals came from health and the police, while only 4% were self-referrals or from family members. Almost a quarter of enquiries ceased at the individual's request.

Ethnicity and referrals - historically the HSAB has received generalised data about which sections of the Harrow community were reporting abuse and over recent years saw improvements to the point where in percentage terms the number being received from BAME communities was in line with the adult population. However, the Council's Business Intelligence Unit data is more detailed and suggests that of the concerns received about black/black British people, only 18% are progressed to enquiries compared to 26% for white people. The new strategic plan for the HSAB covering the period 2021 – 2024 includes an action point to look further into this issue.

In relation to Making Safeguarding Personal, a high percentage (93%) of people by the time of case closure had been asked for their required outcome. Risks had also been reduced in 81% of cases.

## 8. Deprivation of Liberty Safeguards (DOLS) activity in 2020 - 2021

Article 5 of the Human Rights Act states: "Everyone has the right to liberty and security of person. No one shall be deprived of his or her liberty (unless) in accordance with a procedure prescribed in law."

The Deprivation of Liberty Safeguards (DOLS) is a procedure prescribed in law when a person who lacks the mental capacity to consent to their care or treatment is being deprived of their liberty in a care home or hospital in order to keep them safe from harm. The procedure involves having the arrangements independently assessed to ensure they are in the best interests of the individual concerned and to give those subject to a deprivation of liberty the means to challenge this. The safeguards relate only to people aged 18 and over. If the issue of depriving a person under the age of 18 of their liberty arises, other safeguards must be considered – such as the existing powers of the court, particularly those under section 25 of the Children Act 1989, or use of the Mental Health Act 1983.

	2020-21	2019-20	Change in %
Number of active DoLS in-year	656	629	4%
Number of Applications in the full year	564	469	20%
Granted	368	338	9%
Not Granted	360	98	267%
- of which request withdrawn*	338	72	369%
Not yet signed off by supervisory body	237	369	-36%
Total applications (Granted, Not Granted and Not yet signed off)	<b>965</b>	<b>805</b>	20%
Of which Total Completed (granted and not granted)	728	436	67%
<b>Note:</b> *Request Withdrawn includes 130 deceased and 208 change in circumstances e.g. moving to a different care setting			

## Analysis

There has been a rise in the past year in the numbers of applications being made (up 4%). This compares to the national data where there has been a 3% reduction in applications received. There has been a proportionately higher number of cases where the authorisation was not granted. The non-grant of an application can happen for a number of reasons, including withdrawal – which happens if the subject dies or moves to a different setting before the application is complete. Nationally 60% of not completed cases were for “change of circumstances”. Most applications are made by care homes (89%) with hospitals making 10%. In relation to age group: 51% relate to people over the age of 65, with 49% to people aged 18 – 64.

## Review and replacement of DoLS

The Government introduced a bill in July 2018 to reform DoLS and the legislation received Royal Assent on 16 May 2019. The legislation provides for the repeal of DoLS to replace it with Liberty Protection Safeguards (LPS). The key changes include:

- applications can be made for people aged 16 and over
- LPS will also apply to people in private and domestic settings
- responsible bodies will replace supervisory bodies to authorise arrangements that give rise to a deprivation of liberty
- introduction of a pre-authorisation review
- authorisations to be renewed for a period of up to 12 months on the first renewal, or up to 3 years on any subsequent renewal

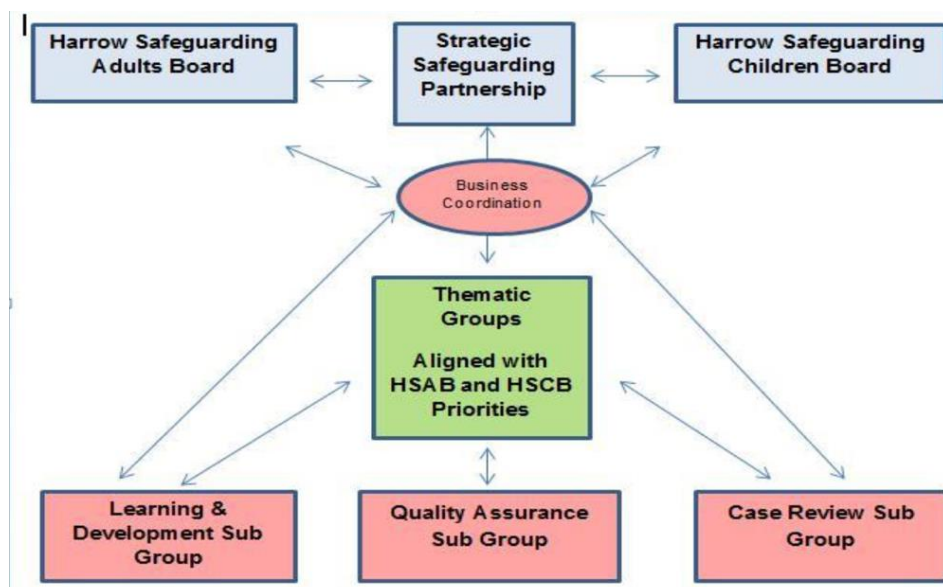
The LPS scheme was due to come into force in October 2020; this has now been postponed until April 2022.

To mark National Safeguarding Adults Week (16-22 November 2020), the LNWH NHS Trust Safeguarding Team used the theme **Awareness and Embedding #MentalCapacity #DoLS #NewDoLS** to raise staff awareness in embedding Mental Capacity Act in practice and re-introduce the new DoLS called Liberty Protection Safeguards.



## 9. Harrow Safeguarding Adults (HSAB) Subgroups

In June 2019 HSAB joined with the Harrow Safeguarding Children's Board (HSCB) and published a joint set of working arrangements<sup>10</sup>. There are a number of subgroups which carry out important functions for the HSAB. These are shared with the HSCB and are depicted in the figure and descriptions below.



### Learning and Development

This subgroup aims to ensure that learning and development activity enables organisations and their staff to embed and promote learning that comes from reviews, audits and scrutiny. The group tries to ensure an appropriate response to safeguarding concerns and improvements in professional practice.

### The Case Review Sub-group

This group considers referrals for Safeguarding Adult Reviews (SARs). It considers whether a set of national criteria (for the conduct of a formal review) are met and if so, decides how to go about the review.

In some cases when the formal criteria are not met it can undertake a local review to ensure that appropriate lessons are learned, shared and acted upon. In the past 12 months the HSAB concluded a SAR – the synopsis and learning points are covered on the next two pages.

<sup>10</sup> Accessed at <https://www.harrowscb.co.uk/wp-content/uploads/2019/06/Harrow-Safeguarding-Children-Arrangements-May-2019.pdf>

### Quality Assurance Sub Group

This group conducts regular multi-agency audits to ensure the effectiveness of safeguarding arrangements across local partner agencies. The aim amongst other things is to test whether the HSAB work plan is achieving consistent and robust outcomes for adults at risk. It will also seek assurance regarding the application of learning derived from single agency audits in Harrow and will lead on the project looking further at what happens to concerns raised by different sections of the Harrow population.

Harrow Council commissions independent audits of its case work.

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## **10. Safeguarding Adults Review (SAR)**

In October 2019 the London Ambulance Service (LAS) were called to attend a 46-year-old woman (A) at her home. They found her dead. With her was her 21 year old daughter (B). A was mal-nourished and her living accommodation was in a very poor state with significant evidence of hoarding and poor hygiene. The LAS (along with the Metropolitan Police) had previously been called to the same address on three other occasions (once in 2017 and twice in 2019) by different officials, who in the course of their work had raised concerns about the health and welfare of A and B. Throughout her adult life A had a long history of interactions with health professionals, although there were also some substantial gaps, when she might go some years without presenting herself to a health setting. She had a complicated medical history and some of her reported medical conditions were undiagnosed.

As well as B, A had another child C, who was seven years older than B. B and C both missed a lot of schooling and both received medical treatment for a variety of conditions, a significant proportion of which were never diagnosed. The large number of different and often undiagnosed medical conditions that they presented with (and this is particularly true of B) mirrored the situation of their mother.

The records of the agencies that dealt with A and her two daughters raise a number of concerns about the way that information was shared between those agencies. They also highlight opportunities for joint working and planning that were not taken or followed through.

The Harrow Safeguarding Adult's Board along with the Safeguarding Children Partnership decided that they should conduct a safeguarding adults review into this case. Because B and C were children living with A when she had care and support needs the report also looks at what impact the work of the relevant agencies may have had on B and C (when they were younger).

# QUICK REFERENCE LEARNING POINTS FROM HARROW SAFEGUARDING PARTNERSHIP'S SAFEGUARDING ADULT REVIEW "A"

## Learning about hoarding and resistant service users, elective home education and young carers and potential perplexing presentations

### Background

The Safeguarding Partnership's Case Review Group carried out a safeguarding adult review into a case following the death of a 46 year old woman (A) who:

- was the victim of a hoarding disorder
- was resistant to offers of help and support
- adopted a particularly strict diet of raw veganism
- electively home educated her children (they were 21 and 30 at the time of her death)
- had been cared for by her children who acted as young carers
- along with her children had many perplexing medical conditions

### Hoarding Hygiene and Gas Safety

"A" developed a progressive hoarding disorder. Her accommodation was also reported by neighbours as verminous. Environmental services, her landlord (to carry out a gas safety check) and the fire brigade wanted to access "A"'s property at much the same time as Harrow Council wanted access to "A" to assess her mental capacity.

**There resulted a lack of clarity in how to act as a partnership. These are all difficult issues and more join up would have improved the response.**

**We need to better understand how to manage hoarding and we need to ensure that staff know how to fast track complex and escalating cases.**

### Elective Home Education

There was a recorded safeguarding risk in relation to "A"'s children when they were removed from school.

**We need to be better at assessing safeguarding risks to children electively home educated and particularly those who are removed from school when a risk is already known.**

**Staff need to be confident in escalating concerns.**

### Young Carers

"A"'s children were identified as having young carer responsibilities. But they were not assessed because they refused to see a social worker (even though one of them was just 7 years old at the time)

**We need to work with Harrow Carers to better understand the real numbers of young carers in Harrow.**

**It is important that young carers' assessments are conducted by both children and adult services.**

We will audit these assessments to establish how effective they are now.

### Perplexing Presentations

"A" and her children had a number of perplexing medical presentations. "A" claimed to have 68 medical conditions and her daughter B claimed to have 60. Her other daughter C also had many medical issues. Dealing with potential Fictitious and Induced illness is very complicated and while this issue was considered by professionals dealing with A, B and C it was not fully investigated.

**We need to ensure that professionals know and understand the Royal Colleges Pathway for perplexing presentations - and**

**We need to review our procedures to ensure that they are clear and work for staff dealing with this issue**



### Resistant Service Users

"A" as a resistant service user posed problems for frontline workers wanting to respect her right to self-determination while wanting to safeguard her from the harm she was exposing herself to.

**In such cases we must ensure decisions are multi agency and that staff receive good senior staff support.**

### The Safeguarding Response

"A"'s case generated significant activity. Quite a lot of it failed to reach a proper conclusion. A request for a mental health assessment received no result. Requests to other agencies for social workers to accompany them when they enforced court orders, although potentially a helpful idea, did not result in an effective joint visit. The safeguarding case appeared to have been closed too early and against the wishes of operational staff.

Since these events the Mental Health Trust has changed the way it logs requests for assistance. The Council has updated its hoarding and self-neglect policy. We now need to check on the effectiveness of these changes, **ensure that staff who wish to escalate concerns know how to do so and we need to ensure that we have a shared and effective understanding of how social workers and other agencies can work together to gain entry to premises for assessment purposes.**

## 11. Communication

HSAB communicates its work to its partners and the wider community in a number of ways. The regular quarterly newsletter is a well-received and widely read. In the past year it has covered items as diverse as:

- Lessons from safeguarding adult reviews
- Safeguarding annual data and the Annual Report 2019 - 2020
- User voices
- Drink wise, age well
- Covid 19 vaccination guides
- Disability Hate Crime
- Transition in safeguarding work
- Scams
- Modern slavery and human trafficking
- The Herbert protocol for missing (vulnerable) people
- LPS updates
- Training opportunities
- Making Safeguarding Personal/self-neglect
- DNARs and purple self-respect forms



Copies of all the HSAB newsletters can be found at:

<https://www.harrow.gov.uk/adult-social-care/staying-safe?documentId=13072&categoryId=210263>

## 12. Learning Disability Mortality Reviews 2020 - 2021 (LeDeR)

The NHS has a crucial role to play in helping people with a learning disability, autism (LD&A) or both to lead longer, happier and healthier lives. One of the commitments within the NHS Long Term Plan is for the NHS to reduce health inequalities for people with learning disabilities, by taking action to prevent avoidable deaths through learning from deaths reviews. The following information is taken from the North West London 2<sup>nd</sup> annual report for 2020 – 2021 as it specifically relates to Harrow:

- a newsletter was developed for people with learning disabilities and / or autism and their carers
- GPs in Harrow were provided with Annual Health Check for Learning Disabilities training at a local level and more widely to PCNs. Training for the key workers who support patients to attend GP appointments was provided to ensure the health action plan is incorporated into individual reviews and care plans
- additional LD&A Hospital Liaison Nurse resource through London North West NHS Trust was, approved and implemented
- host commissioning arrangements at Harrow Cygnet ensured that all service users and staff had adequate access to PPE, COVID-19 Testing and COVID-19 vaccinations
- Harrow Parents Forum did a Parent Carer Survey looking at children/young person's Special Education Needs during the pandemic.
- the Harrow Association of Somali Voluntary Organisations increased its work focussing on COVID-19 awareness as BAME groups saw a disproportionate level of COVID-19 infections and death
- Harrow CCG commissioned Community Connex to support and encourage people with LD to have their Annual Health Checks
- Harrow CCG commissioned the Centre for ADHD & Autism (CAAS) to support with pre-screening for autism and post diagnostic group work. CAAS were also commissioned to offer ADHD follow-up support for adults diagnosed with ADHD and further to titration
- all Care Homes in Harrow now have an identified 'link GP', this has enhanced the vaccination response to the COVID-19 pandemic
- Harrow Health GP Federation has been commissioned to provide patient level support with Quality Outcome Framework (QOF) data on Annual Health checks to Harrow GPs. This has helped to ensure that 77% of people with LD access annual health checks



- training on Annual Health Checks for LD and STOMP has been provided at the Practice Managers Forum, the Practice Nurses Forum and a selection of Primary Care Networks meetings
- the Care Provider Support Group (CPSG) was set up in Harrow nearing the end of the first wave of the pandemic to bring together the CCG, Local Authority, Community Health Care Trust, and Public Health. The main aim of this group was to offer support to 33 providers in all care settings by offering training, and the support of an Infection Prevention & Control (IPC) nurse and the Care Homes Response Team. In collaboration with Harrow CCG and Harrow Local Authority a senior (IPC) nurse was deployed from December 2020 to support the various homes via supportive home visits to audit and review IPC practice and environment
- delivery of IPC training to all staff in the Care Homes and development of a checklist to monitor compliance. The support contributed greatly to the reduction of LD deaths within the second wave of the COVID -19 Pandemic as evidenced in the number of deaths allocated to the LeDeR team
- urgent Provider Concerns meetings were organised to address gaps in practice within the LD Nursing Homes and to support them as necessary

The following case study from Community Connex (previously Harrow Mencap) highlights the positive results for individuals when annual health checks are undertaken.

