HOUNSLOW HEALTH AND WELLBEING BOARD

A meeting of the Hounslow Health and Wellbeing Board will be held in the Committee Rooms 1 & 2, Civic Centre, Lampton Road, Hounslow on Tuesday, 10 January 2017 at 6:30pm

MEMBERSHIP

Voting membership:
Chair - Councillor Steve Curran (Leader of the Council)
Vice Chair - Councillor Corinna Smart (Cabinet Member Public Health and Leisure)
Councillor Tom Bruce (Cabinet Member Education and Children’s Services), Councillor Kamaljit Kaur (Cabinet Member Adult Social Care and Health), Councillor Amrit Mann (Cabinet Member Environment), Stephen Otter (Healthwatch Hounslow), Alan Adams (Interim Director Children’s and Adults’ Services LBH), Imran Choudhury (Director of Public Health LBH), Nicola Burbidge (Chair Hounslow Clinical Commissioning Group), Mary Harpley (Chief Executive LBH), Peter Matthew (Assistant Director Housing LBH), Stephen Mortimer (Co-optee – VCS representative for disability – Integrated Neurological Services), Sue Jeffers (Managing Director Hounslow Clinical Commissioning Group), Elizabeth Bruce (Carers Representative), Roger Shortt (Education Improvement Partnership), Charanjit Ajitsingh (Co-optee - Community Representative) and Inderpal Mudhar (JobCentre Plus).

Non-voting membership:
Lesley Watts (Chief Executive Chelsea & Westminster Hospital NHS Foundation Trust), Carolyn Regan (Chief Executive West London Mental Health Trust), Victoria Oji (Integrated Provider Forum), Patricia Wright (Interim Chief Executive Hounslow & Richmond Community Healthcare) and Richard Eason (VCS representative), Dr Mobin Salahuddin (Co-optee - Heathland Wellbeing Partnership), Greg Ashman (Fire Commander, London Fire Brigade), T/Ch. Supt. Raj Kohli (Acting Borough Commander, Hounslow Metropolitan Police Service), Jo Ohlson (NHS England) and Hannah Miller (Independent Advisor on Safeguarding).

AGENDA

1. Welcome and Introductions

2. Minutes of the meeting held on 14 September 2016 & Matters Arising (Pages 1 - 4)

3. Sustainable Transformation Plan - Sue Jeffers (Hounslow CCG) (Pages 5 - 65)

4. Commissioning of GP core contracts from April 2017 - Sue Jeffers (CCG) (to follow)

6. Adult Safeguarding in Hounslow - Hannah Miller
   The Annual Report 2015-16 and Business Plan 2016-17 for the Hounslow Safeguarding Adults Board (HSAB) are included in the agenda for information. Hannah Miller will present a verbal update on the Board.

7. Safeguarding Children in Hounslow - Hannah Miller
   The Annual Report 2015-16 and Business Plan 2016-17 for the Hounslow Children Safeguarding Board are included for information.

8. Childhood Sexual Exploitation Update - Hannah Miller


10. Any Other Business

11. Date of next meeting - Thursday 16 March 2017 from 6.30pm

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The Council asks that you avoid recording members of the audience who are not participants at the meeting. The Council will seek to facilitate this. However, anyone attending a public meeting does so in the knowledge that recording may take place and that they may be part of that record.

Declaring Interests:
Members are reminded that if they have a pecuniary interest in any matter being discussed at the meeting they must declare the interest and not take part in any discussion or vote on the matter.

Mary Harpley, Chief Executive,
London Borough of Hounslow, Civic Centre, Lampton Road, Hounslow TW3 4DN

23 December 2016
At a meeting of the Hounslow Health and Wellbeing Board held on Wednesday, 14 September 2016 at 6:30pm at the Committee Rooms 1 & 2, Civic Centre, Lampton Road, Hounslow.

Present:
Councillor Steve Curran (Chair)
Elizabeth Bruce, Dr Imran Choudhury, Richard Eason, Mary Harpley, Sue Jeffers, Councillor Kamaljit Kaur, Donald McPhail, Councillor Corinna Smart, Ann Bond and Charanjit Ajit Singh

1. Welcome and Introductions

The Chair welcomed everyone to the meeting and invited a round of introductions.

Apologies were recorded for Councillor Amritpal Mann, Nicola Burbidge, Greg Ashman, Hannah Miller, T/Ch. Supt. Raj Kohli, Lesley Watts, Peter Matthew, Inderpal Mudhar, Stephen Otter, Patricia Wright, Roger Shortt, Dr Mobin Salahuddin, Jo Ohlson, Carolyn Regan (deputised at this meeting by Sarah Rushton), Councillor Tom Bruce and Alan Adams (deputised by Martin Waddington at this meeting).

The Chair thanked Donald McPhail on behalf of the Board for his work on the Local Safeguarding Children Board over the past 6 years and wished him a very happy retirement.

The Chair then thanked Ann Bond who was leaving Integrated Neurological Services to work at Dorset CCG and wished her every success in her new role.

2. Minutes of the meeting held on 7 March 2016 and Matters Arising

The minutes were signed as a correct record by the Chair, subject to the following amendment:

Present:
Richard Eason had deputised for Ann Bond who had submitted apologies. Kevin Sarwar-Polley had also been in attendance as deputy at the meeting.

There were no matters arising.

3. Sustainability and Transformation Plans - Sue Jeffers (CCG)/ Alan Adams (LBH)

See submitted joint submission of the report and slides from Hounslow CCG and Hounslow Council, Agenda Item 3.

Sue Jeffers, Managing Director Hounslow Clinical Commissioning Group, led members through the submitted slides and provided the following comments in response to questions:

- Consideration had been given by each of the organisations across the region to the impact of the EU Referendum result when reviewing financial resources.
- Acknowledging that spiritual wellbeing (e.g.: avoiding social isolation) was not specifically touched on in the submitted iteration. However, further refinements were being made to the plan being prepared for completion on 21st October. This was taken seriously in care planning to ensure the needs of individuals were addressed.
- On the impact for Hounslow and timeline, considering some of the plans were to deliver within the current financial year (some concern as to whether this would be possible). It was noted that the plan was not starting from scratch but building on what had already been achieved and how the current services met the needs of users and how any identified gaps could be closed.
- Involvement of the voluntary sector was welcomed on the plans due for submission in
There was concern that the move to ‘reduce variation’ would mean reducing everything to the lowest common denominator. Sue confirmed that the variation referred to the aim to standardise the different pathways nationally so that clinicians ensured the guidance they followed was appropriate.

Concerns were raised that as a result individuals with learning difficulties currently receiving both an annual health check and a screening check would lose the additional screening. Sue provided assurances that the Transforming Care for People with Learning Difficulties Plan for the NWL area was designed to ensure consistency across the eight boroughs. It was noted that a work-stream was in place to consider what should be included in the generic NHS health check.

Concerns were raised that Hounslow would lose funding as part of the proposals to increase support for those boroughs currently not performing to the same level. When asked whether there were safeguards built into the plan, Sue agreed to report members’ concerns back to colleagues dealing with the financial provisions in the plan.

It was noted that the proposals represented a real culture change for the NHS, turning the focus away from acute care to prevention and the wider determinants of health.

It was acknowledged that carers would be involved in the planning for the proposals. A request was made to ensure sufficient support was put in place for carers.

Mary Harpley noted that much work had been progressed since the submitted version had been completed. Later versions would highlight more clearly the joint responsibility of the NHS and the Local Authority for the proposals. Regular discussions were being held for both the leaders and chief executives across all eight boroughs.

The plan would be brought before the Overview and Scrutiny Committee on Monday.

The Board supported listing the proposals as a standing item on the Board’s meeting agenda for the coming year.

Resolved:

- That the Board noted the work to date in developing the Sustainability and Transformation Plan (STP) for NW London and the work to date in mobilising for the delivery of the STP, the final submission date for which was the 21st October.
- The Board agreed the reframing of the current Health Integration Board to look at the STP implementation group for the STP, reporting to this Board, and holding its inaugural meeting tomorrow evening (15 September 2016).

Mary Harpley left the meeting at this point.

4. Joint Strategic Needs Assessment - Imran Choudhury

See report from the Director of Public Health, Agenda Item 4.

Imran Choudhury, Director of Public Health, introduced the report and confirmed that a steering group was being established that would report back to this Board and the Sustainability Transformation Plan sub-group. The expectation was that the JSNA would be completed by January 2017 and signed off by this Board in March 2017.

In response to questions Imran noted the need to manage the scope of the JSNA. It was acknowledged that capacity was not available to update the published information for each area with the assessment. The proposal was to include links to other bodies such as Public Health England. There was the option to build in a reflective element and feedback to the publication.

The Chair provided assurances that, as Richard Eason was now a member of the Board representing the voluntary sector, he should be party to all stages of the planning process on
matters discussed by the Board on behalf of the voluntary sector and its residents and clients.

Resolved:
- The Board reviewed and approved plans for the design and delivery of the 2016/17 Joint Strategic Needs Assessment (JSNA).
- The Board approved the establishment of a ‘Hounslow JSNA Steering Group’ (with associated sub ‘Task and Finish Working Groups’) which would report to the Hounslow Health and Wellbeing Board.
- The Board approved the delegation of the work on the Hounslow Joint Strategic Needs Assessment (JSNA) to the ‘Hounslow JSNA Steering Group’.

5. Health and Wellbeing Action Plans - Laura Maclehose

See submitted report from the Director of Public Health, Agenda Item 5.

Laura Maclehose, Consultant in Public Health, introduced the submitted report and detailed the 9 priorities laid out in the Action Plans and responded to members’ questions as follows:
- It was acknowledged that the submitted plans did not encompass all the work areas undertaken by the Public Health team. In response to Barbara Benedick’s question on activities for older people to help reduce social isolation, the Chair asked that a response was sent outside this meeting signposting those services.
- Sue asked for clarification on a rolling annual progress report on the three key priority areas. Laura provided assurances that work was progressing on areas identified as not performing as expected in order to meet targets.
- The Board supported taking a short (single page) executive summary could be brought to the Board as a progress update on those key priority areas and whether targets were being met.
- Imran suggested that a closer working relationship with NHSE should be fostered and achieved, whilst he acknowledged the capacity issues for the organisation across the eight boroughs currently.

Resolved:

Martin Waddington left the meeting at this point.

6. Child Sexual Exploitation Update - Donald McPhail

See report submitted by the Independent Chair of the Local Safeguarding Children Board, Agenda Item 6.

Donald McPhail, Independent Chair of the Local Safeguarding Children Board, drew members’ attention to the submitted report, which had been drafted in preparation for the postponed July Board meeting.

Donald informed members that the only significant amendment to the information in the report was that the current MASE had now fallen from 18 to 15. Currently responsibility for the MASE cohort stopped when the individual reached their 18th birthday. Donald was proud of the fact that support plans had been developed for each of the individuals within the MASE cohort and that CSE was no longer a bolt on to other processes but an integral part of the support provided, which represented a great achievement. Work was being done to look at ensuring the transition to adult support services secured to ensure individuals continued to receive the necessary support.

Work was progressing to ensure that there was comprehensive coverage across the borough
Sue Jeffers confirmed that the CCG governing body received a regular report on looked after children to ensure that they received their annual health checks.

The Board heard that 7 individuals within the MASE cohort had some form of learning difficulties identified that affected them in some form. The NSPCC was looking at sourcing education materials to help those more vulnerable young people.

It was confirmed that the LSCB membership included voluntary sector representation and work was being done to broaden the engagement and education of young people, including the use of social media.

7. **Any Other Business**

There was no urgent business raised.

8. **Information provided by the London Fire Brigade - Health Equipment and Associated Fire Risk**

The information contained within the agenda pack was noted.

9. **Date of next meeting - Tuesday, 8 November 2016 from 6.30pm**

The date of the forthcoming meeting was noted as having been changed from October to November 8th.

The meeting finished at 8:00 pm. The minute taker at this meeting was Kay Duffy
NW London Sustainability and Transformation Plan

Our plan for North West Londoners to be well and live well

Agenda Item 3

21 October 2016
Foreword

The National Health Service (NHS) is one of the greatest health systems in the world, guaranteeing services free at the point of need for everyone and saving thousands of lives each year. However, we know we can do much better. The NHS is primarily an illness service, helping people who are ill to recover – we want to move to a service that focuses on keeping people well, while providing even better care when people do become ill. The NHS is a maze of different services provided by different organisations, making it hard for users of services to know where to go when they have problems. We want to simplify this, ensuring that people have a clear point of contact and integrating services across health and between health and social care. We know that the quality of care varies across North West (NW) London and that where people live can influence the outcomes they experience. We want to eliminate unwarranted variation to give everyone access to the same, high quality services. We know that health is often determined by wider issues such as housing and employment – we want to work together across health and local government to address these wider challenges. We also know that as people live longer, they need more services which increases the pressures on the NHS at a time when the budget for the NHS is constrained.

NHS England has published the Five Year Forward View (FYFV), setting out a vision for the future of the NHS. Local areas have been asked to develop a Sustainability and Transformation Plan (STP) to help local organisations plan how to deliver a better health service that will address the FYFV "Triple Aims" of improving people’s health and well being, improving the quality of care that people receive and addressing the financial gap. This is a new approach across health and social care to ensure that health and care services are planned over the next five years and focus on the needs of people living in the STP area, rather than individual organisations.

Clinicians across NW London have been working together for several years to improve the quality of the care we provide and to make care more proactive, shifting resources into primary care and other local services to improve the management of care for people over 65 and people with long term conditions. We recognise the importance of mental as well as physical health, and the NHS and local government have worked closely together to develop a mental health strategy to improve wellbeing and reduce the disparity in outcomes and life expectancy for people with serious and long term mental health conditions. The STP provides an opportunity for health and local government organisations in NW London to work in partnership to develop a NW London STP that addresses the Triple Aim and sets out our plans for the health and care system for the next five years whilst increasing local accountability. It is an opportunity to radically transform the way we provide health and social care for our population, maximise opportunities to keep the healthy majority healthy, help people to look after themselves and provide excellent quality care in the right place when it’s needed. The STP process also provides the drivers to close the £1.4bn funding shortfall and develop a balanced, sustainable financial system which our plan addresses.

We can only achieve this if we work together in NW London working at scale and pace, not just to address health and care challenges but also the wider determinants of health including employment, education and housing. We know that good homes, good jobs and better health education all contribute towards healthier communities that stay healthy for longer. Our joint plan sets out how we will achieve this aim, improve care and quality and deliver a financially sustainable system. We have had successes so far but need to increase the pace and scale of what we do if we are going to be successful. We have listened to the feedback we have received so far from our patients and residents and updated our plan in particular around access to primary care and the delivery of mental health services. We will continue to engage throughout the lifetime of the plan.

Concerns remain around the NHS’s proposals developed through the Shaping a Healthier Future programme i.e. to reconfigure acute care in NW London. All STP partners will review the assumptions underpinning the changes to acute services and progress with the delivery of local services before making further changes and NHS partners will work jointly with local communities and councils to agree a model of acute provision that addresses clinical quality and safety concerns and expected demand pressures. We recognise that we don’t agree on everything, however it is the shared view of the STP partners that this will not stop us working together to improve the health and well-being of our residents.

Dr Mohini Parmar
Chair, Ealing Clinical Commissioning Group and NW London STP System Leader

Carolyn Downs
Chief Executive of Brent Council

Clare Parker
Chief Officer Central London, West London, Hammersmith & Fulham, Hounslow and Ealing CCGs

Tracey Batten
Chief Executive of Imperial College Healthcare NHS Trust

Rob Larkman
Chief Officer Brent, Harrow and Hillingdon CCGs
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i. Executive Summary:
Health and social care in NW London is not sustainable

In NW London there is currently significant pressure on the whole system. Both the NHS and local government need to find ways of providing care for an ageing population and managing increasing demand with fewer resources. Over the next five years, the growth in volume and complexity of activity will outstrip funding increases. But this challenge also gives us an opportunity. We know that our services are sloped and don’t treat people holistically. We have duplication and gaps; we have inefficiencies that mean patients often have poor experiences and that their time is not necessarily valued.

We are focused on helping to get people well, but do not spend enough time preventing them from becoming ill in the first place. The STP gives us the opportunity to do things much better.

The health and social care challenges we face are: building people centric services, doing more and better with less and meeting increased demand from people living longer with more long-term conditions. In common with the NHS FYFV, we face big challenges that align to the three gaps identified:

- 20% of people have a long term condition
- 50% of people over 65 live alone
- 10 – 28% of children live in households with no adults in employment
- 1 in 5 children aged 4-5 are overweight

Segmenting our population helps us to better understand the residents we serve today and in the future, the types of services they will require and where we need to target our funding. Segmentation offers us a consistent approach to understanding our population across NW London. Population segmentation will also allow us to contract for outcomes in the future.

NW London’s population faces a number of challenges as the segmentation below highlights. But we also have different needs in different boroughs, hence the importance of locally owned plans. We also need to be mindful of the wider determinants of health across all of these segments; specifically the importance of suitable housing, employment opportunities, education and skills, leisure and creative activities - which all contribute to improved emotional, social and personal wellbeing, and their associated health outcomes.
i. Executive Summary:
The NW London Vision – helping people to be well and live well

Our vision for NW London is that everyone living, working and visiting here has the opportunity to be well and live well – to make the very most of being part of our capital city and the cultural and economic benefits it provides to the country.

Our plan involves ‘flipping’ the historic approach to managing care. We will turn a reactive, increasingly acute-based model on its head, to one where patients take more control, supported by an integrated system which proactively manages care with the default position being to provide this care in areas close to people’s homes, wherever possible. This will improve health & wellbeing and care & quality for patients.

Our vision of how the system will change and how patients will experience care by 2020/21

Through better targeting of resources our transformation plans will improve the finances and efficiency of our system, with the more expensive hospital estate and skills used far more effectively. This will also allow more investment into the associated elements of social care and the wider determinants of health such as housing and skills, which will improve the health & wellbeing of our residents.
i. Executive Summary: How we will close the gaps

If we are to address the Triple Aim challenges, we must fundamentally transform our system. In order to achieve our vision we have developed a set of nine priorities which have drawn on local place based planning, sub-regional strategies and plans and the views of the sub-regional health and local government Strategic Planning Group. Having mapped existing local and NW London activity, we can see that existing planned activity goes a long way towards addressing the Triple Aim. But we must go further to completely close these gaps.

At a NW London level we have agreed five delivery areas that we need to focus on to deliver at scale and pace. The five areas are designed to reflect our vision with DA1 focusing on improving health and wellbeing and addressing the wider determinants of health; DA2 focusing on preventing the escalation of risk factors through better management of long term conditions; and DA3 focusing on a better model of care for older people, keeping them out of hospital where appropriate and enabling them to die in the place of their choice. DA4 and DA5 focus on those people whose needs are most acute, whether mental or physical health needs. Throughout the plan we try to address physical and mental health issues holistically, treating the whole person not the individual illness and seeking to reduce the 20 year disparity in life expectancy for those people with serious and long term mental health needs. There is a clear need to invest significant additional resource in out of hospital care to create new models of care and support in community settings, including through joint commissioning with local government.

### Triple Aim

<table>
<thead>
<tr>
<th>Our priorities</th>
<th>Primary Alignment*</th>
<th>Delivery areas (DA)</th>
<th>Target Pop. (no. &amp; pop. segment)</th>
<th>Net Saving (£m)</th>
<th>Plans</th>
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<tbody>
<tr>
<td>1. Support people who are mainly healthy to stay mentally and physically well, enabling and empowering them to make healthy choices and look after themselves</td>
<td>DA 1 Radically upgrading prevention and wellbeing</td>
<td>All adults: 1,641,500</td>
<td>11.6</td>
<td>a. Enabling and supporting healthier living for the population of NW London</td>
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<td>2. Improve children’s mental and physical health and well-being</td>
<td>DA 2 Eliminating unwarranted variation and improving LTC management</td>
<td>LTC: 347,000 Cancer: 17,000</td>
<td>13.1</td>
<td>b. Keeping people mentally well and avoiding social isolation</td>
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<td>3. Reduce health inequalities and disparity in outcomes for the top 3 killers: cancer, heart diseases and respiratory illness</td>
<td>DA 3 Achieving better outcomes and experiences for older people</td>
<td>+65 adults: 311,500 Advanced Dementia/Alzheimer’s: 5,000</td>
<td>82.6</td>
<td>c. Helping children get the best start in life</td>
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<td>4. Reduce social isolation</td>
<td>DA 4 Improving outcomes for children &amp; adults with mental health needs</td>
<td>482,700 Serious &amp; Long Term Mental Health, Common Mental Illnesses, Learning Disability</td>
<td>11.8</td>
<td>a. Delivering the Strategic Commissioning Framework and Five Year Forward View for primary care</td>
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<td>5. Reducing unwarranted variation in the management of long term conditions – diabetes, cardio vascular disease and respiratory disease</td>
<td>DA 5 Ensuring we have safe, high quality sustainable acute services</td>
<td>All: 2,079,700</td>
<td>208.9</td>
<td>b. Implement accountable care partnerships</td>
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<td>6. Ensure people access the right care in the right place at the right time</td>
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<td>c. Upgraded rapid response and intermediate care services</td>
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<td>7. Improve the overall quality of care for people in their last phase of life and enabling them to die in their place of choice</td>
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<td>d. Create an integrated and consistent transfer of care approach across NW London</td>
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<td>8. Reduce the gap in life expectancy between adults with serious and long term mental health needs and the rest of the population</td>
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<td>e. Improve care in the last phase of life</td>
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<td>9. Improve consistency in patient outcomes and experience regardless of the day of the week that services are accessed</td>
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* Many of our emerging priorities will map across to several delivery areas. But we have sought to highlight where the main focus of these Delivery Areas are in this diagram.
Executive Summary: Existing health service strategy

This STP describes our shared ambition across health and local government to create an integrated health and care system that enables people to live well and be well: addressing the wider determinants of health, such as employment, housing and social isolation, enabling people to make healthy choices, proactively identifying people at risk of becoming unwell and treating them in the most appropriate, least acute setting possible and enabling people to regain independence whenever possible. When people do need more specialist care this needs to be available when needed and to be of consistently high quality with access to senior doctors seven days a week. Too often people are being brought into hospital unnecessarily, staying too long and for some dying in hospital when they would rather be cared for at home.

The health system in NW London needs to be able to meet this ambition, and for the last few years doctors, nurses and other clinicians have come together as a clinical community across primary, secondary and tertiary care to agree how to transform health care delivery into a high quality but sustainable system that meets patients’ needs. This is based on three factors:

Firstly, the transformation of general practice, with consistent services to the whole population ensuring proactive, co-ordinated and accessible care. We will deliver this through primary care operating at scale through networks, federations of practices or super-practices, working with partners to deliver integrated care (Delivery Areas 1-3).

Secondly, a substantial upscaling of the intermediate care services available to people locally offering integrated health and social care teams outside of an acute hospital setting (Delivery Area 3). The offering will be consistent, simple and easy to use and understand for professionals and patients. This will respond rapidly when people become ill, delivering care in the home, in GP practices or in local services hubs, will irrelative into A&E and CDU to support people who do not need to be there and can be cared for at home and facilitate a supported discharge from hospitals as soon as the individual is medically fit. The services will be fully integrated between health and social care.

Thirdly, acute services need to be configured at a scale that enables the delivery of high quality care, 7 days a week, giving the best possible outcomes for patients (Delivery Area 5). As medicine evolves, it benefits from specialisation and innovation. The benefits of senior clinical advice available at most parts of the day are now well documented to improve outcomes as it enables the right treatment to be delivered to the patient at the right time. We know from our London wide work on stroke and major trauma that better outcomes can be achieved by consolidating specialist doctors into a smaller number of units that can deliver consistently high quality, well staffed services by staff who are experts in their field. This also enables the best use of specialist equipment and ensures staff are equipped with the right case mix of patients to maintain and develop their skills. In 2012 the NHS consulted on plans to reduce the number of major hospitals in NW London from 9 to 5, enabling us to drive improvements in urgent care, maternity services and children’s care. The major hospitals will be networked with a specialist hospital, an elective centre and two local hospitals, allowing us to drive improvements in care across all areas.

Our STP sets out how we will meet the needs of our population more effectively through our proactive care model. We also have increasing expectations of standards of service and availability of services 24/7, driving financial and workforce challenges. We will partially address the financial challenges through our NW London Productivity Programme, but even if the demand and finance challenges are addressed, our biggest, most intractable problem is the lack of skilled workforce to deliver a ‘7 day service’ under the current model across multiple sites. The health system is clear that we cannot deliver a clinically and financially sustainable system without transforming the way we deliver care, and without reconfiguring acute services to enable us to staff our hospitals safely in the medium term.

The place where this challenge is most acute is Ealing Hospital, which is the smallest District General Hospital (DGH) in London. We know that the hospital has caring, dedicated and hardworking staff, ensuring that patients are well cared for. We wish to maintain and build on that through our new vision for Ealing, serving the community with an A&E supported by a network of ambulatory care pathways and centre of excellence for elderly services including access to appropriate beds. The site would also allow us to deliver primary care to scale with an extensive range of outpatient and diagnostic services meeting the vast majority of the local population’s routine health needs. Due to the on-going uncertainty of the future of Ealing Hospital the vacancy rate is relatively high, and there are relatively fewer consultants and more junior doctors than in other hospitals in NW London, meaning that it will be increasingly challenging to be clinically sustainable in the medium term. As Ealing currently has a financial deficit of over £30m as the costs of staffing it safely are greater than the activity and income for the site, the current clinical model is not financially sustainable. This means it makes sense to prioritise the vision for Ealing in this STP period.

A joint statement from six boroughs is at Appendix A. Ealing and Hammersmith & Fulham Councils do not support the STP due to proposals to reconfigure acute services in the two respective boroughs. Both councils remain fully committed to continuing collaboration on the joint program of work as envisaged in STP delivery areas 1 to 4.

The focus of the STP for the first two years is to develop the new proactive model of care across NW London and to address the immediate demand and financial challenges. No substantive changes to A&Es in Ealing will be made until there is sufficient alternative capacity out of hospital or in acute hospitals.

There is a similar vision for Charing Cross Hospital. Here, again, we plan to deliver ambulatory care, primary care to scale and an extensive range of diagnostic services. However at Charing Cross, during this STP period, there are no planned changes to the A&E services currently being provided.
Our population segmentation shows that we will see larger rises in the populations with increased health needs over the next 15 years than in the wider population. This increased demand means that activity, and the cost of delivering services, will increase faster than our headline population growth would imply. NHS budgets, while increasing more than other public sector budgets, are constrained and significantly below both historical funding growth levels and the increase in demand, while social care budgets face cuts of around 40%. If we do nothing, the NHS will have a £1,113m funding gap by 20/21 with a further £298m gap in social care, giving a system wide shortfall of £1,410m. Through a combination of normal savings delivery and the benefits that will be realised through the five STP delivery areas, the financial position of the health sector is a £15.1m surplus, and the social care deficit is £35m, giving an overall sector deficit of £19.9m.

Table: North West London Footprint position in 20/21

<table>
<thead>
<tr>
<th>£m</th>
<th>CCGs</th>
<th>Acute</th>
<th>Non-Acute</th>
<th>Spec. Comm</th>
<th>Primary Care</th>
<th>STF Investment</th>
<th>Sub-total (Health)</th>
<th>Social Care</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do Nothing Oct 16</td>
<td>(247.6)</td>
<td>(529.8)</td>
<td>(131.6)</td>
<td>(188.6)</td>
<td>(14.8)</td>
<td>-</td>
<td>(1,112.4)</td>
<td>(297.5)</td>
<td>(1,409.9)</td>
</tr>
<tr>
<td>Business as usual savings (CIP/QIPP)</td>
<td>127.8</td>
<td>341.6</td>
<td>102.7</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>572.1</td>
<td>108.5</td>
<td>680.6</td>
</tr>
<tr>
<td>DA 1-5 - Investment</td>
<td>(118.3)</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>(118.3)</td>
<td>-</td>
<td>(118.3)</td>
</tr>
<tr>
<td>S5 - Savings</td>
<td>302.9</td>
<td>120.4</td>
<td>23.0</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>446.3</td>
<td>62.5</td>
<td>508.8</td>
</tr>
<tr>
<td>Additional costs of delivering SYFV</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>(55.7)</td>
<td>-</td>
<td>(55.7)</td>
</tr>
<tr>
<td>STF - funding</td>
<td>24.0</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>14.8</td>
<td>55.7</td>
<td>94.5</td>
<td>19.5</td>
<td>114.0</td>
</tr>
<tr>
<td>Other</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>188.6</td>
<td>-</td>
<td>-</td>
<td>188.6</td>
<td>72.0</td>
<td>260.6</td>
</tr>
<tr>
<td>TOTAL IMPACT</td>
<td>336.4</td>
<td>462.0</td>
<td>125.7</td>
<td>188.6</td>
<td>14.8</td>
<td>-</td>
<td>1,127.5</td>
<td>262.5</td>
<td>1,390.0</td>
</tr>
<tr>
<td>Final Position Surplus/(Deficit)</td>
<td>88.8</td>
<td>(67.8)</td>
<td>(5.9)</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>15.1</td>
<td>(35.0)</td>
<td>(19.9)</td>
</tr>
</tbody>
</table>

Schemes have been identified which support the shift of patient care from acute into local care settings, and include transformational schemes across all points of delivery. The work undertaken by Healthy London Partners has been used to inform schemes in all Delivery Areas, particularly in the areas of children’s services, prevention and well-being and those areas identified by ‘Right Care’ as indicating unwarranted variation in healthcare outcomes. These schemes, as well as improving patient outcomes, are expected to cost less – requiring £118m of investment to deliver £303m of CCG commissioner savings and £143m of provider savings.

In addition, the solution includes £570m of business as usual savings (CIPs and QIPP), the majority delivered by the acute providers, which relate to efficiencies that can be delivered without working together and without strategic change. Each of the acute providers has provided details of their governance and internal resources and structures to help provide assurance of deliverability.

The financial modelling shows a forecast residual financial gap in outer NWL providers at 20/21, mainly attributable to the period forecast for completing the reconfiguration changes that will ensure a sustainable end state for most providers. This could be resolved by bringing forward the acute configuration changes described in DA5c relating to Ealing, once it can be demonstrated that reduced acute capacity has been adequately replaced by out of hospital provision to enable patient demand to be met. The remaining deficit is due to London Ambulance Service (NWL only) and Royal Brompton & Harefield, who are within the NWL footprint but primarily commissioned by NHS England.

In order to support the implementation of the transformational changes, NWL seeks early access to the Sustainability and Transformation Fund, to pump prime the new proactive care model while sustaining current services pending transition to the new model of care.

NWL also seeks access to public capital funds, as an important enabler of clinical and financially sustainable services and to ensure that services are delivered from an appropriate quality environment.
i. Executive Summary: Social Care Finances (I)

Local government has faced unprecedented reductions in their budget through the last two comprehensive spending reviews and the impact of the reductions in social care funding in particular has had a significant impact on NHS services. In addition to this there continues to be a significant level of service and demographic pressures putting further strain on the service. To ensure that the NHS can be sustainable long term we need to protect and invest in social care and in preventative services, to reduce demand on the NHS and to support the shift towards more proactive, out of hospital care. This includes addressing the existing gap and ensuring that the costs of increased social care that will result from the delivery areas set out in this plan are fully funded.

The chart below sets out below the projected gap and how this will be addressed. The savings are further broken down on the following slide.

The following assumptions and caveats apply:
The residual gap of £35m by 20/21 will be addressed through further joint working between health and social care. An initial estimated cost pressure of £35m illustrates the likely shift from hospital activity into adult social care, which is to be addressed through a robust business case process. £19.5m is assumed to be funded by STF on a recurrent basis, leaving an unresolved recurrent gap of £35m.

(1) Further detailed work is required to model the benefits of joint commissioning across the whole system as part of Delivery Area 3;
(2) The share of savings accruing to Health are assumed to be shared equally with local government on the basis of performance;
(3) Assumed that £19.5m will be recurrent funding from 2020/21 through the STF fund;
(4) Further work is required to identify the impact on social care of the Delivery Area schemes, and to develop joined up health and social care business cases. Where the Delivery Area schemes result in a shift of costs to social care, it is expected that these would be NHS funded;
(5) The residual gap of £35m by 20/21 is assumed to be unresolved but both Local Government and NHS colleagues will be working collaboratively to identify how to close this gap, so as to put both the health and social care systems on sustainable footing.

NB Confirmation of what the final on-going sources of funding will be from 2020/21 is being sought.
### i. Executive Summary: Social Care Finances (2)

The table below sets out how the savings accruing to local authorities from joint work with Health on the Delivery Area business cases will be delivered through the investment of transformation funding:

<table>
<thead>
<tr>
<th>Theme</th>
<th>STP delivery area</th>
<th>Savings for ASC (£M)</th>
<th>Savings for LG / PH (£M)</th>
<th>Total benefit for LG</th>
<th>Benefit for Health** (£M)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Health &amp; prevention</td>
<td>DA1</td>
<td>-</td>
<td>2.0</td>
<td>2.0</td>
<td>2.2</td>
</tr>
<tr>
<td>Demand management &amp; community resilience</td>
<td>DA2</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>6.1</td>
</tr>
<tr>
<td>Caring for people with complex needs</td>
<td>DA3</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>5.1</td>
</tr>
<tr>
<td>Accommodation based care</td>
<td>DA3</td>
<td>7.7</td>
<td>-</td>
<td>7.7</td>
<td>2.0</td>
</tr>
<tr>
<td>Discharge</td>
<td>DA3</td>
<td>3.4</td>
<td>-</td>
<td>3.4</td>
<td>9.6</td>
</tr>
<tr>
<td>Mental Health</td>
<td>DA4</td>
<td>3.5</td>
<td>2.9</td>
<td>6.4</td>
<td>5.0</td>
</tr>
<tr>
<td>Vulnerable</td>
<td>DA1</td>
<td>3.0</td>
<td>3.0</td>
<td>6.0</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total savings through STP investments</strong></td>
<td></td>
<td>17.6</td>
<td>7.9</td>
<td>25.5</td>
<td>30.0</td>
</tr>
<tr>
<td><strong>Joint commissioning</strong></td>
<td>DA3</td>
<td>22.0</td>
<td>-</td>
<td>22.0</td>
<td>TBC</td>
</tr>
<tr>
<td><strong>Total savings</strong></td>
<td></td>
<td>39.6</td>
<td>7.9</td>
<td>47.5</td>
<td>30.0</td>
</tr>
</tbody>
</table>

The following assumptions and caveats apply:
To deliver the savings requires non-recurrent transformational investment from the NHS Sustainability and Transformation Fund of an estimated £110m over 3 years (£21m in 17/18, rising to £34m by 20/21) into local government commissioned services. The financial benefits of the actions above represent projected estimations and are subject to further detailed work across local government and health.
i. Executive Summary: 16/17 key deliverables

Our plan is ambitious and rightly so – the challenges we face are considerable and the actions we need to take are multifaceted. However we know that we will be more effective if we focus on a small number of things in each year of the five year plan, concentrating our efforts on the actions that will have the most impact.

We have an urgent need to stabilise the system and address increasing demand whilst maintaining a quality of care across all providers that is sustainable. For year 1 we are therefore targeting actions that take forward our strategy and will have a quick impact. To help us achieve the longer term shift to the proactive care model we will also plan and start to implement work that will have a longer term impact. Our focus out of hospital in 2016/17 will therefore be on care for those in the last phase of life and the strengthening of intermediate care services by scaling up models that we know have been successful in individual boroughs. In hospital we will focus on reducing bank and agency spend and reducing unnecessary delays in hospital processes through the 7 Day Programme.

We are working together as partners across the whole system to review governance and ensure this work is jointly-led.

Areas with impact in 2016/17

<table>
<thead>
<tr>
<th>Delivery area</th>
<th>What we will achieve</th>
<th>Impact</th>
</tr>
</thead>
</table>
| DA1           | i. Establish a People’s Health and Wellbeing Charter, co-designed with patient and community representatives for Commissioning and Provider organisations to promote as core to health and social care delivery  
ii. Co-designing the new Work and Health programme so that it provides effective employment support for people with learning disabilities and people with mental health problems | i. A shared understanding of public and professional responsibility for use of services  
ii. Maximising opportunities working jointly to support people with mental health problems, resulting in benefits to the health system and wider local economy |
| DA2           | i. Increased accessibility to primary care through extended hours and via a variety of channels [e.g. digital, phone, face-to-face]  
ii. Enhanced primary care with focus on providing more proactive and co-ordinated care to patients  
iii. Comprehensive diabetes performance dashboard at practice and CCG level  
iv. Delivery of Patient Activation Measure Year 1 targets as part of the self care framework | i. Delivering extended access for Primary Care, 8am – 8pm, 7 days a week, leading to additional appointments available for patients out of hours, every week, as well as a reduction in NEs and A&E attendances  
ii. Unique, convenient, efficient and better care for patients as well as supporting sustainability and delivering accountable care for patients  
iii. Improve health and wellbeing of local diabetic population  
iv. Enable more patients with an LTC to self-manage |
| DA3           | i. Single 7 day discharge approach across health, moving towards fully health and social care integrated discharge by the end of 2016/17  
ii. Training and support to care homes to manage people in their last phase of life  
iii. Develop and agree the older persons (frailty) service for Ealing and Charing Cross Hospitals, as part of a fully integrated older persons service  
iv. Deployed the NW London Whole Systems Integrated Care dashboards and databases to 312 practices to support direct care, providing various views including a 12 month longitudinal view of all the patients’ health and social care data. ACP dashboards also deployed | i. Circa 1 day reduction in the differential length of stay for patients from outside of the host borough  
ii. 5% reduction in the number of admissions from care homes, when comparing Quarter 4 year on year 10  
iii. Full impact to be scoped but this is part of developing a fully integrated older persons service and blue print for a NW London model at all hospital sites  
iv. Improved patient care, more effective case finding and risk management for proactive care, supports care coordination as integrated care record provided in a single view |
| DA4           | i. All people with a known serious and long term mental health need are able to access support in crisis 24/7 from a single point of access (SPA)  
ii. Launch new eating disorder services, and evening and weekend services. Agree new model ‘tier free’ model. | i. 300-400 reduction in people in crisis attending A&E or requiring an ambulance11  
ii. Reduction in crisis contacts in A&E for circa 200 young people |
| DA5           | i. Joint safer staffing programme across all trusts results in a NW London wide bank and reductions in bank and agency expenditure  
ii. Paediatric assessment units in place in 4 of 5 hospitals in NW London, Ealing paediatric unit closed safely  
iii. Compliance with the 7 Day Diagnostic Standard for Radiology, meeting the 24hr turn-around time for all inpatient scans | i. All trusts achieve their bank and agency spend targets  
ii. Circa 0.5 day reduction in average length of stay for children12. Consultant cover 7am to 10pm across all paediatric units13  
iii. We will achieve a Q4 15/16 to Q4 16/17 reduction of 0.5 day LOS on average for patients currently waiting longer than 24hrs for a scan. This will increase to a 1 day reduction in 17/1814 |
1. Case for Change:
Understanding the NW London footprint and its population is vital to providing the right services to our residents

NW London is proud to be part of one of the most vibrant, multicultural and historic capital cities in the world. Over two million people live in the eight boroughs stretching from the Thames to Watford and which include landmarks such as Big Ben and Wembley Stadium. The area is also undergoing major infrastructure development with Crossrail, which will have a socio economic impact beyond 2021.

It is important to us – the local National Health Service (NHS), Local Government and the people we serve in NW London – that everyone living, working and visiting here has the opportunity to be well and live well – to make the very most of being part of our capital city and the cultural and economic benefits it provides to the country.

In common with the NHS Five Year Forward View we face big challenges in realising this ambition over the next five years:
- Some NW London boroughs have the highest life expectancy differences in England. In one borough men experience 16.04 year life expectancy difference between most deprived and least\(^1\)
- 21% of the population is classed as having complex health needs
- NW London’s 16-64 employment rate of 71.5% was lower than the London or England average\(^2\)
- If we do nothing, there will be a £1.4bn financial gap in our health and social care system and potential market failure in some sectors

The challenges we face require bold new thinking and ambitious solutions, which we believe include improving the wider determinants of health and wellbeing such as housing, education and employment, people supported to take greater responsibility for their wellbeing and health, prevention embedded in everything we do, integration in all areas and creating a truly digital, information enabled service.

We have a strong sense of place in NW London, across and within our boroughs. In the following pages of our Sustainability and Transformation Plan (STP) we set out our case for change, our ambitions for the future of our places and how we will focus our efforts on a number of high impact initiatives to address the three national challenges of ‘health and wellbeing’, ‘care and quality’, and ‘finance and productivity’.
1. Case for Change: Working together to address a new challenge

To enable people to **be well and live well**, we need to be clear about our collective responsibilities. As a system we have a responsibility for the health and well-being of our population but people are also responsible for looking after themselves. Our future plans are dependent upon acceptance of shared responsibilities. Working in partnership with patient and community representatives, in 2016/17 we will produce a **People’s Health & Wellbeing Charter** for NW London. This will set out the health and care offer so that people can access the right care in the right place at the right time. As part of this social contract between health and care providers and the local community, it will also set out the ‘offer’ from people in terms of how they will look after themselves.

### Responsibilities of our residents

- To make choices in their lifestyles that enable them to stay healthy and reduce the risk of disease
- To use the most appropriate care setting
- To access self-care services to improve their own health and wellbeing and manage long-term conditions
- To access support to enable them to find employment and become more independent
- To help their local communities to support vulnerable people in their neighbourhoods and be an active part of a vibrant community

### Responsibilities of our system

- To provide appropriate information and preventative interventions to enable residents to live healthily
- To deliver person-centred care, involve people in all decisions about their care and support
- To respond quickly when help or care is needed
- To provide the right care, in the right place, to consistently high quality
- Reduce unwarranted variation and address the ‘Right Care’ challenge
- To consider the whole person, recognising both their physical and mental health needs
- To provide continuity of care or service for people with long term health and care needs
- To enable people to regain their independence as fully and quickly as possible after accident or illness
- To recognise when people are in their last phase of life and support them with compassion

To support these responsibilities, we have a series of underlying principles which underpin all that we do and provide us with a common platform.

### Principles underpinning our work

- Focus on prevention and early detection
- Individual empowerment to direct own personalised care and support
- People engaged in their own health and wellbeing and enabled to self-care
- Support and care will be delivered in the least acute setting appropriate for the patient’s need
- Care will be delivered outside of hospitals or other institutions where appropriate
- Services will be integrated
- Subsidiarity – where things can be decided and done locally they will be
- Care professionals will work in an integrated way
- Care and services will be co-produced with patients and residents
- We will focus on people and place, not organisations
- Innovation will be maximised
- We will accelerate the use of digital technology and technological advances
1. Case for Change: Understanding our population

In NW London we have taken a population segmentation approach to understand the changing needs of our population. This approach is at the core of how we collectively design services and implement strategies around these needs. NW London has:

- 2.1 million residents and 2.3 million registered patients in 8 local authorities
- Significant variation in wealth
- Substantial daytime population of workers and tourists, particularly in Westminster and Kensington & Chelsea
- A high proportion of people were not in born in UK (>50% in some wards)
- A diverse ethnicity, with 53% White, 27% Asian, 10% Black, 5% Mixed, with a higher prevalence of diabetes
- A high working age population aged 20-39 compared with England
- Low vaccination coverage for children and high rates of tooth decay in children aged 5 (50% higher than England average)
- State primary school children with high levels of obesity

Population Segmentation for NW London 2015–30

- Mostly healthy
  - 1,216,000 adults in NW London are mostly healthy
  - 55% of the total population
  - 24% of care spend in NW London
- One or more long-term conditions
  - 330,000 adults in NW London have 1 or more LTC
  - 16% of the population
  - 22% of the care spend in NW London
- Cancer
  - 17,000 adults in NW London have cancer
  - 0.8% of the population
  - 4.5% of care spend in NW London
- Serious and long term mental health needs
  - 37,500 adults in NW London have serious and long term mental health needs
  - 2% of population
  - 7.5% of care spend
- Learning disability
  - 7,000 adults in NW London have learning disabilities
  - 0.3% of the population
  - 6% of care spend in NW London
- Severe physical disability
  - 21,000 adults in NW London have severe physical disabilities
  - 0.2% of the population
  - 2% of care spend in NW London
- Advanced dementia / Alzheimer’s
  - 5,000 adults in NW London have advanced dementia
  - 0.2% of the population
  - 2% of care spend in NW London
- Children
  - 438,200 children in NW London
  - 2% of the population
  - 14% of care spend in NW London
- Socially Excluded Groups
  - Westminster has the highest recorded population of rough sleepers of any local authority in the country
  - There are nearly 3,500 people recorded as sleeping rough in the 3 Boroughs

In order to understand the context for delivering health and social care for the population, it is critical to consider the wider determinants of health and wellbeing that are significant drivers of activity.

- High proportions living in poverty and overcrowded households
- High rates of poor quality air across different boroughs
- Only half of our population are physically active
- Nearly half of our 65+ population are living alone increasing the potential for social isolation
- Over 60% of our adult social care users wanting more social contact

Segmenting our population helps us to better understand the residents we serve today and in the future, the types of services they will require and where our investment is needed. Segmentation offers a consistent approach to understanding our population across NW London. NW London’s population faces a number of challenges as the segmentation (left) highlights. But we also have different needs in different boroughs, hence the importance of locally owned plans.

Please note that segment numbers are for adults only with the exception of the children segment.
1. Case for Change:
The NW London Vision – helping people to be well and live well

Our vision for NW London is that everyone living, working and visiting here has the opportunity to **be well and live well** – to make the very most of being part of our capital city and the cultural and economic benefits it provides to the country.

Our plan involves ‘flipping’ the historic approach to managing care. We will turn a reactive, increasingly acute-based model on its head, to one where patients take more control, supported by an integrated system which proactively manages care with the default position being to provide this care as close to, or in people’s homes, wherever possible. This will improve health & wellbeing and care & quality for patients.

Our vision of how the system will change and how patients will experience care by 2020/21

Through better targeting of resources to make the biggest difference, it will also improve the finances and efficiency of our system, with the more expensive hospital estate and skills used far more effectively. This will also allow more investment into the associated elements of social care and the wider determinants of health such as housing and skills, to improve the broader health and wellbeing of our residents.
1. Case for Change: Understanding people’s needs

While segmentation across NW London helps us to understand our population we also recognise that each borough has its own distinct profile. Understanding our population’s needs both at a NW London and a borough level is vital to creating effective services and initiatives.

- **Hillingdon** has the second largest area of London’s 32 boroughs.
- By 2021, the overall population in Hillingdon is expected to grow by 8.6% to 320,000.
- Rates of diabetes, hospital admissions for alcohol-related harm and tuberculosis are all higher than the England average.
- There is an expected rise in the over-75-year-old population over the next 10 years and it is expected that there will be an increase in rates of conditions such as dementia.

- **Harrow** has one of the highest proportions of those aged 65 and over compared to the other boroughs in NW London.
- More than 50% of Harrow’s population is from black and minority ethnic (BAME) groups.
- Cardiovascular disease is the highest cause of death in Harrow, followed by cancer and respiratory disease.
- Currently 9.3% of Reception aged children being obese (2013/14) increasing to 20.8% for children aged 10 to 11 years old in year 6.

- **Brent** is ranked amongst the top 15% most-deprived areas in the country.
- The population is young, with 35% aged between 20 and 39.
- Brent is ethnically diverse with 65% from BAME groups.
- It is forecast that by 2030 15% of adults in Brent will have diabetes.
- Children in Brent have worse than average levels of obesity – 10% of children in Reception, 24% of children in Year 6.

- **Ealing** is London’s third largest borough.
- It is estimated that by 2020, there will be a 19.5% rise in the number of people over 65 years of age, and a 48% rise in the number of people over 85.
- Ealing is an increasingly diverse borough, with a steady rise projected for BAME groups at 52%.
- The main cause of death is cardiovascular disease accounting for 31% of all deaths.
- In Ealing, cancer caused 1573 deaths during 2011-13. Over half (51.4%, 809) of cancer deaths were premature (under 75).

- **Hounslow** serves a diverse population of 253,957 people (2011 Census), the fifth fastest growing population in the country.
- Hounslow’s population is expected to rise by 12% between 2012 and 2020.
- Hounslow has significantly more deaths from heart disease and stroke than the England average.
- Due to a growing ageing population and the improved awareness and diagnosis of individuals, diagnosis of dementia is expected to increase between 2012 and 2020 by 23.5%.
- The volume of younger adults with learning disabilities is also due to increase by 3.6%.

- **Kensington & Chelsea** serves a diverse population of 179,000 people and has a very large working age population and a small proportion of children (the smallest in London).
- Half of the area’s population were born abroad.
- The principal cause of premature death in the area is cancer.
- There are very high rates of people with serious and long term mental health needs in the area.

- **Westminster** has a daytime population three times the size of the resident population.
- The principal cause of premature death in Westminster is cancer, followed by cardiovascular disease.
- In 2014, Westminster had the 6th highest reported new diagnoses of Sexually Transmitted Infections (excluding Chlamydia aged < 25) rate in England.
- Westminster also has one of the highest rates of homelessness and rough sleeping in the country.

- **Hammersmith & Fulham** is a small, but a densely populated borough with 183,000 residents with two in five people born abroad.
- More than 90% of contacts with the health service take place in the community, involving general practice, pharmacy and community services.
- The principle cause of premature and avoidable death in Hammersmith and Fulham is cancer, followed by CVD.
1. Case for Change: Health and Wellbeing Current Situation

The following emerging priorities are a consolidation of local place based planning, sub-regional strategies and plans and the views of the sub-regional health and local government Strategic Planning Group. They seek to address the challenges described by our 'as-is' picture and deliver our vision and ‘to-be’ ambitions using an evidence based, population segmentation approach. They have been agreed by our SPG.

### Our as-is...

- **20%** of people have a long term condition
- **13-24%** of adults are obese
- **25%** of people with depression and anxiety never access treatment
- **1 in 5** of children aged 4-5 years are overweight
- **10-28%** of children are living in households with no adults in employment
- **5-8%** of children under 5 have tooth decay, compared to **0.9%** nationally
- **1500 people under 75 die each year from cancer, heart diseases and respiratory illness.**

If we were to reach the national average of outcomes, we could save **200 people per year.**

### Our to-be...

- People live healthy lives and are supported to maintain their independence and wellbeing with increased levels of activation, through targeted patient communications – reducing hospital admissions and reducing demand on care and support services.
- Children and young people have a healthy start to life and their parents or carers are supported – reducing admissions to hospital and demands on wider local services.
- People with cancer, heart disease or respiratory illness consistently experience high quality care with great clinical outcomes, in line with Achieving World-Class Cancer Outcomes.

