

Harlow Safeguarding Adults Board (HSAB)



Minutes of Meeting - Wednesday 16th December 2020

HSAB Members	Organisation	Present
Samuel Abdullahi (SA)	Trading Standards (Brent and Harrow)	✓
Christine Asare-Bosompem (CA-B)	Harlow (NHS) Clinical Commissioning Group	✓
Kate Aston (KA)	Central London Community Health Care NHS Trust	✓
Cllr Simon Brown (Cllr B)	Elected Councillor (Portfolio Holder) - LBH	✓
Theo Baron (ThB)	RNOH (for Julie-Ann Dowie/Paul Fish)	✓
Tony Bellis (TB)	Metropolitan Police	✓
Karen Connell (KC)	Housing (Harlow Council)	X
Julie-Ann Dowie (J-AD)	Royal National Orthopaedic Hospital	X
Mark Gillham (MG)	Mind in Harlow	✓
Paul Hewitt (PH)	Children's Services (LBH)	✓
Jeffery Jansen (JJ) for Jonathan Kilworth	Business Intelligence (LBH)	✓
Jaya Karia (JaKa)	Westminster Drug Project	✓
Jonathan Kilworth (JK)	Business Intelligence (LBH)	X
Francis Kudjoe (FK)	London North West Hospitals NHS Trust	✓

Steve Leader (SL)	London Fire Brigade	✓
Yvonne Leese (YL)	NW London CCGs	✓
Barry Loader (BL)	Metropolitan Police	X
Nigel Long (NL)	Harrow Association of Disability (HAD)	X
Coral McGookin (CMcG)	Harrow Safeguarding Children's Board (HSCB)	✓
Anne Mosley (AMo)	Harrow Adult Social Services	✓
Cllr Chris Mote (Cllr M)	Elected Councillor (Shadow Portfolio Holder) – LBH	✓
Marie Pate (MP)	Healthwatch Harrow	X
Tanya Paxton (TP)	CNWL	✓
Deven Pillay (DP)	Harrow Mencap	✓
Chris Miller (CM)	Chair of the HSAB	✓
Angela Morris (AM)	Harrow Adult Social Services (LBH)	✓
Teresa Neal (TN)	Harrow Mencap	✓
Vicky Rapti (VR)	NHS London	✓
Anne Sinclair (AS)	CLCH	X
Tina Smith (TS)	Age UK Harrow	X
Carol Ann Williams (CAW)	London North West Hospitals NHS Trust	X
Officers supporting the Board		
Sue Spurlock (SS)	LBH - Safeguarding Adults and DoLS Service	✓
Seamus Doherty (SD)	LBH - Safeguarding Adults and DoLS Service	✓

1. Welcome/Introductions/Apologies

Chris Miller welcomed everyone to the meeting; introductions were made and apologies given.

2. Minutes of 30th September 2020:

Minutes of the last meeting – 30 September 2020. Agreed as accurate

3. Matters Arising

Harrow Appropriate Adult Scheme (update)

AM updated the meeting – Kim came to the board some while ago and looked at the potential options. The more favoured option was option 1, which is the expansion of the current internal service. That would mean increasing the number of sessional workers, both in childrens and adults services. AM believes that childrens services have also gone for option 1 as well. Kim will be getting together a task and finish group across adults and childrens services to work on the detail and will report back to the next board meeting. AM will check whether this is a Harrow event on its own rather than a London wide process - that might have been a 3 Borough process. **Action:** Following discussion AM agreed to ask Kim for voluntary sector representation on the T&F Group and to get a likely start date.

Annual Health Checks for People with a Learning Disability

CA-B updated the Board - the number of people in Harrow who are registered with GP's is 1,170 service users. The Quarter 1 target for Harrow was given as 157 and 159 service users had their annual health check. The Quarter 2 target was 87 and 151 service users had their annual health check. Quarter 3 not yet ready, but 34 were completed for October. The steering group has identified the need for everyone to be involved in encouraging services users, carers and professionals, to ensure that once the professionals come into contact with a service user, the two main things to discuss are health checks and health passports. Another significant area is embedding the annual health check in the health passport. When an annual health check is done, if actions were followed through and when the next check is due.

Action: It was agreed for the data from the CCG to be sent out with the notes of the meeting.