### Case Study

One of our clients with a learning disability, N, had a very positive experience while going for an AHC. He discovered that he was at risk of diabetes. After learning this, he was supported to change his lifestyle, and has reduced his diabetes risk significantly.

He now feels more empowered to eat well, exercise more, and take care of his health; this has improved his quality of life.



### 13. Training

Alongside the training undertaken by individual partner organisations, the HSAB organised some other sessions which are shown below. Due to the COVID 19 restrictions with everyone working remotely and time taken for “virtual” events to be developed and delivered, the numbers of staff trained in 2020 – 2021 were significantly lower than in previous years.

Mental Capacity Act basic	8
Mental Capacity (Edge Training Consultancy)	31
Joint HSAB HSCB Conference (Contextual Safeguarding/County Lines)	182
<b>Total</b>	<b>221</b>

#### **HSAB partner training activity examples:**

- Three-monthly training days for new PCs/TDCs implemented and new CSU training introductory course started 26/07/21 (Met Police)
- Mental health first toolkit for adults and young people training delivered to staff 2021 (CLCH NHS Trust)
- Community Connex (previously Harrow Mencap) now have 4 trained safeguarding leads across the organisation which covers all areas of Community Connex. They currently meet weekly and have just had the first internal Safeguarding Forum for the organisation.

#### **Joint HSAB HSCB annual conference 2021**

Contextual Safeguarding was chosen for the 2021 Joint Safeguarding Conference as it remains one of the two Boards’ shared top three priorities in Harrow. A synopsis of the event is shown on the following page.

## JOINT ANNUAL SAFEGUARDING CONFERENCE 2021 – CONTEXTUAL SAFEGUARDING

### Our First Virtual Conference!

This was the joint Safeguarding Boards' first conference delivered through MSTeams because of the restrictions in place for the pandemic. The format followed previous arrangements as closely as possible to ensure delegates had access to the key-note presentations as well as a good range of workshops. The usual partnership networking that takes place at our annual conferences was limited by its virtual delivery, but by running the event we learned much about how we can succeed in delivering such learning events through new ways of working. Attendance was good throughout the event, with 185 delegates joining. Feedback has been very positive with many saying it was the best conference we had run so far – **Well done to the Conference Planning Team!**

### Nazir Afzal OBE

We were delighted to have Nazir as one of our key-note speakers. Amongst a number of relevant positions Nazir previously held the position of Chief Crown Prosecutor and came to share his legal perspective on exploitation.

During his 24-year career, Nazir prosecuted some of the most high-profile cases in the country, including the Rochdale grooming gangs. His work has been ground-breaking, and he has campaigned tirelessly on a range of issues including Violence against women and girls, and honour-based violence – helping to change the landscape of safeguarding.

Nazir's passion and commitment inspired the audience, with many delegates reporting a new energy and vision for addressing contextual safeguarding. Nazir makes protecting the vulnerable his business and everyone's business – both on a professional and personal basis: Listening to what children and vulnerable adults tell us whether by verbal means or their behaviour is key and we must all be receptive to the signs – and acting on these.

### Dez Holmes

Another much respected and high-profile lead in contextual safeguarding, Dez Holmes joined us to share her vision for supporting young people into adulthood. Dez is the Director of Research in Practice, a not-for-profit organisation that since 1996 has been supporting those who work with children, families and adults to use evidence in their practice and leadership. She has a vast knowledge and expertise in early intervention, adolescent risk and transitional safeguarding. Dez challenged existing arrangements and presented thought provoking approaches which focussed on systems and not a service approach to the needs of young people. Much of her thinking has been influential with national bodies, policy makers and with our local arrangements for responding to victims of exploitation and youth offending.

### 'Rhiannon' - Marie Collins Foundation - voice of a survivor

'Rhiannon' courageously shared her experience of being groomed as a young teenager and talked about the impact on her into adulthood and on family relationships. This much needed perspective strengthened our understanding of the complexity and confusion faced by young people in managing normal transitions into adulthood - alongside risks, threats and actual harm presented by skilled perpetrators.

'Rhiannon's' mature reflection on her past is used to give valuable insight into the dilemmas faced by young people who often feel isolated in such circumstances and manipulated to feel guilt and responsibility – acting as a powerful obstacle to them seeking help. The HSP is collaborating with the Marie Collins Foundation to enhance the contextual safeguarding training offer across Harrow.

### Conference Workshops

The event was supported by an excellent range of specialist workshops – drawing upon both national and local knowledge and skills:

**Rescue & Response** – an intelligence led service for exploited young people run by St Giles in collaboration with statutory and voluntary services

**Red Thread** – Trauma informed support for young people affected by violence

**National Referral Mechanism** – intelligence network to respond to exploitation by trafficking

**Community Safety** – a local response to 'Cuckooing' and 'County Lines'

**Ignite** – Substance misuse and 'County Lines'

**NWG** – Exploitation in Sport – prevention and response

**VVE Team** – The role of film, music and social media in exploitation



## 14. Strategic Plan 2021 – 2024

A strategic plan for 2021 – 2024 was agreed by the HSAB at its meeting in March 2021. It is published as part of the Board's legal responsibilities under the Care Act 2014.

In the plan the HSAB publicises how it intends to work together as a partnership to make Harrow a safe place for adults who have care and support needs or who are vulnerable in other ways. A copy of the HSAB Strategic Plan can be found at:

<https://www.harrow.gov.uk/downloads/file/29124/hsab-strategic-plan-2021-24>

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## 15. Partner approaches to HSAB priorities 2020 - 2021

HSAB partners have not only been working together in partnership to deliver HSAB's priorities, but also within their own organisations they have been developing initiatives and new practice to ensure continuing improvement. Here are some examples of new and improving practice provided by HSAB members

### Making Safeguarding Personal

#### Making Safeguarding Personal

Despite the difficulties of face to face contact with clients in 2020 – 2021, 93% of people were asked what outcome they were seeking and outcomes were achieved in 87% of cases.

(LBH Adult Social Care and CNWL Mental Health Trust)

### Domestic Abuse



#### Domestic Abuse

Domestic violence and abuse training was provided to GP receptionists by the CCG in view of the increase of DA cases during the Covid 19 national lockdown. This was achieved by collaborative work with the VAGW (violence against women) Team who commissioned Hestia to deliver the training.

**Domestic Abuse**

Introduction of a safeguarding newsletter which featured Domestic Abuse in its second edition (Royal National Orthopaedic Hospital - RNOH)

**Domestic Abuse**

During the Covid 19 pandemic the Acute Hospital Trust saw a sharp rise in domestic abuse cases. This provided an opportunity for the safeguarding team to develop Domestic and Sexual Abuse (DSA) Safety Planning information in the PULSE Newsletter and Trust Intranet. The Trust received a lot of positive feedback after sharing the DVA Safety Plan with members of the Safeguarding Adults Boards and Children Partnerships.

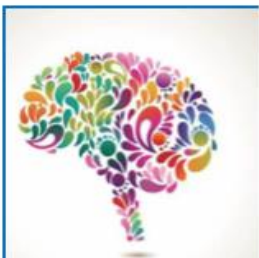
**Contextual Safeguarding**

Westminster Drug Project (WDP) published safe places i.e. victims of Domestic Abuse were able to access safe places at Boots pharmacy where they could contact services for support).

**Domestic Abuse**

CNWL has a new Domestic Abuse Coordinator. Her role is split between CNWL and West London NHS Trust. The role has been created following the Trusts' participation in the pilot Pathfinder project, which aimed to achieve best practice for health services in their response to domestic abuse.

## Mental Health and Wellbeing



### **Mental Health**

CNWL MH NHS Trust has established a safeguarding interface meeting to work with partner agencies to resolve local pathway issues.

### **Mental Health**

At RNOH, mental health cases are discussed in the complex case meetings before admission. This has been productive and has brought about positive outcomes as well as timely management of patients who are admitted with mental health issues. Having the in-house Psychiatry team as part of the complex case meetings ensures proactive pre and post management of mental health patients.

**Contextual Safeguarding** - this seeks to understand and respond to people's experiences of significant harm beyond their families. It recognises that the different relationships that people form among their peers, in their neighbourhoods, in their schools (in the case of children and young people) and online can involve or lead to violence and abuse.

### **Contextual Safeguarding**

The Acute Hospital Trust set up a contextual safeguarding network with multi-professional membership such as Doctors, Nurses and Allied Health Professionals who meet regularly. The Trust also has Contextual Safeguarding Posters on display.



The Metropolitan Police have created a dedicated hate crime team to provide an enhanced response to victims across all communities. The team will ensure minimum standards of investigation are met, offenders are brought to justice swiftly, repeat and linked series offences receive a proportionate level of response.

## COVID 19 specific

WDP created a vulnerable service user spreadsheet which highlighted all the service users who met the vulnerability criteria for COVID-19. Those service users who were prescribed Opiate Substitute Therapy (OST) had their prescriptions delivered to the pharmacy.

Single point of contact /duty system in place 7 days a week during COVID-19 (CLCH NHS Trust)

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## 16. HSAB priorities 2021 – 2022

The following priorities were agreed by the HSAB at its business development events in 2020 and 2021

**Multi agency partnership work and particularly our relationship with HSCB: what we need to focus on:**

- create and support a training programme for the Police to facilitate more successful investigations where crimes appear to have been committed against vulnerable people
- for Harrow Council to sign up to an Appropriate Adult Scheme (which ensures that vulnerable adults in police custody receive appropriate help and support)
- redesign the future multi-agency training programme particularly in the light of COVID19
- involve care homes in the wider safeguarding agenda (including prevention) in different ways - wherever possible using existing provider forums
- analyse data for adults at risk living at home and develop a strategy to improve preventative work targeting that group
- revisit and refresh the membership of the HSAB ensuring good adults' representation at the main meeting and all subgroups
- participate in the London SAB "user voices" work including recruitment of users for the HSAB

**Relationships with and between health commissioners and providers: what we need to focus on:**

- monitor the numbers of actual annual health checks carried out by GPs for people with a learning disability
- ensure that adult safeguarding is built into the functions and processes of the ICP, as it develops over the next 12 – 18 months

**Data set: what we need to focus on:**

- develop an HSAB data set with analytical capability that can cover all the HSAB partners focusing on people living in their own homes
- explore why there are proportionately less enquiries progressed for Black people adjusting for relative population sizes

**Quality Assurance: what we need to focus on:**

- recruit at least one lay member for the HSAB
- ask the QA sub-group to identify one key area from the data set for a multi-agency audit
- ensure that the QA subgroup is provided with audit reports compiled by the Statutory Agencies (NHS Trusts; Police and Adult Social Care)

**Access to Justice:            what we need to focus on:**

- create and support a training programme for the Police to facilitate more successful investigations where crimes appear to have been committed against vulnerable people (repeated from above)
- for Harrow Council to sign up to an Appropriate Adult Scheme (which ensures that vulnerable adults in police custody receive appropriate help and support)
- ask business intelligence to run a report on cases where criminal prosecution is an outcome, compared to the number of requests for legal redress asked for at the outset of the enquiry
- seek reassurance from the CPS about their performance in conjunction with the police and other service providers

**User voice:                what we need to focus on:**

- monitor and support the local implementation of Liberty Protection Safeguards (LPS) for April 2022
- develop a way of accessing the user voice through remote working
- explore training packages for those chairing or leading remote sessions
- develop a strand of work around homelessness
- explore why there are proportionately less concerns raised for Asian people adjusting for relative population sizes

**Development on or changes to existing priorities:            what we should focus on:**





- ask Age UK to consider a campaign for older people living at home related to fraud, scams and financial abuse possibly in cooperation with the Trading Standards Team
- oversee implementation of the recommendations from the current SAR including more focused work on self-neglect
- collaborate with the HSCB in running the 2022 joint conference

## Appendix 1

### JOINT PRIORITIES 2019 To 2021



#### **'THINK WHOLE FAMILY'**

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

The following financial contributions were made to the HSAB by its partners:

Organisation	Contribution
Harrow Council	£100,000
Harrow Clinical Commissioning Group	£10,000
London North West University Hospitals Trust	£5,000
Royal National Orthopaedic Hospital	£5,000
London Fire and Rescue Service	£500
Metropolitan Police	£5,000



## How to report abuse

### Further information and contact details

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

[www.harrow.gov.uk/safeguardingadults](http://www.harrow.gov.uk/safeguardingadults)

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

[safeguarding.adults@harrow.gov.uk](mailto:safeguarding.adults@harrow.gov.uk)

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

[\(ahadultsservices@harrow.gov.uk\)](mailto:ahadultsservices@harrow.gov.uk)

If you are concerned about an adult with care/support needs that might be at risk of harm and want to make a referral for a younger person (aged 18 – 65) with mental health difficulties, this can be done through 0800 023 4650 (CNWL single point of access: SPA).

[\(cnw-tr.mentalhealthsafeguardingharrow@nhs.net\)](mailto:cnw-tr.mentalhealthsafeguardingharrow@nhs.net)

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

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

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

Civic Centre

PO Box 7,

Station Road, Harrow, Middx. HA1 2UH



Harrow  
Safeguarding  
Partnership



HARROW  
SAFEGUARDING  
CHILDREN  
BOARD

***ANNUAL REPORT 2020 – 2021***  
***THINK WHOLE FAMILY***

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## 1. Foreword

This is the second annual report that we have produced as the Safeguarding Partners for Harrow. It explains how we have performed in relation to our safeguarding plan which you can see if you visit our website.<sup>1</sup>

In this report, you will be able to get a picture of Harrow as a place to live and you will see how most children here thrive in their homes, schools and communities. You will also be able to see the steps that we take to ensure that children are kept safe from harm and are allowed to develop happily and healthily.

The past year has been dominated by Covid-19 and the three partners to these arrangements have all had to adopt new ways of working, in order to ensure that the business of ensuring the welfare of children could continue. You will see some of that story in this report.

The tasks of safeguarding children and adults at risk share many common features and often involve people from the same families and communities. Our way of ensuring that these two safeguarding disciplines are as coordinated as possible is to adopt a “Think Whole Family” approach. Under this banner we have prioritised our work in the fields of domestic abuse, mental health and well-being and contextual safeguarding<sup>2</sup>, because they represent safeguarding cross over areas.

We believe that Harrow has a strong and effective safeguarding partnership. Recently an Ofsted review of the safeguarding and child protection arrangements in Harrow commented on the maturity and strength of our partnership work.

We want to thank the organisations that contribute to our work and to acknowledge the excellent partnership of the statutory and voluntary agencies.

We also want to pay tribute to the workforce who, in this most difficult of years, have worked hard to keep children safe, ensure their welfare and make Harrow a place where families can thrive.

Harrow Safeguarding Partnership



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<sup>1</sup> <https://www.harrowscb.co.uk/wp-content/uploads/2019/06/Harrow-Safeguarding-Children-Arrangements-May-2019.pdf>

<sup>2</sup> **Contextual Safeguarding** seeks to understand, and respond to people’s experiences of significant harm beyond their families. It recognises that the different relationships that young people form among their peers, in their neighbourhoods, in their schools and online can involve or lead to violence and abuse.