### Our Priorities

1. **Support people who are mainly healthy to stay mentally and physically well, enabling and empowering them to make healthy choices and look after themselves.**

   - **Our vision for health and wellbeing:**
     - "My life is important, I am part of my community and I have opportunity, choice and control"
     - "As soon as I am struggling, appropriate and timely help is available"
     - "The care and support I receive is joined-up, sensitive to my own needs, my personal beliefs, and delivered at the place that’s right for me and the people that matter to me"
     - "My wellbeing and happiness is valued and I am supported to stay well and thrive"

2. **Improve children’s mental and physical health and wellbeing.**

3. **Reduce health inequalities and disparity in outcomes for the top 3 killers: cancer, heart diseases and respiratory illness.**
## 1. Case for Change: Care & Quality Current Situation

<table>
<thead>
<tr>
<th>Our as-is...</th>
<th>Our to-be...</th>
<th>Our Priorities</th>
</tr>
</thead>
<tbody>
<tr>
<td>People with long term conditions use 75% of all healthcare resources.</td>
<td>People are empowered and supported to lead full lives as active participants in their communities – reducing falls and incidents of mental ill health and preventing escalation of mental health needs</td>
<td>4 Reduce social isolation</td>
</tr>
<tr>
<td>50% of people over 65 live alone</td>
<td>Care for people with long term conditions is proactive and coordinated and people are supported to care for themselves</td>
<td>5 Reducing unwarranted variation in the management of long term conditions – diabetes, cardio vascular disease and respiratory disease</td>
</tr>
<tr>
<td>69% of social care care don’t have as much social contact as they would like</td>
<td>GP, community and social care is high quality and easily accessible, including through NHS 111, and in line with the National Urgent Care Strategy</td>
<td>6 Ensure people access the right care in the right place at the right time</td>
</tr>
<tr>
<td>Over 30% of patients in an acute hospital bed right now do not need to be there.</td>
<td>People are supported with compassion in their last phase of life according to their preferences</td>
<td>7 Improve the overall quality of care for people in their last phase of life and enabling them to die in their place of choice</td>
</tr>
<tr>
<td>3% of admissions are using a third of acute hospital beds.</td>
<td>People are supported holistically according to their full range of mental, physical and social needs in line with The Five Year Forward View For Mental Health</td>
<td>8 Reduce the gap in life expectancy between adults with serious and long-term mental health needs and the rest of the population</td>
</tr>
<tr>
<td>Over 80% patients indicated a preference to die at home but 22% actually did.</td>
<td>People receive equally high quality and safe care on any day of the week, we save 130 lives per year</td>
<td>9 Improve consistency in patient outcomes and experience regardless of the day of the week that services are accessed</td>
</tr>
<tr>
<td>People with serious and long term mental health needs have a life expectancy circa 20 years less than the average and the number of people in this group in NW London is double the national average.</td>
<td>Mortality is between 4-14% higher at weekends than weekdays.</td>
<td></td>
</tr>
<tr>
<td>Our vision for care and quality:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personalised</td>
<td>Personalised, enabling people to manage their own needs themselves and to offer the best services to them. This ensures their support and care is unique.</td>
<td></td>
</tr>
<tr>
<td>Localised</td>
<td>Localised where possible, allowing for a wider variety of services closer to home. This ensures services, support and care is convenient.</td>
<td></td>
</tr>
<tr>
<td>Coordinated</td>
<td>Delivering services that consider all the aspects of a person’s health and wellbeing and is coordinated across all the services involved. This ensures services are efficient.</td>
<td></td>
</tr>
<tr>
<td>Specialised</td>
<td>Centralising services where necessary for specific conditions ensuring greater access to specialist support. This ensures services are better.</td>
<td></td>
</tr>
</tbody>
</table>
1. Case for Change:
Overall Financial Challenge – Do Nothing

Our population segmentation shows that we will see larger rises in the populations with increased health needs over the next 15 years than in the wider population. This increased demand means that activity, and the cost of delivering services, will increase faster than our headline population growth would imply. NHS budgets, while increasing more than other public sector budgets, are constrained and significantly below both historical funding growth levels and the increase in demand, while social care budgets face cuts of around 40%. If we do nothing, the NHS will have a £1,113m funding gap by 20/21 with a further £297m gap in social care, giving a system wide shortfall of £1,410m.

The bridge below presents the key drivers for the revised 20/21 ‘do nothing’ scenario, as shown on the previous slide. The table below the bridge shows the profile of the ‘do nothing’ scenario over the five year period.
2. Delivery Areas: How we will close the gaps

If we are to address the Triple Aim challenges, we must fundamentally transform our system. In order to achieve our vision we have developed a set of nine priorities which have drawn on local place based planning, sub-regional strategies and plans and the views of the sub-regional health and local government Strategic Planning Group. Having mapped existing local and NW London activity, we can see that existing planned activity goes a long way towards addressing the Triple Aim. But we must go further to completely close these gaps.

At a NW London level we have agreed five delivery areas that we need to focus on to deliver at scale and pace to achieve our priorities. The five areas are designed to reflect our vision with DA1 focusing on improving health and wellbeing and addressing the wider determinants of health; DA2 focusing on preventing the escalation of risk factors through better management of long term conditions; and DA3 focusing on a better model of care for older people, keeping them out of hospital where appropriate and enabling them to die in the place of their choice. DA4 and DA5 focus on those whose needs are most acute, whether mental or physical health needs. Throughout the plan we try to address physical and mental health issues holistically, treating the whole person not the individual illness and seeking to reduce the 20 year disparity in life expectancy for those people with serious and long term mental health needs. There is a clear need to invest significant additional resource in out of hospital care to create new models of care and support in community settings, including through joint commissioning with local government.

<table>
<thead>
<tr>
<th>Triple Aim</th>
<th>Our priorities</th>
<th>Primary Alignment*</th>
<th>Delivery areas (DA)</th>
<th>Target Pop. (no. &amp; pop. segment)</th>
<th>Net Saving (£m)</th>
<th>Plans</th>
</tr>
</thead>
</table>
| 1 | Improving health & wellbeing | Support people who are mainly healthy to stay mentally and physically well, enabling and empowering them to make healthy choices and look after themselves | DA 1 | Radically upgrading prevention and wellbeing | All adults: 1,641,500 | 11.6 | a. Enabling and supporting healthier living for the population of NW London  
| 2 | | Improve children’s mental and physical health and well-being | | | AI risk mostly healthy adults: 121,680  
| 3 | | Reduce health inequalities and disparity in outcomes for the top 3 killers: cancer, heart diseases and respiratory illness | DA 2 | Eliminating unwarranted variation and improving LTC management | LTC: 347,000  
| 4 | Improving care & quality | Reduce social isolation | | | Cancer: 17,000  
| 5 | | Reducing unwarranted variation in the management of long term conditions – diabetes, cardio vascular disease and respiratory disease | DA 3 | Achieving better outcomes and experiences for older people | Severe Physical Disability: 21,000  
| 6 | Improving productivity & closing the financial gap | Ensure people access the right care in the right place at the right time | | | Socially Excluded: 7,000  
| 7 | | Improve the overall quality of care for people in their last phase of life and enabling them to die in their place of choice | DA 4 | Improving outcomes for children & adults with mental health needs | +65 adults: 311,500  
| 8 | | Reduce the gap in life expectancy between adults with serious and long term mental health needs and the rest of the population | | | Advanced Dementia/Alzheimer’s: 5,000  
| 9 | | Improve consistency in patient outcomes and experience regardless of the day of the week that services are accessed | DA 5 | Ensuring we have safe, high quality sustainable acute services | 482,700  
| | | | | Serious & Long Term Mental Health, Common Mental Illnesses, Learning Disability | All: 2,079,700  

* Many of our emerging priorities will map across to several delivery areas. But we have sought to highlight where the main focus of these Delivery Areas are in this diagram.
2. Delivery Area 1: Radically upgrading prevention and wellbeing

The NW London Ambition:
Supporting everybody to play their part in staying healthy

Why this is important for NW London

- NW London residents are living longer but living less healthy lifestyles than in the past, and as a result are developing more long term conditions (LTCs) and increasing their risk of developing cancer, heart disease or stroke. There are currently 338,000 people living with one or more LTC, and a further 121,680 mostly healthy adults at risk of developing an LTC before 2030.

- Those at risk are members of the population who are likely to be affected by poverty, lack of work, poor housing, isolation and consequently make unhealthy lifestyle choices, such as eating unhealthily, smoking, being physically inactive, or drinking a high volume of alcohol. We will support positive choices through sexual health service transformation. Our residents who have a learning disability are also sometimes not receiving the full support they need to live well within their local community.

- In NW London, some of the key drivers putting people at risk are:
  - Unhealthy lifestyle choices - only half of the population who achieve the recommended amount of physical activity per week. 6 of the 8 Boroughs have higher rates of increasing risk alcohol drinkers than the rest of London and c.14% smoke.
  - Rates of drinking are lower in London than the rest of the UK overall. However, alcohol related admissions have been increasing across London. In NW London, there are an estimated 317,000 ‘increasing risk drinkers’ (drinkers over the threshold of 22 units/week for men and 15 units/week for women) with binge drinking and high risk drinking concentrated in centrally located boroughs.
  - An increasing prevalence of social isolation and loneliness, which have a detrimental effect on health and well-being - 11% of the UK population reported feeling lonely all, most or more than half of the time.
  - Deprivation and homelessness, which are very high in some areas across NW London. Rough sleepers attend A&E around 7 times more often than the general population, and are generally subject to emergency admission and prolonged hospital stays.
  - Mental health problems - almost half the people claiming Employment Support Allowance have a mental health problem or behavioural difficulty. Evidence suggests that 30% of them could work given the right sort of help.

- For NW London, the current trajectory is not sustainable. In a ‘do nothing’ scenario by 2020 we expect to see a 12% increase in resident population with an LTC and a 13% increase in spend, up from £1bn annually. By 2030, spend is expected to increase by 37%, an extra £370m a year.

- Targeted interventions to support people living healthier lives could prevent ‘lifestyle’ diseases, delay or stop the development of LTCs and reduce pressure on the system. For example, It has been estimated that a 50p minimum unit price would reduce average alcohol consumption by 7% overall.

- Furthermore, recent findings from the work commissioned by Healthy London Partnership looking at illness prevention showed that intervention to reduce smoking could realise savings over five years of £20m to £200m for NW London (depending on proportion of population affected).

- This work also suggests that reducing the average BMI of the obese population not only prevents deaths (0.2 deaths per 100 adults achieving a sustained reduction in BMI by 5 points from 30), but also improves quality of life by reducing incidence of CHD, Stroke, and Colorectal and breast cancer.

Our aim is therefore to support people to stay healthy. We will do this by:

- Developing a number of cross cutting approaches which will amplify the interventions described below and overlay – embedding Making Every Contact Count and supporting national campaigns being 2 such examples.

- Interventions that are focused on keeping our whole population well and supporting them to adopt more healthy lifestyles – whether they are currently mostly healthy, have learning or physical disabilities, or have serious and enduring mental health needs. This will also prevent people from developing cancer, as according to Cancer Research UK, cancer is the leading cause of premature death in London but 42% are preventable and relate to lifestyle factors.

- Targeted work with the population who need mental health support – the mortality gap is driven largely through unhealthy lifestyles and barriers to accessing the right support. We will work to address the wider determinants of health, such as employment and housing, where there is good evidence of impact. Social isolation, whether older people, single parents, or people how need mental health support affects around 200,000 people in NW London and can affect any age group.

- Social isolation is worse for us than well-known risk factors such as obesity and physical inactivity – lacking social connections is a comparable risk factor for early death as smoking 15 cigarettes a day.

- Enabling children to get the best start in life, by increasing immunisation rates, tackling childhood obesity and better managing mental health challenges such as conduct disorder. NW London’s child obesity rates are higher than London and England - 1 in 5 children aged 4-5 are overweight and obese and at risk of developing LTCs earlier and in greater numbers. Almost 16,000 NW London children are estimated to have severe behavioural problems (conduct disorder) which impacts negatively on their progress and incurs costs across the NHS, social services, education and, later in life, criminal justice system.

Target Population:
All adults: 1,641,500
Mostly Healthy Adults at risk of developing an LTC: 121,680
All children: 438,200

2020/2021

Contribution to Closing the Financial Gap
£11.6m

- 21% of NW Londoners are physically inactive and over 50% of adults are overweight or obese.
- Westminster has the highest population of rough sleepers in the country.
- 1 in 5 children aged 4-5 years are overweight and obese in NW London.
- Around 200,000 people in NW London are socially isolated.

I am equipped to self manage my own health and wellbeing through easy to access information, tools and services, available through my GP, Pharmacy or online. Should I start to need support, I know where and when services and staff are available in my community that will support me to stay well and out of hospital for as long as possible.

21% of NW Londoners are physically inactive and over 50% of adults are overweight or obese.

Westminster has the highest population of rough sleepers in the country.

1 in 5 children aged 4-5 years are overweight and obese in NW London.

Around 200,000 people in NW London are socially isolated.
## 2. Delivery Area 1: Radically upgrading prevention and wellbeing

### What we will do to make a difference

<table>
<thead>
<tr>
<th>A</th>
<th>Enabling and supporting healthier living – for the population of NWL</th>
</tr>
</thead>
<tbody>
<tr>
<td>To achieve this in 2016/17 we will...</td>
<td>...and by 2020/21?</td>
</tr>
</tbody>
</table>
| Develop NW London healthy living programme plans to deliver interventions to support people to manage their own wellbeing and make healthy lifestyle choices.  
  - Establish a People’s Health and Wellbeing Charter, co-designed with patient and community representatives for Commissioning and Provider organisations to promote as care to health and social care delivery.  
  - Sign up all NW London NHS organisations to the ‘Healthy Workplace Charter’ to improve the mental health and wellbeing of staff and their ability to support service users. | Together we will jointly implement the healthy living programme plans, supported by NW London and West London Alliance. Local government, working jointly with health partners, will take the lead on delivering key interventions such as:  
  - Introducing measures to reduce alcohol consumption and associated health risks, as well as learn from and implement the output from prevention devolution pilots across London  
  - Implement NW London wide programmes for physical activity for adults  
  - Widespread availability of Long Acting Reversible contraception in GP services, maternity and abortion services and early services for early pregnancy loss | 3.5 | 9 |

<table>
<thead>
<tr>
<th>B</th>
<th>Keeping People Mentally Well and avoiding Social Isolation</th>
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</thead>
<tbody>
<tr>
<td>To achieve this in 2016/17 we will...</td>
<td>...and by 2020/21?</td>
</tr>
</tbody>
</table>
| The healthy living programme plans will also cover how Boroughs will address social isolation, building on current local work:  
  - In 16/17, local government already plans to deliver some interventions, such as:  
    - Enabling GPs to refer patients with additional needs to local, non-clinical services, such as employment support provided by the voluntary and community sector through social prescribing  
    - Piloting the ‘Age of Loneliness’ application in partnership with the voluntary sector, to promote social connectedness and reduce requirements for health and social care services  
  - Signing the NHS Learning Disability Employment Pledge and developing an action plan for the sustainable employment of people with a learning disability  
  - Co-designing the new Work and Health programme so that it provides effective employment support for people with learning disabilities and people with mental health problems | As part of the Like Minded programme, we will identify isolation earlier and make real a ‘no health without mental health’ approach through the integration of mental health and physical health support as well as establish partnerships with the voluntary sector that will enable more consistent approaches to services that aim to reduce isolation:  
  - Ensure all socially isolated residents who wish to, can increase their social contact through voluntary or community programmes  
  - Ensure all GPs and other health and social care staff are able to direct socially isolated people to support services and wider public services and facilities  
  - Implement annual health checks for people with learning disabilities and individualised plans in line with the personalisation agenda  
  - Provide digitally enabled support to people, including Patient Reported Outcome Measures (PROMs), online communities, digital engagement via online and apps (especially for young people), social prescribing and sign posting to relevant support  
  - Providing supported housing for vulnerable people to improve quality of life, independent living and reduce the risk of homelessness. Also explore models to deliver high quality housing in community settings for people with learning disabilities  
  - Target smoking cessation activities at people with mental illness to support reducing ill-health as a consequence of tobacco usage. | 0.5 | 6.6 |

<table>
<thead>
<tr>
<th>C</th>
<th>Helping children to get the best start in life</th>
</tr>
</thead>
<tbody>
<tr>
<td>To achieve this in 2016/17 we will...</td>
<td>...and by 2020/21?</td>
</tr>
</tbody>
</table>
| • Implement the prevention priorities within the ‘Future in Mind’ strategy, making it easier to access emotional well being and mental health services – especially in schools – as part of a wider new model of care  
  • Pilot a whole system approach to the prevention of conduct disorder, through early identification training and positive parenting support, focusing initially on a single borough | • Share learning from the conduct disorder pilot across all 8 CCGs with the aim of replicating success and embed within wider C&YP work  
  • Implement NW London wide programmes for overweight children centred on nutrition education, cooking skills and physical activity | TBC | TBC |
2. Delivery Area 2: Eliminating unwarranted variation and improving Long Term Condition (LTC) management

The NW London Ambition:

- Everyone in NW London has the same high quality care wherever they live
- Every patient with an LTC has the chance to become an expert in living with their condition

I know that the care I receive will be the best possible wherever I live in NW London. I have the right care and support to help me to live with my long term condition. As the person living with this condition I am given the right support to be the expert in managing it.

**Why this is important for NW London**

- Evidence shows that unwarranted clinical variation drives a cost of £4.5bn in England. Our STP aims to recognise and drive out unwarranted variation wherever it exists, across all five delivery areas. Improving the strength and sustainability of primary care is critical in tackling unwarranted variations and improving LTC management and outcomes. Taking action on the key SCF areas of proactive and co-ordination will equip primary care to do so.
- The key focus of this delivery area is the management of long term conditions (LTCs) as 75% of current healthcare spend is on people with LTCs. NW London currently has around 338,000 people living with one or more LTC1 and 1500 people under 75 die each year from cancer, heart disease and respiratory illness – if we were to reach the national average outcomes, we could save 200 people per year:
  - Over 50% of cancer patients now survive 10 years or more. There is more we can do to improve the rehab pathways and holistic cancer care2
  - 146,000 people (current estimation) have an LTC and a mental health problem, whether the mental health problem is diagnosed or not3
  - 317,000 people have a common mental illness and 46% of these are estimated to have an LTC4
  - 512 strokes per year could be avoided in NW London by detecting and diagnosing AF and providing effective anti-coagulation to prevent the formation of clots in the heart5
  - 198,691 people have hypertension which is diagnosed and controlled – this is around 40% of the estimated total number of people with hypertension in NW London but ranges from 29.1% in Westminster to 45.4% in Harrow. Increasing this to the 66% rate achieved in Canada through a targeted programme would improve care and reduce the risk of stroke and heart attack for 123,383 people
  - There are ~20,000 patients diagnosed with COPD in NW London, but evidence suggests that this could be up to 55,000 due to the potential for underdiagnosis.6 Best practices (pulmonary rehabilitation, smoking cessation, inhaler technique, flu vaccination) are not applied consistently across care settings.

There is a marked variation in the outcomes for patients across NW London – yet our residents expect, and have a right to expect, that the quality of care should not vary depending on where they live. For example, our breast screening rate varies from 57% to 75% across Boroughs in NW London.

- Self-care is thought to save an hour per day of GP time which is currently spent on minor ailment consultations. For every £1 invested in self-care for long-term conditions, £3 is saved in reducing avoidable hospital admissions and improving participants’ quality of life. (If you add in social value, this goes up to £6.50 for every £1)7. The impact of self-care approaches is estimated to reduce A&E attendances by 17,568 across NW London, a financial impact of £2.4 m8.
- Children and young people with special education needs and disabilities are a vulnerable group that can require access to specialist support, often delivered by multi-agency services. Implementing CCG responsibilities for SEND under the Children & Families Act 2014 is therefore a NW London priority.

Our aim is therefore to support people to understand and manage their own condition and to reduce the variation in outcomes for people with LTCs by standardising the management of LTCs, particularly in primary care. We will do this by:

- Detecting cancer earlier, to improve survival rates. We will increase our bowel screening uptake to 75% by 2020, currently ranging between 40-52%.
- Offering access to expert patient programmes to all people living with or newly diagnosed with an LTC
- Using patient activation measures to help patients take more control over their own care
- Recognising the linkage between LTCs and common mental illness, and ensuring access to IAPT where needed to people living with or newly diagnosed with an LTC
- Using the Right Care data to identify where unwarranted variation exists and targeting a rolling programme across the five years to address key priorities.

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**Case study – Diabetes**

Risk of heart attack in a person with diabetes is two to four times higher than in a person without diabetes. Diabetes accounts for around 10% of the entire NHS spend, of which 80% relates to complications, many of which could be prevented through optimised management. Around 122,000 people are currently diagnosed with diabetes in NW London.

An 11mmol/mol reduction in HbA1c (UKPDS) equates to a reduction of:

- 43% reduction in amputations
- 21% reduction in diabetes related death
- 14% reduction in heart attack

Multifactorial risk reduction (optimising control of HbA1c, BP and lipids) can reduce cardiovascular disease by as much as 75% or 13 events per 1000 person years – this equates to a reduction in diabetes related cardiovascular events of 2806 per year across NW London averaged over a five year period.

**2020/2021**

**Contribution to Closing the Financial Gap**

**£13.1m**

**Target Population:**

**338,000**

---
## 2. Delivery Area 2: Eliminating unwarranted variation and improving Long Term Condition (LTC) management

### What we will do to make a difference

<table>
<thead>
<tr>
<th>To achieve this in 2016/17 we will…</th>
<th>…and by 2020/21?</th>
</tr>
</thead>
<tbody>
<tr>
<td>• For Accessible care:</td>
<td></td>
</tr>
<tr>
<td>• provide extended access specs with quantification of reduced attendances and admissions</td>
<td>• Fully implement the primary care outcomes within the SCF in each of the eight boroughs and across NW London</td>
</tr>
<tr>
<td>• Deliver affordable access solutions for the 8-8, 7 day requirements</td>
<td>• Implement integrated, primary care led models of local services care that feature principles of case management, care planning, self-care and multi-disciplinary working</td>
</tr>
<tr>
<td>• Create minimum standards for appointment requirements</td>
<td>• Integrate mental health and physical health support so that there is a co-ordinated approach, particularly for people with dementia and their carers</td>
</tr>
<tr>
<td>• Achieve accessible read/write patient records</td>
<td>• Deliver this range of co-ordinated and population-based care through a system of networked hubs, with facility for both physical and digital access by patients, including services for people with dementia</td>
</tr>
<tr>
<td>• Deliver operational access and a communications programme for patients, key providers and stakeholders</td>
<td>• Enable general practices and multi-disciplinary hubs to access and share digital patient records, including crisis care-plans and LTC pathway management</td>
</tr>
<tr>
<td>• Align extended access provision with urgent care and 111</td>
<td>• Provide access to a spectrum of care, for appropriate population-based interventions for urgent LTC and on-going care needs</td>
</tr>
<tr>
<td>• For Co-ordinated care:</td>
<td></td>
</tr>
<tr>
<td>• define key features for primary and integrated care teams and deliver consistent outcomes for care team models across NW London</td>
<td>• Ambulatory and emergency care schemes in place</td>
</tr>
<tr>
<td>• Deliver consistent outcomes for care team models across NW London</td>
<td>• Develop relevant LTC clinical pathways in light of co-ordinated and proactive care experience</td>
</tr>
<tr>
<td>• Agree targeted population within CCG as priority for co-ordinate care management across NWL</td>
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<tr>
<td>• Design standard approach to risk stratification and case finding across NWL. Maximise use of WSCIC dashboard to monitor patients and case find</td>
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<tr>
<td>• Define core intervention for care teams for core population</td>
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<tr>
<td>• Define roles that the care team will carry out daily with patients</td>
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<tr>
<td>• For Proactive care:</td>
<td></td>
</tr>
<tr>
<td>• Finalise key outcome measures for preventive care in LTC</td>
<td></td>
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<tr>
<td>• Develop two clinical pathways (including diabetes) and test against provider-models and outcome-measures</td>
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<tr>
<td>• Define key outcome measures for needs-based client groups (adults) and explore gap-analysis locally</td>
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<tr>
<td>• All eight CCGs supported in implementation of Patient Activation Measure (PAM) programme with target patients receiving PAM assessment and tailored approach to self-care</td>
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<tr>
<td>• Support CCGs to deliver their GP Access Fund objectives with a consistent and systematic approach, including delivery of the Extended Primary Care Service providing significantly higher levels of access to NW London residents</td>
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<tr>
<td>• Continue to support the development of federations, enabling the delivery of primary care at scale</td>
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<tr>
<td>• Host workshops and service-user survey in key geographical areas, building on existing Healthwatch, Patient Participation Group and Lay Partner Advisory Group priorities (e.g. to review I-statements and test outcome measures)</td>
<td></td>
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<tr>
<td>• Develop two clinical pathways (diabetes, atrial fibrillation) and test against provider-models and outcome-measures</td>
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<tr>
<td>• Identify four to eight geographical areas to test the draft pathways against the defined outcomes with pilot clinical teams</td>
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<tr>
<td>• Review of key pressure-points in clinical working day</td>
<td></td>
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<tr>
<td>• Ambulatory and emergency care schemes in place</td>
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</tbody>
</table>

### Delivering the Strategic Commissioning Framework and Five Year Forward View for Primary Care

<table>
<thead>
<tr>
<th>Investment (£m)</th>
<th>Gross Saving (£m)</th>
</tr>
</thead>
<tbody>
<tr>
<td>18</td>
<td>26.4</td>
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</tbody>
</table>
## 2. Delivery Area 2: Eliminating unwarranted variation and improving Long Term Condition (LTC) management

### What we will do to make a difference

<table>
<thead>
<tr>
<th>To achieve this in 2016/17 we will…</th>
<th>…and by 2020/21?</th>
<th>Investment (£m)</th>
<th>Gross Saving (£m)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>B. Improve cancer screening to increase early diagnosis and faster treatment</strong></td>
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<tr>
<td>Our Primary Care Cancer Board will take the learning from Healthy London Partnership’s (HLP) Transforming Cancer Programme to create a strategy for how to improve early detection of cancer, improving referral to treatment and developing integrated care to support people living with and beyond cancer. As part of this we will:</td>
<td>In partnership with Healthy London Partnership’s Transforming Cancer Programme and the Royal Marsden and Partners Cancer Vanguard, we will develop and implement whole system pathways to improve early detection and transform the whole acute cancer care pathway in NW London. These actions will reduce variation in acute care and ensure that patients have effective, high quality cancer care wherever they are treated in NW London.</td>
<td>TBC</td>
<td>TBC</td>
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<tr>
<td>• Share learning from the commissioning of a bowel cancer screening target in Hounslow and scale across NW London if successful.</td>
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<tr>
<td>• Align our work to HLP’s review of diagnostic capacity in 16/17 and work with HLP to develop an improvement plan for 17/18 to ensure sufficient capacity within NW London.</td>
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<td>• Roll out improved information regarding patient choice and 2 week wait to support patients referred from primary care with suspected cancer</td>
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<td>• Implement straight to test endoscopy at Imperial, Ealing, Northwick Park and Hillingdon hospitals.</td>
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<tr>
<td>• Begin to work with the voluntary sector to research primary care learning from Significant Event Audits</td>
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<tr>
<td>• Work with Trusts to create more effective and efficient inter Trust referrals to support the delivery of national standards.</td>
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<tr>
<td><strong>C. Better outcomes and support for people with common mental health needs</strong> (with an initial focus on people with long term physical health conditions)</td>
<td>Address link between LTCs and Mental Health by specifically addressing impact of co-morbid needs on individuals and the wider system for all residents by 2020/21, delivering joined up physical and psychological therapies for people with LTCs</td>
<td>TBC</td>
<td>TBC</td>
</tr>
<tr>
<td>• Improve identification of people with diabetes who may also have depression and/or anxiety and increase their access to IAPT</td>
<td>• Ensure at least 25% of people needing to access physiological therapies are able to do so</td>
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<tr>
<td>• Improve access to and availability of early intervention mental health services, such as psychosis services, psychological therapies supporting the emotional health of the unemployed and community perinatal services</td>
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<tr>
<td><strong>D. Reduce variation by focusing on ‘Right Care’ priority areas</strong></td>
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<tr>
<td>• Three key areas identified to be the largest priority to focus on at sector-wide level: diabetes prevention, atrial fibrillation and reducing hypertension</td>
<td>• Patients receive timely, high quality and consistent care according to best practice pathways, supported by appropriate analytical data bases and tools</td>
<td>2</td>
<td>12.4</td>
</tr>
<tr>
<td>• Identified and/or commenced work in 2016/17 in following areas:</td>
<td>• Reduction in progression from non-diabetic hyperglycaemia to Type 2 diabetes</td>
<td></td>
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</tr>
<tr>
<td>• Mobilisation of National Diabetes Prevention Programme</td>
<td>• Reduction in diabetes-related CVD outcomes: CHD, MI, stroke/TIA, blindness, ESRF, major and minor amputations</td>
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<tr>
<td>• Comprehensive diabetes performance dashboard at practice and CCG level</td>
<td>• Joined up working with Public Health team to address wider determinants of health. This will also allow clinicians to refer to services to address social factors</td>
<td>TBC</td>
<td>TBC</td>
</tr>
<tr>
<td>• Comprehensive referral process for patients with non-diabetic hyperglycaemia into the National Diabetes Programme</td>
<td>• Patients with LTC supported by proactive care teams and provided with motivational and educational materials (including videos and eLearning tools) to support their needs</td>
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<tr>
<td>• Aside from these three deliverables, each CCG will be addressing the issues that cause the most unwarranted variation in care in their locality</td>
<td>• Right Care in NW London will bring together the 8 CCGs to ensure alignment, knowledge sharing and delivery at pace. The Programme will ensure the data, tools and methodology from Right Care becomes an enabler and supports existing initiatives such as Transforming Care, Whole Systems Integrated Care and Planned Care within CCGs. The Programme will carry out analysis of available data to identify areas of opportunity as a sector. Deep dive sessions with clinicians and managers to determine the root cause of variation and implement options to maximise value for the system.</td>
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<tr>
<td>• The January 2016 Right Care Commissioning for Value packs showed a £18m opportunity in NW London. A joined up initiative is being launched in NW London to verify the opportunity and identify opportunity areas amenable to a sector wide approach. As a national 1st wave delivery site, Hammersmith &amp; Fulham CCG has identified neurology, respiratory and CVD as priority areas for delivering Right Care. Brent and Harrow have also national 1st wave delivery sites and are focussing on diabetes and MSK.</td>
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</tbody>
</table>
## 2. Delivery Area 2: Eliminating unwarranted variation and improving Long Term Condition (LTC) management

### What we will do to make a difference

<table>
<thead>
<tr>
<th>Improve self-management and ‘patient activation’</th>
<th>To achieve this in 2016/17 we will…</th>
<th>…and by 2020/21?</th>
<th>Investment (£m)</th>
<th>Gross Saving (£m)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Develop protocols for approved health apps to support self-care in collaboration with Digital Health London</td>
<td>• Full delivery of Self-Care framework across NW London</td>
<td>3.4</td>
<td>6.2</td>
<td></td>
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<tr>
<td>• Develop a package of evidence and case studies to support local areas to adopt innovative approaches such as AliveCor, a digital device being rolled out by Hounslow GPs which uses smartphones to detect Atrial Fibrillation in patients</td>
<td>• NW London workforce supported by embedded self-care training programmes</td>
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<tr>
<td>Develop best practice approaches to online-management solutions</td>
<td>• Technology, including online management solutions, in place to support self-management and health education for people with LTCs</td>
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<tr>
<td>• Host NW London symposium series, commencing with Activating the Workforce in November</td>
<td>• PAM embedded across health and social care supporting tailoring of care for all people with LTC (target 428,700 patients)</td>
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<tr>
<td>• Support delivery of IG Governance toolkit L2 compliance within targeted CCG and develop case study for wider support.</td>
<td>• Third Sector fully integrated within Accountable Care Partnerships with single point of access and geographically based consortiums</td>
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<tr>
<td>• Development of Third sector programme framework, supporting development of the voluntary sector infrastructure to support self-care</td>
<td>• Develop patients’ health literacy helping them to become experts in living with their condition(s) – people diagnosed with a LTC will be offered access to expert patient programmes</td>
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<tr>
<td>• Patient Activation Measurement (PAM) programme implemented across NW London with target patients receiving assessment and tailored approach to self-care (target 43,920 patients). Self-Care programmes delivered in NW London to be aligned to PAM levels, supporting a tailored approach to self-care and a NW London mental health and wellbeing guidance to PAM levels to be developed.</td>
<td>• Enable GPs to address the wider social needs of patients which affect their ability to manage LTCs through provision of tools, techniques and time</td>
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<tr>
<td></td>
<td>• Pro-active identification of patients by GP practices who would benefit from co-ordinated care and continuity with a named clinician to support them with LTCs</td>
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<td></td>
<td>• Increase availability of, and access to, personal health budgets, taking on integrated personal commissioning approach, including building on good practice from within and outside NW London around the use of brokerage to manage access to such personalised services</td>
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</table>
2. Delivery Area 3: Achieving better outcomes and experiences for older people

The NW London Ambition:
Caring for older people with dignity and respect, and never caring for someone in hospital if they can be cared for in their own bed

There is always someone I can reach if I need help or have any concerns. I know that the advice and support I receive helps me to stay independent. There are numerous opportunities for me to get involved easily with my community and feel a part of it. I don't have to keep explaining my condition to the health and social care teams that support me; they are all aware of and understand my situation. I know that, where possible, I will be able to receive care and be supported at home and not have to go into hospital if I don't need to.

Why this is important for NW London

Over the last few years there have been numerous examples of where the NHS and social care have failed older people, with significant harm and even death as a result of poor care. People are not treated with dignity and the increasing medicalisation of care means that it is not recognised when people are in the last phase of life, so they can be subject to often unnecessary treatments and are more likely to die in hospital, even when this is not their wish.

The increase in the older population in NW London poses a challenge to the health and care system as this population cohort has more complex health and care needs. The over 65 population is much more likely to be frail and have multiple LTCs. The higher proportion of non-elective admissions for this age group indicates that care could be better coordinated, more proactive and less fragmented.

- There is a forecast rise of 13% in the number of people over 65 in NW London from 2015 to 2020. Between 2020 and 2030, this number is forecast to rise again by 32%.
- People aged 65 or over in NW London constitute 13% of the population, but 35% of the cost across the health and care system.
- 24% of people over 65 in NW London live in poverty, and this is expected to increase by 40% by 2030, which contributes to poor health.
- Nearly half of our 65+ population are living alone, increasing the potential for social isolation.
- 42.1% of non-elective admissions occur from people 65 and over.
- 11,688 over 65s have dementia in NW London which is only going to increase.
- There are very few care homes in the central London boroughs, and the care home sector is struggling to deal with financial and quality challenges, leaving a real risk that the sector will collapse, increasing the pressure on health and social care services.

Our aim is to fundamentally improve the care we offer for older people, supporting them to stay independent as long as possible. We will do this by:

- Commissioning services on an outcome basis from accountable care partnerships, using new contracting and commissioning approaches to change the incentives for providers
- Develop plans with partners to significantly expand pooled budgets and joint commissioning for delivery of integrated and out of hospital care, especially for older people services, to support the development of the local and NW London market
- Increasing the co-ordination of care, with integrated service models that have the GP at the heart
- Increasing intermediate care to support people to stay at home as long as possible and to facilitate appropriate rapid discharge when medically fit
- Identifying when someone is in the last phase of life, and care planning appropriately to best meet their needs and to enable them to die in the place of their choice

- Over 30% of people in acute hospitals could have their needs met more effectively at home or in another setting
- 4 in 5 people would prefer to die at home, but only 1 in 5 currently do
- 17,000 days are spent in hospital beds that could be spent in an individual’s own bed
- The average length of stay for a cross-border admission within NW London is 2.9 days longer than one within a CCG boundary

Contribution to Closing the Financial Gap
£72.1m

Target Population: 311,500
## 2. Delivery Area 3: Achieving better outcomes and experiences for older people

### What we will do to make a difference

<table>
<thead>
<tr>
<th>To achieve this in 2016/17 we will...</th>
<th>...and by 2020/21?</th>
<th>Investment (£m)</th>
<th>Gross Saving (£m)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A Improve market management and take a whole systems approach to commissioning</strong></td>
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<tr>
<td>• Carry out comprehensive market analysis of older people’s care to understand where there is under supply and quality problems, and develop a market management and development strategy to address the findings alongside a NW London market position statement.</td>
<td>• Implement market management and development strategy to ensure it provides the care people need, and ensuring a sustainable nursing and care home sector, with most homes rated at least ‘good’ by CQC.</td>
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<tr>
<td>• Jointly commission, between health and local government, the entirety of older people’s out of hospital care to realise better care for people and financial savings</td>
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<tr>
<td><strong>B Implement accountable care partnerships</strong></td>
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<tr>
<td>• Agree the commissioning outcomes and begin a procurement process to identify capable providers to form the accountable care partnerships</td>
<td>• Commission the entirety of NHS provided older people’s care services in NW London via outcomes based contract(s) delivered by Accountable Care Partnerships, with joint agreement about the model of integration with local government commissioned care and support services</td>
<td>0</td>
<td>25.1</td>
</tr>
<tr>
<td>• Support existing local Early Adopter WSIC models of care, including evaluation and ramp-up support</td>
<td>• All NHS or jointly commissioned services in NW London contracted on a capitation basis, with the financial model incentivising the new proactive model of care</td>
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<tr>
<td><strong>C Upgraded rapid response and intermediate care services</strong></td>
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<tr>
<td>We currently have eight models of rapid response, with different costs and delivering differential levels of benefit. We will work jointly to:</td>
<td>• Use best practice model across all eight boroughs, creating standardisation wherever possible to enable additional capacity to decrease the inappropriate time that a person is cared for in an institutional setting</td>
<td>20.2</td>
<td>64.9</td>
</tr>
<tr>
<td>• Identify the best parts of each model and move to a consistent specification as far as possible by identifying opportunities and agreeing transformational improvements to NW London models, either locally or NW London-wide</td>
<td>• Operate rapid response and integrated care as part of a fully integrated ACP model</td>
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<td>• Improve the rate of return on existing services, reducing NEL admissions and reducing length of stay</td>
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<tr>
<td>• Enhance integration with other service providers</td>
<td>• Use best practice model across all eight boroughs, creating standardisation wherever possible to enable additional capacity to decrease the inappropriate time that a person is cared for in an institutional setting</td>
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<tr>
<td>• Establish an older people’s reference group to guide this work</td>
<td>• Operate rapid response and integrated care as part of a fully integrated ACP model</td>
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<td>• Agree the older person’s pathway across community, acute and last phase of life</td>
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<tr>
<td>• Agree areas for standardisation across NW London for IC/RR and acute frailty</td>
<td>• Use best practice model across all eight boroughs, creating standardisation wherever possible to enable additional capacity to decrease the inappropriate time that a person is cared for in an institutional setting</td>
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<tr>
<td>• Agree outcomes and standards for intermediate care function and acute frailty</td>
<td>• Operate rapid response and integrated care as part of a fully integrated ACP model</td>
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<tr>
<td><strong>D Create an integrated and consistent transfer of care approach across NW London</strong></td>
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<tr>
<td>• Agree an integrated health and social care model to improve transfer of care</td>
<td>• Eliminate the 2.9 day differential between in borough and out of borough length of stay</td>
<td>7.4</td>
<td>9.6</td>
</tr>
<tr>
<td>• Implement a single needs-based assessment to support appropriate transfer of care via a single point of access in each borough, reducing the differential between in borough and out of borough length of stay in line with the in borough length of stay</td>
<td>• Transfer of care correspondence is electronic with the single assessment process built into the shared care records across NW London</td>
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<tr>
<td>• Move to a ‘trusted assessor’ model for social care assessment and transfer of care across NW London</td>
<td>• Fully integrated health and social care transfer of care process for all patients in NW London</td>
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<tr>
<td><strong>E Improve care in the last phase of life</strong></td>
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<tr>
<td>• Improve identification and planning for last phase of life;</td>
<td>• Every patient in their last phase of life is identified</td>
<td>4.9</td>
<td>7</td>
</tr>
<tr>
<td>- identify the 1% of the population who are at risk of death in the next 12 months by using advanced care plans as part of clinical pathways and “the surprise test”</td>
<td>• Every eligible person in NW London to have a Last Phase of Life (LPoL) care plan, with a fully implemented workforce training plan, and additional capacity to support this in the community.</td>
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<tr>
<td>- identify the frail elderly population using risk stratification and “flagging” patients who should be offered advanced care planning</td>
<td>• Meet national upper quartile of people dying in the place of their choice</td>
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<tr>
<td>- patient initiated planning to help patients to self-identify</td>
<td>• Reduce non elective admissions for this patient cohort by 50%</td>
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<tr>
<td>• Improving interoperability of Coordinate my Care with other systems (at least 4), including primary care to ensure that people get the care they want</td>
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<tr>
<td>• Reduce the number of non-elective admissions from care homes – demonstrate a statistically significant reduction in admissions and 0 day LOS (i.e. &gt;10%)</td>
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</table>
2. Delivery Area 4: Improving outcomes for children and adults with mental health needs

The NW London Ambition:
No health without mental health

<table>
<thead>
<tr>
<th>Target Population:</th>
<th>Contribution to Closing the Financial Gap</th>
</tr>
</thead>
<tbody>
<tr>
<td>262,000</td>
<td>£11.8m</td>
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</table>

I will be given the support I need to stay well and thrive. As soon as I am struggling, appropriate and timely advice is available. The care and support that is available is joined-up, sensitive to my needs, personal beliefs, and is delivered at the place that is right for me and the people that matter to me. My life is important, I am part of my community and I have opportunity, choice and control. My wellbeing and mental health is valued equally to my physical health. I am seen as a whole person – professionals understand the impact of my housing situation, my networks, employment and income on my health and wellbeing. My care is seamless across different services, and in the most appropriate setting. I feel valued and supported to stay well throughout my life.

Why this is important for NW London

Mental Health has been seen in a silo for too long and has struggled to achieve parity of esteem. The NW London STP has mental health threaded throughout our delivery areas – within prevention and within work on long term conditions. But we know that focus is also required as poor mental health has catastrophic impacts for individuals – and also a wider social impact. Our justice system, police stations, courts and prisons all are impacted by mental illness. Social care supports much of the care and financial burden for those with serious and long term mental health needs, providing longer term accommodation for people who cannot live alone. For those off work and claiming incapacity benefit for two years or more, they are more likely to retire or die than ever return to work. The ‘5 Year forward View for Mental Health’ describes how prevention, reducing stigma and early intervention are critical to reduce this impact – and the outcomes described in the implementation guidance are reflected in our plans.

In NW London, some of the key drivers and our case for change are:

- **15% of people** who experience an episode of psychosis will experience repeated relapses and will be substantially impacted by their condition and **10% will commit suicide**
- Those who experience episodes of psychosis have intense needs and account for the vast majority of mental health expenditure -nearly **90% of inpatient bed days, and 80% of spend in mental health trusts**.
- Mental health needs are prevalent in children and young people with 3 in 4 of lifetime mental health disorders starting before the age of 18.
- Around **23,000 people in NW London** have been diagnosed with schizophrenia, bipolar and/or psychosis, which is double the national average.
- The population with mental illness have **3.2 times more A&E attendances, 4.9 times emergency admissions**.
- The contrast with physical health services is sharp and stark – thresholds to access services can be barriers to access care – and stigma remains a challenge for many people – and in particular within some communities.

Our aim in NW London is to improve outcomes for children and for adults with mental health needs, we will do this by:

- Implementing a new model of care for adults which includes investing in a more proactive, recovery based model to prevent care needs from escalating and reducing the number of people who need inpatient acute care
- Addressing the very specific needs that relate to some of our populations – such as for people with learning disabilities (through the Transforming Care Partnership) and for new mothers
- Improving services for people in crisis and providing a single point of access to services, 24/7, so that people can access the professional support they need – building on current Early Intervention in Psychosis and Liaison Psychiatry services.
- Implementing ‘Future in Mind’ Transforming the care pathway for children and adolescents with mental health needs, introducing a ‘tier free’ model and ensuring that when children do need to be admitted to specialist tier 4 services they are able to do so within London, close to home.

- People with serious and long term mental health needs have a life expectancy 20 years less than the average.
- Social outcomes of people known to secondary care are often worse than the general population; only 8-10% are employed and only half live in settled accommodation.
- In a crisis, only 14% of adults surveyed nationally felt they were provided with the right response.
- Eating disorders account for nearly a quarter of all psychiatric child and adolescent inpatient admissions – with the longest stay of any psychiatric disorder, averaging 18 weeks.
2. Delivery Area 4:
Improving outcomes for children and adults with mental health needs

What we will do to make a difference

<table>
<thead>
<tr>
<th>To achieve this in 2016/17 we will…</th>
<th>…and by 2020/21?</th>
<th>Investment (£m)</th>
<th>Cost Saving (£m)</th>
</tr>
</thead>
</table>
| **A** Implement the new model of care for people with serious and long term mental health needs, to improve physical, mental health and increase life expectancy | • More support available in primary care through locally commissioned services – supporting physical health checks and 35 additional GPs with Advanced Diploma in Mental Health Care and the non-health workforce is also receiving training  
• Embed addressing mental health needs in developing work in local services and acute reconfiguration programmes  
• Agree investment and benefits to deliver an NW London wide Model of Care for Serious & Long Term Mental Health Needs with implementation starting in 2016/17 to deliver a long term sustainable mental health system through early support in the community  
• Rapid access to evidence based Early Intervention in Psychosis for all ages  
• More support available in primary care through locally commissioned services | • Full roll out of the new model across NW London providing tailored evidence based support available closer to home to service users and carers, which will include:  
• Integrated shared care plans across the system are held by all people with serious mental illness with agreed carer support  
• Comprehensive self management and peer support for all ages  
• Collaborative working and benchmarking means frontline staff will have increased patient facing time, simultaneously reducing length of stay and reducing variation  
• We will shift the focus of care, as seen in the ‘telescope’ diagram, out of acute and urgent care into the community | 11 | 16 |
| **B** Targeted interventions for target populations | • Targeted employment services for people with serious and long term health needs to support maintaining employment  
• Support “Work and Health Programme” set up of individual support placements for people with common mental health needs  
• Address physical health needs holistically to address mental health needs adopting a ‘no health without mental health’ approach  
• Ensuring care planning recognises wider determinants of health and timely discharge planning involves housing teams  
• Pilot digital systems to encourage people to think about their own on-going mental wellbeing through Patient Reported Outcome Measurements | • Provide vulnerable individuals and their families with best practice support  
• Employment support embedded in integrated community teams  
• Deliver the NW London Transforming Care Plan for people with Learning Disabilities, Autism and challenging behaviour – supporting c.25% of current inpatients in community settings  
• Implement digital tools to support people in managing their mental health issues outside traditional care models  
• Specialist community perinatal treatment available to all maternity and paediatric services and children centres  
• Personalisation – support individuals with mental health needs and learning disabilities to understand their choices about life and care | TBC | 5 |
| **C** Crisis support services, including delivering the ‘Crisis Care Concordat’ | • Embed our 24/7 crisis support service, including home treatment team, to ensure optimum usage by London Ambulance Service (LAS). Metropolitan police and other services – meeting access targets  
• Round the clock mental health teams in our A&Es and support on wards, progress towards “core 24”  
• Extend out of hours service initiatives for children, providing evening and weekend specialist services (CAMHS service) | • Ensure care will be available for service users and carers when they most need it through:  
• Alternatives to admissions which support transition to independent living both in times of crisis and to support recovery  
• Tailored support for specific populations with high needs – people with learning disabilities/Autism, Children and Young People, those with dual diagnosis | TBC | TBC |
| **D** Implementing ‘Future in Mind’ to improve children’s mental health and wellbeing | • Agree NW London offer across health, social care and schools for a ‘tier-free’ mental health and wellbeing approach for CYP, reducing barriers to access  
• Community eating disorders services for children and young people | • Implement ‘tier-free’ approach ensuring an additional c.2,600 children receive support in NW London  
• Digital enablement to share information between care settings to support new care models  
• Clearly detailed pathways with partners in the Metropolitan Police and wider justice system for young offending team, court diversion, police liaison and ensure optimal usage of refurbished HBPOs (8 across NW London) | TBC | 1.8 |
2. Delivery Area 5: Ensuring we have safe, high quality sustainable acute services

The NW London Ambition: High quality specialist services at the time you need them

Target Population: All: 2,079,700

Contribution to Closing the Financial Gap £208.9m

2020/2021

I can get high quality specialist care and support when I need it. The hospital will ensure that all my tests are done quickly and there is no delay to me leaving hospital, so that I don’t spend any longer than necessary in hospital. There’s no difference in the quality of my care between weekdays and weekends. The cancer care I receive in hospital is the best in the country and I know I can access the latest treatments and technological innovations.

Why this is important for NW London

Medicine has evolved beyond comprehension since the birth of the NHS in 1948. Diseases that killed thousands of people have been eradicated or have limited effects; drugs can manage diabetes, high blood pressure and mental health conditions, and early access to specialist care can not just save people who have had heart attacks, strokes or suffered major trauma but can return them to health. Heart transplants, robotic surgery and genetic medicine are among advances that have revolutionised healthcare and driven the increasing life expectancy that we now enjoy. Better outcomes are driven in large part by increasing standards within medicine, with explicit quality standards set by the Royal Colleges and at London level in many areas. These require increased consultant input and oversight to ensure consistent, high quality care. Current standards include consultant cover of 112 hours per week in A&E; 114 hours in paediatrics; and 168 hours in obstetrics. Meeting these input standards are placing significant strain on the workforce and the finances of health services. We will continue to work with London Clinical Senate and others to evolve clinical standards that strikes a balance between the need to improve quality, as well address financial and workforce challenges. Many services are only available five days a week, and there are 10 seven day services standards that must be met by 2020, further increasing pressures on limited resources.

- In NW London A&E departments, 65% of people present in their home borough but 88% are seen within NW London. The cross borough nature of acute services means that it is critical for us to work together at scale to ensure consistency and quality across NW London.
- 3 out of our 4 Acute Trusts with A&Es do not meet the A&E 4 hour target.
- Our 4 non specialist acute trusts all have deficits, two of which are significant.
- There is a shortage of specialist children’s doctors and nurses to staff rotas in our units in a safe and sustainable way (at the start of 16/17).
- 17/18 year olds currently do not have the option of being treated in a children’s ward.
- Previous consolidations of major trauma and stroke services were estimated to have saved 58 and 100 lives per year respectively.
- Around 130 lives could be saved across NW London every year if mortality rates for admissions at the weekend were the same as during the week in NW London trusts.
- There are on average at any one time 298 patients in beds waiting longer than 24 hours for diagnostic tests or results.

We aim to centralise and specialise care in hospital to allow us to make best use of our specialist staffing resource to deliver higher quality care which will improve outcomes, deliver the quality standards and enable us to deliver consistent services 7 days a week. We will do this by:

- Reviewing care pathways into specialist commissioning services, identifying opportunities to intervene earlier to reduce the need for services.
- Deliver the 7 day standards.
- Ensure all patients receive prompt treatment in accordance with the national referral to treatment (RTT) standards.
- Consolidate acute services onto five sites (the local government position on proposed acute changes is set out in Appendix A).
- Improve the productivity and efficiency of our hospitals.