AM

AM

SS

4. Performance at Quarter 2 – 2020/2021

Jeffrey Jansen from the LBH Business Intelligence Team attended for this item and his presentation is an appendix to the notes of the meeting.

There was a lengthy and detailed discussion and it was agreed that the data is being developed in a very useful way and that the areas where more attention is required e.g. concerns and enquiries by ethnicity can be further explored in 2021.

5. HSAB annual review day report 2020

CMcG - a collated report with an action plan across the HSAB and HSCB has been developed in terms of the findings and the recommendations that came out of the activity that Board members contributed to at the annual review event. There was an ongoing commitment to support the existing three shared priorities, but some of the work was done separately and this has been enhanced within those priorities and that has been reflected in the joint action plan. In the action plan, there are proposals for where each particular action could be taken forward and for the most part they sit within the existing sub-committees. There is a stronger focus around Covid related activities in relation to mental health and contextual safeguarding. The report also refers to the learning about how business has been undertaken during Covid and how much of that should continue. There was a lot of emphasis on keeping the things that were working well, but perhaps working towards a blended approach to how we work, going forward. This information was shared across both boards. This work is as well as our business as usual, including all the audits and reviews. Each sub-committee will produce a separate business plan that will show the normal run of business plus the enhanced activity that this piece of work that was undertaken identified. This is where we are enhancing our business.

CM – we need a broad agreement that we are happy to move forward in the areas that are in the report. In this meeting, we are referring specifically to adults or those that cross over.

DP – I thought it was an excellent document that reflected what people are experiencing. With regard to the Black Lives Matter issues and the makeup of Harrow, I am wondering where that underpins some of the work moving forward?

CMcG – we have decided within the sub-committees that this theme will be threaded through all our work and not be an add on. There is a danger that you carry on with your business and then think about the Black Lives Matter issues. At the end of the year, we will be able to draw upon the evidence within all those pieces of work, where we have been able to drive the activity forward.

TB – with regard to adult safeguarding, this is an area where I am expanding the knowledge amongst my colleagues and identifying the key triggers. It is quite often not a one-off event, it is the financial abuse and it's a pathway that tends to lead to more serious offending. In terms of assistance with interviewing and speaking with some vulnerable adults, any assistance would be appreciated. I know that quite a lot of colleagues in local authorities do have experience in those fields and I don't think we have fully explored that.

MG – I think the plan is positive and comprehensive. I am wondering for some of the actions, how far are they feasible and deliverable, some of them seem quite wide ranging. Looking at mental wellbeing, I am not sure what is meant by “to monitor needs and service provision for BLM service users”. How would that be manageable? Although it is clearly very important and something we should be doing. What does this look like in practice and how achievable these goals are?

TP – how are the goals measurable? If we were clear about how this could be measured then it would feed into what Mark is saying. It is easy for the assessments because this is a standard KPI that we measure and try to meet.

CM - If we get broad safeguarding boards to sign up to this then we are going to have to work on populating a plan where you end up with the performance indicators whether achieved or not.

CMcG – within the sub-groups and particularly the quality assurance groups, each of the partners who present their safeguarding reports are being tasked to break the data down to allow for that analysis. Each partner is probably going to do this in a way that is manageable for them. It will not necessarily be a consistent measure across all the partners, but they have all been asked to incorporate that into their reporting to the QA group. It is something that will develop over time. We will keep the board updated in terms of the findings and if any consistency can be developed over time. That is our starting point.

6. HSAB Strategic Plan 2021 - 2024

CM reminded the Board that its Strategic Plan runs out at the end of 2020, so another one is required. CM proposed that the new plan runs from the start of the new performance year (April 2021). On an interim basis, the old one will need to be carried over. The HSAB review day report can be prioritised as part of the basis for the new strategic plan which can be developed and eventually signed off on the 30 March.