## 2. Evaluation of the effectiveness of the Harrow Safeguarding Partners' child safeguarding and welfare arrangements by Chris Miller

Key:	
✓	= Good
#	= Some Work to Do
X	= Much Work to Do

### Introduction

The Harrow Safeguarding Partners<sup>3</sup> as part of their arrangements to safeguard children and promote their welfare are required to demonstrate that they are open to independent scrutiny<sup>4</sup>. I have been appointed to offer independent scrutiny of these local arrangements and this is my assessment of how those arrangements have performed over the past year.<sup>5</sup>

### Response to Covid-19

The year to which this report refers has been dominated by Covid-19. It caused the partners to re-evaluate how they were going to carry out their functions, with many staff absent, diverted to other priority activity or constrained by lockdown rules from having normal person to person contact. The partners demonstrated resilience and resourcefulness adapting operational, leadership and training systems to cope with a significant forced change to their normal processes. The steady progress towards more agile working was accelerated considerably and the children's workforce quickly adapted to new ways of doing business, using video and phone conferencing in a way considered inconceivable prior to 2020. Incorporating these new tools into their work in a way that benefits children and families will be a challenge for the next year or two. ✓

### The three core Safeguarding Partners<sup>6</sup> are actively involved in strategic planning and implementation

The three core Safeguarding Partners own the Harrow safeguarding arrangements together. They have devised a system for ensuring shared leadership of the strategic partnership group and they are reasonably well represented across the subgroup structure that is an important constituent part of the arrangements. They set the agenda for the partnership together and contribute fully in the development of the strategic plan. There has for some time been a deficit in the way in which the partners set about funding the arrangements. I have commented on this

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<sup>3</sup> These are Harrow Council, The Metropolitan Police and The Harrow Clinical Commissioning Group

<sup>4</sup> Section 16 G (3) Children Act 2004

<sup>5</sup> These safeguarding arrangements replaced the Harrow Safeguarding Children Board as of June 2019.

<sup>6</sup> These are Harrow Council, the NWL Clinical Commissioning Group and the Metropolitan Police

many times before. The arrangements are adequately funded because the Local Authority ensures that this is the case, but the way in which this occurs is inequitable. Involvement of Key Partners ✓ Funding Arrangements ✗

#### Involvement of Wider Safeguarding Partners ( Relevant Agencies)

The Safeguarding Partners must, not only make their own arrangements to coordinate their activities to safeguard children and protect them from harm, but also include other agencies in these arrangements<sup>7</sup>. These other agencies, called Relevant Agencies should then act in a mutually cooperative way to ensure the effectiveness of the local arrangements. The Harrow Safeguarding Partners have identified a significant range of relevant agencies<sup>8</sup>. These agencies have been effectively engaged in the arrangements since their inception. They have demonstrated this through their contribution across a range of meetings and activities and involvement both as attendees and leaders of various subgroups. The engagement of schools and colleges at all levels is particularly effective. ✓

#### Learning from reviews and incidents

It is a responsibility of the Safeguarding Partners<sup>9</sup> to identify serious child safeguarding incidents, to review them as appropriate so that improvements can be made. A developing strength of the Partnership is the way in which it has developed a flexible and cooperative approach to conducting reviews. This report includes the details of three different kinds of review, each of which is seeking to embed learning across the children workforce. The Harrow Safeguarding Partners have a good system for identifying incidents, a well organised group of multi-agency professionals that move these cases forward and a strong learning ethos which ensures that lessons learned go on to improve practice. Furthermore, the strong audit regime established by the Partners ensure that learning is revisited and embedded. ✓

#### Enquiry and Challenge

This is one of the key activities that Safeguarding Partners need to have in place. Harrow's arrangements are strong in this respect and the QA section of this report illustrates multi-agency energy that is put into ensuring that practice is scrutinised and improved. This area of work has been strengthened over the past twelve months by the inclusion of scrutiny of adult safeguarding information in the QA subgroup as part of the Think Whole Family ethos of the Partnership. ✓

#### Information Sharing

One particular issue that has arisen in the past twelve months is the uncertainty that the children's workforce demonstrate on the need to share information across organisational boundaries and the permission (and duty) that they have to do this. There remains

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<sup>7</sup> 16 E (2) Children Act 2004

<sup>8</sup> Accessed at Appendix 1; <http://www.harrowscb.co.uk/wp-content/uploads/2019/06/Harrow-Safeguarding-Children-Arrangements-May-2019.pdf>

<sup>9</sup> Section 16 F Children Act 2004

significant confusion among the workforce on the role that parental consent has in the sharing of a child's personal data, in circumstances where the safety or welfare of a child requires to be assessed. Given the frequency with which information sharing arises as an improvement issue in serious case reviews and child safeguarding partnership reviews, this is a matter that the Partnership needs to resolve , so that their staff can be confident in their knowledge about this aspect of their work **X**

#### Understanding performance information

This is an improving picture. We have a rich data set provided by Harrow Council. The Metropolitan Police following its restructure continues to work on its data provision to the partnership. Health provider data has improved and developed over the past 12 months. Compounding all the data that is available will further improve the picture of what is happening. There is though real determination among the partners to get this right **✓**

#### Working strategically with other partnership boards

Partnership work is a strength of these arrangements and there is a real commitment to work together with other partners and boards wherever there is mutual advantage to be had. The annual conference this year was conducted jointly with Harrow Safeguarding Adult Board (HSAB). I chair the HSAB as well as chairing and scrutinising the work of the children's safeguarding arrangements. I am also a member of the Health and Wellbeing Board and take part in the joint strategic need analysis working groups. Both the Safeguarding Boards work well alongside Safer Harrow **✓**

#### Children, young people and families are aware of and involved with plans for safeguarding children

Ensuring that children and their families play a part in setting the agenda for the Safeguarding Partners is a challenge for all Partnerships. Harrow has done some exciting and innovative work with Young Harrow Foundation in the past and recently with Harrow Public Health to capture a wide range of children's opinions and voices. The work with Voluntary Action Harrow sees that opinion seeking work carried out into Harrow's diverse communities. Finding a way to embed the child's voice into service planning still requires a further step up, but there is much to build on. The HSCB's Business Development Day for 2021 has been structured around the findings of the Children and Young Persons 'How Are You' survey to inform our future focus and activity **#**

*Chris Miller*

**Chris Miller**  
**Independent Chair and Scrutineer**  
**Harrow Safeguarding Partnership**



### 3. Harrow at a Glance (31<sup>st</sup> March 2021)



Overall Population (ONS midyear estimate, 2020)	252,300
Deprivation (Where 1 is most deprived Local Authority Area in England). This index is updated every few years. In 2015 Harrow was more or less in the same place.	207/ 317(England) 27/33 (London)
Deprivation Affecting Children (Where 1 is the Local Authority Area which has the most deprivation affecting children) This has improved markedly since 2015. That year Harrow was 140/326 <sup>10</sup> in England and 25/33 in London.	199/317 (England) 30/33 (London)
Number of Primary Schools	41
Through Schools (Ages 5-18)	1
Independent Schools and Colleges	13
Number of Secondary Schools / Sixth form colleges/ Tertiary Education Colleges	15
Special Schools and Alternative Provision	6
Children in Borough (up 3% in 12 months)	64,000
Children from a Black, Asian or Multi and Mixed Ethnic Background	(75%)
Number of Contacts in MASH (1 <sup>st</sup> April 2020- 31 <sup>st</sup> March 2021) (+ 2% in 12 months)	9,971
Number of social work assessments ( broadly the same as last year)	2600
Number of Children on Child Protection Plans (31 <sup>st</sup> March 2021) (+12% in 12 months)	298
Number of Children Looked After (LAC) (31 <sup>st</sup> March 2021) (broadly same as last year)	184
Number of children fostered privately by someone who is not closely related to the child ( broadly same as last year)	5

#### **Commentary**

Harrow is on the whole a prosperous borough. Most of Harrow's resident children thrive in their families and achieve excellent educational results in our schools, which are among the best in the country. Harrow has one of London's most diverse populations and the communities in

<sup>10</sup> Since 2015 a number of England Local Authorities have merged.



which they live generally cooperate well. That helps to make Harrow an enriching place in which to live, learn, work and take leisure. Compared with London, the UK as a whole and other local areas which share our characteristics (our statistical neighbours) the number of children on child protection plans and being looked after by the Council is relatively low.

During Covid-19 we experienced a small increase in the number of referrals into our multi agency safeguarding hub (MASH). The MASH is a collaborative group of professionals, who have access to a wide range of information who help ensure that the best intervention from a menu of possibilities is offered to the family. Mostly, whatever concerns there are can be helped through a range of support called universal services i.e. they are available to everyone and it's just a matter of the family accessing them. If, however, following a formal assessment the child or family is found to need additional help which goes beyond what universal services can provide then as a child in need, with the family's consent, we provide to them additional support and help.

Sometimes the assessment of a family's circumstances and needs finds that a child is at risk of some harm. In those instances, we place the child on a child protection plan and we work with families to reduce the risk. Over the past 12 months although there has been little change to the number of assessments taking place there has been a noticeable increase in the number of children on such plans. We are not wholly sure what the cause for this is and we continue to analyse it closely and the numbers, which were higher in the latter part of 2020 are beginning to recede.

When the risk to a child 's safety or welfare is too high the child has to leave the family home (often temporarily) to live in an environment, where we know that the child's safety is assured. The number of cases in which the Harrow partners have taken this action has remained broadly the same in the past 12 months.



## 4. Progress on Priorities



### Preventing harmful behaviours

#### 1. MENTAL WELLBEING

- Promote an early intervention and prevention approach to mental ill health with a focus on harmful behaviours, including self-harm and suicide
- Promote collaboration between services and agencies at all stages of assessment and intervention
- Consider how multiple vulnerabilities impact mental ill health such as substance misuse and domestic abuse

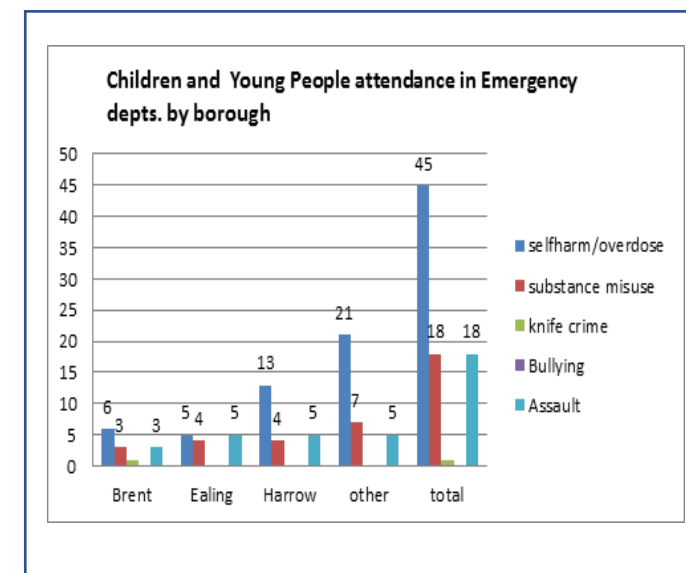
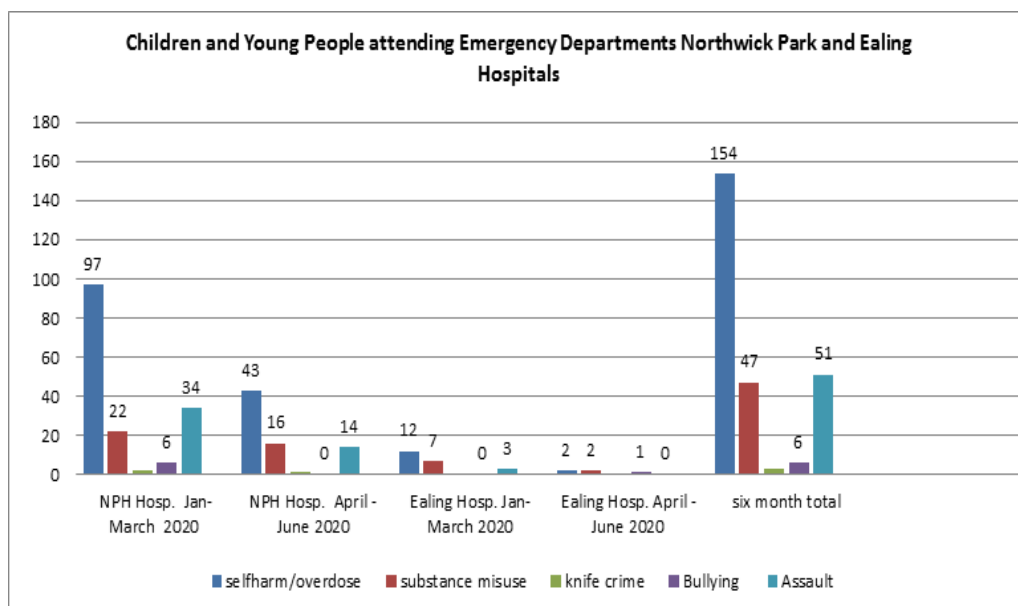
### What was achieved?

- **Impact of Covid-19 and Lockdown**

Mental Wellbeing was an existing priority for the HSP before the impact of the Pandemic, but it became even more relevant as the effects of the virus and the isolation took hold. With children and young people kept away from their normal school environment, local and national services began to see an increase in associated stress and anxiety. Local agencies' business continuity plans quickly responded by setting up a wide range of targeted support, including an enhanced offer from the Education Psychology Service and Central North West London NHS Trust. The HSP assisted with communications across the partnership and with schools, to ensure that the range of mental health support was clearly signposted.

