



HILLINGDON  
LONDON



# Social Services, Health and Housing Policy Overview Committee

## Councillors on the Committee

Judith Cooper (Chairman)  
Peter Kemp (Vice-Chairman)  
David Benson  
Sukhpal Brar  
Patricia Jackson  
John Major (Labour Lead)  
June Nelson  
Mary O'Connor

**Date:** TUESDAY, 9 OCTOBER  
2012

**Time:** 7.00 PM

**Venue:** COMMITTEE ROOM 5  
CIVIC CENTRE  
HIGH STREET  
UXBRIDGE  
UB8 1UW

**Meeting  
Details:** Members of the Public and  
Press are welcome to attend  
this meeting

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# **Policy Overview**

## **About this Committee**

This Policy Overview Committee (POC) will undertake reviews in the areas of Social Services, Health & Housing and can establish a working party (with another POC if desired) to undertake reviews if, for example, a topic is cross-cutting.

This Policy Overview Committee will consider performance reports and comment on budget and service plan proposals for the Council's Adult Social Care, Health and Housing Department.

The Cabinet Forward Plan is a standing item on the Committee's agenda.

The Committee will not consider call-ins of Executive decisions or investigate individual complaints about the Council's services.

## **Terms of Reference**

### **To perform the following policy overview role:**

1. conduct reviews of policy, services or aspects of service which have either been referred by Cabinet, relate to the Cabinet Forward Plan, or have been chosen by the Committee according to the agreed criteria for selecting such reviews;
2. monitor the performance of the Council services within their remit (including the management of finances and risk);
3. comment on the proposed annual service and budget plans for the Council services within their remit before final approval by Cabinet and Council;
4. consider the Forward Plan and comment as appropriate to the decision-maker on Key Decisions which relate to services within their remit (before they are taken by the Cabinet);
5. review or scrutinise the effects of decisions made or actions taken by the Cabinet, a Cabinet Member, a Council Committee or an officer.
6. make reports and recommendations to the Council, the Leader, the Cabinet or any other Council Committee arising from the exercise of the preceding terms of reference.

### **In relation to the following services:**

1. social care services for elderly people, people with physical disabilities, people with mental health problems and people with learning difficulties;
2. provision of meals to vulnerable and elderly members of the community;
3. Healthy Hillingdon and any other health promotion work undertaken by the Council and partners to improve the health and well-being of Hillingdon residents;
4. asylum seekers;
5. the Council's Housing functions including: landlord services (currently provided by Hillingdon Homes), private sector housing, the 'Supporting People' programme, benefits, housing needs, tenancy allocations and homelessness and to recommend to the Cabinet any conditions to be placed on the exercise of the delegations by Hillingdon Homes.

Policy Overview Committees will not investigate individual complaints.

# Agenda

## **CHAIRMAN'S ANNOUNCEMENTS**

- 1 Apologies for Absence and to report the presence of any substitute Members
- 2 Declarations of Interest in matters coming before this meeting
- 3 To receive the minutes of the meeting held on 11 September 2012 - to follow
- 4 To confirm that the items of business marked in Part I will be considered in Public and that the items marked Part II will be considered in Private
- 5 Adult Community Mental Health Services - Witness Session 2 1 - 34
- 6 Hillingdon Safeguarding Adults Partnership Board Annual Report 2011-12 35 - 78
- 7 Work Programme - 2012/2013 79 - 82
- 8 Forward Plan 83 - 86

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## **ADULT COMMUNITY MENTAL HEALTH SERVICES – WITNESS SESSION 2**

**Contact Officer:** Moira Wilson  
**Telephone:** x 0722

### **REASON FOR ITEM**

To develop the first witness session on how mental health services are delivered jointly through the Council and Central and North West London Foundation Trust (CNWL). The second witness session will examine local strategies and partnerships in relation to adult mental health issues and assess whether there are any barriers to successful partnership working.

### **OPTIONS AVAILABLE TO THE COMMITTEE**

To question the witnesses in relation to mental health provision in Hillingdon and to address the following lines of enquiry:

- local strategies – translating policy into practice
- partnership working
- enhancing joint working

### **INFORMATION**

1. The Committee is responsible for undertaking the ‘policy overview’ role in relation to Social Services, Health and Housing. This role is outlined at the start of the agenda.
2. Previous experience from both Hillingdon and other Councils indicates that the Committee can have the greatest impact by focusing on a particular topic at one or several meetings.

### **BACKGROUND**

3. At the 31 July 2012 meeting, the Policy and Overview Committee agreed through a scoping report the lines of enquiry to be pursued and the broad structure of the review of adult community mental health services.
4. Members are aware from the Scoping Report that current services deliver a range of community services to support people’s recovery and social inclusion.

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PART 1 – MEMBERS, PUBLIC AND PRESS

One of the key policy and practice challenges is to shift resources away from institutional care towards more community-based options.

5. At this meeting there will be four presentations from:

- Hillingdon MIND on partnership working with the Council, Primary Care Trust and other relevant groups and funders.
- Rethink on partnership working between carers and key agencies
- Housing officers about housing needs and accommodation options for persons with mental health needs and how they can support recovery.
- The Borough Director CNWL and colleagues giving examples of how the Council's leisure and recreation services can contribute to recovery and social inclusion

There will also be opportunities for Members to:

- enquire further about the preliminary evidence provided by questioning witnesses from the Council, CNWL and key voluntary sector partners. At this point the Committee may wish to identify additional information to assist them; and
- discuss and plan anticipated visits by member during October where it will be possible to meet a range of service users and carers and see first hand some of the services they can access.

6. The following witnesses are anticipated at the meeting:

- Robyn Doran – Director of Operations CNWL
- Sandra Brookes – Borough Director CNWL
- Moira Wilson – Interim Deputy Director – London Borough of Hillingdon
- Alan Coe – Mental Health Consultant (LBH)
- Gill Patel – Hillingdon MIND
- Angela Manners – Rethink – a mental health and carers organisation
- Neil Stubbings – Head of Housing / Deputy Director – London Borough of Hillingdon and colleagues

## **LINES OF ENQUIRY**

It is expected that this meeting and subsequent Councillor visits will cover following lines of enquiry:

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PART 1 – MEMBERS, PUBLIC AND PRESS



## **Partnership Working**

1. How well developed are local strategies and partnerships with regard to adult mental health issues? This was partly covered in the first witness session. (see Information Pack 2 from previous meeting)
2. Are there any barriers to successful partnership working?

## **Information and support for users and carers**

3. What information, support and advice is available to those that may need it? How can this be improved?
4. What treatment and support and recovery services are available?
5. What support is available for the carers of adults with mental health issues? Is this support sufficient/ how could this be improved?

## **SUPPORTING INFORMATION**

- To assist members and support both the presentation and questions to witnesses, a copy of the scoping report is attached for information.

## **SUGGESTED COMMITTEE ACTIVITY**

Question the witnesses, adding supplementary questions as appropriate.

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**North West London Carer Support Service**

**Hillingdon Service Report**

**Service Lead's Six Monthly Report**

**October 2011 – March 2012**

**Challenging attitudes, changing lives.**

Rethink North West London Carer Support Service works to support families and friends of adults experiencing mental illness in the London Boroughs of Hillingdon and Ealing. During October 2011 the Hillingdon and Ealing Rethink Carer Support Services were joined to form Rethink North West London Carers Support Service. This merger occurred for a number of reasons and with the aim of enabling our service to become as cost effective as possible and flexible enough to adapt to changes in the wider environment.

This report is an opportunity to find out the extent of the work being carried out by the Rethink North West London Carer Support Service in the London Borough of Hillingdon. The report outlines our objectives and provides a summary of activities over the last six months as well as an in depth analysis of factors such as new referrals, casework, age, gender and ethnicity of carers accessing our service.

### **Objective 1: – To support recovery and social inclusion**

1. To provide information, advice and support to carers of adults experiencing mental illness

Support and recovery of families and friends affected by mental illness is at the heart of what we do. On a daily basis we are working with carers in a variety of ways to enable them to cope better with their difficult situations. This section of the report provides figures on new referrals to the service, casework details and contacts the service has had with carers. In addition to these contacts the service also provides an informative newsletter and engages in many other types of work in the community.



### **New Referrals**

Referrals to the service are gradually increasing again. We have experienced a high number of self referrals and are now also starting to gain referrals from the new carer assessment worker based at Hillingdon Carers.

The following tables provide details of new referrals to the service over the last two quarters.

Quarter 1: Oct - Dec 2011

Carer	Age	Gender	Ethnicity	Locality	Referral Source
1	18-30	Male	White British	West Drayton	Carer assessment worker
2	51-64	Female	Indian	Hayes	CNWL – Team leader
3	65+	Female	White British	Hillingdon	Self – recommendation by friend.
4	Unknown	Female	Asian Pakistani	Ruislip	Self – recommendation by family member.
5	Unknown	Male	Unknown	Out of Borough	Self
6	Unknown	Female	Unknown	Harefield	Self – Rethink website
7	Unknown	Female	Unknown	Ruislip	Self – recommendation by GP counselling service.
8	Unknown	Male	Unknown	Northwood	Self
9	Unknown	Female	Unknown	Northwood	Self

Quarter 2: Jan – March 2012

Carer	Age	Gender	Ethnicity	Locality	Referral Source
1	18-30	Female	White British	Hillingdon	Self – poster at Riverside
2	18-30	Female	Mixed background	West Drayton	Carer assessment worker
3	31-50	Male	Indian	Hayes	Carer assessment worker
4	51-64	Female	White British	Hillingdon	Self – recommendation by CNWL community integration team.
5	51-64	Female	White British	Out of Borough	Hillingdon Mind
6	51-64	Male	White British	Out of Borough	Hillingdon Mind
7	51-64	Female	White British	Hayes	Carer assessment worker
8	65+	Male	White British	Hayes	Carer assessment worker
9	Declined	Female	Somali	Uxbridge	CNWL – Riverside OT
10	Unknown	Female	Unknown	Out of Borough	Self
11	Unknown	Female	Unknown	Hillingdon	Self – recommendation by GP and counselling service.

**Total new referrals this six-month period:20**

**NB: People known to the service who re-contact the service are not counted as new referrals.**

**Referral Sources:**

Referral Sources	Numbers
Carer Assessment Worker	5
Self	11
CMHT	1
Riverside	1
Voluntary Organisations	2
<b>Total</b>	<b>20</b>

### Casework:

Carer support is the main focus of the work we do and casework continues to be at a very high level for staff. At any given time the aim is for staff to be working with no more than 10 high cases in a time-limited way, so that when one carer needs less support the idea is that they will move into medium or low support and we are then able to offer higher levels of support to another carer.

### Number of Active Cases:

<b>Relationship of Carer to Cared for</b>	<b>High level of support - contact every 10 days</b>	<b>Medium level of support – contact once a month</b>	<b>Low level of support - contact, infrequent</b>
Parent	19	23	32
Sibling		4	3
Spouse/Partner	2	7	10
Son/Daughter	1	4	1
Ex-Carer	1		2
Other	1	3	2
Unknown			
TOTAL	24	41	50
<b>Total Active Cases</b>			<b>115</b>

The total number of active carers has gone down slightly this period due to the re-structure, office move and the service lead preparing to go on maternity leave. However, as you will note further into the report, the number of contacts performed for carers remain at a very high level.

Cases with high support needs generally require face-to-face contact on a regular basis. A case may be classified as high support when there is a considerable amount of time spent addressing the Carer's needs. Carer's receiving what is classified as medium to low support are predominantly receiving group, telephone or e-mail support, with occasional face-to-face contact as necessary.

Examples of individual casework conducted during this period and outcomes achieved include:

- Supporting a carer to raise her concerns with senior management and obtain a care co-ordinator for her son.
- Information provided to carer regarding benefits and anti-bullying organisations.
- Supporting carers to raise their voice with senior management enabling them to finally get an appointment to talk to their son's psychiatrist.
- Supporting a carer at a meeting with the care co-ordinator with the aim of enhancing the staff members understanding of the impact of caring.
- Providing emotional support to a carer dealing with family abuse.

- Enabling a carer to get her housing band upgraded which in turn supported her to move home.
- Advocating and enabling a carer to have her voice heard in terms of her housing situation. This eventually enabled the family to move to alternative accommodation away from the anti-social behaviour they were experiencing.
- Providing emotional support and advice to a carer bereaved by suicide.

### **Ethnicity of Carers:**

White British	69	Bangladeshi	
White Irish	7	Other Asian Background	4
White Other	4	Black or Black British Caribbean	4
Mixed White & Black Caribbean		Black or Black British African	1
Mixed White & Black African		Other Black or Black British	1
Other Mixed Background	2	Chinese	1
Indian	15	Other	
Pakistani	2	Unknown/undisclosed	5
<b>TOTAL</b>			<b>115</b>

This six-month period, 40% of the carers we have been working with are from diverse ethnic backgrounds, which is extremely high given the local proportion of minority groups in Hillingdon.

### **Gender of Carers:**

Male	Female
30	85
<b>TOTAL</b>	<b>115</b>

74% of carers using our service are female.

### **Age of Carers:**

Age ranges	18-30	31-50	51-64	65+	Unknown/ Undisclosed
	9	16	35	49	6
<b>TOTAL</b>					<b>115</b>

### **Locality of Carers:**

Area	Number of Casework Carers
Cowley	1
Eastcote and Pinner	4
Harefield	3
Hayes	29
Hillingdon	12

Ickenham	1
Northwood	8
Out of borough (cared for in Hillingdon)	4
Ruislip	28
Uxbridge	16
Yeading	3
Yiewsley and West Drayton	6
<b>TOTAL</b>	<b>115</b>

Carers accessing our service come from a cross section of localities across the borough, with the highest percentage coming from Hayes and Ruislip. However, there are also a significant number of Carers currently accessing the service from Uxbridge and Hillingdon.

### **Nature and Number of Contacts:**

<b>Nature of Contacts</b>	<b>No of Contacts</b>
Advocacy	48
Appointment issues	92
Arts and Crafts	106
Benefit Issue	19
Correspondence By E-mail	125
Correspondence By Letter	128
Correspondence By Text	32
Courtesy Call	49
Face to Face Support	202
Groups	379
Housing	17
Information	168
Meeting involvement	42
Respite	202
Telephone Support	175
Therapeutic treatments	51
Voluntary Work	4
Workshops	5
<b>TOTAL</b>	<b>1830</b>

We have had 1830 contacts with 115 Carers over this six-month period. Number of contacts with black and ethnic minority carers = 816 (45%). 28 of these contacts took place at the new NHS wellbeing centre. We also send out a regular informative newsletter to approximately 250 carers and local professionals every two months.



We continue to be supported in the office by a regular volunteer who comes in for half a day per week. He assists with registering new referrals, collation of the newsletter and other administrative tasks. His input is very valuable and we are pleased to be able to offer this volunteering opportunity to support him with his recovery.