There will be no substantial changes to A&E in Ealing or Hammersmith & Fulham, until such time as any reduced acute capacity has been adequately replaced by out of hospital provision to enable patient demand to be met. NHS partners will review with local authority STP partners the assumptions underpinning the changes to acute services and progress with the delivery of local services before making further changes and will work jointly with local communities and councils to agree a model of acute provision that addresses clinical safety concerns and expected demand pressures.
## 2. Delivery Area 5:
Ensuring we have safe, high quality sustainable acute services

### What we will do to make a difference

<table>
<thead>
<tr>
<th>A</th>
<th>Specialised Commissioning</th>
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<tbody>
<tr>
<td>To achieve this in 2016/17 we will...</td>
<td>…and by 2020/21?</td>
</tr>
<tr>
<td>• Implement the national Hepatitis C programme which will see approximately 500 people treated for Hepatitis C infection in 2016/17 reducing the likelihood of liver disease.</td>
<td>To have worked with partners in NW London and strategically across London to:</td>
</tr>
<tr>
<td>• Complete our service reviews of CAMHs, HIV, paediatric transport and neuro-rehabilitation and begin to implement the findings from these and identify our next suite of review work (which will include renal).</td>
<td>• Identify the opportunities for better patient care, and greater efficiency by service such that quality, outcomes and cost-effectiveness are equal or better than similar services in other regions.</td>
</tr>
<tr>
<td>• Using the levers of CQUIN and QIPP improve efficiency and quality of care for patients through a focus on: innovation (increasing tele-medicine), improved bed utilisation by implementing Clinical Utilisation Review and initiatives to reduce delays in critical care, cost effective HIV prescribing, and enhanced supported care at the end of life.</td>
<td>• To have met the financial gap we have identified of £188m over five years on a ‘do nothing’ assessment; whether through pathway improvements, disease prevention, innovation leading to more cost effective provision or through procurement and consolidation.</td>
</tr>
<tr>
<td>• Be an active partner in the ‘Like Minded’ Programme</td>
<td>• To actively participate in planning and transformation work in NW London and Regionally to this end</td>
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<table>
<thead>
<tr>
<th>B</th>
<th>Deliver the 7 day services standards</th>
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<tbody>
<tr>
<td>As a First Wave Delivery Site, working towards delivering the 4 prioritised Clinical Standards for 100% of the population in NW London by end of 16/17; we will:</td>
<td>To have continued our work on 7 day services by being compliant with the remaining 6 Clinical Standards for 100% of the population in NW London:</td>
</tr>
<tr>
<td>• develop evidence-based clinical model of care to ensure:</td>
<td>• Patient Experience</td>
</tr>
<tr>
<td>- all emergency admissions assessed by suitable consultant within 14 hours of arrival at hospital</td>
<td>• MDT Review</td>
</tr>
<tr>
<td>- on-going review by consultant every 24 hours of patients on general wards</td>
<td>• Shift Handover</td>
</tr>
<tr>
<td>• ensure access to diagnostics 7 days a week with results/reports completed within 24 hours of request through new/improved technology and development of career framework for radiographer staff and recruitment campaign</td>
<td>• Mental Health</td>
</tr>
<tr>
<td>• ensure access to consultant directed interventions 7 days a week through robust pathways for inpatient access to interventions (at least 73) in place 24 hours a day, 7 days a week</td>
<td>• Transfer to community, primary &amp; social care</td>
</tr>
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<td></td>
<td>• Quality Improvement</td>
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We will also have continued work to ensure the sustainability of the achievement of the 4 priority standards, most notably we will:

<table>
<thead>
<tr>
<th></th>
<th>Investment (£m)</th>
<th>Gross Saving (£m)</th>
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</thead>
<tbody>
<tr>
<td>TBC</td>
<td>TBC</td>
<td>7.9</td>
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</table>
## 2. Delivery Area 5: Ensuring we have safe, high quality sustainable acute services

### What we will do to make a difference

<table>
<thead>
<tr>
<th>To achieve this in 2016/17 we will…</th>
<th>…and by 2020/21?</th>
<th>Investment (£m)</th>
<th>Gross Saving (£m)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>C</strong> <strong>Configuring acute services</strong></td>
<td><strong>Reduce demand for acute services through investment in the proactive out of hospital care model, enabled by investment in the Hubs. Develop the hospital in Ealing and jointly shape the delivery of health and social care provision of services from that site, including:</strong></td>
<td>33.6</td>
<td>89.6</td>
</tr>
<tr>
<td>Introduce paediatric assessment units in 4 of the 5 paediatric units in NW London to reduce the length of stay for children. Close the paediatric unit at Ealing Hospital and allocate staff to the remaining 5 units. Working to achieve London Quality Standards, including consultant cover of 112 hours per week in A&amp;E: 114 hours in paediatrics; and 168 hours in obstetrics. But at the same time developed new outcome-focused standards with London Clinical Senate and others. Recruit approximately 72 additional paediatric nurses, reducing vacancy rates to below 10% across all hospitals from a maximum of 17% in February 2016. Design and implement new frailty services at the front end of A&amp;Es, piloting in Ealing and Charing Cross ahead of roll out across all sites. Fully deliver on the vision for maternity set out in Better Births national maternity review – through our 15/16 reconfiguration programme we have already made significant progress delivering this vision for maternity. In 16/17 we will focus on providing continuity of care for women, so that maternity care is provided by a small team of midwives during the antenatal, intrapartum and postnatal period.</td>
<td>Single approach to transformation and improvement across NW London, with a shared transformation infrastructure and trusts working together to deliver added value. Rolling programme of pathway redesign and quality improvement initiatives to ensure trusts are consistently in the top quartile of efficiency (Getting It Right First Time principles). Shared records is a key enabler of all pathway redesign.</td>
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<tr>
<td><strong>NW London Productivity Programme</strong></td>
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<tr>
<td>A Chief Transformation Officer has been appointed to lead a collaborative transformation programme across all NHS Trusts in NW London and a team of interim senior programme directors have been appointed. By the end of 16/17 we will agree and resource a sustainable team to ensure these priorities are delivered. This is a big ticket cost reduction transformation programme within the STP and we should secure investment proportionate to the costs savings. Implement and embed the NW London productivity programme across all provider NHS trusts, focusing on the following four areas:**</td>
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<tr>
<td><strong>Orthopaedics:</strong> mobilise a sector-wide approach to elective orthopaedics with the goal of improving both quality and productivity in line with Getting it Right First Time (GIRFT) to reduce unwarranted variation and increase efficiency, thus generating both quality improvements and financial savings. Ensure all Acute Providers in North West London have agreed Best in Sector Performance Metrics and establish a NW London dashboard. Agree priorities and interventions and commence delivery.</td>
<td>Orthopaedics: Implement plan agreed in 16/17. Agree a consolidated service model for a NWL collaborative elective Orthopaedic centre, agree a business case and implement subject to investment.</td>
<td>4.1*</td>
<td>143.4</td>
</tr>
<tr>
<td><strong>Procurement:</strong> deliver £3m of immediate tactical non-pay savings. Agree plan to reduce unwarranted variation in NHS supplies prices, and make £15.2m savings in non-pay spend. Develop options and agree a NW London operating model, in line with best practice and Carter and identify any structural changes required to the way procurement is currently delivered. Establish common procurement competencies and staff development plan. Ensure robust plans in place with ownership from Procurement leads, CFOs and clinical lead and identify any investment required.</td>
<td>Procurement: Implement a pan-NWL procurement operating model which is compliant with the National Interim Future Operating Model, Deliver Carter compliant Procurement Transformation Plans with quantified (and delivered) financial savings which all leads to Collaborative and shared service models in place for NWL procurement operating within a sustainable financial footprint assessed by improving year on year saving: cost ratios.</td>
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<tr>
<td><strong>Safer Staffing:</strong> Agree a three year delivery plan with trajectory of benefits and any required investment identified. Agree detailed proposal for reduction in agency costs via more effective staff bank, supported by technology. All e-nursing rosters agreed six weeks in advance and plan for medical roster implementation, benchmark and share all data.</td>
<td>Safer Staffing: build on work from 2016/17 such that rostering is optimised, bank fill rates are maximised and reliance on agency is minimised. (quantified benefits will emerge from 16/17 business case) Developed a workforce plan summarising the total workforce numbers and competencies required across NWL. Collective workforce planning and collaborative resourcing to include recruitment, development and retention with the right balance of permanent and flexible workers.</td>
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<tr>
<td><strong>Back Office:</strong> this is new and additional priority agreed in September 2016. Deliver additional collaborative productivity opportunities. Agree priorities, geographic clusters and three year delivery plan with trajectory of benefits and any required investment identified. Integrated Procurement and Safer Staffing work within the wider Back Office plans.</td>
<td>Back Office: Implement priorities as described in business case.</td>
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### 3. Enablers: Supporting the 5 delivery areas

The 9 priorities, and therefore the 5 delivery areas, are supported by three key enablers. These are areas of work that are on-going to overcome key challenges that NW London Health and Social Care face, and will support the delivery of the STP plans to make them effective, efficient and delivered on time; hence they are termed ‘enablers’ in the context of STP. The following mapping gives an overview of how plans around each of the enablers support the STP; further detail is provided in the next section.

<table>
<thead>
<tr>
<th>Delivery areas</th>
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<tbody>
<tr>
<td>1. Radically upgrading prevention and wellbeing</td>
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<tr>
<td>2. Eliminating unwarranted variation and improving Long Term Conditions (LTC) management</td>
</tr>
<tr>
<td>3. Achieving better outcomes and experiences for older people</td>
</tr>
<tr>
<td>4. Improving outcomes for children and adults with mental health needs</td>
</tr>
<tr>
<td>5. Ensuring we have safe, high quality sustainable acute services</td>
</tr>
</tbody>
</table>

By 2020/21, Enablers will change the landscape for health and social care:

**Estates will…**
- Deliver Local Services Hubs to enable more services to be delivered in a community setting and support the delivery of primary care at scale
- Increase the use of advanced technology to reduce the reliance on physical estate
- Develop clear estates strategies and Borough-based shared visions to maximise use of space and proactively work towards ‘One Public Estate’
- Deliver improvements to the condition and sustainability of the Primary Care Estate through an investment fund of up to £100m and Minor Improvement Grants
- Improve and change our hospital estates to consolidate acute services and develop new hospital models to bridge the gap between acute and primary care

**Digital will…**
- Automate clinical workflows and records, particularly in secondary care settings, and support transfers of care through interoperability, removing the reliance on paper and improving quality
- Build a shared care record across all care settings to deliver the integration of health and care records required to support new models of care, including the transition away from hospital
- Enable Patient Access through new digital channels and extend patient records to patients and carers to help them become more involved in their own care
- Provide people with tools for self-management and self-care, enabling them to take an active role in their own care
- Use dynamic data analytics to inform care decisions and support integrated health and social care, both across the population and at patient level, through whole systems intelligence

**Workforce will…**
- Target recruitment of staff through system wide collaboration
- Support the workforce to enable 7 day working through career development and retention
- Address workforce shortages through bespoke project work that is guided by more advanced processes of workforce planning
- Develop and train staff to ‘Make Every Contact Count’ and move to multi-disciplinary ways of working
- Deliver targeted education programmes to support staff to adapt to changing population needs (e.g. care of the elderly)
- Establish Leadership development forums to drive transformation through networking and local intelligence sharing
3. Enablers: Estates

Context

The Estates model will support the clinical service model with a progressive transformation of the estate to provide facilities that are modern, fit for purpose and which enable a range of services to be delivered in a flexible environment.

Poor quality estate will be addressed through a programme of rationalisation and investment that will transform the primary, community and acute estate to reflect patient needs now and in the future. This will require us to retain land receipts to invest in new and improved buildings.

Our model requires investment in the development of local hubs to enable the provision of integrated, co-located health care, social care and voluntary support across the eight local authority/CCG areas, reducing A&E and UCC attendances and providing accessible, pro-active and coordinated care.

NW London has developed and submitted a joint ‘One Public Estate’ bid to leverage available estate to deliver the right services in the right place, at the most efficient cost. Key levers to achieve this are better integration and customer focused services enabling patients to access more services in one location, thus reducing running costs by avoiding duplication through co-location. We are keen to explore this as an early devolution opportunity.

A joint health and council estates group has been established to oversee the work and minimise gross spend through aligning health and local authority plans for regeneration and seeking innovative financial solutions to provide estate cost-effectively, realising value from surplus assets.

There has been significant local progress towards estates integration, where local government and health have worked together to start to realise efficiencies. A notable example is in Harrow’s new civic centre, where it is planned that primary care will be delivered at the heart of the community in a fit for purpose site alongside social care and third sector services. This will also enable the disposal of inadequate health and local government sites to maximise the value of public sector assets.

Key Challenges

- NW London has more poor quality estate and a higher level of backlog maintenance across its hospital sites than any other sector in London. The total backlog maintenance cost across all Acute sites in NWL (non-risk adjusted) is £614m$^1$ and 20% of services are still provided out of 19th century accommodation$^2$, compromising both the quality and efficiency of care.

- Primary care estate is also poor, with an estimated 240 (66%) of 370 GP practices operating out of category C or below estate$^3$. Demand for services in primary care has grown by 16% over the 7 years 2007 to 2014$^4$, but there has been limited investment in estate, meaning that in addition to the quality issues there is insufficient capacity to meet demand, driving increased pressure on UCC and A&E departments.

- Our new proactive, integrated care model will need local hubs where primary, community, mental health, social and acute care providers can come together to deliver integrated, patient centred services. This will also allow more services to be delivered outside of hospital settings.

- In addition, NHS Trusts are responding to the Government’s decision to act on the recommendations made by Lord Carter in his report of operational productivity in English NHS acute hospitals, to reduce non-clinical space (% of floor area) to lower than 35% by 2020, so that estates and facilities resources are used in a cost effective manner.

- Given the scale of transformation and the historic estates problems, there is significant investment required. However it is not clear if the London devolution agreement will support the retention of capital receipts from the sale of assets to contribute to covering the cost of delivering the change. Without this ability to retain land receipts we will not be able to address the estates challenges.
3. Enablers: Estates

Current Transformation Plans and Benefits

- **Deliver Local Services Hubs** to support shift of services from a hospital setting to a community based location
  - Business cases are being developed for each of the new Hubs
  - The hub strategy and plans include community Mental Health services, such as IAPT
  - Hubs will support delivery of the GP 5 Year Forward View and are critical in enabling reconfiguration of acute services
  - Hubs will also help deliver the access and coordinated care aspects of the Strategic Commissioning Framework

- **Develop Estates Strategies for all 8 CCGs and Boroughs** to support delivery of the Five Year Forward Plan and ‘One Public Estate’ vision with the aim of using assets more effectively to support programmes of major service transformation and local economic growth
  - Work is on-going to develop planning documents for delivery of the strategies
  - Continuing work with local authority partners to maximise the contribution of Section 106 and Community Infrastructure Levy funding for health

- **Develop Primary Care Premises Investment Plans** to ensure future sustainability of primary care provision
  - Cross NW London
    - NW London will identify key areas to target investment to ensure future primary care delivery in partnership with NHSE primary care teams
    - CQC and other quality data is being used to identify potential hot spots in each Borough and develop robust plans to ensure a sustainable provision of primary care

- **Align Estates and Technology Strategies** to maximise the impact of technology to transform service delivery and potential efficiencies in designing new healthcare accommodation
  - NW London will optimise property costs by maximising use of existing space, eradicating voids and using technology to reduce physical infrastructure required for service delivery
  - Continuing work to identify opportunities for consolidation, co-location and integration to maximise the opportunity created by the Estates & Technology Transformation Fund to drive improvements in the quality of the primary care estate

- **Improving and changing the hospital estate** to address poor quality estates, improve consistency in care quality and overall system sustainability in the face of increasing demographic and clinical pressures
  - Consolidate services on fewer major acute sites, delivering more comprehensive, better staffed hospitals able to provide the best 7-day quality care (The consolidation of acute services to fewer sites is not supported by the London Boroughs of Ealing and Hammersmith and Fulham).
  - Develop new hospitals that integrate primary and acute care and meet the needs of the local Population
  - Trusts have developed proposals with the resultant capital requirement being presented in the Shaping a Healthier Future business case which is due to go to the NHSE investment committee for approval

Key Impacts on Sustainability & Transformation Planning

**Delivery Area 1 - Prevention:**
- Local services hubs will provide the physical location to support integrated public health, prevention and out-of-hospital care delivered by health, social care and voluntary organisations.
- Investment in the primary care estate will provide locations where health, social care, and voluntary providers can deliver targeted programmes to tackle lifestyle factors and improve health outcomes.

**Delivery Area 2 - Reducing variation:**
Local services hubs will support the implementation of a new model of local services across NW London. This will standardise service users’ experiences and quality of care regardless of where they live, delivering 7 day access to all residents.

**Delivery Area 3 - Outcomes for older people:**
- Primary care estate improvements and local services hubs will enable the delivery of co-ordinated primary care and multidisciplinary working, enabling care to be focused around the individual patient.
- Ealing and Charing Cross will specialise in the management of the frail elderly, with the ability to manage higher levels of need and the provision of appropriate bedded care.

**Delivery Area 4 - Supporting those with mental health needs:**
Local services hubs will allow non-clinical provision to be located as close to patients as possible, e.g. extended out of hours service initiatives for children, creation of recovery houses and provision of evening and weekend specialist services to prevent self harming will facilitate the shifting model of care.

**Delivery Area 5 – Providing high quality, sustainable acute services:**
- Addressing the oldest, poorest quality estate will increase clinical efficiencies and drive improved productivity.
- Increasing the capacity of the major acute sites will enable consolidation of services, driving improved outcomes and longer term clinical and financial sustainability.
- Enhanced primary and community capacity will support delivery of the vision of a new proactive care model and reduce pressure on major acute sites.
3. Enablers: Estates

Estates Strategy to deliver Out of Hospital through One Public Estate (OPE) – High level timeline to Oct 2017

Define

- October 2016
  - OPE Expression of Interest submitted (7th October)

- November 2016
  - Identify common integrated operating model
  - Explore GP integration opportunities

- December 2016
  - OPE Full Delivery Plan submission
  - Research demographic trends and current service demand to integrated model
  - Engage with provider estate and design integration arrangements

Design

- January 2017
  - Investment and disposal strategy

- February 2017
  - Apply findings to 8 NW LA areas

- March 2017
  - OPE Full Delivery Plan submission

- April 2017
  - Investment and disposal strategy

- May 2017
  - Apply findings to 8 NW LA areas

- June 2017
  - Apply findings to 8 NW LA areas

- July 2017

- August 2017

- September 2017

Delivery

- Starting October 2017

Completed

To be completed
3. Enablers: Estates

Proposed Local Services Hubs map
3. Enablers: Workforce

Context

- Across NW London, our workforce is doing phenomenal, highly valued work. It will also be key to achieving our collective vision of improved quality of care through delivering sustainable new models of care that meet our population’s needs.
- There are currently over 30,000 healthcare staff, and c.45,000 social care staff supporting the population. We have an opportunity to focus on the health and social care workforce as a single workforce and particularly to expand work across social care.
- Carers are also a large, hidden but integral part of our workforce (NW London has more than 100,000 unpaid carers). Supporting and enabling service users to self-manage their conditions will also be crucial to achieving our vision.
- We routinely fill over 95% of medical training places within NW London, and these trainees are making a highly valued contribution to service delivery.
- In NW London significant progress has been made towards addressing workforce gaps and developing a workforce that is fit for future health care needs. The reconfiguration of emergency, maternity and paediatric services in 2015/16 is an example of successful workforce support and retention.
- Appropriate workforce planning and actively addressing workforce issues will, however, be instrumental in addressing the five delivery areas in the STP.

The challenges our workforce strategy will address to meet the 2020 vision:

Addressing workforce shortages
- Workforce shortages are expected in many professions under the current supply assumptions and increases are expected in service demand, therefore current ways of service delivery must change and the workforce must adapt accordingly. Addressing shortages and supporting our workforce to work in new ways to deliver services is fundamental to patient care.

Improving recruitment and retention
Modelling undertaken by London Economics in relation to Adult Nursing indicated that across London, over the next 10 years, the impact of retaining newly qualified staff for an additional 12 months could result in a saving of £100.7 million.
- Turnover rates within NW London’s trusts have increased since 2011 (c.17% pa); current vacancy levels are significant, c.10% nursing & 15% medical.
- Vacancy rates in social care organisations are high. The majority of staff in this sector are care workers, they have an estimated vacancy rate of 22.4%. Disparity in pay is also an issue (e.g. lower in nursing homes).
- High turnover of GPs is anticipated; NW London has a higher proportion of GPs over 55 compared to London and the rest of England (28% of GPs and almost 40% of Nurses are aged 55+)

Workforce Transformation to support new ways of working
- There will be a 50% reduction in workforce development funding for staff in Trusts, however workforce development and transformation including the embedding of new roles will be pivotal in supporting new ways of working and new models of care. To meet our growing and changing population needs, training in specialist and enhanced skills (such as care of the elderly expertise) will be required.

Leadership & Org. Development to support services
- Delivering change at scale and pace will require new ways of working, strong leadership and over arching change management. ACPs and GP Federations will be the frameworks to support service change, through shared ownership and responsibility for cost and quality.
- Wide scale culture change will require changes in the way organisations are led and managed, and how staff are incentivised and rewarded.
A new robust governance structure to deliver the STP workforce strategy

3. Enablers:
   Workforce

Achievements to date

Workforce planning and addressing workforce shortages

- Developed infrastructure for workforce planning and analytics
- Established annual workforce planning processes for acute healthcare professionals
- Extended workforce planning to cover primary care including new models of care such as the Cancer Vanguard
- Worked with Skills for Care and engaged with national project work to ensure integrated workforce planning for Social Care
- Invested in a team of 4 workforce planners to support primary care and integration. Work includes the Day of Care Audit designed to improve efficiency in General Practice
- Worked with the Healthy London Partnership to understand the demand and supply of staff in primary care and identified opportunities to close the gaps.
- Led a centralised Pan-London placement management and workforce development programme for paramedics with an investment of over £1.5m, contributing to increasing workforce supply and staff retention
- Utilised health education funding to ensure high quality education for medical trainees is ongoing.

Improving recruitment and retention

- With Capital Nurse we have started recruitment of 350 newly qualified nurses onto a rotational programme with educational and development support, this covers all NHS trusts in NW London as well as primary care. This investment will demonstrate the benefits of a rotational programme in improving retention rates and developing nurses within NW London to move on from their training to more senior nursing posts.
- We have programmes to improve the recruitment of nurses in general practice including a funded course with placements for nurse from outside of practice nursing to develop skills and experience to move into the sector. In 16/17 we have recruited 26 nurses across NW London.
- Through close working with HEE NW London we have supported the workforce whilst implementing service change in primary, integrated and acute care. Nine physician associates currently work in NW London, 31 started training in September, a further 15 will start in February 2017. Through our development of clinical networks for maternity and children’s services we have redesigned the model of care and formulated sector wide recruitment strategies that have enabled us to recruit 99 more midwives, 3 more obstetricians, 95 paediatric nurses and 9 consultants paediatricians.

Governance

Governance has been improved to deliver a comprehensive STP workforce strategy. This is supported by a strengthened collaboration between Health Education England and the CCG collaborative, local councils and other stakeholders. A CCG and HEE joint STP workforce team reports to a newly established Board that is co-chaired by the CCG, Social Care and HEE is a key enabler to delivery. This approach encompasses critical experience and expertise. It also maximises efficiency and ensures clinically led decision making and input from key stakeholders including health and social care providers, CEPNs (Community Education Providers Network) and the Healthy London Partnership.

What will be different in 2020?

- 75,000 staff working mostly in their own teams
- Staff work across professional and organisational boundaries around the needs of the individual
- Patients seen by GPs, nurses, care assistants, PAs, pharmacists and others based on their needs
- Providers and commissioners work collaboratively in ACPs and ACOs to support the population
- Around 400 practices operating independently
- GP practices work together in Federations and scale providers
- GPs carrying out 80% of primary care appointments
- 17 Commissioners and c1000 providers working individually
3. Enablers: Workforce

Current Transformation Plans and Benefits

Workforce planning and addressing workforce shortages

Effective workforce planning is essential for securing our future workforce, it underpins all further interventional activity and investment to support the workforce. We have the infrastructure in place to forecast shortages and develop plans to address them. This includes Primary Care and work is underway to ensure it covers new models of care such as the Cancer Vanguard. Critically this work will also include social care working with Skills for Care and through engagement and national project work.

Improving recruitment and retention

Improving recruitment and retention across health and social care will be critical to closing the financial gap and addressing workforce shortages. Modelling in London and the south east shows £100.7 million could be saved in the next 10 years by retaining new staff for 1 extra year. Recruitment and retention issues lead to high use of agency staff costing £172m.

To reduce spend on agency we will control demand for bank shifts by improving rostering and encourage more staff to work through banks instead of agencies to reduce agency costs.

Delivering the improvements in CAMHS Eating Disorder services will require an increase in numbers of staff with these specialist skills, we know we will face competition for these staff. We will work with our Like Minded programme to make sure NW London is an attractive place to come and work to retain current staff and improve recruitment.

Workforce Transformation across health and social care workforce to support integrated care

Care in NW London will be delivered differently in 2021. Building on existing work we will support staff to work in new ways. To deliver the Strategic Commissioning Framework and the 10 point plan for Primary Care we will support workforce to improve productivity and build capacity in general practice and develop the whole care team. We will work with the Time for Care programme at an NW London level and develop local CCG plans based on local priorities and areas where the 10 High Impact Actions will have the greatest effect.

We have established the Change Academy. This is a collaborative programme across NW London to address workforce transformation, organisational development between providers and systems leadership. Through Change Academy High Performing Care programme we will support system change through high performing teams and improvement methodology underpinned by data enabled evidence-based decision making. The scope of this programme will be multi-organisational change teams charged with delivery of STP on actual delivery issues in real time.

Leadership and Organisational Development to support future services

We understand that effective leadership underpins the transformation we need to achieve in NW London. As part of the Change Academy there are programmes targeted at supporting leaders across health and care:

I. STP/SPG systems leadership
II. Joint commissioning skills development
III. Emerging GP leaders network
IV. Practice manager development programme

This work will support staff and carers across all settings through the changes required by the STP and to develop the right culture to make sure changes are successfully delivered.

Key Impacts on Sustainability & Transformation Planning

NW London will deliver some general transformation plans that tackle the challenges faced and underpin all delivery areas to:

- **Empower MDT frontline practitioners to lead** and engage other professionals and take joint accountability across services
- **Support staff through change** through training and support

**Delivery Area 1 – Prevention and self management:**
- Using £1.5m HEE funding to support new models of care, self-care and LTCs
- Train up to 180 health and care professionals to support self-care
- Supporting 24 professionals to become health coach trainers to enable patients to take greater responsibility for their health
- Expand the programme in 2017/18 to develop carers as health trainers.
- Embed the NW London Healthy Workplace Charter to promote staff health and wellbeing initiatives and ambassadorship

**Delivery Area 2 - Reducing variation:**
- The seven day services programme is receiving an additional investment of £750K to trial new models of care and to further support the Radiography workforce
- The Cancer Vanguard is being supported through instigating new project leads to drive evidence based service design

**Delivery Area 3 - Outcomes for older people:**
- Initiatives to attract and retain staff to work in integrated MDTs and new local services models will support the frail and elderly population. E.g: Scale recruitment drives, promoting careers in primary care through training placements and skills exchange across different care settings
- Delivery of the SCF and 10-point plan for Primary Care through workforce transformation
- Consultant outreach into primary care
- CEPNs focused on developing the primary care and community workforce
- Building on the work of the early adopters

**Delivery Area 4 - Supporting those with mental health needs:**
- GPs provided with tools, time and support to better support population with serious and long term mental health needs. 35 GPs were supported through an Advanced Diploma in Mental Health Care and the non-health workforce is also receiving training.
- Using £600k of HEE funding to support the transformation of Serious and long term mental health and children and young people’s mental health services

**Delivery Area 5 - Providing high quality, sustainable services:**
- The Streamlining London Programme : a pan-London provider group to achieve economies of scale by doing things once across London
- Reduce the reliance on agency nurses by improving recruitment and more effective rostering and thereby the cost of service
3. Enablers: Digital

Context

- In terms of digital integration, the NW London care community already works closely together, co-ordinated by NHS NW London CCGs, with good progress with Information Governance across care settings.
- Each of the eight CCGs has a single IT system across their practices, and six of the eight CCGs are implementing common systems across primary and community care.
- In the acute space, Imperial and Chelsea & Westminster have a strong track record with digital clinical systems and are working together on a common Electronic Patient Record. Imperial (with Chelwest) is expected to be nominated by NHS England as a Global Digital Exemplar and will provide leadership to the rest of the footprint in the provision of improved patient outcomes and enhanced business efficiencies.
- Digital technology will support Primary Care transformation with new models of care that support out of hospital Local Services, through shared records across care settings, including new GP provider networks/hubs and ultimately via Accountable Care Partnerships. Potential funding from the Estates & Technology Transformation Fund (ETTF) will help upskill the primary care workforce and encourage patients to use new digital channels to access care, and use digital tools to become more involved in their own care.
- The footprint has a good track record in delivery of shared records, e.g. the NW London Diagnostic Cloud. The NW London Care Information Exchange is under way, funded by the Imperial College Healthcare charity, to give patients and clinicians a single view of care across providers and platforms, and provide tools to improve communication with health and social care professionals. It has been integrated with acute Trust data but is currently constrained by the lack of interfaces with EMIS and SystmOne in primary and community care. In the longer term, it is our ambition for the NWL Exchange to interface with the wider London Health and Care Information Exchange.
- There is good support from the NHSE London Digital Programme in developing key system-wide enablers of shared care records, such as common standards, identity management, pan-London information exchange, record locator, and IG register.
- Imperial College Health Partners (ICHP), Academic Health Science Network (AHSN) for NW London, is working closely with local health and care partners to ensure that innovation plays a major part in achieving the goals set out in our STP. One example of this is the roll-out of the Intrapreneur programme which to date has enabled over 100 local executives and frontline clinicians to integrate innovation with their everyday role.

Key Challenges

- There is a significant challenge for digital to transform current delivery models and enable new, integrated models of health and social care, shifting care out of hospitals through shared information between care settings and a reduced emphasis on traditional face-to-face care delivery.
- Over 40% of NW London acute attendances in Trusts are hosted outside their local CCG, 16% outside the footprint, making it difficult to access information about the patient. This will be mitigated by sharing care records and converging with other footprints via national and pan-London NHS systems and capabilities (e.g., Summary Care Record, e-Referrals, Co-ordinate My Care, electronic discharge); and in the longer term addressed through the NW London Care Information Exchange and (for the 16% outside the footprint) a pan-London information exchange.
- Due to different services running multiple systems, achieving shared records is dependent on open interfaces, which primary and community IT suppliers have not yet delivered. This will require continued pressure on suppliers to resolve – in particular TPP and EMIS.
- There is a barrier to sharing information between health and social care systems due to a lack of open interfaces. This has led to a situation where social care IT suppliers have been looking to charge councils separately. Support is requested from NHSE to define and fund interfaces nationally.
- Clinical transformation projects are invariably costly and time consuming, which needs to be allowed for in the LDR plans.
- Some citizens and care professionals have rising expectations for digital healthcare which we cannot deliver; for others, there is a lack of digital awareness and enthusiasm, requiring a greater push for communication around the benefits of digital solutions and education on how best to use them.

Strategic Local Digital Roadmap (LDR) Vision in response to STP

1. Automate clinical workflows and records, particularly in secondary care settings, and support transfers of care through interoperability, removing the reliance on paper and improving quality
2. Build a shared care record across all care settings to deliver the integration of health and care records required to support new models of care, including the transition away from hospital
3. Enable Patient Access through new digital channels and extend patient records to patients and carers to help them become more involved in their own care
4. Provide people with tools for self-management and self-care, enabling them to take an active role in their own care
5. Use dynamic data analytics to inform care decisions and support integrated health and social care, both across the population and at patient level, through whole systems intelligence

Enabling work streams identified:

- IT Infrastructure to support the required technology, especially networking (fixed line and Wi-Fi) and mobile working
- Completion of the NW London IG framework
- Building a Digital Community across the citizens and care professionals of NW London, through communication and education.
- Digital Health to leverage innovations such as remote monitoring, point of care and self-testing, mobile applications, interoperability of IT systems, big data analytics and AI.

The NW London Digital Programme Board will oversee delivery of the LDR, integrated with the governance of the STP.
3. Enablers: Digital

Key Digital Enablers for Sustainability & Transformation Plan

Deliver digital empowerment to enhance self-care and wellbeing:
- Easier access for citizens to information about their health and care through Patient Online and the NW London Care Information Exchange (CIE)
- New digital channels (e.g. online and video consultations) to help people engage more quickly and easily with primary care

Embed prevention and wellbeing into the ‘whole systems’ model:
- Support for integrated health and social care models through shared care records and increased digital awareness (e.g. personalised care plans that are shared with patients and carers)

Deliver digital empowerment by increasing patient engagement to better self-manage their LTCs:
- Delivery of Patient Activation Measures (PAM) tool for every patient with an LTC to develop health literacy and informed patient choice; connected to clinical IT systems: create online communities of patients and carers; get children and young people involved in health and wellness
- New digital channels (e.g. online and video consultations) to help people engage more quickly and easily with primary care

Reduce variation
- Integrated care dashboards and analytics to track consistency of outcomes and patient experience
- Support for new models of multi-disciplinary care, delivered consistently across localities, through shared care records
- Automation of clinical workflows and records, particularly in secondary care settings, and support for new pathways and transfers of care through interoperability and development of a shared care record to deliver integrated health and care records and plans

Provide fully integrated service delivery of care for older people
- Shared clinical information and infrastructure: support new primary care and wellbeing hubs and ACPs with clinical solutions
- Citizens (and carers) to access care remotely: through Patient Online (e.g. remote prescriptions) and NW London Care Information Exchange, new digital channels (e.g. online and video consultations)
- Support for a single transfer of care approach, and new models of out-of-hospital and proactive multi-disciplinary care through shared care records across health and social care (NW London and pan-London CIEs)
- Integration of Co-ordinate My Care (CMC) for last phase of life plans with acute, community and primary care systems; and promote its use in CCGs, through education and training and support care planning and management
- Dynamic analytics to plan and mobilise appropriate care models
- Whole Systems Integrated Care dashboards across 350 GP practices will deliver direct, integrated patient care

Enable people to live full and healthy lives with the help of digital technology
- Innovation programme supported by the AHSN and industry leaders to find digital tools to engage with people who have (potentially diverse) mental health needs, including those with Learning Disabilities – for example Patient Reported Outcome Measures (PROMs); create online communities of patients and carers; get children and young people involved through apps
- Implement new models of care and 24/7 services where required
- Support for new models for out-of-hours and inter-disciplinary care, such as 24x7 crisis support services and shared crisis care plans to deliver the objectives of the Crisis Care Concordat, through shared care records

Reduce variation
- Integrated care dashboards and analytics to track consistency of outcomes and patient experience

Invest in digital technology in Hospitals
- Investment to automate clinical correpondence and workflows in secondary care settings to improve timeliness and quality of care.
- Support new models for out-of-hours care through shared care records and the NWL diagnostic cloud, such as 24x7 access to diagnostics, and pan-NW London radiology reporting and interventional radiology networks
- Better digital tools to ensure optimisation of acute resources e.g., radiology Clinical Decision Support, referral wizards and decision support tools, greater use of NHS e-Referrals including Advice & Guidance capability
- Integrated discharge planning and management, and support for acute-to-acute transfers, through shared care records
- Give citizens easier access to information about their health and care through Patient Online and the NW London Care Information Exchange (CIE) to help them become expert patients
- Dynamic analytics to track consistency and outcomes of out-of-hours care
- Partnership model for informatics delivery that makes best use of specialist technology skills across organisations

STP Delivery Area LDR Work Stream

1. Radically upgrading prevention and wellbeing
   - Tools for self-management and self-care
   - Enable Patient Access
   - Build a shared care record
   - Automate clinical workflows and records
   - Tools for self-management and self-care
   - Build a shared care record
   - Use dynamic data analytics

2. Eliminating unwarranted variation and improving LTC management
   - Enable Patient Access
   - Build a shared care record
   - Use dynamic data analytics

3. Achieving better outcomes and experiences for older people
   - Tools for self-management and self-care
   - Build a shared care record
   - Use dynamic data analytics

4. Improving outcomes for children and adults with mental health needs
   - Automate clinical workflows and records
   - Enable Patient Access
   - Build a shared care record

5. Ensuring we have safe, high quality, sustainable acute services
   - Patient Online Referrals including Advice & Guidance capability
   - Integrated discharge planning and management, and support for acute-to-acute transfers, through shared care records
   - Give citizens easier access to information about their health and care through Patient Online and the NW London Care Information Exchange (CIE) to help them become expert patients
   - Dynamic analytics to track consistency and outcomes of out-of-hours care
   - Partnership model for informatics delivery that makes best use of specialist technology skills across organisations

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4. Primary Care
Primary Care in the context of out of hospital transformation

The challenges facing the NHS, and the need to radically transform the way we deliver care were set out in the Five Year Forward View (FYFV). In NW London, our STP sets out our ambitious plans to close the three gaps identified: health and wellbeing, care and quality and finance and efficiency. The development of a complete and comprehensive model of out of hospital care is critical to the delivery of these plans.

Our plans are for the development of integrated out of hospital care – Local Services – that will deliver personalised, localised, specialised and integrated care to the whole population. Patients will be enabled to take more control, supported by an integrated system which proactively manages care, provides this care close to people’s homes wherever possible, and avoids unnecessary hospital admissions. This will improve health and wellbeing and care and quality for patients.

Our aim is to accelerate investment in infrastructure for a network of care hubs: develop the skills of our front-line staff, and boost the capacity and capability of GP leaders to strengthen the delivery of Primary Care services in NW London.

We will transform General Practice, with consistent services to the whole population ensuring proactive, co-ordinated and accessible care is available to all, as set out in the Transforming Primary Care in London: a Strategic Commissioning Framework.

We will implement a substantial up-scaling of intermediate care services, available to people locally, offering integrated health and social care teams outside an acute hospital setting.

Together, these parallel ambitions form our Local Services Transformation Programme, which brings together a range of high-impact initiatives (See boxes to right).

Enhanced Primary Care and related out of hospital service improvements are critical in achieving the ambitions set out in our STP. Our immediate and longer-term plans will deliver accessible and integrated care which offer ‘right time, right care, right place’.

This document sets out our strategy for achieving these ambitions.

**Enhanced Primary Care:** Locally owned plans are in place for delivery of the SCF priorities – delivering extended access, patient-centred and pro-active care, and co-ordination across key parts of the system against a single shared care-plan

**Self-Care:** Embedding the self-care framework as a commissioning tool and implementing Patient Activation Measures (PAM) to support co-ordinated LTC management

**Upgrading Rapid Response and Intermediate Care Services:** delivering consistent outcomes and contributing to an integrated older peoples’ pathway of care, in conjunction with Last Phase of Life and related initiatives

**Transfer of Care:** implementing a single, needs-based assessment process, with a single point of access in community services. This will ensure quick, co-ordinated discharge from acute services back in to the community, in partnership with Local Authorities

‘There is arguably no more important job in modern Britain than that of the family doctor’

GPs are by far the largest branch of British medicine. A growing and ageing population with complex multiple health conditions means that personal and population orientated Primary Care is central to any country’s health system. As a recent British Medical Journal headline put it – ‘if General Practice fails, the whole NHS fails’. General Practice Forward View – 2016.

We are determined that NW London succeeds.
4. Primary Care

The local services landscape including primary care

Achieving an effective model of integrated out of hospital services is key to the delivery of the NW London STP. Within NW London, we have a highly diverse population, which is supported within Primary and Community Care by a mix of out of hospital services with varying levels of capacity.

We have achieved much since we began implementing Primary Care transformation across NW London in 2015, and Whole Systems Integrated Care in 2014, but we do not underestimate the remaining challenges. We now have Primary Care operating at-scale across NW London (diagram, bottom right). Our current plans for further transformation are underpinned by national and local policies and initiatives:

- **The 5 Year Forward View (5YFV)**
  As part of our Local Services Transformation, we aim to tackle the triple gap identified in the 5YFV: Finance, Sustainability and Quality. All of our initiatives have had these priorities in the forefront of our planning, and are key components of NW London’s STP.

- **The General Practice Forward View (GPFV)**
  The GPFV sets out a plan, backed by a multi-billion pound investment, to stabilise and transform General Practice. The focus of the plan centres around workforce (incentivisation for recruitment and retention), workload (practice resilience), infrastructure (estates and technology) and care redesign.

- **The Strategic Commissioning Framework (SCF)**
  This is London’s agreed approach to supporting the focus on Accessible, Proactive and Co-ordinated Care within Primary Care. Self-care is an integral part of proactive care contributing towards Enhanced Primary Care offer.

- **The GP Access Fund (GPAF)**
  As part of the extended access aspects of Accessible Care, NW London will meet the extended access specifications by the end of March 2017, in order to better support our population to access Primary Care services more efficiently, at a time and place that suits them.

- **King’s Fund and related reports**
  Evidence based, national reports have indicated areas of focus for NW London. We have also utilised local knowledge from reviews and evaluation to assess our current status quo (blue box) and areas for development.

**In NW London, we have:**
- 1,093 GPs
- 473 practice nurses
- 273 clinical support staff
- Average list size 5,560
- GP and nurse workforce supply is the lowest in London
- 392 GP practices with 31 sites open at weekends
- 17 groups of GP providers
- 388 dental care practices
- 1,284 pharmacists
- Pharmacy and dental practice supply one of the best in London
- 5 different IC/RR services
- Multiple Single Points of Access (SPAs)
- Many care homes, often in disparate locations
- Differing provision of bedded and non-bedded care across NW London
### 4. Primary Care: CCGs have agreed to support Primary Care providers in delivering a clear set of standards over the next five years, in support of our vision

<table>
<thead>
<tr>
<th>Proactive care</th>
<th>Accessible care</th>
<th>Co-ordinated care</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Co-design</strong></td>
<td>Patient choice</td>
<td>Case finding and review</td>
</tr>
<tr>
<td>Work with communities, patients, their families, charities and voluntary sector organisations to co-design approaches to improve health and wellbeing.</td>
<td>Patients have a choice of access (e.g. face-to-face, email, telephone, video)</td>
<td>Practices identify patients, through data analytics, who would benefit from coordinated care and continuity with a named clinician, regularly and proactively reviewing those patients.</td>
</tr>
<tr>
<td><strong>Developing assets and resources to improve health and wellbeing</strong></td>
<td>Contacting the practice</td>
<td>Named professional</td>
</tr>
<tr>
<td>Work with others to develop and map the local social capital and resources that could empower people to remain healthy; and to feel connected and supported.</td>
<td>Patients make one call, click, or contact to make an appointment. Primary care teams will actively promote online services to patients (inc. appointment booking, viewing records, prescription ordering and email consultations)</td>
<td>Patients identified as needing coordinated care have a named professional who oversees their care and ensures continuity.</td>
</tr>
<tr>
<td><strong>Conversations focused on individual health goals</strong></td>
<td>Routine opening hours</td>
<td>Care planning</td>
</tr>
<tr>
<td>Where appropriate, people will be asked about their wellbeing, including their mental wellbeing, capacity for improving their own health and their health improvement goals.</td>
<td>Patients can access pre-bookable appointments with a primary health professional at all practices 8am-6.30pm Monday to Friday and 8am-12 noon on Saturdays in a network.</td>
<td>Each individual identified for coordinated care is invited to participate in a holistic care planning process in order to develop a single shared electronic care plan that is; used by the patient; regularly reviewed; and shared with and trusted by teams and professionals involved in care.</td>
</tr>
<tr>
<td><strong>Health and wellbeing liaison and information</strong></td>
<td>Extended opening hours</td>
<td>Patients supported to manage their health and wellbeing</td>
</tr>
<tr>
<td>Enable and assist people to access (inc. in schools, community and workplaces) information, advice and connections that will allow them to achieve better health and wellbeing, including mental wellbeing.</td>
<td>Patients can access a GP or other Primary Care health professional 7 days a week, 12 hours per day (8am-8pm or alternative equivalent based on local need), for unscheduled and pre-bookable appointments.</td>
<td>Primary care teams and wider health system create an environment in which patients have the tools, motivation, and confidence to take responsibility for their health and wellbeing. including the use of digital tools and education, such as health coaching.</td>
</tr>
<tr>
<td><strong>Patients not accessing Primary Care services</strong></td>
<td>Same-day access</td>
<td>Multi-disciplinary working</td>
</tr>
<tr>
<td>Design ways to reach people who do not routinely access services and may be at higher risk of ill health.</td>
<td>Patients can have a consultation (inc. virtually) with a GP or skilled nurse on the same day, in their local network.</td>
<td>Patients identified for coordinated care will receive regular multidisciplinary reviews by a team involving. Care will be coordinated via shared electronic care records.</td>
</tr>
</tbody>
</table>
4. Primary Care: A whole population approach to delivering integrated out of hospital care in NW London

We have developed a whole population approach to delivering integrated out of hospital care in NW London.

Population segments

Mostly healthy people
- Prevention measures as per defined protocols:
  - Lifestyle interventions, health education in schools, smoking cessation, screening
  - Choice of access options and centralized scheduling across multiple channels
  - Services are available at convenient times (e.g. evenings and weekends)
  - Prevention programs in collaboration with Local Authorities, e.g. walk-in classes

- Easy access and information sharing:
  - Walk-in, telephone and tele-consultation options available, including out of hours
  - Support for self-care (e.g. online advice)
  - Advanced information sharing between services and professionals exclusively through Electronic Health Records (EHR), also accessible to the patient

People with complex conditions
- Care by the same team in core hours:
  - Support with adhering to a care plan under the guidance of a care-coordinator
  - Tailored advice and support with self-management that includes social interventions and support
  - Preferred service and a named clinician are available for pre-planned appointments
  - Discharge coordination with hospital services
  - Infrastructure to support home-monitoring

- Rapid access, preferably to the core team:
  - Single telephone line to direct patients out of hours; otherwise care coordinator is main point of contact
  - Core team keeps sufficient capacity for unplanned appointments
  - All professionals use EHR; feed back most important events to the core team

Episodic Care
- Main emphasis on ease of access
- Episodic care, overseen by a qualified GP on duty during normal and extended hours at a hub / dedicated practice or call centre
- Patient-self management of limiting illnesses

Continuous Care
- Main emphasis on continuity
- Continuous care provided mainly during core hours by the same team, according to a care plan
- Care coordinator to serve as the first point of contact for the patient, and all other providers

1. Mostly healthy people can follow the “continuous” model of care situationally (e.g., when recovering from a complex surgery); people with complex condition can follow “episodic” model when treated for completely unrelated conditions (e.g. ankle sprain for a diabetic)
4. Primary Care: Primary care and Intermediate Care transformation is the foundation for Local Services Transformation

The transformation of Local Services is central to the delivery of the ambitions set out in the NW London STP.

Our challenges:
- Demand for health and care services is increasing.
- There is unwarranted variation in care, quality and outcomes across NW London.
- Our system is fragmented resulting in duplication and confusion.
- The cost of delivering health and care services is increasing.

Our areas of focus:
- Promoting self-care and prevention
- Improved access and co-ordination of care
- Reducing pressure on A&E and secondary care
- Implementing co-produced standards for integrated out of hospital care
- Building on local work, knowledge of local work, curating best practice
- Improving access and linking the management of physical and mental health conditions to reduce clinical variation in LTC management

How Local Services areas of focus fit within STP delivery areas

DA2: Improve quality and reducing variation across Primary Care (for LTC management)
- Delivering consistent outcomes for patients within Primary Care, irrelevant of in which borough they reside
- Standardising the Older People’s clinical pathway
- Standardising care across pathways, including Intermediate Care Services and Rapid Response
- Introducing contracting and whole population budgets
- Creating co-operative structures across the relevant of the system, e.g. older people cohort

DA3: Achieving better outcomes and experiences with a focus on older people
- Joint commissioning and delivery models across CCGs and providers
- Evolving Primary Care at-scale
- Managing demand across boundaries through pathway redesign
- Strengthening care teams to provide effective care
- Effective joint governance able to address difficult issues
- Working cross-boundary: across acute and social care
- Collaborating to improve quality and efficiency, e.g., through the Virtual Primary Care Team
- Building upon Whole Systems Integrated Care

What are the ways of working
- Developing sustainable services
- Changing how we work together to deliver the transformation required

A healthier NW London
- Early identification and intervention, leading to better health outcomes for the population
- Reduction in A&E attendance, non-elective admissions, length of stay, and re-admissions
- Delivery of care in more appropriate settings
- Cross-organisation productivity savings from joint working
- Consolidation and improved efficiency, in commissioning and delivery of care
- Improved patient satisfaction from better access, quality of care and integrated care.

More productive care:
- Increased collaboration
- Reduced duplication
- Management of flow
- Sustainable Primary Care providers and provision of care

More effective system:
- Aligned decision-making resulting in faster implementation
- Increased transparency and accountability
4. Primary Care: There will be significant investment in General Practice within NW London

This diagram shows NW London’s:
- Efficiency targets
- Increases in primary care medical allocations (blue arrows)
- The planned delivery of the Strategic Commissioning Framework and the Strategy and Transformation Plan

The diagram does not show funding from national programmes (such as the General Practice Access Fund) from which NW London is aiming to access approximately £4.5m in 2016/17 – announced in the GP Forward View.

Primary care services in NW London deliver high-quality care for local people. These services, and general practice in particular, are at the centre of the local health and social care system for every resident. Transforming general practice in line with the standards set out in the Strategic Commissioning Framework is critical to delivery of the ambitions set out in the STP. The diagram below shows the milestones to full delivery.
5. Finance:
Overall Financial Challenge – ‘Do Something’ (1)

The STP has identified 5 delivery areas that will both deliver the vision of a more proactive model of care and reduce the costs of meeting the needs of the population to enable the system to be financially as well as clinically sustainable. The table below summarises the impact on the sector financial position of combining the normal ‘business as usual’ savings that all organisations would expect to deliver over the next 5 years if the status quo were to continue, with the savings opportunities that will be realised through the delivery of the 5 STP delivery areas, and demonstrates that overall the footprint including social care has a small deficit of £19.9m.