Action - a group of the HSAB to work on developing the plan, consulting the Board and also using the development day report and the priorities that arise from that as being part of the strategic progress

CM

7. Feedback from sub-groups

CMcG - on behalf of the three sub-committees, you will have heard about the **QA group** drilling down into the new data set. This is the first time that we have had the data set from the HSAB, so we were able to do some comparisons. We are really pleased with the quality of information that is coming in, but we are also asking for further breakdowns to help make the data set slightly more sophisticated and responsive to what we need to know about in Harrow. We are learning in terms of data being collected differently, which means that sometimes comparative with other boroughs might be quite challenging. We are giving a lot of attention to BLM and scrutinising all the information coming through in relation to ethnicity breakdown and any disproportionality that is becoming apparent. There is a lot of other audit work that is being undertaken and each piece of work, we are making sure, is relevant to adults and children. Earlier this year, we started to produce a Section 11 audit tool in relation to children, which is an examination of the arrangements within the partner agencies to see how well equipped they are to respond to their safeguarding responsibilities. Usually this is done at a strategic level, but this time we are going to triangulate that with questions to frontline practitioners. We will then be able to report back to each organisation that they have done training, but a certain proportion of their staff have not accessed it or they don't know who their safeguarding lead is. This will be sent off electronically. Hopefully by the next board meeting, we will be able to update you.

In relation to the **Learning & Developing Group**, preparations are under way for the next annual conference which is about contextual safeguarding with a focus on County Lines. We have got a high number of people signing up from across the partnership, both adults and children and we are getting some high-profile presenters to participate on the 26 February. Formal invitations will go out in the near future.

<p>The Case Review Group is currently running with the SAR and CM will refer to this in the next item. We have been engaged with the Child Safeguarding Practice Review in relation to the natural death of a young boy who had quite complex medical needs and learning disabilities. We are on the way to completing this one and we are hoping that we will be able to identify the learning and disseminate that early next year. Because this is a joint group, we try to get adults and children to look at the cases from their perspective. We have just been alerted to another case where we are going to hold an extraordinary meeting to look at whether it meets the threshold for review.</p>	
<p>8. SAR update</p> <p>CM provided an update on the SAR. This is the first one that Harrow has done for some time or perhaps the first one under the Care Act. 10 agencies have submitted reports about their knowledge of one particular individual, “A” and her two daughters. We are now in a position to plan a practitioners day and we hope to get the report complete with the recommendations and learning by approximately mid February.</p> <p>Linked to the SAR which relates to self neglect, SS had met the day before with an LAS representative, the safeguarding lead, to talk through the difficult, hard to engage and self-neglect individuals and how joint working might be improved in their best interest. It was a good meeting and the lead had confirmed that she is already involved in providing information for the Harrow SAR. SS had given her a few other case examples that are live at the moment and she is going to have a look at them. She talked a lot about the changes to the training for LAS staff.</p> <p>9. ICP/ICS safeguarding arrangements</p> <p>YL gave a presentation setting out what the safeguarding arrangements for the CCG will be. At the moment, NHS England have gone out to consultation for approximately 6-8 weeks and they are outlining a proposal to abolish CCG’s by April 2022. Over the last year, CCGs are increasingly working as an integrated care system and with the development of integrated care partnerships at a borough level, that work will continue to evolve.</p> <p>The CCG’s will work very closely with both the ICS partners and at borough level with local partners in placed based structures. All the CCG’s and member partners have agreed, and it has been approved, that across North West London there are eight CCG’s, but from 1st April 2021, they will be aiming to become one single North West London CCG. Over the course of the next 16 months, the CCG will remain the statutory partner because although the ICS is emerging and developing, in legislation it is not a statutory body yet. Although there will be one CCG across North West London, there is still a very firm commitment to borough based safeguarding.</p>	

There will be one strategic executive with the lead for safeguarding across the North West London CCG and that is Diane Jones, (Chief Nurse). At a borough level there will be the designated professionals and that will not change. There is a firm commitment to system specialist leadership advising on safeguarding. The safeguarding structure consists of the Chief Nurse, who has the overview of safeguarding for children and adults. There are two Associate Directors, (VR is the Associate Director for safeguarding adults and Pauline Fletcher is the Associate Director for children). The placed based designated professionals, Christine A-B for safeguarding adults.

The governance that is being developed for the North West London Integrated Care System is now version 10. The structures have been developed over many months and have been discussed at meetings with different stakeholder partners and the CCG leadership. Within the NHS, the Chief Nurse is often the lead for safeguarding and quality. Safeguarding will be part of the quality remit. The local monitoring of statutory responsibilities is the local borough based structures. Even when there is one CCG in April, at a Harrow level, within the CCG, there will be across the integrated care partnership some sort of quality structure where safeguarding is discussed, both within the CCG and the emerging partnership arrangements. It is likely that this will develop further, to work with the new ICS as it begins to develop, to understand whether these government arrangements are fit for purpose and whether they need to develop any more.