- **Follow up from previous Safeguarding Annual Conference (2020) on Mental Health, Self-harm and Suicide Awareness - Scrutiny of A&E Attendances:**

The issue of children and young people's mental health was identified as a priority area by children and young people themselves in a survey undertaken in 2019 by the Young Harrow Foundation. The QA sub-group sought detailed knowledge and a breakdown of data from London Northwest University Healthcare Trust on children and young people seen at Northwick Park and Ealing hospitals for self-harm, overdose, substance misuse and bullying. There is an overlap with criminal exploitation and so data on those seen for knife wounds and other forms of assault were also examined. Data for the first six months showed the following picture for the region (including children seen at the two hospital from other areas):



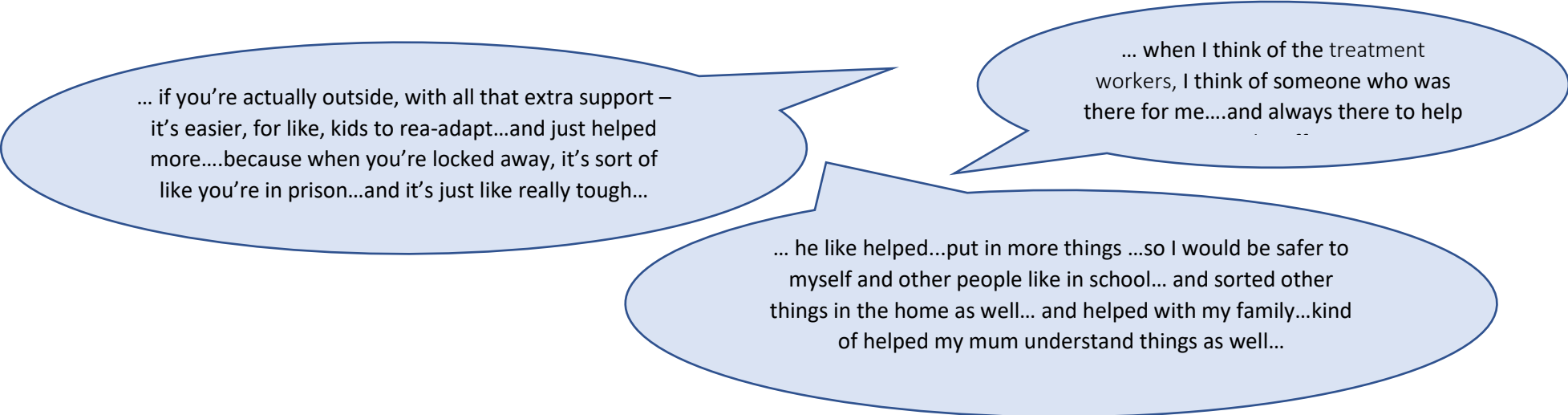
In response to increasing demand the Child and Adolescent Mental Health Service (CAMHS) set up a new Adolescent Treatment Service in 2019 with the Urgent Care Team (UCT) for five boroughs including Harrow. Covid-19 had a significant impact on bed capacity for young people suffering acute mental illness. To prevent them from being assessed in unsuitable hospital settings an emergency assessment hub was set up

Throughout the Lockdowns, CAMHS UCT continued to provide face to face contact with their service users. Their aim was to prevent hospital admissions and to offer treatment in the community wherever safe to do so. However, should a child be hospitalised intensive work is undertaken to ensure the earliest but safe discharge possible. Robust follow-up from the UCT then takes place. Our review of the impact of Covid-19 over time on Mental Health activity shows:

- In March/April 2020 (lockdown begins) the demand for mental health services vanished for a while.
- In July 2020 the demand rose significantly and, in particular children were presenting with more acute conditions.
- In August 2020, there was a surge in referrals.
- In September 2020 there was the highest number of referrals ever seen. Presentations were even more severe, including self-harm and crisis presentations. Many issues had been hidden during Lockdown but were emerging and identified as children returned to school.

**Think Whole Family:** In a number of cases, when practitioners visited young people in their homes, it was found that other family members were suffering with Covid-19/Lockdown mental health issues, so referrals were also made for adult services.

ACT seeks to gain feedback on a regular basis from the young people it works with to help ensure services are responsive to them



... if you're actually outside, with all that extra support – it's easier, for like, kids to re-adapt...and just helped more....because when you're locked away, it's sort of like you're in prison...and it's just like really tough...

... when I think of the treatment workers, I think of someone who was there for me....and always there to help

... he like helped...put in more things ...so I would be safer to myself and other people like in school... and sorted other things in the home as well... and helped with my family...kind of helped my mum understand things as well...

### **Social Workers in Schools Project**

The Social Worker in Schools Project started in November 2020 and is funded by the Department for Education. Six social workers are working in six different secondary schools, with a manager overseeing the project. The social workers provide on-site support to schools to provide preventative help, early support and safeguarding expertise. This arrangement embraces collaborative working between schools and Children's Social Care and allows for early advice and intervention. The schools were selected on criteria set by the project's evaluation team from the University of Cardiff.

The team have worked hard to make themselves visible and accessible to staff and pupils in the schools and early indications are positive – to the point that the project has received funding for an extension.

Cases still go through the MASH for consistency of approach but are then allocated to the social worker attached to the school, so that they can work directly with the child and their family.

The Lockdown caused some initial problems of accessibility, but the project made good impact as soon as children returned to school. Feedback from staff, children and their parents has been very positive. In particular, the surge of associated stress and anxiety for children and their families has been responded to by a range of support provided directly by the social workers or by them quickly identifying specialist services. Drop-in sessions have been set up for parents and children and it is noticeable that parents have been comfortable in seeking advice from social workers about their relationship with their children. This is not likely to have been the case had the social workers not built up relationships within the schools.

The early work with children and young people is intended to reduce risk at a later stage. The University of Cardiff's final evaluation will be reported upon in the HSCB's next annual report.

The Team:



### **Schools – Designated Safeguarding Leads (DSL) Forum and Mental Health**

Each school is required to have a designated safeguarding lead (DSL). In Harrow the DSLs are supported by a council run forum which enables the discussion of innovation, good practice and concerns. They also support each other in their role.

Schools and Colleges in Harrow have had to work tirelessly to support children through the impact of Covid-19, the Lockdowns and the consequent home-schooling arrangements. They have remained alert to increased welfare and safeguarding issues brought about by the isolation such as domestic abuse, stress and anxiety – as well as families affected by unemployment and/or financial pressures. Schools and colleges were supported with the increasing welfare and safeguarding concerns by local statutory services and significantly the voluntary sector who made every effort to make their offers as visible and accessible as possible.

School and college staff also stepped up to the additional requirements for Covid-19 testing, managing the practical and emotional issues that entails for the children, their families and for staff.

The DSL Forum was used to highlight the mental health and wellbeing support available across Harrow and allow for discussion about issues emerging for schools during and post Lockdowns. Specialists from a wide of services attended the HSCB's DSL Forum throughout the year, including



**youngharrow**  
foundation

Clinical Psychology in  
Harrow Virtual School

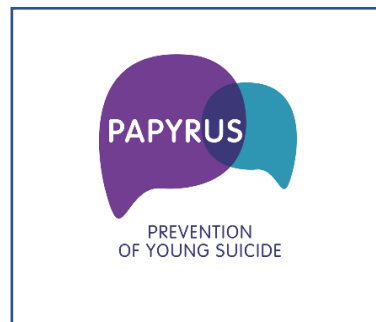


**Early Support**  
Small Steps – Lasting Change

Compass  
Young People's Substance  
Misuse Service  
Harrow  
*Building a Better Life*  
Compass

The Central and North West London  
NHS Foundation Trust  
The Harrow Children  
Looked After Health team

Virtual School for Looked After Children-  
Hampshire  
Attachment Awareness in Schools  
Harrow  
**kca.**  
KATE CAIRNS ASSOCIATES



Free training and workshops –  
Young People and Problem  
Gambling  
GamCare - bigdeal.org.uk





Through a welfare lens



## 2. CONTEXTUAL SAFEGUARDING

- Target the contexts in which that abuse occurs, from assessment through to intervention
- Develop partnerships with agencies who have a reach into extra-familial contexts e.g. transport providers, retailers, residents' associations, parks and recreation services
- Monitor outcomes of success in relation to contextual, as well as individual, change

- **The Violence, Vulnerability and Exploitation Operational Group (VVE):** The introduction of this multi-agency operational group which meets daily has significantly strengthened the flow and timely sharing of intelligence regarding young people affected by sexual and criminal exploitation – both in relation to individuals at risk or those posing risks - and in terms of local and cross border developments such as gang activity, county lines and the exploitation of vulnerable adults.

The VVE Group and the MASH (Multi-agency Safeguarding Hub), MACE (Multi-agency Child Exploitation Panel) and the Community Safety Unit work in partnership to ensure that early intervention to support individuals and local communities is prioritised. The work is supported by a secure information sharing system - ECINS<sup>11</sup>, which enables those in key practitioner roles to deliver effective case management.

- **Dedicated Team:** Harrow's commitment to address the growing concerns of exploitation and youth violence (local and national) has led to the establishment of a dedicated case work team. It comprises specialists in various aspects of exploitation, on-line abuse, children who go missing, children who are trafficked – and social workers attached to the Rescue and Response Project that identifies and provides intervention for young people affected by county lines.
- **Serious Incident Group (SIG):** For several years schools and community policing across Harrow have led on an initiative to identify pupils at risk of youth violence and exploitation – and to help divert those from anti-social and criminal behaviour. This group works in close collaboration with the town's business community to identify young people who need diversionary and preventative support. It engages parents in this activity to ensure programmes are supported on the home-front too. Every effort is made to encourage young

<sup>11</sup> Empowering Communities with Integrated Networks



people to understand the impact of their behaviour on other young people, their communities and local businesses, so that they are steered away from prosecution and a life of crime.

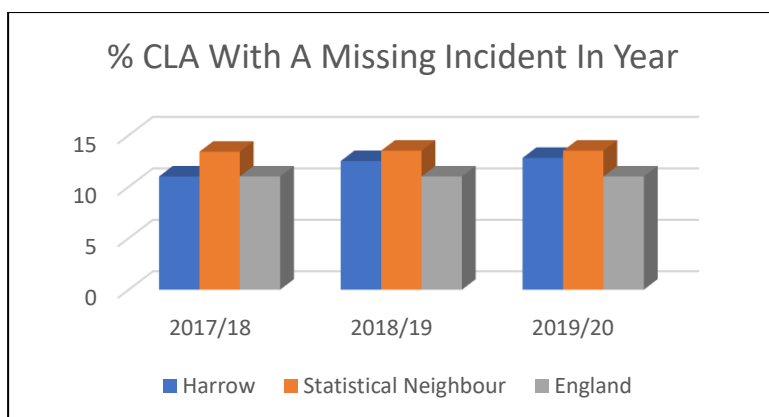


- **Training:** The members of the VVE team continue to support the HSCB's training programme by helping to raise awareness of the signs and indicators of VVE and the procedures to follow. They also highlight to the wider partnership the range of local support services available. Schools have also been active in raising awareness of their pupils about the different forms of peer on peer abuse, with particular emphasis on what constitutes appropriate sexual behaviour.
- **Children who go missing:** When children go missing from home or care that can be an indicator of risk in the home or contextually in the form of, extra familial harm. Harrow treats missing children as a priority. This is a complex area and in Harrow we have devised an effective multi agency response.

Harrow holds a weekly Missing Persons Meeting jointly involving key partners to discuss any high-risk children and young people. A new London wide scheme 'Operation Philomena' seeks to strengthen communications between the police and Children's Residential Homes. This includes keeping an up to date 'Grab-Pack' of information about the child/young person to help with quick identification and provide knowledge of their needs, behaviours, likely contacts etc. A review of Operation Philomena's London wide effectiveness found some weaknesses in the quality and availability of up to date Grab-Packs when needed. In Harrow the HSCB conducted its own local review and found that practice in Harrow was good. The MPS have now adopted Harrow's procedures across the rest of the NWL Basic Command Unit.



In recent years, Harrow has seen a slow but steady increase in the number of children who go missing – mostly in the 14-17-year-old age bracket. In the period 2019 to 2020 a total number of 83 children went missing for a period (50 from their family homes and 33 from Local Authority Care). Some went missing on more than one occasion bringing the total number of missing episodes for the same period to 198<sup>12</sup>.



The table indicates that over a three-year period the percentage of our looked after children who go missing has increased and for the past two years we have exceeded the England average. We are lower than our statistical neighbours, but the margin is slightly less than it was previously.

In the majority of cases children and young people are provided with a return home interview within 72 hours of a missing episode, however, there will be occasions where this is declined or avoided by the young person. Efforts are made to determine why they went missing in order to address any problems or risks. The reasons for young people going missing include, not feeling cared for at home, wanting to stay out with peers, being at risk of child sexual and criminal exploitation through county lines or gang affiliation, not being in employment or education. Our increased understanding of child trafficking for county lines has also alerted us to be curious regarding frequent absences in addition to actual missing episodes. Exploiters may encourage young people to stay under the radar of concern by appearing compliant, e.g. attending school and returning late, but not so late that it would cause undue alarm. With the cooperation of schools, absences are therefore also scrutinised, particularly when there is a pattern of high frequency.

<sup>12</sup> Covid 19 and the associated Lockdowns saw an initial decrease in the number of missing episodes during 2020 but rates are being seen to rise again (confirmed post the reporting period for this annual report).

<b>Ethnicity</b>	<b>2019/20 Missing Children</b>	<b>2019/20 %</b>
Asian or Asian British	12	14.5%
Black or Black British	30	36.1%
Mixed background	12	14.5%
Other Ethnic background	8	9.6%
White or White British	21	25.3%
Total	83	

Black or black British Harrow children are over-represented in the data on missing episodes. They and other minority ethnic children are also overrepresented in our records of those at risk of coming to harm outside their families. This data has led us to increase our scrutiny of the education and social care outcomes for black and minority ethnic children

### **Research informed strategy and practice:**

Harrow has been working with the **University of Bedfordshire** to improve our response to risks to children and young people that arise outside the family home<sup>13</sup>. The strategic direction of this work relies heavily on the work of Dr Carlene Firmin, (**The International Centre for Researching Child Sexual Exploitation, Violence and Trafficking**) and our approach is informed by the views and experiences of young people, their families and communities.

When multiple children are associated with the same context or locations of risk, we now adopt a neighbourhood and community safeguarding approach – both at a strategic planning and operational level which explores and makes use of the following:

- Safeguarding assessment of the area identified –with resident engagement, mapping, and business surveys
- Assessments considered at a safeguarding meeting
- Estate based parental support groups
- Community guardianship, property re-design and detached youth work planned



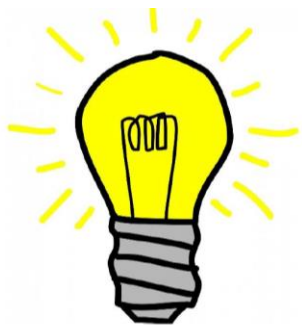


For more information and resources visit  
[www.contextualsafeguarding.org.uk](http://www.contextualsafeguarding.org.uk)  
 carlene.firmin@beds.ac.uk

 @ContextualSafeguard



<sup>13</sup> Known as contextual safeguarding



Mapping application in  
light of the work  
delivered and reflections  
from the session



Peer led safety mapping and surveying by  
the WISH Centre

### **Annual Safeguarding Conference:**

Contextual Safeguarding remains one of the HSP's three priorities and so its annual Safeguarding Conference 2021 focussed on this topic – please see pages 37 and 38 for more details.



### Early identification of risk

## 3. DOMESTIC ABUSE

- Ensure all relevant sectors have access to training and awareness training
- Promote vigilance to the fact that age, gender, ethnicity and ability do not discriminate in term of who can become a victim or perpetrator of domestic abuse
- Ensure early intervention and appropriate support for victims
- Promote access to specialist intervention programmes for perpetrators

### Impact of the Pandemic

Along with the impact on mental health, domestic abuse became an even greater priority for Harrow as it did for the rest of the country. MASH and Police data became key in understanding what was happening during the periods of lockdown and how this was being reflected in the emerging safeguarding concerns. Increased isolation for victims meant greater risk and difficulty in accessing support. Stress and anxiety about the virus/lockdown, associated financial and unemployment worries undoubtedly led to increased tension behind closed doors.

Initially in Harrow, we saw a drop in domestic abuse related referrals into the police and MASH, but our partners across the voluntary sector reported a surge in contacts. Steps were taken to promote existing and new lines of support and by April/May 2020 'hidden harms' started to emerge, and referrals began to spike. The spike repeated itself in September and this was associated with children returning to school where they were more able to share their concerns.

