

Needs Analysis

Introduction:

This reports aims to set out and explain the most common and urgent issues currently affecting Harrow residents. The data referred to has been gathered from the results of direct consultations with 45 Voluntary Community Sector (VCS) advice service providers and over 50 service users, as well as the latest data which Harrow Council stores based on each subject area. It is intended that the findings of this report be used in order to inform discussion between the Council and VCS, over the future design of Information and Advice Services in Harrow.

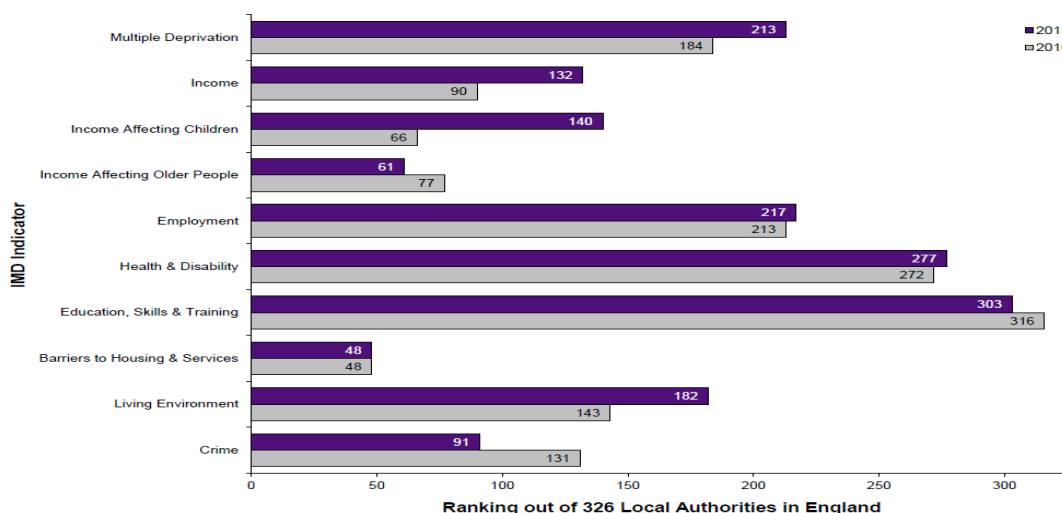
Indices of Deprivation – Harrow Summary 2015

Across all Indices of Multiple Deprivation¹, Harrow is ranked 213th out of 326 Districts in England (where 1st is the most deprived). This ranking is an improvement from 2010, when the borough was ranked 184th. Harrow is ranked the 6th least deprived borough out of the 33 London Boroughs.

Harrow performs best in the ‘Employment, Skills & Training’ domain (where the borough is the 23rd least deprived Local Authority in England), and performs worst in the ‘Barriers to Housing’ and ‘Incomes affecting Older People’ domains, where the borough is ranked 48th and 61st most deprived respectively.