<table>
<thead>
<tr>
<th>£m</th>
<th>CCGs</th>
<th>Acute</th>
<th>Non-Acute</th>
<th>Specialised Commissioning</th>
<th>Primary Care</th>
<th>STF Investment</th>
<th>Sub-total</th>
<th>Social Care</th>
<th>Total</th>
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<tr>
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<td>(529.8)</td>
<td>(131.6)</td>
<td>(188.6)</td>
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<td>-</td>
<td>(1,112.4)</td>
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<td>102.7</td>
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<td>-</td>
<td>-</td>
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<td>-</td>
<td>(52.3)</td>
</tr>
<tr>
<td>Delivery Area 3 - Savings</td>
<td>134.9</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>134.9</td>
<td>33.1</td>
<td>168.0</td>
</tr>
<tr>
<td>Delivery Area 4 - Investment</td>
<td>(11.0)</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>(11.0)</td>
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<td>(11.0)</td>
</tr>
<tr>
<td>Delivery Area 4 - Savings</td>
<td>22.8</td>
<td>-</td>
<td>-</td>
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<td>-</td>
<td>22.8</td>
<td>6.4</td>
<td>29.2</td>
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<tr>
<td>Delivery Area 5 - Investment</td>
<td>(45.6)</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>(45.6)</td>
<td>-</td>
<td>(45.6)</td>
</tr>
<tr>
<td>Delivery Area 5 - Savings</td>
<td>111.1</td>
<td>120.4</td>
<td>23.0</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>254.5</td>
<td>15.0</td>
<td>269.5</td>
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<tr>
<td>STF - additional SYFV costs</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>(55.7)</td>
<td>(55.7)</td>
<td>(55.7)</td>
</tr>
<tr>
<td>STF - funding</td>
<td>24.0</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>14.8</td>
<td>55.7</td>
<td>94.5</td>
<td>19.5</td>
<td>114.0</td>
</tr>
<tr>
<td>Other</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>188.6</td>
<td>-</td>
<td>-</td>
<td>188.6</td>
<td>72.0</td>
<td>260.6</td>
</tr>
<tr>
<td>TOTAL IMPACT</td>
<td>336.4</td>
<td>462.0</td>
<td>125.7</td>
<td>188.6</td>
<td>14.8</td>
<td>-</td>
<td>1,127.5</td>
<td>262.5</td>
<td>1,390.0</td>
</tr>
<tr>
<td>Final Position Surplus/(Deficit)</td>
<td>88.8</td>
<td>(67.8)</td>
<td>(5.9)</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>15.1</td>
<td>(35.0)</td>
<td>(19.9)</td>
</tr>
</tbody>
</table>

Specific Points to note are:

Note 1: The NWL “Do Nothing” gap has changed since Jun ’16 STP due to changes in the underlying position of social care, and inclusion of the Royal Brompton & Harefield and the London Ambulance Service deficit attributable to NWL.

Note 2: BAU CIP and QIPP is those that can be carried out by each organisation without collaboration, etc.

Note 3: See Social Care Finances gap closure slide (aligned to delivery areas where applicable).

Note 4: £56m of STF funding has currently been assumed as needed recurrently for additional investment costs to deliver the priorities of the SYFV that are not explicitly covered elsewhere. These costs are currently estimated.

Note 5: Specialised commissioning have not yet developed the ‘solution’ for closing the gap, however it is assumed that this gap will be closed. This is a placeholder.

Note 6: As we have developed our project plans we have more clearly articulated the focus of our delivery areas. This has resulted in “Delivering the SCF” moving from DA3 to DA2. The individual DA totals have therefore changed although overall investment and saving totals remain constant.

The next page shows the information above in the form of a bridge from do nothing to post STP delivery.
The bridge reflects the normalised position (i.e. excludes non-recurrent items including transition costs) and shows the gap against the delivery of a break even position.

**BAU CIPs and QIPP**

The CIPs and QIPP that could be delivered by providers and commissioners in 16/17 – 20/21 (total £570m), including Carter, but without transformation (i.e. Status Quo)

**Delivery Areas (1-5) - CCGs**

The financial impact of the 5 delivery areas has been calculated and broken down between CCGs and providers. For CCGs they require £118m of investment to deliver £303m of savings.

The work undertaken by Healthy London Partners has been used to inform schemes in all Delivery Areas, particularly in the area of children’s services, prevention and well-being and those areas identified by ‘Right Care’ as indicating unwarranted variation in healthcare outcomes.

**Delivery Areas (1-5) - Providers**

Quantum opportunity for trusts, delivered through cross sector collaboration, service change and other local opportunities

**NHSE spec Comm**

NHSE spec comm have not yet developed the ‘solution’ for closing the gap, however it is assumed that this gap will be closed

**STF and 5YFV expenditure**

See ‘STP financial enablers – Sustainability and Transformation Funding

**Final position**

CCG Surplus (£89m)

Acute deficit (£68m)

Non-acute deficit (£6m)
Financial risks to delivery of the STP

There are a number of risks facing NWL commissioners and providers which are inherent in the STP. These are:

- Delivery of business as usual efficiency savings
- Delivery of the service transformations set out in the five delivery areas, and the realisation of the associated savings
- Financial challenges on the provider side that remain at the end of the STP period
- Plans to close the specialist commissioning gap are not yet available
- Deterioration in underlying organisational financial positions since 2016/17 plans were agreed
- Closing the remaining social care funding gap
- Accelerating delivery of transformation plans to enable recently notified NHS financial control totals to be achieved.

The key risk to achieving sector balance is the delivery of the savings, both business as usual efficiency savings and those associated with the service transformations described in the five delivery areas.

There are also particular challenges in relation to:
- The deficit on the Ealing Hospital site, where the on-going costs of safe staffing exceed the levels of activity and income and make delivery of savings challenging;
- The deficit at the Royal Brompton and Harefield, which although mostly commissioned by NHSE Specialised Commissioning, is included in the NWL footprint;
- The deficit in London Ambulance Service, of which only the NWL related element is included in this plan, which requires further joint working in order to agree a solution.

The plans to close the Specialised Commissioning gap are not yet available in enough detail to allow an assessment of the level of risk facing the NWL Specialised service providers. This may pose a significant risk to the viability of some providers.

Next steps to address the risks

There are a number of processes in place to quantify and mitigate the risks set out above. These include:

- A robust process of business case development to validate the investments and savings that have been identified so far, and the STP sets out the improvement approach and resources that we have put in place to ensure that our plans can be delivered
- A portfolio management approach with clear governance to ensure that project directors are held accountable for delivering agreed savings, with a change control process to close projects and agree new ones as required to deliver the planned patient outcomes and associated savings
- The work through DA5d on productivity will support the development of trust internal infrastructures to support the business as usual efficiency savings
- The acceleration of the changes relating to Ealing hospital, once out of hospital capacity is in place
- Joint pathway planning with specialist commissioning and other CCGs across London to confirm the plans to reduce demand and to quantify the impact on providers
- Quantification of changes in underlying financial positions and differences between the STP financial assumptions and notified control totals, feeding into a sector approach to the 2 year contracting round to ensure that effective risk management processes are in place.

This work will be developed and will continue over the next few months.
To drive the delivery of the STP at pace, we have made an initial assessment of the level of sustainability and transformation funding that we will need over the next 5 years to deliver the plan. The STF funding being use to support provider deficits has already been notified to Trusts for 17/18 and 18/19, and is not included below. The funding below is being sought in addition to provider STF funding.

### Sustainability and Transformation funding requirement for North West London

<table>
<thead>
<tr>
<th>Investment Area</th>
<th>17/18 £m</th>
<th>18/19 £m</th>
<th>19/20 £m</th>
<th>20/21 £m</th>
</tr>
</thead>
<tbody>
<tr>
<td>Investment in Prevention &amp; Social Care</td>
<td>21.0</td>
<td>25.0</td>
<td>30.0</td>
<td>34.0</td>
</tr>
<tr>
<td>Social Care funding gap</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>19.5</td>
</tr>
<tr>
<td><strong>Total Social Care and prevention</strong></td>
<td><strong>21.0</strong></td>
<td><strong>25.0</strong></td>
<td><strong>30.0</strong></td>
<td><strong>53.5</strong></td>
</tr>
<tr>
<td>Seven Day services roll out through to 2019/20</td>
<td>4.0</td>
<td>7.0</td>
<td>12.0</td>
<td>24.0</td>
</tr>
<tr>
<td>General Practice Forward View and Extended GP Access</td>
<td>10.0</td>
<td>10.0</td>
<td>5.0</td>
<td>5.0</td>
</tr>
<tr>
<td>Increasing capacity in Child and Adolescent mental health services and reducing waiting times in Eating Disorders services</td>
<td>5.0</td>
<td>5.0</td>
<td>8.0</td>
<td>10.0</td>
</tr>
<tr>
<td>Implementing recommendations of mental health task force</td>
<td>10.0</td>
<td>10.0</td>
<td>10.0</td>
<td>5.0</td>
</tr>
<tr>
<td>Cancer taskforce Strategy</td>
<td>3.0</td>
<td>5.0</td>
<td>10.0</td>
<td>3.0</td>
</tr>
<tr>
<td>National Maternity Review</td>
<td>7.0</td>
<td>7.0</td>
<td>2.0</td>
<td>2.0</td>
</tr>
<tr>
<td>Local Digital Roadmaps supporting paper free at the point of care and electronic health records</td>
<td>3.0</td>
<td>10.0</td>
<td>10.0</td>
<td>6.7</td>
</tr>
<tr>
<td><strong>Total Health</strong></td>
<td><strong>42.0</strong></td>
<td><strong>54.0</strong></td>
<td><strong>57.0</strong></td>
<td><strong>55.7</strong></td>
</tr>
<tr>
<td>Improvement Resources</td>
<td>2.0</td>
<td>2.0</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Additional Investment in Primary Care services</td>
<td>1.0</td>
<td>12.0</td>
<td>19.0</td>
<td>14.8</td>
</tr>
<tr>
<td>System support funding</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>24.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>66.0</strong></td>
<td><strong>93.0</strong></td>
<td><strong>106.0</strong></td>
<td><strong>148.0</strong></td>
</tr>
</tbody>
</table>
5. Finance:
STP financial enablers – Capital

The total capital assumed within the ‘Do Nothing’ position for Providers is £978m (funded by £713m from internal resources, £37m from disposals and £228m from external funding.) The table below shows the total capital requirements over and above the ‘Do Nothing’ Capital under the ‘Do Something’ scenario, over the five years of the STP planning period. This covers: acute reconfiguration proposals; development of primary care estate and local services hubs; as well as other acute and mental health capital investments.

The table below details the ‘Do something’ capital for the 5 year STP period.

<table>
<thead>
<tr>
<th>Key Capital Schemes</th>
<th>17/18-20/21 £m</th>
<th>Less: disposals £m</th>
<th>Other funding sources £m</th>
<th>Total £m</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outer NWL (SOC1)(^1)</td>
<td>385</td>
<td>(9)</td>
<td></td>
<td>375</td>
</tr>
<tr>
<td>Inner NWL (SOC2)(^2)</td>
<td>222</td>
<td>(222)</td>
<td></td>
<td>-</td>
</tr>
<tr>
<td>IT Digital Roadmap(^3)</td>
<td>60</td>
<td></td>
<td></td>
<td>60</td>
</tr>
<tr>
<td>CNWL - strategic investments</td>
<td>79</td>
<td>(53)</td>
<td>(26)</td>
<td>-</td>
</tr>
<tr>
<td>Royal Brompton</td>
<td>100</td>
<td>(100)</td>
<td></td>
<td>-</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>845</strong></td>
<td><strong>(384)</strong></td>
<td><strong>(26)</strong></td>
<td><strong>435</strong></td>
</tr>
</tbody>
</table>

Note 1 – The Outer NWL business case (SOC1) is modelled on an ‘accelerated’ approval timeline in order to address the sustainability issue at Ealing Hospital;
Note 2 – The Inner NWL Business Case (SOC2) is funded through the disposal of a charitable asset, thus placing a restriction on the use of the sale proceeds;
Note 3 - IT digital roadmap funding is expected to be funded via the Estates and Technology Transformation Fund (ETTF).
6. Risks and Mitigations:
Strategic Risks

We have described an ambitious plan to move from a reactive, ill health service to a proactive, wellness service, that needs to be delivered at scale and pace if we are to ensure we have a clinically and financially sustainable system by 2020/21. Unsurprisingly there are many risks to the achievement of this ambition, which we have described below. In some areas we will need support from NHSE to enable us to manage them.

<table>
<thead>
<tr>
<th>Risks</th>
<th>Category</th>
<th>Proposed mitigations</th>
<th>Support from NHSE</th>
<th></th>
</tr>
</thead>
</table>
| We are unable to shift enough care out of hospital, or the new care models identify unmet need, meaning that demand for acute services does not fall as planned | Quality and sustainability                    | • Maintain system attention on importance of delivery over the next five years through focus on Delivery Areas 1, 2 and 3  
• Continue to develop delivery plans using learning from vanguards and other areas  
• Establishment of robust governance process across NW London system focussing on both delivery and assurance  
• Clear metrics agreed to monitor progress | • Support in developing a reliable understanding of sector demand and capacity for primary care |  |
| There is insufficient capacity or capability in primary care to deliver the new model of care | Quality and sustainability                    | • Support development of GP federations  
• Early investment in primary care through joint commissioning  
• Identification and support to vulnerable practices  
• Digital solutions to reduce primary care workloads | • Support for retention of land receipts for reinvestment, and potential devolution asks  
• Support for an accelerated timeline for the capital business cases |  |
| Can’t get people to own the responsibility for their own health    | Self care and empowerment                      | • Development of a ‘People’s Charter’  
• Closer working with local government to engage residents in the conversation, primarily through DA1 | • National role in leading conversation with the wider public about future health models |  |
| We are unable to access the capital needed to support the new care model and to address the existing capacity and estate quality constraints, and the sustainability issues at Ealing Hospital | Finance and estates                            | • Submit a business case for capital to NHS England  
• Explore various sources of capital to deliver structural components of strategy, including the retention of land receipts for reinvestment  
• Identification of further opportunities through One Public Estate  
• Submit a business case for capital to NHS England that sets out the clinical and financial rationale for an accelerated timeline | • Support for retention of land receipts for reinvestment, and potential devolution asks  
• Support for an accelerated timeline for the capital business cases |  |
| Information Technology systems are not in place to enable seamless integrated care and a shift towards out of hospital activity. | Information and technology                    | • Work within new national standards on data sharing to support the delivery of integrated services and systems.  
• Keep pressure on primary and community IT system providers to deliver open interfaces which will enable record sharing | • NHSE/HSCIC to develop common standards for social care IT integration and provider requirements to enable system interoperability.  
• Support to address the legacy conflict between the Duty to Share and the Duty of Confidentiality  
• Continued focus at a national level on open API |
## Risks and Mitigations:
### Other Risks

<table>
<thead>
<tr>
<th>Risks</th>
<th>Category</th>
<th>Proposed mitigations</th>
<th>Support from NHSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>There is an unplanned service quality failure in one of our major providers</td>
<td>Quality and sustainability</td>
<td>• On-going quality surveillance to reduce risk</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Contingency plans developed should a service be flagged as fragile</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Strengthened governance structure with clear joint leadership maintaining focus on delivery and enabling more rapid and effective responses to a situation</td>
<td></td>
</tr>
<tr>
<td>There is a collapse in the care and nursing home market, putting significant unplanned pressures onto hospitals and social care</td>
<td>Quality and sustainability</td>
<td>• Development of a joint market management strategy lead by the Joint Health and Care Transformation Group</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Specific project of work in this area through DA3</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• On-going support to homes to address quality issues</td>
<td></td>
</tr>
<tr>
<td>Provider and system sustainability targets result in competing local priorities</td>
<td>Quality and sustainability</td>
<td>• Joint Health and Care Transformation Group provides forum for system wide discussion.</td>
<td>• Alignment of NHS England and NHS Improvement positions on provider sustainability versus system sustainability</td>
</tr>
<tr>
<td>We are unable to recruit or retain workforce to support the old model while training and transforming to the new model of care</td>
<td>People and workforce</td>
<td>• Establishment of Workforce Transformation Delivery Board to provide system leadership and focus</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Development of cross-sector workforce strategy</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Close working with HEENWL</td>
<td></td>
</tr>
<tr>
<td>There is resistance to change from existing staff</td>
<td>People and workforce</td>
<td>• OD support and training for front line staff and system leaders</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Wide staff engagement in the design and delivery of new models through project delivery groups.</td>
<td></td>
</tr>
<tr>
<td>Impact on the health sector and our workforce of ‘Brexit’</td>
<td>People and workforce</td>
<td>• Work closely with partners to understand the implications of ‘Brexit’</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Finance and sustainability</td>
<td>• Provide staff with support to ensure they feel valued and secure.</td>
<td></td>
</tr>
<tr>
<td>Opposition to reconfiguration by some partners prevents effective delivery of the rest of the plan</td>
<td>Partnership working</td>
<td>• Developing relationships between health and local authority organisations, supported by joint governance via the Joint Health and Care Transformation Group</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Joint statement agreed and areas of commonality identified to enable progress</td>
<td></td>
</tr>
</tbody>
</table>
### 7. References

<table>
<thead>
<tr>
<th>Section</th>
<th>Slides</th>
<th>References</th>
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</thead>
</table>
5. System-wide activity and bed forecasts for ImBC  
7. National Survey of Bereaved People (VOICES 2014)  
9. NW London high level analysis of discharging rates within/across borough boundaries.  
10. Initial target for LPoL project  
11. Estimate based on numbers of emergency referrals responded to by Single Point of Access in first six months of activity; extrapolated to cover both CNWL and WLMHT SPAs for full year  
12. Initial activity analysis following service launch at West Middlesex University Hospital  
13. London Quality Standard  
14. Shaping NW London High Level Analysis of Inpatient Radiology Diagnostic Imaging and Reporting. Data extracts from Trust RIS systems for all inpatient radiology imaging |
2. NOMIS profiles, data from Office for National Statistics  
4. Health & HSCIC, Shaping a Healthier Future Decision Making Business Case and local JSNAs |
### 7. References

<table>
<thead>
<tr>
<th>Delivery Area 1: Radically upgrading preventing &amp; wellbeing</th>
<th>Slides</th>
<th>References</th>
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<tr>
<td></td>
<td>21-22</td>
<td>1 Local analysis using population segmentation work from London Health Commission, and population projections from the Greater London Authority (GLA SHLAA 2014)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2 TBC – requested from Public Health</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3 Commissioning for Prevention: NW London SPG: Optimity Advisors Report</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4 Health First: an evidence-based alcohol strategy for the UK, Royal College of Physicians, 2013</td>
</tr>
<tr>
<td></td>
<td></td>
<td>7 DWP - Nomis data published by NOS</td>
</tr>
<tr>
<td></td>
<td></td>
<td>8 IPS: <a href="https://www.centreormentalhealth.org.uk/individual-placement-and-support">https://www.centreormentalhealth.org.uk/individual-placement-and-support</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td>9 Local analysis using population segmentation work from London Health Commission, and population projections from the Greater London Authority (GLA SHLAA 2014)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>10 Commissioning for Prevention: NW London SPG: Optimity Advisors Report</td>
</tr>
<tr>
<td></td>
<td></td>
<td>11 Local analysis using population segmentation work from London Health Commission, and population projections from the Greater London Authority (GLA SHLAA 2014)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>12 Cancer Research UK</td>
</tr>
<tr>
<td></td>
<td></td>
<td>13 <a href="http://www.phoutcomes.info/search/overweight#pat/6/afi/102/par/E1200007">http://www.phoutcomes.info/search/overweight#pat/6/afi/102/par/E1200007</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td>14 Public Health England (2014)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>15 Local analysis using population segmentation work from London Health Commission, and population projections from the Greater London Authority (GLA SHLAA 2014)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>17 Commissioning for Prevention: NW London SPG: Optimity Advisors Report</td>
</tr>
<tr>
<td></td>
<td></td>
<td>18 <a href="http://www.phoutcomes.info/search/overweight#pat/6/afi/102/par/E1200007">http://www.phoutcomes.info/search/overweight#pat/6/afi/102/par/E1200007</a> , Public Health Outcome Framework</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Delivery Area 2: Eliminating unwarranted variation and improving Long Term Condition (LTC) Management</th>
<th>23-26</th>
<th>1 Local analysis using population segmentation work from London Health Commission, and population projections from the Greater London Authority (GLA SHLAA 2014)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>2 Cancer Research UK</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5 Pan-London Atrial Fibrillation Programme</td>
</tr>
<tr>
<td></td>
<td></td>
<td>6 NHS London Health Programmes, NHS Commission Board, JSNA Ealing</td>
</tr>
<tr>
<td></td>
<td></td>
<td>7 Kings Fund, 2010</td>
</tr>
<tr>
<td></td>
<td></td>
<td>8 Initial analysis following review of self-care literature</td>
</tr>
<tr>
<td></td>
<td></td>
<td>9 <a href="http://dvr.sagepub.com/content/13/4/268">http://dvr.sagepub.com/content/13/4/268</a></td>
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### 7. References

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<thead>
<tr>
<th>Section</th>
<th>Slides</th>
<th>References</th>
</tr>
</thead>
</table>
| **Delivery Area 3:** Achieving better outcomes and experiences for older people | 27-28 | 1. Office for National Statistics (ONS) population estimates  
2. Source: Index of Multiple Deprivation 2015 Income Deprivation Affecting Older People (IDAOPI); Greater London Authority 2015 Round of Demographic projections, Local authority population projections - SHLAA-based population projections, Capped Household Size model  
4. SUS data - aggregated as at June 2016 |
| **Delivery Area 4:** Improving outcomes for children and adults with mental health needs | 29-30 | 1. Tulloch et al., 2008  
4. Royal College of Psychiatrists, 2012  
5. [http://www.publications.parliament.uk/pa/cm200506/cmhansrd/vo060124/debtext/60124-06.htm#60124-06_spmin1](http://www.publications.parliament.uk/pa/cm200506/cmhansrd/vo060124/debtext/60124-06.htm#60124-06_spmin1) |
| **Delivery Area 5:** Ensuring we have safe, high quality sustainable acute services | 31-33 | 1. Health & Wellbeing of NW London population (2016). Triborough Public Health Intelligence Team  
2. SUS Data. Oct 14-Sep15.  
3. NW London CCGs - M11 2015-16 Acute Provider Performance Measures Dashboard  
4. Shaping a Healthier Future Decision Making Business Case  
5. Shaping a Healthier Future Decision Making Business Case  
6. Shaping a Healthier Future Decision Making Business Case  
7. Shaping NW London High Level Analysis of Inpatient Radiology Diagnostic Imaging and Reporting. Data extracts from Trust RIS systems for all inpatient radiology imaging.  
| **Enablers:** Estates | 35-38 | 1. ERIC Returns 2015/16 published 11 October 2016  
2. NHSE London Estate Database Version 5  
3. NW London CCGs condition surveys  
4. Oxford University’s School of Primary Care Research of general practices across England, published in The Lancet in April 2016  
### 7. References

<table>
<thead>
<tr>
<th>Section</th>
<th>Slides</th>
<th>References</th>
</tr>
</thead>
</table>
Social Care Workforce: Skills for Care, MDS-SC, 2015  
Pharmacy Data: Royal Pharmaceutical Society of Great Britain, Pharmacy Workforce Census 2008, 2009  
Maternity Staff: Trust Plans, 2015. Not Published  
Paediatric Staff: Trust Plans, 2015. Not Published  
2 Conlon & Mansfield, 2015  
3 Turnover Rates: HSCIC, iView, retrieved 23-05-2016  
Vacancy Rates – Social Care: Skills for Care, NMDS-SC, 2015  
6 GP Appointments: Nuffield Trust, Fact or fiction? Demand for GP appointments is driving the ‘crisis’ in general practice, 2015  
 Providers: HSCIC, GPs, GP Practices, Nurses and Pharmacies, 2016  
Skills for Care, nmds-sc online, retrieved 17-06-2016  
| **Enablers: Digital** | 42-43  | 1 Local Digital Roadmap - NHS NW London (2016)                                                                                                                                                              |
Partnership organisations with the NW London STP Footprint

- Brent Clinical Commissioning Group
- Central London Clinical Commissioning Group
- Ealing Clinical Commissioning Group
- Hammersmith and Fulham Clinical Commissioning Group
- Harrow Clinical Commissioning Group
- Hillingdon Clinical Commissioning Group
- Hounslow Clinical Commissioning Group
- West London Clinical Commissioning Group
- Brent
- Harrow Council
- Hillingdon
- London Borough of Hounslow
- Kensington and Chelsea
- City of Westminster
- West London Mental Health NHS Trust
- Central and North West London NHS Foundation Trust
- Chelsea and Westminster Hospital NHS Foundation Trust
- London North West Healthcare NHS Trust
- The Hillingdon Hospitals NHS Foundation Trust
- Hounslow and Richmond Community Healthcare NHS Trust
- Royal Brompton & Harefield NHS Foundation Trust
- Central London Community Healthcare NHS Trust
- Imperial College Healthcare NHS Trust
- Health Education North West London
- NHS England Improvement
- National Institute for Health Research Clinical Research Network North West London
- West London Alliance
1. Details of Recommendations

The Health and Wellbeing Board is asked to note the updated performance against each theme area from the Health and Wellbeing Strategy.

2. Report Summary

This report details the high level indicators that have been used to support the implementation of the Health and Wellbeing Strategy. The report details performance of the selected indicators against the adopted targets and notes key strengths and areas of future work that need further partnership work.

1. Introduction

The Health and Wellbeing Strategy was produced in 2013 with three theme areas;
- Reduced difference in life expectancy between communities
- Every child has the best possible start in life
- Adults retain their independence and good quality of life for longer

2. The purpose of this report is to present the indicators within these themes and their respective performance against target. Data has been appropriately sourced from relevant Health and Wellbeing partners and the most current information available has been presented.

3. The resulting indicator table is shown in Table 1.
<table>
<thead>
<tr>
<th>Table 1: Health and Wellbeing Strategy Dashboard</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Smoking</strong></td>
</tr>
<tr>
<td>Prevalence</td>
</tr>
<tr>
<td>Quits</td>
</tr>
<tr>
<td>Smoke free homes</td>
</tr>
<tr>
<td><strong>Cancer screening</strong></td>
</tr>
<tr>
<td>Breast</td>
</tr>
<tr>
<td>Cervical</td>
</tr>
<tr>
<td>Bowel</td>
</tr>
<tr>
<td><strong>NHS Health checks</strong></td>
</tr>
<tr>
<td>Offered</td>
</tr>
<tr>
<td>Received</td>
</tr>
<tr>
<td><strong>Child oral health</strong></td>
</tr>
<tr>
<td>3-5 year olds accessing dentists</td>
</tr>
<tr>
<td>3-5 year olds fluoride varnish applications</td>
</tr>
<tr>
<td><strong>Childhood immunisation</strong></td>
</tr>
<tr>
<td>MMR at 2 years</td>
</tr>
<tr>
<td><strong>Childhood obesity</strong></td>
</tr>
<tr>
<td>Prevalence in reception</td>
</tr>
<tr>
<td>Prevalence in Year 6</td>
</tr>
<tr>
<td><strong>Bed based social care</strong></td>
</tr>
<tr>
<td>Older people in care homes</td>
</tr>
<tr>
<td><strong>New Mental Health Models</strong></td>
</tr>
<tr>
<td>Improved Dementia diagnosis</td>
</tr>
<tr>
<td><strong>Learning Disabilities</strong></td>
</tr>
<tr>
<td>Young adults in care homes</td>
</tr>
<tr>
<td>Number of carers assessments</td>
</tr>
<tr>
<td><strong>Child and Adolescent Mental Health Services</strong></td>
</tr>
<tr>
<td>Reduced waiting times (under 18 weeks)</td>
</tr>
</tbody>
</table>
4. Progress: Reduce the difference in life expectancy between communities

Smoking: The number of people smoking in Hounslow decreased as reported by survey in 2015. Indicators for the number of people quitting smoking and the number of smoke free homes will both meet their 2015/16 target.

Cancer screening: Targets have not been meet in 2015/16. Breast screening fell short of the target by a small margin, the latest unpublished data shows that Hounslow has the highest level of breast screening in NW London and is now exceeding the London average breast screening coverage. The programme is coordinated by NHS England. In 2016/17 a new service, which started in April 2016, brings in the administrative functions of the current six screening systems into one new London wide hub run by the Royal Free London Hospital Trust. The administrative function for Hounslow women provided by Imperial (West London Breast Screening Service) will transfer to this. The breast screening hub will be responsible for inviting women, arranging appointments and sending all screening letters. This will allow women to attend screening in any location across London. There will also be a single point of contact for the service and a call centre for any user queries. Imperial Hospital will continue to provide breast screening to the women of Hounslow and West London in the same venues as before.

Cervical screening is coordinated by the national NHS Cancer Screening Programme, and provided through GP practices and sexual health clinics. A screening improvement action plan covering cervical screening (and also breast and bowel screening) will be developed between the London Screening team and Hounslow partners in 16/17. It is expected that this plan will support practices to improve uptake of all cancer screening programmes and to improve the quality of cervical screening in general practice.

The work of the national programmes has been complemented by some local work. The MacMillan Cancer GP is undertaking visits to practices to help improve screening uptake in line with the new ‘Screening ‘Best Practice Guidelines’. New sample bowel screening test kits for GP practices have also been received. The Hounslow Marketing and Communications group (LBH, CCG, WMUH, Mulberry Centre, and HRCH) will support future national screening campaigns at the borough level. The Mulberry Centre completed over 50 cancer related outreach events around the borough in the first 6 months of 2016/17.

NHS Health Checks: Hounslow is on track to achieve its annual target of health check offers and uptake. Hounslow is among the top 5 performing boroughs in London. The number of people receiving a health check in six months is very encouraging, almost reaching the number required for the annual target.

5. Progress: Every child has the best possible start in life

Child Oral Health: The oral health indicators for children are in line with their respective targets. The Schools’ Dental outreach project was a significant factor in achieving the number of children receiving fluoride varnish.

Childhood immunisation: NHS England are responsible for delivering against these targets. NHS England are coordinating a local plan which includes working with local GP surgeries where reported immunisation levels are low, delivering a school
based service, ensuring looked after children are immunised and leading a local communication exercise on the benefits of immunisation.

Childhood obesity: Obesity remains a challenge across London, within Hounslow an obesity programme for children was launched, along with a public campaign promoting the uptake of breastfeeding. Further schemes in 2016 saw particular popularity. ‘Beat the Street’ was an active travel programme with over 20,000 children and family members participating, the ‘Super Active’ schools programme commenced in 10 primary schools, and a temporary mobile swimming pool in Feltham taught 1,000 children how to swim over 3 months.

New measures have been started to help make a more supportive environment for healthy eating. Hounslow has joined other boroughs across London in implementing the ‘Healthier Catering Commitment’ and the LBH Environmental Health team will be working with local fast food businesses in target areas to help make the food offer healthier. Finally, the new Hounslow Obesity Prevention Task Force was launched in October 2016 which will implement aspects of the new national child obesity ‘Plan for Action’.

6. Progress: Adults retain their independence and good quality of life for longer

Bed based social care: The number of people in residential care is on target, this has been assisted by the use of a number of factors including the Personal Care Framework commission and other associated services arising from supporting Carers, the Dementia Pathway, and the Community Recovery Service. The LIFE project has commenced the work to reconfigure current supported accommodation services to better meet the needs of younger adults and prevent admissions to care homes.

New mental health models: The number of people identified with a diagnoses of dementia has met the target in 2015, helped by the Dementia Liaison Nurses and a Consultant Psychiatrist commissioned by Hounslow CCG. Further work in being undertaken to ensure patients with a care plan receive a yearly face-to-face review.

Learning disabilities: Both indicators for young adults in care homes and the number of carers assessments are on target for 2016/17. These have been assisted by the increase in Extra Care Housing and a public communication campaign to increase the public’s awareness of what a Carer is.

Child and Adolescent Mental Health Services: There was a dip in performance against the target within the year which is being addressed by Hounslow CCG with the provider. There is ongoing work to reduce the demand and capacity gap through the CAMHS Transformation Plan.

7. The indicators presented in Table 1 represent particular highlights within each of the Health and Wellbeing Strategy theme areas. The Health and Wellbeing Strategy from 2017 will be influenced by the forthcoming Joint Strategic Needs Assessment and a further discussion will be needed to agree the ongoing monitoring requirements.

REPORT ENDS
Hounslow Safeguarding Adults Board Business Plan 2016-17

The following plan is in two parts. Please see the overview below. The overview is broken down into task descriptions which will be monitored by the Hounslow Safeguarding Adults Board and the Quality Assurance sub group. The business is reviewed annually in light of the annual audit and challenge event held in the first three months of each year.

The board established the following structure in 2015.

This business plan has been updated in response to the January 2016 Challenge event. At this event the Board identified the following new tasks which have been added to the business plan for 2016-2019.

- Extend membership to include voluntary and community partners.
- Set up Communication and Engagement Sub Group to increase awareness of adult safeguarding in the borough.
- Support work to ensure that children subject to sexual exploitation or with mental health issues are safeguarded through the transition to adult services.

The board is responsible for the governance of all adult safeguarding activity in Hounslow. The following overview reflects the distinction between prevention and intervention functions as identified in the Hounslow Safeguarding Adults Board Strategy.

The Care Act 2014 sets out six key principles that underpin all adult safeguarding work:
The Board’s 2016/17 objectives have been set out below under these principles.
### Accountability

<table>
<thead>
<tr>
<th>Objective</th>
<th>Intended outcomes</th>
<th>Tasks identified</th>
<th>Responsible Officer/Group</th>
<th>Measured by</th>
<th>Timescale/Status</th>
</tr>
</thead>
</table>
| 1         | Develop the board to meet the requirements of the Care Act 2014 | - To complete an annual multi-agency audit  
- To complete an annual review of the board’s terms of reference  
- To identify chairs from different agencies for each of the board’s subgroups  
- To maintain the board’s programme of work and meetings  
- To organise an agreed programme of workshops and seminars as directed by the board  
- Review the membership of the board and sub groups.  
- NEW: Extend membership to include voluntary & community partners.  
- To ensure that data sharing agreements are completed.  
- To agree a budget to deliver the tasks listed above | Head of Adult Safeguarding Board  
Board  
Business Manager  
Head of Safeguarding & QA / Business Manager  
Board  
Business Manager  
Head of Safeguarding & QA / Business Manager | Multi-agency audit completed  
Annual review completed  
Chairs being in place  
Seminars set up to timescales  
Members in place  
ISAs completed & returned  
Budget monitoring in place | November 2016  
Completed (annual review)  
Completed (annual review)  
Ongoing  
Completed (annual review)  
Completed (annual review)  
September 2016  
Overdue  
Completed |
<p>| | | | |</p>
<table>
<thead>
<tr>
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<th></th>
<th></th>
</tr>
</thead>
</table>
| 2 | Ensure that partners on the board are able to hold each other to account | To enable challenge to ensure all partners deliver effective adult safeguarding | - To complete an annual multi-agency audit  
- To complete an annual challenge event in the first three months of each year  
- Gather feedback from adults at risk, carers and other significant people using adult safeguarding services.  
- NEW: Set up Communication and Engagement Task and Finish Group |
|   |   |   | Head of Adult Safeguarding Board |
|   |   |   | QA Sub Group |
|   |   |   | Business Manager |
|   |   |   | Multi-agency audit completed |
|   |   |   | User feedback form developed; Monitor actions taken. |
|   |   |   | Group up and running |
|   |   | November 2016 Completed (annual) | December 2016 |
|   |   | Completed (annual review) | Established (to report by January 2017) |
| 3 | Ensure that the Hounslow Safeguarding Adults Board has links with key strategic boards | To ensure adult safeguarding objectives are owned by other boards | - Carers Partnership Board  
- Health and Wellbeing Board  
- Community Safety Partnership Board  
- Local Children’s Safeguarding Board |
|   |   |   | Carer representative / LBH Director Adults Safeguarding, Social Care & Health Chair/ LBH Executive Director of CAS  
LBH Executive Director of CAS / Head of Safeguarding & QA  
Detective Chief Inspector |
|   |   |   | Completed (annual review) |
## Prevention, Partnership and Empowerment

<table>
<thead>
<tr>
<th>Objective</th>
<th>Intended outcome</th>
<th>Tasks identified</th>
<th>Responsible Officer/Group</th>
<th>Measured by</th>
<th>Timescale/Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>Promote public awareness and engagement</td>
<td>- Gather feedback from adults at risk, carers and other significant people using adult safeguarding services&lt;br&gt;- NEW: Set up Communication &amp; Engagement Task &amp; Finish Group&lt;br&gt;- Launch and maintain an effective website&lt;br&gt;- Develop a communications plan&lt;br&gt;- Deliver public engagement events&lt;br&gt;- Develop links with health, voluntary sector and other organisations</td>
<td>QA Sub Group&lt;br&gt;Business Manager&lt;br&gt;Head of Safeguarding &amp; QA / Business Manager Communication &amp; Engagement T&amp;F Group&lt;br&gt;Communication &amp; Engagement T&amp;F Group&lt;br&gt;Communication &amp; Engagement T&amp;F Group</td>
<td>User feedback form developed; Actions being monitored.&lt;br&gt;Group up and running&lt;br&gt;Page hits.&lt;br&gt;Communications plan agreed&lt;br&gt;Event held and feedback gathered &amp; reviewed&lt;br&gt;Represented on board. Communications links developed. Attendance at events.</td>
<td>December 2016&lt;br&gt;Completed&lt;br&gt;Completed – multi-agency feel to be developed&lt;br&gt;December 2016&lt;br&gt;Ongoing programme&lt;br&gt;December 2016</td>
</tr>
</tbody>
</table>
| 5 | Prevention | To reduce the prevalence of adult abuse | - Develop means of collating intelligence and reporting back to the board  
- To establish links with the council prevention strategy and public health promotion strategy  
- To link adult safeguarding activity to violence against women & girls.  
- To link safeguarding activity to Prevent and Channel  
- To link safeguarding activity to human trafficking and modern slavery  
- To link safeguarding activity to child safeguarding. NEW: Including supporting work to ensure that children subject to sexual exploitation or with MH issues are safeguarded through the transition to adult services. | LBH & CCG Joint Commissioning team  
Head of Adults Safeguarding  
Community Safety Manager / Detective Chief Inspector / Head of Safeguarding  
Head of Safeguarding / CCG Designated Adults Lead  
Business Manager  
Business Manager / Head of Adults Safeguarding | Report to be developed  
To confirm that Board priorities fed into strategies & vice versa  
Staff trained to recognise and how to report  
Links developed with children’s board. Staff training. Reports on transitions work to come to Board. | In progress | In progress | Completed (annual review) | Completed (annual review) | In progress – CSP Human Trafficking Group set up, Head of Safeguarding co-Chairs. |
### Intervention - Protection and proportionality

<table>
<thead>
<tr>
<th>Objective</th>
<th>Intended outcome</th>
<th>Tasks identified</th>
<th>Responsible Officer/Group</th>
<th>Measured by</th>
<th>Timescale/Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>Ensure that the board’s policies and procedures deliver the requirements of the Care Act 2014 and the board’s strategy</td>
<td>To ensure that effective interventions are available to adults at risk of abuse</td>
<td>QA Sub Group</td>
<td>Policies and processed updated</td>
<td>Completed (annual review)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- To comply with the London wide agreed procedure and any supplementary guidance</td>
<td>QA Sub Group</td>
<td>Policies updated</td>
<td>Completed (annual review)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- To complete and implement local policies</td>
<td>QA Sub Group</td>
<td>Policies etc. sent to members for comment and sign off</td>
<td>In progress – April 2017</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Confirm that partner agencies’ policies, operational arrangements and procedures reflect the boards objectives</td>
<td>QA Sub Group</td>
<td>Annual review completed</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Complete an annual review of the board’s policies and procedures.</td>
<td>QA Sub Group</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Ensure that the operational activity reported to the board delivers a safe service which reflects the aspirations</td>
<td>Provide assurance</td>
<td>QA Sub Group</td>
<td>Member sign off of KPIs</td>
<td>Completed (annual review)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Bench mark against other boards</td>
<td>QA Sub Group</td>
<td>Member sign off of KPIs</td>
<td>Completed (annual review)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ensure that the people served reflect the population of Hounslow</td>
<td>QA Sub Group / Head of Safeguarding</td>
<td>User feedback form.</td>
<td>December 2016</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Agreed a standard set of key performance indicators</td>
<td>QA Sub Group</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Ensure there is an effective means of recording adult safeguarding activity</td>
<td>QA Sub Group</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Gather feedback from adults at risk, carers and other significant people using adult safeguarding services</td>
<td>QA Sub Group</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Identify a data set against which board activity can be benchmarked</td>
<td>QA Sub Group</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Provider engagement</td>
<td>To ensure that providers reduce the prevalence of adult abuse</td>
<td>To make sure all contracts with provider organisations in Hounslow include clauses to ensure they comply with minimum adult safeguarding standards</td>
<td>LBH &amp; CCG Joint Commissioning team</td>
<td>Clauses inserted</td>
</tr>
<tr>
<td>---</td>
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<tr>
<td></td>
<td></td>
<td>To identify and manage abuse in provider services</td>
<td>Ensure appropriate adult safeguarding and mental capacity training for this sector</td>
<td>Training Sub-Group</td>
<td>Training carried out at agreed levels</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To ensure that board is able to identify individual and patterns of abuse</td>
<td>Ensure that providers are clear how provider concerns will be addressed</td>
<td>Head of Safeguarding / Head of Continuing Healthcare &amp; Supplier Performance</td>
<td>Providers kept informed of policy</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Ensure that provider forums are offered</td>
<td>Head of Continuing Healthcare &amp; Supplier Performance</td>
<td>Provider forums held regularly</td>
</tr>
<tr>
<td></td>
<td>Training</td>
<td>To ensure staff and volunteers working in local services are able to prevent abuse. To equip staff working or volunteering in local services to be able to identify and respond to abuse. To equip staff intervening in abuse with the skills necessary to support adults at risk.</td>
<td>- To establish a standard set of expectations across all agencies in Hounslow - Ensure that partners on the board are delivering effective adult safeguarding training - Ensure that training and information are available to all staff and that volunteers in Hounslow and that they have access to appropriate training. - To agree how multi-agency training will be funded and delivered - NEW: Embed staff understanding of Mental Capacity Act 2005 and Deprivation of Liberty Safeguards</td>
<td>Head of Safeguarding / Head of Continuing Healthcare &amp; Supplier Performance</td>
<td>Training Sub Group</td>
</tr>
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</tr>
<tr>
<td>9</td>
<td>Training</td>
<td>To ensure staff and volunteers working in local services are able to prevent abuse.</td>
<td>- Ensure there is an effective means of gathering clear information about all providers operating in Hounslow.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Governance
The Business Manager for the board is responsible for scheduling all board meetings shown in the table below.

<table>
<thead>
<tr>
<th>Board meetings</th>
<th>Sub group meetings</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Quality Assurance Group</td>
</tr>
<tr>
<td>March 16</td>
<td></td>
</tr>
<tr>
<td>Board meeting</td>
<td></td>
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<tr>
<td></td>
<td>Chaotic lives event</td>
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<tr>
<td>April 16</td>
<td></td>
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<tr>
<td>Development day</td>
<td></td>
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<tr>
<td>May 16</td>
<td>✓</td>
</tr>
<tr>
<td>Board meeting</td>
<td></td>
</tr>
<tr>
<td>June 16</td>
<td></td>
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<tr>
<td>Board meeting</td>
<td></td>
</tr>
<tr>
<td>July 16</td>
<td></td>
</tr>
<tr>
<td>August 16</td>
<td></td>
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<tr>
<td>September 16</td>
<td></td>
</tr>
<tr>
<td>Board meeting</td>
<td></td>
</tr>
<tr>
<td>October 16</td>
<td></td>
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<tr>
<td>November 16</td>
<td></td>
</tr>
<tr>
<td>Board meeting</td>
<td>Pan-London Procedure launch</td>
</tr>
<tr>
<td>December 16</td>
<td></td>
</tr>
<tr>
<td>Board meeting</td>
<td></td>
</tr>
<tr>
<td>January 17</td>
<td></td>
</tr>
<tr>
<td>Challenge Event</td>
<td></td>
</tr>
<tr>
<td>February 17</td>
<td></td>
</tr>
<tr>
<td>March 17</td>
<td></td>
</tr>
<tr>
<td>Board meeting</td>
<td>Financial Abuse</td>
</tr>
</tbody>
</table>
The six weekly Safeguarding and Quality meeting is managed by the joint LBH and HCCG contracting team as described in the Provider Concerns Policy¹.

The business manager will distribute the annual audit tool approved by the London independent chairs² so that partner agencies can complete the tool before attending the January challenge event. The challenge meeting will determine how the board’s budget for the forthcoming year will be funded either directly or in kind. The meeting will consider a review of the board’s terms of reference and membership of the board and sub groups. The outcome of the meeting will inform the 2015/16 annual report.

The business manager will update the terms of reference and membership accordingly. A summary of the outcome from the challenge event will be included in the annual report to be written between March and June 2016. The annual report, revision of the strategy and business plan will be completed by the Independent Board Chair and the Head of Safeguarding (adults) and Quality Assurance.

Communication issues are a recurrent theme in the tasks to be addressed in the coming year. It is recommended that the board structure be amended to include a communications and engagement sub group to complete a six month task and finish group to:-

1. Develop a communications plan
2. Gather feedback from adults at risk, carers and other significant people using adult safeguarding services³
3. Complete the launch and maintain an effective website
4. Market public engagement events

The group should include
- Head of Safeguarding (adults) & Quality Assurance – Chair
- The board business manager
- A representative from public health
- London Borough of Hounslow communications team
- Communications colleagues from partner agencies as required
- Contributions by the boroughs intelligence hub as required

The group should develop an effective communication plan, establish how it will be managed as business as usual and how the effectiveness of the plan will be measured and reported. The group should meet between June and December 2016. It will make a recommendation to indicate whether it should become a standing sub group or it functions should be absorbed into Quality Assurance Group’s role.

¹ Providers concerns policy
² designed by ADASS in conjunction with NHS England
³ Developing an Adult Safeguarding Outcomes Measure for inclusion in the Adult Social Care Outcomes Framework, Health and Social Care Information Centre November 2014
Sub groups

Chairing of the sub groups as agreed by the November 2015 meeting of the Hounslow Safeguarding Adults Board is as follows:

- **Hounslow Safeguarding Adults Board** – Hannah Miller Independent Board Chair
- **Business co-ordination meeting** – Agency representative (or replacement) or Detective Chief Inspector, Metropolitan Police Service
- **Safeguarding Adults Review Group** – Director of Adult Social Care
- **Quality Assurance Group** – co chairs Head of Safeguarding (adults) and Quality Assurance & agency representative Hounslow & Richmond Community Health
- **Training sub group** – Agency representative for West London Mental Health Trust
- **Safeguarding and Quality meeting** (leading the provider concerns and intelligence gathering functions) – Head of Safeguarding (adults) and Quality Assurance or Assistant Director Joint Commissioning.
- **High Risk Panel** – Station Manager for Chiswick and Feltham, London Fire Brigade
- **Safeguarding Managers Meeting** – Head of Safeguarding (adults) and Quality Assurance

Representation on alternative panels/boards

Representation on the following panels is currently maintained by

**Carers Partnership Board** - A member of the Carers Board (Elaine Busby) sits on the board. The Safeguarding Adults Service represents the board’s intervention function on the Carers board.

**Health and Wellbeing Board** – Hannah Miller (Independent Chair) sits on the board. The Local Children’s Safeguarding Board chair also sits on this board.

**Community Safety Partnership Board** – The Director of Children’s and Adults’ Services sits on the board. His nominated deputy (Head of Safeguarding (adults) and Quality Assurance) will attend when he is unable to attend.

**Local Children’s Safeguarding Board**

The statutory guidance recommends\(^4\) that Safeguarding Adults Boards include a representative from the Local Children’s Safeguarding Board.

The head of safeguarding and Quality assurance for children’s and adults services will exchange board agendas and ensure that the appropriate colleagues attends either the Local Children’s Safeguarding Board or Safeguarding Adults Board when necessary.

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\(^4\) Care & Support Statutory Guidance, Department of Health, October 2014, Paragraph 14.110
Other key meetings include

- **Prevent and Channel** – the Community Inclusion and Participation Manager (Prevent Lead) Joan Conlon has undertaken to share an annual report to the Local Children’s Safeguarding Board with the board at its December meeting.

- **Adults social care prevention strategy** – Head of Safeguarding (adults) and Quality Assurance

- **Public Health Promotion Strategy** – Laura Maclehose - Public Health Lead Consultant

- **Violence Against Women and Girls** – Permjit Chadha, Community Safety Manager – the group will provide an annual report to the Board

The Board Business Manager will request highlight reports from representatives and present them to the Business co-ordination meeting for distribution as required.

**Prevention**

A strategy to engage adults at risk was approved by the board in March 2015. We planned to present a communications plan to the quality Assurance Group by December 2015. Key post are currently vacant which had meant that we have not been able to achieve this objective. The council intends to recruit to these posts in the summer of 2016.

The communications and engagement sub-group will develop a means of gathering feedback from adults at risk, carers and other significant people. This will populate a data set in performance indicator report agreed by the board. When it is available the Quality Assurance sub group will (as described in its terms of reference) review the qualities data and report to the board. The sub group has received a marketing profile from the borough’s intelligence hub. The sub group will then compare this with the Adults Social Care Prevention strategy and Public Health Promotion Strategy. The sub group will report areas which it feels need further development to the board in September 2016.

This area overlaps with the (point 7) with the intervention strategy. The Children’s and Adults Information service has been leading the implementation of a safeguarding module within the adult social care case management IT system since the spring of 2015. The module was introduced to adult social care in July 2015. Feedback to date has been positive. The mental health service will move to the using the module in the last quarter of 2015. The CAS IT programme manager (Rob Osborne) is currently working with our system supplier to investigate whether or not it will be possible to build a web based portal that will enable approved staff from partner organisations to access safeguarding information.
Although equalities data has been included in the adult safeguarding module it is not currently possible to report on this data set. The Children’s and Adults Information service is exploring how this might be addressed. Future data sets will enable the identification of the nine protected characteristics\(^6\):

- Sex
- Age
- Race/ethnicity
- Religion or belief
- Marriage and civil partnership
- Sexual orientation
- Gender reassignment
- Disability
- Pregnancy and maternity

The Health and Social Care Information Centre have announced that they will publish statistical information comparing statistical neighbours which will enable the board to benchmark levels and types of activity. We anticipate it will be available in the autumn of 2015. The Quality Assurance Sub Group will review the information in January 2016. We are awaiting publication.

The Carers Partnership Board has nominated a representative who has joined the Safeguarding Adults Board. The three largest NHS trusts operating in the borough are represented. Hounslow Healthwatch has been invited to join the board. Further work needs to be undertaken to engage with voluntary and community organisations. In order to develop wider engagement amongst all those who contribute to adult safeguarding, a wider programme of engagement is underway, including board, sub-groups and seminars. The programme shown in figure 1 reflects an annual cycle over the next three years.

The Care Act 2014 introduced a range of new types of advocacy. Because it is difficult to predict demand over the next two years, the adult social care commissioning team has developed a commissioning framework within which providers can be asked to complete different types of advocacy. The commissioner presented the initial proposals to the board in 2015. The use of advocacy is included in the board’s quarterly key performance indicator report. The commissioner presented a progress report to the board in 2015.

**Intervention**

The Care Act 2014 has changed the legal basis of adult safeguarding. Hounslow operates amongst a close network of compact London boroughs in collaboration with providers whose operational boundaries cross several borough boundaries. Safeguarding boards and boroughs face a common problem of needing to accommodate

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\(^6\) Equality Act 2010
interpretations of the current London wide policy\textsuperscript{6} which accommodate differing local circumstances. In order to minimise this variation the board is committed to working with the revised London wide policy designed to reflect an operating model common to all boards and providers. The new policy was published in February 2016 and Hounslow will be launching the policy at its safeguarding awareness week in June 2016.