Police data showed that Harrow's figures were lower than neighbouring areas in the Basic Command Unit, but they did follow the same trend in the timing of the peak referral periods.

Perhaps surprisingly, police reported that males made up 40% of victims. Suspects were 75% male and 25% female. These figures will include same sex relationships, but Harrow Safeguarding Partnership also responds to previous case review learning to ensure that gender bias does not influence decision-making in relation to thresholds for safeguarding.

Despite the increase in referrals and the pressure on courts, local Police were able to maintain their normal arrest rate of 45% and its attrition rate. Following the autumn increase, figures started to drop down to pre-covid-19 levels.

Cases referred to the MARAC (Multi-agency Risk Assessment Conference) in Harrow have also seen a steady rise, including those with children in the household. Domestic abuse related referrals into the MASH increased by 9% on the previous year and Children Social Care reports indicate that the nature of these cases has been made more complex by the pandemic.

## **Impact of the Domestic Abuse Bill**

Harrow Council in collaboration with relevant partners are planning new domestic abuse services to complement existing provision. Final arrangements will need to consider the new requirements being introduced by the Domestic Abuse Act, which passes some responsibility to the Greater London Council for assessing, coordinating and providing oversight for certain domestic abuse services. It remains possible that future commissioning of some services such as domestic abuse refuges will be led centrally for all London boroughs. Local research has identified the need for increased safe accommodation, a complex needs project for high risk victims, both male and female – and an increase number of Independent Domestic Violence Advisors. The HSP and Safer Harrow will maintain its focus on domestic abuse and collaborate in the monitoring of new arrangements introduced in the new business year.

## **Operation Encompass**

The HSCB continues to monitor the impact of Operation Encompass led by the BCU– an information sharing system that allows the police to notify schools of their call outs to domestic abuse incidents where a child is associated with the household (and specifically in Harrow - whether present at the time of the incident or not). The vast majority of schools have signed up to the arrangement as this helps them to respond more effectively and sensitively to the impact on the child's wellbeing.

During the lockdown the number of notifications dropped, but a challenge was brought to the HSP by the schools to ensure that they be notified even when the child is being schooled at home. This was helpfully addressed by the BCU.

## **Operation Dauntless**

The MPS has recognised that there are areas for improvement in its approaches to tackling domestic abuse and has established a continuous improvement initiative, known as Operation Dauntless, through which it has developed an action plan for improved services. This includes action to better identify and target serial domestic abuse offenders, and better manage the risk to victims when their abusers are released from prison after serving their sentence. The HSP's Quality Assurance Subgroup has built in monitoring of the Operation's local impact into its forward scrutiny programme.

## **Mayor's Tagging Project**

Towards the end of the year London's mayor announced that he was committing £230,000 on a project to tag domestic abusers on their release from prison. GPS tags offer the opportunity for the Police and Probation Service to monitor the extent to which released offenders are complying with their release conditions which will usually forbid contact with their victims and other family members. Harrow were one of the first boroughs to benefit from this programme and next year we will be able to report on whether victims and families benefited from this innovation.

## Probation Service Conducting Polygraph Tests on Domestic Abusers

The Domestic Abuse Act requires Prison Governors to impose on certain high-risk offenders, when they leave prison a licence condition that they submit to polygraph testing. Polygraph testing has been used since 2014 on certain sex offenders on release from prison as a means of ensuring that they obey their licence conditions. This programme extends the what is now a well-established tactic to another group of offenders, who pose a risk to vulnerable victims. This is a new programme and next year we will be able to report on how this new tactic has helped partners manage offenders and protect the vulnerable.

## Multi-agency Training

The HSCB's Domestic Abuse training programme has been significantly refreshed during the pandemic – with its core course updated. Access to specialists in the field has been increased due to the use of virtual delivery of the courses. A new course on culture and domestic abuse was piloted to help embed an understanding of “honour-based” violence and forced marriage. The voice of a survivor has been included to strengthen the impact on learning. In addition, the link between domestic abuse and eating disorders has also been included in our training programme to help recognise the signs – with Alpha Vesta providing specialist training. This too includes the voice of a survivor. Going forward our programme will be responsive to changes introduced by the new Domestic Abuse Act.

## Support for Black and Multi-Ethnic Communities

The HSCB collaborates with the Safer Harrow partnership to ensure that a range of local domestic abuse support services are promoted; also including training for practitioners, parents and young people. Going forward our programme will be responsive to changes introduced by the new Domestic Abuse Act.

As part of our collaboration, we help to promote new services specifically designed to support those affected by domestic abuse who come from Black and Multi-Ethnic Communities. Harrow is one of the most diverse communities across the country and the Partnerships (HSCB, HSAB and Safer Harrow) are committed to developing their statutory provision as well as promoting the voluntary sector's response to ensure a more informed and relevant response to individual communities.



## 5. Covid-19 Business Continuity Planning





## 6. Learning from Case Reviews

This year we undertook an increase in case review activity. Covid-19 delayed early progress as partners adjusted to virtual communications and many were understandably diverted to respond to the crisis and subsequent vaccination programme. It is to their credit that all of the review activity resumed throughout the year, enabling crucial learning to be extracted from these processes. The following provides examples of key learning:

### Child Safeguarding Practice Review – Child M

Harrow's Case Review Group led a Child Safeguarding Practice Review into the sad death of a young boy with complex medical needs and learning difficulties. He died of natural causes linked to his medical condition, but the Partnership felt there was learning to be identified because of:

- M's low school attendance
- M's non-attendance for a number of medical appointments
- Lack of follow up for M's ongoing dental pain
- Use of mechanical restraints on M



The review sought to understand why these matters had not been addressed in a timely or consistent way. The Review process established a series of key learning points which were discussed with those practitioners who had been directly involved in the case. This process enabled the Case Review Panel to test its findings against the experience and views of those who worked most closely with the child and family: <http://www.harrowscb.co.uk/wp-content/uploads/2021/08/Overview-Child-M-Publication-Version-24.06.21.docx> A Quick Learning Sheet can be seen in Appendix (iiv).

#### Key findings from the review:

- The need for a coordinated approach to support parents with multiple commitments/appointments
- The need to apply 'Was not Brought' procedures robustly when relating to children with disabilities
- The need to challenge where there are different expectations and thresholds applied to children with disabilities (in this case regarding low school attendance and safeguarding concerns)
- The need for robust follow-through and escalation in dealing with dental care needs
- The need to better understand the child's lived experience at home and his family's coping mechanisms
- The need for guidance regarding parental use of mechanical restraint



## Learned Lessons Review – Child H – Ongoing Impact

In the previous HSP's Annual Report, we described the circumstances and learning from a Learned Lessons Review. This review examined the multi-agency response to a case involving sexual abuse of a child – which also involved the making of indecent images. A Quick Reference Learning Sheet was produced to share the key learning points and this included links to specific guidance on responding to indecent images – one document for schools and another for non-school environments:

<https://www.harrowscb.co.uk/wp-content/uploads/2021/02/QUICK-REFERENCE-LEARNING-POINTS-FROM-HARROW-SAFEUGARDING-PARTNERSHIP-002-in-relation-to-Child-H-7.pdf>

To ensure that the learning was embedded effectively, the HSP's new Impact Analysis approach was introduced for this case into the 2021-22 auditing programme and will be reported on in the next annual report. At the time of producing this report, the activity is showing areas of good practice and areas for development, allowing the HSP to challenge where needed.

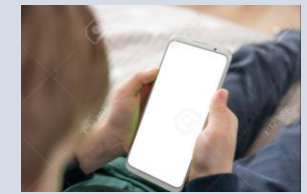
## Safeguarding Adult Review – Family A


As part of Harrow's **Think Whole Family** approach to safeguarding, the HSCB has collaborated with the Safeguarding Adult Board in conducting Safeguarding Adult Reviews (SARs). These are required in some cases when an adult with Care and Support needs dies or is seriously harmed. In the case of Family A, where a middle aged woman died of self-neglect, the HSCB was interested in the experience of her two children who lived with her. There had been child protection concerns about them when young, some non-school attendance and a subsequent period of home-schooling for one of them. In more recent years, the mother began hoarding to an extreme degree causing concern about unhygienic and unsafe living conditions for herself and one of her daughters.

Non-engagement with all agencies was a long-standing feature of this case – and the review examined the obstacles faced by the agencies trying to assess and help, whilst trying to respect the adult's own wishes.

### Key findings:

- The need to track children who become home-schooled where there have been safeguarding concerns
- The need for practitioners and their managers across the partnership to understand the purpose of the Risk Enablement Panel for complex cases especially where there are resistant service users – and powers of entry are limited
- The need for training across the partnership on the link between self-neglect and hoarding
- The need for practitioners to access the training available for cases of Perplexing Presentations (formerly referred to as Fabricated or Induced Illness) – and to understand the referral pathway



<div> <h1>HOARDING</h1> <p>Hoarding is the compulsive need to find and keep objects, animals or trash regardless of their value. Items commonly hoarded include newspapers, photographs, boxes, clothes, food, furniture, paper and plastic bags, appliances or electronics.</p>  </div>					
	LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4	LEVEL 5
Light amounts of clutter and no noticeable odors	✓	✓	✓	✓	✓
All doors and stairways are accessible	✓	✓	✓	✓	✓
Pet waste on the floor		✓	✓	✓	✓
Evidence of household rodents		✓	✓	✓	✓
Overflowing garbage cans		✓	✓	✓	✓
Dirty food preparation surfaces		✓	✓	✓	✓
At least one unusable bathroom or bedroom			✓	✓	✓
Overflowing garbage cans			✓	✓	✓
Odors throughout the house			✓	✓	✓
No clean dishes or utensils				✓	✓
Bugs				✓	✓
More than one blocked exit				✓	✓
At least four too many pets, per local regulations				✓	✓
Noticeable human feces				✓	✓
Rotting food on surfaces and inside a non-working refrigerator				✓	✓

- The need for strengthened collaboration between adults and children's services when identifying and assessing the needs of young carers

## Ongoing Reviews

### Learned Lessons Review: Young Person J

This review was instigated to examine the multi-agency response to a teenage girl with a long history of self-harming behaviour which escalated to a serious incident. The review is ongoing but initial findings show that:

- More professional curiosity about early Childhood Adverse Events would have helped inform the assessment of current risk and need
- Assessing the suitability of a placement for a child should also consider the risks that child might present to other children in the placement
- Consultation with adult services should take place when there are indications that a parent might have learning needs to see if assessment and advocacy are required. (NB. This is repeated learning from Harrow's Case Reviews)
- Better coordination of the multi-agency response was required to avoid assumptions about which agency was doing what.

The full findings from this review will be disseminated later in 2021.



### Action plans to make a difference

The Partnership is overseeing the multi-agency action plans linked to the findings of its reviews and supporting the dissemination of learning to wide audiences through its learning and development programme. How well the learning has been embedded is being tested through the HSP's new Impact Analysis activity and will be reported on in its 2021-22 Annual Report. Lunchtime Forums are accompanied by Quick Reference Learning Sheets to be embedded across all organisations. The HSCB's Learning and Development Officer then carries out enquiries through focus groups and individual interviews to check the understanding of

practitioners and their managers. Reports on the strengths and weaknesses of agencies processes for embedding the learning are then scrutinised by the Learning and Development and Quality Assurance Subgroups.

## New Reviews

The Case Review Subgroup has recently embarked on new safeguarding reviews for both adults and children. A new Safeguarding Adult Review (SAR) is exploring the long-term impact of Adverse Childhood Experiences expressed in adulthood. A new Learned Lessons Review has also begun to look at the multi-agency response to a case involving a shaken baby. The amount of review activity undertaken by the Case Review Subgroup in such challenging times confirms the partnership's commitment to its cycle of Improvement and Learning.



## 7. Scrutiny – Monitoring and Evaluation

The HSP's Quality Assurance Subgroup meets every 6 weeks to meet its full monitoring and evaluation programme. In 2020 the group built on its commitment to Harrow's Think Whole Family approach to safeguarding and began scrutinising relevant Adult safeguarding data alongside Children's data. The overlap of themes and findings has reinforced the relevance of this collaboration across the two safeguarding boards.

### Young Carers

The Partnership became curious about the impact of Covid-19 on young carers who were having difficulty in attending school because their parents were shielding. Schools expressed concern about these being the children in need who were becoming even more isolated because of their home circumstances. The impact on their access to schooling and the lack of respite available because of the pandemic needed to be understood and addressed.

Data reports were sought so that we could check whether young carers remained at home following the opening of schools. A total of 83 children were on the LA's system as young carers. Of these, 35 were registered to Harrow schools. 11 had Special Educational Needs support and 5 had an Education and Healthcare Plan. The impact of Covid-19 saw attendance:

- Remain the same for 4 young carers
- Improve for 11 young carers
- Worsen for 18 young carers
- Not confirmed: 2



#### Actions:

- The HSP to routinely gather data for scrutiny on young carers in Harrow
- Information between Adult and Children's Services needed to be cross referenced for parents who were shielding
- The voice of young carers needed to reach strategic planning
- Learning from a local Safeguarding Adult Review relevant to young carers was to be embedded across the partnership

### Female Genital Mutilation (FGM)



The HSCB has continued to monitor the improvements introduced since audits found weaknesses in the application of risk assessments for FGM. To assist with the improvements London North West University Healthcare Trust (LNWUHT) had introduced a new risk assessment in March 2020 and had set up their own internal scrutiny arrangements. Analysis of data by the Quality Assurance subgroup has shown that the changes were making positive impact for girls and woman at risk of FGM in Harrow.

### Waiting Times for Mental Health Services

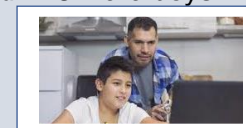
The HSCB has continued to monitor the waiting times for children and young people needing assessment and treatment for their mental health. Regular reports are provided from Central and Northwest London NHS Trust (CNWL) for the Partnership to review.

Good progress has been evidenced on waiting times for initial assessment and interim support arrangements have been put in place for children and young people where there have been delays for treatment. Progress will be monitored throughout 2021.

### Children Educated at Home

Whilst there is not a requirement to keep a list of children educated at home - only those children not getting an education, Harrow attempts to gather information where possible and this has become more important as the impact of the lockdown led to many more parents choosing to educate their children at home.

From the 1<sup>st</sup> of September 2020 to 31<sup>st</sup> of March 2021 299 children are known to have been electively home educated. Of these 154 were girls and 145 were boys.



Figures used to be low in Harrow for EHE but there has been a big increase during and following the pandemic restrictions. There was a higher than expected number of children who did not return to school after the restrictions were lifted. Where children who are educated at home also have child protection or child in need plans, there is a specialist officer in post to ensure good communication between all agencies involved.

In addition, alternative education providers are required to meet local safeguarding arrangements and the Council confirmed good compliance both in this respect and in providing details on children on their registers. Parents are also provided with an online safeguarding checklist when using such providers.



## Local Data Analysis and comparisons with London (ISOS) Data

The QA subgroup scrutinises our multi-agency dataset to keep an overview of trends and to identify areas for further scrutiny. During 2020 we were able to compare our data with the ISOS data (albeit for the previous year) to see how Harrow compared with London as a whole.