## 2. To organise and facilitate carer support groups

Carer support groups help to reduce isolation and stress amongst Carers, improve social networks and provide access to information and support.

### **Ruislip support group – monthly on Thursday afternoons**

Activities October 2011 – March 2012

Date	Numbers attending	Activity/Speakers
27/10/11	6	<b>Dual Diagnosis</b> Brian Sheppard, Clinical Lead Dual Diagnosis, CNWL Linda Wiafe-Ababio, Manager, Pembroke Centre, CNWL
24/10/11	14	<b>Discussion group with senior management from CNWL:</b> Dame Ruth Runciman, Chairman, Robyn Doran, Director of Operations, Sandra Brookes, Service Director, Adult Mental Health Services, Hillingdon
Dec 2011		No meeting due to Christmas holidays
26/01/12	9	<b>CNWL Service Re-design</b> Dr Julia Palmer, Clinical Director and Consultant Psychiatrist, CNWL
23/02/12	6	<b>Psychological Therapies</b> Sue Cockett, Consultant Clinical Psychologist, CNWL
22/03/12	7	<b>Community Activities</b> Katherine Simms and Brenda Proud, CNWL Nick Pelas, Hillingdon Mind

Carers attending have participated in discussion groups with senior management from CNWL which have given carers the opportunity to feedback on their experience of mental health services and influence change. Following the meeting in November, notes with action points were circulated to all in attendance. A number of the issues raised at this meeting are being looked into by CNWL such as the development of a crisis card for carers and reviewing out-of-hours service provision. Individual carers were supported and CNWL service reconfiguration information has been provided to us. This information has been circulated to carers who attended the meeting and has been really useful.

CNWL are about to sign a contract with Rethink Mental Illness so that staff within the trust have access to an e-learning tool in relation to confidentiality and

carer involvement. This will hopefully help carers to feel more involved in the care planning for their loved ones.

Topics for future meetings were discussed with carers and have been planned into the programme for the Ruislip group. As a result of one of the recent group meetings, a carer has expressed an interested in becoming a facilitator at the new CNWL Recovery College which will soon be formally launched. This is really positive and will help widen people's understanding of the carer's perspective.



**Hayes Drop In centre – weekly on Wednesday afternoons**  
Activities October 2011 – March 2012

<b>Date</b>	<b>Numbers Attending</b>	<b>Activity/Speaker</b>
5/10/11	9 + 4	Mental Health Research Network Presentation by David Armes, Service User Consultant, Mental Health Research Network – North London Hub accompanied by Antoinette McNulty and Aris Tarabi, Clinical Studies Officers, MHRN
12/10/11	8 + 1	Choice of drawing or completing any unfinished projects Therapeutic treatments for 4 carers
19/10/11	9 + 1	Discussion group with Hilda Kini, Manager, Crisis Resolution Team, CNWL
26/10/11	7 + 1	Drawing or painting with soft pastels Therapeutic treatments for 4 carers
2/11/11	10 + 1	Drawing or painting with soft pastels
9/11/11	15 + 1	Crafts for Christmas Therapeutic treatments for 4 carers
16/11/11	10 + 1	Crafts for Christmas
23/11/11	13 + 2	Clay modelling Therapeutic treatments for 4 carers
30/11/11	12 + 1	Clay modelling
7/12/11		No group due to carers' respite outing to pantomime at Beck Theatre which 12 group members also attended
14/12/11	22 + 1	Christmas buffet lunch, quiz with prizes and free raffle
4/01/12	12 + 1	Card making techniques – stamping, punching and

		embossing to create greetings cards Therapeutic treatments for 4 carers
11/01/12	15 + 1	Talk about carers assessments and other services provided by Hillingdon Carers – Jagwant Madahar, Carer Assessment Worker, Hillingdon Carers
18/01/12	13 + 1	Painting on glass or ceramics Therapeutic treatments for 4 carers
25/01/12	13 + 1	Painting on glass or ceramics
1/02/12	15 + 3	Talk about CNWL NHS Foundation Trust service re-configuration with Sandra Brookes, Hillingdon Borough Director & Service Director, Assessment & Brief Treatment Service, CNWL Therapeutic treatments for 4 carers
8/02/12	10 + 2	Relaxation techniques/relaxation exercise – Emma Phillips, Occupational Therapist, CNWL
15/02/12	12 + 1	Carers designed their own framed miniature picture using their own creativity Therapeutic treatments for 4 carers
22/02/12	16 + 3	Afternoon tea buffet including sandwiches, cakes and tea followed by Talk on Digital TV Switchover Help Scheme – Chelsea Jackson, Development Support Worker, HAVS
29/02/12	13 + 1	Planned speaker failed to turn up Impromptu activity: Bingo Therapeutic treatments for 4 carers
7/03/12	7 + 2	Create your own poetry – Emma Phillips, Occupational Therapist, CNWL
14/03/12	13 + 1	Salt dough modelling Therapeutic treatments for 4 carers
21/03/12	9 + 1	Painting salt dough models with watercolours
28/03/12	11 + 1	Completing salt dough models Therapeutic treatments for 4 carers

\*Numbers attending column:

+ sign denotes service users/visitors/volunteer also attending

- 274 Carers sessions attending Drop-in over 23 weeks – average 11.9 carers per session
- 37 Different carers have accessed the service over the last 6 months, 17 of these carers were from BME backgrounds.

Partnership working with CNWL is continuing to prove effective with regular sessions including talks and discussion groups with CNWL staff and senior management. Due to funding made available from the Carers' Champion Fund we have been able to continue with fortnightly therapeutic treatments for carers which include Reiki, Holistic Massage, Indian Head Massage and Reflexology.

**Challenging attitudes, changing lives.**

We were also lucky enough to gain some funding from the Disabilities Champion to hold a Christmas buffet and an afternoon tea session for carers. Our thanks go to both Cllr John Major and Cllr Peter Kemp for extending their support to carers accessing our service.

Carers are requested to complete a questionnaire on a 6 month basis to give feedback about benefits they experience by attending the Hayes Drop-in. The questionnaire also asks about other activities and topics they would like to be included in future programmes, and if they would like to facilitate an activity.

As a direct result of the feedback gained last autumn; the programme during the last 6 months has incorporated mainly activities and topics suggested by carers attending the group. Also a former carer volunteered to organize and facilitate a 2 week activity – crafts for Christmas. The recent questionnaire has provided some more interesting ideas which we will endeavour to include in future programmes.

In the questionnaire, carers were asked how attending the Drop-in has helped in their caring role and samples of the responses are shown below:

*"It has allowed me to get out and meet others in the same situation, allowing me to be with other people that understand my situation. One-to-one support from the support worker who always does her best to help solve your problems. You come out feeling less stressed and more able to cope with the practical and most stressful situations."*

*"It gives me a chance to meet other carers and to participate in craft activities. One of the big advantages is that speakers are brought in on a regular basis and we are kept updated on any changes in 'the system' we would otherwise not know about. As always, Lesley and Piera are there to give us individual support as we need it. As I have no immediate family in this country, it is great to have the Drop-in centre to be able to chat with others in the same situation."*

*"It helps me a great deal when I attend - but I can't get there as often as I would like. The friendship is great and as we all understand each others' problems and it helps to talk about them. The activities take your mind off problems for a few short hours."*

*"The Drop-in has been extremely helpful and I attend the group to meet other carers. It refreshes me from my caring role which is very demanding and without the group I feel lonely, depressed and feel I cannot cope to care for my mother."*

*"Kept mentally stable, therefore I am able to be a more effective and understanding carer. If my needs are not met or understood this means I don't cope as well with dad's illness. The Hayes Carers Drop-in is always a warm and friendly place where I don't have to hide mental illness or the fact I am a carer which usually happens in the day-to-day world. The Drop-in is my regular 'health tonic' for the week and enables me to get by and retain my sanity in the*

*isolation, unpredictability and hardship of caring for a parent with severe mental illness."*

*"Attending gives me a chance to do arts and crafts which keeps the mind occupied and you feel very pleased with some of the end results. We also have a good chat to the friends we have made there. Another great bonus is the massage treatment that we receive - makes a lot of difference."*

*"Support both in person and telephone support, by just being there. Due to work commitments I am not always able to make the meetings but the Drop-in approach works for me. At the meetings you meet people in similar situations so it takes away the isolation."*

*"It has been very helpful in sorting out my problems. I get good advice and help if I need it. The Drop-in also helps me to mix with other people in the same situation. It helps to get away from the stresses of life."*

*"I enjoy going to the Drop-in. It helps me a lot. I enjoy doing all the crafts, helps to relax and forget problems at home."*

*"This has been a real lifeline for me, having made so many lovely friends, all in similar situations to me who I can relate to. Sometimes I feel quite isolated and it is a comfort to have somewhere to go where I can just be myself and do lovely craft activities. The staff are absolutely fantastic (Lesley and co.) and put so much into making us feel better about our situations. Therefore, if I am happy my husband is too!"*

*"Drop-in centre is the only place I can be myself, being Indian can be very difficult because no support from friends and family. Mental illness is something people don't understand. Going there meeting other carers and having treatments helps a lot in my everyday life and support from Lesley and Piera who care and understand as well."*

*"It is good to know that there are other people coping with similar problems. I enjoy the social contact and all the activities provided for the group."*

*"Unfortunately I have not attended the Drop-in for a while due to health problems but I would like to say it gives me time and meeting with others where you form friendships and are able to give and receive advice. Until you get involved you have no idea how large the problems get and we as mother or father or similar have to take on new role as carer."*

*"It's great therapy to talk to other carers and Lesley as well. I could not cope to care for my mother without the help from Rethink."*

*"Takes my mind off worries for a while as the crafts consume your mind. Also the talks have been helpful as well as interesting. The poetry session was enjoyable."*

*"For someone that never used to be a carer this certainly opens your eyes. I like helping whenever I can and I recently became a second carer, one for my wife and when she's not capable, I then take her caring role regarding her sons. I know who to approach over any problems or even a question I have difficulty with."*

*"There are several reasons why I benefit from attending. One is the therapeutic treatment. I find it so relaxing. Also it's nice to have a talk with fellow carers that I have got to know in time. We discuss the people we need to care for which is a great help, as they say, a problem shared is a problem halved. I always feel rejuvenated from the visit."*

The questionnaire also asked "Which treatments do you find most beneficial? How do these therapeutic treatments help you and what impact do they have on your ability to care?"

*"I really enjoy the Indian head massage as it relaxes and calms me so much that all pressures are relieved for a while. Back and shoulder massage answers why you are tense and knotted."*

*"Indian head massage- This clears my head somewhat so I'm more aware."*

*"Reiki holistic massage - when you are caring for person with mental illness, you are constantly stressed out and I need this treatment to make me feel better and focus on my caring role."*

*"Indian head massage - it gives me time to myself, relaxation and reflection given by Mary (therapist) is brilliant. Having had the opportunity for relaxation it means I can go home feeling more able to deal with the stress of everyday living. It is "me" time that I very rarely get."*

*"Indian head massage and holistic massage - Feel more relaxed"*

*"Reflexology and Indian head massage - it helps me to relax therefore to cope better with things at home."*

*"All the treatments are beneficial - they make me relaxed and refreshed."*

*"Indian head massage to relieve the tension of stress induced headaches and backaches due to being a carer and problems with my own mental health. They give quality time just for myself; alleviating stress. One time I was going through a very difficult period and therapeutic treatment with Mary worked wonders for me. I re-entered the world and my caring role feeling revitalised, energised and ready to face another day."*

*"Head massage as too much tension/stress in shoulders and neck due to caring for my mother. I feel refreshed and gain energy and feel relaxed."*

*"Holistic massage - they relieve a lot of tension in my body helping me to not*

*feel as stressed all the time and allowing me to carry out my caring role in less stressful approach."*

*"Reflexology – I feel relaxed and stress free."*

*"The massage reminds you that your body needs attention and treats. It is a pleasure and reminds you to relax."*

*"The reason I benefit from a visit to Hayes Drop-in centre is I find the massage so relaxing with the pressure of my role as a carer. Often I feel so charged up and tense and after the treatment I feel like a new person and more able to cope."*



### 3. To organise and facilitate respite opportunities.

Over the last six months we have organised a number of respite outings for carers to participate in to have a well-deserved break away from their caring responsibilities.

In October, MP John Randall kindly arranged a Special Permit for us to take a group of carers on a guided tour of the Palace of Westminster. 15 carers attended and afterwards we enjoyed lunch together in the Palace cafe. Everyone rated the trip as good or excellent and enjoyed the opportunity to focus on something other than their caring situation.

Last year we were again lucky enough to be provided with free tickets to attend a pantomime and in December, 17 carers attended the British Airways Cabin Crew Entertainment Society pantomime at the Beck Theatre. It was a brilliant and uplifting performance and a great opportunity for carers to have a break and enjoy some light hearted humour.

In February, 12 carers attended an organised tour of RAF Northolt where we were shown around by a very informative Squadron Leader and enabled to learn about a significant part of our history. Carers also had the opportunity to have their photo taken in front of a Spitfire Aircraft. The outing was put on at minimal cost with only a donation required.

In March, 11 carers attended the Barn Hotel in Ruislip for afternoon tea which gave people an opportunity to socialise and mix with other carers and old friends. The event was advertised in our newsletter and we received a total of

21 applications for 12 places. On the day, 11 carers actually attended with 2 members of staff accompanying the group. Carers enjoyed a full afternoon tea including sandwiches, a selection of cakes, scones and clotted cream, a mousse and choice of teas. The trip was funded by a donation from the Waitrose 'Community Matters' grant.

Following the outing, 9 evaluation forms were returned – 2 were jointly filled out by couples attending. The questions and the responses are shown below.

How would you rate this break?

Excellent 9                  Good 0                  Average 0                  Poor 0

What did you most enjoy about the outing?

- *“Relaxing environment and lovely background music. Having good company to have a laugh with and share mental health caring stories. I am not on my own.”*
- *“Meeting with other carers we hadn’t seen for a long time whilst enjoying a lovely afternoon tea together.”*
- *“Nice place and food – meeting new people.”*
- *“I enjoyed being pampered for a couple of hours.”*
- *“Meeting other carers and the social intercourse between everyone.”*
- *“Meeting other people and talking.”*
- *“All the lovely food we had.”*
- *Getting away from it all! Having a cup of tea made for me!”*
- *“Meeting people and lovely tea.”*

What benefit did you receive from this break?

- *“Time for myself. After a very difficult 3 weeks I really needed the break.”*
- *“Relief from stress. Severe troubling headache disappeared. Got out of the house and was normal for once in my life. Felt very good from a whole point of view – wellbeing.”*
- *“So nice to be in a lovely place and to enjoy being pampered, no preparing food yourself – wonderful.”*
- *“Meeting up with friends in a very relaxing situation.”*
- *“Good break”*
- *“A time to enjoy some ‘us and me’ time! Our daughter had recently been in hospital at same time my mother suffered a traumatic death and our other daughter was in a car accident. This break gave us a break from the constant stress that we have been dealing with. For the first time in weeks we were able to laugh and forget about things.”*
- *A real break from normal activities – something I wouldn’t normally do.”*
- *“It really was a very lovely afternoon full of fun and conversations. It was very relaxing.”*
- *“Meeting different people and having an enjoyable time.”*

Any further comments you would like to make?