The board will conduct an annual audit of it partnership arrangements using the tool agreed by the London Independent Chairs Group\textsuperscript{7}.

The board needs to be assured that adult safeguarding activity in Hounslow is effective. A set of key performance indicators has been agreed and was implemented during the last quarter of 2015. A report is sent to partners each month and to the board each quarter.

A proposal to engage adults at risk and their carers was approved in March 2015. A feedback tool developed by the [HICS]\textsuperscript{8} will be launched in order to ensure feedback is captured. These initiatives will be implemented by June 2016.

The quality assurance group will develop a programme of intervention consistent with the Making Safeguarding Personal initiative. This will be based on feedback, Safeguarding Adults Reviews and audit results to continuously refine the adult safeguarding service offered to adults at risk and their carers.

Provider engagement is based on a clear description of what is expected, clear training requirements and a transparent description of what will happen when a concern is identified. To achieve this a contract standard has been agreed with commissioners, and a provider concerns policy consistent with the Care Act 2014 and a training standard have been agreed. A programme of provider engagement will be agreed with the commissioning and procurements service.

The borough’s training team is re-procuring a training programme for 2016-19 based on these standards. Discussions with partners about how they will contribute to and access the programme are ongoing.

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\textsuperscript{6} SCIE Report 39:Protecting adults at risk: London multi-agency policy and procedures to safeguard adults at risk
\textsuperscript{7} Audit tool
\textsuperscript{8} Developing an Adult Safeguarding Outcomes Measure for inclusion in the Adult Social Care Outcomes Framework, Health and Social Care Information Centre November 2014
**Annual business planning cycle**

To be effective the board will need to be able to learn from the data, feedback and work that has been undertaken during the year. The board will therefore use the plan cycle below to review and integrate learning in a timely and effective way.

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<thead>
<tr>
<th>Month</th>
<th>Board meetings – board members</th>
<th>Board workshops – board members</th>
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<tbody>
<tr>
<td>January</td>
<td>Challenge Event</td>
<td>Results to be incorporated in annual report, strategy</td>
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<td></td>
<td>Board meeting</td>
<td>and business plan</td>
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<tr>
<td>March</td>
<td>- Review of key performance data</td>
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<td></td>
<td>- Review of themes from seminars</td>
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<td></td>
<td>- Review of themes from safeguarding adults reviews</td>
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<tr>
<td>April</td>
<td>Review of the business plan</td>
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<td>June</td>
<td>Board meeting</td>
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<tr>
<td></td>
<td>- Review of key performance data</td>
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<td>- Review of themes from seminars</td>
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<td></td>
<td>- Review of themes from safeguarding adults reviews</td>
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<tr>
<td>July</td>
<td>Review of the annual report, strategy and business plan</td>
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<tr>
<td>September</td>
<td>Board meeting</td>
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<tr>
<td></td>
<td>- Approval for annual report, strategy and business plan</td>
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<tr>
<td>December</td>
<td>Board meeting</td>
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<td></td>
<td>- Review of key performance data</td>
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<td></td>
<td>- Review of themes from safeguarding adults reviews</td>
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</table>
Important Contact Details

If you need to report a safeguarding adults concern, you should call:

- Adult Social Care First Contact: 0208 583 3100
- Out of Hours – Emergency Duty Social Worker: 020 8583 2222

If you need to report a crime:

- In an emergency, dial 999
- Non-emergency police number: 101

If you would like advice in relation to safeguarding adults concerns, please call

- Safeguarding Adults Service
  - 020 8548 4515
  - safeguardingadults@hounslow.gov.uk

If you would like advice in relation to Deprivation of Liberty Safeguards (DoLS), please call:

- Safeguarding Adults Service
  - 020 8548 4515
  - dols@hounslow.gov.uk

You can also visit www.hounslow.gov.uk/safeguarding_adults
Contents:

1. Introduction
2. Who we are
3. What we have achieved in 2015-16
4. How do we know that what we are doing is working?
5. What the statistics tell us about safeguarding in the council
6. Safeguarding Stories
7. What we plan to do in the coming year
8. Useful Contacts

Appendix 1 – Ms A Executive Summary, Safeguarding Adults Review
1. Introduction

This annual report covers the period 1st April 2015 to 31st March 2016 and is the first annual report to cover the period since I was appointed as independent chair to the board in August 2015. This is a very exciting appointment for me as it is really energising to be part of a safeguarding partnership that has so many committed and hard working individuals operating at all levels in the agencies that make up Board membership.

A key development since the last annual report was the launch of the revised edition of the pan-London adult safeguarding procedures in February 2016 which were formally accepted by the Hounslow Board in March 2016.

The last nine months have been very busy for board members and supporting officers as Hounslow partners have accelerated progress on their joint commitment to improve safeguarding practice as well as the supporting systems and processes. The board infrastructure has been strengthened with the appointment of a permanent business manager. The board sub-groups have been given fresh impetus with a review of their terms of reference, membership and chairing arrangements. The latter has now been dispersed among the statutory agencies on the board which has led to more shared ownership as well as increased ambition for the delivery of board objectives.

The business of adult safeguarding boards has become extensive following the implementation of the Care Act 2014. There are substantial overlaps with domestic violence, PREVENT, modern slavery and culture based issues such as female genital mutilation, forced marriage and spirit possession as they effect adults at risk of abuse.

In order to cope with this busy agenda and to make the work of the safeguarding board in Hounslow more transparent and inclusive, a programme of interactive seminars/workshops has been introduced which is targeted at staff from both adult and children’s services across the partnership as well as interested participants from the voluntary and community sectors.

The first event held in December 2015 was on modern slavery/human trafficking and the second event was on safeguarding people with chaotic lives often due to drugs and alcohol. Future events are scheduled on domestic violence, PREVENT, financial abuse with other subjects being finalised.

The board has expressed a strong intention to engage with the voluntary and community sectors and to draw them into the work of the board. This is part of the board’s objective in advancing the prevention agenda as volunteers and community representatives are often uniquely placed to spot early warning signs that an adult may be at risk of abuse. Meetings have been held with Healthwatch and the Voluntary and Community Network to explore what this engagement might look like.

I am very pleased that the board has committed to improving the dialogue with service users who have been subject to safeguarding processes. Front line
practitioners using the Making Safeguarding Personal toolkit will be ensuring that the customer voice is reflected at all stages of initial referral, assessment and protection planning.

We know that adults at risk of abuse from black and ethnic minority groups are under-represented in terms of the number of referrals into the safeguarding system. A result of improving electronic information systems and data collection is that we will have better intelligence as to which sections of the community are under-represented and can channel effort into finding out why this is so and provide targeted information and support to these communities.

A key function of the Safeguarding Adults Board is to provide individual and collective challenge in order to hold agencies to account and ensure that the local safeguarding system is as robust as it can be. To this end, the board held a ‘challenge’ event in January 2016 where each agency presented the results of their self-audit covering achievements and challenges and were questioned on them by fellow board members. Issues needing attention were fed into a development and business planning day held in April 2016 where board members collectively assessed board performance over the previous twelve months and set objectives for 2016/17.

The Safeguarding Board cannot operate in isolation from other partnership structures within Hounslow as the safeguarding adults agenda has key overlaps with those of the Children’s Safeguarding Board, the Community Safety Partnership and the Health and Wellbeing Board in particular. Strategy, policy and protocols as well as operational service delivery need to be ‘joined up’ to ensure that adults and children at risk of abuse do not fall through any gap in provision.

Hannah Miller OBE
Independent Chair, Hounslow Safeguarding Adults Board
2. Who we are

Hounslow Safeguarding Adults Board is a group of local organisations who come together to prevent and intervene when local residents (adults at risk of abuse) are at risk or subject to abuse. They include:

- London Borough of Hounslow
- Metropolitan Police Service
- London Fire Brigade
- Hounslow CCG
- Chelsea and Westminster Hospital NHS Foundation Trust
- Hounslow and Richmond Community Health Care
- West London Mental Health NHS Trust
- Probation Service
- Her Majesty's Prison and Young Offenders Institute Feltham
- Hounslow Carers Partnership Board
- Hounslow Healthwatch
- London Community Rehabilitation Company

The law\(^1\) says that the council must have a board and that people working in the council must share information (in most cases with the consent from the adult at risk) to protect local residents. The board must publish an annual report, strategy and business plan each year. It must also publish a summary of Safeguarding Adults Reviews\(^2\) where it thinks an adult at risk died as a result of abuse, or has experienced significant abuse, to ensure that learning is shared to prevent similar situations in the future.

The board has a range of sub-groups to carry out its work.

- **Quality Assurance Sub-Group** – Ensures services are delivered to an agreed standard.
- **Training Sub-Group** – Ensures professionals receive appropriate training.
- **Safeguarding Adults Review Sub-Group** – Reviews requests for reviews and monitors progress.
- **Quality and Safeguarding Sub-Group** – Collates information about local providers and responds to concerns.
- **High Risk Panel** – Supports colleagues addressing risks resulting from hoarding, self-neglect and significant fire risk.

The board also host seminars open to both colleagues and local residents every three months to look at issues which are causing concern. Seminars this year have looked at modern slavery/human trafficking and safeguarding adults with chaotic lives. The modern slavery/human trafficking seminar has led to a joint piece of work with the Community Safety Partnership to promote awareness and ensure the National Referral Mechanism\(^3\) operates effectively in Hounslow.

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\(^1\) Care Act 2014 section 43 and Care Act 2014 section 45  
\(^2\) Care Act 2014 section 44  
\(^3\) National Referral Mechanism forms and guidance
The board must present a copy of its annual report to the Police Borough Commander, Chair of the local Healthwatch and Council Chief Executive.

2.1 Who is an adult at risk?

An adult at risk of abuse\(^4\) is someone who lives or uses services within the council and:

a) has needs for care and support (whether or not the authority is meeting any of those needs),

b) is experiencing, or is at risk of, abuse or neglect, and

c) As a result of those needs is unable to protect him/herself against the abuse or neglect or the risk of it.

The description of financial abuse has also been strengthened to include having money or other property stolen, being defrauded, being put under pressure in relation to money or other property, and having money or other property misused.

This means that we will need to be able to assist more people to live a full life free from exploitation at times that they are vulnerable and unable to protect themselves.

\(^4\) Care Act 2014 Section 42
3. What we have achieved in 2015-16

Last year’s annual report described how we had reviewed the core adults safeguarding functions to make sure that they complied with the Care Act 2014. This year we have concentrated on making sure they work.

The board has helped partners to review working relationships to make sure that we are able to deliver effective interventions. The Council and West London Mental Health NHS Trust have reviewed their joint operational arrangements. Partly as a result, the line management of health and social care staff has been separated. From the 1st of May 2016 social workers will lead all safeguarding enquiries for all people presenting with a mental health issue.

The old electronic recording system was becoming increasingly difficult to maintain and use. All adult safeguarding activity has been recorded in the council’s core recording adult social care system since July 2015. This has made it easier for practitioners and the board to monitor activity.

The Council, in common with local authorities across the country, has found it difficult to recruit experienced staff. The central safeguarding adults team has relied on agency staff throughout the year. We have only been able to cover four out of the six established posts. Despite this the number of internal audits of adults safeguarding enquiries increased from 31 last year to 93 this year. The team is increasingly taking on complex, sensitive cases or enquiries where there may be a conflict of interest. They are also offering increasing support to colleagues in other parts of the service. So far they have concentrated on supporting social workers in the mental health service.

3.1 Governance within the Safeguarding Adults Partnership Board

Ensuring that tasks agreed by the board and its sub-groups were followed up, meetings were held, and effective communication was maintained, was becoming increasingly difficult. A permanent Board Business Manager has now been appointed. Meetings are now being consistently maintained. The board has been able to hold a challenge event and development day to agree the board business plan.

Chairing the multi-agency sub-groups is now shared across the partnership. The High Risk Panel has been chaired by the London Fire Brigade throughout the year. The training group has just been re-established by the board member representing West London Mental Health NHS Trust.

The sub-groups have undertaken the following work.

3.1.1 Quality Assurance Sub-Group

The Quality Assurance Group’s work has included:
• Promoting referral to the London Fire Brigade’s home fire safety visit scheme. Reviews of deaths in home fires suggested a slightly elevated level of home fires in Hounslow. This was supported by referrals to the Safeguarding Adults Review Group. Referrals to the scheme have increased this year. We are working with the London Fire Brigade to produce quarterly reports.

• A number of partner agency policies have been reviewed. This has included a multi-agency policy on the review and management of pressure area care. This was led by Hounslow and Richmond Community Health Trust.

• Approving a shared referral route into domestic abuse services

• Completing a review of feedback to iHear following referral of adult abuse concerns to adult social care.

• Initiating a task and finish group to promote professional awareness of modern slavery/human trafficking.

3.1.2 Training Sub-Group

The Training Group completed a review of training standards across the council last year. This has been used as the basis of the adult social care recommissioning of training for social care staff involved in safeguarding enquiries.

The reporting and provision of training is being reviewed in the light of an initial review of the multi-agency training provision and is due to report back to the June 2016 board meeting.

3.1.3 Safeguarding Adults Review Group

The Safeguarding Adults Review Group is led by the Council, Police and Clinical Commissioning Group as the partners named as the core board members in the Care Act 2014.

One case involving a man known to have serious mental health issues who died during a house fire had been identified before the Care Act came into force on the 1st April 2015. The group decided to proceed with a Safeguarding Adults Review but had not received the information requested in order to proceed. A timeline extracted from the serious incident report was received following the intervention of the independent chair.

The NHS serious incident report was reviewed at the planning meeting. At that point over a year had elapsed since the request for review. The report identified recommendations which had already been acted on. The key omission was the inclusion of housing services who are currently completing an internal review.

The board has subsequently introduced a confidential section at board meetings so that situations like this can be addressed in a timely way. The board is working to ensure that clear data sharing arrangements are in place.
During the year the board has received six requests for Safeguarding Adults Reviews. Referrals have been received from Adult Social Care, Hounslow and Richmond Community Healthcare and a voluntary agency.

A summary of a completed review is shown in Appendix 1. It proved impossible to complete the review within the six month timescale specified in the Care Act guidance because the final conclusion depended on the outcome of a coroner’s hearing. The action plan is currently being put into effect.

Multi-agency working was a common theme throughout the remaining referrals. This informed a board decision to introduce an escalation policy\(^5\) describing how board members would address inter-agency disagreements. The key outcomes from the remaining requests were:

- A gap was identified between the learning disability and mental health services in providing specialist assessment and crisis intervention. This lead to local commissioners commissioning an emergency placement outside the existing commissioning framework.
- A request to review the death of a woman living on the street despite having a home within the borough. The group made enquiries within their agencies and determined that a Safeguarding Adults Review was not appropriate. Following consultation with the referring agency and the independent chair it was felt homelessness should be one of the focuses of the chaotic lives seminar in March 2016. The High Risk Panel is currently looking at the prevalence of homelessness in Hounslow and how the board could support colleagues addressing the protection needs of adults at risk.
- The sub-group wrote acknowledging the timely intervention of a private domiciliary agency who referred a carer in crisis.
- A review is currently being concluded relating to the provision of aids to assist physical health care, interagency communication, and use of the Mental Capacity Act 2005. This will be summarised in next year’s annual report.

Since the introduction of Safeguarding Adults Reviews, trainers able to deliver courses based on the Learning Together Model\(^6\) have been in demand. We have delivered two multi-agency workshops to 28 practitioners describing how to apply the local policy.

3.1.4 Quality and Safeguarding Group

The **Quality and Safeguarding Group** consists of representatives from the Care Quality Commission, Adult Social Care, Council Contracts team and the Clinical Commissioning Group. It has developed a spreadsheet summarising what we know about the suppliers of residential, nursing and domiciliary care operating in the borough. The spreadsheet enables the meeting to look for patterns of

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\(^5\) Hounslow Safeguarding Adults Board Escalation Policy

\(^6\) Safeguarding Adults Review Policy and Procedure
information which may need further investigation or providers about whom we have little or no information. Gaps in information can be equally as important as lots of worrying information.

The groups also monitor the progress of provider concerns enquiries.

External providers

Two large scale enquiries have taken place during this year.

The first was initiated in February 2015 because the previous operator was placed in administration (from April 2015 the local authority had responsibility for managing potential provider failure). We were assured that this was a mechanism for the transfer to a new parent company.

83 concerns were raised across two large nursing homes between 26 January 2015 and 14 March 2016. All the resulting enquiries have now been closed.

The new parent company has been proactive in engaging with the local authority and addressing internal performance issues. They initiated a voluntary suspension of new placements while enquiries were completed.

The themes arising from the investigation were:

1. Falls/unexplained bruising – some have individual explanations but the number and pattern is of concern.
2. Medication errors – the level of risk is variable according to the type of medication.
3. Risk of choking – at least three clear examples of disregarding nursing/Speech and Language Therapy (SALT) plans occasioning significant risk.

There has been an increase the number of providers identified requiring improvement following an inspection by the Care Quality Commission. A second unit was placed in Special Measures by the Care Quality Commission in July 2015. Following a significant amount of work by the provider the voluntary suspension of placements was lifted. The improvement plan continues to be monitored.

Other action taken following other provider concerns meetings has included:

- Serving notice to terminate a contract with the Clinical Commissioning Group and council.
- Monitoring action plans established by the provider.

In house provision provided by London Borough of Hounslow

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7 DoH review: Final Report – Winterbourne View
8 Care act 2014 Sections 48 to 52
An internal provider was inspected by the Care Quality Commission. Previous inspection regimes found them to be offering a good service, but they were found to be inadequate in the new regime. The contracting team has audited the service on a similar basis to other units within the council. An improvement plan was put into effect. A second Care Quality Commission inspection was completed and we await the publication of the final report.

Other action monitoring at the six weekly safeguarding and quality meetings has included:

- Transferring domiciliary care packages (home care) to other providers while inadequate staffing levels were successfully addressed.
- Reviewing potential financial failure.
- Identifying patterns in whistleblowing, safeguarding and contractual concerns that may need further investigation.

3.1.5 High Risk Panel

The High Risk Panel meets every month. It offers support to colleagues who need multi-agency advice after following risk management processes within their own organisations. It looks at situations where hoarding, self-neglect or fire risk have caused concern. The panel is chaired by the London Fire Brigade. It is made up of senior members of staff from Adult Social Care, Housing services, West London Mental Health NHS Trust, and the Clinical Commissioning Group. Colleagues from the Environmental Health service have been invited to join the group.

Regular meetings have been established since September 2015.

All of the organisations that contribute to the board can ask to present to the group. Of the seven presentations made, one referral has been from housing colleagues, all the remaining referrals have been made by colleagues in Adult Social Care.

The situations we have discussed have either resulted from a fire risk relating to memory loss or a combination of hoarding self-neglect and actual or suspected fire risk. Support has been offered by:

- Direct intervention by members of the panel. The London Fire Brigade have arranged a number of home fire safety visits. The fire service has provided fire retardant bedding.
- Recommending the purchase of deep ash trays, fire retardant curtains and other equipment.
- Making suggestions about alternative approaches and offering ongoing support.
- Confirming that all avenues have been explored.

Available services to address a combination of hoarding and self-neglect are limited. A number of recommendations to refer to a hoarding project run by Hammersmith and Fulham Mind have been made. Funding to operate in
Hounslow has recently come to an end. The Chair of the group has written to the Public Health commissioner to ask for this decision to be reconsidered.

Groups of professionals have been offered support at safeguarding adults managers meetings, reflective practice groups, domestic abuse supervision groups and safeguarding supervisions groups.

3.2 Improved engagement with the people to whom we offer a service

3.2.1 Engaging residents using services

The council has maintained a group of volunteers drawn from local residents over a number of years. In March 2015 the board agreed a plan to ask them to comment on its work. We have had significant difficulty maintaining the pool of volunteers. Funding for a dedicated post has been lost in the 2016 budget allocation.

We are talking to Hounslow Healthwatch and Hounslow Community Network to see how we can improve our engagement with the local voluntary services and community.

A feedback questionnaire has been adapted\(^9\) for use by adults at risk and will be launched on the adult safeguarding website once an easy read version has been completed in the summer of 2016.

3.2.2 Supporting Family Carers

A representative of the Carers’ Partnership Board has joined the board. The Safeguarding Adults Service has made a presentation to the Carers Partnership Board. We need to develop this relationship in the coming year.

3.2.3 Safeguarding in Health Services and the Metropolitan Police Service

The Council has overall responsibility for coordinating adult safeguarding activity. All enquiries are now led by a social worker. The management oversight of all activity has been strengthened, communication with staff completing enquiries has been improved and we are working to improve professional support. Additional resources have been invested in supporting the development of the board. These changes have underpinned the improved functioning of the partnership.

3.3 Contributions from key partners

Partners have contributed the following reports on their progress in 2015/16.

**Hounslow Clinical Commissioning Group**

Clinical Commissioning Groups (CCGs) are statutory NHS bodies with a range of statutory duties – including safeguarding adults and children. They are membership organisations that bring together General Practices to commission services for the registered populations and unregistered patients who live in their area.

CCGs as commissioners of local health services need to assure themselves that the organisations from which they commission have effective safeguarding arrangements in place.

CCGs are responsible for securing the expertise of Designated Professionals on behalf of the local health system. These roles undertake a whole health economy role. During 2015-16 this group of professionals played an integral role in all parts of the commissioning cycle, from procurement to quality assurance, ensuring that appropriate services are commissioned that support adults and children at risk of abuse or neglect, as well as effectively safeguarding their wellbeing.

During 2015 Hounslow CCG undertook an NHS England Assurance Safeguarding Deep Dive. At a high level the CCGs were assessed against 4 components, namely:

- Governance, Systems and Processes
- Workforce
- Capacity Levels and
- Assurance

The table below details NHSE’s assessment of the CCG against these 4 components.

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<th>Safeguarding Deep Dive Review Components</th>
<th>Outcome</th>
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<tr>
<td>1</td>
<td>Governance / Systems / Processes</td>
</tr>
<tr>
<td>2</td>
<td>Workforce</td>
</tr>
<tr>
<td>3</td>
<td>Capacity Levels within CCGs</td>
</tr>
<tr>
<td>4</td>
<td>Assurance</td>
</tr>
</tbody>
</table>

**Table 1: NHS England Safeguarding Deep Dive Assessment of Hounslow CCG**

Beneath these 4 high level components are a number of more detailed areas. The CCG was assured as **Outstanding** on the following areas:

- Engagement around Female Genital Mutilation (FGM) and
- The work being undertaken with Buckinghamshire New University to develop an educational tool to support practitioners in the application of The Mental Capacity Act (2005).

The small number of areas that were rated as providing **Limited Assurance** are being worked through at a CCG Level - they predominately relate to the uptake of training.
West Middlesex University Hospital

The Chief Nurse is the Executive lead for adult safeguarding with delegated leadership to the directors of nursing on the two acute sites; Chelsea and Westminster (CWM) and West Middlesex University Hospital (WMUH). The Director of Nursing at WMUH is the Representative of the Trust on the Hounslow Safeguarding Adults Board. There is a Prevent and Adult Safeguarding lead for the Trust as a whole to offer support on complex safeguarding cases and to support Prevent escalation to Local Authority PREVENT teams.

The Trust Safeguarding Adult Committee (SAC) chaired by the Director of Nursing (CWM) provides assurance to the Trust Board in relation to Safeguarding.

During 2015/16 Chelsea and Westminster acquired West Middlesex University Hospital and from September work has been underway to harmonise adult safeguarding policy and procedures across the two main sites. Activity in terms of this integration is described within the integration plan that is supported by the SAC.

Key elements of this plan will be carried over into 2016/17 and include:

- Clarification of the training strategy in line with the recently published intercollegiate document that identifies agreed levels of training. This will include Basic Awareness and Wellness Recovery Action Plan (WRAP) in terms of PREVENT training
- Consolidation of the adult safeguarding referral processes at the two main sites
- Develop a plan to support effective engagement with the range of safeguarding adult boards in the locality.
- Review of a web-based ‘library’ of material supporting patients at risk of the range of concerns described in the statutory guidelines (e.g. modern slavery, domestic abuse) This is integrated with reference to child safeguarding material
- Distribution of a staff adult safeguarding handbook that has been co-produced with the Tri-Borough Best Practice Group
- Integration of safeguarding processes within Trust Datix risk management systems
- Review and consolidation of the use of the pressure ulcer protocol across the two sites

The Trust Adult Safeguarding Policy was approved at the April SAC, other related policies were also approved including Intimate Care, Allegations about Staff and Prevent.

The SAC receives reports relating to those alerts raised in accordance with London policies. The Chelsea and Westminster site’s Electronic Patient Record (EPR) system called the Confidential Social Information (CSI) log provides real-time information relating to adult safeguarding referrals and is able to produce
robust information for the purpose of quarterly and annual reporting including
demographic information relating to survivors. This is not possible on the EPR
system at West Middlesex University Hospital and these reports are based on
manually maintained spreadsheet of alert forms sent via the discharge team to
local authority partners.

A key aspect of the integration plan going forward is to ensure that safeguarding
functionality is a core specification within the procurement of a new electronic
patient record system for the Trust. This will be modelled on the Chelsea and
Westminster CSI.

**West London Mental Health Trust**

Achievements:

- West London Mental Health NHS Trust considers all safeguarding
  functions as essential and has continued to strengthen safeguarding
governance mechanisms through safeguarding clinical improvement
groups in services at council level. The group in Hounslow will be
developed to have membership from the local authority to strengthen the
relationship between Trust services and the Local Authority Safeguarding
teams.
- The Trust has developed a leaflet for service users and carers about
  safeguarding adults. The leaflet has additionally been translated into the
  five most frequently used languages in addition to English. The aim is to
  support the ‘Making Safeguarding Personal’ agenda introduced by the
  Care Act in 2015.
- The Trust has successfully implemented new requirements to report
  information on female genital mutilation and PREVENT. The Trust is on
  track to reach compliance targets with the new mandatory training
  requirements for PREVENT.
- The CQC announced inspection of the Trust services during June 2015
  identified a number of development opportunities for the organisation but
  raised no concerns about safeguarding practice and commented
  positively on Hounslow staff engagement with safeguarding.

Challenges:

- Safeguarding policies have been reviewed in light of the implementation
  of the Care Act and the impact of subsequent legislative changes. Policy
  and procedures are compliant with Local Authority arrangements in each
  council where the Trust has services. The Trust continues to work with
  Local Authorities to deliver safe services in an increasingly challenging
  environment.
- In Hounslow information gaps were identified between the Trust’s internal
  and Local Authority reporting of safeguarding activity data. This has
  required the development of a more robust mechanism for triangulation of
  information, which has strengthened assurance about safeguarding
  capacity.
Metropolitan Police Service

Hounslow Police have continued to develop our adult safeguarding response. The Council policing response is led by the Community Safety Unit, with a Detective Sergeant taking responsibility for the safeguarding investigations. Communication has improved between the key partners by having a dedicated officer in this role. Monthly forums are held between the local authority and the Community Safety Unit where ongoing investigations and safeguarding issues can be discussed.

This year a number of safeguarding issues have highlighted the importance of communication. The issues demonstrated communication and understanding across agencies as being critical to protecting adults at risk of abuse. The safeguarding leads from the local authority and police developed a bespoke training package that was delivered to front line officers, detectives and social workers through scenario based training. This was well received and has been circulated across London.

Hounslow and Richmond Community Healthcare (HRCH)

2015-16 has been a productive year for Adult Safeguarding at HRCH. This is a priority area of our work in delivering harm free care and offering services to our community that our friends and family would want to use.

Key Achievements:

- Concern reporting levels remain high and compassionate immediate action taken by HRCH staff to prevent or reduce harm
- Adult safeguarding training improved (Level 1 to 91.41% by year end and Level 2 92.43%) - this includes the changes introduced by the Care Act 2014
- Consent and Mental Capacity Act training attended by 90.46% of staff by year end
- Progress towards embedding local use of the pressure ulcer decision making tool has enabled more effective risk assessment and safeguarding referrals to Hounslow
- Updated PREVENT, Consent, Adult Safeguarding and Domestic Violence policies were ratified during the year
- CQC noted good practice in Safeguarding when they inspected HRCH in March

Key Challenges:

- Full compliance with Mental Capacity Act - action planning and auditing are in place
- Information exchange with Hounslow Adult Social Care is an improving issue with positive working relationships built and maintained and contact lists exchanged
- PREVENT delivery plan is in progress – accessing WRAP training for new HRCH Adult Safeguarding Lead has proved challenging
- Potential self-neglect remains a challenging issue for all
National Probation Service (NPS) – London

The National Probation Service has become more firmly established this year. This has included the introduction of several national documents setting out the NPS position in respect of safeguarding adults. They reflect the NPS responsibilities under the Care Act. This includes a partnership framework, policy, practice guidance and Probation Instruction.

National training has been developed and rolled out for all staff.

Achievements

National Documents

Partnership Framework – This sets out the national position in respect of the NPS and Safeguarding Adults. This includes a commitment to attend Safeguarding Adult Boards, the expectations of staff regarding training, the fact that the NPS will not make financial contributions to support local authority boards.

The National Policy was launched in January 2016. This policy statement acknowledges the National Probation Service’s responsibility for safeguarding and promoting the welfare of adults at risk. It recognises the importance of people and other organisations working together to prevent and stop both the risk and the experience of abuse and neglect, whilst at the same time making sure an individual’s well-being is being promoted with due regard to their views, wishes, feelings and beliefs. It also acknowledges the contribution the NPS can make to the early identification of care and support needs for an offender in the community, as well as cases where an offender who is a carer needs support.

In the same month a National Practice Guidance document was released. This has been produced to support NPS staff working with offenders in the community who:

- Pose a risk of harm to known adults at risk;
- Pose a risk of harm to adults at risk in general;
- Are adults at risk;
- Have care and support needs; and/or
- Are carers in need of support.

It is in two sections. The first gives background information on adult safeguarding and care and support needs to provide context; the second focuses on the identification, assessment and management of offenders within that context.

Probation Instruction – PI 6/ 2016 Adult Social Care sets out the responsibilities for NPS staff following the introduction of the Care Act, 2014.

Governance

The Senior Manager with lead responsibilities is James Jolly. He attends and reports on Safeguarding Adults matters to the NPS London, Public Protection Sub-group. This reports to the NPS London Senior Leadership Team. James is also a member of the newly formed London Safeguarding Adults Board.
The London Division is made up of twelve clusters, all should have a Senior Probation Officer, Single Point of Contact lead for Safeguarding Adults. Some also have practitioner leads.

Quarterly practitioner SPOC forums are held at which developments are discussed.

**Training**
Both, e-learning for all staff and a face to face one day course for practitioners has been launched for NPS staff.

Looking forwards: 2016-17
There are a number of initiatives which need to be pursued. Amongst these are:

- Contacts and registers in the offender database to support performance information reports.
- Continuing to train NPS staff in Safeguarding Adults, including the Care Act.
- Encourage local auditing of safeguarding adult cases.
- Review the issues related to safeguarding and adult social, including the impact of the Care Act on probation practice.

**Partner agencies’ ability to influence the work of the board is influenced by attendance at board meetings.**

The board has held two development events in addition to the quarterly board meetings. A challenge event looking at the annual multi-agency audit was held early in 2016. The results are shown below. The outcome was used to inform a business plan completed during a business planning day.

The board has supported the council and West London Mental Health Trust to agree how adult safeguarding will be managed between their organisations.

**3.4 Making sure all staff know how to safeguard adults**

The Training Group has not met regularly during the year. The development of core training standard was described in last year’s annual report. The council has used this as the basis of its training programme.
<table>
<thead>
<tr>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
<th>Data Governance training</th>
<th>Domestic abuse training</th>
</tr>
</thead>
<tbody>
<tr>
<td>72%</td>
<td>60%</td>
<td>61%</td>
<td>86%</td>
<td>57%</td>
<td>59%</td>
</tr>
<tr>
<td>All frontline staff, including seniors working in health and social care settings.</td>
<td>All frontline staff, including seniors working in health and social care settings.</td>
<td>Team Managers</td>
<td>Team Managers</td>
<td>All staff all levels</td>
<td>All frontline staff</td>
</tr>
<tr>
<td>All other departments</td>
<td>All other departments</td>
<td>Deputy Team Managers</td>
<td>Deputy Team Manager</td>
<td>Social Workers</td>
<td>Senior Nurses</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Occupational Therapy</td>
<td></td>
<td>Community Psychiatric Nurses</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>Social Worker Assistants</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>Provider Managers</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basic Awareness</td>
<td>Advanced Safeguarding</td>
<td>Role of Provider Manager</td>
<td>Your Role as a SAM</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MCA Awareness</td>
<td>Introduction to MCA</td>
<td>Role of Enquiring Officer</td>
<td>Protection Plans &amp; Risk Assessments</td>
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<td></td>
</tr>
<tr>
<td></td>
<td>Introduction to DoLS</td>
<td>Mental Capacity Act &amp; Good Practice</td>
<td>Chairing Safeguarding Meetings</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Legislation &amp; Policy</td>
<td>DoLS Applying Theory to Practice</td>
<td>Financial And Material Abuse</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
From Process Led to Person Centred

3.5 Letting people know what safeguarding is

The promotion activities completed during this year have included:

Community events

During 2015-16 the safeguarding adults team has continued to run information stalls raising public awareness of adult safeguarding at a range of venues, including shopping centres, hospitals and places of worship. The main themes are recognising the signs of possible abuse, and knowing where you can report concerns. The stalls offer small promotional gifts (such as biros or bus-pass holders) which carry our contact details. We have also run awareness stalls as part of other Council events and for themed events organised by partner agencies, such as the NHS. Our engagement work is supported by a small group of local volunteers, who have received Safeguarding Adults Awareness training and who have manned stalls, assisted in running larger events and carried out quality check visits on care homes.

Safeguarding adults week

The annual safeguarding adult’s awareness week was held during June 2015. It included resident and staff conferences, a series of specific workshops, and stalls in different parts of the council.

The highlight of the conference was a performance by the Baked Beans Company [http://bakedbeancompany.com](http://bakedbeancompany.com) at the end of the resident and staff conferences.

A question about Lasting Powers of Attorney at the resident conference has led to a joint initiative between Hounslow’s adults education service and safeguarding adults service. They are working together to engage a group of local residents to design an adult education course to enable local people to make arrangements for their own welfare and finances before they need health or social care services.

Seminars

The board has introduced quarterly seminars for people living and working in Hounslow. We have held seminars on modern slavery/human trafficking in November 2015 and Chaotic lives in March 2016.

The modern slavery/human trafficking seminar included contributions from the Chair of Croydon Community Against Trafficking, the London Borough of Croydon, Barnado’s Child Trafficking Advocacy Services, and a specialist unit from the Metropolitan Police.

We identified the need to ensure that colleagues in Hounslow knew what the National Referral Mechanism was and how to use it. The board’s Quality
Assurance Group is working to promote awareness amongst colleagues in the council and the Community Safety Partnership is looking at developing services (including the use of the National Referral Mechanism) in the council.

The second seminar on safeguarding adults who lead chaotic lives included presentations and workshops from the London Fire Brigade, and the charities Mind, St Mungo’s and iHear, on risk of death by fire, hoarding, rough sleepers, and alcohol and drug abuse. The conference led to a request that the High Risk Panel includes homelessness within its terms of reference. This is currently being considered.

Website

The adult safeguarding web site has been redesigned to be simpler and shorter. It has information for residents and people working in the council. We will continue to develop the content during 2016/17.

The site can be found at http://www.hounslow.gov.uk/safeguarding_adults

A communications group due to start work on a boarder plan was unable to meet because of staff shortages in both the safeguarding adults service and council’s communications team.

3.6 Community Safety

We have continued to build links with the community safety partnerships within the council. Initiatives have included:

- Developing a referral pathway between adult safeguarding services and domestic violence services. This can be found on the adult safeguarding website10.
- The Adults Safeguarding Service has representation on the Stronger United Community Forum11.
- There is regular representation at the Multi-Agency Risk Assessment Conference
- The manager of the Safeguarding Adults Service regularly attends the Police Community Safety Unit to facilitate communication and answer questions.

The prevention and engagement Officer based in the Safeguarding Adults Service was attending the Violence Against Women and Girls and Community Safety meetings. The Council no longer funds this post. The Council’s heads of service for adult safeguarding and community safety have arranged to meet regularly to ensure good communication.

10 Domestic & Sexual Violence and Abuse – Identification and Referral Protocol
11 https://www.gov.uk/government/publications/channel-guidance
4. How do we know what we are doing is working?

4.1 What do adults at risk think?

We continue to develop our engagement with adults at risk, their families and carers.

4.1.1 Compliments and complaints

The council is working to improve the information that it holds about compliments and complaints.

Compliments received throughout the year have consistently reflected a positive relationship between council staff and local residents.

Responsibility for adult safeguarding enquiries within the mental health service returned to the council on the 1st of May 2016. The following information is based on a limited sample of complaints and information from overlapping enquiries and action plans.

13 complaints relating to adult safeguarding were received: 7 for the Community Learning Disability Team and 6 for the Localities teams.

The main themes were:

- A lack of timely feedback to referrers and family members.
- Families feel that they should have information which the adult at risk had not clearly given permission to disclose.

The Safeguarding Adults team started to contact ten people initiating referrals each month in May 2016. This information will be feedback to safeguarding Adults Managers on a monthly basis.

4.1.2 Representation and engagement

The board has welcomed the attendance of a representative from Hounslow Carers Partnership Board. We are developing a sub group made up of residents to offer a view as experts by experience, and a feedback questionnaire. Making Safeguarding Personal will be the focus of activity in the coming year.

There are currently a range of advocacy services provided across Hounslow by two service providers, POhWER and Voiceability. This covers Care Act Advocacy, NHS Complaints, Independent Mental Capacity Advocates (IMCA)\(^{12}\) and Independent Mental Health Advocates (IMHA)\(^{13}\). Plans to develop and procure a new advocacy service are in place and due to commence in April 2017. In order to ensure continued service availability, Commissioning plan to take up

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\(^{12}\) Mental Capacity Act 2005
\(^{13}\) Mental Health Act 2007
the option to extend the existing IMCA contract. This will enable further time to undertake work which will minimise duplication between the different advocacy services that are currently available and address the need for advocacy requirements for out of area placements. The service will be developed to ensure additional capacity is available for Adult Social Care to be able to spot purchase advocacy as required should the commissioned service be utilised to its capacity.

4.2 Reviewing the work of colleagues leading enquiries

The external audit completed by SCP Consult in March 2015\textsuperscript{14} highlighted a lack of adult safeguarding enquiries completed on behalf of adults at risk known to the mental health service. Work to improve reporting was completed during the summer. Of the 53 cases audited,

- 21 were considered excellent or good;
- 16 were considered adequate; and
- 16 were considered poor.

\textbf{Overall, there is a disturbing lack of consistency in the quality of the safeguarding process [ ]. There are a few beacons of excellent work, but most of the cases audited show significant unexplained delays in the process.}\textsuperscript{15} The council and mental health trust have collaborated to ensure this is not allowed to happen again\textsuperscript{16}. Action taken to date has included:

- The separation of responsibilities between social workers and mental health colleagues. Social workers will lead all adult safeguarding work from 1\textsuperscript{st} of May 2016.
- Improved recording of all adult safeguarding enquiries within the local authority electronic recording system.
- Clear allocation of responsibility for taking action to address concerns raised in a timely way.

As a result, two enquiries completed by colleagues in the mental health service have been randomly selected within the internal audit program. The Safeguarding Adults Service will support colleagues to sustain this improvement. The council and mental health trust are working to ensure all staff have up to date training and repeat training where necessary.

Approximately 25 mental health enquiries are being managed within an historic recording system which was operating until July 2015: colleagues in the mental health service are prioritising closing these records.

Enquiries for internal audits were randomly selected from a sample of referrals that progressed to enquiry. During the audit, specific criteria are applied and result in a grading of Poor, Adequate, Good and Excellent. The completed audits

\textsuperscript{14} Hounslow Safeguarding Adults Board, \textit{Annual Report 2014/15}

\textsuperscript{15} Mental Health Casefile Audit, Safeguarding Vulnerable Adult, London Council of Hounslow

\textsuperscript{16} SCP Consult, October 2015

\textsuperscript{16} Interim report – Operational arrangements between London Borough of Hounslow and West London Mental Health NHS Trust
are forwarded to the team leaders and their managers for the identification and promotion of learning and development.

<table>
<thead>
<tr>
<th>Time period</th>
<th>Poor</th>
<th>Adequate</th>
<th>Good</th>
<th>Excellent</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>April - September</td>
<td>13</td>
<td>14</td>
<td>8</td>
<td>5</td>
<td>40</td>
</tr>
<tr>
<td>September – December</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(30)</td>
</tr>
<tr>
<td>January - March</td>
<td>8</td>
<td>8</td>
<td>6</td>
<td>1</td>
<td>23</td>
</tr>
<tr>
<td>Totals</td>
<td>21</td>
<td>22</td>
<td>14</td>
<td>6</td>
<td>63(93)</td>
</tr>
</tbody>
</table>

Table 3: Internal Safeguarding Audits

On reviewing the timeliness of enquiries the board asked for a targeted audit to be completed to review the quality of decision making at the point that concerns were referred. Thirty enquiries were received between September and December 2015. The audit found:

- Sufficient information recorded to make decision: 28 cases;
- Clear rationale for closure: 27 cases; and
- Defensible decision: 26 cases.

Learning is routinely identified and acted upon.

We found that **referring agencies were not receiving appropriate and timely feedback** so we:

- Reviewed referrals made to Adult Social Care by iHear referral to First Contact and found that none had resulted in feedback being given.
- Discussed when and how feedback should be given with the managers (Safeguarding Adults Managers (SAMs) leading safeguarding enquiries.
- Started a rolling program of contacting 10 referrers each month and reporting back to the SAMs meeting. The first reported that 100% of the referrers contacted had received feedback.

We found that we needed to **improve audit process by improving feedback to SAMs and senior managers and including case notes as well as formal reporting in the audit** so we:

- Ensured that auditors meet with the Safeguarding Adults Manager.
- Started to provide monthly audit reports to senior managers and the director.
- Include case notes in the audit process.

We found that we needed to **consider colleagues training needs** so we:

- Completed a review of all current training packages in February 2016.
- Re-commissioned the adult safeguarding training program in March 2016.
- Completed a review of who needed training in April 2016.
- We are currently planning training.

We found that we needed to **improve recording** so we employed a Social Work Standards Manager who will:

- Review current practice across work.
• Develop policy/statement of expected standard.
• Incorporate into safeguarding and general case recording audits.

We also found that we need to ensure that enquiries start by finding out what the adult at risk wants to achieve and ensure those outcomes are at the core of the protection plan. The board has included Making Safeguarding Personal17 in the 2015/16 business plan.

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17 Making Safeguarding Personal: Guide 2014
5. **What the statistics tell us about safeguarding in the council**

We had 875 concerns raised of which 454 resulted in enquiries being made. Although we cannot make a direct comparison because the law has changed, this reflects an increase from 772 concerns raised last year.

The targeted audit reported at the December 2016 board meeting was requested because there was a concern that enquiries were being closed too quickly. The audit of a small number of enquiries suggested that this had not been the case. We now have a robust recording system which we are confident captures all current concerns. We will need to continue to ensure that appropriate support is offered.

The graph below demonstrates that timely review of concerns and subsequent enquiries has been a concern during the year. Weekly performance reports have been developed for teams to enable them to manage work more closely. We have placed more emphasis on involving the adult at risk, appropriate police involvement and completing multi-agency enquiries in a sensitive and proportionate way. We need to continue to work towards striking the right balance between responding within time scales and personalised practice.
Chart 1: Timeliness of response to adult safeguarding concerns and enquiries.
Data for outcomes

<table>
<thead>
<tr>
<th>Year</th>
<th>2012/13</th>
<th>2013/14</th>
<th>2014/15</th>
<th>2015/16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Substantiated - Fully</td>
<td>151</td>
<td>138</td>
<td>119</td>
<td>79</td>
</tr>
<tr>
<td>Substantiated - Partially</td>
<td>22</td>
<td>15</td>
<td>30</td>
<td>33</td>
</tr>
<tr>
<td>Investigation ceased at individual's request</td>
<td>-</td>
<td>-</td>
<td>42</td>
<td>32</td>
</tr>
<tr>
<td>Inconclusive</td>
<td>101</td>
<td>94</td>
<td>59</td>
<td>69</td>
</tr>
<tr>
<td>Not Substantiated</td>
<td>89</td>
<td>76</td>
<td>153</td>
<td>104</td>
</tr>
</tbody>
</table>

Table 4: Outcome at Case Conference

Physical Disability continues to be the largest single type for identified social care need. The reduction in the number of concerns raised in relation to people with a learning disability may reflect the number of enquiries made in previous years. We tend to have a longer term engagement with residents using learning disability services. There are more older residents and residents using physical disability services who also tend to have a shorter periods of contact.

Chart 2: Yearly Comparison of the Primary Social Care Needs of Adult at Risk
This pattern of short term engagement is also reflected in the increase in concerns raised about young people who may have had earlier contact with services.

![Chart 3: Yearly Age Comparison of residents using adult safeguarding services](image)

Recording of the the nine protected characteristics\(^\text{18}\) has been built into the new electronic recording system in a way that will allow us to report on our engagement with the community in Hounslow in a more useful way next year. This year’s report is only able to offer a limited understanding.

We know that 265 of the adults at risk on whose behalf an enquiry was completed were women. The majority of all adults at risk were white.

![Chart 4: Yearly Comparisons of Ethnicity of Adult at Risk](image)

\(^\text{18}\) Equality Act 2010
The data showing the ethnicity of adults at risk in Hounslow does not reflect the overall ethnicity breakdown of Hounslow’s adult population. Just under half of Hounslow’s adult residents are from black and minority ethnic (BAME) backgrounds, yet they make up less than a third of recorded adults at risk. The Hounslow Safeguarding Adults Board is aware that it needs to do more work to engage with the BAME population to increase the number of referrals, as well as increasing prevention. This work will be carried out by a Communications and Engagement Sub-Group, which will be set up in 2016-17.

Several abuse types can be reported within one enquiry. Neglect and physical abuse are often reported together. We are working to improve our response to financial abuse.

![Chart 5: Yearly Comparison of the location of the Alleged Abuse](chart)

The decrease in the number of concerns reported in people own homes may reflect the need to engage more effectively with the community. The increase in the abuse reported in institutional settings reflects the work done to improve our response. We should see a change in this balance as the communications and engagement sub-group starts to put a communications plan into effect.
5.1 Mental Capacity Act

A resident’s ability to communicate their wishes is at the core of adult safeguarding and the prevention of abuse. An understanding of their capacity or ability to understand, weigh up and communicate their wishes is therefore vital.

The council commissions or offers support services to help residents express their wishes and to protect those who cannot consent to care.

5.2 Independent Mental Capacity Advocates (IMCAs)

Independent Mental Capacity Advocates (IMCAs) can support people who lack capacity to make specific decisions were there are no other suitable, unpaid independent people who can\footnote{Mental Capacity Act 2005 Code of Practice Issued by the Lord Chancellor on 23 April 2007 in accordance with sections 42 and 43 of the Act}:

- Support and represent the person;
- Consult with others;
- Ascertain the person’s wishes, feelings, preferences and values;
- Ensure all possible courses of action are considered; and
- Check the framework of the Mental Capacity Act is followed.

The person making the decision must contact the local advocacy provider when they are considering changes in accommodation or serious medical treatment. They may also ask for an IMCA to become involved when a care review takes place.

Whether or not there is someone to support an adult at risk, a decision maker may also ask for an IMCA to become involved where an adult safeguarding issue is being considered.
Who was referred for support from an IMCA?

- **Men** 63, **Women** 95,
- **Age** 16-29: 4, 30-44: 8, 45-64: 12, 65-74: 27, 75+: 101, not recorded: 6
- **Ethnicity**, White 128, Mixed 4, Asian/Asian British 11, Black/Black British 5, African 3, not recorded 7

Why are they referred?

An IMCA will only see a person who lacks capacity to make the decision about which they are being consulted. The impairment/disability of IMCA clients are listed below. Please note that the list includes non mental capacity related disabilities and conditions. This is because clients may have more than one impairment/disability.

- Acquired Brain Injury 6
- Autism/Asperger’s 9
- Learning disabilities 33
- Long term condition 35
- Mental Health - Dementia 106
- Mental Health - Older people 21
- Mental Health 25
- Physical Disabilities 30
- Sensory Impairment 3
- Stroke 4
- Substance misuse 1

Who was making the decision?

We are not currently able to report who is the decision maker.

What sort of decisions?

- Accommodation 4
- Care reviews 3
- Adult safeguarding 5
- DoLS 9
- Paid Representative 23

### 5.3 Deprivation of Liberty Safeguards (DoLS)

It is difficult to define a Deprivation of Liberty\(^\text{20}\): In practical terms it allows a hospital or care home to restrict someone’s (the Relevant Person) freedom of movement where they lack capacity and it is thought be in their best interests. The Supreme Court said that the “acid test”\(^\text{21}\) is if a person:


\(^{21}\) *P* (by his litigation friend the Official Solicitor) (Appellant) *v* Cheshire West and Chester Council and another (Respondents) *P and Q* (by their litigation friend, the Official Solicitor) (Appellants) *v* Surrey County Council (Respondent). March 2014
• Has a lack of capacity to make the relevant decision;
• Is unable to leave the place in which they are accommodated; and
• is under continuous supervision and control.

This is both clearer than previous case law and includes far more people than it would have in the past. As a result the council has seen a significant increase in referrals.

<table>
<thead>
<tr>
<th></th>
<th>2014/15</th>
<th>2015/16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deprivation of Liberty authorisations Requested</td>
<td>415</td>
<td>617</td>
</tr>
<tr>
<td>Deprivation of Liberty authorisations granted</td>
<td>317</td>
<td>462</td>
</tr>
</tbody>
</table>

Table 5: Number of Authorisations - Requested/Granted

The Deprivation of Liberty Safeguards (DOLS) extended the IMCA role to act as a key safeguard to people who may be subject to this legislation.

There are three distinct IMCA roles in the Deprivation of Liberty Safeguards. These are referred to by the Sections in the amended Mental Capacity Act where they are described.

- Section 39A IMCA’s: Supporting and representing people who are being assessed as to whether they are being, or need to be deprived of their liberty.
- Section 39C IMCA’s: Covering gaps in the appointments of relevant person’s representatives for people who are subject to an authorisation.
- Section 39D IMCA’s: Providing support to a person or their unpaid relevant person’s representative in relation to their rights where a deprivation of liberty has been authorised.

These roles have distinct powers and responsibilities. Collectively in the report they are referred to as the DOLS IMCA roles22.

*(The Sixth Year of the Independent Mental Capacity Advocacy (IMCA) Service: 2012/2013)*

During this year we made 63 referrals to the DoLs IMCA service to support people being assessed (39A) for deprivation of liberty.