This activity prompted the QA subgroup to make enquiries in the following areas:

- Harrow has the 12<sup>th</sup> highest number of Child Protection Plans per 10,000 population. This was put down to Harrow's strategy to manage risk at home wherever possible, as opposed to placing children in Local Authority Care. This leads to a lower number of children in care, something considered a success in a recent Ofsted Inspection.
- Referrals for sexual abuse across London were low compared to other parts of the country – and Harrow's figures were low compared to London (this had been identified in our child protection registrations in recent years which has directed the topic of some of our audits)
- Referrals related to faith-based abuse were low for Harrow and London. Our work with Voluntary Action Harrow has led to an expansion of training activity with the faith sector and we expect our referrals in this area to rise.
- A lower referral rate for specialist services in Harrow was thought to be related to the effectiveness of early support services – and so further evidence would be sought

The QA group continues to monitor these variations and seeks evidence to support or challenge the interpretations and actions listed above.

## Section 11 Audits

As part of the HSCB's monitoring of safeguarding arrangements, agencies are asked to present evidence of their compliance with s11 of the Children Act which outlines what they should have in place e.g. safeguarding policies and procedures; staff training; safer recruitment arrangements; and internal monitoring. This year we have received robust evidence of compliance from a number of agencies including the commissioned services for children and adult substance misuse services and CNWL.

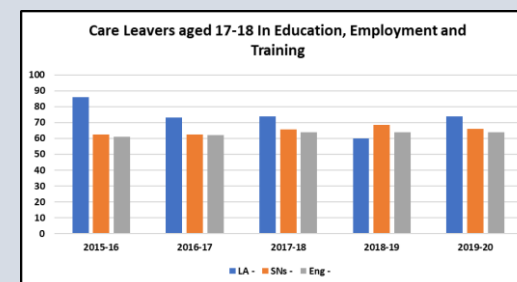
In addition, the HSCB has revived its pre-Covid-19 plan to carry out a survey of front-line staff's knowledge of their safeguarding responsibilities – a way of checking how well the agencies have embedded their arrangements. Outcome will be reported in the next Annual Report.

## Allegations Against Staff and Volunteers

Each year the HSCB requires the Local Authority Designated Officer (LADO) to report on activity around the management of allegations (data for the previous year). This showed a slight decline in the number of referrals of around 14% on the year before – and it is anticipated that this will fall again during the lockdown periods due to less direct access with children. We remain mindful however of the risks presented by on-line contact. The overall decline is thought to be related to better training on safe practice and robust safer recruitment arrangements. As found in recent years, the majority of cases are concluded in a timely way, aiming to limit any stress to the parties involved.

## Not in Education, Employment or Training (NEET)

As part of the HSP's focus on the quality of transition into adulthood for our young people, information on those who are NEET is scrutinised. Compared to statistical neighbours and England averages there is little difference for Harrow care leavers aged 17 and 18 but for those aged 19-21 Harrow has noticeably fewer who are NEET.



During 2018-19 there was no significant difference by gender of those who were NEET. However, this changed in 2019-20 where 43% of females were NEET compared to 16% of males. This may be due to a drop in the number of females in the cohort.

**Ethnicity:** In both age groups of care leavers, a higher proportion from mixed ethnic backgrounds and from white backgrounds tend to be NEET. The Partnership is prioritising its focus on identifying any disproportionality identified through the scrutiny of data to inform both individual and multi-agency service development.

## Children Excluded from School/College

The HSP wants to know why children are excluded from education and to establish if there is a connection with contextual safeguarding concerns. Too many excluded children were recorded as 'Other' as a reason for exclusion. This undermined our ability to understand the circumstances for these children.

Our analysis found that in 2018-2019 there were 45 permanent exclusion of which 23 were categorised as "other":

Further analysis found the precise reasons for exclusion very relevant to our understanding of contextual safeguarding and so schools are now being encouraged to use more precise descriptions.

### **Ethnic breakdown of children excluded:**

In the past three years there have been no exclusions in the India/Asian group - which makes up a significant proportion of the population in Harrow. In contrast, black Caribbean young people (mainly boys) make up a disproportionate number despite their lower population in Harrow schools.

The Partnership has prioritised the need to explore solutions to reduce the number of Black Caribbean boys being permanently excluded is and working closely with schools and early support to approach the disproportionality at the earliest possible stage.

Although overall numbers in Harrow are small, we are exploring the learning from inner London Boroughs that have been successful in addressing a similar disparity.



## Black Lives Matter (BLM)

Following the distressing death of George Floyd in the USA, the implications were felt worldwide. The Partnership has strengthened its commitment to identify and address disproportionality for our local communities - and in particular, for the children and young people we serve.

Our activity includes a refreshed and constructively challenging approach. There is much more for us to do, but all members of the partnership are required and committed to include ethnicity data in their reporting for external scrutiny by the Quality Assurance Group.

### **Early Support - Integrated Early engagement – with a focus on ethnicity and disproportionality**

A new project led by the Metropolitan Police Service in collaboration with Multi Agency Safeguarding Hub & Youth Offending Team was launched to promote early engagement with young people who demonstrate behaviour which could later lead to antisocial behaviour or criminal activity. It also involves working with sibling groups as there were strong indication that they required support too. There are 2 strands - one for primary school ages and the other for high school children.

There is a focus on BLM, as black Caribbean young males are disproportionately represented in this cohort of young people.

The disproportionality is mirrored in YOT referrals where there are often links to exploitation. Our ongoing analysis of data and agency reviews is steered to understand how best to engage with different ethnic groups – finding out what works in helping young people engage.

## MONITORING AND SCRUTINY - CHILD PROTECTION CONFERENCES

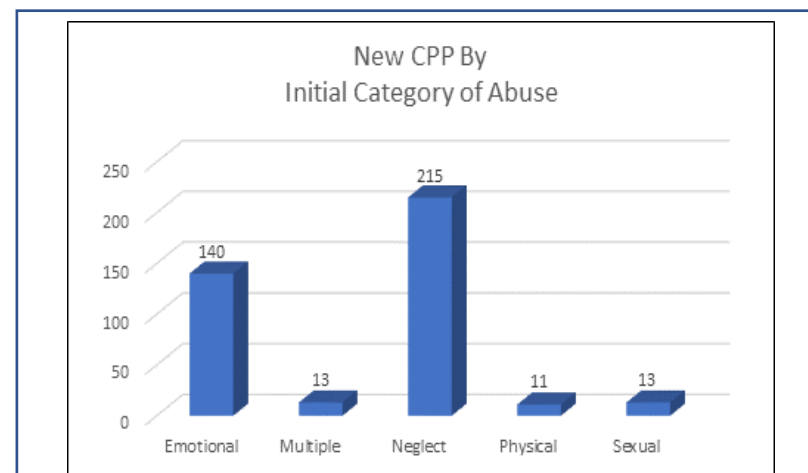
Child Protection Conferences (CPC) are held by the partnership of agencies involved with a child and family to consider whether the children have suffered or likely to suffer significant harm and to decide what action is required to safeguard and promote their welfare. Our performance and activity data for 2019 to 2020<sup>14</sup> tell us how many cases we have dealt with, why children are placed on a plan, whether the plan is a repeat case and how long the plans last. The Strengthening Families model continues to be used in Harrow, with 'Signs of Safety' being the key tool.

In April 2019, there were **281** children with Child Protection Plans (CP Plans) in Harrow. A further **291** initial CPCs took place during the following 11 months which resulted in CP Plans in respect of **275** children in March 2020.

There were **789** CPCs in Harrow in 2019-20 (including **498** Review Conferences).

Of the initial conferences, 80.3% had an outcome of a CP Plan; 16% of conferences had a Child in Need plan.

### The breakdown of categories of harm:.



### Performance

- 88 children were subject to a repeat CP plan during 2019-2020, having previously had CP Plans.
- 6 children had a CP Plan lasting for two years or more (2.2% of the total) placing Harrow below the statistical neighbour (4.35%) and above the England (2.1%) average.

A multi-agency Practice Panel scrutinises the duration of child protection plans to provide challenge to prevent drift in case management. This panel also highlights good practice and Learning Outcomes to disseminate through HSP learning and development opportunities.

- The majority of ICPCs have taken place within the target timescale of 15 days (62.7%)
- Only a minority of transfer-in conferences were held within timescales. This is when a child with a plan moves from another borough into Harrow. Difficulties have been faced by all receiving areas in responding to the impact of welfare reform and housing shortages which

<sup>14</sup> It takes some time for the data for these cases to be ratified by the Department for Education so the data are always published in the following year's annual report.

forced many families to move. This is a focus area for improvement, but is currently being compensated by regular contact with the originating boroughs and duty visits by Harrow social workers in all cases

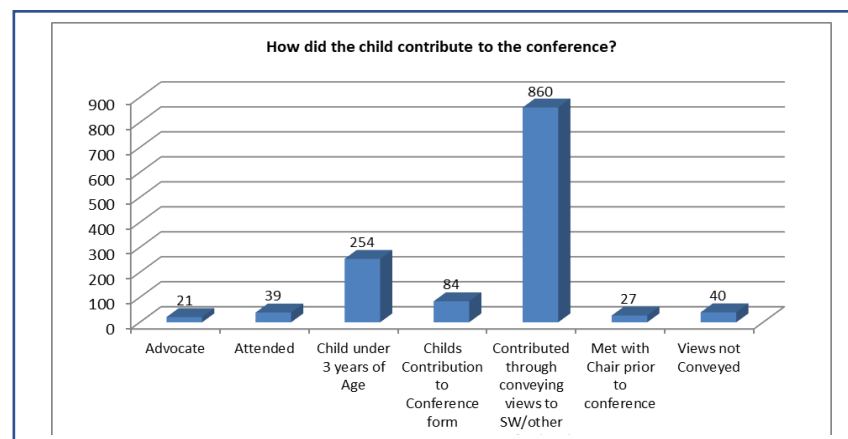
- 75% of parents received social worker reports within the agreed timescale for the conferences – and 100% received the report in time for the conference itself
- 95% of conferences were quorate (having the relevant professionals participating)
- 93% of social worker visits took place within the agreed timescale
- 96% of social worker reports were assessed as satisfactory, good or excellent. Where standards were not met, Conference Chairs address this with managers to support practice improvement
- Since the pandemic and during lock down chairs have streamlined the process for reporting outcomes of the conference to become effective in meeting timescales – current practice is to provide the decision letter in 24 hours; the child protection plan and Record of Conference (notes) within 5 working days
- On a scale of 0 to 10 (with 10 being the most positive), parents were asked if the Child Protection Plan had helped their families achieve positive changes. 83% of parents gave a rating of 10 and 17% gave a rating of 8.
- Concerns or disagreements that were escalated for resolution were all resolved in a timely manner at stage 1 or 2 (31 and 19 respectively).

#### Developments throughout 2019 to 2020 and adapting to the Pandemic:

- A dedicated conference room on the ground floor to support easy access
- A separate waiting space to support preparation and meet social distancing requirements
- Using Signs of Safety as a visual tool at every conference – translated or adapted to meet the language or learning needs of parents
- Using 'Next Steps' as a planning tool, working toward producing SMART decisions
- Overall Telephone Conference (video calling) has worked well and enabled families to engage in the conference and agency attendance is reported to have been very good

#### Involving Children & Young People through:

- support by an independent advocacy service
- the use of children's consultation forms
- feedback from professionals relaying the child/young person's views and other contributions





## Highlighting good practice:

*Excellent focus on the child's views and experiences*

*Very good understanding of the family's cultural issues*

*...has managed to tread a line where parents feel confident in 'X's' commitment to the children but without compromising the approach to risk*

*Both Mr and Mrs 'X' were very complimentary about the social worker....feeling her arrival was the beginning of real progress.*

*'X' has clearly completed a lot of work on this very complex case – there were no gaps or drift (in progress)*

*...ensured that the father was actively involved*

## PRIORITIES FOR 2020 – 2021

- To pilot a hybrid model for conference using Microsoft Teams along with having face to face contact with Children, Young People, Parents and Carers
- To consider Children's Centres as the venue for conferences
- To revise the social workers' report template to promote reports that use more accessible language for parents and carers
- To further promote the gathering of fathers' views, and increase their contribution to conferences
- Based on learning from a previous Case Review: to review the 'Signs of Safety' methodology to help maximise the engagement of and support to, parents with a Learning Disability in the conference process - and further develop the links with CYADS (Children, Young Person and Disability Team)



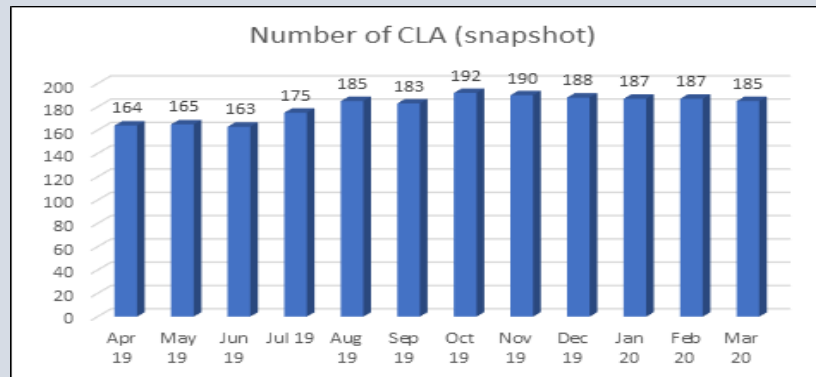
## INDEPENDENT REVIEWING OFFICERS FOR CHILDREN LOOKED AFTER

The Independent Reviewing Officers (IRO) have a key role in overseeing and improving the care planning for Children Looked After and for challenging drift and delay. The IRO Service also has a role in monitoring the Local Authority in respect of its corporate parenting and safeguarding responsibilities. What we know:

- The Looked After population for 2019/20 ranged from **170** to **186** and IRO caseloads have been around 75 per full-time equivalent – slightly higher than the recommended caseload of 50-70
- A total of **547** Reviews were chaired by IROs in the year ending 31<sup>st</sup> March 2020 – showing an increase of 4%
- 52 Reviews concerned children and young people with a disability – extra time is built in to ensure that wishes and feelings are incorporated
- As a result of Covid-19 pandemic as of 23 March 2020 Child Looked After reviews have been delivered by telephone conference. Overall telephone reviews (and video calling) have worked well and enabled young people, parents and other agencies to engage in the review. This has meant that there has been the potential to consider the venue for the Child Looked After review.
- Having such experienced, established and longstanding IROs has been very beneficial in providing more consistency for looked after children and has assisted with the process of challenge where it has been appropriate.
- All CLA Reviews were held within timescale.
- All disputes were resolved in a timely manner – the majority at Stage 1 and the remainder at Stage 2.