Harrow’s Rank in relation to the National Deprivation Rankings

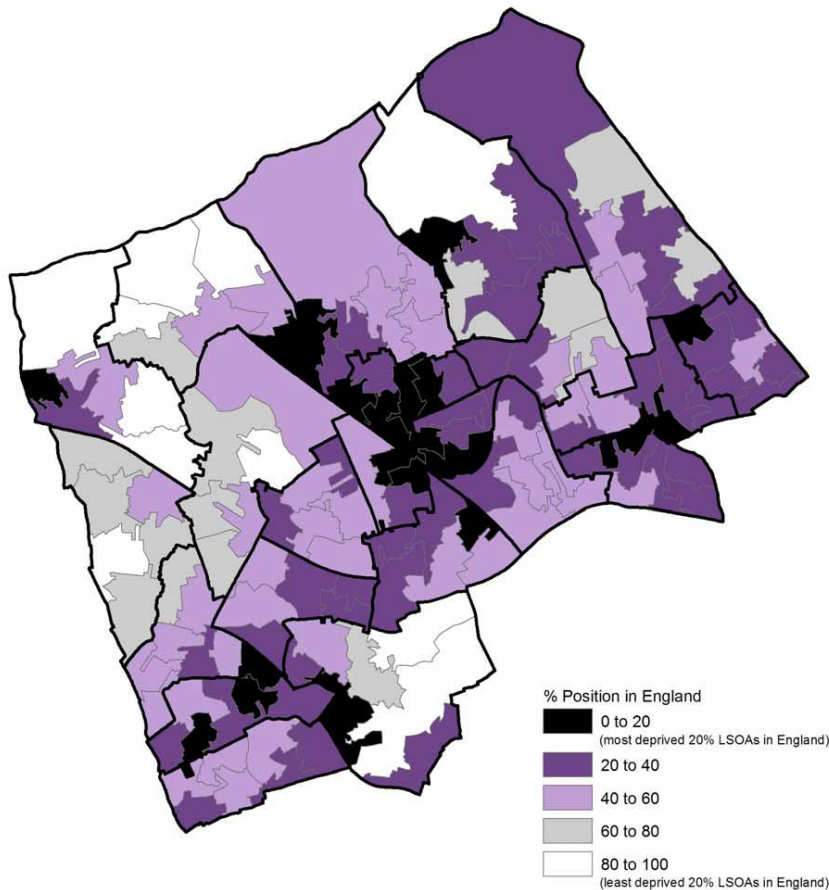
Source: CLG, Indices of Deprivation 2010 and 2015, Crown Copyright



¹ The English Indices of Deprivation provide a relative measure of deprivation at small area levels across England. Areas are ranked from least deprived to most deprived on seven different domains of deprivation and an overall composite measure of multiple deprivation. The seven domains of deprivation cover: Income, Employment, Health & Disability, Education Skills & Training, Barriers to Housing & Services, Living Environment, and Crime.

Whilst at a borough level Harrow appears to be doing well, this masks some severe pockets of deprivation within the borough particularly in Wealdstone, Marlborough, Roxbourne and Greenhill where health inequalities, income deprivation and barriers to housing are much more acute.

Income, 2010
Source: CLG, Indices of Deprivation 2010, Crown Copyright



1) Demands:

Housing and Homelessness:

Over the past 5 years in Harrow, there has been an increase in the number of households approaching the Council for housing-related assistance – with the figure reaching 2,000 for the year 2014-15 (Harrow Ambition Plan, 2020). Throughout the telephone interview responses, 50% of service providers reported that clients approach their services with need around housing and homelessness. Furthermore, 25% of providers reported an increase in the number of cases of service users requesting advice over this area over the past 5 years.

Despite efforts made by the Council, there are a high number of Harrow families in temporary accommodation. Out of all 326 Local Authorities in the UK, Harrow is ranked as 24th most deprived for overcrowding and also ranks poorly (48th/326 Local Authorities in England - where 1st is the most

deprived) for the 'barriers to housing' deprivation domain –Harrow's lowest score across all Index of Multiple Deprivation (IMD) domains²

There have also been significant increases in cases of homelessness in the Borough, resulting in more families being placed in B&Bs, at an average cost to the council of £7,000 per family per year³. Specifically, B&B numbers as of 1st April 2015 were 153, and had increased by the end of the 2015-16 to about 310, although there has been a decrease in this level in 2016 with 140 families with children remaining in B&Bs by November 2016

One of the main reasons for these issues is that there is currently a low supply of social housing in Harrow – with only 10.6% of the Harrow population in social housing, and 21.7% in private rental. Specifically, there are approximately 4880 council homes and 4070 registered provider homes in Harrow (as at 1 April 2015), which is one of the smallest social housing stocks in London (Homelessness Challenge Panel, 12th October 2016). The 'Right to Buy' scheme (RTB) has also caused significant reductions in the number of Council homes available. DCLG figures show that 45000 council homes have been sold nationally under the RTB since the discounts were raised in 2012, whilst only 7000 replacement homes have been started (Homelessness Challenge Panel, 12th October 2016).