- *“Afternoon tea at the Barn Hotel was just as good as being in the Ritz.”*



- *“These respite breaks are always welcoming and make me feel better.”*
- *“We should do this more often even if it is just to have a drink at the bar and listen to the background music.”*
- *“The staff and meal at the Barn Hotel was very good.”*
- *“Lovely place to meet friends – very relaxing.”*
- *“Respite breaks are so very necessary for carers and so much appreciated.”*
- *“We would like to say a big thank you to Lesley and Piera for organising and arranging such a lovely time for us all. Carers need to have time to unwind and support each other.”*

After the outing one of the couples attending also sent in a thank you card saying: *“Thank you very much for a lovely afternoon sharing tea and sandwiches with all our friends. We thoroughly enjoyed ourselves and meeting all our ‘carer friends’. It helps an enormous amount to know we have your support. Thank you again.”*

The outing proved to be very successful with carers as they were not only receiving a much needed break but also gained an opportunity to talk to others in similar situations and receive support from staff. As the outing was over-subscribed and received such excellent feedback we are considering laying on another respite outing for afternoon tea during the 2012/13 financial year.

4. To develop participation and involvement of people using our service in the planning and delivery of activities.

We have managed to develop successful and active engagement by carers in their discussions with the local mental health trust. This has helped to increase confidence and provided opportunities for carers to talk about general issues as well as having their individual issues resolved.

We currently have one carer volunteering with us and another carer is in the process of being recruited to support the functioning of the Hayes Drop in Centre. Carers are regularly involved in helping to facilitate activities at the Hayes group and are given regular opportunities to feed into the service via satisfaction questionnaires and involvement within the Service Advisory Group.

5. To facilitate Carers Education and Training Programmes (CETP).

Due to maternity leave we are unable to hold one of these courses at present but will be looking towards implementing one during 2013.

6. To ensure that our service is open to all and recognises diversity.

The service aims to cater effectively for the varying ethnicities that make up the demographics of the local area and all Rethink staff members are given training in race equality. We are currently working with 40% of Carers from ethnic minority groups.

We have recently developed a Right and Responsibilities Charter that aims to ensure people are included and know what they can expect when they access our service and we also have a local operating procedure which details how new referrals are dealt with by the service.

7. To continue to work in partnership with other organisations and on new initiatives.

In November we advertised and brought together a number of carers to participate in Mental Health First Aid training facilitated by Hillingdon Mind. Rethink funded the cost of the course manuals for mental health carers and carers really seemed to benefit from attending the course. One carer commented that it has helped him and his wife to recognise things and diffuse situations at home and also given them a greater understanding of different mental health problems and how to deal with situations better. The carer said it has also helped him in his role as a Special Constable for the Metropolitan Police where he deals with people in the community affected by mental health problems. He has spoken to a more senior officer and they are considering arranging some training to give other special constables a wider insight into mental health. This is a really positive step in increasing mental health awareness in the wider society.

We continue to be regularly involved in both the carer's strategy group and the mental health carer's development group, where we feed into developments for carers. This year we are once again involved with the annual carer's conference and have been supporting the event by attending and feeding our views into planning meetings.

**Objective 2: To combat the stigma and discrimination experienced by people affected by severe mental illness**

1. To promote the service.

We continue to produce a regular newsletter, which contains useful information about mental health issues, caring and events taking place. This is distributed to approximately 250 carers and flyers detailing carer support groups and respite trips are also sent to professionals and organisations. We also raise the profile of the service at regular events throughout the year.

Lesley attended a GP outreach event at Carepoint in Northwood where she worked in partnership with other organisations to distribute information about Rethink Mental Illness services and support for carers.

2. To signpost carers to other relevant organisations.

This is part and parcel of our everyday work with Carers and Carers are often referred to other services such as Hillingdon Carers, Citizens Advice Bureau and for a Carers Assessment. We also regularly invite other services to attend

our groups to provide information to Carers about their services. We encourage carers to get involved in meetings where they are able to have a say in the planning and development of services. Hillingdon LINK newsletter has been taken to groups and carers provided with details of ad hoc events and workshops such as Rethink Siblings Event, Workshop on Paranoia, Medication Seminar and CNWL Recovery College.

3. To promote Rethink membership and campaigns.

This takes place on an on-going basis and has been promoted recently in the newsletter, as has the Time to Change anti-stigma campaign. New referrals to the service and anyone leaving the service, are also encouraged to become members so that they can become more involved in the work of Rethink Mental Illness and help everyone affected by severe mental illness.

**Objective 3: To continue to develop a caring organisation that is dynamic, ambitious and fit for the future**

1. To continue to develop staff and volunteers.

This six month period, Piera and Lesley have completed a number of training courses including de-escalation, individual safety and support planning, quality auditor training and information governance. Lesley has also completed a Counselling Course for non-counsellors provided by Relate. At the end of the course she completed an assignment which has been submitted and could mean that she will gain accreditation by the Open University.

2. To ensure that our service runs on budget.

Funding for the service is being reduced annually and we have had to consider ways to be able to deal with the reduced income. The budget remains extremely tight although the merger with the Ealing service has meant that for the time being, staff have not had to reduce their hours.

3. To monitor the impact and satisfaction of the service.

An annual satisfaction questionnaire was sent out for completion in September 2011 and has showed the following outcomes:

- ✓ 100% of carers feel that staff have respected them and treated them with dignity.
- ✓ 100% of carers feel that they have been listened to by staff.
- ✓ 50% of carers feel that their cultural and spiritual needs have been met with most of the remaining respondents indicating that this question does not apply to them.
- ✓ 92% of carers feel that they have been given relevant and sufficient information about the service.
- ✓ 81% of carers feel that they have been involved in deciding on the support they have been given by the service.

- ✓ 96% of carers feel that they have been getting the right kind of support from the service.
- ✓ 70% of carers state that they service has supported them towards achieving their goals.
- ✓ 69% of carers feel safe and comfortable in the physical environment of the service with most of the remaining respondents indicating that this does not apply. This is probably due to them receiving only telephone, e-mail or newsletter support.
- ✓ 34% of carers feel that they have taken an active role in influencing how the service is run with most of the remaining carers saying that this does not apply. It is often the case that carers do not have the time to become more involved.
- ✓ 96% of carers state that if they had a similar need for support in the future they would use the service again.

A selection of comments regarding the impact the Rethink Hillingdon Carers Service has had on people's caring role are listed below:

*"The staff, have gone over and above any agency, to help me, in managing the difficulties of being a carer, and other difficult issues in my life. I could not have coped without this support."*

*"Rethink staff are an oasis in the desert that is the isolation of mental health illnesses. When you feel no-one is listening Rethink are there with an understanding ear to listen & empathize."*

*"Different events have been held to include people's cultures, educating each other about our different cultures. Everyone is respected."*

*"I've been supported to reach many goals. I've been empowered which has given me a voice and always encouraged me to keep going."*

*"I do not feel as isolated as I did and feel I can share my experiences. I have learnt about medication and it's side effects. Also, I am aware I can attend a training course for carers. I realise that I must keep myself fit and healthy, in order to be able to care for my son. Also, that you have to balance the demands of the family when carrying out caring."*

In November a carer submitted a letter to the Uxbridge Gazette highlighting the need for carers of people with mental health issues to gain support. Her letter read the following:

*"It is heartening to read in the council's journal, Hillingdon People, that our mayor will be supporting mental health charities during 2011-12. As anyone will know who has experienced mental ill health, either personally or through family or friends, this is a vast issue touching just about every aspect of life. Personal relationships, work, leisure, self esteem and independence can all suffer – sometimes, sadly, over many years. Statutory services do their best but are*

*very overstretched, so it is the additional help of the voluntary sector that can make the crucial difference.*

*May I, however, draw attention to a group not specifically included in the mayor's very welcome initiative, namely, the unpaid carers. Mostly these are close family, and often their whole lifestyle is centred around supporting the unwell member. These carers in turn need advice, information and support, and in my experience this is delivered with great skill by Rethink Mental Illness, a national charity which was set up some 40 years ago for this very purpose. I can certainly recommend our local branch, Hillingdon and Ealing, which has been operating since 1996 and is a shining example of Rethink's work. The staff there deserve our support in order that they may continue to help those in need – and that could be any of us, at any time."*

No complaints have been received this period and at least 35 compliments have been recorded this period including the following: *"Thank you both for all your support, patience & care throughout the past year. You are both making such a difference to us carers and continue to ensure that together we have a voice that is heard and listened to, by the mental health system & society in general. I know that if I am having a bad day I can always rely on the both of you for a quick chat so that I don't feel so isolated and that I am always listened to, understood & not judged."*

In February this year our service underwent an internal Rethink Audit and scored extremely well. The auditors were very impressed with the service and are now recommending we implement new Rethink carer support planning tools which will help to further enhance our goal setting work with carers and how we monitor outcomes for carers.

## **Report Summary**

This six month period has been a difficult time for staff following a restructure, office move, rebranding and also having all our ICT systems uploaded to the Rethink Wide Area Network. Staff have managed these changes well and have minimised any disruption to service provision. Piera Jalan will shortly be on maternity leave and recruitment for a temporary maternity cover is in progress.

Rethink Mental illness is launching a new Rethink Information System and have developed new carer support planning tools. During the next six month period the service will be working on implementing these tools which we hope will enhance and add to the service we already provide.

### Abbreviations used in this report:

CMHT – Community Mental Health Team  
CNWL – Central and North West London NHS Foundation Trust  
MP – Member of Parliament  
NHS – National Health Service

**Rethink Mental Illness  
Hillingdon Carer Support Service**

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**Report prepared by Piera Jalan with input from Lesley  
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**Leading the way to a better  
quality of life for everyone  
affected by severe mental illness.**

For further information  
on Rethink Mental Illness  
Phone 0300 5000 927  
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[www.rethink.org](http://www.rethink.org)

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Registered in England Number 1227970. Registered Charity Number 271028. Registered Office 89 Albert Embankment, London, SE1 7TP. Rethink Mental Illness is the operating name of National Schizophrenia Fellowship, a company limited by guarantee Rethink Mental Illness 2011.



**Challenging attitudes, changing lives.**



HILLINGDON

LONDON

## Policy Overview Committee Review Scoping Report 2012/2013

### **OBJECTIVE**

**Short title of review**

**ADULT COMMUNITY MENTAL HEALTH SERVICES**

**Aim of review**

To review and make recommendations in respect of supporting adults with mental health issues in Hillingdon.

**Terms of Reference**

1. To consider existing internal and external arrangements in the Borough with regard to adult community mental health services and any improvements that could be made;
2. To review whether the local processes in supporting adults in the community with mental health services are adequate, timely, effective and cost efficient;
3. To review the support that is currently available to assist people to remain in or return to employment
4. To review the guidance and support that is currently available from the NHS, voluntary organisations and the Council to these individuals and their families and carers;
5. To seek out the views on this subject from service users, carers and partner organisations using a variety of existing and contemporary consultation mechanisms;
6. To improve awareness and understanding of adult mental health issues for staff working in mainstream services arranged or provided by the Council including housing, leisure, libraries and adult learning;

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7. To examine best practice elsewhere through case studies, policy ideas, witness sessions and visits; and
8. After due consideration of the above, to bring forward cost conscious, innovative and practical recommendations to the Cabinet in relation to adult mental health service arrangements in the Borough.

### **Reasons for the review**

There is a growing acceptance that the promotion of mental health and well being and providing support to aid recovery from mental illness are important issues for both national and local government and health services. Good mental health is central to our quality of life and to our economic success. It is interdependent with our success in improving education, training and employment outcomes and tackling some of the persistent problems of society. Mental health problems of some form may affect as many as 1 in 4 of the population over their lifetime. The associated costs of mental health problems to the economy in England have recently been estimated as £105 billion, and treatment costs are expected to double in the next 20 years.<sup>1</sup>

Despite widespread prevalence there remain issues of stigma. It is a particular problem and a major barrier to the use and take-up of services. As a result, people with mental health problems too often experience isolation, discrimination and a lack of acceptance by society. Addressing this issue will be a central element of this review.

The Council and NHS commission a wide range of community mental health services to meet the needs of people with mental health problems. Adult social care services are provided through a joint arrangement with Central and North West London NHS Foundation Trust (CNWL). It is one of the largest Trusts in London, offering a wide range of health and social care services across ten boroughs. CNWL specialises in caring for people with mental health problems, addictions and learning disabilities, as well as providing community health services to residents in Hillingdon and Camden and primary care services in a number of prisons. Social care staff are located in joint teams and are accountable to both managers within the Council and CNWL. This arrangement is underpinned by a formal partnership under Section 75 of the National Health Services Act 2006.

Traditionally services were often hospital-based. Increasingly both social care and health services reflect a growing trend towards community-based options that emphasise the importance of helping people gain or regain the skills and confidence to help them live a life in the community where they can realise both their social and economic potential.

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<sup>1</sup> No Health Without Mental Health – a cross government mental health strategy February 2011



Current funding levels for social care mental health services in Hillingdon are in line with those of comparator councils<sup>2</sup>. The Council also spends similar proportions of its budget on mental health as other similar London boroughs.

The balance of current spending on mental health services reflects a relatively traditional model of care with disproportionately high expenditure on residential care and nursing homes. There is a correspondingly low spend on home –based solutions such as support during the day including home care where it is the lowest within the same comparator group. Work is already underway to rebalance care through reducing reliance on institutionalised care and support and substituting greater use of community options including personalised budgets supported housing and floating support for people within their own tenancies.

Improved mental well-being does not and should not rely upon social care support alone. We need to ensure that people with mental health difficulties can access the full range of mainstream services that promote greater social inclusion. This requires a whole-system response from the Council and partners. This is reinforced by the Government's recent White Paper<sup>3</sup> where it says leisure centres, libraries, day centres and community centres ...'should be open, inclusive and culturally sensitive venues. Promoting the innovative use of venues in our communities will help to reduce social isolation and increase connections.'

Already there are excellent examples of support provided through mainstream services. Routinely occupational therapy and other staff assist service users in accessing a range of facilities that would be used by anyone for work, education, leisure, personal or social activities. These include sports facilities, gyms, swimming pools, leisure centres, Uxbridge college, education resources, libraries, community centres, religious organisations, cafes, voluntary organisations, and women's centres.

This review offers an opportunity to learn more of what works well and recommend more systematic approaches to implementation across the Council

### **Supporting the Cabinet & Council's policies and objectives**

The review will support delivery of the Council's Well-being Strategy 2010 – 2015 to:-

1. ensure the provision of safe high quality services that support people to remain healthy and independent
2. give people more choice and control
3. deliver seamless services with partners
4. retain a customer focussed and community based model of service.