5.3.1 Deprivation of Liberty in Community settings

The Deprivation of Liberty Safeguards (DoLS) came into force in April 2009 and form part of the Mental Capacity Act 2005. DoLS are designed to legally authorise restrictive care situations for people who lack capacity to consent to them, and who meet all the criteria – which include being resident in a care home or a hospital. A landmark ruling by the Supreme Court in March 2014 effectively set a new and much lower threshold for deprivation of liberty in all settings, and also

22 The Sixth Year of the Independent Mental Capacity Advocacy (IMCA) Service: 2012/2013
made it clear that applications should be made to the Court of Protection to authorise the care of people who may be being deprived of their liberty in settings other than care homes or hospitals – including supported living projects, living with family members and receiving care in their own homes. The responsible organisation for making these applications is the agency providing or commissioning that person’s care needs. In the majority of cases this will be either a local authority or NHS body.

Hounslow have run a scoping exercise to identify people who appear to meet the ‘acid test’ of not being free to leave at will, having a high level of supervision and control, and who lack mental capacity to consent to this. Hounslow have identified 97 possible Community DoLS, although it does appear that approximately 10% of those put forward may be an NHS responsibility. We have set out a process to complete the Court of Protection’s requirements and are working with the allocated social work teams to complete application forms and collect the required assessments to support the requested authorisation, after which it will be submitted to the court by a legal representative. Currently there is a substantial backlog of cases throughout England and Wales waiting to be dealt with by the court, so we are expecting significant delays before the court is able to make its rulings.
6. Safeguarding Stories

The stories below are real. We have changed any details that might identify the people concerned. We have included a range of examples in previous annual reports.

Case Example 1:
Mr “Jones” was aged 65 and had a history of mental health issues. Several years ago he was discovered to be suffering physical, emotional and financial abuse at the hands of his two adult sons, who had moved into his flat, taken control of his money, and were using the flat to use and sell drugs. Mr Jones was assisted at that time by police, housing and adult social care, who ensured that he regained control of his money, was re-housed in a safer location, and with his agreement he was supported to get court orders preventing his sons from coming to his home.

Sadly Mr Jones developed a serious illness with a very limited life expectancy. He hoped to reconcile with his sons before his death and made contact with them. His sons moved into his flat and it was soon evident that Mr Jones was not receiving the care, nutrition or comfort he required, as his sons were taking his money, depriving him of adequate food and preventing carers and community nurses from providing care. He was fearful of asking his sons to leave.

Mr Jones was supported in his wish to remain at home long enough to celebrate his birthday with his family. He then agreed to move to a local nursing home where he received good quality care and his family were free to visit.

Case Example 2:
Ms “Patel” was aged 29 and had a mild learning disability. Police and ambulance services were called after she was hit and knocked to the ground by her partner in an argument about money. Ms Patel was five months pregnant at the time. It was found that Ms Patel was not eating properly and the couple were at risk of losing their flat due to rent arrears. Her partner controlled their joint income and was spending almost all of their money on alcohol due to his alcohol-abuse problems.

Immediately after the incident Ms Patel was placed in safe supported accommodation while she recovered and considered her future options. Ms Patel chose to leave the relationship and was supported to obtain an order preventing her ex-partner from contacting her, and to transfer the tenancy into her sole name. She was helped to re-organise her finances in her own right. She is now living independently and receiving ongoing support from her family and from adult social care services.

Police pursued a prosecution for the assault and Ms Patel’s ex-partner received a custodial sentence.
7. **What we plan to do in the coming year**

The board has made substantial progress during 2015/16. The priorities for the coming year are set out in the board strategy and business plan.

Projects that will continue into the coming year include developing a borough-wide approach to human trafficking, and protecting individuals that are at high risk of self neglect or abuse.
8. Useful Contacts

Questions about the report

If you have any questions about this report, please contact Joseph Carmody, Head of Safeguarding (adults) and Quality Assurance

Tel: 020 8583 2472
Email: jo.carmody@hounslow.gov.uk

Safeguarding Training

If you would like to access safeguarding training for organisations in Hounslow, please contact the Learning and Development Team.

Tel: 020 8583 3098
Email: angela.mcevilly@hounslow.gov.uk

Safeguarding Referrals

To raise any safeguarding concerns, you should call:

- Adult Social Care First Contact: 0208 583 3100
- Out of Hours – Emergency Duty Social Worker: 0208 583 2222

If you need to report a crime:

- In an emergency, dial 999
- Non-emergency police number: 101

If you would like advice in relation to safeguarding adults concerns, please call

- Safeguarding Adults Service (SAS)
  - 020 8548 4515
  - safeguardingadults@hounslow.gov.uk

If you would like advice in relation to Deprivation of Liberty Safeguards (DoLS), please call:

- Safeguarding Adults Service (SAS)
  - 020 8548 4515
  - dols@hounslow.gov.uk

You can also visit www.hounslow.gov.uk/safeguarding_adults
APPENDIX 1

CASE REVIEW CONCERNING
Ms A
OVERVIEW REPORT FOR
HOUNSLOW SAFEGUARDING ADULTS BOARD

Val Norris
Acting Team Manager, Hounslow Safeguarding Adults Service

Joseph Carmody
Head of Safeguarding (adults) and Quality Assurance

Nicky Brownjohn
Associate Director for Safeguarding
CWHHE CCG Collaborative

1.5.2015 completed 5.10.2015

Approved by the Hounslow Safeguarding Adults Board on the 30.11.2015
EXECUTIVE SUMMARY

INTRODUCTION

Ms A and her son Mr B had lived at their flat since 1979. Ms A, a retired nurse, did not register herself or her son with a GP. It now appears that she had accumulated a degree of hoarding. This contributed to her son’s inability to manage her physical health needs as she became older.

Ms A died on 31 October 2014 following her second admission to hospital. A lack of appropriate care is believed to have contributed to her death. The West London Coroner opened an inquest on 20 March 2015. A Mental Capacity Assessment was completed in relation to Mr B on 20 March 2015. The coroner found she died as a result of natural causes.

THE CIRCUMSTANCES THAT LED TO A SERIOUS CASE REVIEW BEING UNDERTAKEN IN THIS CASE

Ms A was discharged to her home from West Middlesex University Hospital on 17 December 2013. She was assessed as needing the assistance of one person to complete care tasks. A referral was made to the domiciliary care and district nursing services. No home visit was completed before her discharge. The hospital believed Ms A was registered with a GP.

On arriving home Mr B declined a domiciliary care package on his mother’s behalf. The district nursing services did not initiate a district nursing service because Ms A was not registered with a GP. Mr B continued to provide care.

An adult safeguarding investigation was initiated because Ms A was readmitted to hospital with multiple pressure areas on her lower body. We believe she had been confined to an armchair in the weeks preceding her admission.

Ms A was admitted to Charing Cross Hospital on 13 October 2014 where she died on 31 October 2014.

6. ANALYSIS OF THE CASE

The information available to professionals providing services to Ms A and her son Mr B indicates they both had capacity to make decisions relating to the care they received. So far as we were able to establish, they had chosen not to register with a GP over a prolonged period of time. Although the way in which services are delivered has changed since her retirement, as a former nurse, it is assumed that she would have understood the implications.

There is evidence that professionals involved with Ms A and Mr B in 2013 and 2014 were concerned about the choices that they were making. At the key point in this care episode (discharge from hospital in December 2013) the social care team contacted colleagues who had been in contact with Ms A. No issues were raised in relation to her ability to make decisions about her care. While the
decisions that Ms A and her son were choosing to make could have be considered unwise\textsuperscript{23}, professionals are unable to intervene without the individual's consent.

Ms A is described as the more powerful person in the relationship. Although there has been consistent evidence that Mr B did have capacity to make decisions, the frequency with which professionals gave this active consideration is striking. Ms A is described as self-neglecting and hoarding. Both conditions have a powerful effect on the person and those around them. Despite this, Mr B was only offered a carer’s assessment at the end of his mother’s second admission.

It is not clear that Ms A and Mr B would have accepted care from a GP, physiotherapy or District Nursing service at the point of Ms A’s discharge in December 2013. The confusion over whether or not she was registered meant this was not offered.

The general hospital has introduced a procedure to check GP registration at the point of discharge. While this would have enabled accurate information to be passed to the community provider, they remained clear that this would still have prevented them offering a service. Hounslow Clinical Commissioning Group are equally clear that this is not the case and a protocol to address the needs of people in this situation is in place.

7. GENERAL CONCLUSION

Since this report was commissioned, the Hounslow Adult Safeguarding Board has introduced a High Risk Panel\textsuperscript{24} designed to support colleagues addressing the needs of people who self-neglect, hoard or pose a significant fire risk when all risk management options have been exhausted. Had that support been available at the time, this would have been an appropriate referral to the panel.

It is likely the High Risk Panel would have faced the same issues as those identified in this report:

- To ensure that the risks were clearly identified and an appropriate risk management plan was put in place at the earliest opportunity.
- To ensure access to GP and, by implication, primary care services regardless of whether the person was registered prior to discharge
- To ensure that carers are offered appropriate and timely carer’s support.

Given the clear and consistent way in which Ms A and, on her behalf, her son Mr B declined services it is not clear whether this would have changed the outcome. Whether or not the offer of primary care services would have been accepted the failure to offer them represents a missed opportunity.

\textsuperscript{23} Mental Capacity Act 2005, Code of Practice, 2007 page 24
\textsuperscript{24} High Risk Panel Procedure Approved by Hounslow Safeguarding Adults Board in March 2015 de for review in December 2015
8. RECOMMENDATIONS

- The group understands that West Middlesex University Hospital has introduced a procedure to check if people admitted are registered with GP. The effectiveness of this system should be audited.
- The Safeguarding Adults Board has asked that a letter be written to other acute hospitals admitting Hounslow residents to confirm that they have arrangements adopted by West Middlesex University Hospital to check GP registration.
- To ensure carers assessment are routinely offered where a carer is identified.
- To ensure that safeguarding alerts received from the London Ambulance Service are cross checked against information available before a discharge is confirmed.
- Where a secondary health service dependent on GP registration is indicated in a discharge plan there should be:
  - CCG to review how non registered patients receive services; and
  - HRCH to review response to referrals where patients are found to not be registered with a GP.
- To improve the adult social care risk assessment process to identify self-neglect.
In line with the objectives of the Care Act 2014, the Hounslow Safeguarding Adults Board will continue to work in partnership to prevent and address the safeguarding needs of adults at risk, whilst making sure that individual wellbeing is promoted.

The Board is committed to Making Safeguarding Personal. Front line practitioners will be ensuring that the customer voice is reflected at all stages of initial referral, assessment and protection planning. One of our key priorities this year is to improve the dialogue with service users who have been subject to safeguarding processes, and learn from their experiences.

The Board’s Business Planning day will take account of national and local developments in relation to safeguarding adults at risk and will prioritise the work of the Board to meet the needs of adults at risk in the Borough. An annual business plan will be developed to implement the agreed priorities of the Board.

The Safeguarding Adults Board will ensure that there is engagement with its statutory members and will seek additional representation on the Board and its Sub-committees to provide multi-disciplinary commitment to policies and procedures, to provide effective evaluation of agencies’ activities to safeguard vulnerable adults, and undertake case reviews and audits to promote learning and service improvement across the professional network.

The Board will agree a budget with its statutory members to enable the Board to pursue its Business plan.

The Board will seek to enhance its effectiveness by continuing to engage with other strategic bodies like the Health and Wellbeing Board, the Safeguarding Children’s Board, and the Community Safety Partnership to ensure that there is information sharing and coordination across these bodies to achieve efficiency in their safeguarding activities. In addition to supporting agencies and promoting sound multi-agency working, the Board will pose challenges to agencies and strategic bodies if there is concern that there are impediments to strengthening services to improve the safeguarding of adults at risk in Hounslow.
Safeguarding Principles

In undertaking its work, the Board will apply the principles from the statutory guidance:

Empowerment

The Board will ensure that its policies and procedures place the adult at risk at the centre of safeguarding activity to ensure that an adult is supported to achieve the right outcome for him/her. Please refer to the Board’s business plan for further details.

Empowerment will be a key principle in the training provision for staff in all agencies. Each agency on the Board is committed to training their staff in adult safeguarding to the agreed standard set by the Training Sub-Group. The Board will continue to develop multi-agency learning, through development and challenge events, and through its programme of quarterly seminars.

Data will be reported to the Board on the service user’s perception of the safeguarding outcome.

The Board will engage with services users and their carers to be informed of their views on the policies of the Board.

Prevention

The Board is committed to preventing abuse and neglect of adults at risk and will scope the preventative activity of its Board members to establish if there is a need for the Board to undertake additional activity to inform the community of risks for vulnerable adults.

Case reviews and case audits will be considered to establish if there is any additional preventative activity that might reduce the risk for other vulnerable adults in the future.

Proportionality

When undertaking audits and case reviews and the Board will seek to be both effective and efficient and will seek to find the form of review or audit that will achieve the optimal learning for the cases being considered.

In considering its priorities year on year, the Board will seek to target its work on areas that will achieve the greatest impact on safeguarding adults at risk in Hounslow.

Protection

The Board will ensure that its policies support action to protect adults at risk when there is a need to provide protection for an adult who otherwise is unable to achieve this on their own, or who is unable to be supported to achieve their future protection.

Audits of the Board will seek to establish if proportionality and empowerment were evident in the activity to protect adults at risk.
Partnership

The Board will seek to constantly strengthen the professional partnership in Hounslow by maintaining a culture of positive challenge and multi-agency learning.

The Board recognises that partnerships in the safeguarding of adults at risk must extend beyond professional partnership, and that partnership must include service users, their carers, their representatives, providers of care services, the voluntary and community sectors, and the general public. The priorities of the Board will seek to develop this wide concept of partnership.

Accountability

The Board will demonstrate its formal accountability by submitting its annual report to:

- The Chief Executive and Leader of the Council
- The Borough Commander
- The local Healthwatch
- The chair of the Health and Wellbeing Board

The Board will publish its annual report online to inform the local community on its activities and progress against its objectives, and invite comment to inform future priorities.

Participation

The polices of the Board and safeguarding training will emphasise the active participation of service users, their carers, and advocates in the assessment, investigative, and review processes of the Board.

Membership of the Board

The Board will have members from:

- Local Authority:
  - Adult Social Care
  - Public Health
  - Housing
  - Lead Member for Adult Social Care
  - Chief Executive
  - Community Safety
- Metropolitan Police
- National Probation Service
- The London Community Rehabilitation Company Ltd
- Chelsea and Westminster Hospital NHS Foundation Trust
- West London Mental Health Trust
- Hounslow and Richmond Community Healthcare
• Healthwatch Hounslow
• Hounslow Clinical Commissioning Group
• Carer’s Board

The following organisations will attend by invitation:

• London Ambulance Service
• NHS England
• Care Quality Commission

The Board will keep its membership under review and revise its membership at its annual Business planning meeting.

All Board members will receive the role description for members of the Board.

Sub-Groups of the Board

In 2016/17 the Board will have the following sub-groups

• Safeguarding Adults Review Group
• Quality Assurance Sub-Group
• Training Sub-Group
• High Risk Panel
• Provider Compliance Sub-Group

The sub-group structure will be kept under review to address developing agendas and to take account of the capacity available to the Board.

The Board has recruited a Business Manager to support the work of the Board. This will be an ongoing post and will require commitment to future funding.

One of the Board’s priorities for 2016/17 is to improve communication and engagement with adults at risk of abuse from black and ethnic minority groups who are under-represented in terms of the number of referrals into the safeguarding system. A Communications and Engagement Task and Finish Group will take forward this work.

The Board continues to support the Community Safety Partnership Board’s Human Trafficking Group and other task and finish groups as necessary.

Business Priorities for the Board 2016/7

The Business priorities for the Board for the forthcoming year are set out in our business plan, available on our website.
1. Details of Recommendations

The Health and Wellbeing Board is asked to consider and approve the Hounslow Safeguarding Children Board Annual Report 2015-16

If the recommendations are adopted, how will residents benefit?

<table>
<thead>
<tr>
<th>Benefits to residents and reasons why they will benefit, link to Values</th>
<th>Dates by which they can expect to notice a difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>The HSCB Annual report provides an overview of the work undertaken by the Board and its members both in a single and multi-agency capacity to safeguard children in Hounslow.</td>
<td>2016 onwards</td>
</tr>
<tr>
<td>The report enables consideration of further safeguarding work required in Hounslow including consultations with children and families.</td>
<td>2017 onwards</td>
</tr>
</tbody>
</table>

2. Report Summary

1. This report provides an overview of the Hounslow Safeguarding Children Board for the 2015–16 financial year.
2. The annual report considers the work undertaken and challenges experienced by the Board and its partners across 12 key areas including: Children at risk of sexual abuse and exploitation; Female genital mutilation; Gang activity; Governance; Regular scrutiny and challenge of frontline practice including application of thresholds; A local quality assurance framework; Vulnerable children including those missing, with mental health or complex needs and substance misuse; Improving strategic partnerships; Facilitating and evaluating the effectiveness of multi-agency learning and training; Scrutiny of performance and effectiveness of local services, including holding partner agencies to account for their contribution to the safety and protection of children and young people; Learning from serious case reviews and other learning reviews; Increasing the voice of the child within the work of the board.
3. It recommends the direction it intends to take for the next 2 years (2016-18)
4. These recommendations are being made because the members of the Board have identified these to be key issues for children and families within Hounslow through single and multi-agency work, data and key indicators.
5. The HSCB’s overarching priorities for the 2016-17 year include:
   Governance and Accountability (O1); Quality Assurance (O2); Partnership Working (O3); Learning and Improvement (O4); Case Reviews and Learning and Development (O5).
6. The HSBC’s Targeted Priorities include: Safeguarding children from sexual abuse including CSE, familial sexual harm and inappropriate internet exposure (P1); Harmful Practices – FGM, exposure to extreme beliefs and radicalisation, modern slavery and forced marriage (P2); Protect children from neglect (P3); Safeguard children with specific vulnerabilities – children with hidden disabilities, severe disabilities and mental illness (P4) and have been set for two years to allow the Board and its partners to have the opportunity to undertake key pieces of work and have assurances that appropriate measures are in place to safeguard children impacted by these issues.
Hounslow Safeguarding Children Board
Annual Report
2015-2016
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1) Foreword from the Chair

This is my sixth and final annual report as the Independent Chair of the Hounslow Safeguarding Children Board (HSCB). My independent role is defined in Working Together (2015) and was created by the Government to strengthen partnership working and hold leaders accountable for safeguarding children within the local area.

This annual report covers the business of the 2015-16 financial year. It has been a busy year for the HSCB including the completion of the Serious Case Review (SCR) for Anita B. The Serious Case Review began in November 2014 and was a significant part of the Board’s work within the 2015-16 financial year. The SCR has been published and is on the Board’s website.

In 2015/16, the Hounslow Safeguarding Children Board has been well supported by its constituent agencies to address national issues that affect children and young people in Hounslow. In particular, we have been seeking to understand and strengthen services relating to child sexual exploitation, female genital mutilation, and gang activity. These agendas have necessarily required the Board to forge new and strengthen existing relationships to ensure that there are neither gaps nor overlaps in strategic planning in responding to these complex areas.

Alongside addressing these areas of development, much of the work of the Board has been focused on making improvements across the following: governance; regular scrutiny and challenge of frontline practice including application of thresholds; vulnerable children including children missing, those with mental health or complex needs, substance misuse; improving strategic partnerships; facilitating and evaluating the effectiveness of multi-agency learning and training; scrutinise the performance and effectiveness of local services, including holding partner agencies to account for their contribution to the safety and protection of children and young people; learning from serious case reviews and other learning reviews; HSCB Quality Assurance Framework; increasing the voice of the child within the work of the Board. The Board has also continued to keep abreast of staffing issues and organisational change across the area.

A great deal of the work of the Board is undertaken in its Sub-Committees and I wish to acknowledge the commitment and contribution of Sub Committee members as well as members of the Board in managing the wide span of work evident in this annual report.

I want to take this opportunity to thank those who have worked hard with me in the last year and indeed over the 6 years of my time as the Independent Chair of the HSCB. In particular, I would like to thank the Chairs of the sub groups and the HSCB Operational team for their contribution to deliver the priorities of the Board. I take this opportunity to bid farewell to and wish the HSCB well in its journey as I retire later this year.

Donald McPhail, HSCB Independent Chair
2) Introduction

Chapter 3 of the Working Together (2015) to Safeguard Children stipulates that the Chair must publish an annual report on the effectiveness of child safeguarding and promoting the welfare of children in the local area. The purpose of this report is to present the effectiveness of safeguarding arrangements for children and young people in Hounslow in order to impact on strategic developments and set improvement priorities for the Hounslow Safeguarding Children Board (HSCB) to take forward with individual agencies.

The work of the Board for the 2015-16 financial year has focused on the national issues that have impacted on children and young people in Hounslow, namely, child sexual exploitation, gang activity, and female genital mutilation. On top of this, the Board has also been making improvements and changes in its core functions as outlined in Working Together to Safeguard Children (2015) and the most recent OFSTED inspection (2014).

This report considers the following areas:

1. Hounslow's Children
2. Children at risk of sexual abuse and exploitation
3. Female genital mutilation
4. Gang activity
5. Governance
6. Regular scrutiny and challenge of frontline practice including application of thresholds;
7. A local quality assurance framework
8. Vulnerable children including those missing, with mental health or complex needs and substance misuse;
9. Improving strategic partnerships;
10. Facilitating and evaluating the effectiveness of multi-agency learning and training;
11. Scrutiny of performance and effectiveness of local services, including holding partner agencies to account for their contribution to the safety and protection of children and young people;
12. Learning from serious case reviews and other learning reviews;
13. Increasing the voice of the child within the work of the board.
The evidence is gathered from the HSCB Meeting minutes, sub group reports and minutes, individual agency reports, the annual HSCB training evaluation report and data presented to the HSCB and other relevant sources.

3) Hounslow’s Children

This section provides an overview of the general child population in Hounslow, setting the context for understanding the needs of vulnerable and ‘at risk’ children who are the concern of the HSCB. Equality and diversity considerations are an integral part of the work of the HSCB to tackle the harmful effects on children and young people of discrimination.

Population

Hounslow is the 11th largest London Borough (out of 33) by size and the 18th largest by population.

The 2011 Census showed that the total resident population of Hounslow was 253,957 persons, of which 251961 people in a total of 94,902 households. The remaining lived in communal settings. This was a 19.6% increase on the size of the population measured by the 2001 Census (212,341 persons) – the fifth largest growth in London. This comprises of 127,397 males and 126560 females. The age profile of the population has not changed greatly between 2001 and 2011. The child population (0 to 17) years is 57,487 and makes up 22.6% of the population in Hounslow. This is about the same as the London average (22.55) but slightly higher than the England average (21.5%) (The Hounslow JSNA Population Overview 2014).

In 2011, 19.1 per cent of the population was under the age of 15. In 2001, the under-5 age group comprised 6.7% of the population, and in 2011 this has increased slightly to 7.7%, confirmed by an increase in the fertility rate in Hounslow over the last decade. Overcrowding, as measured by whether there are more occupants than rooms, has increased from 16 per cent in 2001 to 22 per cent in 2011. Across Hounslow’s wards the age bands with the biggest increases in size (0 to 4, 25 to 34 and 55 to 64) shows a similar distribution to the wards with the biggest growth in dwellings and households. The growth in age groups of 0 to 4 and 25 - 34 year olds suggests an increase in young families moving into the borough (The Hounslow JSNA Population Overview 2014).

In 2011, of the 94,902 households in Hounslow, 5.5 per cent had dependent children living in the household but no adults in current employment. This is 16 per cent of the 32,763 households in Hounslow where there are dependent children (The Hounslow JSNA Population Overview 2014).

Ethnicity, Language and Religion

The percentage of the Hounslow population that identifies as ‘White British’ has reduced by 32 per cent, from 55.8 per cent in 2001 to 37.9 per cent in 2011. The second largest group in the population identify as Indian or British Indian, making up 19 per cent of the population (an increase of 9.4 per cent from 2001), followed by the ‘Other White’ category (11.5 per cent; an increase of 86.4 per cent from 2001). The pattern across Hounslow’s wards of English speakers as a percentage of the ward population has a similarity to the profile for where ‘White British’ Hounslow residents live. After English (71.3 per cent), Panjabi (4.8 per cent) Polish (4.1 per cent) and Urdu (2.1 per cent) are the three most common first languages in Hounslow.
In terms of religion, Christianity is on the decline in Hounslow, falling 19 per cent between 2001 and 2011, but remains the largest religious group (42 per cent) followed by no religion (15.9 per cent), Muslims (14 per cent) and Hinduism (10.3 per cent). The biggest growth is in Buddhism; the per cent of Buddhists has doubled from 0.7 per cent to 1.4 per cent (The Hounslow JSNA Population Overview 2014).

Schools

Schools league tables (2015) show that the performance of primary schools (total of 48), 79% of primary schools achieve the expected levels in both English and Maths. There are approximately 16 secondary schools within the Borough of which 61.8% achieve 5 good GCSEs. OFSTED report that out of the total number of maintained and academy primary and secondary schools, inspected since 2006: 15 were rated outstanding, 35 rated good and 3 require improvement.

Child Poverty and Inequalities

Hounslow has a higher than average low pay rate among residents than London, at 24%. It also has the fifth highest pay ratio between the 20th and 80th percentile of earners. There is a slightly higher rate of overcrowding in Hounslow than across London, with 13% of all households overcrowded. Trends in housing and homelessness have been in line with the rest of the capital over the past five years, with landlord repossession orders, homelessness acceptances and households in temporary accommodation all rising. Similarly, trends in worklessness and low pay have followed trends across London, with unemployment falling between 2011 and 2014 and low pay rising, including by 10 percentage points to 22% of jobs in the borough between 2010 and 2014. (London’s Poverty Profile, New Policy Institute)

The child poverty rate in Hounslow is estimated at 30% in comparison to the London estimate of 37%. Hounslow is ranked the 19th worst of Borough in London. Homelessness per 1000 households increased from 2% in 2009 to 4.2% in 2014 and those in temporary accommodation within the Borough increased from 7.7% in 2009 to 10.3% in 2014.

Community Safety in Hounslow

Overall, there has been an 18 percent reduction in recorded crimes by the Police since 2011. This equates to 355 fewer crimes per month. This decrease is even more positive in the outset of a population increase of about 2,000 more residents since 2011. Using population estimates from the Office for National Statistics, the rate of crime per 1,000 residents in the borough over the last three years has reduced from 98 in 2011/12, to 76 in 2013/2014 (Community Safety Strategy 2014-17).

The Community Safety Partnership undertook a series of consultations in 2013 to develop the Hounslow Community Safety Strategy for 2014-17. The overall feedback was that there was a subculture of peer pressure and bullying making children and young people feel unsafe in schools and the wider community. They also spoke about feeling unsafe when using virtual, online and social media communication. Bullying and safety concerns vary depending on the individual circumstances of each child and other factors including gender, sexuality, ethnicity, health and disability. The role of the HSCB is to assure itself that there is
information and support available to parents, schools and support services in the statutory and voluntary and community sector (Community Safety Strategy 2014-17).

Hounslow has an active and diverse voluntary and community sector (VCS) which is made up of more than 90 not for profit organisations, who are all listed in a service directory published by the Hounslow Community Voluntary Service. The directory provides a list of targeted services for the most vulnerable children and their families.

The journey of the child through referral, assessment and care planning pathways.

The effectiveness of the multi-agency child protection system is best understood by the perspective of the ‘journey of the child’ which is the process through the referral, assessment and care planning pathways of children in need. The definition of children in need refers to the Section 17 of the Children Act 1989 which defines the child as being in need if: ‘he or she is unlikely to achieve or maintain or to have the opportunity to achieve of maintain a reasonable standard of health or development without the provision of services from the Local Authority.

The reports about concerns of children come either from professionals or the public and most of these are defined as contacts by the Children’s Social Care Front Door Service, which operates a Multi-Agency Safeguarding Hub (MASH. The decision to undertake a ‘child in need assessment’ is made in partnership by Children's Social Care Front Door Service, Metropolitan Police and key safeguarding partners. The criteria for assessing that a child is in need and the threshold pathways for accessing assessments and services for children is outlined in the Children’s Social Care Threshold Guidance and Assessment Protocol 2016-2020. All staff are trained and supported to assess the needs of children against the criteria set out in the document.

The table below outlines the number of children and young people who were referred and assessed in the last year and those subject to statutory services in 2015-16.

<table>
<thead>
<tr>
<th>Hounslow’s Referral, Assessment and Care Planning Pathways</th>
<th>Numbers between 2013 and 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of contact received through the front door.</td>
<td>23,601</td>
</tr>
<tr>
<td>% of contacts actioned within 24 hours</td>
<td>90%</td>
</tr>
<tr>
<td><strong>2. Children in Need</strong></td>
<td></td>
</tr>
<tr>
<td>Number of referrals</td>
<td>2648</td>
</tr>
<tr>
<td>Repeat referrals within 12 months</td>
<td>438</td>
</tr>
<tr>
<td>Children and young people subject of an assessment</td>
<td>-</td>
</tr>
<tr>
<td>Children subject to a Section 47 starting in the year</td>
<td>503</td>
</tr>
<tr>
<td>Initial Child Protection Conferences starting</td>
<td>279</td>
</tr>
<tr>
<td>Transfer in conferences starting</td>
<td>14</td>
</tr>
<tr>
<td>Child Protection Plans starting</td>
<td>258</td>
</tr>
<tr>
<td>Child Protection Plans ending</td>
<td>236</td>
</tr>
<tr>
<td>Child Protection Review Conferences</td>
<td>584</td>
</tr>
<tr>
<td>Number of Child Protection Plans throughout the year</td>
<td>458</td>
</tr>
<tr>
<td>Children and young people who were Looked After on 31 March 2016</td>
<td></td>
</tr>
</tbody>
</table>
The following is a breakdown of the sources of referrals received in Hounslow for the last 2 financial years.

<table>
<thead>
<tr>
<th>Source of referral in Hounslow</th>
<th>Number of referrals and percentage per sources type</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2014/15</td>
</tr>
<tr>
<td>Police</td>
<td>697</td>
</tr>
<tr>
<td>Schools</td>
<td>683</td>
</tr>
<tr>
<td>LA Services – Social Care</td>
<td>377</td>
</tr>
<tr>
<td>Other</td>
<td>259</td>
</tr>
<tr>
<td>Health Services - other</td>
<td>247</td>
</tr>
<tr>
<td>LA Services – external</td>
<td>210</td>
</tr>
<tr>
<td>LA Services – other internal</td>
<td>295</td>
</tr>
<tr>
<td>Individual – Family member, relative, carer</td>
<td>119</td>
</tr>
<tr>
<td>Health Services – A+E</td>
<td>47</td>
</tr>
<tr>
<td>Other legal agency</td>
<td>73</td>
</tr>
<tr>
<td>Individual – acquaintance</td>
<td>17</td>
</tr>
<tr>
<td>Health Services – health visitor</td>
<td>59</td>
</tr>
<tr>
<td>Individual – self</td>
<td>83</td>
</tr>
<tr>
<td>Health Services – GP</td>
<td>29</td>
</tr>
<tr>
<td>Health Services – other primary health services</td>
<td>53</td>
</tr>
<tr>
<td>Education Services</td>
<td>18</td>
</tr>
<tr>
<td>Housing</td>
<td>26</td>
</tr>
<tr>
<td>Anonymous</td>
<td>39</td>
</tr>
<tr>
<td>Unknown</td>
<td>3</td>
</tr>
<tr>
<td>Individual – other</td>
<td>4</td>
</tr>
<tr>
<td>Health Services – school nurse</td>
<td>0</td>
</tr>
<tr>
<td>Total number of referrals</td>
<td>3338</td>
</tr>
</tbody>
</table>
The key areas identified at the end of the assessment as the most common reason for referral are:

<table>
<thead>
<tr>
<th>Factors Identified at the end of Assessment</th>
<th>Number and percentage of factors</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2014/15</td>
</tr>
<tr>
<td>Other</td>
<td>873</td>
</tr>
<tr>
<td>Domestic Violence (parent, carer, child)</td>
<td>851</td>
</tr>
<tr>
<td>Mental Health (parent, carer, child)</td>
<td>1037</td>
</tr>
<tr>
<td>Emotional Abuse</td>
<td>462</td>
</tr>
<tr>
<td>Neglect</td>
<td>416</td>
</tr>
<tr>
<td>Physical Abuse</td>
<td>383</td>
</tr>
<tr>
<td>Sexual Abuse</td>
<td>105</td>
</tr>
<tr>
<td>Drug misuse (parent, child, carer)</td>
<td>993</td>
</tr>
<tr>
<td>Disability (child)</td>
<td>310</td>
</tr>
<tr>
<td>Disability (parent, carer)</td>
<td>230</td>
</tr>
<tr>
<td>Missing</td>
<td>67</td>
</tr>
<tr>
<td>Child Sexual Exploitation</td>
<td>71</td>
</tr>
<tr>
<td>Gangs</td>
<td>30</td>
</tr>
<tr>
<td>Unaccompanied Asylum Seeking Children</td>
<td>14</td>
</tr>
<tr>
<td>Trafficking</td>
<td>5</td>
</tr>
<tr>
<td>Privately Fostered</td>
<td>8</td>
</tr>
<tr>
<td>Total number of completed assessments</td>
<td>2855</td>
</tr>
</tbody>
</table>

The work of the HSCB for the 2016-17 year is reflective of some of the key issues represented in the table above.
The pie charts below shows the ethnicity of Children Subject to a Child Protection Plan, compared to the general population of Hounslow aged 0-17 (source 2011 census).

The pie chart below on the left shows the breakdown of category for the current month and the pie chart on the right shows the West London average category of Children subject to a Child Protection Plan as at 31/03/2015.

**LBH Breakdown of category for current month**

**West London Average as at March 2015**
The table below shows the percentage of the total number of Children Subject to a Child Protection Plan for the current month by Gender and Age.

<table>
<thead>
<tr>
<th>Age Band / Gender</th>
<th>Under 1</th>
<th>1 - 4</th>
<th>5 - 9</th>
<th>10 - 15</th>
<th>16 plus</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>32</td>
<td>54</td>
<td>53</td>
<td>64</td>
<td>12</td>
<td>215</td>
</tr>
<tr>
<td>Female</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>8</td>
<td>26</td>
<td>25</td>
<td>29</td>
<td>6</td>
<td>94</td>
</tr>
<tr>
<td>Male</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>20</td>
<td>28</td>
<td>28</td>
<td>35</td>
<td>6</td>
<td>117</td>
</tr>
<tr>
<td>Unborn</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>% Female</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>25%</td>
<td>48%</td>
<td>47%</td>
<td>45%</td>
<td>50%</td>
<td>43.7%</td>
</tr>
<tr>
<td>% Male</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>63%</td>
<td>52%</td>
<td>53%</td>
<td>55%</td>
<td>50%</td>
<td>54.4%</td>
</tr>
<tr>
<td>% Unborn</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>13%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>4.3%</td>
</tr>
</tbody>
</table>

4) Children at Risk of Sexual Abuse and Exploitation

Over the last year, the Board has continued to be made aware of the progress with the CSE Partnership Improvement Plan in Hounslow. This has included some key areas of activity including:

Reviewing the Strategy to Address Child Sexual Exploitation

A strategy to address child sexual exploitation was agreed by the Board in December 2013. This strategy is based on four key themes:

- Prevention
- Disruption
- Protection and Support
- Prosecution

A review of this strategy began in February 2016 with a view to being finalised and disseminated to all partner agencies by the end of August 2016.

Child Sexual Exploitation Partnership Improvement Plan

A 79 point action plan, named the Partnership Improvement Plan, has consolidated the learning from the Rotherham report and the peer review held in Hounslow in 2014, which has now been implemented. The effectiveness of the work undertaken and the impact of it on practice within Children’s Social Care was considered in a single agency audit completed in January 2016. The HSCB hopes to implement a multi-agency audit in order to ascertain if the practice has improved across partner agencies before June 2016.

Operation Makesafe

In conjunction with the national child sexual exploitation day on the 18th March 2015, Hounslow undertook a coordinated local response to the Metropolitan Police’s Operation
The aim of the local action was to develop an understanding of child sexual exploitation and how to respond to it within the wider community in Hounslow. The detailed plan for the local response included information being presented to hotels, fast food outlets, and local public houses in the area.

Although the London wide Operation Makesafe was a one off activity, there was commitment within Hounslow to this being on-going, and two further such days have been held during the financial year.

Multi Agency Sexual Exploitation Panel (MASE)

A Multi-Agency Sexual Exploitation Panel was established in Hounslow in July 2013. This group oversees the issues emerging from cases of sexual exploitation in Hounslow to ensure that there is a full understanding within the multi-agency network of the profile of sexual exploitation in Hounslow and an ability to recognise and respond to the challenging issues.

This panel is now held in two parts: the first to review progress of each young person presented to the panel; and the second to identify relevant strategic issues to support an intelligence led approach to child sexual exploitation in the Borough.

Work has been undertaken to ensure that there is appropriate information sharing with involved professionals and parents when a young person is accepted on to the MASE. This is aimed to strengthen the support available to the most vulnerable young people.

Child Sexual Exploitation Data in Hounslow

Data from the MASE Panel is presented to the Child Sexual Exploitation Sub Group and this, along with general updates is presented to each meeting of the Hounslow Health and Wellbeing Board.

More young people, who are not looked after, are now being identified and reported to the MASE panel for consideration. This indicates that there is a greater understanding of the dangers of child sexual exploitation by the agencies in the Borough and that their staff are reporting their concerns to the MASE panel.

The other factor in the recognition of risks to the non-looked after population in Hounslow is the greater emphasis now being placed on looking at the risks to the peers of those who have been identified as at risk of sexual exploitation.

A Child Sexual Exploitation screening tool has been developed to assist agencies to review their concerns about young people with a view to establish which young people should be referred as a child sexual exploitation concern.

Support to young people

Several young people (8) within the MASE cohort have been referred to the NSPCC’s Protect and Respect project, which provides support to the young people to address their vulnerabilities and develop strategies to stay safe.

Some young people have been unwilling to be referred to the Project, but further work is being undertaken to encourage their future participation.
In addition to providing support to young people, the group will also seek the views of their participants to provide feedback to Hounslow agencies on how best to identify and reach out to young people at risk.

An issue emerging from national reviews on child sexual exploitation was the need to ensure that agencies listen to the views of young people who have experienced child sexual exploitation to ensure that preventative and support activity is relevant to their needs. The Child Sexual Exploitation subgroup has worked on the principles of this engagement and an implementation process is being developed.

**Chelsea’s Choice**

This drama presentation was rolled out in most secondary school in the autumn term 2015. Arrangements were made to provide access to professional support in the aftermath of the performances.

The production was well received and the message of child sexual exploitation was strongly communicated. A number of young people have come forward after the production to express concerns to members of staff about how they may have been exploited.

**Training**

Targeted training has been provided to social workers, early help staff, and the fostering service to develop skills in talking to young people about the risks of child sexual exploitation. Fourteen such training sessions have already been held.

Training is available on child sexual exploitation either by attendance at the courses run by the Hounslow Safeguarding Children Board or individually, usually the online training course of the virtual college. The statistics of completion of the on-line training course across agencies is reported as being high for Hounslow agencies.

The Exploitation and Vulnerabilities Coordinator and the faith police officer for the Borough have met with members of faith communities to raise awareness of CSE.

**CSE Champions**

The Exploitation and Vulnerabilities Coordinator has been working with the CSE sub group to develop a method of information sharing and learning in relation to sexual exploitation. This has resulted in the development of CSE champions within the Borough. There have been a number of people showing interest in becoming CSE champions and most agencies have identified representatives. The training will be rolled out in the 2016-17 financial year.

**NSPCC PANTS Campaign Proposal**

The Vulnerabilities Coordinator met with the NSPCC school service and campaign service to put together the PANTS campaign proposal, which will be offered to primary schools from September 2016. This campaign is a key element in the prevention of child sexual abuse.

Primary schools will welcome the programme and it is hoped that it is received in the same way as Chelsea’s Choice was for secondary school children. Schools will allow parents to withdraw their children from sessions should they wish to. Parents from particular communities are likely to not let their children take part in the programme. Educating parents about the programme content will help and it will be explained that even if they do not allow
their child to be part of the sessions they are likely to hear it from their peers in the playground.

**CSE Resources**

There are still no CSE resources available in other languages. The agencies of the Board will use their networks to establish if there are information leaflets translated into the languages in use in Hounslow to assist in informing parents of the risks associated with child sexual exploitation. This will be progressed further in 2016-17 once identified.

**Sexual abuse in the family**

There was discussion at the Board of the apparent lack of identification of child sexual abuse within the family as the focus has moved to consider the sexual exploitation of children in the community. The Board was concerned about the low reported number of cases, but agencies were not able to identify concerns about individual cases that had not been managed appropriately. It was agreed that the Board’s conference on child sexual abuse would look further at this and that participants would be asked for their views on how we can be assured that we are not missing child sexual abuse within the family. This conference is set to take place in May 2016. An action plan will be developed following the conference.

Other work undertaken and reported to the Board include

- Child Sexual Exploitation Referral Pathway introduced
- A range of CSE training provided, including the virtual college
- NSPCC provision of group work to address 4 phases in relation to CSE
- Strengthening of approaches to listening to young people who have been abused
- Introduction of a child sexual exploitation screening tool
- Young people affected by CSE being assessed and supported within normal safeguarding processes

Overall, the CSE Subgroup has been busy with the support of the Exploitation and Vulnerabilities Coordinator and partner agencies with implementing the Partnership Improvement Plan and safeguarding children vulnerable to sexual abuse and exploitation. The subgroup which has consistent representation from the key agencies within Hounslow, has a number of actions which are currently underway and some key priorities that will inform its work for the coming year (see SR 3 and Appendix H – Subgroup Report and Work plan).

5) **Preventing Female Genital Mutilation**

Work has continued by Forward, which has a two year commission, to engage with schools, parents, and the communities in Hounslow to develop an understanding of the illegality and risks associated with female genital mutilation.

In advance of guidance in the London Child Protection Procedures, pathways for the identification of risks to children were developed. The pathway for risks relating to children was immediately implemented, but the pathway for responding to potential risks to children arising from adult issues was deferred, pending publication of the London Procedures.
Legislation was introduced to create an individual responsibility for practitioners to report female genital mutilation and the Board asked agencies to confirm that this responsibility had been made known to their staff.

The work overseen by the FGM Prevention Subgroup has included significant training and awareness raising and identification of gaps within the local area:

- Several local women (11) have been trained as community champions who have carried out prevention work through one to one work, group meetings, speaking at their local mosques and schools reaching 790 residents.

- A further 5 women have completed training on mental health and wellbeing course which is an 8 week course on basic counselling skills.

- A total of 7 men have agreed to be part of the Men’s group, which will focus on how men can support the prevention work in Hounslow. Three meetings have taken place and the first men’s FGM awareness workshop is scheduled for April 2016

- Twelve professionals have been trained to deliver FGM prevention work in schools

- Numerous teaching staff (415) from 7 schools have received the training on FGM

- Two hundred professionals have also been trained within the area including - Midwives, Health Visitors, Young People & Teenage Pregnancy Forum

- Mini mapping exercise carried out highlighted no counselling/therapeutic services locally for women and girls

Overall, the FGM Prevention Subgroup continues with the work lead by FORWARD in ensuring that prevention of FGM continues to be a priority in Hounslow. The sub-group, which has consistent representation from the key agencies within Hounslow and regularly reports into the Missing and Vulnerable subgroup, has a number of actions, which are currently underway, and some key priorities that will inform its work for the coming year (see SR 5 and 12 – Subgroup Report and FORWARD Annual Report).

6) Gang Activity

Fatal Stabbing Review

The Board commissioned a review which was finalised in November 2015, following a fatal stabbing incident and considered the action plan arising from this in January 2016. The incident occurred in a gang related context, and it was concluded that there was a need for a gang strategy to be developed for Hounslow. The Board is linking with the Community Safety Partnership on this issue and it has been concluded that the Community Safety Partnership will take the lead on the Gang Strategy and the implementation of the recommendations from the Review.

Ending Gang violence and Exploitation

The Police report that while there is some gang activity in Hounslow, it is not at a level for Hounslow to be designated a gangs Borough. Concerns were expressed about the complex
nature of gang activity as it related to drugs, exploitation and violence, and that it was not exclusively a young people’s issue as gang activity was often adult led.

The Board undertook to write to the various agencies involved, including the Youth Crime Management Board (January 2016) to ensure that the crime strategy took account of these various dimensions.

Overall, the board continues to consider this issue when it becomes apparent that there is evidence of activity relating to gangs. This is further considered in the Feltham YOI subgroup in relation to how it impact for young people placed within the YOI.

7) Governance

Since the last inspection of the Board (January 2014), the HSCB has been steadily making improvements and progress on the key areas identified by OFSTED in relation to its operation and governance. Improvements made include:

- Board meetings minutes contain more analysis and recorded accordingly.
- More analysis within the annual report and an ability to consider the effectiveness of the Board.
- The above information is now used to develop and monitor local plans as it was done for the 2015-16 and 2016-17 financial years.
- That the work of the subgroups has become more focused, especially that of the Monitoring and Evaluation, Missing, CSE and Training subgroups as demonstrated in this annual report and the work plans devised for the 2016-17 financial year.
- Publication of Minutes - In response to a request from an elected member who is not on the Board, the Board agreed that it wished to make its work more transparent. As such, although there was no requirement for Board minutes to be published, it agreed that minutes would be published, in redacted form if necessary. The Board minutes are now available on the website of the Board.
- A revamped website for the Board independent of its partners was approved for development and is currently in progress with a view to a launch in May 2016.
- All subgroups complete reports for every Board meeting and an annual summary is presented to the Business Planning Day in March of every year.
- A Business Planning Day was held in March 2016 to review the work undertaken in 2015-16, consider both national and local issues that impact on children in Hounslow as well as plan for the year ahead. The plans developed for HSCB now include an overarching Business Plan for the Board with targeted priorities for the next 2 years (Appendices D and E). As part of this planning, each subgroup also now has a work plan, leading on various aspects of both the overarching and targeted priorities (Appendices F to L). These developments have resulted from the work undertaken in 2015-16 financial year.
Challenge and performance of individual agencies and that of the Board has increased during the year as indicated by the Board and subgroup minutes. It is the intention that this will continue to be a priority for the forthcoming year.

Review of Safeguarding Children Boards

In 2015, the Government announced that it would undertake a national review of LSCBs. In May 2016, Department of Education published the Wood Review, which considered the role that LSCBs play in protecting and safeguarding children. The Government endorsed and confirmed support for Wood’s main finding that the current duty to cooperate does not sufficiently promote effective collaboration between health, the police and the local authority.

Subsequent to this, the Children and Social Work Bill was put to the Parliament, which incorporates the changes to the statutory regulations governing LSCBs and is expected to have an impact on the role and functions of the LSCBs. The Government proposals for managing Serious Case Reviews at a national level and ensuring that learning reviews continue to be managed locally require statutory changes to the LSCB regulations and Working Together 2015 which are currently being considered in parliament. It is also the intention by the Government to move the responsibilities of managing Child Death Overview Panels from the Department of Education to the Department of Health, where the NHS would host CDOPs rather than the LSCBs.

Board Membership and contribution

Over the last year the Board has made significant progress with ensuring that it is more reflective of partners within Hounslow. As such, it now has regular participation and input from the voluntary sector, local community representation and views from the young people and appropriate representation from all statutory partners (see Appendix A). Overall, there were 33 Board members across Children’s Social Care, Health (West Middlesex Hospital, Clinical Commissioning, CAMHS, Health Visiting, School Nursing) Police, I-Hear, Schools and Colleges, CAFCASS, Youth Offending Services, Probation, Education, Voluntary Sector, Youth Participation, Councillor and Lay member. Over the 2015-16 year, seventy eight percent (78%) of Board members attended at least 50% (3 or more) of Board meetings held. Partner agency attendance and input into Board discussions is reflected in Appendix B.

Board’s Budget

The HSCB was presented with a paper in the last financial year (2014) which discussed the funding formula agreed in Hounslow. This was not reviewed in 2015-16, partly due to not knowing what recommendations would be made in the Wood Review regarding LSCBs. This will require further consideration in 2016-17 and when the Wood Review and its implications are better known (Appendix C).

Overall, the HSCB has made significant progress in improving several aspects of its governance during 2015-16. There is considerably more work to be undertaken and the business plans reflect this.

8) Regular Scrutiny and Challenge of Frontline Practice Including Application of Thresholds

The HSCB actively oversaw the scoping and reconfiguration of the Early Help and MASH Services across its partners in January 2014. Since then the Board has received regular and consistent data from the MASH to determine the progress of the service. However, during
the last financial year, this was reviewed again by the Local Authority and changes took place during 2015-16.

**Strategic Review of Early Help Hounslow**

The Local Authority undertook a Strategic Review of the Early Help Hounslow Service during this financial year. The review has led to a change in the location of the service to Children’s Specialist Services and the threshold for access to early help remains the same. There is a dedicated telephone line for schools to be able to access Early Help Hounslow.

**Application of Thresholds in Hounslow**

The Board was informed in the latter part of 2015 that the Threshold Guidance for Hounslow would be reviewed to ensure it reflects *Working Together 2015*, the *London Child Protection Procedures (March 2016)* and *Threshold Document: Continuum of Help and Support*. This work has begun and will be completed in 2016-17 with appropriate training and awareness raised in its application.

**Increase in safeguarding referrals**

The West Middlesex Hospital raised concerns about the increase in safeguarding referrals from the Hospital. This was further looked into and it was found that while there had been an increase in the hospital making referrals, the data related to all safeguarding referrals, irrespective of the local authority area. Once recognised, the data relating to Hounslow accorded with the Local Authority’s understanding of the referral situation.

**Combining with Chelsea and Westminster Hospital**

The plans for the merger of West Middlesex Hospital with Chelsea and Westminster were reported to the Board. It was clarified that, while there would be no change of safeguarding lead for the hospital, a new lead at senior level would be appointed.

The challenge to frontline practice will be further considered under the heading of Quality Assurance and Learning and Development. The effectiveness of the application of the thresholds and the practice in MASH is scheduled to be considered via multi-agency audits in the coming year and plans for this are reflected in the HSCB Quality Assurance Framework.


**The Monitoring and Evaluation Subgroup**

The Monitoring and Evaluation subgroup has undertaken a range of work during the last twelve months to become more effective and focused on evaluating the safeguarding performance of all agencies. Some of the key achievements of the sub group include (see SR 6 and Appendix F – Subgroup Report and Work plan):

- The Monitoring and Evaluation Sub Group has considered agency data sets, where available, with a view to recommending to the HSCB a combined data set that may provide a measure of the effectiveness of the arrangements to
safeguard children in Hounslow. Central to this debate has been the variability in detail and timeliness between different agency data sets. Whilst improving the understanding of the data sets that are available, members of the subgroup have yet to agree a final, combined version of the data set that could usefully be reported to the HSCB on a regular basis. This is to be finalised in the next twelve months.