On top of this, house prices in the Borough are high and rising at double digit inflation rates (faster than the average growth in income), whilst government welfare reform changes (such as the 1% decrease in social housing rents, Housing Benefit (HB) freeze, the new reduced Benefit Cap and the emphasis on home ownership in national housing policy) are having an impact on the supply and affordability of housing. Some providers stated that the rise in Harrow residents reporting issues around housing and homelessness had occurred mainly due to the impact of government welfare reforms on those on the lowest incomes.

Continued new arrivals from outside the UK may also increase demand for housing-related advice and continue to exert pressure on advice and information services.

Harrow's Housing Ambition Plan: 'Building a Better Harrow':

Harrow Council is planning to build a better Harrow, for today, and for future generations, by creating the places and the opportunities that all our residents deserve: a thriving, modern, inclusive and vibrant borough that makes Harrow a home to be proud of. The Council's broad aims are to: Increase the supply of housing, (incl affordable housing), support people from all backgrounds to engage with the housing market, and make better use of public land and buildings.

It is the Council's ambition that by 2020 all families facing homelessness in the Borough will be helped to remain in their accommodation or be offered an alternative housing solution. No families will stay in shared bed and breakfast accommodation for longer than 6 weeks. We will also continue to support local private landlords and work with our social lettings agency (Help2Let) in order to offer well managed private rented accommodation in the Borough, and will double the number of Harrow Landlords accredited through the London Landlord Accreditation scheme by 2020.

² London Borough of Harrow: Indices of Multiple Deprivation: Harrow Summary (2015)

³ London Borough of Harrow: 'Equality Matters: Reducing Inequality in Harrow' Report (2015)

Welfare Benefits:

A common view throughout the user questionnaires, telephone interviews and consultations, was that the main factors driving an increase in demand for advice services in Harrow were Government welfare reforms. A quarter of service providers stated that changes to the benefit system (entitlement regulations and devaluation etc) made by central government were responsible for an increase in demand for their services. Furthermore, half the service provider representatives stated that they believed further government welfare reforms 'in the pipeline' (such as the introduction of Universal Credit and lowering of the benefit cap) would increase demand on their services.

The Welfare Reform Act 2012 saw the start of significant reform to welfare provision in Britain. The government has since continued this reform programme, with the welfare announcements made in the summer budget of July 2015, and the Welfare Reform and Work Bill. A central theme of the reforms has been an on-going programme of reduction in the coverage and value of working age benefits. Changes to the Benefit Cap reduction (to £23,000 in London) for instance has reduced the total amount of benefit people of working age (16-64) can get (Welfare Reform Scrutiny Group, 2016). London has been hit hard by welfare reform due to the high cost of accommodation in the city.

It is unclear as of yet to what extent the government's Benefit Cap and Social Sector Size Restriction policies will impact the financial security of households in Harrow. DWP has forecast that a total of 464 households in Harrow will be capped under the new Benefit Cap that is due to be implemented later this year. Overall, the extension of the welfare reform programme is likely to cause further increases in demand for advice services in the future.

Money and Debt:

Currently, over 30,000 Harrow residents are experiencing income deprivation⁴, and over a fifth of residents are in low-paid jobs⁵ (Harrow Council, 2016). Harrow also performs particularly poorly on the 'Incomes affecting Older People' indicator in IMD (2015) – ranking nationally at 61st / 326 Local Authorities (where 1st is the most deprived) in this domain (London Borough of Harrow, 2015). Wages in Harrow are generally lower than in London and in West London as a whole. People working in Harrow earn, on average, less than the average weekly pay for London residents (Harrow Joint Strategic Needs Assessment, 2016). Furthermore, Harrow has the largest percentage growth of low paying jobs (those paying below the London Living Wage) of any London Borough (from 21.1% in 2010 to 41.8% in 2015). The only higher figure was 41.9% of jobs paying below the (outside of London) Living Wage in West Somerset (Welfare Reform Scrutiny Group, 2016).