### The Number of Looked After Children and Young People:

The number of Looked After children rose during the year with a slight dip towards the end – ranging between 175 and 193



### Age Profile of Children Looked After year ending 31.03.20:

- **13.8% under 1 year**
- **15.9% 1 to 4 years**
- **8.7% 5 to 9 years**
- **30.4% 10 to 15 years**
- **31.2% 16 years and above**

### Permanency Outcomes

During the period 2019/20, the most common way children have achieved permanency is through a return home to live with parents: The profile in terms of children leaving care as at 31st March 2020:

- 35.4% Returned home to live with parents/relatives.
- 31.5% Moved into Independent Living.
- 15.4% Special Guardianship Order granted.
- 3.8% Age assessment determined child is aged 18 or over
- 3.1% Adopted
- 3.1% Sentenced to Custody.
- 2.3% Left care to live with relative/person with no parental responsibility
- 1.5% Accommodation on remand ended
- 0.8% Care taken over by another Local Authority
- 0.8% Transferred to Adult Social Care
- 0.8% Child moved abroad

**Entitlements and Advocacy** All children on becoming looked after receive information about a series of entitlements that they have. How their case will be reviewed, how to access their records, how to get advocacy help and much other besides. In addition, Harrow has the Harrow Children's Pledge for children who are looked after<sup>15</sup> The Independent Reviewing Officers check within the Review whether a child or young person has received all this information and whether they understand it

**100%** of Children Looked After of an appropriate age in Harrow, had information about their entitlements.

Advocacy and Independent Visitors service provision in Harrow are currently provided by Community Solutions (Harrow Mencap). Young people detained in young offender institutions (YOIs) and secure training centres (STCs) are also entitled to specially provided advocacy services. IROs routinely check that children and young people know about advocacy and how it can support them in having **a real say** in decisions affecting their lives.

#### **Children's Views about their IRO and their review process**

Harrow's Participation Officer encourages feedback from children and young people to allows them to comment about their experience of their IRO. 98.1% participated in their Reviews. Participation includes attending and/or contributing to their Review – for some this includes part-chairing their Review.

#### **Care leavers**

When children leave care, they may continue to need support for some time and the IROs provide an essential service in ensuring that those young people receive what they need. On 31/03/2020 there were 194 young people who had recently left Harrow's care.

1. Young care leavers need information about their entitlements. These are described in the "The Leaving Care Charter" and include

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<sup>15</sup> Accessed at <https://www.harrow.gov.uk/childrens-social-care/harrows-pledge-children-care/2>

- An ILG grant of £2,000 for setting up home.
  - Finance to cover the costs of being in education or training up until the age of 21 (or 25 if the young person is still in education)
2. They also need a Pathway Plan and they should have a personal advisor (PA) or qualified social worker. The Pathway Plan is a holistic assessment and every young person completed should complete their own action plan which is part of the Pathway Plan. There are mechanisms which enable young people to challenge their Pathway Plan.
- 100% received information about their entitlements
  - 100% had a pathway plan. 100% had contributed to their plan and none challenged its effectiveness
  - Of those in Higher Education only two requested vacation accommodation (or money towards it) and paid for the period requested.



## 8. Learning and Development

### Adjusting to Virtual Delivery

The Covid-19 Pandemic has had a significant impact on training, and we saw a shift from face to face to on-line learning. We had to adapt the scheduled training programme and our annual safeguarding conference, as we worked to find digital solutions for delivery of training events.

There were various platforms being used across the partnership, but it was agreed that TEAMS would be used for the majority of the HSCB training. There was considerable generosity expressed across the partnership as colleagues helped each other learn new technical skills as trainers and as delegates.

The Learning and Development multi-agency group have begun exploring the possibility of a blended approach to delivering training and other Learning event, so that we largely continue with virtual delivery, but build in some face to face learning with the removal of restrictions.

Having no venue costs is significant when budgets are tight. In addition, we have found that because they do not have to travel, many colleagues find attendance easier. At the same time, we have recognised the impact of practitioners not having down time with each other – to get to know each other and support each other when in the same room.

Consequently, the HSP is planning to use a blended approach to delivering virtual events (virtual and face to face).



### Learning Events

The HSCB can run its courses because of a very committed pool of multi-agency trainers who share their knowledge and skills in their specialist area of work. This helps to ensure that our courses are aligned to local issues and needs – as well as embedding a clear understanding of how local services can be accessed by local service users.

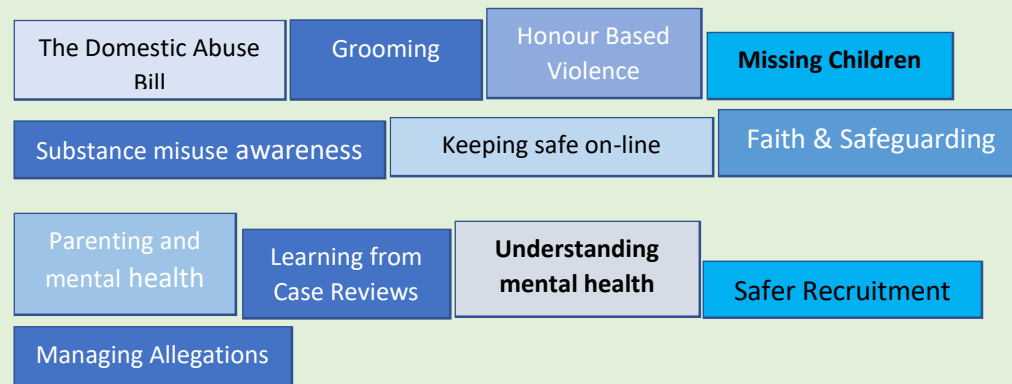
The HSCB from time to time commissions external trainers to ensure that practitioners understand the national perspective.

#### Core Courses

It has been essential to maintain the delivery of our introductory and advanced courses in safeguarding to help equip new staff to take appropriate action when they have child protection or child welfare concerns. The HSCB delivered most of these courses virtually, but with the generous assistance of Norbury School, two courses were delivered face to face in Covid-19 compliant facilities.

#### Specialist Courses

We have prioritised the need to provide training relating to the Partnership's priorities of Domestic Abuse, Contextual Safeguarding and Mental Wellbeing in our course programme and Designated Safeguarding Leads Forums – with emphasis on:



**Examples of External/Collaborative courses:** Child Death Review; Domestic abuse and Eating Disorders; Child Exploitation in Sport; and Every Mind Matters



## 9. JOINT ANNUAL SAFEGUARDING CONFERENCE 2021 – CONTEXTUAL SAFEGUARDING

Contextual Safeguarding was chosen for this year's Conference as it remains one of our shared top three priorities in Harrow.

### Our First Virtual Conference!

We conducted our joint Safeguarding Boards' conference through MTeams because of the pandemic restrictions. The format followed previous arrangements as closely as possible to ensure delegates had access to the key-note presentations as well as a good range of workshops.

The usual partnership networking that takes place at our annual conferences was limited but we learned much about how we can succeed in delivering such learning events through new ways of working. 185 delegates attended. Feedback has been very positive with many saying it was the best conference we had run so far – **Well done to the Conference Planning Team!**



### Nazir Afzal OBE

We were delighted to have Nazir as one of our key-note speakers. Nazir previously held the position of Chief Crown Prosecutor for the Northwest and shared with us his legal perspective on exploitation.

During his 24-year legal career, Nazir prosecuted some of the most high-profile cases in the country, including the Rochdale grooming gangs. His work has been ground-breaking, and he has campaigned tirelessly on a range of issues including Violence against women and girls, and honour-based violence – helping to change the landscape of safeguarding.

Nazir's passion and commitment inspired the audience, with many delegates reporting a new energy and vision for addressing contextual safeguarding. Nazir makes protecting the vulnerable his business and everyone's business – both on a professional and personal basis: Listening to what children and vulnerable adults tell us whether by verbal means or through their behaviour is key and we must all be receptive to the signs – and acting on

### Dez Holmes



Another much respected and high-profile lead in contextual safeguarding, Dez Holmes joined us to share her vision for supporting young people into adulthood. Dez is the Director of Research in Practice, a not-for-profit organisation that since 1996 has been supporting those who work with children, families and adults to use evidence in their practice and leadership. She has a vast knowledge and expertise in early intervention, adolescent risk and transitional safeguarding.

Dez challenged existing arrangements and presented thought provoking approaches which focussed on systems and not a service approach to the needs of young people. Much of her thinking has been influential with national bodies, policy makers and with our local arrangements for responding to victims of exploitation and youth offending.

### 'Rhiannon' Voice of a survivor Marie Collins Foundation -

'Rhiannon' courageously shared her experience of being groomed as a teenager. She told us of the impact this had had on her into adulthood and on family relationships. Her perspective strengthened our understanding of the complexity and confusion faced by young people in managing normal transitions into adulthood - alongside risks, threats and actual harm presented by skilled perpetrators.

'Rhiannon' continues to use her experiences to provide valuable insight into the dilemmas faced by young people who feel isolated in such circumstances and manipulated to feel guilt and that they are responsible for their situation – acting as a powerful obstacle to them seeking help.

The HSP is collaborating with the Marie Collins Foundation to enhance the contextual safeguarding training offer across Harrow.



### Conference Workshops

The event was supported by an excellent range of specialist workshops – drawing upon both national and local knowledge and skills:

**Rescue & Response** – an intelligence led service for exploited young people run by St Giles in collaboration with statutory and voluntary services

**Red Thread** – Trauma informed support for young people affected by violence

**National Referral Mechanism** – intelligence network to respond to exploitation by trafficking

**Community Safety** – a local response to 'Cuckooing' and 'County Lines'

**Ignite** – Substance misuse and 'County Lines'

**NWG** – Exploitation in Sport – prevention and response

**VVE Team** – The role of film, music and social media in exploitation



## 2021 Annual Conference on “Contextual Safeguarding & County Lines”

We want to ensure that our safeguarding learning events lead to better professional practice – and to improve the lives, wellbeing and outcomes of children, adults with support needs and their families in Harrow. Our 2021 joint conference with the Harrow Safeguarding Adults Board led to the following feedback and actions taken by a selection of those people who attended

*I feel more able to recognise and respond to risk of significant harm from peer on peer in neighbourhoods, schools, online and not just safeguarding issues in the family. Discussing and sharing in team and group meetings.*

*Increased my awareness of legal and contextual issues (e.g. how society/ institutions view YP in different contexts), how online abusers operate and the impact on YP - so helpful to hear this from a victim's perspective.*

*I am more aware of contextual safeguarding and county lines, and so more vigilant during my home visits with families. I give advice and support around contextual safeguarding more confidently, signpost and refer when required.*

*Understanding how the child safeguarding structure focuses on the family unit and that children are vulnerable to exploitation outside of the family and often in sport venues. This has helped me to be more aware of the situations in which adults and children may be vulnerable to abuse as it may not be so obvious at first.*

*I am adapting Safeguarding Training for September 2021, with significant emphasis on contextual safeguarding, to ensure all staff have a deep understanding of what it entails.*

*As the DSL at my school, the learning from this conference has been immeasurable. For instance, understanding the deep rooted signs and issues that YP face as regards to sexual/peer on peer abuse etc, and being able to ensure EVERY effort is made in a TIMELY MANNER to safeguard and share information with partner agencies remains a critical part of my role at the school. This learning has also been shared with the wider staff at the school, whilst we continue to have an overarching culture of vigilance on the welfare of each child.*

*I took forward the learning at our first Adults and Children's Safeguarding Forum at the Trust. We looked at the impact on vulnerable adults, children & young people.*

*However significant the abuse is, there is always help available - we as professionals should not just work at the surface structure but have professional curiosity and dig deeper so that we can recognise abuse as only then we can carry out intervention strategies*

*The Conference was excellent, it was truly worth a day of my time. There were such inspiring speakers who are very passionate for getting justice for others and for ensuring the protection of children and adults. It is important to have caring, passionate and driven people in health and social care professions and although tough, it is worth the efforts and you can truly make a difference.*

*I've learned more about asking appropriate questions*

*I have improved my understanding of how young people can be groomed and blackmailed*

*I linked up with someone from the conference and they delivered a training session for Harrow foster carers on Internet awareness/social media safety.*

## 10. Working with the Voluntary Sector – HSP’s Commission of Voluntary Action Harrow (VAH)



The success of Voluntary Action Harrow in reaching and supporting the private, voluntary and faith sector across Harrow led to its recommission up to 2022 by the Safeguarding Partnership. Their small Safeguarding Outreach Team have demonstrated again throughout this year the difference made by having knowledge and expertise of the voluntary sector supporting our local priorities for children and young people.

VAH provide training, advice and the production of up-to-date guidance. In addition, VAH support organisations with their safer recruitment processes, including helping to process DBS checks. The impact of the pandemic has been immense on the voluntary sector and VAH have shown ongoing commitment and flexibility in supporting the sector and the HSP through such challenging times:

### Key Achievements

1. Despite the Lockdowns, VAH managed to continue to deliver a fair amount of face-to-face training – and then quickly adapted to on-lines sessions in June 2020.
2. During the pandemic VAH increased the support they were able to offer in providing safeguarding guidance and signposting professionals and service users to the services that remained available.
3. The outreach team continued to support the Learning & Development Subgroup in both the planning and delivery of multi-agency training. This included supporting a bespoke police training course on Adverse Childhood Experiences.
4. The outreach team is an integral part of the Safeguarding Conference Planning Group. This year, in addition to help organise the event, VAH delivered a workshop on how Contextual Safeguarding impacts faith organisations and how to access mental health/suicide prevention support.
5. The Team sent out and regularly promoted best safeguarding practices, key contacts and areas of safeguarding concerns through training, newsletters & promoting national awareness days.
6. The [safeguarding Green Book](#) was been updated for 2020 in PDF format and is now available on the HSCB and Harrow Council website. It was launched by the VAH and HSP first online forum event.