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<sup>2</sup> LIT Results of Financial Mapping 2011-12 – Hillingdon – Department of Health

<sup>3</sup> Caring for Our Future – reforming care and support - HM Government July 2012

The outcome of the review will also be used to contribute to the mental health and wellbeing elements of the Health and Wellbeing Strategy which will be driven by Hillingdon's Health and Wellbeing Board.

## **INFORMATION AND ANALYSIS**

### **Remit - who / what is this review covering?**

It is proposed this review will look at:

1. understanding the needs and requirements of people with mental health difficulties and those of their families and carers;
2. improving awareness and understanding of adult mental health issues for professionals;
3. identifying improvements that could be made through more effective use of community-based services;
4. how to ensure a higher quality of care and support for adults with mental health issues and their families; and
5. how to reduce mental health-related hospital admissions and unscheduled care costs on the health side and social care admissions on the Local Authority side.

The Committee's recommendations will go to the Cabinet and where appropriate the Council's partners for approval, including via the Health and Well Being Board.

### **Connected work** (recently completed, planned or ongoing)

Health and social care commissioners are currently working on an up-to-date strategy and clear commissioning plan that better identifies need and improves the alignment of services to deliver more support in the community and reduce the need for care and treatment in more institutionalised settings.

The purpose of the strategy is to confirm the vision for adult mental health services and ensure the most effective use of community resources to support people to develop or regain the skills, confidence and social networks that will increase the chances of remaining in and contributing to the local community. This review will contribute to the delivery of the strategy.

*"No Health Without Mental Health"* identifies six shared objectives to improve mental health outcomes. They may also assist the Policy Overview Committee in determining in their evaluation of the current situation and shape recommendations for improvement. They are:

- More people will have good mental health
- More people with mental health problems will recover
- More people with mental health problems will have good physical health

- More people will have a positive experience of care and support
- Fewer people will suffer avoidable harm
- Fewer people will experience stigma and discrimination

It should be noted that the review develops further opportunities for Councillors to improve their knowledge of adult mental health care and to influence the contribution the Council makes in partnership with health services, the voluntary sector and, most importantly, service users and their carers. This follows on from the higher profile of mental health care within the Borough following the successful fund raising and support for mental health charities by the Mayor of Hillingdon 2011/12.

## **EVIDENCE & ENQUIRY**

### **Methodology**

1. The Committee will examine background documents and receive evidence at its public meetings from officers and external witnesses.
2. The Committee may also make visits to sites and/or to other Councils with best practice examples.
3. Relevant literature and websites for background reading for Members be researched.

### **Witnesses**

Possible witnesses include:

1. Individuals with mental health issues living in Hillingdon and their carers (through informal 1:1 sessions and / or case studies).
2. Officers from Council Departments including sports, housing, leisure, libraries and adult education.
3. Staff from the joint CNWL/LBH mental health service
4. External partners, e.g. Voluntary and independent sector providers and Clinical Commissioning Group (formerly GP Consortium), NHS Hillingdon/Hillingdon

There may need to be some further prioritisation within this list of witnesses in order to make the review manageable and ensure that it is completed within the prescribed timescale.

## **Information & Intelligence**

To the best knowledge of the Customer Engagement Team, there have not been any general consultations or surveys concerning general mental Health Services in Hillingdon. However, the Council's External Services Committee in partnership with Hillingdon NHS and the Centre for Public Scrutiny hosted a stakeholder event to contribute to a review of internal and external services for dementia care in Hillingdon.

## **Consultation and Communications**

Consultation could be undertaken with individuals with mental health issues, relevant charities, service departments and outside organisations.

## **Lines of enquiry**

### **Identifying Needs and Early Identification**

1. How are people with mental health problems currently identified and supported across the Borough and how can this be improved and standardised, including support in a crisis?
2. How good are local awareness, early identification and diagnosis?

### **Information and support for users and carers**

3. What information, support and advice is available to those that may need it? How can this be improved?
4. What treatment and support and recovery services are available e.g CNWL Recovery College?
5. What support is available for the carers of adults with mental health issues? Is this support sufficient/ how could this be improved?

### **Enabling people to make choices, balancing risks and community involvement**

6. How are service users' and carers expectations and concerns reflected in local service delivery
7. How are adults with mental health issues involved in their communities and civil society?
8. How are issues of supporting people take exert choice and control in their lives balanced against issues of potential risk the individual and wider community.

### **Partnership Working**

9. How well developed are local strategies and partnerships with regard to adult mental health issues?
10. Are there any barriers to successful partnership working?

### **Staff Training and Development**

11. What training is available to staff to properly assist them in supporting people with mental health difficulties
12. How can education for professionals and carers be improved?

### **Learning from best practice**

13. Which other areas/councils are recognised as successful in supporting people with mental health needs in their local communities?

### **Resources**

14. What funding is available and how sufficient is this to meet the needs of the demand of the service required?

## **PROPOSALS**

To be developed as the review progresses.

## **LOGISTICS**

### **Proposed timeframe & milestones**

<b>Meeting</b>	<b>Action</b>	<b>Purpose / Outcome</b>
ESSC – 31 July 2012	Agree Scoping Report	Information and analysis
11 September 2012	Introductory Report / providing an overview of CNWL activities and looking at best practice  Witness Session CNWL representative Alan Coe Verbal or written evidence from beacon Local Authorities	Evidence & enquiry
9 October 2012	Partnership Working (Voluntary Sector and Council service providers)  Witness session CNWL Rethink, Mind and Mental Health Matters Library Services	Evidence & enquiry
7 November 2012	Witness session	Evidence & enquiry
4 December 2012	Draft Final Report	Proposals – agree recommendations and final draft report

### **Equalities**

The Council has a public duty to eliminate discrimination, advance equality of opportunity and foster good relations across protected characteristics according to the Equality Act 2010. Our aim is to improve and enrich the quality of life of those living and working within this diverse borough. Where it is relevant, an impact assessment will be carried out as part of this review to ensure we consider all of our residents' needs.

## **Risk assessment**

The review needs to be resourced and to stay focused on its terms of reference in order to meet this deadline. The impact of the review may be reduced if the scope of the review is too broad.

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## **SAFEGUARDING ADULTS IN HILLINGDON – ANNUAL REPORT 2011-12**

**Contact Officer:** Linda Sanders  
**Telephone:** x0506

### **REASON FOR ITEM**

The aim of safeguarding adults at risk is to help adults at risk to live a life that is free from abuse, neglect and exploitation. This includes - but is not limited to - arrangements for responding to allegations of abuse.

Local Authorities have a responsibility to follow the Department of Health guidance outlined in “No Secrets” (2000) and to be the lead agency in coordinating the multi-agency approach to safeguarding adults at risk of abuse in their area. As part of this, the Safeguarding Adults Partnership Board (SAPB) leads on strategy, monitoring and reviewing the safeguarding arrangements in Hillingdon. It publishes an Annual Report, detailing what the partnership has achieved over the year, local and national developments and it decides the service priorities.

The Care and Support White Paper and draft Bill proposes to set safeguarding adults at risk on a statutory footing, placing a duty on Local Authorities to carry out enquiries into any allegations of abuse or exploitation. Having a SAPB will become a statutory requirement requiring the co-operation of agencies to work together to protect adults at risk.

### **OPTIONS AVAILABLE TO THE COMMITTEE**

1. To note and comment on the Safeguarding Annual Report 2011-12, prior to presentation at Cabinet in November 2012
2. To ask for further information to be included within the Annual Report format.

### **INFORMATION**

1. The Hillingdon Safeguarding Adults Partnership Board is a multi-agency group responsible for the strategy and performance of the partnership in the prevention of, and response to, the abuse of adults at risk in Hillingdon. The Board has an independent chair, Lynda Crellin, who also chairs the Local Safeguarding Children’s Board (LSCB). Whilst each Board maintains its own identity, collaboration between the two Boards is seen as a key, positive development.

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2. The terminology 'Safeguarding Adults at Risk' has been widely adopted nationally and locally but this area of work is still sometimes known as: Adult Protection, Protection of Vulnerable Adults (POVA), Protecting Vulnerable Adults and in some cases just 'vulnerable adults'.
3. The report presents a retrospective of safeguarding work over the year. Key local developments and service changes in 2011-12 have been:
  - The change to the SAPB structure and the collaborative model of working with the LSCB
  - Implementing the London multi-agency safeguarding adult policy and procedures, strengthening cross boundary work and ensuring a common understanding of responding to allegations of abuse.
  - Improve collaboration and partnership across agencies.
  - In consultation with stakeholders, re-aligning the Board's priorities to reflect the changes in adult health and social care.
  - Focussing more on successful outcomes for people rather than just on compliance.
4. The SAPB priorities for development for 2012 onwards have been built around the six Government principles of
  - Empowerment
  - Protection
  - Prevention
  - Proportionality
  - Partnership
  - Accountability
5. Of particular priority is a need to improve our response to abuse, particularly financial abuse, which appears to be growing. We also need to ensure that the positive commitment to personalisation does not lead to increased risks. There is no evidence so far that this will be the case. The SAPB also wishes to increase its quality control mechanisms and to test our local practice against national concerns such as the Winterbourne events. The SAPB is well positioned to comply with the likely statutory requirements of the Care and Support Bill.
6. Because of their key role in supporting vulnerable adults we are keen that GPs as providers should be involved in the SAPB, along with the Clinical Commissioning Group.

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## **BACKGROUND PAPERS**

1. Hillingdon Safeguarding Adults Partnership Board Annual Report 2011-12 and appendix.

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# Hillingdon Safer Adults Partnership Board Annual report 2011 - 12



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## **INTRODUCTION**

This report covers the work of the Safer Adults Partnership Board (SAPB) during 2011-12. It highlights the main achievements in safeguarding Hillingdon's vulnerable adults, and identifies the priority areas for improvement for the following year and beyond.

This work relies on strong commitment and collaboration across services, and this is evident through the work of the Board, and from the contribution that each agency has made to this report. From these contributions we can see the efforts that are being made in Hillingdon to keep adults safe.

Hillingdon has dedicated safeguarding adults teams in social care and in the Police, which makes us well placed to respond effectively to concerns raised.

This year has seen a clear increase in awareness of the issues, evidenced from the increased number of relevant referrals to the safeguarding team. We have developed and embedded our local procedures based on the pan London procedures and collaboration across London continues to improve our ability to pick up on relevant developments, and contribute to the large amount of cross London work that continues apace.

Part way through the year we joined with the Local Safeguarding Children Board (LSCB) with meetings on the same day, and with the same chair, although each Board retains its separate identity. This collaboration is enabling us to work closely on some key issues, such as the planned Multi Agency Safeguarding Hub (MASH) and joint work across Children's and Adult Mental Health Services.

The evidence we have indicates that we are keeping adults as safe as we can within Hillingdon. However, there are some important challenges.

Local demographic data tells us that numbers of vulnerable adults in the Borough will rise.

National events, such as the Winterbourne Inquiry, remind us that we need to do more to ensure we are able to better monitor the care of vulnerable adults, particularly those who are in homes or hospitals.

We need to develop improved quality assurance mechanisms to assess the quality of our detection and interventions on the ground. The personalisation agenda, whilst extremely positive, means that we must help people assure themselves of the quality of care they are purchasing.

Government plans to place Safeguarding Adult Boards on a statutory footing are now clarified in the Care and Support Bill which outlines proposed role, membership and requirement to produce an annual report. Hillingdon SAPB is well positioned to meet the requirements of the new legislation and this annual report will be presented to the health and Wellbeing Board and the Council Cabinet

Hillingdon is the second largest of London's 32 boroughs. It has a population of approximately 266,100 at mid 2010 ( 269,011 by 2012) of which approximately a quarter are under 19.

Numbers aged over 65 are projected to increase to over 37,000 by 2015, and those over 85 are projected to increase to 5,500 –an increase of 11%. Although many of these will be living in the more affluent parts of the Borough, there are estimated to be upwards of 4700 frail elderly, many living in unsuitable housing and in areas of multiple deprivation. Numbers of adults with a learning disability and/or a mental illness are also projected to rise.

The most recent information indicates that 25% of women over 60 are non white. For men, measured at 65, it is 30%.

Hillingdon is a comparatively affluent borough (ranked 24th out of 32 London boroughs in the index of multiple deprivation, where 1 is the most deprived) but within that there is variation between north and south, with some areas in the south falling in the 20% most deprived nationally.

During 2011-12 655 adults between 18-64 received a service from social care, of which 602 received a community based package of care. In the same period 3532 people aged 65 and over received a service, 3063 of which were community based.

**Lynda Crellin**

**Independent Chairman**

**June 2012**



# **1. WHAT WE HAVE DONE**

## **What we planned to do – our key priorities**

### **Priority 1 - Raising awareness of safeguarding adults amongst staff and engagement with the community**

- Delivered a communications campaign to increase awareness of safeguarding adults through billboards, media articles and new posters focussing on the most prevalent areas of abuse, namely physical, neglect and financial.
- Refreshed public information on the website and developing new information on deprivation of liberty safeguards.
- Delivered an outreach programme of work to community groups in 1011-12 to raise awareness of safeguarding adults services and engage with key issues to inform developments in services

### **Priority 2 - Strengthening governance – safeguarding standards, processes and arrangements in partner organisations, evaluating cases / learning, build stronger links with other groups e.g. Domestic Violence Forum, Community Safety Forum and reviewing attendance at the Board.**

- Worked across the London Boroughs to develop the London Multi-Agency Safeguarding Adults policy and procedures and introduced these into Hillingdon, enabling a consistency of practice across boundaries
- Partner agencies improved systems for monitoring alerts and referrals and improved activity reporting from IAS Protocol system, the main recording framework for safeguarding adults.
- THH was a pilot site to test the NHS London self assessment framework for vulnerable adults. The outcome was positive
- Audit of LB Hillingdon safeguarding adults' service and the processes and procedures received a very positive report.

### **Priority 3 - Strengthening skills / competencies in safeguarding adults**

- Safeguarding training strategy and monitoring levels of take up by staff of partner training on safeguarding adults .
- Internal training programme delivered by each constituent agency

### **Priority 4 - Analysis of outcomes / what difference we are making**

- Analysis of acceptance of protection plans, for those who have been abused, showed good support for our intervention, where persons had capacity to express this.

## **Priority 5 - Strengthening the prevention approach – e.g. advocacy, self-awareness**

- Greater availability and use of advocacy service for safeguarding adults who are without representation and access to an independent mental capacity advocacy service for those lacking capacity to make decisions on their safety. New improved translation and interpreting service.

## **2. GOVERNANCE AND ACCOUNTABILITY ARRANGEMENTS**

The Safeguarding Adults Partnership Board is a multi-agency partnership comprising statutory, independent and charitable organisations with a stakeholder interest in safeguarding adults at risk. The Board aims to protect and promote individual human rights, independence and improved wellbeing, so that adults at risk stay safe and are at all times protected from abuse, neglect, discrimination, or poor treatment.