Additionally, the Living Wage Commission (22/09/2016) has concluded that rising rents and slowing wage growth in London mean that even the living wage will soon fall short of providing a decent standard of income (The Guardian, 2016). More people experiencing income deprivation is likely to increase the numbers seeking advice services in the future over a wide range of areas; such as

⁴ *The income deprivation domain measures the proportion of the population experiencing deprivation relating to low income. The definition of low income used excludes both those people that are out-of-work, and those that are in work but have low earnings (and who satisfy the respective means tests).*

⁵ London Borough of Harrow: 'Equality Matters: Reducing Inequality in Harrow' Report (2015)

finance, health and housing - as perhaps demonstrated by the fact that Service providers have reported a rise in the number of users accessing their services due to financial difficulties.

Employment:

Part of the reason for the high proportion of low-paid jobs in the Borough is related to Harrow's business composition. Harrow has 5,363 business rates premises of which around 75% have a rateable value of less than £25,000 (Steven, 2016). The make up of our business community is therefore mostly "small medium enterprises" (SMEs). Such businesses tend to pay less than larger ones. For example, according to the Rowntree Foundation, minimum wage jobs account for 1 in 8 jobs in micro businesses and 1 in 20 jobs in large firms (those with 250 or more employees) (Joseph Rowntree Foundation, 2014).

A further factor influencing the levels of income deprivation in Harrow is that, whilst the Borough consistently scores very well compared to all English Local Authorities in the 'Employment, Skills and Training Deprivation' domain of IMD⁶ (ranking as 318th least deprived in 2010 and 306th in 2015), a significant proportion of residents have poor English language skills, which can act as a significant barrier, both to securing employment and progressing in the workplace (London Borough of Harrow, 2015).

Harrow is one of 25 Local Authorities identified by the Department for Communities and Local Government as an area with high levels of need for English language provision. In 15.9% of households English is not the main language of any occupants (10th highest ranking nationally and far exceeding the 4.3% national average). Moreover, the 2011 Census showed that 1% of Harrow residents are unable to speak any English at all, compared with 0.6% for London as a whole and 0.3% nationally (Inequality Report, 2016). In fact, the slightly lower score for the 'Employment, Skills and Training' domain for Harrow in 2015 is likely to be due to the inclusion of a new 'English Proficiency' indicator in the basket of indicators for this domain (London Borough of Harrow, 2015).

The areas with the highest percentage of the population unable to speak English or speak English well are in the south east in Kenton East, Queensbury and Edgware wards, South Harrow in Roxeth ward, and Wealdstone and Marlborough wards. Generally this coincides with areas with the highest indices for multiple deprivation, and low levels of literacy and numeracy skills (Harrow Joint Strategic Needs Assessment, 2016).

The effects of income deprivation are diverse, and the Economic Impacts Information (July 2016) has shown that the proportion of in-work Housing Benefit and Council Tax Support claims in the borough has risen as more people move into low-paid work (Harrow Economic & Welfare Reform Impacts Dashboard, 2016).

It seems that income-deprivation is high in Harrow, particularly for older people, and is likely to continue to increase due to the nature of the Borough's business composition and widespread low English language skills amongst the population. Rising rents and slowing wages growth in London

⁶ *The IMD is regarded as the official measure of relative deprivation for small areas in England, measuring seven main domains. The Education, Skills and Training Deprivation Domain measures the lack of attainment and skills in the local population. The indicators fall into two sub-domains: one relating to children and young people and one relating to adult skills.*

may also adversely impact the numbers on low incomes. These factors are therefore likely to increase the numbers seeking advice services related to a wide-range of subject areas such as finance, benefits, skills and employment and health.