DP – with regard to delegated authority, in the past with partners on this board was about the capacity to make decisions and this has been an issue about the level of engagement and who sits on this board, has become critical.

YL – from a CCG perspective, Diane Jones is the executive with the lead for safeguarding, but it is impossible for her to sit on eight safeguarding adult boards. My post as Assistant Director would be the delegated responsibility and Christine's post as the designated professional. That is the vision for what the representation will be going forward.

CM – where will the LeDeR process sit now that we are moving to a single CCG? There are a number of different ways that will show up across the country. Are there any plans to change in North West London?

YL - there are no plans for this to change. I will still maintain my position as the local contact for Harrow. If there are any change of plans made in April, we will let you know.

CM – so there is no suggestion that one figure in the North West CCG is going to have an oversight of the LeDeR process?

<p>YL - Diane Jones is still the executive lead. Christine is the local lead for the CCG.</p> <p>CM – with regard to named GP's, is there a plan for making this coherent across the whole of North West London or is this a matter for local negotiation?</p> <p>YL - this is something that is being looked at across North West London. Harrow had a named GP who left. Following this, a restructure took place. We are looking at having named GP's across the CCG's for adult safeguarding.</p> <p>CM – at the moment, the arrangements for named GP's for adult safeguarding are different borough by borough. Is this going to be made similar for each borough across the North West London?</p> <p>YL - some boroughs do not have named GP's at all. We are looking at how we can have named GP's who can cover all eight boroughs. I will give a feedback at the next board meeting.</p>	YL
<p>10. Issues to/from the Harrow Safeguarding Strategic Partnership (HSSP)</p> <p>CM - the HSSP (Senior Safeguarding Strategic Partnership) meets three times a year, but has met more often during Covid. It will be meeting next on the 14 January 2021 to look at ways to develop joint working across both safeguarding boards. We want to keep in mind the change to the integrated care system and how the boards can monitor the progress and impact of this. We will do more work around consent and whether it does or does not play into the appropriateness of information sharing. There is a new duty for local authorities around measuring the impact of serious youth violence. There are new statutory duties that are being consulted on. This will affect both boards and the Community Safety Partnership, Safer Harrow. We are also going to look at the support structures for our two safeguarding boards. It was 18 months ago that we changed our arrangements in Harrow for the oversight of safeguarding across both boards.</p>	
<p>11. Updates from Member Organisations</p> <p>Trading Standards:</p> <p>SA – with regard to trading standards, we have been very busy dealing with Covid, especially with businesses. We have lost a member of staff who has moved onto the National Crime Agency. He was the lead for scams in the borough and attended this board. He has not been replaced yet. As a department, our commitment still remains the same, any complaints that we receive about financial crime or doorstep crime is still a priority for us. With Jeffrey's presentation about the age makeup of victims, this will be very helpful for us. If I need help, I ask Sue or Seamus and they are very helpful.</p>	

Harrow Children's Services:

PH – with regard to the safeguarding of children and young people, there has been a significant rise in the number of children subject to child protection arrangements, looked after children and children in need, across the whole of the child's journey.

I would also point out the strain for children and young people with disabilities who are moving into adulthood and the pressures on family life and how that has been experienced through special schools and families where there are children with complex needs.

There have been some harrowing experiences and workers have had to provide extra support for families who cannot make use of digital arrangements. Visits have continued on a risk basis across the system. I would like to pay tribute to the schools, who have been open full time during the second part of the pandemic. School staff are under immense strain, often with classes and teachers self-isolating, but the relationship between the schools and the rest of the system is strong and that is what has held safeguarding together for families with vulnerabilities. Harrow, as a community, has been hit badly by the pandemic. There is no doubt that communities from the BME background have suffered. This second wave is starting to demonstrate again the potential impact on those families where there are vulnerabilities. Local authorities are having to provide more support, including providing rapid testing as part of Tier 3 and this is proving a challenge. We are seeking the help of community leaders to promote the use of community testing. The good news is that yesterday, the first community vaccinations were being rolled out at The Hive for some of our Harrow patients and our most vulnerable citizens. Public Health falls under my remit and it is very clear that the public health teams have been under a lot of strain in order to get the message out to communities to change their behaviour. Our hospital is just about holding out, but we will see it in danger of being overwhelmed unless everyone pulls together at this time. We will see safeguarding issues coming to the forefront in the next 2-3 months, in the way that we have possibly not yet seen it.