- As part of this discussion, the subgroup has considered the MASH data set. Following the change in the arrangements for the management of the MASH, a revised reporting format is awaited.

- The subgroup has received audit reports from a number of agencies over the course of the year (including GPs, Midwifery, Probation and FGM) as well as updates on work being undertaken on multi agency audits (“deep dive” and Feltham Young Offenders Institute). The learning from individual audits was discussed and in some instances reported to the LSCB. However, the subgroup has identified a need to be more focussed in audit work that is reported so that:
  o Individual agency audits are undertaken as part of an overall Quality Assurance Strategy to improve learning across the partnership;
  o Multi Agency Audits are devised to be proportionate and realistic.

- For the first time the Board is undertaking a section 175 process to audit schools preparedness to undertake safeguarding activities. This will be given priority before the section 11 audit of Board statutory agencies is repeated. Implementation of the Section 175 Schools Safeguarding Audit undertaken in November 2015 and the analysis of the returns are currently in progress. The Board will receive this information, before the end of September 2016. Once finalised, it will be featured into its ongoing work to improve safeguarding in schools.

- A Quality Assurance Framework for the HSCB is currently being drafted and the subgroup will ensure it is appropriately endorsed and implemented for the Board in May 2016.

Health Annual Reports

The Board reviewed each of the annual reports of the Health Trusts in the area. It was recognised that the quarterly reports would assist the work of the Monitoring and Evaluation Sub Committee and the Training Sub-Committee.

Safeguarding and Homelessness

The Board asked for a report on the safeguarding of children who had been made homeless. An audit had found that when needs were identified on initial assessment, the needs of children were addressed and appropriate support offered. There was concern that the needs of children may be masked at the initial assessment period and a further audit is to be undertaken to identify if secondary assessments are required to fully identify the needs of young people.
The Board was informed that children in families without recourse to public funds were being appropriately supported. Assurance of this will be sought by the Monitoring and Evaluation sub group within the next 12 months.

Overall, the subgroup recognises that further work is required in the areas of HSCB data, quality assurance of single and multi-agency safeguarding practice and measuring the effectiveness of the Board. These issues have been incorporated into the work plan of the Board and the subgroup accordingly.

10) Vulnerable Children including those Children Missing, with Mental Health or Complex Needs and Substance Misuse

Missing and Vulnerable Sub Group

The Missing and Vulnerable sub group has completed the following areas of work over the course of the last year (see SR 7 and Appendix G – Subgroup Report and Work plan):

With the formation of the LSCB CSE Subgroup, responsibility for the development of a local response to CSE was handed over to that sub group. However, this followed the creation of the post of Exploitation and Vulnerabilities Coordinator and the appointment to that post, leading to significant improvements to the recording of information about young people at risk of CSE / MASE data; improvements to the matching of data about young people at risk of CSE and those recorded as missing from home or care.

The sub group has seen an improvement to the reporting on children missing from home or care, those missing from education and those at risk of sexual exploitation.

The completion of the “Grab Pack” for missing children, which has also been shared with providers in the private and voluntary sector.

Information sharing with the Prevent Coordinator and the development of joint processes to identify children and young people at risk of radicalisation has increased and improved.

Introduction to Trafficking / Modern Slavery and improved recording of trafficking concerns within the social care recording system has been implemented in 2015-16.

i-Hear – transition to adult services

Work has been undertaken to clarify and strengthen the support to young people affected by drug problems as they reached the age of 18 and thus transitioning to adult services.

While the link between I Hear and adult services has been clarified, the Board identified that there was less clarity about how other services linked into the continuous support for young people who required on-going support for drug problems. The Board raised this with the Children’s Delivery Group and asked for this to be investigated.

Feltham Young Offenders Institute (YOI) Sub Group

As per the requirements in Working Together to Safeguard Children 2015 (Chapter 3, paragraph 18) which states that a Local Safeguarding Children Boards (LSCBs) with a secure establishment within their area are required to include a review of the use of restraint within that establishment in the LSCB’s annual report on the effectiveness of child safeguarding, the Hounslow Safeguarding Children Board (HSCB) has a dedicated subgroup named the Feltham YOI which meets 6 times per year to review data as well as
any key trends relating to safeguarding the children residing at Feltham YOI. With this in mind, clear terms of reference are set for the sub group and a significant portion of the meeting considers the data of all activity pertaining to safeguarding, progress made with meeting the educational, health and care needs of the children and the monitoring of statutory processes such as Children Looked After reviews (see SR 4 and Appendix I – Subgroup Report and Work plan):

The key areas of work it has undertaken within the last 12 months include Revised safeguarding data set to include use of restricted regime.

- Revised safeguarding data set to include use of restricted regime.
- The consultation with YOI users about their experience of the use of ‘isolation’
- Review of arrangements of Education and Health provision

**FYOI - Data Analysis 2015/2016**

End of year analysis shows a continued reduction in Use of Force (UoF) and Control and Restraint (C&R). Use of force incidents remained high in 2015 (Jan – Dec) at 848, however this is less than the previous year (1019). Most of these were to restrain and protect boys in fights and assaults. The end of year figures for 2015/16 were lower than the same time period for the previous year.

This is being closely monitored in the current year and it is anticipated that there will peaks in Q3 over the festive / winter period versus Q4. It is anticipated that overall, FYOI will be able to maintain the projected overall reduction in UOF and C&R for longer than the seasonal changes which they usually see.

HMIP during their inspections of the FYOI have acknowledged and validated some key examples of how well staff have managed difficult incidents and situations – these examples have been shared with the FYOI subgroup during the year. Over the last 2 years incidents have reduced by 20% (approximate) – especially with a reduction in fights and assaults. These numbers are the lowest that have been seen.

The use of separation had increased in 2015-16 in comparison to the previous year. On average young people were in the segregation unit for three days.

In 2015-16 more young people (71%) were supported by the Psychosocial Services team. This was identified as an improvement from the 2014-15 year. Young people received a range of services including support, needs led assessments, advocacy and supported LAC reviews.

In August 2011, the Restraint Advisory Board (RAB) presented its report titled 'Assessment of Minimising and Managing Physical Restraint (MMPR) for the Children in the Secure Estate', to the Restraint Management Board (RMB) in the Ministry of Justice. The expectation of this report, for all YOIs and STC was to implement the new MMPR Model. Feltham YOI was expected to implement this accordingly.
At the end of 2015/2016, Feltham YOI had yet to “go-live” and was the last remaining YOI to implement the above system. The above report contained 37 recommendations designed to assist all YOIs with the implementation of the new system. However, Feltham YOI is a unique service in that it not only cares for young people securely but also young adults over the age of 18. MMPR was introduced for Children in the Secure Estate but it did not consider the challenges for an establishment where both children and young adult reside in the same facility albeit in 2 separate wings.

To allow for Safe Secure and successful implementation of MMPR, Feltham had to consider the complexities of MMPR and C&R where it related the crossover of 2 age groups. Negotiations with Trade Unions and Stakeholders have continued with an expectation that “go-live” will take place in July 2016.

**Current Position – Implementing the Minimisation and Management of Physical Restraint:**

MMPR went live on the 1st of October 2016 (the last of the 3 YOI establishments) and currently in transition stage. The sub group has seen the details of the overall quality policy, which sets out how the framework and the National Assurance /Restraint minimisation Programme will operate, what quality assurance activity will be undertaken and with who and how the young people will be supported after the use of restraint. The terms of reference (TOR) for the weekly assurance meeting, where stakeholders report, investigate, review and feedback procedures as part of the Minimising & Managing Physical Restraint process has also been sighted.

The FYOI subgroup considers the following issues at each of its meetings including input from Children’s Social Care – Front Door, FYOI, Health and Education Providers, Local Authority Designated Officer, the Heads of Safeguarding and Quality Assurance and Youth Offending Services and the Social Workers based at the FYOI:

- The FYOI’s referral thresholds to Children’s Social Care for incidents of injury following the use of restraint
- An outline of what the FYOI is doing to minimise the use of restraint and whether this is sufficient
- Any concerns about the safety of holds or the use of restraint
- Any concerns regarding injuries to young people and staff during or following the use of restraint
- Whether and how FYOI effectively de-escalates situations in order to prevent the use of restraint
- The effectiveness of de-briefings with young people

In 2015, as a result of challenge within the subgroup and concerns raised by the Howard League, the HSCB undertook consultations with the young people across the secure estate at Feltham on two separate occasions, once led by NOMS and once on its own. These consultations did not reveal any significant concerns about how restraints are managed or any other safeguarding matter. The Howard League was provided with assurances that there were no concerns regarding restraints and single cell unlock by the HSCB in
December 2015 through a meeting convened by the Chair of the Board. It is anticipated that similar quality assurance activity will be initiated before the end of this current financial year.

**Protocol for complex Education Safeguarding cases**

A protocol for managing the most complex cases was presented to the Board. The Board agreed this. This is intended to ensure that there is full communication and cooperation by the many agencies that may be involved with a young person who has particularly complex needs that does not fit within existing child protection procedures.

**11) Improving Strategic Partnerships**

**Strategic Boards and Partners**

The HSCB has improved links with other strategic agencies and boards including the Health and Well Being, Children’s Scrutiny Panel, Youth Justice Board, MAPPA, and housing authorities and partners (particularly the police, schools and colleges, the voluntary sector, and the corporate parenting panel) and ensure they attend and contribute to meetings.

The Chair of the HSCB was the Chair of the Hounslow Adult Safeguarding Board for a period in 2015-16 and the links between the two Boards has continued through the ongoing participation with other Board members.

**The Health Network**

The Board continues to have input from Health Network, which is a forum, utilised to share information with and receive feedback from all health agencies / economies (see SR 8 and Appendix L – Subgroup Report and Work plan).

**The Education Network**

The Education network is a forum utilised to share information with and understand the key issues from the majority of education partners (see SR 9 Subgroup Report and Work plan)

**Reference Group**

A local reference group made up of various local communities met once during the financial year (November 2015) with the Chair of the Board to inform the Board of local issues and be informed of the Board’s work.

**NSPCC programme in Hounslow**

NSPCC are a key provider of services within Hounslow and are a member of the Board and CSE Subgroup. Following discussion with Hounslow Children’s Services, the NSPCC reported that their plans for 2015/16 included:

- SafeCare, the one to one parenting programme, would continue for another two years.
- BabySteps was due to continue for another one year. NSPCC are looking for somebody to take over following this.
- Family Group Conference would take no further referrals after July. Once the referrals stopped, a report is to be prepared on feedback and numbers.
The Taking Care programme would be transferred to Children’s Social Services together with all information on the.

Protect and Respect is a new programme for 11 – 19 year olds, which will be introduced from July 2015. The programme will support children at risk of, or involved in, child sexual exploitation.

In relation to the Protect and Respect initiative, the Board asked that appropriate links were established with schools and the Police to ensure the availability of the services was known and that young people would be supported through Court process, when required.

Local Assurance Test

The Director of Children and Adult Services sought the view of the Board on the impact on Children Services of there being a Director leading both Children and Adults Services, as required by regulation. The Board concluded that it was unable to identify any negative impact on Children’s Services and could identify helpful links with Adult Services, and could identify the potential for further development.

12) Facilitating and Evaluating the Effectiveness of Multi-Agency Learning and Training

Hounslow Safeguarding Children Board Website

The HSCB endorsed the development of a website independent of partner agencies in 2015-16. The website was to become a way of communicating learning and training material, provide access to local communities, professionals and children and families on a range of safeguarding matters, facilitate the access to the multi-agency training offered by the Board alongside the dissemination of useful information. The launch of the website is due to take place in May 2016.

The Training Subgroup

The Training Subgroup has made several improvements in its work and the roll out of the Multi-Agency Training and Learning Program. The HSCB Training Strategy and work plan was reviewed for the 2015-16 year (see SR 10 and Appendix K – Subgroup Report and Work plan)

- The HSCB Training offer for 2015-16 included both face to face and online/e-learning courses. The face to face courses for the year comprised of 23 safeguarding related subject areas reflecting the Board’s priorities and the London Child Protection Procedures (2015) which totalled seventy nine sessions.

- Of the 23 subject areas, 5 were commissioned which were neglect, familial sexual abuse, gangs, abusive adolescent relationships and parental mental illness. This was at a cost of £5,900 for the year for a total of 8 courses. The remaining 18 subject areas covering 71 sessions were delivered with the by the HSCB training and Development Manager with the assistance and support of all partners represented on the Board and Training subgroup. There were 655 attendees who participated in these face to face sessions, largely from Children’s Social Care, Health, Schools Early Intervention and early Years. The cost for catering to deliver all face to face courses run by the HSCB totalled £3,600 for the full year.
• Online courses developed and delivered by the Virtual College spanned 5 safeguarding related subject areas, with 32 courses and accessed by 3069 users. The online courses were largely accessed by Primary Schools (1279, 41.7%) Academy staff (472, 15.4%), faith schools (275, 9%), Special Schools (242, 8%), foster carers (140, 5%) and other non-identified persons (123, 4%). Evaluation of the online courses were completed by 2756 users, of who 95% found the course to be satisfactory and meeting their needs. The online courses offered by Virtual College were purchased on a three year licence for a total cost of £28,000. This licence is due to expire in October 2017.

• An annual conference was held in 2015, which focused on the gap between children and adult services.

• A self-harm and suicide awareness group was established to consider the roll out of training to increase awareness of self-harm and suicide awareness. New members have been recruited to replace lost members and enable possible roll out to interested schools.
  • A film on Domestic Violence was made and a course developed to include the video material.
  • Course evaluation forms have been revised and implemented to better measure the effectiveness of the HSCB training and learning. Overall, the course evaluations undertaken for the year indicated: 94.6% of participants found that the level of course they attended was appropriate; 95% rated the facilitator was good or excellent and 93% rated their knowledge to have improved after they attended the course. The data from these evaluations have been included in the sub-group’s annual report.
  • The Training and Learning Plan for the coming year has been devised with input from the needs of partners on the subgroup and it is anticipated that further improvements will be made to the work of the sub group and the training and learning offered by the Board over the coming twelve months.

13) Scrutinise the Performance and Effectiveness of Local Services, including holding Partner Agencies to Account for their Contribution to the Safety and Protection of Children and Young People

Attendance at Child Protection Conferences

School Nursing Attendance at Child Protection Conferences

A review of school nurses’ attendance at child protection conference by Public Health was reported to the Board with the request that the Board agree the principles that:
  • The school nurse attendance should attend the child protection conference if he/she has an active contribution to make,
  • The school nurse should attend is believed that he/she may have a contribution to make to a child protection plan.

The Board agreed these principles. The chairs of child protection conferences will alert the Board to any concerns arising from the application of these principles.
Audit of Attendance at Child Protection Conferences

An audit of attendance at child protection conferences was undertaken which demonstrated good attendance by most agencies in Hounslow, but concerns were expressed about the attendance by CAMHS workers and GP's. It was agreed that further work would be undertaken to improve contributions from these agencies, both by attendance and by the availability of reports to child protection conferences. A further audit will be required to establish if there has been an improvement in contributions from these agencies.

Annual Reports

Annual Report for Managing Allegations

The overview of the management of allegations against the children's workforce and the role of the Local Authority Designated Officer (LADO) in the London Borough of Hounslow for the period 1st April 2015 to 31st March 2016 (SR 13) is included in the Supplementary Report of this Annual Report.

The report indicates that for 2015-16 there were a total of 87 allegations managed, of which 29 related to staff in educational, 16 in fostering, 11 in early years, 6 each in health and Feltham YOI and 5 in transport settings. In Hounslow physical abuse (34) concerns make up the majority of enquiries and this is consistent with Pan London allegation referral statistics. The physical abuse category includes allegations ranging from: inappropriate restraining methods, physical assaults, domestic violence. Sexual abuse (27) referrals included concerns over inappropriate text messages, sexual assault, rape, online images of children and historical abuse etc. Neglect category (12) included concerns where conduct of the staff member was deemed as neglectful, this category also includes emotional abusive situations.

There has been an increase in the number of sexual abuse referrals and this effect was seen especially after Operation Yewtree; a police lead operation to investigate historical sexual abuse. In Hounslow where allegations of historical sexual abuse were identified they were robustly managed by the LADO process. Other sexual abuse LADO enquiries concerned inappropriate use of online communication and text communication between staff and young people.

Education referrals have increased this year; this is partly due to a clearer referral pathway for schools, and improved understanding of thresholds. There is also now more effective system of recording data within the service, which will be resulting in improved reporting in this area.

Overall, the outcomes for the allegations include 7 that were substantiated, 35 not substantiated, 23 which lead to criminal investigates, 4 that proceeded to section 47 enquires, 3 who were disqualified by associated and a further 4 referred to DBS.

Annual Reports for Child Protection Conferences and Care Plan Reviews for Children Looked After (SR 14 and 15)

The annual report for Child Protection Conferences and Care Plan reviews for Children Looked After for the period of 2014-15 was considered by the Board in 2015. The annual
Child Protection Conferences (See SR 14)

At the end of March 2015, 194 children were subject to Child Protection plans and 215 children were subject to Child Protection Plans at the end of March 2016.

In 2014/15, 54% of children were subject to a CP plan for neglect, by 2015/16 this had decreased slightly to 46%. Despite the decrease Hounslow still has more children subject to CP plans for neglect than other west London authorities. Neglect is a priority for Hounslow Safeguarding Children’s Board and further work is being undertaken to improve outcomes for children suffering neglect, as this remains the most prevalent categories for CP plans. A strategic plan for tackling neglectful parenting in Hounslow is currently being developed and will be launched with along with the revised Quality of Care (QoC) assessment tool. There is an expectation that the QoC assessment tool is undertaken for all cases where neglect is the primary concern.

In 2015/16, the number of CP plans under the category of emotional abuse almost doubled and this could be attributed to an increase in cases of domestic violence and the emotional impact this has on children. Additionally, there was a noted decrease in the percentage of CP plans with the category of physical abuse this year. At this point, this data appears similar to other west London boroughs, but comparative data from 2015/16 regarding CP plan category percentages will not be published until October 2016 and we review the information at this time to look at any trends.

In total, 77.7% of Initial Child Protection Case Conferences (ICPCCs) were held within timescales and of the 504 Review Child Protection Case Conferences (RCPCCs) held 97.8% of these were within timescales.

There were 46 repeat CP plans during the course of the year. These concern 46 children from 26 families, which was 18.9% of all new CP plans and this is less than outer London Boroughs presenting with 25% repeat CP plans. Twenty-nine of these cases had a significant gap between the first and subsequent period of CP, which was between 3-10 years between the two periods. There were, however, 17 cases returned for a further period of CP planning within a 2 years period. Of all 46 children, 30 had at least one period of CP planning under the category of neglect.

There were 44 Transfer in Conferences in 2015-16, which was a significant increase from the last reporting year. Due to a significant increase in Transfer in Conference requests, an audit was undertaken in December 2015 to review the situation and consider any trends identified. It was recognized that the increase in transfer in conferences has an impact on resources within Hounslow. This trend is expected to continue with the challenges to housing stock across London and Hounslow having comparatively reasonably prices housing. IROs continue to scrutinize the conference reports and risk factors presented at these conferences to ensure that the most appropriate plan is agreed for the child.

From April 2015 – March 2016, feedback from CPCCs was gathered from 666 professionals and 176 parents. The feedback provided (both positive and areas for improvement) have been included in the work of the IRO Service for the oncoming year.
Care Plan Reviews for Children Looked After (See SR 15)

The Looked After population for 2015-2016 has ranged from 279-290.

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In 2015-16 there were between 279-290 children in care at any one time, which was a slight decrease from last year. There were approximately 725 LARs held for these children/young people, both initial and review LAR meetings. Of these 725 LARs, 81.1% were held within statutory timescales. This is a slight decrease from last year and the IRO service is working to ensure improvements in this area.

The majority (30%) of children and young people who became LAC were age 16+. There was a significant increase in the number of looked after children between the ages of 10 and 12 who were discharged from care and either reunited with their parents or transitioned into the care of kinship carers or connected persons. This could be attributed to further scrutiny of Section 20, identifying family members earlier in the stages of removal and increasing the use of Family Group Conferencing, which IROs continue to monitor.

Overall, the IRO service has undertaken considerable quality assurance work during 2015-16. Some of the key areas considered include: audit of transfer in conferences; repeat CP plans; review the Section 20 arrangements; IRO challenge systems and follow up; children vulnerable to CSE and subject to the Multi-agency Sexual Exploitation panel and pathway plan reviews for children aged 18 and over;

Accommodation for Young People Leaving Care

To follow up on the action plan from the most recent OFSTED inspection, an up-date on accommodation for young people leaving care was presented to the Board. This reported that there was work with the West London Alliance to provide guidance to potential providers of residential places and that Hounslow was leading on a project to provide a formal list of approved providers by autumn 2015.

The quality of accommodation provided by known providers is good and there is an attempt to place the more vulnerable care leavers in accommodation with on-site staff.

One of the Board’s concerns has been the use of bed and breakfast accommodation for care leavers and it was reported that this has reduced, but that at times there is a need to use bed and breakfast when the young people in the age range of 19-20 have been evicted from others forms of accommodation because of behavioural challenges. It was reported that there were no young people under the age of 16 in bed and breakfast accommodation.

It was recognised that access to, and use of; leaving care accommodation should not be separate from work being done with young people to prepare them for, and support them in, their preparation for adulthood and independence.

Concern was expressed about the future impact of Universal Credit for over 21’s as it was felt that there was a need for additional support to prepare them for managing rent payments themselves.
The Board requested further up-dates on leaving care accommodation for young people.

**MARAC**

The MARAC annual report was reported to the Board. This raised concerns about referrals to the MARAC process from child facing services and the Board asked for further work to be undertaken to ensure that there was knowledge of the MARAC process and of how to access it.

This work was undertaken and a referral pathway was developed and agreed by the Board. The effectiveness of this will be reported in subsequent MARAC annual reports.

**West Middlesex Hospital**

**Inspection Action Plan**

Following a CQC inspection, it was reported that the Hospital has developed an Inspection Action Plan to respond to issues identified in the Accident and Emergency Service. This plan has been implemented. There were no aspects of the requirements from the inspection that related specifically to the safeguarding of children and young people.

**Public Health Update on School Nursing and Health Visiting Services**

Public Health reported that the recruitment of Health Visitors remains a problem, but that 32 Health Visitors were currently in post, which in itself was an improvement on previous numbers. Further work is being undertaken to recruit to additional posts.

The Board ask for the risk associated with recruitment difficulties to be identified. The risk was reported to be the workload pressured for individual staff. Priorities for staff had been identified as:

- Ante-natal health promotion visits
- New baby review
- 6-8 week review including maternal mood review
- 1 year assessments
- 2 year review

**Private Fostering**

An annual review of private fostering was reported to the Board. This demonstrated considerable activity within Children Social Care to ensure that professionals and agencies and the community understood private fostering and knew how to report it. However, the number of cases reported remains low and there was concern that more of the same activity would not achieve better results.

It was agreed that the Board would support the Private Fostering Lead to find new approaches to recognising private fostering in the community. The Board undertook to use meetings with the School Safeguarding leads to reinforce messages about private fostering.

**Children Detained in Police custody**
The Board asked the Police to report on children detained in custody. Because of the closure of the custody suite in Hounslow for four months, it was not possible to give information that was comparable to other areas in the recent period. However, it was identified that in a 7 week period, 32 children had been held in the custody suite for over 4 hours.

The Board asked for further work to be undertaken to identify the needs of children who were being held in custody, particularly between midnight and 8 am, as this is the period when it was reported that the Local Authority has most difficulty in accessing care placements, in accordance with the Police Crime and Evidence Act.

Child Death Overview Panel (CDOP – See SR 2 and 11)

A brief overview of the CDOP Annual Report is as follows:

Overall there were seven CDOP meetings held during 2015-16. Chairing has continued to be undertaken by a representative of Public Health from the three boroughs. Attendance was good with all but one of the meetings quorate - see section 3.3 of the CDOP Annual Report for further commentary. The number of deaths across the three boroughs has decreased with a total of 43 deaths for 2015-16 compared to 51 for 2014-15, comprising 22 in Hounslow, 9 in Kingston and 12 in Richmond - see section 4 of the CDOP Annual Report for details of deaths occurring in 2015-16.

A total of 78 case reviews were completed during 2015-16. This is a significant increase on last year, when 42 cases were reviewed. The number of cases awaiting review as at 31st March 2016 was 27 (11 Hounslow, 7 Kingston, and 9 Richmond). In 2015-16, 12 of the 78 deaths reviewed were thought to have modifiable factors present, representing 15% of the reviews completed. This is a decrease from last year when 29% of reviews completed were found to have modifiable factors - see section 5 for full commentary on cases reviewed during 2015-16.

During 2014-15 Hounslow had the lowest number of deaths on record (19) since the child death review process was initiated in 2008 but this has increased in 2015-16 to 22 which is more typical of previous years, 8 of these were unexpected deaths. Seventeen of all child deaths involved children under the age of 1 and seven of these were neo-natal.

There were 15 unexpected deaths across the three boroughs during 2015-16. For 11 of these deaths, formal meetings were held as part of the rapid response process – in one case this was coordinated by another borough as the child died out of area. This is in accordance with Working Together Guidance 2015. Physical rapid response meetings for 10 of the 11 cases were held within 3-10 working days of the child’s death. For the final case in which a child died abroad the physical meeting was held some months after the child’s death with a prior period of virtual information sharing and gathering. In respect of a further 4 neonatal deaths, no physical meetings were held but information was gathered from the necessary sources and the panel were satisfied that these deaths were being investigated internally and that support was in place for families affected via the relevant hospital trusts. This approach is consistent with current guidance in Working Together 2015 and is usually applied locally in the case of neonatal deaths where the baby has not left hospital and there are no safeguarding concerns in respect of the family. The appropriateness of this approach will be kept under review in respect of national guidance and best practice.
The CDOP held a development session in October 2015 which focused on end of life care. The panel were joined by guests from Great Ormond Street Hospital (GOSH) and Shooting Star Chase Children’s Hospice. The panel heard about local provisions for palliative care and the developments and challenges affecting this specialty both locally and nationally.

It was reported to the Board in September 2015 that there had been a delay in the review of some Hounslow cases being concluded at the Panel and the Board asked that additional, dedicated Hounslow Panels were held to resolve the backlog. Although this has been implemented, the Board was further informed that the tri-borough arrangement it had with Richmond and Kingston could no longer be supported. As such, the arrangements for Hounslow managing its own CDOP and the review of all its cases including the implementation of learning began on the 30th of March 2016. Arrangements for the handover of all cases and appropriate procedures commenced in early March 2016 and finalised in November 2016. The Hounslow CDOP has held 2 meetings, which include the 30th of March and 27th of September 2016.

14) Learning From Serious Case Reviews And Other Learning Reviews

Case Subgroup

The cases sub-group has made progress with reviewing its terms of reference to include the consideration of cases for learning as well as those that may meet the criteria for a serious case review. Since these changes have been made, the subgroup has considered the following (see SR 1 and Appendix J – Subgroup Report and Work plan):

- Review and progress of the fatal stabbing report
- Child C review and its progress to an SCR
- Good Case review – Portsmouth SCR reviewed and learning discussed.
- Child FDC review – Case presented to the subgroup and learning event held with practitioners in February 2016.
- Consideration of CDOP and high level learning
- Overview of Domestic Homicide Review
- Consideration of five cases for review

Prevent

In view of issues arising in a current serious case review in Hounslow and because of national concerns about the safeguarding of children in relation to radicalisation, a meeting of the Board was dedicated to considering the Prevent agenda and its significance for agencies working with children. The Hounslow Prevent Lead addressed the Board and a Home Office approved intervention provider.

It was recognised that early intervention was key to the successful safeguarding of children and that all agencies needed to be alert and responsive to children and young people who were vulnerable to negative influence. It was clarified that the Channel Panel only addressed the needs of individuals when there was a risk of violent radicalisation.

It was identified that the challenge for the Board was ensuring that the children and young people who did not meet the threshold for the Panel itself, but who could be influenced by radicalisation could be identified and supported.
The Board agreed that all agencies should report on their internal training on radicalisation, that Children’s Services should become members of the Channel Panel, and that the Missing and Vulnerable Sub-Committee of the Board should oversee issues of radicalisation of children and young people.

15) Increasing the Voice of the Child within the Work of the Board

Young People’s Views and Forum

A Young People’s Forum for the Board was set up to ensure that the Board is able to access the views of young people on Board issues and to ensure that the Board is able to take account of their priorities.

Young people have also been actively engaged through the work of the CSE subgroup and the Exploitation and Vulnerabilities Coordinator.

16) Conclusion

The overall conclusion is that the HSCB has focused its attention on frontline practice to keep children safe, improve its governance, challenge and hold accountable partner agencies with their safeguarding practices and the national issues which have impacted in Hounslow, namely child sexual exploitation, female genital mutilation and gang activity.

The work of the Board has been progressed through the strong commitment by the partners, sub groups Chairs and the members, the HSCB Operational team and the senior executives to support the priorities set by the HSCB in last year’s annual report.

Considerable work has been undertaken in the area of Child Sexual Exploitation over the last 12 months, impact of this work is more evident in the way children, and young people receive services within Hounslow. Improvements have been made to the manner in which the Board functions alongside the completion of the Serious Case review initiated in 2014.

A key concern for the HSCB is that the multi-agency MASH front door to services is working effectively and that there is appropriate application of thresholds in the decision making of referrals and assessments. Scrutiny of this work is scheduled for the next 12 months and the HSCB will continue to make it a priority to review the effectiveness of the service.

Other challenges for the HSCB include formalising a dataset reflective of the work of partners and the availability of timely data that could measure the Board’s effectiveness in safeguarding children; undertaking multi-agency audits which are proportionate and realistic in line with the Board’s newly devised Quality Assurance Framework.

The HSCB will continue to build on its progress in the last year whilst responding to priorities that arise from this annual review of the effectiveness of the HSCB. It is anticipated that next year will include consolidation of work initiated in the last year in addition to implementing the Board priorities identified in March 2016 as part of the Boards business plans.

The Business Plan for the Hounslow Safeguarding Children Board for 2016-17, the Targeted Priorities for the next 2 years and the work plans for each sub group are attached at
Appendix D to L. All appendices referred to in this annual report are also included in the Supplementary Report as a separate bundle.
**APPENDICES**

The following Appendices are attached to this report

<table>
<thead>
<tr>
<th>Appendix</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Appendix A</td>
<td>34</td>
</tr>
<tr>
<td>2.</td>
<td>Appendix B</td>
<td>38</td>
</tr>
<tr>
<td>3.</td>
<td>Appendix C</td>
<td>40</td>
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<tr>
<td>4.</td>
<td>Appendix D</td>
<td>42</td>
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<tr>
<td>5.</td>
<td>Appendix E</td>
<td>45</td>
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<td>6.</td>
<td>Appendix F</td>
<td>47</td>
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<td>7.</td>
<td>Appendix G</td>
<td>49</td>
</tr>
<tr>
<td>8.</td>
<td>Appendix H</td>
<td>52</td>
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<td>9.</td>
<td>Appendix I</td>
<td>53</td>
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<td>10.</td>
<td>Appendix J</td>
<td>55</td>
</tr>
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<td>11.</td>
<td>Appendix K</td>
<td>56</td>
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<td>12.</td>
<td>Appendix L</td>
<td>59</td>
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</tbody>
</table>

The Supplementary Report to the HSCB Annual Report includes all annual reports referenced throughout the body of this document.
## Appendix A

### The Membership of the Board (1st April 2015 – 31st March 2016)

<table>
<thead>
<tr>
<th>Name</th>
<th>Designation</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Donald McPhail</td>
<td>LSCB Independent Chair</td>
<td>Chair of the LSCB</td>
</tr>
<tr>
<td>Alan Adams</td>
<td>Director of Children’s and Adults Services, LB Hounslow</td>
<td>Member of the Board</td>
</tr>
<tr>
<td>Sarah Bennett</td>
<td>CDOP Coordinator</td>
<td>Member of the Board • Member of CDOP • Member of Case Sub-Committee</td>
</tr>
<tr>
<td>Kylee Brennan</td>
<td>Borough Manager, iHear</td>
<td>Member of the Board</td>
</tr>
<tr>
<td>DCI Mark Broom</td>
<td>DCI, Hounslow Borough Police, Metropolitan Police</td>
<td>Member of the Board • Member of Monitoring &amp; Evaluation Sub-Committee • Member of Case Sub-Committee • Chair of Cases Sub-Committee (December 2015 – present) • Member of Missing and Vulnerable Sub-Committee • Member of Child Sexual Exploitation Sub-Committee</td>
</tr>
<tr>
<td>Nicky Brownjohn</td>
<td>Associate Director of Safeguarding, CWHHE CCG</td>
<td>Member of the Board • Chair of Cases Sub-Committee (September 2014-December 2015)</td>
</tr>
<tr>
<td>Councillor Tom Bruce</td>
<td>Lead Member for Children, Young People and Families, LB Hounslow</td>
<td>Participant Observer of the Board</td>
</tr>
<tr>
<td>Permjit Chadha</td>
<td>Community Safety Manager, LB Hounslow</td>
<td>Member of the Board • Member of Training Sub-Committee • Member of Child Sexual Exploitation Sub-Committee • Chair of Female Genital Mutilation Sub-Committee</td>
</tr>
<tr>
<td>Imran Choudhury</td>
<td>Director of Public Health, LB Hounslow</td>
<td>Member of the Board • Chair of CDOP Panel</td>
</tr>
<tr>
<td>Stuart Crichton</td>
<td>Operations Manager, Ambulance Service</td>
<td>Member of the Board</td>
</tr>
<tr>
<td>Julie Hulls</td>
<td>Designated Nurse for Safeguarding Children, NHS England, Hounslow CCG</td>
<td>Member of the Board • Member of Monitoring &amp; Evaluation Sub-Committee</td>
</tr>
<tr>
<td>Name</td>
<td>Position</td>
<td>Member of the Board</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>--------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Steve Davis</td>
<td>Deputy Head Teacher Representing Hounslow Secondary Schools</td>
<td>Member of the Board</td>
</tr>
<tr>
<td>Chris Domeney</td>
<td>Head of the Youth Offending Service, LB Hounslow</td>
<td>Member of the Board</td>
</tr>
<tr>
<td>Niamh Farren</td>
<td>Assistant Chief Officer, Hillingdon and Hounslow, Probation Service</td>
<td>Member of the Board</td>
</tr>
<tr>
<td>Siobhan Gregory</td>
<td>Director of Quality and Clinical Excellence, HRCH, NHS</td>
<td>Member of the Board</td>
</tr>
<tr>
<td>Mary Harpley</td>
<td>Chief Executive, LB Hounslow</td>
<td>Member of the Board</td>
</tr>
<tr>
<td>Paul Hewitt</td>
<td>Head of Safeguarding &amp; Quality Assurance, LB Hounslow</td>
<td>Member of the Board</td>
</tr>
<tr>
<td>DCI Coretta Hine</td>
<td>DCI, Child Abuse Investigation Team, Metropolitan Police</td>
<td>Member of the Board</td>
</tr>
</tbody>
</table>

- Member of Feltham YOI Sub-Committee
- Member of Missing and Vulnerable Sub-Committee
- Member of Training Sub-Committee
- Member of Health Network
- Member of Case Review Sub-Committee
- Member of Child Sexual Exploitation Sub-Committee
- Chair of Health Network
- Chair of Feltham YOI Sub-Committee
- Member of Monitoring & Evaluation Sub-Committee
- Member of Missing and Vulnerable Sub-Committee
- Chair of Monitoring & Evaluation Sub-Committee
- Chair of Missing and Vulnerable Sub-Committee
- Chair of Training Sub-Committee
- Member of Case Review Sub-Committee
- Member of Feltham YOI Sub-Committee
- Member of Education Network
- Member of CDOP
- Member of Case Sub-Committee
<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
<th>Board &amp; Committee Memberships</th>
</tr>
</thead>
<tbody>
<tr>
<td>Janet Johnson</td>
<td>LSCB Training &amp; Development Manager</td>
<td>Training &amp; Development Manager &lt;br&gt;• Member of Training Sub-Committee</td>
</tr>
<tr>
<td>James Jolly</td>
<td>Assistant Chief Officer, Hounslow, Kingston and Richmond, Probation Service</td>
<td>Member of the Board</td>
</tr>
<tr>
<td>Shan Jones</td>
<td>Director of Quality Improvement, West Middlesex University Hospital</td>
<td>Member of the Board &lt;br&gt;• Member of Case Review Sub-Committee</td>
</tr>
<tr>
<td>Debra Kane</td>
<td>Head teacher Representing Hounslow Primary Schools</td>
<td>Member of the Board</td>
</tr>
<tr>
<td>Monica King</td>
<td>Named Nurse Safeguarding Children, West London Mental Health Trust</td>
<td>Member of the Board &lt;br&gt;• Member of Child Sexual Exploitation Sub-Committee</td>
</tr>
<tr>
<td>Bhupinder Lakhanpaul</td>
<td>Lay Member</td>
<td>Member of the Board</td>
</tr>
<tr>
<td>Michael Marks</td>
<td>Assistant Director, Education and Early Intervention Service, LB Hounslow</td>
<td>Member of the Board &lt;br&gt;• Chair of Education Network &lt;br&gt;• Member of Case Sub-Committee</td>
</tr>
<tr>
<td>Jacqui McShannon</td>
<td>Assistant Director of Children’s Services, LB Hounslow</td>
<td>Member of the Board &lt;br&gt;• Vice Chair of the Board &lt;br&gt;• Member of Case Sub-Committee &lt;br&gt;• Member of Child Sexual Exploitation Sub-Committee</td>
</tr>
<tr>
<td>Melissa Neilson-Rai</td>
<td>LSCB Business Manager</td>
<td>Business Manager &lt;br&gt;• Member of Feltham YOI Sub-Committee &lt;br&gt;• Member of Education Network &lt;br&gt;• Member of Health Network &lt;br&gt;• Member of CDOP &lt;br&gt;• Member of Case Sub-Committee &lt;br&gt;• Member of Monitoring &amp; Evaluation Sub-Committee &lt;br&gt;• Member of Missing and Vulnerable Sub-Committee &lt;br&gt;• Member of Training Sub-Committee &lt;br&gt;• Member of Child Sexual Exploitation Sub-Committee &lt;br&gt;• Member of Female Genital Mutilation Sub-Committee</td>
</tr>
<tr>
<td>Name</td>
<td>Position</td>
<td>Role</td>
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<tr>
<td>--------------------------</td>
<td>--------------------------------------------------------------------------</td>
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<tr>
<td>Margaret O’Connor</td>
<td>Voluntary Sector Representative, LB Hounslow</td>
<td>Member of the Board</td>
</tr>
</tbody>
</table>
| Johan Redelinghuys       | Director of Safeguarding Children and Vulnerable Adults, West London Mental Health Trust | Member of the Board  
- Member of Case Review Sub-Committee |
| Dr Nirmala Sellathurai   | Designated Doctor for Safeguarding Children, NHS England, Hounslow CCG | Member of the Board  
- Chair of Health Network  
- Member of Case Sub-Committee |
| Roger Shortt             | Education In Partnership Facilitator, LB Hounslow                        | Member of the Board  
- Member of the Education Network |
| Alison Stewart-Ross      | Service Manager, NSPCC                                                   | Member of the Board                                                  |
| Judi Walsh               | Senior Service Manager, CAFCASS                                           | Member of the Board                                                  |
| Jonathan Webster         | Director of Quality, Nursing & Patient Safety                            | Member of the Board                                                  |
| Glyn Williams            | West Thames College Representative                                       | Member of the Board                                                  |
| Caroline Wright          | Head of Safeguarding at Feltham YOI                                     | Member of the Board  
- Member of Feltham YOI Sub-Committee  
- Member of Monitoring & Evaluation Sub-Committee |
## Appendix B

### Agency Attendance of the Board (1st April 2015 – 31st March 2016)

**LSCB Board Date:**

27th April 2015; 22nd June 2015; 14th September 2015; 23rd November 2015; 18th January 2016; 14th March 2016

<table>
<thead>
<tr>
<th>Agency</th>
<th>Number of Boards Attended</th>
<th>Number of Boards Not Attended</th>
<th>Role</th>
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<tbody>
<tr>
<td>LSCB Independent Chair</td>
<td>6</td>
<td>0</td>
<td>Member</td>
</tr>
<tr>
<td>Children’s and Adults Services, LB Hounslow</td>
<td>5</td>
<td>1</td>
<td>Member</td>
</tr>
<tr>
<td>iHear</td>
<td>6</td>
<td>0</td>
<td>Member</td>
</tr>
<tr>
<td>Hounslow Borough Police, Metropolitan Police</td>
<td>6</td>
<td>0</td>
<td>Member</td>
</tr>
<tr>
<td>CWHHE, CCG</td>
<td>5</td>
<td>1</td>
<td>Member</td>
</tr>
<tr>
<td>Lead Member for Children, Young People and Families, LB Hounslow</td>
<td>4</td>
<td>2</td>
<td>Member</td>
</tr>
<tr>
<td>Community Safety, LB Hounslow</td>
<td>6</td>
<td>0</td>
<td>Member</td>
</tr>
<tr>
<td>Public Health, LB Hounslow</td>
<td>4</td>
<td>2</td>
<td>Member</td>
</tr>
<tr>
<td>Ambulance Service</td>
<td>1</td>
<td>5</td>
<td>Member</td>
</tr>
<tr>
<td>Representing Hounslow Secondary Schools</td>
<td>2</td>
<td>4</td>
<td>Member</td>
</tr>
<tr>
<td>Youth Offending Service, LB Hounslow</td>
<td>6</td>
<td>0</td>
<td>Member</td>
</tr>
<tr>
<td>Hillingdon and Hounslow, Probation Service</td>
<td>4</td>
<td>1</td>
<td>Member</td>
</tr>
<tr>
<td>Quality and Clinical Excellence, WMUH</td>
<td>4</td>
<td>2</td>
<td>Member</td>
</tr>
<tr>
<td>Chief Executive, LB Hounslow</td>
<td>4</td>
<td>2</td>
<td>Member</td>
</tr>
<tr>
<td>Safeguarding &amp; Quality Assurance, LB Hounslow</td>
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<td>0</td>
<td>Member</td>
</tr>
<tr>
<td>Child Abuse Investigation Team, Metropolitan Police</td>
<td>3</td>
<td>3</td>
<td>Member</td>
</tr>
<tr>
<td>LSCB Training &amp; Development Manager</td>
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<td>Training &amp; Development Manager</td>
</tr>
<tr>
<td>Hounslow, Kingston and Richmond, Probation Service</td>
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<td>5</td>
<td>Member</td>
</tr>
<tr>
<td>Service and Transformation, WMUH</td>
<td>2</td>
<td>4</td>
<td>Member</td>
</tr>
<tr>
<td>Representing Hounslow Primary Schools</td>
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<td>3</td>
<td>Member</td>
</tr>
<tr>
<td>--------------------------------------</td>
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</tr>
<tr>
<td>West London Mental Health Trust</td>
<td>6</td>
<td>0</td>
<td>Member</td>
</tr>
<tr>
<td>Lay Member</td>
<td>5</td>
<td>1</td>
<td>Member</td>
</tr>
<tr>
<td>Education and Early Intervention Service, LB Hounslow</td>
<td>6</td>
<td>0</td>
<td>Member</td>
</tr>
<tr>
<td>Children’s Services, LB Hounslow &amp; Vice Chair of LSCB</td>
<td>6</td>
<td>0</td>
<td>Member</td>
</tr>
<tr>
<td>LSCB Business Manager</td>
<td>5</td>
<td>1</td>
<td>Business Manager</td>
</tr>
<tr>
<td>Voluntary Sector, LB Hounslow (Joined September 2014)</td>
<td>5</td>
<td>1</td>
<td>Member</td>
</tr>
<tr>
<td>Safeguarding Children, Hounslow CCG</td>
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<td>0</td>
<td>Member</td>
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<tr>
<td>Education In Partnership, LB Hounslow</td>
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<td>2</td>
<td>Member</td>
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<tr>
<td>NSPCC</td>
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<td>Member</td>
</tr>
<tr>
<td>CAFCASS</td>
<td>2</td>
<td>4</td>
<td>Member</td>
</tr>
<tr>
<td>West Thames College</td>
<td>0</td>
<td>6</td>
<td>Member</td>
</tr>
<tr>
<td>Feltham YOI</td>
<td>4</td>
<td>2</td>
<td>Member</td>
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### Annual Income

<table>
<thead>
<tr>
<th>Description</th>
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<tr>
<td>Children Services Base Budget Contribution.</td>
<td>142,974</td>
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<tr>
<td>Public Health (CDOP)</td>
<td>18,000</td>
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<tr>
<td>CCG</td>
<td>20,000</td>
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<tr>
<td>Police</td>
<td>5,000</td>
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<tr>
<td>The London Community Rehabilitation Company Ltd / Probation</td>
<td>1,000</td>
</tr>
<tr>
<td>Housing</td>
<td>1,000</td>
</tr>
<tr>
<td>CAFCASS</td>
<td>550</td>
</tr>
<tr>
<td>Early Years</td>
<td>4,000</td>
</tr>
<tr>
<td>London Fire Brigade</td>
<td>500</td>
</tr>
<tr>
<td>Misc. Income for Attending Safeguarding Training Courses</td>
<td>350</td>
</tr>
<tr>
<td><strong>Total Income</strong></td>
<td><strong>192,874</strong></td>
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### Annual Expenditure

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<tr>
<td>Employee Costs</td>
<td>129,500</td>
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<tr>
<td>Employee Expenses</td>
<td>800</td>
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<tr>
<td>Achieving for Children (Formally CDOP charge to Richmond)</td>
<td>17,800</td>
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<tr>
<td>Safeguarding Board Chairman</td>
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<tr>
<td>Chronolator Licence</td>
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<tr>
<td>Serious Case Review</td>
<td>7,800</td>
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<td>Case Reviews</td>
<td>7,200</td>
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<tr>
<td>Subscriptions / Annual Memberships</td>
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<tr>
<td><strong>Training Spend</strong></td>
<td><strong>9,000</strong></td>
</tr>
<tr>
<td>Events / Catering / AV Services / Training Materials</td>
<td>5,900</td>
</tr>
<tr>
<td>Training</td>
<td>2,000</td>
</tr>
<tr>
<td>Gangline</td>
<td>3,600</td>
</tr>
<tr>
<td>J Lee (Trainer)</td>
<td>1,500</td>
</tr>
<tr>
<td>J Sellen (Trainer)</td>
<td>1,200</td>
</tr>
<tr>
<td><strong>Total Expenditure</strong></td>
<td><strong>219,600</strong></td>
</tr>
<tr>
<td><strong>Variance</strong></td>
<td><strong>26,700</strong></td>
</tr>
</tbody>
</table>

**Shortfall = £26,700**

### Reserve, Total Spend & Deficit

Reserve carried over 2015/16 = £23,300 (to offset Shortfall)
London Borough Comparisons

**Ealing**
- Overall Budget: £307,472.00
- Local Authority Contribution: £142,000.00
- CCG Contribution: £69,000.00

**Sutton**
- Overall Budget: £310,000.00
- Local Authority Contribution: £242,300.00
- CCG Contribution: £45,000.00

**Croydon**
- Overall Budget: £337,500.00
- Local Authority Contribution: £249,000.00
- CCG Contribution: £33,800.00

**Hackney**
- Overall Budget: £310,000.00
- Local Authority Contribution: £186,929.00
- CCG Contribution: £24,000.00
## Governance and Accountability (O1)

- The HSCB has robust governance and accountability in pace in line with WT 2015

<table>
<thead>
<tr>
<th>Milestones</th>
<th>Lead</th>
<th>Timeframe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review and implement the HSCB governance to reflect WT15.</td>
<td>Board Chair and Subgroup Chairs</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Strengthen accountability of HSCB Chair with all partner agencies and lead member / chief executive of CS.</td>
<td>Board Chair, BM</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Statutory partners to report annually on safeguarding performance</td>
<td>Board Chair, BM</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Strengthen partnership working with strategic Boards</td>
<td>Business Team Board &amp; ME Subgroup Chair</td>
<td>Ongoing</td>
</tr>
<tr>
<td>HSCB membership to reflect local services and local communities.</td>
<td>Board Chair and Senior Executives</td>
<td>Ongoing</td>
</tr>
<tr>
<td>HSCB to undertake regular review of published information on thresholds, access to early intervention services and referral protocols.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Be aware of and understand the implications of any reviews and be ready to implement the relevant recommendations including the current review of LSCBs (Role and function of LSCBs, SCR and CDOPs).</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Quality Assurance (O2)

- Improve scrutiny of HSCB partners safeguarding performance

<table>
<thead>
<tr>
<th>Milestones</th>
<th>Lead</th>
<th>Timeframe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Develop and Implement a Quality Assurance Framework focused on learning for the HSCB through a programme of themed audits, deep dives and themed learning events to reflect identified Safeguarding issues</td>
<td>BM</td>
<td>April – May 16</td>
</tr>
<tr>
<td>Review, implement, analyse and share the learning of a section 11 audit as per requirement.</td>
<td>BM and ME Subgroup</td>
<td>December 2016</td>
</tr>
<tr>
<td><strong>Partnership Working (O3)</strong></td>
<td><strong>Learning and Improvement (O4)</strong></td>
<td><strong>Case Reviews and Learning and Development (O5)</strong></td>
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<tr>
<td>• All partner agencies are compliant with WT 2015 and assurance processes are in place to ensure robust safeguarding of children and families.</td>
<td>• To ensure that the children and families workforce in Hounslow are confident and competent to undertake their safeguarding responsibilities.</td>
<td>• The HSCB has an agreed process for reviewing unexpected child death and seriously injured and</td>
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<td></td>
<td>• Promote the work of the HSCB with children and young people across Hounslow through working with:</td>
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<td></td>
<td>o Children in Care Council</td>
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<td></td>
<td>o Children with Disabilities</td>
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<td>o Young Carers</td>
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<td></td>
<td>o Hidden Communities</td>
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<td></td>
<td>o Children as service users</td>
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<td></td>
<td>o Voluntary and Faith Sector.</td>
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<td></td>
<td>• Improve the input of the voice of children and families across all areas of the Board’s work.</td>
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<td></td>
<td>• Enhance the relationship between the HSCB and Voluntary &amp; Independent Sector, Faith &amp; Community Sector to promote safeguarding.</td>
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<td></td>
<td>• Promote safeguarding as everybody’s business across schools, academies and colleges through workshops, learning and development events</td>
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<td></td>
<td>Chair BM and Education Network Chair</td>
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<td></td>
<td>Business Team and ME Subgroup Chair</td>
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<td></td>
<td>September 2016</td>
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<td></td>
<td>Ongoing</td>
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</tbody>
</table>
| maximising learning across the partnership | • Identification of national and local good practice  
• Undertake SCRs where appropriate and ensure the learning is shared appropriately.  
• Consider the practicalities and implement the agreed changes to the local arrangements of the Child Death Overview Panel in Hounslow. |
### Targeted Priorities for 2016-18