Harrow Employment/Income Deprivation Strategy:

Many residents are not feeling the benefits of economic growth and the Council wants all its residents to have the opportunity to get a good job, access good education, improve their skills and live in a house they are proud to call a home. In order to address employment and income-related issues, the Council aims to deliver an ambitious new regeneration programme, which will include a new Civic Centre in the heart of Wealdstone, providing the catalyst for total regeneration of that part of the Borough and Harrow Town Centre. Our regeneration ambition for 2020 is to:

- Have moved into a new civic centre by 2019
- Create over 500 new jobs
- Support 500 young people into apprenticeships and jobs
- Support over 5,000 adult community learners
- Help 300 unemployed residents back into work

We also understand the need to undertake preventative action, in order to protect our residents from experiencing income deprivation and prolonged periods of unemployment. We therefore aim to maintain one of the lowest rates of young people Not in Education, Employment, or Training (NEET) in the country, by increasing the number of young people who partake successfully in Apprenticeships and Pre-Apprenticeship programmes.

Health and Disability:

Harrow's best ranked indicator is the Health and Disability indicator, with a ranking of 31st least deprived in London (out of 33 London local authorities), which is three places higher than it was in 2010. Harrow also scores well on the national indicator for health and disability deprivation, with a ranking 277th, which has improved slightly from 272 in 2010. The borough is therefore placed in the top 80 per cent nationally for this domain (London Borough of Harrow, 2015).

PANSI⁷ data suggests that the number of people living with learning disabilities and moderate-serious physical disabilities in Harrow is set to increase. The number of people with a learning disability is increasing year on year from 3,782 in 2014 to 3,958 by 2025, while the number of people aged 18-64 with a moderate or serious physical disability is also increasing from 14,908 in 2014 to 15,956 in 2020. 17.3% of Harrow's working age population classified themselves as disabled in the 2011 Census - a total of 26,600 people (Office for National Statistics, 2012). 8,370 individuals, 3.4% of the population, receive Disability Living Allowance⁸.

However, there are also significant geographical health inequalities across the borough. For instance, there is a 10 year difference in life expectancy between Pinner South and Wealdstone. Overall, Greenhill Ward is Harrow's most deprived ward for health and disability, closely followed by Wealdstone and Roxbourne. Greenhill, Roxbourne and Wealdstone have the lowest life expectancy in Harrow, and for Greenhill and West Harrow it has decreased (Harrow Council, 2016). There are

⁷ PANSI - Projecting Adult Needs and Service Information

⁸ Rate calculated using the ONS 2013 Mid-Year Estimates

also health inequalities related to ethnicity. With the exception of Black Caribbean and Irish populations, all other minority ethnic groups have lower rates of adherence to the Chief Medical Officer's recommendations for physical activity (Harrow Community Learning Strategy, 2015).

People with health conditions are likely to seek advice services if they feel that they are not receiving the necessary help from the health service. Numerous reports have recently evidenced the long waiting times in the NHS nationwide and Northwick Park in particular as well as issues getting appointments with GPs. For instance, the Royal College of Physicians has reported that there are significant staff shortages in NHS care (21/09) (LGIU, 2016), whilst the Royal College of Surgeons states that the number of NHS patients on waiting lists has reached a record high of 3.9 million (28/09) (The Guardian, 2016). In terms of more specific examples, the Royal National Institute for Blind People has suggested that there is a 'postcode lottery' in terms of waiting times for vital NHS services such as cataract surgery (with London having particularly high average waiting times) (LGIU, 2016). It seems that if there are longer waiting times for NHS care or GP appointments, this is likely to lead to a rise in demand for advice services.

Mental Health:

Tackling mental ill health is important because of the stigma attached to seeking help, its link with physical health and subsequent social exclusion, discrimination and wider inequalities as set out in the publication of "No health without mental health", the mental health strategy for England.