Harrow Adult Services

AM – the focus has been on how we have been able to respond to the pandemic. The safeguarding team has been very resilient and led from the front. They still have a presence in the Civic. They can still continue with visits once they are risk assessed. This has helped, particularly with our most vulnerable customers. The quality assurance team has been very proactive in supporting our care homes. They have still continued with a lot of the training, albeit virtually, to the care homes to support the staff. There has been consent training, which has been very successful. This is a tricky area, but this training made a good impact.

We have a team manager from the safeguarding team, who has been on secondment who is very well respected and experienced. Virginia Wilkinson will be returning to the team. Sue has been very proactive about looking at vacancies when they arise and checking to see that we have got the right skill mix in the team. Traditionally we would call on the social workers as they have the skills that are required for individual safeguarding cases, but sometimes these are outside their skill set. We are checking what skill mix we need to complement the team.

Harrow Council Principal Social Worker

AMo – we have concerns about staff wellbeing, as staff have been working remotely since March. I have held focus meetings with staff around how they have been coping, initially in July and more recently and this includes staff in the safeguarding team. What is clear is that staff are very positive about the good support that their managers have been giving them. There has been a focus from the managers about staff wellbeing and staff have adjusted to working remotely and are coping a lot better. There are some staff who are struggling, but they are getting the support that they need.

Clinical Commissioning Group (CCG)

YL – the CCG's have been very focused on supporting Trusts and primary care to restore services after the first wave of the pandemic and to be able to maintain as much of that service level as we have gone through the second wave of the pandemic. Obviously dealing with the usual winter pressures, particularly from the beginning of December to the end of February, which is a key time for us. A lot of focus has been on the flu vaccination programme, trying to complete this and hit our targets to get as many people vaccinated as possible. At the end of last week and this, we have started the Covid vaccination programme, through the primary care networks and focused on people over 80 years and care homes. That will be a key focus for us over the next few months. The eight CCG's have just been through a massive organisational restructure with a lot of changes to our posts and with some posts being deleted and some new areas being created. During December, we are all transitioning into new roles and hopefully in the New Year, everyone will be in their new posts with our new leadership teams in Harrow. My role is interim at the moment. Over the last year, I was the Deputy Director of Quality, but this post has been deleted. I will fill this role for the next 6-8 weeks and it may be more permanent.

CA-B – regarding working with providers and primary care - domestic violence is high on our agenda. We have been working with the GP's and developing training. About a week ago, I had training with Hestia and we trained with sessional staff as well. There were a few concerns about how to meet the referrals, who to speak to and how to escalate concerns. This training went well.

CLCH

KA – we have rolled out our third safeguarding champions programme trust wide. This has been very successful and we have about 50 champions trained up. We are having monthly supervision sessions with them. We have got a new Mental Capacity Act & DOLS lead who started in September. She is busy working on the liberties safeguards with this coming up within the next couple of years.

For National Safeguarding Week, we delivered daily training sessions on various subjects in relation to safeguarding, which was well received and was trust wide. We also supported National White Ribbon Day. We are busy training for Covid.

RNOH

ThB – we now have a full complement of staff. We have managed to get our training back on schedule. We are doing training via Microsoft and we are delivering a few sessions every week to catch up with our training trajectories. We have had an influx of safeguarding referrals in MCA and DOLS in the first and second quarters. The increasing figures was good because it means that despite being busy and the focus being on Covid, people are still noticing and reporting concerns. We had a patient with quite profound learning disabilities who has not had good experiences with hospitals before, but when he came to us, we managed to put a plan together, which went very well. His mother was very happy and sent us a glowing letter to say that it is the best support, treatment and care that they have received in a long time. That won us first prize in our quality week as the safeguarding team. A lot of our staff have been affected by positive Covid results. We get tested every week. We are trying to streamline our services so that we are working jointly. My specialist nurse is a learning disability nurse so she will be able to help with the leader reviews. She is also a trained reviewer.