#### Safeguarding Children from Sexual Abuse including Child Sexual Exploitation, Familial Sexual Harm and Inappropriate Internet Exposure (P1)

<table>
<thead>
<tr>
<th>Priority</th>
<th>Milestones</th>
<th>Timeframe</th>
</tr>
</thead>
</table>
| **Safeguarding Children from Sexual Abuse including Child Sexual Exploitation, Familial Sexual Harm and Inappropriate Internet Exposure (P1)** | - Support services for young people are informed by feedback / input from young people who are / were and or vulnerable to being sexually exploited.  
- Finalise and Implement the revised sexual exploitation strategy.  
- Establish any impediments to the recognition of familial sexual abuse and devise plans to overcome these.  
- Develop and implement an E-safety strategy (which includes the use of smart phones, tablets and computers) with the input of local young people, communities and where appropriate families. | July 2016  
June 2016  
August 2016  
November 2016 |

#### Harmful Practices – Female Genital Mutilation (FGM), Exposure to Extreme Beliefs and Radicalisation, Modern Slavery and Forced Marriage (P2)

<table>
<thead>
<tr>
<th>Priority</th>
<th>Milestones</th>
<th>Timeframe</th>
</tr>
</thead>
</table>
| **Harmful Practices – Female Genital Mutilation (FGM), Exposure to Extreme Beliefs and Radicalisation, Modern Slavery and Forced Marriage (P2)** | - The HSCB is informed of and where relevant included in the implementation of actions addressing the prevention of FGM in the Violence against Women and Girls Strategy.  
- The HSCB is informed of and where relevant included in the implementation of actions addressing the prevention of forced marriage in the Violence against Women and Girls Strategy.  
- The HSCB to be assured that agencies and partners are equipped to fulfil their responsibilities with radicalisation and extreme beliefs through regular updates and audits including Sections 11, 175 and 157 audits)  
- The HSCB is informed of the implementation of relevant plans in respect of young people who are trafficked into the country / Hounslow and have appropriate engagement with relevant services. | July 2016  
September 2016  
November 2016  
July 2016 |
<table>
<thead>
<tr>
<th>Priority</th>
<th>Milestones</th>
<th>Timeframe</th>
</tr>
</thead>
</table>
| Protect Children from Neglect (P3) | - Develop and implement a neglect strategy.  
- Implement and review relevant training  
- Complete multi-agency audits to review the work completed on relevant cases and share the learning. | August 2016  
December 2016  
September 2016  
July 2016 |
| Safeguard Children with specific vulnerabilities – children with hidden disabilities, severe disabilities and mental illness (P4) | - LSCB to be assured the safeguarding needs of children with hidden disabilities are identified and appropriately addressed.  
- LSCB to be assured the safeguarding needs of children with hidden disabilities are identified and appropriately addressed.  
- LSCB to ensure the emotional and mental health needs of young people are included in the revised mental health strategy and to be made aware of the progress of its implementation. | September 2016  
November 2016  
July 2016 |
### MONITORING AND EVALUATION SUB GROUP WORKPLAN 2016-17

<table>
<thead>
<tr>
<th>Description</th>
<th>Lead Officer</th>
<th>Milestones</th>
<th>Timeframe</th>
</tr>
</thead>
</table>
| Governance and Accountability (O1) | BM / Sub Group        | • Statutory partners to report bi-annually on safeguarding performance  
• HSCB to undertake regular review of published information on thresholds, access to early intervention services and referral protocols.  
• Be aware of and understand the implications of any reviews and be ready to implement the relevant recommendations including the current review of LSCBs (Role and function of LSCBs, SCRs and CDOPs) | July 2016        |
|                                    |                       |                                                                                                                                             | Ongoing          |
|                                    |                       |                                                                                                                                             | May 2016 - ongoing |
| Quality Assurance (O2)             | BM / Sub Group        | • Develop and Implement a Quality Assurance Framework focused on learning for the HSCB through a programme of themed audits, deep dives and themed learning events to reflect identified Safeguarding issues  
• Core Data set for the HSCB to be identified, confirmed, reviewed / scrutinised regularly.  
• Review, implement, analyse and share the learning of a section 11 audit as per requirement.  
• Review, implement, analyse and share learning of the Section 175 / 157 audit of schools.  
• Implement a partnership performance management framework including                                         | April 2016       |
<p>|                                    |                       |                                                                                                                                             | June 2026        |
|                                    | BM / Sub Group        |                                                                                                                                             | September 2016   |
|                                    | BM / Sub Group        |                                                                                                                                             | May 2016         |</p>
<table>
<thead>
<tr>
<th>Task Description</th>
<th>Sub Group Chair</th>
<th>Sub Group Chair</th>
<th>Details</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safeguarding Children from Sexual Abuse including Child Sexual Exploitation, Familial Sexual Harm and inappropriate internet exposure (P1)</td>
<td>BM</td>
<td>Sub Group Members</td>
<td>Undertake CSE Multi Agency Audits</td>
<td>June 2016</td>
</tr>
<tr>
<td>Harmful Practices – Female Genital Mutilation (FGM), Exposure to Extreme Beliefs and Radicalisation, Modern Slavery and Forced Marriage (P2)</td>
<td>Sub Group Members</td>
<td>Sub group participants submit / facilitate relevant data for discussion, scrutiny and analysis across all areas of Harmful practices</td>
<td>Report to the Board accordingly</td>
<td>June 2016 / ongoing</td>
</tr>
<tr>
<td>Protect Children from Neglect (P3)</td>
<td>BM</td>
<td>Sub Group Chair</td>
<td>Implement relevant sections of the Neglect Strategy drafted by the MAV sub group.</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Safeguard Children with specific vulnerabilities – children with hidden disabilities, severe disabilities and mental illness (P4)</td>
<td>BM</td>
<td></td>
<td>To be confirmed after MAV sub group have undertaken data gathering.</td>
<td>Ongoing</td>
</tr>
</tbody>
</table>
### Missing and Vulnerable Sub Group Workplan 2016-17

<table>
<thead>
<tr>
<th>Description</th>
<th>Lead Officer</th>
<th>Milestones</th>
<th>Timeframe</th>
</tr>
</thead>
</table>
| Partnership Working (O3)             | Sub group chair | • Promote the work of the HSCB with children and young people across Hounslow through working with:  
  o Children in Care Council  
  o Children with Disabilities  
  o Young Carers  
  o Hidden Communities  
  o Children as service users  
  o Voluntary and Faith Sector.  
  • BM  
  • BM  
  • BM  
  • BM  |
| Case Reviews and Learning and        | BM / Sub     | • Improve the input of the voice of children and families across all areas of the Board’s work.  
  • BM  
  • BM  
  • BM  
  • BM  
  • BM  |
|                                      |              | • Enhance the relationship between the HSCB and Voluntary & Independent Sector, Faith & Community Sector to promote safeguarding through consultation events and participation in HSCB training events. |

HSCB Annual Report 2015-16
<table>
<thead>
<tr>
<th>Development (O5)</th>
<th>group Chair</th>
<th>agency case learning discussions focusing on the priorities.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>• Ensure that National learning from SCRs and thematic reviews (inspection) are analysed and implications for the Board discussed.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Consider the practicalities and implement the agreed changes to the local arrangements of the Child Death Overview Panel in Hounslow.</td>
</tr>
</tbody>
</table>

| Safeguarding Children from Sexual Abuse including Child Sexual Exploitation, Familial Sexual Harm and inappropriate internet exposure (P1) | • Sub Group / BM | • Coordinate an E-Safety Workshop with schools to catalogue good practice, training and strategies to prevent internet related harm. |
|                                                                      | • Training Manager | • Develop and Implement E-Safety strategy in partnership with local communities, young people, school and other relevant partner agencies. |
|                                                                      |                  | • Ensure appropriate training and training material is made available for all Hounslow workforce, local communities, parents and young people on E-Safety and sexual harm |
|                                                                       |                  | June 2016 |
|                                                                       |                  | October 2016 |

| Harmful Practices – Female Genital Mutilation (FGM), Exposure to Extreme Beliefs and Radicalisation, Modern Slavery and Forced Marriage (P2) | • Sub group chair | Invite the Community Safety Manager / VAWG strategy coordinator to present up to date progress on the strategy and the role for the HSCB |
|                                                                                           |                  | • Discuss / scrutinise the outcomes from the Section 175/157 and 11 audits and implement relevant actions. |
|                                                                                           |                  | • Consider the take up of training across these areas and the impact on the service delivery through the Training Sub Group |
|                                                                                           |                  | • To facilitate training and information sessions to all Children’s workforce in Hounslow on the changes to the Child Protection Procedures which target harmful practices. |
|                                                                                           |                  | June 2016 / ongoing |
|                                                                                           |                  | August 2016 |
|                                                                                           |                  | October 2016 |

| Safeguard Children with specific vulnerabilities – children with hidden disabilities, severe disabilities and mental illness (P4) | • Sub group chair | Invite relevant leads to the sub group to outline key areas to focus |
|                                                                                           |                  | • Seek opportunities to include HSCB input into key strategies and plans targeting the needs of children with hidden and severe disabilities and mental illness. |
|                                                                                           |                  | August 2016 |
| Protect Children from Neglect (P3) | • BM | • Develop and implement a neglect strategy.  
• Complete multi-agency audits to review the work completed on relevant cases and share the learning. | August 2016 – March 2017 |
<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>Quality Assurance (O2)</td>
<td>• BM</td>
<td>• Implement the Quality Assurance and Learning Framework</td>
</tr>
<tr>
<td>Learning and Improvement (O4)</td>
<td>• L&amp;D Manager</td>
<td>• Implement the Training Strategy</td>
</tr>
<tr>
<td>Description</td>
<td>Lead Officer</td>
<td>Milestones</td>
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<tr>
<td>-----------------------------------------------------------------------------</td>
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<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Partnership Working (O3)</td>
<td>•</td>
<td>• Implement the CSE Champions project</td>
</tr>
<tr>
<td>Case Reviews and Learning and Development (O5)</td>
<td>•</td>
<td>• Undertake multi-agency audits and share the learning and good practice.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Discuss implications of national reviews and policy directions.</td>
</tr>
<tr>
<td>Safeguarding Children from Sexual Abuse including Child Sexual Exploitation,</td>
<td>•</td>
<td>• Review and implement the CSE Strategy</td>
</tr>
<tr>
<td>Familial Sexual Harm and inappropriate internet exposure (P1)</td>
<td></td>
<td>• Participate and contribute to the development of action plan for</td>
</tr>
<tr>
<td></td>
<td></td>
<td>addressing familial sexual harm.</td>
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<tr>
<td></td>
<td></td>
<td>• Participate and contribute to the development of an E-Safety Strategy for</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hounslow</td>
</tr>
<tr>
<td>Harmful Practices – Female Genital Mutilation (FGM), Exposure to Extreme</td>
<td>•</td>
<td>• Review and implement the VAWG strategy which addresses FGM and Forced</td>
</tr>
<tr>
<td>Beliefs and Radicalisation, Modern Slavery and Forced Marriage (P2)</td>
<td></td>
<td>Marriage.</td>
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<tr>
<td></td>
<td></td>
<td>• Review and implement the Community Safety Partnership Strategy.</td>
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<td></td>
<td>• Facilitate consultation and learning opportunities with community</td>
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<td>groups and ensure awareness of legislation and procedures are increased.</td>
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</tbody>
</table>
## Hounslow Safeguarding Children Board

### FYOI SUB GROUP WORKPLAN 2016-17

<table>
<thead>
<tr>
<th>Description</th>
<th>Lead Officer</th>
<th>Milestones</th>
<th>Timeframe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Harmful Practices – Female Genital Mutilation (FGM), Exposure to Extreme Beliefs and Radicalisation, Modern Slavery and Forced Marriage (P2)</td>
<td>• Caroline Wright</td>
<td>• Scrutinise Safeguarding data and reports presented to the sub group.</td>
<td>Ongoing</td>
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<tr>
<td></td>
<td></td>
<td>• Consider variations / new information.</td>
<td>Ongoing</td>
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<tr>
<td></td>
<td></td>
<td>• Where appropriate undertake case audits.</td>
<td>Ongoing, 1 / year</td>
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<tr>
<td></td>
<td></td>
<td>• Implement learning from case audits.</td>
<td>ongoing</td>
</tr>
<tr>
<td>Safeguard Children with specific vulnerabilities – children with hidden disabilities, severe disabilities and mental illness (P4)</td>
<td>• Education &amp; Health Leads</td>
<td>• Scrutinise Health and Education reports presented to the sub group.</td>
<td>Ongoing</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Scrutinise data set for emotional well-being referrals made for each quarter</td>
<td>Ongoing, 1 / year</td>
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<tr>
<td></td>
<td></td>
<td>• Where appropriate undertake consultations with residents</td>
<td>Ongoing</td>
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<td></td>
<td></td>
<td>• Implement learning from consultations</td>
<td>October 2016</td>
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<tr>
<td></td>
<td></td>
<td>• Oversight and quality assurance of use of care and separation strategy including audit of implementation</td>
<td></td>
</tr>
<tr>
<td>Quality Assurance (O2)</td>
<td>• Caroline Wright</td>
<td>• Scrutinise Restricted Regime data and reports presented to the sub group.</td>
<td>Ongoing</td>
</tr>
</tbody>
</table>
| Partnership Working (O3) | Caroline Wright | • Scrutinise data and reports presented to the sub group re partnership working.  
• Ensure FYOI and the sub group are informed by local and national guidance – invite relevant speakers to the sub group to consider impact and implementation of training and referrals including Radicalisation, Gang activity.  
• FYOI training plans to reflect guidance and learning accordingly including Radicalisation, gang activity and any other key issues. | Ongoing  
June 2016  
November 2016 |
### CASES SUB GROUP WORKPLAN 2016-17

<table>
<thead>
<tr>
<th>Description</th>
<th>Lead Officer</th>
<th>Milestones</th>
<th>Timeframe</th>
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<tbody>
<tr>
<td>Case Reviews and Learning and Development (O5)</td>
<td>Chair of Sub Group / BM</td>
<td>• Facilitate a minimum of 3 learning events during the year</td>
<td>March 2017</td>
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<tr>
<td></td>
<td></td>
<td>• Implement / share learning from SCRs and case learning (local and national)</td>
<td>Ongoing</td>
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<td>• Develop and implement a SCR process strategy for Hounslow</td>
<td>September 2016</td>
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<td>• Compile a list of all cases discussed both with single and multi-agency perspectives which include elements of good practice and areas for improvement.</td>
<td>Ongoing</td>
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<td>• Report to the Board accordingly.</td>
<td>Ongoing</td>
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</tbody>
</table>
## TRAINING SUB GROUP WORKPLAN 2016-17

<table>
<thead>
<tr>
<th>Description</th>
<th>Lead Officer</th>
<th>Milestones</th>
<th>Timeframe</th>
</tr>
</thead>
</table>
| **Learning and Improvement (O4)**                                           | TM                    | • To review and implement the multi-agency training strategy and program  
|                                                                               | Sub-group Members     | • To QA the multiagency training program and ensure it feeds into the Strategy and Training Program  
|                                                                               | Sub-Group Members, BM | • HSCB to capture single agency training data and ensure there are appropriate QA mechanisms in place.  
|                                                                               | TM, BM                | • Ensure appropriate training and learning events are facilitated to promote the changes to and raise awareness of the London Child Protection Procedures. | April 2016        |
|                                                                               |                       |                                                                                                                                             | April – June      |
|                                                                               |                       |                                                                                                                                             | Ongoing           |
|                                                                               |                       |                                                                                                                                             | Ongoing           |
| **Case Reviews and Learning and Development (O5)**                           | TM                    | • To review and implement the multi-agency training strategy and program  
|                                                                               | Sub-Group Members     | • To QA the multiagency training program and ensure it feeds into the Strategy and Training Program  
|                                                                               | Sub-Group Members, BM | • HSCB to capture single agency training data and ensure there are appropriate QA mechanisms in place.  
|                                                                               | TM / BM               | • Ensure appropriate training and learning events are facilitated to promote the changes to and raise awareness of the London Child Protection Procedures. | April 2016        |
|                                                                               |                       |                                                                                                                                             | April – June      |
|                                                                               |                       |                                                                                                                                             | Ongoing           |
|                                                                               |                       |                                                                                                                                             | Ongoing           |
| **Safeguarding Children from Sexual Abuse including Child Sexual Exploitation, Familial Sexual Harm** | Sub-group members, TM, | • Arrange and facilitate HSCB Annual Conference about familial sexual abuse and related discussions. | May 2016          |
| and inappropriate internet exposure (P1) | HSCB | • Sub-group members, TM  
• CSE & Vul Coord, TM  
• Sub-group members  
• CSE & Vul Coord, TM  
• Sub-group members |
| --- | --- | --- |
|  | Provide HSCB conference finding to the HSCB for consideration of developing a Child Sexual Abuse Strategy.  
• Review current course offered for Child Sexual Abuse  
• Continue to provide face to face CSE training  
• Promote related Virtual College e-learning modules ‘Safeguarding Children and Young People from Abuse by Sexual exploitation’, and PACE course for parents across all partner agencies.  
• Focus on CSE training evaluation.  
• Promote related Virtual College e-learning module ‘E-Safety – Guidance for Practitioners’ across all partner agencies. |
| October 2016 | July 2016 | Ongoing |

| Harmful Practices – Female Genital Mutilation (FGM), Exposure to Extreme Beliefs and Radicalisation, Modern Slavery and Forced Marriage (P2) | Sub Group Members  
• Sub Group Members  
• Sub Group Members  
• TM, EACH  
• Sub-group members |
| --- | --- | --- |
|  | Maintain ‘Prevent’ training programme via HSCB course programme for Prevent Team.  
• Promote Virtual College e-learning module ‘Understanding Pathways to Extremism and the Prevent Programme’, across all partner agencies.  
• Promote Virtual College e-learning module ‘Trafficking, Exploitation and Modern Slavery’, across all partner agencies.  
• Continue to provide face to face Forced Marriage training via EACH specialist service.  
• Continue to provide face to face FGM training via FORWARD programme.  
• Promote Virtual College e-learning module ‘An Introduction to FGM, Forced Marriage, Spirit Possession, and Honour Based Violence’, across all partner agencies. |
| Ongoing | Ongoing | Ongoing |

<table>
<thead>
<tr>
<th>Protect Children from Neglect (P3)</th>
<th>Sub Group Chair, TM</th>
</tr>
</thead>
</table>
|  | Re-launch Quality of Care Assessment tool  
• Create project group for Quality of Care Assessment Tool. | December 2016 |
| Safeguard Children with specific vulnerabilities – children with hidden disabilities, severe disabilities and mental illness (P4) | • Provide training for Quality of Care Assessment trainers  
• Focussed evaluation of Quality of Care in practice  
• Develop Neglect Strategy | October 2016  
Ongoing  
June 2017 |
| --- | --- | --- |
| • TM  
• Sub-group members  
• TM, Peer Support Members | • Continue to provide face to face course ‘Safeguarding disabled children and young people’.  
• Promote Virtual College e-learning module ‘Safeguarding children with disabilities’ across all partner agencies.  
• Continue to work with and develop the peer support group delivering two relevant courses (see below) and enabling us to take this learning into schools.  
• Continue to provide face to face courses 'Understanding and working with young people who self-harm' and 'Youth Suicide prevention Introduction'. | Ongoing  
Ongoing  
Ongoing  
Ongoing |
### HEALTH NETWORK WORKPLAN 2016-17

<table>
<thead>
<tr>
<th>Description</th>
<th>Lead Officer</th>
<th>Milestones</th>
<th>Timeframe</th>
</tr>
</thead>
</table>
| Safeguarding Children from Sexual Abuse including Child Sexual Exploitation, Familial Sexual Harm and inappropriate internet exposure (P1) | • Julie to identify at Health Network | • Complete Multi-Agency audit from a health perspective and contribute to the learning and review of practice.  
• Ensure that the guidelines for CSE are embedded into practice across health agencies.  
• Complete Section11 audit as required.  
• Identify CSE champions to represent all health agencies. |           |
| Harmful Practices – Female Genital Mutilation (FGM), Exposure to Extreme Beliefs and Radicalisation, Modern Slavery and Forced Marriage (P2) | • Julie to identify at Health Network | • Complete, finalise and publicise the midwifery audit, its outcomes and learning as well the progress of the action plans and implementation.  
• Ensure staff are trained adequately across the Health partnership in the areas of Extreme Religious / cultural beliefs and Radicalisation.  
• Implement the policies and procedures which guide FGM and Forced Marriage and report / refer where appropriate. |           |
| Protect Children from Neglect (P3)                                         | • Julie to identify at Health  | • Participate and implement the Neglect strategy and training.  
• Undertake impact / evaluation of training on partnership working / |           |
<table>
<thead>
<tr>
<th>Network</th>
<th>multi-agency assessments.</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Undertake where appropriate case audits and or raise cases for</td>
<td>learning / sharing good practice.</td>
</tr>
<tr>
<td>• Ensure that the Board is kept informed about the MH strategy and</td>
<td>impact for services for children and young people in Hounslow.</td>
</tr>
<tr>
<td>• Implement learning from Cases discussed re partnership working</td>
<td>between the LA and admissions to acute interventions within health services</td>
</tr>
<tr>
<td>• Any other?</td>
<td></td>
</tr>
</tbody>
</table>

| Safeguard Children with specific vulnerabilities – children with hidden| ensure that the Board is kept informed about the MH strategy and impact for services for children and young people in Hounslow. |
| disabilities, severe disabilities and mental illness (P4)             |                                                                                          |
| • Julie to identify at Health Network                                  |                                                                                          |
| • Julieg to identify at Health Network                                 |                                                                                          |
| • Report to the board accordingly.                                     |                                                                                          |
| • Review TORs                                                          |                                                                                          |
| • Review Health Network Action plan                                    |                                                                                          |
| • Implement the HSCB Quality Assurance Framework                       |                                                                                          |
| • Complete Section 11 audit                                            |                                                                                          |
| • Work in partnership with the LA to consider the implications and     |                                                                                          |
| • Report the Board accordingly on any quality assurance work          |                                                                                          |
| • Prepare for any inspections.                                         |                                                                                          |
| • Report the Board accordingly on any quality assurance work          |                                                                                          |
| • Participate and complete relevant requirements for any multi-agency  | undertaken by the Health Partnership.                                                    |
| • Contribute and participate in the HSCB Annual Conference.            |                                                                                          |

| Governance and Accountability (O1)                                    |                                                                                          |
| • Julie to identify at Health Network                                 |                                                                                          |
| • Report to the board accordingly.                                     |                                                                                          |
| • Review TORs                                                          |                                                                                          |
| • Review Health Network Action plan                                    |                                                                                          |

| Quality Assurance (O2)                                               | Implement the HSCB Quality Assurance Framework                                           |
| • Julie to identify at Health Network                                 |                                                                                          |
| • Complete Section 11 audit                                            |                                                                                          |
| • Work in partnership with the LA to consider the implications and     |                                                                                          |
| • Report the Board accordingly on any quality assurance work          |                                                                                          |
| • Prepare for any inspections.                                         |                                                                                          |

| Learning and Improvement (O4)                                        |                                                                                          |
| • Julie to identify at Health Network                                 | Report accordingly to the Training sub group and the HSCB on health agencies’ learning needs, impact of training and feedback about both single and multi-agency safeguarding training. |
| • Participate and complete relevant requirements for any multi-agency  |                                                                                          |
| • Contribute and participate in the HSCB Annual Conference.           |                                                                                          |

<p>| Case Reviews and Learning and Development (O5)                        |                                                                                          |
| • Julie to identify at Health Network                                 |                                                                                          |
| • Participate and complete relevant requirement for any SCRs.         |                                                                                          |
| • Contribute and participate in the HSCB Annual Conference.           |                                                                                          |</p>
<table>
<thead>
<tr>
<th>Priority</th>
<th>Milestones</th>
<th>Timeframe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safeguarding Children from Sexual Abuse including Child Sexual</td>
<td>• Support services for young people are informed by feedback / input from young people who are / were and or vulnerable to being sexually exploited.</td>
<td>July 2016</td>
</tr>
<tr>
<td>Exploitation, Familial Sexual Harm and inappropriate internet exposure</td>
<td>• Finalise and Implement the revised sexual exploitation strategy.</td>
<td>June 2016</td>
</tr>
<tr>
<td>(P1)</td>
<td>• Establish any impediments to the recognition of familial sexual abuse and devise plans to overcome these.</td>
<td>August 2016</td>
</tr>
<tr>
<td></td>
<td>• Develop and implement an E-safety strategy (which includes the use of smart phones, tablets and computers) with the input of local young people, communities and where appropriate families.</td>
<td>November 2016</td>
</tr>
<tr>
<td>Harmful Practices – Female Genital Mutilation (FGM), Exposure to</td>
<td>• The HSCB is informed of and where relevant included in the implementation of actions addressing the prevention of FGM in the Violence against Women and Girls Strategy.</td>
<td>July 2016</td>
</tr>
<tr>
<td>Extreme Beliefs and Radicalisation, Modern Slavery and Forced</td>
<td>• The HSCB is informed of and where relevant included in the implementation of actions addressing the prevention of forced marriage in the Violence against Women and Girls Strategy.</td>
<td>September 2016</td>
</tr>
<tr>
<td>Marriage (P2)</td>
<td>• The HSCB to be assured that agencies and partners are equipped to fulfil their responsibilities with radicalisation and extreme beliefs through regular updates and audits including Sections 11, 175 and 157 audits)</td>
<td>November 2016</td>
</tr>
<tr>
<td></td>
<td>• The HSCB is informed of the implementation of relevant plans in respect of young people who are trafficked into the country / Hounslow and have appropriate engagement with relevant services.</td>
<td>July 2016</td>
</tr>
<tr>
<td>Priority</td>
<td>Milestones</td>
<td>Timeframe</td>
</tr>
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</tbody>
</table>
| Protect Children from Neglect (P3) | - The HSCB to facilitate training and information sessions to all Children’s workforce in Hounslow on the changes to the Child Protection Procedures which target harmful practices.  
- Develop and implement a neglect strategy.  
- Implement and review relevant training  
- Complete multi-agency audits to review the work completed on relevant cases and share the learning. | August 2016  
December 2016  
September 2016  
July 2016 |
| Safeguard Children with specific vulnerabilities – children with hidden disabilities, severe disabilities and mental illness (P4) | - LSCB to be assured the safeguarding needs of children with hidden disabilities are identified and appropriately addressed.  
- LSCB to be assured the safeguarding needs of children with hidden disabilities are identified and appropriately addressed.  
- LSCB to ensure the emotional and mental health needs of young people are included in the revised mental health strategy and to be made aware of the progress of its implementation. | September 2016  
November 2016  
July 2016 |
## Overarching Priorities

To ensure that HSCB is able to deliver its core business in line with Working Together 2015

<table>
<thead>
<tr>
<th>Overarching Priority</th>
<th>Outcome</th>
<th>Milestones</th>
<th>Lead</th>
<th>Timeframe</th>
</tr>
</thead>
</table>
| Governance and Accountability (O1)        | The HSCB has robust governance and accountability in pace in line with WT 2015 | • Review and implement the HSCB governance to reflect WT15.  
• Strengthen accountability of HSCB Chair with all partner agencies and lead member / chief executive of CS.  
• Statutory partners to report annually on safeguarding performance  
• Strengthen partnership working with strategic Boards  
• HSCB membership to reflect local services and local communities.  
• HSCB to undertake regular review of published information on thresholds, access to early intervention services and referral protocols.  
• Be aware of and understand the implications of any reviews and be ready to implement the relevant recommendations including the current review of LSCBs (Role and function of LSCBs, SCRs and CDOPs). |      |           |
| Quality Assurance (O2)                    | Improve scrutiny of HSCB partners safeguarding performance               | • Develop and implement a Quality Assurance Framework focused on learning for the HSCB through a programme of themed audits, deep dives and themed learning events to reflect identified Safeguarding issues  
• Review, implement, analyse and share the learning of a section 11 audit as per requirement. |      |           |
<table>
<thead>
<tr>
<th><strong>Partnership Working (O3)</strong></th>
<th><strong>Learning and Improvement (O4)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>• All partner agencies are compliant with WT 2015 and assurance processes are in place to ensure robust safeguarding of children and families</td>
<td>• To ensure that the children and families workforce in Hounslow are confident and competent to undertake their safeguarding responsibilities</td>
</tr>
<tr>
<td>• Review, implement, analyse and share learning of the Section 175 / 157 audit of schools.</td>
<td>• To review and implement the multi-agency training strategy and program</td>
</tr>
<tr>
<td>• Implement a partnership performance management framework including an agreed dataset to identify the effectiveness of early help and safeguarding services</td>
<td>• To QA the multiagency training program and ensure it feeds into the Strategy and Training Program</td>
</tr>
<tr>
<td>• Ensure that the HSCB is prepared for any inspections.</td>
<td>• HSCB to capture single agency training data and ensure there are appropriate QA mechanisms in place.</td>
</tr>
<tr>
<td>• Promote the work of the HSCB with children and young people across Hounslow through working with:</td>
<td>• Ensure appropriate training and learning events are facilitated to promote the changes to and raise</td>
</tr>
<tr>
<td>o Children in Care Council</td>
<td></td>
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<tr>
<td>o Children with Disabilities</td>
<td></td>
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<tr>
<td>o Young Carers</td>
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<tr>
<td>o Hidden Communities</td>
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<tr>
<td>o Children as service users</td>
<td></td>
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<tr>
<td>o Voluntary and Faith Sector.</td>
<td></td>
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<tr>
<td>• Improve the input of the voice of children and families across all areas of the Board’s work.</td>
<td></td>
</tr>
<tr>
<td>• Enhance the relationship between the HSCB and Voluntary &amp; Independent Sector, Faith &amp; Community Sector to promote safeguarding.</td>
<td></td>
</tr>
<tr>
<td>• Promote safeguarding as everybody’s business across schools, academies and colleges through workshops, learning and development events</td>
<td></td>
</tr>
</tbody>
</table>
| Case Reviews and Learning and Development (O5) | The HSCB has an agreed process for reviewing unexpected child death and seriously injured and maximising learning across the partnership | Multi-agency learning & development offer  
Multi-agency case learning discussions  
Annual conference  
National learning from SCRs and thematic reviews (inspection)  
Identification of national and local good practice  
Undertake SCRs where appropriate and ensure the learning is shared appropriately.  
Consider the practicalities and implement the agreed changes to the local arrangements of the Child Death Overview Panel in Hounslow. |
Chair:
Donald McPhail, Independent Chair HSCB (April to August 2016)
Lara Wood, Head of Service Safeguarding & Quality Assurance (September 2016)

Deputy Chair:
Permjit Chadha, Manager of Community Partnership (May 2016)

Overall Progress Analysis:

The CSE sub group was chaired by the Chair of the Hounslow Children Safeguarding Board (Donald McPhail) between the inception of the sub group right through to the end of August 2016. Donald retired at the end of August 2016. The new Head of Service for Safeguarding and Quality Assurance, Lara Wood has chaired the last two sub groups, as the newly appointed chair of the sub group.

Over the last six months, each sub group has been organised to have both a Chair and a Deputy, which is reflective of the partners attending the sub group and the Board. The Deputy Chair of this sub group is the manager of the Community Safety Partnership as indicated above.

The CSE sub group, similar to that of all other sub groups has a work plan reflective of the Business plan for the board. Each sub group meeting considers the work plan and actions from the previous meeting as well as how the sub group has contributed to safeguarding children in Hounslow.

The key pieces of work completed over the last 6 months have included:

- Review of the CSE Partnership Improvement Plan
- Single and Multi-Agency audits of children exposed to Child Sexual Exploitation;
- The implementation of the CSE Champions Programs within the Borough;
- The start of NSPCC PANTS campaign;
- Improved data collection through the MASE Panel and Children’s Social Care Systems;
- Revised CSE strategy
- Revised CSE screening tool;
- Continued learning and development activities about CSE across the borough;
- Input from Children and young People
- Review of the sub group’s status
Details of the Work Undertaken over the Last Six Months:

- **Review of the CSE Partnership Improvement Plan**
  The CSE Partnership Improvement Plan which was developed in April 2015 incorporating the recommendations made from the OFSTED Single Inspection 2014, Peer Review 2014-15, Rotherham Report among other key documents, is regularly reviewed by the Head of Safeguarding and Quality Assurance, the Exploitation and Vulnerabilities Coordinator and the subgroup. This was last considered in detail on the 8th of December 2016. A total of 108 recommendations are included in this plan, of which 8 remain for it to be fully completed. Work has commenced on these 8 actions and they will be completed before the end of March 2017.

- **Single And Multi-Agency Audits Of Children Exposed To Child Sexual Exploitation**
  A single agency audit of all children within the MASE cohort was undertaken by Children’s Social Care in January 2016 and finalised after learning events were held with practitioners in April 16. The HSCB then undertook a multi-agency audit between May and June 2016. This included all agencies involved with 4 children identified on the MASE cohort and fitting the descriptions outlined in the OFSTED JTAI requirements, completing self-assessment of their work. Two learning events were held including the views of the children identified to consider the outcomes of the audits completed, best practice and areas for learning. The events were well attended and feedback from practitioners about best practice and the challenges were recorded. A comprehensive overview report was presented to the September sub-group for consideration and finalisation. This report evidences Hounslow’s journey of learning and improvement between the peer review in 2014 and these audits in June 2016 and includes the next steps. All agencies involved in the multi-agency audit are aware of the learning and recommendations in the report and should already be taking the necessary steps to address them.

- **The Implementation Of The CSE Champions Programs Within The Borough**
  The CSE Champions program was implemented during the last 6 months with champions identified from numerous agencies across the Borough including several primary and secondary schools. On top of increasing awareness and facilitating ongoing work with CSE, the champions will also act as a conduit between the Exploitation and Vulnerabilities Coordinator and the Board in facilitating information, learning and any areas of vulnerabilities or gaps that require further action. The Exploitation and Vulnerabilities Coordinator (EAVC) has largely driven this work with the support and assistance of the CSE sub group.

- **The Start Of NSPCC PANTS Campaign**
  A working group of the sub group was set up in July 2016 to begin planning the launch of the NSPCC PANTS campaign targeting children under the age of 12. This is similar to the work that was undertaken by the Chelsea’s Choice program launched within the Borough last year to raise awareness in secondary schools. The NSPCC PANTS campaign will be officially launched in January 2017 and will initially target primary schools and early settings, before additional events are held for faith and community groups towards the end of 2017.
• Improved Data Collection Through The MASE Panel And Children’s Social Care Systems

The sub group has been presented with data on a regular basis of all children considered at the MASE panel. Over the last six months, data recording has improved and become more effective, it is provided with a summary of progress by the EAVC. There are currently 19 children who fit the MASE cohort. This is a slight increase to the numbers from last September (17). The current MASE cohort represents 7 LAC, 8 on CP Plan and 2 Child In Need. There are 16 females and 1 male, aged between 12-17 years. There has previously been a higher number of LAC children on the MASE, however the number of children at home has increased over the last few months, which is evidence of greater recognition of CSE risks across children in Hounslow, long before a child becomes looked after. There has also been an increase in the number of cases presented to the MASE panel where there are CSE risks associated to young people through their peers. There have been case discussion groups set up where social workers allocated to associating peers discuss risks, share intelligence in order to ensure a more co-ordinated and shared approach to manage risks and behaviours.

When the MASE panel was first developed children’s names were on occasion taken off MASE sooner than was appropriate for that child. This resulted in re-referrals. This process has been revised and improved and children are kept on the MASE panel until there is evidence that there has been a reduction in CSE risk, which has been sustained for a period of time. The MASE panel, is followed by a MASE intelligence meeting to ensure that key intelligence, in relation to people of concern, locations and hotspots is shared and acted on as required.

• Revised CSE Strategy

The CSE strategy for Hounslow was revised in April 2016 and finalised in October 2016. It was shared with the sub group for review in December 2016 and approved for dissemination. It includes the links with services offered to adults vulnerable to sexual exploitation. This is now included on the Board’s website.

• Revised CSE Screening Tool

The CSE screening tool has been revised to make it simpler and easier to use. The tool has been amended to include vulnerabilities to both boys and girls as part of a drive to ensure that boys who are victims of CSE are more effectively identified. There is evidence of increased awareness of CSE across the partnership and use of the CSE screening tool to consider and assess risk. More agencies are completing the tool now as part of their referral into Social Care.

• Input From Children And Young People

The Youth Participation Service have provided feedback on the design of the CSE leaflets. These leaflets were shared at the December sub-group. It is intended that these leaflets will be translated into one language other than English (the most prominent in Hounslow) before the end of March 2017. The Children in Care Council assisted in the development of a safety planning tool, which can be used with children / young people when creating safety plans for CSE, Missing and other risks. The safety plan tool is now embedded in LCS for ease of access by Children’s Social Care.
Reporting to the Health and Well-Being Board and Council Members
The Chair of the Hounslow Safeguarding Children Board and the CSE subgroup has regularly reported to the Health and Well-being Board, ensuring that feedback about the work undertaken and the progress of the CSE Partnership Improvement Plan has been shared. The Exploitation and Vulnerabilities Coordinator with the support of the Head of Safeguarding and Quality Assurance has also reported the same to the CSE Strategic Group made up of the Chief Executive of the Council and Councillors for the Borough.

Continued Learning And Development Activities About CSE Across The Borough
The Exploitation and Vulnerabilities Coordinator in partnership with Police colleagues and other partners has been involved with numerous learning and training events including:

- Supporting police in their on-going awareness through Operation Makesafe, targeting taxi firms, licensed businesses and hoteliers.
- Delivery of the HSCB CSE Multi Agency Training.
- Training staff on the LCS CSE Workspace. Overseeing, monitoring and co-ordination of the CSE workspace.
- Delivering CSE Briefings to teams within Children’s Services, including, Social work teams, Youth Offending, Children with Disabilities, Fostering, Residential Services, Youth Services, Children’s Centres, Family Support and Early Intervention Services.
- Delivering CSE Briefings to Health and Education professionals including, Education Welfare, Education Psychologists, Head teachers Twilight Briefing, PSHE School Co-ordinators, Health Visitors, Family Nurses, School Nurses, Health Network, GP’s.
- Delivering CSE Awareness Briefings within community and faith groups.
- Attendance at key CSE Awareness raising events i.e. - CSE National Awareness Day, Chelsea Choice productions.
- Organising and co-ordinating the West London Alliance CSE Co-Ordinators meetings scheduled to meet four times a year. Establishing links and contacts with other CSE Co-ordinators to share and learn from experiences.

Review of the sub group’s status
The CSE sub-group was initially a part of the Missing and Vulnerable Sub Group and became a sub group of its own in April 2015 to focus the work on CSE in Hounslow and was intended to be time limited. With the commitment of the Exploitation and Vulnerabilities Coordinator and the multi-agency partners the majority of the CSE work plan has been implemented. In the sub-group meeting in September 2016, it was proposed that the CSE subgroup should now be incorporated back into the Missing and Vulnerable sub-group, given that it has undertaken considerable work and implemented majority of the work plan. All subgroup members agreed this and Board approval was given in November to proceed with closing the CSE subgroup in December 2016. A review of the terms of
reference, subgroup membership, work plans and the ongoing work for both the CSE and MAV sub groups was undertaken at the December meetings. As such, as of the 8th of December 2016 (the last CSE subgroup), the remaining actions of the current CSE work plan will become part of the Missing and Vulnerable Sub Group and the membership will be reflective of the relevant partners key to CSE as well as the MAV children. The chair of the MAV subgroup is Jennifer Hopper (Head of Troubled Families and Edge of Care) and the deputy will be Lara Wood (Head of Safeguarding and Quality Assurance).

Challenges:

At present, Hounslow does not have any CSE information translated into other languages. This is currently being explored and includes several options such as local practitioners in Hounslow translating the leaflets.

A dedicated advocacy service that is accessible to all young people subject or vulnerable to sexual exploitation is not available in Hounslow. However, Children’s Social Care are exploring if an existing application can be utilised as one method of getting access to advocacy. There are also counselling and support services which do not specifically provide advocacy but are able to advocate on behalf of children including victims of CSE. Children’s Social Care have a commissioned advocacy service for Looked after Children which provides advise, support and counselling services and can advocate for children and young people when required.

On-going Work:

- Improving the quality of and understanding the data pertaining to Children missing from home, care and education is an area of work that the sub group is currently working on.

- Single agency audits of 8 missing children were undertaken in October 16. This audit showed good partnership work when seeking to locate missing children. The audit however showed a lack of consistent use of grab packs and Return Interviews. Work is currently underway to improve and embed this practice. Work is being undertaken between the Police and Children Social Care to look at a process for sharing and utilising return interview information to inform police intelligence and actions. The safety plan, grab-pack and return interview forms are being embedded on the Children’s Social Care recording system to make the process more effective and to improve data collection.

- Further work is being undertaken to increase awareness of the steps to take when a child is missing from home, care or education. A workflow has been devised to guide practitioner in Hounslow for this purpose. The London Child Protection procedures continue to be applied to these cases whilst these improvements are embedded.

- There is a small working group developing an e-safety policy for Hounslow. Information from the NSPCC and schools who are leaders in e-Safety policies will be consulted as part of this process.
A Learning Event, which focused on safeguarding children, was held during the week beginning the 21st of November 2016. Numerous events were facilitated in schools and early years settings across the borough focusing on raising awareness of and protecting children from Child Sexual Exploitation and Abuse. The event linked in with the NSPCC PANTS campaign and related material was distributed during this week. More than 600 parents and carers attended the various setting during this week and were interested in understanding more about safeguarding children from sexual harm. Further events to promote awareness of safeguarding children will be considered by the HSCB over the next few months.
## Description

**Partnership Working (O3)**

- **Sub group chair**
- **BM**
- **BM**

## Lead Officer

- **Sub group chair**
- **BM**
- **BM**

## Milestones

- Promote the work of the HSCB with children and young people across Hounslow through working with:
  - Children in Care Council
  - Children with Disabilities
  - Young Carers
  - Hidden Communities
  - Children as service users
  - Voluntary and Faith Sector.
- Improve the input of the voice of children and families across all areas of the Board’s work.
- Enhance the relationship between the HSCB and Voluntary & Independent Sector, Faith & Community Sector to promote safeguarding through consultation events and participation in HSCB training events.

## Timeframe

- Ongoing
| Case Reviews and Learning and Development (O5) | BM / Sub group Chair | Discuss learning, policy changes and implications from National and local Serious Case Reviews, thematic reviews (inspection) and case learnings and share with the board as appropriate. Discuss / scrutinise the relevant areas of learning from the Section 175 /157 and 11 audits and implement actions as required. Consider key areas of data from the HSCB data set and identify themes and trends for learning reviews of both good practice and where outcomes could have been improved. Implement the Quality Assurance and Learning Framework based on the remit of the sub-groups work plan and Terms of Reference. | March 2017 Ongoing Ongoing |
| Safeguarding Children from Sexual Abuse including Child Sexual Exploitation, Familial Sexual Harm and inappropriate internet exposure (P1) | Sub Group / BM | Develop and Implement E-Safety strategy in partnership with local communities, young people, school and other relevant partner agencies. To continue to monitor the use of the revised Child Sexual Exploitation Strategy. Participate and contribute in the development of the Familial Sexual Abuse Prevention Plan. | June 2016 October 2016 October 2016 |
| Harmful Practices – Female Genital Mutilation (FGM), Exposure to Extreme Beliefs and Radicalisation, Modern Slavery and Forced Marriage (P2) | Sub group chair | Be sighted on changes to the VAWG strategy, which addresses FGM and Forced Marriage and to be assured that changes are implemented effectively. Be sighted on changes the Community Safety Partnership Strategy and to be assured that changes are implemented effectively. To be assured that the Training sub-group are facilitating learning opportunities with community groups, ensuring improved awareness of legislation and procedures, relating to their area of work in line with Working Together 2015. | December 2016 / ongoing October 2016 October 2016 |
| Safeguard Children with specific vulnerabilities – children with hidden disabilities, severe disabilities and mental illness (P4) | Sub group chair | • Invite relevant leads to the sub group to outline key areas to focus  
• Seek opportunities to include HSCB input into key strategies and plans targeting the needs of children with hidden and severe disabilities and mental illness. | Ongoing |
| Protect Children from Neglect (P3) | BM | • Develop and implement a neglect strategy. | October 2016 |
Hounslow Safeguarding Children Board

Missing and Vulnerable Sub Group
Terms of Reference

Purpose:
The Missing and Vulnerable Subgroup (MAV) meets bi-monthly and was established in response to Local and National issues arising from an acknowledgement of specific areas of concern and vulnerability for children and young people. These include Missing, Gangs, Forced marriage, Sexual Exploitation, FGM, Radicalisation and Extremism and Trafficking. The role of this subgroup is to consider both local and national issues and facilitate appropriate responses and actions accordingly.

Terms of Reference:

1. To work with members of the Board and partner agencies to ensure that there is improved awareness of factors that cause children and young people to go missing including sexual exploitation, gang activity, forced marriage, trafficking, female genital mutilation, radicalisation and extremism.
2. To receive, review and challenge reports on numbers, trends and activities for vulnerable children in Hounslow
3. To establish if there is sufficient capacity is services to meet the short and long term needs of the young people who are vulnerable to exploitation.
4. To monitor the implementation of procedures relating to children missing from home, care and education.
5. To compare and analyse from a multi-agency perspective the data, circumstances and vulnerabilities of children, including data on Child Sexual Exploitation.
6. To ensure that strategy and policy developments impact on the quality of the provision of services to vulnerable young people
7. To continue to monitor the use of the revised Child Sexual Exploitation Strategy.
8. To ensure the completion of the Partnership Improvement Plan.
9. To contribute to the Business Plan of the Board
10. To contribute to the annual report of the Board

Membership:

- Head of Service, Troubled Families, and Edge of Care, Children’s Social Care (Chair)
- Head of Safeguarding Children and Quality Assurance, Children’s Social Care (Deputy Chair)
• Safeguarding Team Manager, Children’s Social Care
• Exploitation and Vulnerabilities Coordinator, Children’s Social Care
• Area Manager, Youth Offending Service
• Representative, Social Work Team for Children with Disabilities, Children’s Services
• Senior Education Adviser Vulnerable Groups, Children’s Services
• Representative, Early Intervention Service, Children’s Services
• Head teacher, Isleworth Town Primary School
• Senior Assistant Head teacher. Lampton School
• Named Nurse for Safeguarding, WLMHT
• Designated Nurse for Safeguarding Children, Hounslow CCG
• Community Safety Manager, LB Hounslow
• DI CAIT Police
• DCI, Hounslow Borough Metropolitan Police
• HSCB Business Manager

Other identified members / agencies to remain as virtual members and to be invited to contribute or attend as necessary:

• Designate Paediatrician for Safeguarding Children, Hounslow CCG
• HSCB Training & Development Manager
• Representative, NSPCC

NSPCC PANTS Working Group Membership:

• Senior Education Adviser Vulnerable Groups, Children’s Services (Chair)
• HSCB Training & Development Manager
• HSCB Business Manager
• Head of Safeguarding Children and Quality Assurance, Children’s Social Care
• Exploitation and Vulnerabilities Coordinator, Children’s Social Care
• Team Leader, Early Years Advisory Team, Children’s Services
• Coordinator, Helping HANDZ & Parent Partnership Service, Children’s Services
• Senior Public Health Commissioning Manager, Public Health, LB Hounslow
• Communications Manager, Children’s, Housing, Adults Services, LB Hounslow
• Representative, NSPCC
**Report for:**

**Title**
Hounslow Pharmaceutical Needs Assessment (PNA) 2018 Update (December 2016)

**Contact Details**
Imran Choudhury, Director of Public Health, LB Hounslow
Telephone: 0208-583-5041
Email: imran.choudhury@hounslow.gov.uk

**For Consideration By**
Health and Wellbeing Board

**Date to be Considered**
10\(^{th}\) January 2017

**Affected Wards**
All

### 1. Details of Recommendations

1. To note that a revised Pharmaceutical Needs Assessment (PNA) is required for Hounslow by April 1\(^{st}\) 2018

2. To approve the re-establishment of the ‘Hounslow PNA Steering Group’ to undertake this work on behalf of the Hounslow Health and Wellbeing Board

3. To note that an external expert resource is being commissioned to support the preparation of the draft PNA 2018 report. This will be funded through the Ring Fenced Public Health Grant.

**If the recommendations are adopted, how will residents benefit?**

<table>
<thead>
<tr>
<th>Benefits to residents and reasons why they will benefit, link to values</th>
<th>Dates by which they can expect to notice a difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completion of a new Pharmaceutical Needs Assessment (PNA) is a statutory duty for Health and Wellbeing Boards. Data contained within the assessment will be used to plan pharmaceutical services in the borough to best meet local health needs.</td>
<td>April 2018</td>
</tr>
</tbody>
</table>
2. Report Summary

This report provides an update on the steps proposed to prepare the next required PNA report by April 1\textsuperscript{st} 2018.

The Pharmaceutical Needs Assessment is a report of the present needs for pharmaceutical services. It is used to identify any gaps in current services or improvements that could be made in future pharmaceutical service provision. To prepare the report, data is gathered from pharmacy contractors, pharmacy users and other residents and from a range of sources (commissioners, planners and others). The report also includes a range of maps that are produced from data collected as part of the PNA process. There is a mandatory 60 day consultation that must be undertaken.

The Health and Wellbeing Board has a statutory duty to publish a Pharmaceutical Needs Assessment every three years, under the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013. The next PNA must be completed by April 1\textsuperscript{st} 2018.

It is proposed that the Hounslow ‘PNA Steering Group’ be re-established to carry out the work of the PNA on behalf of the Hounslow HWB. The group will prepare the draft PNA report for sign off by the Hounslow HWB and will give regular reports on progress to the HWB.

The PNA Steering Group will be supported by external expert assistance, which will be funded by the Ring Fenced Public Health Grant.

2.1. ‘Pharmaceutical Needs Assessments’ or ‘PNAs’ are a special assessment of pharmaceutical services provision in an area. The PNA includes information on current pharmaceutical service provision, information on health and other needs, and an assessment on whether current provision meets current or future needs of the area. It is a mandatory exercise. The Health and Social Care Act 2012 transferred responsibility for developing and updating PNAs to Health and Wellbeing Boards (HWBs). The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 set out the legislative basis for developing and updating PNAs\textsuperscript{1}.

2.2. The first PNA was completed on behalf of the Hounslow HWB and submitted to NHSE by April 1\textsuperscript{st} 2015 as was required by law. The next PNA is due by April 31\textsuperscript{st} 2018. One year is the typically required time period for the preparation of a PNA.

2.3. It is proposed that the ‘Hounslow PNA Steering Group’ is re-established and that this group will prepare the PNA on behalf of the HWB. The group will give regular reports on progress to the HWB and in early 2017, will also submit a project outline for the work to the HWB.

2.4. In advance of the re-establishment of the Hounslow PNA Steering Group, expert external support is being commissioned to support the Hounslow PNA Steering Group. It is envisaged that the work of the Hounslow PNA Steering Group and the external support will commence in February 2017.

\textsuperscript{1} http://www.legislation.gov.uk/uksi/2013/349/contents/made