According to MIND, 1 in 4 adults in the UK will experience a mental health problem in any given year, whilst 1/100 people are predicted to be on the autistic spectrum (MIND, 2016). National IAPT⁹ data has estimated that 22,700 people (9%) of Borough residents currently have common mental health problems. (Harrow Council, 2016). Prevalence is slightly higher in Harrow than the England average for mental health problems such as schizophrenia, bipolar affective disorder and other psychoses; at 0.93%, compared with 0.84% (Harrow Joint Strategic Needs Assessment, 2016). Harrow also has a higher rate of mental health service users who were inpatients in a psychiatric hospital (3.6%) compared to the national average (2.4%). Furthermore, the Local Carers Survey (2012-13) found that approximately 1/5 carers in Harrow were caring for someone with mental health problems.

Importantly, PANSI's mental health data for Harrow states that the number of people 18-64 in the borough living with a common mental disorder is increasing, from 24,975 in 2014 to 26,064 in 2020, with 11,168 of these people predicted to have two or more psychiatric disorders increasing to 11,674 by 2020.

In 2012/13, there were 1,019 new recorded cases of depression in Harrow; an incidence rate of 0.5% compared with 1% in England (Harrow Joint Strategic Needs Assessment, 2016), and the average rate of Harrow residents with a mental illness in residential or nursing care is also lower than the England average (16.4 per 100,000 residents in Harrow, compared to 32.7 in England) (Harrow Joint Strategic Needs Assessment, 2016). This does not necessarily mean incidence and prevalence are lower; it could mean poorer identification and recording of cases.

⁹ IAPT - Improving Access to Psychological Therapies

During consultations 30% of service users, when asked ‘Do you have a disability?’, stated that they had a disability related to mental health. Service providers reported an increase in individuals being detained under the Mental Health Act and clients with acute mental health issues and suggested more service advice provision related specifically to mental health, including mental health advocacy specialists, and this was perceived to be a gap in current service provision.

In terms of the more vulnerable groups, rates of mental health conditions are higher amongst some BAME communities, particularly new arrival refugees (Afghan, Somali, Iranian, and Tamil) (Harrow Council, 2016). Mind in Harrow (MiH) has undertaken a number of projects to identify the needs of people from BAME communities and refugees over the past 10 years, and has found that within these groups there is generally a poor awareness and understanding of mental health services and how to access them, and a cultural stigma associated with having mental health problems. MiH also identifies a ‘lack of culturally appropriate support’ within Harrow’s mental health services, which may prevent refugees and individuals from BAME communities from seeking support (Harrow Joint Strategic Needs Assessment, 2016).

Carers may also be particularly vulnerable to experiencing mental health issues. During consultations, Harrow Carers stated that ‘most service users’ have ‘high levels of need related to mental health and emotional issues’. An independent assessment carried out with 26 primary schools, 13 high schools and tuition services in Harrow (2014) reported that mental health needs amongst parents and carers is an area of growing concern for schools, particularly primary schools (Harrow Joint Strategic Needs Assessment, 2016). It seems that a common issue which carers experience is social isolation. A statistical analysis by Harrow Council’s (Business Intelligence Unit) on the Carers survey showed that the two most significant factors associated with carers feeling under excessive pressure (and at risk of breakdown) were: not being able to maintain social contacts and thereby becoming socially isolated, and feeling that they were not receiving enough encouragement and support (Cabinet Response to Scrutiny Review of the Impacts of Welfare Reform in Harrow, 2016).

The prevalence of mental health disorders and emotional disorders in Harrow amongst children and young people (8.8% and 3.4%) is lower than the average rates for England (9.6% and 3.7%). Hospital admission rates (per 100,000) for mental health conditions in children (aged less than 18 years) are also lower than the average rates for England. In Harrow, the estimated number of children aged less than 18 years requiring Tier 3 CAMHS¹⁰ in 2012 was 1,025 and those requiring Tier 4 CAMHS services was 45.