The role of the Board and its members is:

- To lead the strategic development of safeguarding adults work in the borough of Hillingdon.
- To agree resources for the delivery of the safeguarding strategic plan.
- To monitor and ensure the effectiveness of the sub-groups in delivering their work programmes and partner agencies in discharging their safeguarding responsibilities
- To ensure that arrangements across partnership agencies in Hillingdon are effective in providing a net of safety for vulnerable adults
- To act as champions for safeguarding issues across their own organisations, partners and the wider community, including effective arrangements within their own organisations
- To ensure best practice is consistently employed to improve outcomes for vulnerable adults.

## **Membership**

Membership comprises all the main statutory agencies and voluntary groups who contribute to the safeguarding of vulnerable adults. A full list of members can be found at appendix 1. Overall attendance during 2011/12 was 65%, with Hillingdon Community Health, Hillingdon Hospital Foundation Trust, the local authority and Age UK Hillingdon showing 100% attendance; DASH and Hillingdon Carers showing 75%; Metropolitan Police and MIND showing 50% and CNWL and the London Fire Brigade showing 25% attendance. New attendees from Harefield and Brompton Trust, UKBA and London Probation were welcomed at the March 2012 Board meeting.

The Cabinet lead member for Adult Social services sits on the Board, as well as the Corporate Director, Social Services, Health and Housing

Our main membership gap is that of General Practitioners and of the Clinical Commissioning Group (CCG). GPs are critical in the context of vulnerable adults, as the professional most likely to be in contact with them, and in a position to pick up on concerns, whether at home or in residential care. As Boards become statutory, membership from the CCG will be a requirement.

## **Independent chairman**

Since November 2011 the SAPB has been chaired by an independent chair, who also chairs the LSCB. Some local authorities are moving towards independent chairing, especially those who have returned to a combined children and adult social care system. In March 2012 the SAPB agreed a protocol that set out the roles and responsibilities of the chair

## **Relationship to agency boards**

There are links across to the Safer Hillingdon Partnership and Healthier Communities for Older People. Safeguarding also links to the Multi Agency Public Protection Arrangements (MAPPA) and the Multi Agency Risk Assessment Conference (MARAC) We have tried in this annual report to better reflect the partnership work in Hillingdon, and have asked the agencies represented on the SAPB to make their own direct contributions to this report. We asked about governance and contributions to safeguarding, and these are included below. Actions planned within each agency are included in section 7.

## **Hillingdon Council**

The Council is the lead agency for safeguarding adults. The Director of Social Care Health and Housing (statutory DSS) sits on the Board and the annual report will be presented to Council Performance Committee and to Cabinet.

Safeguarding adults at risk is a lead responsibility for Local Authorities. Government guidance in the form of the "No Secrets" document issued in 2000 set out the responsibilities Local Authorities have in developing and implementing multi agency policies and procedures to protect adults at risk. Hillingdon's local policy, based on the guidance, was first developed in 2001 and revised in 2005. In 2011 London Multi-Agency Safeguarding Adults at Risk policies and procedures were developed and implemented across the London boroughs, facilitated by the Social Care Institute for Excellence

(SCiE). These were endorsed by LB Hillingdon's SAPB and implemented locally in September 2011. Practitioners' guidance, based on the policies and procedures, is to be launched in June 2012. LB Hillingdon has been heavily involved in the development of the procedures and guidance through our chairing of the London safeguarding adults' network, a self supporting network of local authority leads for safeguarding adults.

LB Hillingdon has a dedicated safeguarding adults' service that handles all allegations of abuse, working with adult services' teams and partner agencies. Each major partner has an appointed safeguarding lead manager or senior practitioner to link with LB Hillingdon on operational issues and to work jointly on investigations, where their expertise is needed. In addition, the safeguarding service works closely with LBH's contracts inspection team, and with the Care Quality Commission (CQC).

In line with all organisations, LB Hillingdon has been seeking to identify efficiencies in their structure and activity. In 2011, Adults' Social Care and Children's Services were combined under one Directorate. This prompted consideration of the work of the Local Safeguarding Children's Board (LSCB) and the SAPB, as there have been overlapping common themes, for example, safer recruitment of staff who work with adults at risk and children. Both Boards accepted that there was considerable scope for working more in collaboration whilst maintaining the distinctiveness of the adults and children's safeguarding agenda and maintaining two Boards.

The LSCB and SAPB are now chaired by one, independent chair, and the timing and frequency of Board meetings has been changed to ensure the Boards meet on the same day with an overlap period for joint agenda items. The first meetings under the new structure took place in November 2011 and March 2012. The terms of reference for each Board remain unchanged, although membership is being reviewed to ensure relevant and broad representation. The new structure will achieve efficiencies in the support for the two Boards, use of staff time and open up opportunities for further joint working in the sub-groups of the Boards.

Joint items already considered include domestic violence, and the development of whole family preventative services, including Multi Agency Safeguarding Hubs (MASH)

### **Voluntary Sector**

Voluntary Sector agencies are critical to our work, and are well represented on the Board.

### **Age UK Hillingdon**

#### **Internal governance arrangements in respect of adult safeguarding**

AUKH is committed to the protection of vulnerable adults. The organisation has developed and implemented a range of policies and procedures to

provide its staff and volunteers with the confidence and knowledge to identify potential abuse and act on it appropriately: These include:

- Whistle blowing Policy
- Procedure For Obtaining Disclosure Information From The Criminal Records Bureau Under The Data Protection Act
- Protection of Vulnerable Adults Policy
- Gifts and Donations Policy
- Safer Recruitment Policy
- Confidentiality Policy (when confidentiality can be breached)

The policies are tested and reviewed regularly; they are included in the Staff Handbook, highlighted as part of the induction training of all staff and volunteers and reinforced through mandatory safeguarding training.

Safeguarding is a standing agenda item for staff and volunteer meetings.

Any trustees or senior managers involved in recruitment must have undergone Safer Recruitment training.

### **Your agency's contribution to improving safeguarding during 2011-12**

During the year the organisation has worked in partnership with the Disability Association for Hillingdon to deliver a Safeguarding Advocacy service on behalf of the local authority supporting vulnerable adults through the safeguarding process.

Age UK Hillingdon and Hillingdon Carers has worked together to provide a support group for relatives of residents in care homes in Hillingdon (RRICHH). During the year the group has gained funding to recruit volunteers to be trained as advocates and placed in care homes in the borough.

The Ethnic Minority Access Project run by Age UK Hillingdon has facilitated meetings with older members of the Black and minority communities to raise awareness of abuse and has supported individual victims to report abuse.

Age UK Hillingdon has worked with the Council's Customer Engagement Team to enable housebound older people to have their say about services through the Befriending Service. In addition, the contract monitoring unit manager is providing written guidance to Age UK Hillingdon's staff and volunteers who visit older people in their own homes or in care homes, on what standards of care should be in place so that they can identify potential shortcomings that could lead to abuse.

The organisation has produced the Hillingdon Handbook, a directory of services for older people which includes information on what abuse is and how to report it.

Age UK Hillingdon has good relationships, through both Advocacy and RRICHH, with the Inspection and Monitoring team, and has referred to them on occasion.

Age UK Hillingdon's Human Resources Manager has been an active member of the working group on HR.

## **DASH**

DASH has adopted the London Borough of Hillingdon safeguarding adult's policy and also follows safer recruitment guidelines. The Chief Officer has undertaken safer recruitment training. All staff and volunteers are subject to enhanced CRB checks and full reference checks.

Our Side by Side project in conjunction with Age UK Hillingdon ensures that all people who are going through the safeguarding process have access to an independent advocate should they wish to have one. This means that they have someone who can accompany them to interviews etc and can help them to understand what is happening.

Staff and volunteers are encouraged to raise concerns firstly with the Chief Officer or directly with the safeguarding team if they feel it appropriate. As we visit many people in their own homes staff are made aware of what to look out for to keep people safe.

Our intention for the coming year is to ensure all staff and volunteers are kept informed about safeguarding and access refresher training. We will also work closely with all the other agencies.

## **HILLINGDON CARERS**

Hillingdon Carers has continued to place a high emphasis on Safeguarding during 2011-12.

Arrangements that have been reviewed and continued are:

Hillingdon Carers Safeguarding Vulnerable Adults Policy (mirroring multi-agency policy and procedures locally).

Specific inclusion of Safeguarding issues in every staff supervision (including administrative staff who answer the telephone to our clients).

Regular training for all staff/volunteers who have contact with clients.

Continued use of Safer Recruitment practices and enhanced Criminal Record Checks for relevant new and existing staff and volunteers.

Safeguarding prompts on all assessment documentation/checklists for casework with clients

Initiatives in 2011-2012 were:

Supported the London Borough of Hillingdon Safeguarding Vulnerable Adults Publicity Campaign by displaying the posters (in the correct sequence) within our Advice Centre in Uxbridge High Street.

Created special display over Christmas 2011 to alert passers by to Safeguarding – we had fantastic feedback on this (you could read it from a passing bus) and it was certainly a very direct message (see attached photograph).

Placed permanent prompt on home page of Hillingdon Carers website.

Organised in-house group training for staff so more challenging issues could be discussed as a team.

Organised 2 Safeguarding Awareness sessions for carers at drop-in Carers Cafes as part of our 'Bite sized' training for carers programme which enable carers to gain information in short sessions and to which they can bring the person they support. The trainer in this case was provided by Hillingdon Community Health.

### **Health Agencies**

Health services remain in a state of change, with the move to Care Commissioning Groups led by GPs due from April 2013.

### **The Hillingdon Hospitals NHS Foundation Trust**

#### **Internal governance arrangements in respect of adult safeguarding**

The Hillingdon Hospitals Foundation Trust ( THHFT) was one of the early implementer sites for the Self Assessment Assurance Framework (SAAF). This is a tool devised by NHS London (NHSL) for organisations to assess themselves in terms of Safeguarding assurance. The SAAF is now cross-referenced with CQC Outcome 7 (regulation 11): 'Safeguarding people who use services from abuse'. Both these tools give the Trust assurance in terms of safeguarding, and is an agenda item twice yearly on the SASG (now the Safeguarding Committee) to review .Clinical cases/issues were also on the agenda for discussion at the SASG. There is a strong working relationship with both Clinical and Information Governance in relation to Safeguarding. A paper is then submitted after each meeting to the Clinical Quality Steering Committee (CQSC).

THHFH has been referenced in March 2012 in the NHSL Pan- London Thematic review of the SAAF as examples of good practice, including strategy and involvement and listening to and acting on user views. A presentation was delivered by the Head of Safeguarding at the Outer NWL NHSL meeting on the implementation of the SAAF towards the end of 2011.

The Good Practice Guidelines for patients with a Learning Disability has been revised. In addition the Trust intranet pages for Vulnerable Adults, Learning Disabilities, MCA and DoLS have been updated.

The Head of Safeguarding is now the Trust lead for the PREVENT counter terrorism Strategy. An additional SAAF for PREVENT has been completed for the Trust .There is also regular attendance at the Hillingdon PREVENT Partnership Group.

### **The Hillingdon Hospitals Foundation Trust's contribution to improving safeguarding during 2011-2012**

Level 1 mandatory training in Vulnerable Adults is delivered monthly. In addition, monthly training is delivered to all new starters to the Trust. Bespoke sessions are also arranged. Specific presentations for MCA and DoLS have also been delivered by the Medical Safeguarding Lead, which included a presentation at the surgical audit meeting, which includes Consultants.

A domestic violence session has been delivered to Trust staff by Hestia and a further session has been planned for later in 2012.

The Trust has revised a process flow chart for staff on what to do if a patient presents with Domestic Violence, which also includes what to do if the person has a child. There is also a flow chart devised, in partnership with police, for the process to follow if an in-patient is to be interviewed as part of a safeguarding investigation.

The Head of Safeguarding was part of a working group devising an e-learning tool at NHS London called: 'providing high quality care for vulnerable patients'. This includes the safeguarding of learning disability and dementia patients, accessible via the e-learning repository.

In September 2011, there was a Joint THHFT and HCH Safeguarding Event, focussing on PREVENT Domestic Violence and MCA / DoLS, with positive feedback. This is an example of the close working relationship with the Safeguarding Adults Team at HCH.

The Trust hosted the second 'Benchmark of Best Practice' workshop in March 2012,

The event focused primarily on the experiences of patients and carers accessing services at the Trust. Many positive experiences were discussed as well as suggested areas for improvement. Sessions were delivered by two



groups of service users with learning disabilities, along with their support workers, with excellent feedback from attendees. A particular session held by a carer with her daughter who has a profound learning disability was significantly powerful and thought-provoking, providing valuable learning for those present. The event was attended by NHSL and MENCAP.

The Patient Passport, primarily people /patients with a Learning Disability, is now a joint document with THHFT, HCH and CNWL.

There is a Trust 'Safeguarding Matters' newsletter, which is sent to all staff on a quarterly basis, covering both adults and children.

A DoLS audit in 2011 was carried out. The two aims of the audit were to determine the number of patients with DoLS issues and discover if they had been referred for a DoLS assessment. A total of 57 medical patients were audited of which two were found to have possible DoLS concerns. The audit demonstrated that staff needed a greater awareness and understanding, which currently are being actioned by further training and support.

In February 2012, there was re-audit of staff knowledge and awareness of MCA and DoLS. The results indicated that more awareness sessions were needed for staff specifically on MCA and DoLS and to reiterate who to contact for advice and support. There was also an audit on Learning Disability awareness and how the Trust staff look after these patients in hospital. The results were positive, and that staff knew who to contact if there were concerns. There needs however, to be increased awareness and use of the patient passport

## **Central and North West London Health (CNWL)**

### **CNWL Governance Arrangements**

Safeguarding adults work in the Trust has continued to expand. A number of cases have proved to be particularly complex and distressing for those involved. Awareness of the issues around adults at risk continues to rise across all service lines.

### **Safeguarding Adults - The Process and Pathway in each Borough**

CNWL has a Safeguarding Adults Steering Group, with membership made up from leads within the trust and Local Authority partners. This group reports to the quarterly Adult safeguarding Group. The Trust Safeguarding Leads are setting up meetings between each local authority and the service lines that serve that borough. The aim of these meetings is to ensure that each service line understands its roles and responsibilities in that borough and for each service line lead to meet the borough local authority lead. We now have dates for 7 of the 11 Local Authorities the Trust works in partnership with to deliver health and social care services. We have completed meetings for the Boroughs of Westminster and Hillingdon and hope to have completed all meetings by early autumn 2012. The expectation on the Trust from local authority partners varies depending on the structure the local authority

employs and whether or not the Trust has a S75 partnership agreement with that borough.

A CNWL Adult Safeguarding Workshop was held on 23<sup>rd</sup> November 2011 with an invitation to all 12 Service Lines and the 10 Local Authorities who work in partnership with the Trust on this agenda. The outcome will now begin to inform our current work plan in a number of key areas.

### **CNWL Safeguarding Adult Guidance**

A revised adult safeguarding guidance document has been produced in draft and disseminated to the Trust Adult Safeguarding Steering Group. This draft was achieved through close collaboration with Service Line Leads and Local Authority partners to ensure an effective and consistent response to allegations of abuse. Its aim is to assist staff in identifying potential or actual abuse and a simplified flowchart with pathway and process information for each borough will be included. This is in line with recently produced Pan-London Procedures and Department of Health Clinical Governance guidance. A copy of this guidance document will be provided to the next Quarterly Quality Review committee.

### **Hillingdon Community Health**

#### **(i) Internal governance arrangements in respect of adult safeguarding**

Hillingdon Community Health (HCH) joined with CNWL in February 2011. As the statutory organisation, CNWL has overall governance responsibility for all adult safeguarding activities/issues occurring across the organisation, including HCH. The Director of Operations and Partnership is the Board level lead for Safeguarding across the Trust. However, this is strengthened through the maintenance of local governance arrangements within HCH which feed into wider Trust structures.

Specifically, there is an overarching CNWL Safeguarding Committee which meets quarterly and is attended by HCH's Managing Director and the HCH Safeguarding Adult and Children's Leads.

HCH's Managing Director chairs the local HCH Safeguarding Group, at which standards, policies, audits and lessons learnt are discussed and presented. Appropriate people from other organisations attend as well as all HCH safeguarding leads and practitioners and Heads of Adults and Children's services.

HCH has its own Safeguarding Adult's Policy which is reviewed and updated every two years.

NHS London's Self-Assessment Assurance Framework has been completed, and is regularly reviewed and updated to identify any gaps in

service.

A quarterly safeguarding governance report is prepared and presented to HCH's Senior Management Committee and to the CNWL Safeguarding Committee.

### **HCH's contribution to improving safeguarding during 2011-2012**

HCH's Safeguarding leads raise awareness of safeguarding adults issues amongst staff by attending team meetings, by going to individual teams and discussing safeguarding and MCA case studies. The safeguarding adults team also go out to community services including sheltered housing coffee mornings, older people's luncheon clubs, clubs and societies, groups at libraries and some religious groups to give talks to ensure that the public know what safeguarding is and who to contact. The team man a table with literature regarding safeguarding adults in Uxbridge Pavilions on Carers days and Older Peoples days. They have an afternoon once a month when they visit Learning Disability and Older Peoples Residential Homes, Learning Disability and Older Peoples Day centres. They have gone to every GP's surgery in Hillingdon to give talks for the staff at their practice meetings. They have attended the GP and practice managers meetings in Hillingdon's 3 localities and given talks. They have also given a talk to raise awareness at the GP master class. They take literature to flu clinics at some GP surgeries and discuss abuse and rogue traders whilst the patients are queuing for their injections. They have given talks for community dentists and opticians. They have also given talks to staff at Domiciliary Care Agencies.

They deliver all mandatory training for all Hillingdon Community Health staff; they offer training for GP's and give teaching sessions for student nurses. The SGA Team have also been involved with joint SGA events with Hillingdon Hospital.

HCH's safeguarding adults team give all safeguarding adults mandatory training, they offer support to staff who have referred patients to LBH's safeguarding adults team. The safeguarding adults team receive their training from LBH, but also attend study days and conferences. The safeguarding adults lead has recently completed The Leadership in Safeguarding Adults Course which was sponsored by NHS London. They ensure they participate in regular peer meetings with other NHS safeguarding leads across London.

Following the results of the SAPB staff survey in 2010-11, HCH SGA team did a follow up audit of phone queries and cases referred to SGA by HCH staff in the months of April, May and June 2011. This showed that the HCH's SGA had significantly more queries and cases referred in 2011 as at the same time in 2010. Other internal audits that were led by HCH's SGA team were a Dignity Audit, which showed that patients seen by HCH clinicians for Adult services felt that they were receiving a service that considered their dignity. The team also led on a staff audit regarding their

knowledge around people with Learning Disabilities, this audit showed that raising awareness of reasonable adjustments needed to be put in place for staff, these awareness sessions are currently running.

One of HCH's SGA Team's main strength is their partnership working. They work closely with Hillingdon Hospital's SGA Lead, and get involved with meetings and joint events. They have good links with the voluntary. They have a role in Safeguarding investigations and take this role seriously, ensuring that they know individually each member of LBH's SGA Team. They work with LBH's Social Care Inspection Team and often accompany them on visits to nursing homes, and give comments and feedback on the health aspect of the care.

## **Metropolitan Police**

### **Safeguarding Adults at Risk Policy**

#### **Internal Governance.**

This policy introduces an enhanced and prioritised procedure for the investigation of Safeguarding Adults at Risk cases to create a framework for all staff to provide an effective, professional and corporate level of service. . The MPS is keen to ensure that not only does it maintain its commitment to London's diverse population with regard to the investigation of Safeguarding Adults at Risk incidents but also that the organisation builds on the work developed since the establishment of Community Safety Units (C.S.U.s).

#### **Hillingdon Borough.**

Has developed an enhancement of this corporate policy within its Community Safety Unit based at West Drayton Police Station. Hillingdon Borough maintains and supports a dedicated Safeguarding Adults at Risk Investigation Team . No other Borough within the MPS has this capability.

It is self evident in the annual statistics regarding the investigation of Criminal Offences perpetrated against Vulnerable adults

FYTD-Hillingdon Borough were responsible for recording

19% of all Disability /Hate Crime incidents

23% of all Disability/HateCrime offences

67%of all Disability/Hatecrime Detections

69% of Offences investigated were Detected.

## **London Fire Brigade**

### Internal governance arrangements in respect of adult safeguarding

The LFB has a Safeguarding Adults at Risk Policy which defines neglect and the scope of abuse. It also details the reporting procedure all staff must complete in order to raise an allegation with the relevant Social Services Dept. (SSD). Whilst any member of staff may report neglect or abuse the decision to forward the allegation to a SSD is taken at Deputy Assistant Commissioner (DAC) level. The DAC's decision is based on a brigade guidance note (which details key factors that must be considered) and, when considered necessary, consultation with the SSD. A record of all referrals is maintained on a secure database only able to be accessed by a limited number of people.

#### · Your agency's contribution to improving safeguarding during 2011-12:

During 2011 – 12 fire crews and senior officers received LFB training on the Safeguarding Adults at risk policy issued during the course of that year.

The LFB was represented on the Hillingdon's Safeguarding Adults Partnership

Advice on home fire safety was provided when appropriate in relation to specific cases

At least 2 referrals were made by the LFB to the Hillingdon SSD (data not available at time of writing)

## **Financial arrangements**

The Coalition Government has indicated in the draft health and social care Bill that they intend to put Adult safeguarding Boards on a statutory footing. Depending on the statutory scope of the SAPB's work this may have financial implications for LB Hillingdon and partners in needing to support the work of a new Board. Currently the commitment of partner agencies is through officer time and some designated posts. However, LB Hillingdon's adults and children's Boards working with each other will enable efficient use of existing resources.

## **Sub groups**

Most activities relating to the SAPB business plan have been led by the Service Manager. The only significant operating sub group has been Human resources (HR) which is a joint group with the LSCB. At the March SAPB membership was sought for the following sub groups and these will become operational in 2012

Policy and performance

Learning and Development

Serious case Review sub group

Financial Exploitation ( short life group)

Terms of reference for sub groups are included as an appendix to this report.

## **3. LEARNING FROM CASE REVIEWS**

### **Serious Case Reviews (SCRs)**

LB Hillingdon had no serious case reviews in 2011-12. However, research was carried out across London reviewing 18 SCRs involving 15 councils, in the last 2 years. The researcher obtained SCR overview reports, action plans, and information about monitoring arrangements.

A major part of the learning related to safeguarding procedures, with main findings being:

- Failure to invoke procedures
- Not recognising specific triggers, particularly neglect
- Non adherence to procedures – delay, non attendance
- Lack of management oversight
- Not sharing or passing on critical information
- Lack of sufficient engagement with service users and their families

The main more strategic issues were:

- The need for robust commissioning and contract compliance that is integrated with assessment and care management processes
- Recognition of where commissioned care are not meeting needs and responding to changed circumstances and high risk situations
- The need to improve staff competencies, particularly in key provider service areas –first aid, tissue viability, emergency response, dealing with complex needs/challenging behaviour, awareness of specific health conditions.

Another study was undertaken nationally by the Social Care Workforce research Unit in association with Kings College. Many of the key issues reflect the London learning, and additional areas reflected the need to ensure that whistle blowing policies and procedures are working correctly and that the effectiveness of advocacy and other representation is improved. A thematic analysis around dementia raised concerns about staff competence and recording practices in some care settings. Also the role of GPs in monitoring service quality.

Both studies identified a lack of consistency in criteria for SCRs, and a need to make sure that lessons were learned and actions implemented swiftly. In addition, the importance of ensuring that there is clarity when a management/staffing issue becomes one of safeguarding. In Hillingdon there is a clear understanding of the primacy of the safeguarding process in dealing with allegations that may ultimately come within agencies' disciplinary processes. Action is taken first to ensure the protection of adults potentially at risk from the alleged actions of staff, with internal procedures following.

### **Other cases.**

In 2011 Hillingdon was the subject of a High Court action relating to a service user, SN, and the application of deprivation of liberty safeguards. Monitoring completion of the resulting action plan is being undertaken by the Senior Management Team of LB Hillingdon. Actions completed included:

- Additional training for relevant staff on the legislation
- The appointment of a senior practitioner to strengthen the service.
- Revising procedures to ensure a more human rights' approach to practice.
- Revised guidance to best interests assessors (BIAs).
- Improving information available to the public and to representatives on their rights.

A management review in respect of another case was carried out in spring 2012. The review involved a family with children where a parent had a mental illness, and was a joint review by Hillingdon Council and CNWL. The following key learning points were identified:

- The need to refresh and reactivate the existing inter-agency protocol between Mental Health services and Children & Families Service, particularly the need for professionals to meet and develop a fully multi agency assessment of need, and an understanding of language used in case planning across the two agencies
- The need to ensure that staff in both services are able to take account of the impact of actions on children and adults in a family.
- The need to improve management oversight in order to ensure that the two actions above could be implemented

Safeguarding Adults Team has worked to improve links with the Central NW Mental Health Foundation Trust and each mental health unit has a designated safeguarding lead. Workshops have been set up with mental health managers

and front line workers to focus on safeguarding issues and how our services work with each other using the London multi agency safeguarding procedures.



## **4. WORKFORCE**

During 2011-12 the Safeguarding Adult service in LB Hillingdon was restructured to bring in more qualified staff to ensure that the growing complexity of safeguarding work could be handled. There are currently 12 qualified social workers (10.5 full time equivalents) in the LBH service with 3 managers. Partner agencies have also strengthened their response to safeguarding adults through safeguarding lead posts, either as a specific responsibility or as a part of their existing responsibilities. This has helped to create a network of staff across Hillingdon to lead in this area of work.

There is an e-learning module on safeguarding adults awareness available to all relevant staff.

The total number who have accessed the programme across the sector are 330.

However, so far only 88 have completed and 35 have started but not yet complete.

Of the 88 completed 66 are LBH staff and 22 are private & voluntary sector.

This may be partly due to staff leaving, and no clear policy about refreshing the training. This will be looked at in 2012-13.

75 front line rehabilitation workers who provide focussed rehabilitation to promote a person's independence in their own home have received safeguarding training

There are plans within the Council to deliver awareness training for a further 100 rehabilitation staff working in adult social care who do not have access to, or do not have the keyboard skills to use the e learning module.

## **5. HOW WE ARE DOING: effectiveness of local safeguarding**

### **How the SAPB monitors local safeguarding arrangements**

The SAPB uses a variety of information to assess the effectiveness of local safeguarding arrangements. These include annual returns, inspection reports, and quality audits. During 2012 -13 we hope to be able to have more regular performance information available for the Board, and have plans in place to obtain better information about how interventions impact on outcomes for those adults concerned.

### **Effectiveness of local arrangements to safeguard adults**

#### **Performance information**

The full annual returns can be found as an appendix to this report. Many of these are consistent with the local population demographics and with other comparator authorities

One key area of improvement has been an increase in the proportion of alerts that become referrals

**Safeguarding Adults Contacts: Alerts 775  
Referrals 472**

**Total = 1,247**

(Alerts are safeguarding concerns that are taken by the safeguarding team, screened, and then found not to trigger safeguarding procedures but require a care management solution e.g. review of care arrangements. However, an accumulation of alerts will often trigger safeguarding procedures. Referrals are safeguarding concerns that trigger the safeguarding procedures at the point of screening.)

The corresponding figures for 2010-11 were 941 alerts, and 401 referrals. This indicates that referrers are becoming much more aware of what constitutes a safeguarding concern. Hillingdon had a much higher level of alerts than comparator authorities, and these figures indicates that relevant issues have been addressed

**Ethnicity of Alerts/ Referrals: British white and all other white 80%  
Non-white 20%**

**Main categories of alleged abuse: Physical 28%  
Emotional / psychological 19%  
Financial 23%  
Neglect 22%**

**Main location of abuse: Own home 61%**

**Main alleged perpetrator: Partner or family member 38%**

LB Hillingdon had a higher percentage, than the comparator group, of safeguarding contacts where the person was previously known to social services and a slightly lower percentage where the referrer was a self, friends or family contact. Together this may indicate the service needs to reach out more into the community. However, it could be argued that mainstream services are being effective in reaching those most in need in the community.

When levels of satisfaction about safeguarding intervention were measured, 55% of service users said they were satisfied. 30% lacked capacity to respond and we hope to be able to use information from carers and advocates to get a better assessment from this group in the future.

The LB Hillingdon safeguarding adults at risk service was subject to an audit of their work by the internal audit and compliance team. This inspection, completed in early 2011, focused on the robustness of policies and

procedures, whether they are embedded in practice; performance and the management oversight of work. The service received a very favourable report. One outstanding recommendation, relating to improving the risk assessment profile, required a change in the safeguarding module within IAS Protocol. This has finally been achieved and will be tested before being inserted into the "live" network.

### **Mental Capacity Act and Deprivation of Liberty**

There is currently a joint Supervisory Body for LB Hillingdon and Hillingdon Primary Care Trust. With the phasing out of PCT structures, responsibility will revert to the Local Authority as the sole Supervisory Body. There are currently 7 Best Interests Assessors and the work of the Supervisory Body is overseen by the Service Manager for safeguarding adults, with support from a Senior Practitioner and Administrative Officer.

In 2011/12 there were a total of 6 requests for a standard authorisation and 6 urgent authorisations received. Of the standard authorisations, 2 were granted and 2 were not granted. 2 requests for a standard authorisation were not proceeded with on the grounds they did not meet the criteria. In one instance an acute confusional state was quickly resolved, as expected, with consequent change to normal health care arrangements. In the second case, the person's wish to leave the care home related to anxiety about family financial matters occurring outside the home which were quickly resolved and the person was happy to remain in the care home and receive appropriate care.

Deprivation of liberty relates only to people in registered care homes or hospitals. In 2011/12 there were 2 requests for standard authorisations from hospital settings. None were authorised. For care homes there were 4 requests for standard authorisations of which 2 were granted and 2 not granted.

Care homes and hospitals, known as "managing authorities" under the legislation can give themselves an urgent deprivation of liberty authorisation of not more than 7 days, pending assessment for a standard authorisation. In 2011/12 there were 6 urgent authorisations, of which 2 then went on to receive a standard authorisation. Further work is being done with hospital safeguarding leads to ensure urgent authorisations are invoked appropriately.

### **Outcomes of audits and inspections**

The safeguarding adults at risk service works closely with their colleagues in the inspection team of LB Hillingdon. The role of this team is to monitor the service provision and quality of care of those providers contracted to the LB Hillingdon. The team undertakes reviews of services, including unannounced inspections, and ensures the provider is working to good standards of care and is contract compliant. Monthly reports on service providers are submitted

to LB Hillingdon's senior management team and contract monitoring meetings are held with the service providers themselves.

In 2011/12 the team made 115 visits to people in registered care home placed by LB Hillingdon. The outcome of visits and any recommendations arising are recorded with subsequent tracking of individual care homes to ensure recommendations are actioned by them. Similarly, complaints about social care providers are tracked and followed up. In this way the team can build up a picture of how individual care providers are meeting the needs of those people who are in their care. The team are working on new ways to collate overall performance of social care providers contracted to LB Hillingdon.

The team are particularly important in monitoring required improvements for settings where there have been safeguarding concerns and in linking with colleagues in the Care Quality Commission (CQC) on the regulatory standards providers must comply with. An example of this joint work, both with CQC and our social services colleagues in Ealing, concerned a care home located in Ealing where LB Hillingdon had made a number of placements. The resulting improvement plan is being monitored, with Ealing leading on this particular case

### **.Personalisation**

Personalisation is centred on putting the individual and their family in control of their care and support enabling them as far as is practicable to make their own choices and manage their care and support as they would wish to for themselves. A significant part of personalisation is the provision of personal budgets; funds which the individual and their family can manage and spend to provide for their care and support needs. Personal budgets are at the heart of transformation of adult social care. The aim is not only to provide funds via personal budgets but assistance to manage funds and working with providers and the voluntary sector to build alternative support services so that service users have more choice, opportunities and can be more innovative on how their needs can be met. There is a move away from traditional, social care providers to a broader range of provision, some of which may fall outside current regulated services, for example the employment of personal assistants and small voluntary groups to meet care needs. This has raised concerns as to how the existing framework of safeguarding will ensure the safety and protection of vulnerable adults within this new context of greater choice, individual control and proportionate risk enablement. Currently just under 50% of Hillingdon's social care users are receiving self directed support (SDS) and this percentage continues to increase each month; by the end of March 2013 all eligible service users will be in receipt of a personal budget . This option is not, to date, applicable to health services. So far, the majority (90%) have opted for Hillingdon to manage their care arrangements, but numbers electing to have their personal budget paid direct to them so that they can manage their own support is increasing with the use of prepaid cards. Risk enablement is an integral part of the support planning process for these service users seeking to make their own support arrangements. Risk enablement guidelines and processes have been introduced and these have been covered as part of a wider self directed support training programme. As yet, this has not impacted on safeguarding adults at risk. The service will

continue to monitor the situation and advise the SAPB accordingly. To date there is no indication of a disproportionate number of SDS referrals being made to the safeguarding team.

### **Feedback from staff**

In May 2012 17 staff and managers from across agencies attended a half day workshop. It was an interactive day that focused on the SAPB priorities, and on messages from Serious case Reviews across London. The aim was to incorporate views of front line staff into SAPB planning.

Those attending supported the main priorities of the SAPB and identified the following areas for action:

- A need for more training and awareness across agencies, particularly in respect of mental capacity and deprivation of liberty
- Use of cases, case audits and case examples to inform and improve practice
- A need to improve partnership working and information exchange –with Police, CPS, care providers
- The need to be able to use inspection and monitoring of care providers to drive up standards.
- Better support services, particularly in respect of mental health and support for carers.

Some staff also identified trigger points when things could go wrong – particularly at point of movement -e.g discharge from hospital, change of placement.

Staff welcomed the opportunity to engage with the Board and wanted more interactive days and more communication from and to the SAPB

### **Overall effectiveness**

The information we have gives reassurance that the multi agency system to safeguard adults in Hillingdon is working well. There is strong multi agency commitment through the SAPB and evidenced by the information provided in this report. Our performance figures are broadly in line with comparator authorities, and, where they are not, in the case of high numbers of alerts, action has been taken to address the issue. There was an increase in the number of appropriate referrals which does demonstrate an increased awareness in the key safeguarding issues.

The dedicated investigation team ensures that concerns can be responded to promptly and effectively and has been quoted as an example of good practice London wide.

The progress of work across London and nationwide is ensuring that agencies are working within a context of sound practice and guidance, thus ensuring greater consistency and higher standards of care.

A big issue for the SAPB in the next year is to improve our knowledge about the effectiveness of our work in terms of outcomes for users, and to ensure that opportunities for learning are taken and carried forward .

We also need to find ways of assuring ourselves of the quality of care of those vulnerable adults placed away from home, the Winterbourne events being a salutary reminder of what can go wrong.

## **6. NATIONAL AND LOCAL CONTEXT: implications for safeguarding**

The statement of the 16<sup>th</sup> of May 2011 of Government policy on adult safeguarding by the DH made clear that the “No Secrets” statutory guidance would remain in place until at least 2013. The principles within the statement were building on this guidance, reflecting what had come out of the national consultation process. They made clear that the Government’s role was to provide the vision and direction on safeguarding, ensuring the legal framework, including powers and duties, is clear and proportionate, whilst allowing local flexibility. Safeguarding is seen as everyone’s business encouraging local autonomy and leadership in moving to a less risk adverse way of working, focusing more on outcomes instead of compliance.

The Government set out six principles by which local safeguarding arrangements should be judged.

- Empowerment – presumption of person lead decisions and informed consent.
- Protection – Support and representation for those in greatest need.
- Prevention – It is better to take action before harm occurs.
- Proportionality – Proportionate and least intrusive response appropriate to the risk presented.
- Partnership – Local solutions through services working with their communities.
- Accountability – Accountability and transparency in delivering safeguarding.

The Government has indicated general acceptance of the recommendation of the Law Commission in making SAPBs statutory. Changes were outlined as part of the draft Bill to modernise adult social care. If the Law Commission’s

recommendations in relation to safeguarding adults at risk are accepted in total this will mean:

- Confirming Local Authorities as having the lead co-ordinating responsibility for safeguarding adults at risk.
- Placing a duty on Local Authorities to investigate or cause an investigation to be made by other agencies in individual cases.
- Local Authorities will have the power to request co-operation and assistance from designated bodies during adult protection matters and the requested body will have to give due consideration to the request.
- There will be a new definition of an adult at risk.
- The functions of the SAPB will be defined in statute.
- Unless the Government deemed otherwise, there will be no new statutory powers of entry or exclusion orders relating to safeguarding adults at risk
- Section 47 of the National Assistance Act 1948 will be repealed as incompatible with the European Convention on Human Rights.

These requirements have now been included in the Care and Support Bill, so are likely to come into force in 2013.

Depending on the statutory scope of the SAPB's work this may have financial implications for LB Hillingdon and partners in needing to support the work of a new Board. Currently the commitment of partner agencies is through officer time and some designated posts. However, LB Hillingdon's adults and children's Boards working with each other will enable efficient use of existing resources.

The NHS continues to evolve and by the end of 2012-13 the local cluster groups will have been replaced by GP led Clinical Commissioning Groups (CCGs) It is yet unclear where the responsibility for safeguarding will rest in the new framework.

## **London**

The London Boroughs Social Services leads for safeguarding adults form a self supporting network to develop consistent good practice across London. Facilitated by the Social Care Institute for Excellence (SCIE) a Pan-London multi-agency safeguarding adults at risk policy and procedures has been developed and have been implemented in all London Boroughs, including Hillingdon. The policy and procedures introduces a consistent framework by which adults are safeguarded. This will mean having consistent definitions of roles and responsibilities, timescales for responding and promote better partner and cross boundary working.

Currently, work is underway on the development of a pan London data set to measure outcomes in safeguarding. Hillingdon plays a key role in these developments – the Service Manager chairs the pan London officer group and is involved in the development of the data set,

A further piece of completed pan London work has been the development of practice guidance which will be issued in summer 2012.

During the year, a London Chair's group was established in order to share good practice and steer developments. The group is chaired by a DSS and reports directly to the Joint Improvement Board, and indirectly through its chair links with ADASS. Although many Boards are chaired by the DSS, there is a growing tendency towards us of independent chairs, especially in those Boroughs which, like Hillingdon, have forged closer links with the LSCB. This group can ensure quicker learning across London and can jointly pick up some emerging themes, self neglect being a recent example

### **Hillingdon**

Children's Services in Hillingdon are planning to implement a Multi Agency Safeguarding Hub ( MASH) in autumn 2012. The potential for including the referrals for safeguarding adults at risk are being explored. This is a positive development which will be a high priority for planning in 2012-13

## **7. WHAT WE NEED TO DO: priorities for SAPB 2012 onwards**

Performance activity, local and national learning, plus consultations with staff and partners, have indicated that our priorities are the right ones/ that we should reframe our priorities in accordance with the six key principles. These are detailed below with our planned activities identified under each one.

### **Priority 1. Empowerment**

- Ensure that decisions are person led through informed consent whenever possible
- Staff development and training to remain a priority, and to focus on key identified issues

### **Priority 2. Protection**

- Pan London procedures safeguarding adults at risk –continue the roll out the new policies and procedures and ensure they are embedded in practice
- Improve our awareness and response to abuse or exploitation originating via electronic means, e.g. smart phones, social websites etc.
- Ensure and improve response to allegations of financial abuse



- Amend recruitment policy and guidance to comply with revised CRB guidance and the Protection of Freedoms Act.
- Implement the recommendations from the Winterbourne Report, and the Care Qualities Commission Review of learning disability services.

### **Priority 3. Prevention**

- Evaluate advocacy service
- Consider use of mental capacity advocacy service (IMCA)
- Develop better ways of assessing risk across partner agencies
- Develop better identification and support through MASH
- Increase staff awareness of issues of self neglect and how to respond.
- Increase access to e-learning safer adults awareness training

### **Priority 4. Proportionality**

- Ensure that responses are in accordance with need, are as unintrusive as possible, and that DOL used only as a last resort
- Develop and disseminate local guidance around deprivation of liberty

### **Priority 5. Partnership**

- Develop greater professional responsibility and awareness (“whistle blowing”) on poor practice and safeguarding adults at risk.
- Improve awareness raising in the community, particularly through voluntary organisations
- Seek representation of the CCG and GPs as providers on the SAPB

### **Priority 6. Accountability**

- Improve SAPB quality control through case audits and scrutiny of performance
- Develop an outcomes framework to show what difference we are making
- Ensure that lessons are learnt through cases, particularly SCRs
- Implement new risk assessment framework which will enable better measurement of risk reduction through intervention. The inclusion of carer or advocate views will enable this indicator to be more effective in measuring outcomes.

### **Individual agency plans**

## **Age UK**

In 2012 – 13 the organisation's CEO will continue to attend the SAPB meetings and provide resources in terms of staff, skills and experience to the working groups.

We will continue to raise awareness of abuse through campaigns with Age UK and workforce development.

The organisation will continue to work with DASH to deliver an advocacy service for vulnerable adults going through the safeguarding process.

Age UK Hillingdon will work with RRICHH to recruit, train and provide support to volunteers who advocate in care homes in Hillingdon.

In May 2012 we will provide training courses in partnership with Uxbridge College for older people wanting to work in the care industry in Hillingdon, including modules on adult protection and compassion.

### **Hillingdon Carers** Planned initiatives for 2012-2013:

- Review of Criminal Record Check arrangements to reflect reduced policy requirements nationally (within policy guidance locally).
- Develop in-house staff training further to cover carer related issues highlighted by casework.
- Extend face to face information on Safeguarding directly to carers by arranging Bite-sized awareness raising sessions in further venues across the borough.
- At least 1 Safeguarding Vulnerable Adults information campaign to be run within the Carers Advice Centre on Uxbridge High Street.
- Carers Fair 2012 (Mall Pavilions Shopping Mall in Uxbridge) will provide an opportunity for London Borough of Hillingdon to promote Safeguarding messages to the wider public and to more than 30 other organisations present.

### **The Hillingdon Hospital** Actions planned for 2012-13

- Launch of THHFT Safeguarding Strategy

- Learning Disability Awareness survey of staff / re-audit September 12
- Further MCA and DoLs training sessions
- Domestic Violence Awareness sessions (in-house)
- Implementation of a Mental Capacity Assessment and Best Interests Form at the Trust
- To integrate the PREVENT Strategy into Safeguarding agenda wherever possible, as outlined in the Pan-London guidance for Adults at risk.
- The completion and approval of the Self-Assessment tool for PREVENT
- The implementation of a Vulnerable Adults Divider for the patients' medical notes
- Review of the Safeguarding Adults Trust Policy
- Review of the SAAF for vulnerable adults
- To implement an Adults at Risk Form in the Trust as part of the revised nursing documentation. This is to ensure that the appropriate risk assessment is in place and will signpost staff as to what to do and who to contact.
- Formation of a Safeguarding Committee to replace the Adults and Children's Trust Steering Groups.
- To promote the new easy read/pictorial version of the computerised 'real time' patient experience questionnaire, so that the Trust can see where good practice is taking place and where we can improve.

## **CNWL Proposed Developments**

### ***Mental health***

Given the feedback from the audit and the fact that adult safeguarding has become more to the centre of activity within the Trust, it is proposed to carry out extensive publicity and awareness training within the Trust over the next 12 months. This will involve significantly increasing the profile around adult safeguarding in the light of the development of the new Trust guidance document. It is planned to have a workshop for Trust staff in October 2012 where the Trust guidance will be launched alongside a presentation on the Pan- London Procedures and Department of Health Clinical Governance guidance. The Hillingdon LA Lead was part of the group who led on the Pan London Procedures and has agreed to present at the workshop.

There also needs to be some discussion about the need to involve users and carers where appropriate and this will be part of the development of a user and carer engagement strategy.

The Quarterly Safeguarding Group will be receiving a report following the completion of visits to all the Local Authorities partners with recommendations that will include the role of clinical accountability and thresholds for safeguarding adult referrals and assessments.