Northwest London Hospitals Trust

FK – in terms of the safeguarding team, the trust is going through a transformation. The team are currently going to have an integrated approach. The idea is that as we have patients who have holistic needs, we have brought together people with dementia and older people as well as people with learning disabilities all under the umbrella of safeguarding adults. This is working well as it has become a one stop shop. If we have a patient with learning disabilities, they can easily access our clinical nurse specialist for learning disabilities and if they need a mental capacity assessment, the same colleagues are there to work with them. We have recently employed a new named professional for safeguarding adults and we have expanded the number of safeguarding advisors. We have one new safeguarding adult advisor.

We used to have one lead nurse for learning disabilities, but we have recruited an additional clinical nurse specialist for learning disabilities to work collaboratively with her. We have also recruited a new dementia and older peoples' matron. She is working with a falls prevention clinical nurse specialist who is new and joined at the beginning of December. We have also recruited an older adult activities worker, working especially with Covid and people who have a long stay in hospital, helping to stimulate them socially.

We are currently delivering safeguarding levels 1 and 2 training via e-learning. We have identified a bigger cohort of staff who need safeguarding adults level 3 training. With regard to safeguarding supervision, we are at the foundation level. We are going to use safeguarding champions to support us and this work has now started. National Safeguarding Adults week in November, we used this opportunity to have a theme of embedding the Mental Capacity Act, DOLS and liberty protection safeguards in staff practice. We are currently on the road map for LPS. We are at the awareness stage and are now promoting awareness for people. Next year we will do our liberty protection safeguarding implementation plan. As an acute trust, we are preparing for the vaccination that the Government wants us to roll out. We will be setting up site hubs to deliver the vaccination especially to vulnerable people from care homes and all the teams who are patient facing are having weekly lateral Covid testing.

Police

TB – as an organisation we have adapted fairly well to Covid. As leaders, we were nervous about officers working remotely, but it has worked. We have got a shrinking estate picture and a number of buildings being sold and it works for officers who are having catch up days with their investigations. Clearly, we need a team to deal with the prisoners and crimes taking place in the police stations. We have found it to be productive. Two of my DI's are off sick with Covid. In terms of branding within the police, we are no longer safeguarding, we are now public protection. There is no change to any service delivery or any of our structures, it is a broader reflection of what we do. This is a corporate change. We have had a recognised demand within our BCU, so we have received an uplift of two Detective Sergeants. One within the domestic abuse team and one within the rape and sexual offending team. In relation to White Ribbon Day, we had a lot of activity taking place within the BCU and had 120 arrests within 16 days of action. I cannot comment on the figures just for Harrow, but that is across the BCU. This shows the volume that my team are dealing with over a two week period. The branding name of public protection covers anything that previously came under the safeguarding heading.

Probation

VR – the Harrow office which was based in Denmark House, Barnet was shut for most of lockdown. It was re-opened in October 2020. One of our main concerns when lockdown was announced in March, was domestic abuse victims and perpetrators being locked in the same home for long periods on time, but our colleagues in the North West BCU were very quick to provide us with support within the police and mailboxes that we could get in touch with and escalate any concerns that we had for routine visits for which we were very grateful.

We moved into a different delivery model for that period, but we still need to be very cautious about our footfall in the office. A lot of our sites have re-opened. We have encountered some illness but nothing severe. We have full reunification including community payback that is unpaid work as well as interventions and contracts and management jobs are now with the NPS. This has not changed because of the pandemic, it was announced during the pandemic. We are still looking for a full reunification by 21 June 2021. Both organisations are making sure that this does not have any impact on our service users and communities, we are still focused on risk management, protecting the public and implementing the centres of the Court as well as focusing on the rehabilitation of our service users.