It would appear from local data as well as service user and provider consultation responses that there is a particular need for mental health support in Harrow, particularly amongst certain groups such as carers and those from minority ethnic backgrounds.

Health and Wellbeing Strategy:

The vision of the Harrow Health and Wellbeing Strategy is:

To help all in Harrow to start, live, work and age well concentrating particularly on those with the greatest need. By this we mean:

¹⁰ CAMHS – Child and Adolescent Mental Health Services

- *Start well* – we want children from the womb to adulthood to be safe, happy and have every opportunity to reach their full potential
- *Live well* – we want high quality, easily accessible health and care services when we need them, sufficient and good quality housing, green and active spaces, healthy high streets and neighbourhoods
- *Work well* – we want to help people to be financially secure by finding good jobs and staying in work in an organisation which promotes health and wellbeing
- *Age well* – we want to enable older people to remain well, connected to others and independent in their own homes for longer and enable dignified deaths

The way Harrow Council will achieve this vision is set out in the Health and Wellbeing Strategy:

- *Use every opportunity to promote mental wellbeing:* Mental health is a huge issue which some people say does not receive the same attention as physical health. We want to change this in Harrow to ensure we abide by the mantra ‘there is no health without mental health.’ The Harrow Health and Wellbeing Board have committed to a vision which enables residents to start, live, work and age well. This area of work in Harrow will be informed by the Like Minded programme, a strategy to improve mental health and wellbeing across North West London. The programme has the aim of establishing excellent, integrated mental health services to improve mental and physical health.

Work in Harrow will support and link directly with this strategy as well as to the Future in Mind programme. Future in mind is a national report that was published in March 2015, its purpose is; promoting, protecting and improving children and young people’s mental health and wellbeing. Harrow Health and Wellbeing Board will support collaborative action, through this programme, which will bring about transformation for children and young people’s mental health in Harrow.

- *Empower the community and voluntary sector to collaborate to deliver alternative delivery models and funding solutions* - We heard during engagement exercises that the community and voluntary sector is the lifeblood of Harrow and it makes a significant difference to health and wellbeing in Harrow. We heard that there is a huge amount of community spirit to help each other but a need for more coordinated, joined up working. For this reason, it is our aim to establish the right networks, support mechanisms and shared programmes of work, to ensure that residents feel more engaged in local decision making, and empowered to do more.
- *Provide integrated health and care services* - Residents report finding the health and social care system fragmented and difficult to navigate. Integrated health and social care commissioning is vital for the future to improve quality, access, equity, cost effectiveness and efficiency. These desires align with the Harrow-wide vision for whole systems integrated care which is to improve the quality of health and social care for individuals, carers and families, empowering and supporting people to maintain independence and lead full lives as active participants in their community.

The Care Act 2014 placed new duties on local authorities that require them to cooperate with local partners. Partners across Harrow believe that truly empowering people to help themselves requires support to be provided around people and not around existing organisational arrangements. Ideally, well before 2020 we will deliver integrated health and care services built around the needs of those using the services.

Child Poverty:

A further potential development in the future which may put strain on advice services concerns child poverty. There were 3.7 million children living in poverty in the UK in 2013-14 – that's 28 per cent of children or 9 in a classroom of 30. London is the area with the highest rates of child poverty in the country (Harrow Council, 2016). On a scale measuring the proportion of children in poverty in all 326 local authorities in England (2015), Harrow is ranked 213th (where 1st is the most deprived), which is an improvement since 2010 when the borough was ranked 184th. After housing costs it is thought 28.7% of children live in poverty in Harrow (London Borough of Harrow, 2015).

Harrow also has a large and growing child population. Harrow is ranked in the top quartile for 0-4 year olds in the UK: in 2011, 6.7% of Harrow residents (15,916) were children aged four and under, compared with 5.8% (12,019) in 2001 – a 32 per cent increase over 10 years. Moreover, population projections for the 4-10 year age group are expected to increase from 20,864 children mid-year 2012 to 25,567 mid-year 2024 (Harrow Council, 2016).