### ***Hillingdon Community Health***

(ii) **Actions Planned in 2012-2013**

The team have a number of actions planned for 2012/13

- To ensure that dignity and respect for all patients is embedded into everyday practice
- To ensure that at least 3 audits take place, these will be:
  - Staffs education needs regarding patients with Learning Disabilities
  - Dignity re-audit
  - Safeguarding adults audit focusing on training
- To ensure that training is available and easily accessible for all staff
- To keep all policies up to date and to ensure that all safeguarding policies reflect pan London guidance
- To ensure that the learning disabilities agenda is embedded into practice
- To assure board members that safeguarding adults is taken seriously and that all current legislation is adhered to through audit and through the annual self-assessment assurance framework.
- To assure that GP's have awareness of the safeguarding adults agenda
- Care homes (including domiciliary care agencies) - to recognise and encourage good practice. To identify and help to address potential problems.
- To review pressure ulcer incidents; being involved in appropriate root cause analysis investigations and ensuring that those originating in nursing homes are correctly completed and signed off.

**London Fire Brigade**

- Safeguarding Adults at Risk training to be undertaken by all fire crews and senior officers within the borough by the end of the year
- The Borough Commander will promote the introduction of a 'self-neglect' category (which includes hoarding) into the Pan London Safeguarding Adults Policy within the LFB as such cases represent those most frequently encountered by fire crews
- Fire crews will continue to report allegations of neglect and abuse to the LB Hillingdon SSD in accordance with our current policy
- The LFB will continue to be represented on the Safeguarding Adults Partnership
- The LFB will continue to provide advice and guidance in relation to home fire safety when appropriate

## **APPENDIX 1: SAPB membership**

**Chairman** Lynda Crellin -Independent

### **Local Authority**

- Linda Sanders – Director (SCH & H) LBH
- Cllr Phillip Corthorne – Cabinet Member (SCH&H) LBH
- Merlin Joseph – Deputy Director (SCH&H) LBH
- Nick Ellender – Service Manager, Safeguarding Adults at Risk LBH
- Dawn France – Human Resources LBH
- Paul Hewitt – Service Manager, Safeguarding Children LBH
- Marcia Eldridge – Learning & Development Manager (SCH&H) LBH
- Tracy Gallagher – Social Work Lead, LBH Mental Health Services LBH
- Sarah Morris – Head of Older People’s Services, LBH
- Dan Kennedy – Service Manager, Performance & Intelligence LBH

### **Health**

- Barbara North – Safeguarding Adults Lead, Hillingdon Community Health
- Maria O'Brien - Deputy Chairman [Managing Director, Community Services, CNWL NHS Foundation Trust]
- Jacqueline Walker – Deputy Director of Nursing, Hillingdon Hospital Foundation Trust
- Anna Fernandez – Safeguarding Lead, Hillingdon Hospital Foundation Trust
- Sandra Brookes – Service Director, Adult Mental Health Services, CNWL
- Ana Paz -Lead Social Worker/ Complex Discharge Coordinator at Royal Brompton & Harefield Hospital Trust Lead
- Dr Helen Neuenschwander – GP Advisor, Safeguarding, Hillingdon Community Health

### **Police**

- Graham Hamilton – Detective Inspector, Public Protection Group, Met Police
- Jacqui Robertson – DCI Community Safety Unit, Met Police

### **Voluntary Sector**

- Angela Wegener – Chief Executive, DASH
- Chris Commerford – Chief Executive, Age UK Hillingdon
- Jill Patel – Director, MIND
- Claire Thomas – Chief Executive, Hillingdon Carers

### **Other**

- Phil Butler – Borough Commander, London Fire Brigade
- Amanda Brady – Compliance Manager, CQC

**APPENDIX 2 Safeguarding Adults – summary of activity for annual report.**

**1. Number of Alerts / Referrals**

<b>Alerts</b>	Male	Female	<b>Referrals</b>	Male	Female
794	313	481	468	186	285

**2. Number and percentage of alerts and referrals by age range**

<b>Total</b>	18-64yrs	65-74yrs	75-84yrs	85+yrs
1262	493 (39%)	184 (14.6%)	251 (19.9%)	334 (26.4%)

**3. Number and percentage of alerts and referrals by ethnicity**

<b>Alerts</b>	All white categories	All non-white categories	<b>Referrals</b>	All white categories	All non-white categories
794	635 (80%)	159 (20%)	469	364 (78%)	105 (22%)

**4. Main referral sources by category and percentage**

<b>Source</b>	All social care staff	All health care staff	Family/friend /public	Other categories
	30%	25%	21%	24%

**5. Referrals percentages by nature of alleged abuse**

Physical	Sexual	Emotional	Financial	Neglect	Discrim.	Institutional
28%	4.5%	19%	23%	22%	0.5%	3%

#### 6. Referrals percentages by location of where alleged abuse took place

Own home	Care Home	Health setting	Supported accom	Other categories
61%	21%	5%	4%	9%

#### 7. Referral percentages by relationship of alleged perpetrator

Partner or family	Health worker	Social care	Other professional	Neighbour /Friend	Not known	Other categories
38%	7%	8%	9%	8%	8%	22%

#### 8. Percentage of completed referrals by case conclusion

Conclusion	Substantiated	Partly substantiated	Not substantiated	Inconclusive/ Not determined
	29%	1%*	53%	17%

(\* Inability to record this category on the data system until much later in the year has depressed this figure.)

#### 9. Acceptance / satisfaction with protection arrangements, as stated by the adult at risk

Yes	No	Could not consent
55%	15%	30%*

(\* Lacked the mental capacity to be meaningfully engaged with expressing a view on the outcome.)



## **APPENDIX 3 SAPB Sub-Groups.**

### **1. Policy and Performance sub-group**

#### **Remit:**

- a) To ensure the London Multi-Agency Safeguarding Adults at Risk Policy and Procedures are embedded in practice across all partner agencies in Hillingdon.
- b) To review any new legislation or guidance relating to safeguarding adults at risk and to provide recommendations to the SAPB on any changes in local practice required.
- c) To identify areas for improvement in the arrangements for safeguarding adults at risk in Hillingdon and devise ways of implementing these improvements in partnership with agencies.
- d) To provide performance activity data to the SAPB, the content and frequency to be confirmed by the SAPB.
- e) To carry out an annual partnership audit / self assessment of safeguarding activity based on one or more of the following four themes\*

Outcomes for and the experiences of people using the service.

Leadership, strategy and commissioning.

Service delivery. Performance and resource management.

Working together.

- f) To identify and disseminate learning from safeguarding adults at risk (e.g. serious case reviews outcomes ).

### **2. Financial Exploitation sub-group (time limited).**

#### **Remit:**

- a) To identify the type and volume of financial abuse referred in Hillingdon.
- b) To identify the barriers to successful and timely investigation or prevention of financial abuse in Hillingdon.
- c) To establish good practice examples from other areas / agencies.

- c) To identify, in an action plan to be presented to the SAPB, what changes should be made to improve Hillingdon's response to financial abuse and which key partners should be involved to achieve this.
- d) To undertake the work, with partners, to implement the action plan agreed by the SAPB.
- e) To review the effectiveness of changes made by Hillingdon partners in response to allegations of financial abuse.

### **3. Safeguarding Adults at Risk Learning and Development sub-group.**

#### **Remit:**

- a) To review and confirm the key competencies / learning required for safeguarding adults at risk work at the different levels of involvement in the processes of safeguarding.
- b) To ensure safeguarding adults at risk learning across partner agencies conforms to the agreed competencies and is of a consistent standard.
- c) To collate safeguarding adults learning and development completed by staff across partner agencies, so there is a total picture of staff who have received training.
- d) To identify new safeguarding learning and development needs and devise a partnership response to these needs.
- e) To promote "joined up" learning and development across partner agencies in order to maximise budget resources.
- f) To provide safeguarding learning and development information to the SAPB as and when required.

#### **4. Human Resources sub-group.**

**Remit:**

(Joint with the LSCB – remit already established.)

Current attendees: Nick Ellender, Dawn France

#### **5. Serious Case Review sub-group.**

To be chaired by the chair of the SAPB. Membership must consist of a minimum of Hillingdon Adult Social Services, normally Head of Service level, Met Police at Detective Inspector level, NHS representation at Service Director / Manager level, Legal and CQC.

**Remit:**

a) To decide whether the particular circumstances of the adult at risk meets the criteria for a serious case review and, if so, to ensure the review is carried out in line with agreed procedures.

b) Where the circumstances do not meet the criteria, to decide what alternative action by partner agencies should take place.

c) To ensure the purpose of a serious case review is adhered to as set out below:

- To establish whether there are lessons to be learned from the case about the way in which local professionals and agencies work together to safeguard adults at risk.
- To establish what those lessons are, how they will be acted upon and what is expected to change as a result.
- To improve inter-agency working and to better safeguard adults at risk.

Also that any recommended actions arising from the serious case review are considered by the sub-group and decisions made on how they will be implemented.

(\* Thematic framework devised in conjunction with SCIE, ADASS, Local Gov Group and the NHS Confederation.)

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## WORK PROGRAMME AND MEETING DATES IN 2012/13

**Contact Officer:** Charles Francis  
**Telephone:** 01895 556454

### REASON FOR ITEM

This report is to enable the Committee to review meeting dates and forward plans. This is a standard item at the end of the agenda.

### OPTIONS AVAILABLE TO THE COMMITTEE

1. To confirm dates for meetings
2. To make suggestions for future working practices and/or reviews.

### INFORMATION

All meetings to start at 7.00pm unless otherwise indicated.

<b>Meetings</b>	<b>Room</b>
<b>19 June 2012</b>	<b>CR 5</b>
<b>31 July 2012</b>	<b>CR 5</b>
<b>11 September 2012</b>	<b>CR 5</b>
<b>9 October 2012</b>	<b>CR 5</b>
<b>7 November 2012</b>	<b>CR 6</b>
<b>4 December 2012</b>	<b>CR 5</b>
<b>30 January 2013</b>	<b>CR 5</b>
<b>27 February 2013</b>	<b>CR 5</b>
<b>27 March 2013</b>	<b>CR 5</b>
<b>24 April 2013</b>	<b>CR 6</b>

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PART 1 – MEMBERS, PUBLIC AND PRESS

Social Services, Health and Housing POC - 9 October 2012

Social Services, Health & Housing Policy Overview Committee

**2012/13 DRAFT Work Programme**

<b>Meeting Date</b>	<b>Item</b>
<b>19 June 2012</b>	Review Topics 2012/13
	Population Flows and the Impact on Housing Services in Hillingdon – Progress Report
	Cabinet Forward Plan
	Work Programme

<b>31 July 2012</b>	Major Reviews in 2012/13 - Scoping Report and Discussions
	Budget Planning Report for SSH&Hsg
	Cabinet Forward Plan
	Work Programme

<b>11 September 2012</b>	Major Reviews in 2012/13 – First Review Witness Session 1 / Background report
	Annual Complaints Report - SSCH&H – (moved to 7 November)
	Cabinet Forward Plan
	Work Programme

<b>9 October 2012</b>	Major Reviews in 2012/13 – First Review Witness Session 2
	Safeguarding Vulnerable Adults – Annual Report
	Cabinet Forward Plan
	Work Programme

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<b>7 November 2012</b>	Major Reviews in 2012/13 – First Review Information report & Witness Session 3
	Major Reviews in 2012/13 – Second Review Scoping report (provisional)
	Update on previous review recommendations
	Annual Complaints Report - SSCH&H
	Cabinet Forward Plan
	Work Programme

<b>4 December 2012</b>	Major Reviews in 2012/13 – First Review Draft Report
	Local Account
	Cabinet Forward Plan
	Work Programme

<b>30 January 2013</b>	Budget
	Cabinet Forward Plan
	Work Programme

<b>27 February 2013</b>	Major Reviews in 2012/13 – Second Review Witness Session 1
	Major Reviews in 2012/13 – First Review Final Report
	Cabinet Forward Plan
	Work Programme

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<b>27 March 2013</b>	Major Reviews in 2012/13 – Second Review Witness Session 2
	Cabinet Forward Plan
	Work Programme

<b>24 April 2013</b>	Cabinet Forward Plan
	Work Programme
	Major Reviews in 2012/13 – Draft Final Report

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## **CABINET FORWARD PLAN**

**Contact Officer:** Charles Francis  
**Telephone:** 01895 556454

## **REASON FOR ITEM**

The Committee is required to consider the Forward Plan and provide Cabinet with any comments it wishes to make before the decision is taken.

## **OPTIONS OPEN TO THE COMMITTEE**

1. Decide to comment on any items coming before Cabinet
2. Decide not to comment on any items coming before Cabinet

## **INFORMATION**

1. The Forward Plan is updated on the 15<sup>th</sup> of each month. An edited version to include only items relevant to the Committee's remit is attached to this report. The full version can be found on the front page of the 'Members' Desk' under 'Useful Links'.

## **SUGGESTED COMMITTEE ACTIVITY**

1. Members decide whether to examine any of the reports listed on the Forward Plan at a future meeting.

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# The Cabinet Forward Plan

Ref	Report Title	Advance information	Ward(s)	Report to Full Council	Cabinet Member(s) Responsible	Officer Contact	Consultation	Background Documents	NEW ITEM
<p><b>SCH&amp;H</b> = Social Care, Health &amp; Housing; <b>CS</b> = Central Services; <b>PEECS</b> = Planning, Environment, Education &amp; Community Services</p>									

Ref	Report Title	Advance information	Ward(s)	Report to Full Council	Cabinet Member(s) Responsible	Officer Contact	Consultation	Background Documents	NEW ITEM
SCH&H = Social Care, Health & Housing; CS = Central Services; PEECS = Planning, Environment, Education & Community Services									
<b>Cabinet - 25 October 2012</b>									
741	<b>Hillingdon Housing Strategy 2012 - 2015 POLICY FRAMEWORK</b>	Hillingdon's Housing Strategy outlines the Council's proposals for responding to the key national and local issues for housing including public sector housing, the use of the private rented sector as well as home ownership. The priorities and key issues for the strategy were presented to Cabinet in 2011 and approved for consultation with partner organisations. This report will present the draft strategy for formal consultation. It will be reported back to Cabinet and, if agreed, submitted to Council for adoption.	All	21-Feb-13	Cllr Philip Corthorne	SCH&H - Paul Feven	A range of partner organisations, SCHH staff and other stakeholders. Social Services, Health and Housing POC	Cabinet report - 28 July 2011	
SI	<b>Progress Report on the Disabled People's Plan</b>	This report provides Cabinet with a performance update on the delivery of the Disabled People's Plan.	All		Cllr Philip Corthorne	SCH&H - Dan Kennedy	Engagement of Disabled People is integral to the development and delivery of the Plan.		
SI	<b>Older Peoples Plan - Update</b>	This report provides an update to Cabinet of the Older Peoples Plan.	All		Cllr Philip Corthorne / Cllr Ray Puddifoot	SCH&H - Dan Kennedy	Engagement of Older People is integral to the development and delivery of the Plan.		

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