#### Training and events delivered:

- 13 Level 2 Children & Young People Safeguarding Training Sessions
- 3 Level 3 Nominated Safeguarding Person Training Sessions
- 3 Safeguarding Children, Young People & Families Support Forums

#### Specific Support:

- 103 Organisations
- 249 Individuals

#### Additional support in response to the impact of Covid-19

- The Pandemic led voluntary organisations to divert their resources to providing emergency food parcels, undertaking food shopping, delivering medication and medical equipment to people who were shielding. This led to a call for more volunteers and when they were recruited an increased need for advice on how to introduce lots of new people safely. VAH supported organisations in ensuring that they met their safeguarding responsibilities with regard to safer recruitment practice.
- VAH also supported organisations with funding applications for programmes that addressed food poverty

#### Impact of Safeguarding Training





#### Appendix (i) HSCB MEMBERSHIP AND ATTENDANCE 2020-21

REPRESENTATIVE/ROLE	ATTENDANCE OUT OF 4 MEETINGS
Independent Chair	4
Vice Chair/Lay Member	4
Elected Member	4
CCG	2
Metropolitan Police	4
Local Authority	4
Designated Nurse	4
CNWL	4
LNWUHT	4
RNOH	2
Education Service	4
Primary Schools	2
Secondary Schools	3
Special Schools	3
Independent Schools	3
Colleges	4
WDP	4
Compass	3
Voluntary Sector Rep	0*
Public Health	3
Housing	3
Probation	0
CRC	2
London Ambulance Service	1**
London Fire Brigade	1**
Cafcass	3
Adult Social Care/Disability	2
Chair of Case Review Subgroup	4
Chair of Quality Assurance Subgroup	4
Chair of Learning & Development Subgroup	3
Legal Advisor	2
Business Intelligence	4
Business Manager	4
Training Manager	2*

Above also includes HSCB Development Day

\*new voluntary sector representatives have been identified for 2021 \*\* joined later in year


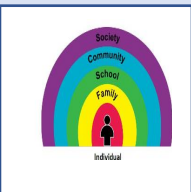


#### HSSP MEMBERSHIP & ATTENDANCE 2020-21

REPRESENTATIVE/ROLE	ATTENDANCE OUT OF 7 MEETINGS
Independent Chair	7
Elected Member	7
CCG	7
Metropolitan Police Service	7
Local Authority	7
Schools - Primary	4/6*
Schools - Secondary	4/6*
Designated Nurse - Children	7
Designated Nurse - Adults	7
London Fire Brigade	2/3*
Business Manager - HSCB	7
Safeguarding Manager - HSAB	7
Above also includes additional Business Continuity Meetings in response to Covid-19 *joined membership later in year	

## Appendix (ii) HSCB Budget 2020 to 2021

<b>HSCB Budget &amp; Expenditure 2020-21</b>		<b>Outturn</b>
Harrow Council including Business Support		-162,417
Police / MOPAC		-5,000
National Probation Service and CRC		-1,000
Harrow Clinical Commissioning Group		-20,000
London Ambulance		-500
Training Income		-3,540
<b>Total Income</b>		<b>-192,457</b>
LSCB Chair		20,250
Professional Support (full time BM & part time L&D co-ordinator)		88,715
Training Admin (0.8 FTE)		35,636
SCRs and Independent Auditing		4,875
Recruitment expenses		554
Voluntary Outreach work		14,000
<b>Staffing &amp; consultancy expenditure Total:</b>		<b>164,030</b>
Council charges		21,020
Annual Conference		750
Training Providers		3,955
Venue Hire		0
LSCB Website & 3-year Chronolator™ Licence		1,017
TASP Membership		1,500
Publications, Printing, USB Production		16
Catering & Misc		168
<b>Delivery Costs Total:</b>		<b>28,427</b>
<b>Total Expenditure:</b>		<b>192,457</b>

## Appendix (iii) Harrow Safeguarding Partnership Priorities

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

## Appendix (iv) Quick Reference Learning Sheets from HSCB Case Reviews

### CHILD SAFEGUARDING PRACTICE REVIEW: CHILD 'M'

#### Learning about managing complex needs and practice regarding thresholds for children with disabilities

##### Background

Child 'M' was a 12-year-old boy from a Pakistani family who had complex medical needs and a significant learning disability. He lived at home with his parents and two younger siblings - both of whom had additional needs.

'M' sadly died due to natural causes, but this was slightly earlier in his life than expected, so an initial review took place (Rapid Review) to see if there was anything to learn about the care and support he was given.

There were indications that services for this child and his family may not have been coordinated as well as they could have been and that thresholds for intervention and services did not appear to have been applied in the same way that they would have been had 'M' not been a child with disabilities.

It was agreed that a **Child Safeguarding Practice Review** would be undertaken to explore these issues further.

##### Multiple and uncoordinated appointments

Agencies were concerned about the high number of appointments missed by the parents for Child M. As with many families with multiple needs, the multitude of appointments (sometimes overlapping), became overwhelming for the parents.

**The need for oversight and coordination of services is essential for families with complex needs.**



##### Use of Mechanical Restraint

The use of soft materials to restrain Child M had become accepted over time by most of the professionals who worked with him. Whilst applied by his parents and others with good intention, only one professional explored this as a potential safeguarding issue.

A referral on the matter was not met with timely or rigorous response – either as a Child Protection or Child in Need matter.

**The review concluded that any such arrangement should be carefully considered, and any safeguarding issues referred. Final decisions should form part of the formally agreed multi-agency Care Plan for the child.**

##### Low School Attendance

The transition from primary to secondary school was followed by a significant decrease in school attendance for Child M, largely due to the complexity of his medical needs combined with the associated high number of health-related appointments. This is a recognised challenge when working with children with multiple medical needs and an unintended acceptance of the situation can mean that unlike for able bodied children, there is no formal or robust scrutiny of any prolonged period or multiple periods of absence.

**All future 'Attendance Panels' to include a representative of the Children & Young Persons' Disability Service to ensure equal attention to the absence of children with disabilities**

##### Voice of the Child and Family

Some **excellent** examples of good practice were found where practitioners had been creative in reaching and responding to Child M's wishes and feelings – which could only be expressed non-verbally by him.

However:

- Child M suffered intermittent dental pain. Dental assessment and treatment were delayed and lacked consideration of the child's experience
- There were some services that relied too heavily on one parent for communication (the other may have benefitted from the assistance of an **interpreter**) and the **experience of Child M's siblings** were not adequately explored.



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# Carole Furlong

## Director of Public Health

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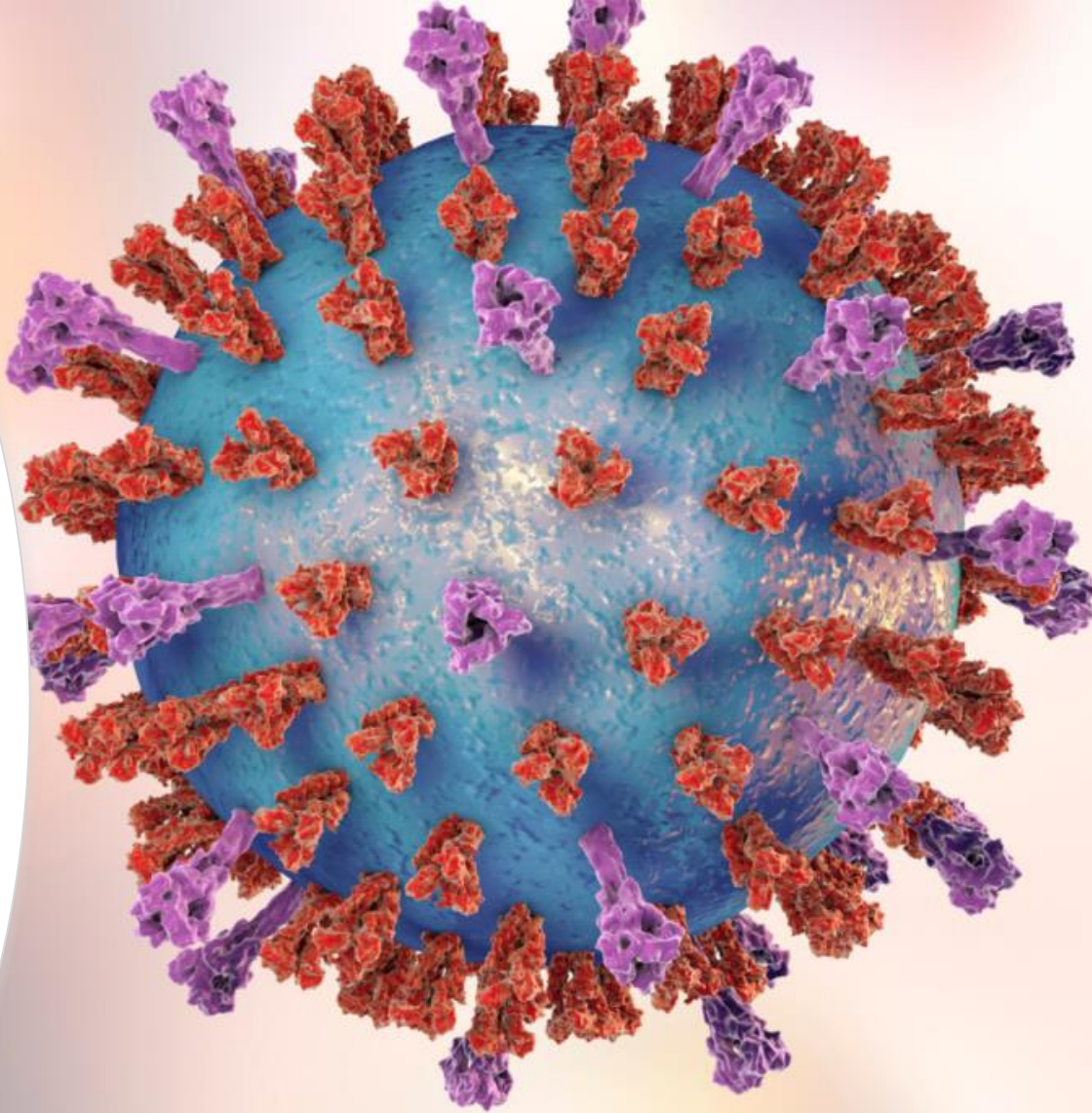
# Laurence Gibson

## Consultant in Public Health



## Pandemic response

- The COVID-19 rates have continued to remain high into the Autumn.
- We continue to promote Infection Prevention and Control measures, encourage testing and heavily promote vaccination against Covid and flu.
- We are supporting schools with their covid outbreaks.
- The rest of this report highlights the activity within Public Health in between July and September.



# BOOST YOUR IMMUNITY THIS WINTER

WITH THE FLU VACCINE



## Flu Campaign

- Ensuring that the staff at the council are offered opportunity to be vaccinated as part of our health protection work and our business continuity plans
- Promotion of flu vaccination in the community
- “If you are eligible we recommend you protect yourself and those around you, by booking your Flu and Covid-19 vaccine. Go to [www.nhs.uk/conditions/vaccinations](https://www.nhs.uk/conditions/vaccinations)”



## Maternal and Early Childhood Sustained Health Visiting programme - MECSH

- a structured program of sustained health visitor interventions for families at risk of poorer maternal and child health and development outcomes
- an effective intervention for vulnerable and at-risk mothers living in areas of socio-economic disadvantage.
- Currently in planning and recruitment phase; Starting Spring 2022.





## Young People's Health Improvement

- **Healthy Schools London (HSL) programme**
  - Moving to an in-house programme
- **Youth Health Champions**
  - Recruited 4 schools and a college to take part with up to 8 students from each setting.
  - Partnered with the Young Harrow Foundation, Compass, Brook and Harrow Horizons.
  - Training in November 2021

# MECC – Making Every Contact Count

- MECC is an approach to **behaviour change** that uses the millions of day-to-day interactions that organisations and people have with other people to support them in making **positive changes to their physical and mental health and wellbeing**.
- Drawing on behaviour change evidence, MECC maximises the opportunity within routine health and care interactions for a **brief or very brief discussion** on health or wellbeing factors to take place.
- Training being planned with roll out in January



Behaviour change interventions mapped to NICE Behaviour Change: Individual Approaches  
<https://www.nice.org.uk/Guidance/PH49>

# Stop and Grow project

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- The Stop and Grow Project is a garden that is being developed on the Ridgeway in West Harrow for people with mental health problems and/or learning disabilities.
- It is part of the social prescribing programme
- Many of the current service users are former Wiseworks clients.
- An open day for potential service users and for those referring was held in August.





# Weight Management

- A new overweight and obesity pathway has been developed
- Shape Up Harrow (which is delivered by our partner Watford FC Sports Community and Education Trust) is launching a face to face service at 3 hubs across the borough.
- There is also a digital offer for those who prefer it or who find it difficult to get to one of the hubs.
- More details including an explainer video are available at <http://www.harrow.gov.uk/healthyweight/>



# Mental Health & Prevention

- **ICP lead for the prevention of mental ill health**
  - Co-ordinate campaigns and resources
  - Identify vulnerable cohorts and develop appropriate approaches
- **Suicide Awareness**
  - Joint work with Brent
  - London Postvention - MIND
- **World Mental health day**
  - Mental health care for all: let's make it a reality



The infographic is titled "Depression: what you should know" and features a teal background with white dashed lines forming a circular path. At the top left, there is an icon of a speech bubble containing a cloud with rain, and another speech bubble with a heart. Below this, the text "If you think that you might have depression, read on..." is displayed. The infographic is divided into three main sections: "What is depression?", "What you can do", and a "REMEMBER" box. The "What is depression?" section lists four bullet points: depression can happen to anyone and is not a sign of weakness; it is an illness characterized by persistent sadness and loss of interest in activities; people with depression also experience various symptoms like loss of energy, change in appetite, anxiety, reduced concentration, indecisiveness, restlessness, feelings of worthlessness, guilt, or hopelessness, and thoughts of self-harm or suicide; and finally, depression can be treated with talking therapies, medication, or both. The "What you can do" section lists seven bullet points: talk to someone you trust; seek professional help; try to keep doing activities you usually enjoy; stay connected with friends and family; exercise regularly; stick to regular eating and sleeping habits; avoid or restrict alcohol and illicit drugs; and if you feel suicidal, contact someone you trust or emergency services. The "REMEMBER" box is a red rectangle with white text stating that with the right support, you can get better and should seek help if you think you might be depressed. At the bottom left, there is an icon of two hands, one palm up and one palm down. At the bottom right, the World Health Organization logo is visible.

## Depression: what you should know

If you think that you might have depression, read on...

### What is depression?

- Depression can happen to anyone and is not a sign of weakness.
- It's an illness characterized by persistent sadness and a loss of interest in activities that you normally enjoy, accompanied by difficulty carrying out daily activities.
- People with depression also normally experience several of the following: loss of energy; change in appetite; sleeping more or less; anxiety; reduced concentration; indecisiveness; restlessness; feelings of worthlessness, guilt, or hopelessness; thoughts of self-harm or suicide.
- But don't worry. Depression can be treated – with talking therapies, medication or both.

### What you can do

- Talk to someone you trust about your feelings – most people find that talking to someone who cares about them helps.
- Seek professional help – your local health-care worker or doctor is a good place to start.
- Try to keep doing at least some of the activities that you usually enjoy.
- Stay connected with friends and family.
- Exercise regularly – even if it's just a short walk.
- Stick to regular eating and sleeping habits as much as possible.
- Avoid or restrict alcohol intake and don't use illicit drugs – they can make depression worse.
- If you feel suicidal, contact someone you trust for help, or ring the emergency services.

**REMEMBER:** With the right support, you can get better – so if you think you might be depressed, seek help.

World Health Organization





# Health Intelligence

- Working on ward profile update
- To be ready December 2021
- Mapping data for PHM work
- Updating JSNA



# Pharmaceutical Needs Assessment (PNA)

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- The PNA is a statutory requirement for the Health and Wellbeing Board. The process is being facilitated by Soar Beyond, who wrote the last PNA and will come to the board in 2022
- The PNA assess the provision of local pharmaceutical services according to the need. As such, it sets out:
  - a statement of the pharmaceutical services which are currently provided, together with when and where these are available
  - details of planned or likely changes which may affect the future provision of pharmaceutical services
  - any current or future gaps in pharmaceutical services
- There will be **two development sessions** to question how else we can work with Community Pharmacy in January.
- A public questionnaire is now on the council website <https://www.harrow.gov.uk/pnasurvey>

# Team News

## • Hellos

- We welcome Shinelle as an Apprentice to the Department
- We have appointed a Public Health Consultant who joins us in early December
- We have an interim PH Consultant, David, starting early November to work on Population Health Management across the Harrow ICP
- We have appointed to a fully funded (courtesy of NIHR) post of Research Practitioner who begins at the end of November.

## • Goodbyes

- Christabel, our GP trainee, has now gone on maternity leave.
- Azza, our specialist registrar is now studying at London School of Hygiene and Tropical Medicine for her Master's Degree in Public Health