Children in large families are at the highest risk of living in poverty: 34% of children in poverty live in families with three or more children. There are a wide variety of reasons why a family may experience poverty, such as a rise in living costs, drop in earnings through job loss or benefit changes. Children in poverty are likely to attain lower grades than their peers: By GCSE, children receiving Free School Meals (FSM) are 28% less likely to obtain 5 A* - C grades than their peers who are not receiving FSM (Harrow Council, 2016).

Of note is that children may also suffer lower educational attainment if their parents have poor English language skills, as this can lead to isolation, poor communication between parents and schools, resulting in cultural dislocation (Harrow Community Learning Strategy, 2015). Harrow's Child Poverty strategy is currently being developed.

Ageing Population:

In Harrow, The average (median) age is 36 years, which is lower than most other places (Office for National Statistics, 2011). However, the Borough's population is ageing at a faster rate than average across the rest of Greater London and the proportion of residents aged over 65 and 85 is higher than the London average (Harrow Community Learning Strategy, 2015). POPPI¹¹ data suggests there will be an increase in the number of people aged 65 and over by 14% by 2020 and 29% by 2025. The biggest predicted increase is in people over 85 (26% increase by 2020). The proportion of the population who are 65+ and 85+ is therefore predicted to increase by 2020 from 14.83% - 15.63% and from 2.07% - 2.37% respectively.

¹¹ Projecting Older People Population Information

A key change in customer needs noticed by service providers within the past 5 years is a growing number of ageing carers with a diverse range of needs including issues of social isolation¹². In 2015, the Department of Health estimated 12% of people aged 16 or over in England in 2009/10 were looking after or giving special help to a sick, disabled or elderly person. Half were caring for someone who was living with them. The Census (2011) showed there were 24,620 carers in Harrow, an increase of over 4000 (almost 20%) from ten years earlier. With an increase in the number of older people, and people requiring care and support it is likely that the number of carers in the Borough will continue to increase.

Research suggests that Britain leaving the EU may create challenges in terms of addressing demand from elderly and disabled people for information and advice. A report by Independent Age and the International Longevity Centre-UK claims that leaving the EU could cause a 'massive shortage' in care workers for elderly and disabled as a result of post-'Brexit' migration restrictions (Bunn, 2016). Currently 84,000/1.43m care workers in the UK are from other European Economic Area countries. 90% of these workers do not have British citizenship and so their jobs could be at risk when Britain leaves the EU. This would be particularly damaging in London. Overall, it would mean that one in nine social care workers - almost 20,000 people - could be at risk of losing their right to work in the UK (Bunn, 2016). It therefore seems that an ageing population is likely to increase demand for information and advice services.

Harrow Adult Services Aims/Objectives:

Adult Social Care and Public Health face considerable budget pressures in 2016/17. The challenges facing social care across the country are facing crisis point. Figures released by NHS England in September on Delayed Transfers of Care show that more people were confined to hospital beds, despite being medically fit enough to leave, than at almost any other time on record (188,300 delayed days in August).

The Council seeks to improve the lives of vulnerable adults by:

- Safeguarding adults whose circumstances make them vulnerable and protecting them from unavoidable harm
- Enhancing quality of life for people with care and support needs
- Delaying and reducing the need for care and support
- Ensuring that people have a positive experience of care and support

¹² Carer needs: For instance, a statistical analysis completed by Harrow's BIU (Business Intelligence Unit) on the Carers survey showed that the two most significant factors associated with carers feeling under excessive pressure (and at risk of breakdown) were: not being able to maintain social contacts and thereby becoming socially isolated, and feeling that they were not receiving enough encouragement and support. It is suggested that these areas are prioritised in carer assessments.

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November 2016