Westminster Drug Project (WDP):

JK – in terms of safeguarding adults, we have noticed within the service during the pandemic, that there has been an increase in referrals from social services, mainly from childrens services, but also adult services, mostly victims of domestic abuse. We have made an increase in referrals to Hestia and adult social care during the pandemic. Any of our service users who have an increase in the risk factor e.g. if they are victims of domestic abuse, we are trying to encourage them to come into the service, rather than carrying out our telephone interventions because we know it is not safe in that environment. As long as we have put the safety measures in place, they are able to come in. In Quarter 1 and Quarter 2, we managed to secure a couple of safeguarding mobile phones with Tesco. This means that any of our service users who did not have a mobile phone or we were unable to get hold of them, we actually gave them a phone for safeguarding. We can get in contact with them and they can get in contact with us and they can contact other organisations who are involved in their care, such as social services, probation, GP's etc. We found that was helpful for our service users. We have a safeguarding tracker, but I added an additional tracker to monitor the safeguarding aspects, for those service users who are more vulnerable and more at risk for Covid so that we could monitor them more closely. We have seen an increase in professional meetings that we have set up to provide a more holistic care for our service users.

London Fire Service

SL – we work across London, so if we have a shortage of staff in Harrow, you will not notice this as we can request staff from other areas. We also have the facility to do pre-arranged overtime, so there will not be a lack of staff. We can move appliances from one side of London to the other. If we get a large incident in a certain area, we will move appliances around. We can strategically move trucks. The challenges for us are engagement with the public and vulnerable people. Because of Covid, there is a big trust issue in terms of us going into peoples' houses.

In terms of home fire safety visits, we are only doing very high risk ones where people are particularly vulnerable such as arson, needing bedding or do not have smoke alarms. As we are going into less homes, approximately a couple of hundred within the last 8 or 9 months as opposed to thousands, we are probably identifying less people who are vulnerable. In terms of us referring on for hoarders or any issues for support from social services, because we are going into less houses, we are less likely to refer people as we are not seeing them in their normal environment. The challenge for us is how we can get back and engage with the community. As Covid starts to change, how successful the vaccines are and is there the public confidence to let us back in. There is also the change in patterns of how people are working. With more people working from home, we are seeing people in locations that you would not normally see them before at various times of the day and travel arrangements have changed with less people using public transport and more using their own cars. By default, this will cause more traffic on the roads and that may raise some of the road traffic collisions. In the past, we have opened some of our fire stations for members of the community to come in and have their flu jabs. You have to have the right environment for this, but you need to have a vaccination centre in the right location where the need is. Our fire stations have not always got the right facilities.

Mind in Harrow:

MG – one of the aspects that we have been focusing on is digital exclusion. We are working with lots of people with mental health needs who are finding challenges to access services remotely. More Council and DWP services are becoming digital in how you can apply for welfare benefits or other aspects of service. We have developed a new post that is going to support people with digital exclusion, trying to offer some skills training or other solutions that can overcome barriers. This is something that would be best worked on together to work out some collaborative solutions.

The best solutions are when we can share resources across the partnership, rather than work in isolation.

In terms of mental health, there are some people with certain kinds of needs who are house bound or have mental health conditions where they have found it more positive to engage from home. They have the option to turn off their video and have that kind of safety and privacy, which you would not get face to face. There have been some positives that we can learn from.

CNWL

TP – for mental health and CNWL, it has been business as usual. Mental health referrals have increased significantly. One of our units is closed because of a Covid positive staff member, but it seems to be moving through the ward. This is having a negative impact on the system. We are looking at vaccinating and are training staff to do the vaccinations. With regard to safeguarding, we have a new lead social worker and she has done an overhaul of the safeguarding processes and is looking at recording our activity differently. From the 1 February, it will be recorded on system 1, which is a much more robust recording system. There have been more safeguarding referrals made. We are doing more training. We have set up a form on a quarterly basis and there will be more training in May. We have had a change in our health safeguarding specialist, our previous one went on secondment, but she will be back at the beginning of next year.

Harrow Mencap

DP – our staff have been amazing. Our frontline staff have continued to provide a range of face to face services for children and adults. We are finding in terms of advocacy, there has been an increase since the end of the first lockdown due to less online services being provided to people. I think what has helped has been the collaborative working and partnership. At last we are benefitting from the collaborative and partnership working. The integrated approach is working and is very supportive, enabling us to continue delivering services to the most vulnerable in the community. It has brought a lot of pressure on not just our organisation, but other voluntary sector organisations, where we are finding that funding might be an issue moving forward. In some areas and some services, viability might need to be looked at. There are some concerns around respite for families and individuals, both in terms of financial pressures and isolation. Our young people are not able to get out and see their friends, we are trying to work with these young people.

12. AOB (urgent items only)

None



in partnership with:

