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Health and Wellbeing Board

Date: **TUESDAY, 17 MARCH 2015**

Time: **2.30 PM**

Venue: **COMMITTEE ROOM 6 - 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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Statutory Members (Voting)
Councillor Raymond Puddifoot MBE (Chairman)
Councillor Philip Corthorne MCIPD (Vice-Chairman)
Councillor Jonathan Bianco
Councillor Keith Burrows
Councillor Douglas Mills
Councillor Scott Seaman-Digby
Councillor David Simmonds
Dr Ian Goodman, Chair
Jeff Maslen, (Healthwatch Hillingdon)

Statutory Members (Non-Voting)
Statutory Director of Adult Social Services
Statutory Director of Children's Services
Statutory Director of Public Health

Co-Opted Members
The Hillingdon Hospitals NHS Foundation Trust
Central & North West London NHS Foundation Trust
Royal Brompton & Harefield NHS Foundation Trust
Hillingdon Clinical Commissioning Group (officer)
Hillingdon Clinical Commissioning Group (clinician)
LBH - Deputy Director: Public Safety & Environment
LBH - Corporate Director of Residents Services & Deputy Chief Executive (VOTING)

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Agenda

CHAIRMAN'S ANNOUNCEMENTS

Health and Wellbeing Board Reports - Part I (Public)

Health and Wellbeing Board Reports - Part II (Private and Not for Publication)

The reports listed above in Part II are not made public because they contain exempt information under Part I of Schedule 12A to the Local Government (Access to Information) Act 1985 (as amended) and that the public interest in withholding the information outweighs the public interest in disclosing it.

17 Any other items the Chairman agrees are relevant and urgent

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Minutes

HEALTH AND WELLBEING BOARD

11 December 2014

Meeting held at Committee Room 6 - Civic Centre, High Street, Uxbridge UB8 1UW

	Statutory Board Members Present: Councillor Ray Puddifoot (Chairman) Councillor Philip Corthorne (Vice-Chairman) Councillor David Simmonds (in part) Dr Ian Goodman – Hillingdon Clinical Commissioning Group Jeff Maslen – Healthwatch Hillingdon **Statutory Board Members:** Sharon Daye – Statutory Director of Public Health Tony Zaman – Statutory Director of Adult Social Services **Co-opted Members Present**: Nigel Dicker – LBH Deputy Director: Public Safety & Environment Maria O'Brien – Central and North West London NHS Foundation Trust (substitute) Dr Reva Gudi – Hillingdon Clinical Commissioning Group (Clinician) Ceri Jacob – Hillingdon Clinical Commissioning Group (Officer) (substitute) Shane DeGaris – The Hillingdon Hospitals NHS Foundation Trust Nick Hunt – Royal Brompton and Harefield NHS Foundation Trust (substitute) **LBH Officers Present:** Glen Egan, Steve Powell, Vicky Trott and Nikki O'Halloran **LBH Councillors Present:** Councillors Beulah East and Phoday Jarjussey **Press & Public:** 1 public
29.	**APOLOGIES FOR ABSENCE** *(Agenda Item 1)* It was noted that Councillor Simmonds had advised that he would be a little late for the meeting. Apologies for absence were received from Councillors Jonathan Bianco, Douglas Mills, Keith Burrows and Scott Seaman-Digby, Ms Jean Palmer, Ms Robyn Doran (Ms Maria O'Brien was present as her substitute), Mr Robert Bell (Mr Nick Hunt was present as his substitute) and Mr Rob Larkman (Ms Ceri Jacob was present as his substitute).
30.	**TO APPROVE THE MINUTES OF THE MEETING ON 23 SEPTEMBER 2014** *(Agenda Item 3)* **RESOLVED: That the minutes of the meeting held on 23 September 2014 be agreed as a correct record.**

31.	**TO CONFIRM THAT THE ITEMS OF BUSINESS MARKED PART I WILL BE CONSIDERED IN PUBLIC AND THAT THE ITEMS MARKED PART II WILL BE CONSIDERED IN PRIVATE** *(Agenda Item 4)* It was confirmed that all items would be considered in public.
32.	**BOARD MEMBERSHIP CHANGES** *(Agenda Item 5)* Consideration was given to the appointment of Mr Richard Sumray as The Hillingdon Hospitals NHS Foundation Trust Non-Voting Co-opted Substitute member on the Board. It was noted that Mr Sumray had now been appointed as the substantive Chair of the THH Board. **RESOLVED: That the Health and Wellbeing Board agree that Mr Richard Sumray be appointed as The Hillingdon Hospitals NHS Foundation Trust Non-Voting Co-opted Substitute member on the Board.**
33.	**BETTER CARE FUND: UPDATE** *(Agenda Item 6)* It was noted that, at the date of the Board's last meeting, Hillingdon had been unable to submit a signed Better Care Fund (BCF) plan. The Chairman of the Board had written to the Secretary of State highlighting the ambiguity in the guidance regarding the Care Act new burdens funding. Confirmation had since been received that the funding should come across to the local authority as part of the BCF. However, it was noted that this would create a pressure on the CCG budget. NHS England had provided feedback on Hillingdon's draft plan. This feedback included consideration as to whether the 3.5% target for reducing emergency admissions to hospital across the population would be realistic. It was acknowledged that moving to include only those over the age of 65 in the target would be helpful. To ensure that Hillingdon was in a position to submit its plan by the 9 January 2015, the Chairman suggested that the recommendation be revised to include provision for him and the CCG Chairman to receive the plan and sign it off. Officers were also asked to produce a monitoring format to illustrate progress and performance of the BCF plan for agreement by the Board at its next meeting. **RESOLVED: That:** **1. the Health and Wellbeing Board notes that there are now no reasons why a final version of the BCF Plan cannot be provided to the Chairman and the Chairman of Hillingdon CCG by 19 December 2014 to allow them to sign off the Plan under existing decision provisions to facilitate submission to NHS England by 9 January 2015; and** **2. by the date of the Board's next meeting, a monitoring format to illustrate progress and performance of the BCF Plan is produced for agreement by the Health and Wellbeing Board.**
34.	**JOINT HEALTH & WELLBEING STRATEGY REFRESH 2014-17** *(Agenda Item 7)* Consideration was given to the report which, it was acknowledged, brought together reporting information for the Joint Health and Wellbeing Strategy, the Public Health Action and the Better Care Fund in the form of a refresh of the Joint Health and Wellbeing Strategy. It was noted that all partners had had the opportunity to contribute to the Strategy and that it had been produced through partnership working that would

	see a collective effort to make a change to residents' lives. Four priority areas had been identified though the Joint Strategic Needs Assessment (JSNA). A more detailed delivery plan and a scorecard of performance indicators would form the future monitoring arrangements for the Health and Wellbeing Board on progress against the Strategy. This work would include the monitoring of the development of a key worker model with a focus on children and young people as part of the prevention and early intervention work. It was noted that, in the first paragraph on page 4 of the Appendix, The Hillingdon Hospitals NHS Foundation Trust had been omitted from the list of organisations that were working together. **RESOLVED: That the Health and Wellbeing Board:** **1. notes and, subject to the inclusion of THH in the first paragraph on page 4, agrees the refreshed Hillingdon Health and Wellbeing Strategy 2014-17, including an updated delivery plan and scorecard; and** **2. instructs officers to provide monitoring reports based on this Strategy to subsequent Health and Wellbeing board meetings.**
35.	**UPDATE: ALLOCATION OF S106 HEALTH FACILITIES CONTRIBUTIONS** *(Agenda Item 8)* It was noted that the expansion of the HESA Health Centre was progressing. However, there had been some delay with regard to progress of the Yiewsley Health Centre - there had been a change in personnel at NHS Property Services which had resulted in assessments being undertaken for a second time. It was acknowledged that the HCCG had received an update from NHS Property Services that morning and had advised that it was awaiting statistical information from the Council (which had been submitted previously and had not subsequently changed). The Chairman advised that he would request an update from Council officers prior to writing to the Secretary of State to ask that the matter be expedited. With regard to the St Andrews Park site, it was noted that there had been some progress. The Chairman advised that, as he would be writing to the Secretary of State in relation to the Yiewsley site, he would also ask that this issue be addressed. **RESOLVED: That:** **1. the Health and Wellbeing Board notes the progress being made towards the allocation and spend of s106 healthcare facilities contributions within the Borough; and** **2. if appropriate, the Chairman write to the Secretary of State with regard to the proposed new Yiewsley Health Centre and the St Andrews Park development.**
36.	**PHARMACEUTICAL NEEDS ASSESSMENT 2015** *(Agenda Item 9)* Consideration was given to the report which highlighted the capacity for pharmacies to play a greater role. It was noted that a document extolling the virtues of pharmacies had been produced by HCCG and would be delivered to households in the Borough in the near future. Healthwatch Hillingdon was complemented for its part in the consultation process.

	It was agreed that the third recommendation be revised to ensure that, prior to publication, if further amendments to Hillingdon's PNA were required, this be delegated to the Chairman of the Health and Wellbeing Board and the HCCG Chairman. **RESOLVED: That the Health and Wellbeing Board:** **1. agrees the final version of the Hillingdon's Pharmaceutical Needs Assessment (PNA) including the recommendations and inclusion of summarised comments from the statutory 60 day consultation;** **2. agrees that the PNA be published in January 2015; and** **3. agrees to delegate further amendments to Hillingdon's PNA 2015 prior to publication to the Chairman of the Health and Wellbeing Board and the HCCG Chairman, should further changes be required.**
37.	**CCG UPDATE REPORT** *(Agenda Item 10)* It was noted that the NHS was entering its most challenging time of year with increasing urgent / non-elective pressures on general practice and acute care. The Urgent Care Centre (UCC) had opened at Hillingdon Hospital in October 2013 and had anticipated approximately 160 patients each day - the UCC was now seeing approximately 300 patients each day. Although this increase was putting pressure on the A&E department, it was not thought to be connected to the recent closures of neighbouring A&E departments. Hillingdon CCG (HCCG) was currently undertaking analysis to try to identify the cause and was looking at undertaking more work in the community to reduce the demands on the hospital, e.g., patient flow through the hospital and discharge. The Board was advised that the increasing demand was not unique to Hillingdon and that Harrow and Ealing had experienced similar increases. Although there had been a nationwide increase in non-elective admissions, Hillingdon appeared to be hit harder than other areas. The Chief Executive of The Hillingdon Hospitals NHS Foundation Trust (THH) advised that, although the hospital had managed to achieve the four hour performance target in A&E for the last three consecutive years, there had been a 15% increase in demand in October 2014 in comparison to the same period in the previous year. He noted that THH was looking to identify improvements in service provision and patient discharge. The Board was advised that the HCCG pilot project to integrate services had been progressing well. Social Services staff were attending and participating in the process as, although the Council was not directly involved in the project, it was affected. HCCG was looking to roll the project out in shadow form in 2015 following completion of an impact assessment being undertaken by the Public Health team on the HCCG plans. It was acknowledged that HCCG had been significantly underfunded by approximately £25m and that this historic underfunding had been the cause of the PCT's financial deficit. Conversely, those PCTs that had been overfunded were now showing a surplus in their funding. The Board was advised that HCCG had received a small correction in its current year's funding and for the subsequent year but would still be underfunded. Despite this underfunding, HCCG had managed to reduce its deficit in 2013/2014 by £7½m but it was anticipated that there would be additional pressure on the budget during the next financial year. It was noted that HCCG's financial position was impacting on THH and, although the savings plan was on target, this was likely to drive the Trust into deficit during this financial year.

	With regard to the development of the GP networks, Dr Goodman advised that he would provide members of the Board with a written update. He noted that six network had been established and were of varying size - the larger networks tended to be more mature. It was anticipated that the networks would undertake more collaborative work over the next few months to develop extended opening hours for emergency services and provide extra resources for services, such as spirometry, which would usually be undertaken in hospital. Further services would be considered once the hubs had come on line. **RESOLVED: That:** **1. the Health and Wellbeing Board notes the update; and** **2. the HCCG Chairman provide the Board with a written update in relation to the development of the GP Networks.**
38.	**HEALTHWATCH HILLINGDON UPDATE** *(Agenda Item 11)* Consideration was given to Healthwatch Hillingdon's Quarter 2 report. It was noted that residents were unable to access services that were available elsewhere in the country. Mr Maslen advised that Hillingdon was not always adhering to NICE guidance (which was not mandatory) and had been in discussions with HCCG about the matter. HCCG was currently reviewing policies to identify cost effective solutions to these issues. It was noted that Hillingdon Healthwatch had collaborated with Mind to produce an interim report ("Listen to me!") which gave a snapshot of young people's views on mental health and emotional wellbeing services in Hillingdon. The report suggested that a task and finish working group be set up by the Council and HCCG to formulate a long term plan, similar to the one established in Westminster. It was anticipated that this working group would help to improve services through a multi-agency approach which would enable wide engagement from the start of the process. With regard to the CAMHS provision within the Borough, it was acknowledged that underfunding was part of the issue but that this was not the sole reason. It was noted that there had been a lack of early intervention which often resulted in individuals needing more intense treatment, which then proved to be more costly. It was important that the limited funding available was used in the most effective way. The Board was advised that HCCG was currently looking at its 2015/2016 commissioning priorities. It was important that, with regard to CAMHS provision, care was taken to ensure that expectations were not raised too high. Consideration would need to be given to the resources available to ensure that the services were joined up. The Chairman advised that Councillor Corthorne would be looking at taking the working group suggestion forward. He would be holding an exploratory meeting in the next couple of weeks and would report back to the Chairman in due course. Ms Jacob advised that the HCCG children's group had recently held its first meeting. She noted that the Hillingdon Healthwatch Chairman was welcome to attend these meetings. **RESOLVED: That:** **1. the Health and Wellbeing Board note the report; and** **2. the Vice Chairman update the Chairman following his exploratory meeting.**

39.	**BOARD PLANNER & FUTURE AGENDA ITEMS** *(Agenda Item 12)* Consideration was given to the Board Planner report. It was noted that the list of reports included in the Appendix was indicative and was subject to change. The report deadlines for each meeting had also been included on the Appendix. **RESOLVED: That the Health and Wellbeing Board notes the Board Planner.**
	The meeting, which commenced at 2.30 pm, closed at 3.05 pm.

These are the minutes of the above meeting. For more information on any of the resolutions please contact Nikki O'Halloran on 01895 250472. Circulation of these minutes is to Councillors, Officers, the Press and Members of the Public.

HEALTH AND WELLBEING STRATEGY: PERFORMANCE REPORT

Relevant Board Member(s)	Councillor Ray Puddifoot MBE Councillor Philip Corthorne
Organisation	London Borough of Hillingdon
Report author	Kevin Byrne, Policy and Partnerships
Papers with report	Appendix A - Health and Wellbeing Delivery Plan Appendix B - Indicator Scorecard

HEADLINE INFORMATION

Summary	This report provides an update on progress against the Joint Health and Wellbeing Strategy Delivery Plan objectives. It also includes changes to the Delivery Plan to reflect the final Better Care Fund Plan.
Contribution to plans and strategies	Hillingdon's Joint Health and Wellbeing Strategy is a statutory requirement of the Health and Social Care Act 2012.
Financial Cost	There are no direct financial implications arising directly from this report.
Ward(s) affected	All

RECOMMENDATIONS

That the Health and Wellbeing Board:

1) **notes the updates in the report and delivery plan (Appendix A); and**
2) **notes the performance indicators in the quarterly dashboard (Appendix B)**

INFORMATION

Supporting Information

In December 2014, the Health and Wellbeing Board agreed to a refresh of the Joint Health and Wellbeing Strategy which brought together reporting information for the Strategy, the Public Health Action and the Better Care Fund plan. It was noted that all partners had had the opportunity to contribute to the Strategy and that it had been produced through partnership working that would see a collective effort to make a change to residents' lives. Four priority areas had been identified though the Joint Strategic Needs Assessment (JSNA). A more detailed delivery plan and a scorecard of performance indicators would form the future monitoring arrangements for the Health and Wellbeing Board on progress against the Strategy.

Highlights on progress from the Delivery Plan under each of the priority areas are detailed below:

1. Priority one: Improving Health and Wellbeing and reducing inequalities

1.1 **Smoking cessation. Smoking prevalence in Hillingdon has come down from 17.5% to 16.2% in line with the national decrease.** The number of women smoking at time of delivery also continues to decline with recent figures showing a decrease from 8% in 2013-14 to 7% as of 31 January 2015. During 'Stoptober' a number of health promotion events resulted in 56 direct referrals to the stop smoking service.

1.2 **Childhood Obesity.** The figures for excess weight in children little change (4-5 year olds from 21.4% in 2012-13 to 21.6% in 2013-14 and 10-11 year olds at 34.6% in 2012-13 and in 2013-14). There is a full programme of activity to try and reduce this. Activities include lifestyle weight management programme for children targeting families at high risk and training for children's centres in the 'Feed My Family' model.

1.3 **Physical activity**. A needs assessment is being undertaken to inform a refreshed strategy from March 2015 with suggested focus to be on reducing inactivity, e.g., engaging people who are not doing 30 minutes of activity a week.

1.4 **Free swimming for over 65's**. Remains popular with sessions at Hillingdon Sports and Leisure Centre at full capacity. To the end of Q3, there have been a total of 18,874 free sessions across all the facilities.

1.5 **Adults with a learning disability in paid employment**. Out of 5,393 adults with a learning disability (2015 PANSI predictions from 2011 Census), the % of those in paid employment has increased from 1.1% in 2013-14 to 1.9% as of 31 January 2015.

2. Priority 2 - Prevention and early intervention

2.1 **NHS Health Checks**. During the first nine months of 2014/15, 6743 Hillingdon residents received an offer of an NHS Health Check and of these, 4272 people went on to receive an assessment. This is an increase on previous year performance at 3740. A campaign will be also launched to raise the profile of the NHS Health Check locally, e.g., through articles in Hillingdon People and local Gazettes, poster campaigns, etc.

2.2 **Long Term Conditions**. Hillingdon CCG has been engaging with partners to ensure effective secondary prevention for people with Long Term Conditions including cancer, cardio-vascular disease, diabetes and dementia. This work has included investigating the expansion of risk stratified cancer pathways and integrated service models for diabetes, cardio-vascular diseases and respiratory conditions such as COPD and asthma. The 'Dementia Friends' Scheme continues to be very popular. From October until December 2014, the Public Health Team delivered 'Dementia Friends' sessions to 535 volunteers. This included pupils, sheltered housing scheme managers, library staff, residents and care home staff. The local Metropolitan Police have also agreed to run sessions for Police Officers.

2.3 **Children's Dental Care**. The evaluation of the Brush for Life programme in 2014 across Hillingdon showed that knowledge about visits to dentists had improved with 79% of parents thinking that children should attend the dentist before the age of 2 years (60% before BFL initiative), dental visiting had increased by 21% and there was a 13% increase in the number of parents reporting brushing their children's teeth twice daily. However, prevalence of tooth decay at age five and age three in Hillingdon remains above the London and England averages.

2.4 **CAMHS**. Hillingdon CCG is leading on a joint working group with key partners to agree an integrated Emotional and Mental Health and Wellbeing Strategy for children and young people. This includes a review of the Children Adolescent Mental Health Service (CAMHS). A strategy and delivery plan is being developed.

2.5 **Rapid Response and joined up Intermediate Care - BCF scheme 3**. Much closer working between the Council's Reablement Team, CNWL staff at the Hillingdon Intermediate Care Unit (HICU) and THH staff on Beaconsfield East ward has accelerated the discharge of patients medically fit for discharge.

3. Priority 3 - Developing integrated, high quality social care and health services within the community or at home

3.1 **Home adaptations**. From April to December 2014, a total of 140 homes have had adaptations completed to enable disabled occupants to continue to live at home. This includes adaptations to the homes of 88 older people, of which 62 were in the private sector.

3.2 **Carers Strategy**. Consultation activity has started on a new Joint Carers Strategy for Hillingdon. This took place in January and February at a number of locations including Hillingdon Hospital, Uxbridge and Botwell libraries, Young Carers Group, Disability Assembly and Hillingdon Carers Cafe. Carers are being asked to provide feedback via online and paper surveys and by engaging in activities to explore what assistance they may need with regards their health and wellbeing, financial situation and enjoying a life outside of caring. Results of the consultation activity will inform the delivery plan of the strategy with actions agreed across partners.

3.3 Care Act Implementation. BCF Workstream 5. Agreement on the Connect2Support portal being the platform for all information about information, advice and advocacy services as well as other services to meet the care, support and socialisation needs of residents with social care needs. This new system will also enable residents to undertake self-assessment, check their care accounts (relevant to self-funders) and shop on line for appropriate services to meet their needs. A gap analysis of information, advice, advocacy and preventative services was undertaken that identified a gap in the availability of independent financial advice services and personal assistant (PA) provision. Work will be undertaken during Q4 to address these gaps.

3.4 **SEND reforms**. The new Education, Health and Care (EHC) assessment process has been implemented and EHC Plans are being produced. This is an outcome focussed and person centred process and is providing an improved experience for families. The new approaches need to be fully embedded in all services and there remain opportunities for greater integration.

3.5 **Mental Health**. Sessile Court, a Mental Health Unit with 14 places is on track to open in March and two Learning Disability schemes, Honeycroft Hill (16 units) and Church Road, Cowley (6 units) are on track to open early summer 2015.

3.6 **Integrated Case Management -** BCF Workstream 1. A screening tool for identifying frailty and susceptibility to falls, dementia and/or social isolation has been developed that will be tested by a third sector organisation starting in Q4. An End of Life action

plan has been developed that includes identification of what needs to be in place to enable a person to have a 'good' death. A review of current service provision against the ideal will be undertaken in Q4.

3.7 **Seven Day working -** BCF Workstreams 3 & 4 - Seven day working and Seamless Community Services. A review of the needs of inpatients at Hillingdon Hospital and the Perfect Week in November has identified some gaps in provision 7-days a week, e.g., GP cover, ability to make community equipment referrals, specialist nursing to cover wound dressing, ability to make homecare referrals. Q4 will see 7-day working priorities being agreed and a gap analysis against those priorities being undertaken. 7-day working Key Performance Indicators will also be established.

3.8 **Care Home Initiative**. The provision of more systematic support to care homes as a result of much closer working between professionals has assisted in reducing the number of avoidable admissions to hospital from the borough's residential and nursing homes. In December 2014, the number of admissions to hospital reduced by 7% at exactly the time when winter pressure-related issues would be expected to see an increase. Since January 2015, the outcomes of support provided concerning specific care residents is being recorded to give a more accurate picture of the impact of the scheme. The results will be reported to the Board as part of the next performance update.

4. Priority 4 - A positive experience of care

4.1A **BCF plan a Stakeholder Communication and Engagement Implementation Strategy** will be developed. A series of awareness raising events have been arranged for GPs and clinical staff at Hillingdon Hospital about the BCF and the Integration Programme in Hillingdon. The strategy is intended to set out how a broader range of stakeholders will be engaged.

4.2A project has commenced to engage CYP with SEND in the development of information for their peers in relation to Preparation for Adulthood.

BCF Metrics Update

Appendix 2 Indicator scorecard provides the position at the end of Q3 for the quarterly dashboard agreed at the Board's December meeting. The following commentary may assist interpreting this data:

- **Permanent admissions to residential care 65+:** A key factor that has contributed to the increase in the number of placements during Q3 includes the high proportion of new referrals of older people with complex needs, e.g., people with multiple conditions, which account for approximately 35% of new placements and is linked to increased activity at Hillingdon Hospital since September 2014. The Board may wish to note that evidence from the review in September 2014 of older people admitted to Hillingdon Hospital showed that only 25% of the 125 people reviewed were already known to the Council and, of those reviewed, 54% had multiple conditions. Another factor contributing to the increase is the number of short-term placements that have been converted into permanent placements due to frailty and complexity of need issues, as well as the limited availability of alternatives at the current time such as extra care housing. This accounts for approximately 10% of the permanent placements.

- **Delayed transfers of care (DTOCs):** This metric is a whole adult population metric and information is provided by NHSE and they receive their information directly from the relevant NHS trust. The main reason for delays (65%) is attributed to issues in sourcing appropriate care home placements for people who cannot be supported safely at reasonable cost in the community, e.g., people with challenging behaviours. The Council, HCCG and CNWL are working together to address this.

The emergency admissions target which the performance element of the BCF relates to will be included in the dashboard in future performance reports to the Board. At the end of Q3 the actual number, 2,726, was marginally below the projected figure of 2,815, therefore meaning that the revised target figure that relates to emergency admissions of the 65 and over population is on track.

Financial Implications

There are no direct financial implications arising from the recommendations set out in this report.

EFFECT ON RESIDENTS, SERVICE USERS & COMMUNITIES

What will be the effect of the recommendation?

The update of the action plan for Hillingdon's Joint Health and Wellbeing Strategy supports the Board to see progress being made towards the key priorities for health improvement in the Borough.

Consultation Carried Out or Required

Updates of actions to the plan has involved discussions with partner agencies to provide up to date information.

Policy Overview Committee comments

None at this stage.

CORPORATE IMPLICATIONS

Hillingdon Council Corporate Finance comments

There are no direct financial implications arising from the recommendations set out in this report.

Hillingdon Council Legal comments

The Health and Social Care Act 2012 ('The 2012 Act') amends the Local Government and Public Involvement in Health Act 2007. Under 'The 2012 Act', Local Authorities and Clinical Commissioning Groups (CCGs) have an equal and joint duty to prepare a Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies (JHWSs) for meeting the needs identified in JSNAs. This duty is to be delivered through the Health and Wellbeing Board (HWB).

Health and Wellbeing Boards are committees of the Local Authority, with non-executive functions, constituted under the Local Authority 1972 Act, and are subject to local authority scrutiny arrangements. They are required to have regard to guidance issued by the Secretary of State when undertaking JSNAs and JHWSs.

BACKGROUND PAPERS

NIL.

Appendix A

Priority 1 - Improving Health and Wellbeing and reducing inequalities				
Objective	**Task and Metric**	**Lead**	**Metric reporting frequency**	**Evidence of activity against task**
1.1 Protect resident's health	**1.1.1** From conception to year 2, Increase the confidence and participation of parents/women to have healthy babies by delivering the 'Having a Healthy Baby' Project	Public Health & Maternity Services	Annually	• 17 one-to-one interviews have been completed with mothers in three Children Centres about their experiences of ante-natal and post-natal care, specifically they received information and support. The results will support stakeholder engagement process of the new Maternity Health Needs Assessment. • By December 2014 there had been two training sessions for midwives aimed at: raising awareness of risks of smoking while pregnant, the pathway for opt out referral scheme and the use of the diagnostic carbon monoxide monitors. • For Quarter 2, Smoking at Time of Delivery has fallen from 8% to 7% since previous year. 34 women have been supported since the start of the year with 23 quitters by time of delivery.
	1.1.2 Develop a Children's Health Programme Board to agree with partners the strategic direction for children's health provision	CCG		• The proposed work streams of this group include: o Maternity and the Paediatric shift o Urgent care management o Mental and emotional health and wellbeing o Long term conditions o Complex care o Access for vulnerable groups

				• The Programme Board have met and work is progressing on agreeing strategic direction and actions across the work streams.
	1.1.3 Deliver a mental wellness and resilience programme	Public Health		The programme of activity includes: • The 'Five Ways to Wellbeing' initiative that delivers publicity material to libraries, provides training to partners and coordinates wellbeing events. • A programme of Wellbeing Initiatives at Stockley Park School including a wellbeing survey for year 8 students which will gauge whether wellbeing interventions have made a difference to them. • Older People Wellbeing Projects aimed at reducing social isolation and increasing levels of physical activity and wellbeing which include the popular tea dances and wellbeing events.
	1.1.4 Deliver a smoking cessation service including supporting the further roll out of Smoke Free Homes in Hillingdon	Public Health	Annually	• Hillingdon Stop Smoking Service continues to perform well in terms of its quit rate (i.e. smokers who join the service have some of the best chances in London to quit) - with a rate of 55% (in Q2, 318 set a quit date and 179 successfully quit) • During Stoptober, there were 10 health promotion events, including at the Somali Outreach Café in Hayes. Residents across the borough were given advice on stopping smoking and where to access help. There were 56 direct referrals to the service as a result of the initiative.

				• Two 2-day training programmes have also been delivered to skill up additional one to one stop smoking advisors across the Borough. In total there were over 50 participants.
	1.1.5 Reduce prevalence of obesity through a variety of initiatives including the delivery of the Child Measurement Programme, and raising awareness of the importance of physical activity across the life course	Community Sport and Physical Activity Network & Obesity Strategy Working Group	Quarterly	The overall proportion of children carrying excess weight (overweight + obese) in both years has remained unchanged. • The programme of activity includes: o The 'Get up and Go' weight management programme with the next cohort planned for April 2015. o Food and diet sessions delivered to residents as part of the CCG diabetes management programme. o Lifestyle weight management programme for children targeting families at high risk o A workshop for health and social care professionals focussing on the drive to reduce excess weight in the borough. o Training for children's centres in the 'Feed My Family' model. o The annual Rotary Club Young Chef competition. 11 senior schools competed to create a healthy balanced 2 course meal on a budget. o A Hillingdon Breakfast club review in 91 of 93 schools to develop recommendations and actions. A physical activity needs assessment is being

				undertaken to inform a refreshed strategy from March 2015 with suggested focus on reducing inactivity, i.e engaging people who are not doing 30 minutes of activity a week • The activity supporting this work includes: o Buggy monitoring and removing chairs from stay and play sessions at children's centres. o 'Ready Steady Groove' physical activity programme for parents currently in 9 children's centres o 5 schools applying for Healthy Schools silver award by addressing physical activity o 10 children centres running activity session for parents with free crèche facility o 60 cycle loans and 15 bikes sold through cycle loan scheme o Exercise on referral programme o Free swimming for 65+ yrs is full at HSLC and Botwell and 50% full at William Byrd.
1.2 Support adults with learning disabilities to lead healthy and fulfilling lives	**1.2.1** Increase the number of adults with a Learning Disability in paid employment	LBH	Quarterly	• Out of 5393 adults with a learning disability (2015 PANSI predictions from 2011 Census), the % of those in paid employment has increased from 1.1% in 2013-14 to 1.9% as of 31 January 2015. • So far in 2014/15, 12 service users with learning and physical disabilities have received 30 opportunities for paid employment. • 17 service users had undertaken 69 work experience opportunities

				• There has been a slight decrease in number of service users undertaking work experience opportunities because a number of service users who accessed in-house day services have now implemented their support plans and are being supported by a Personal assistant to access community based activities. This includes work experience placements which better meet their assessed needs. • Since September 2014 the Queens Walk Resource Centre has been supporting people with complex learning needs and physical disabilities. The centre offers many facilities, including hydro pool, gym, interactive room, teaching kitchen and snoozelum. • An Employment Activities and Education Officer is being recruited to Adult Community Learning to develop a programme of college courses to build on people's independent skills. 15 service users will be undertaking the first cohort of courses and this will be a rolling programme delivered at Queens Walk throughout the year. This means 34% of service users accessing Queens Walk are been given the opportunity to access college courses.
1.3 Develop Hillingdon as an autism friendly borough	**1.3.1** Develop and implement an all age autism strategy	LBH	Quarterly	• A strategy is being developed with more required prior to sign off.

Priority 2 - Prevention and early intervention				
Objective	**Task and Metric**	**Lead**	**Metric reporting frequency**	**Evidence of activity against task**
2.1 Deliver the BCF workstream 2 - Intermediate Care under Strategy	**2.1.1** Deliver scheme three: Rapid response and joined up Intermediate Care	LBH/CCG	Quarterly	• The multi-agency project group has been working on the development of the model of care and will report with recommendations in March. Much closer working between the Council's Reablement Team, CNWL staff at the Hillingdon Intermediate Care Unit (HICU) and THH staff on Beaconsfield East ward has accelerated the discharge of patients medically fit for discharge. During Q4 work will continue to secure permission for the District Nurse Service to administer intravenous medicines to patients in nursing homes. This will help to prevent unnecessary hospital admissions. Permission will also be secured to enable the Reablement Team to make referrals to Rapid Response, which will ensure that appropriate clinicians are supporting Hillingdon's older residents. A business case will also be developed to secure additional consultant geriatrician capacity to support the management of the needs of frail older residents in the community.
2.2 Deliver Public Health Statutory Obligations	**2.2.1** Deliver the National NHS Health Checks Programme	Public Health	Annually	The aim of the programme is the early identification of individuals at moderate to high risk of cardiovascular disease, diabetes, stroke, kidney disease and related metabolic risk. • During the first nine months of 2014/15, 6743 Hillingdon residents received a first offer of an NHS Health Check and, of these, 4272 people went on to receive an assessment. This is an increase on

				previous year performance at 3740. • Nearly all of the 48 sites have now signed up to the new Local Primary Care Contract. This should result in increased activity, but need careful monitoring of offers to ensure it is recorded appropriately. • The local EMIS (GP data system) support is no longer in place which may affect quality of future returns. • A campaign will be launched to raise the profile of the NHS Health Check locally, e.g. through articles in the Hillingdon People and local Gazettes, poster campaigns etc. • In December, a training day was held for 20 general practice and pharmacy staff. Evaluation questionnaires show that this training was well received.
	2.2.2 Deliver Open Access Sexual Health	Public Health	Quarterly	• <u>HIV:</u> An HIV health and care needs assessment is in progress. The outputs of the needs assessment will be used to inform future sexual health and disabilities commissioning/procurement decisions post October 2015. • <u>Emergency Hormonal Contraception (EHC)/Chlamydia Screening and treatment:</u> Training updates have been provided for those Community Pharmacists who are part of the scheme. Six new Community Pharmacists were trained in November 2014.

				• <u>Chlamydia Screening:</u> Performance against the indicator: 'Rate of Chlamydia detection per 100,000 young people aged 15-24 years' is low at 1485 for the year 2013 when compared to London at 2179 per 100,000. Service providers (CNWL) have been informed and are working to improve Chlamydia positivity rates by increasing outreach work to more targeted groups/areas
	2.2.3 Delivery of information to protect the health of the population against infection or environmental hazards and extreme weather events	Public Health		• Weekly Ebola briefings are received from Public Health England and the Department of Communities and Local Government. A revised Ebola public awareness poster for use in healthcare settings has been uploaded to Gov.uk and is being distributed to GP practices, A&E departments and pharmacies by NHS England. • Members of the public can also find more information and advice about Ebola on NHS Choices website. • There has been a recent outbreak of Avian Flu at a farm in Hampshire. Tests have shown the outbreak is of the "low severity" H7 strain of the disease, a much less serious form than the H5N8 strain found at a Yorkshire duck farm, in November 2014. There are no links between the case at Upham and the outbreak in Yorkshire. PHE confirm that the risk to public health is extremely low. Local authorities are asked to be aware of the current situation.

2.3 Prevent premature mortality	**2.3.1** Ensure effective secondary prevention for people with Long Term Conditions including cancer, diabetes and dementia	NHS	Quarterly	• Hillingdon CCG are investigating the expansion of Risk Stratified Cancer Pathways that change the way that support is provided to Cancer patients post substantive treatment. The CCG is under-taking research into how we might expand work already undertaken at The Hillingdon Hospital and support a wider cohort of patients. • Hillingdon CCG have engaged with CNWL, The Hillingdon Hospital, Public Health and with members of the public and have got a first draft of an Integrated Diabetes Service Model that links together weight management services for patients both pre and post diagnosis of diabetes, patient empowerment programmes and changes to how community and secondary care services are delivered. HCCG expect the final business case to go to its Governing Body in April 2015. • Hillingdon CCG has developed an Integrated Service Model for patients with Cardio Diseases and is working with THH, The Royal Brompton and CNWL on how this can be realised. The final Business Case is expected to go to HCCG Governing Body in April 2015. Public Health has been actively involved in the development of this model. • Hillingdon CCG is also developing an Integrated Service Model that will meet the needs of patients suffering from respiratory conditions such as COPD and Asthma. Again, like the Diabetes and Cardiology Integrated Service Models, this is expected this to go to the Governing Body in April

				2015. • Pilot projects being developed in the Hayes area focussing on diabetes prevention and delivering patient education for diabetes with BME groups.
	2.3.2 Reduce the risk factors for premature mortality and increase survival across care pathways	PH/CCG	Quarterly	• A new CHD integrated model of care and diabetes care pathway is being developed as per information above. • The Survivorship event for cancer sufferers held in October and a Prostate Cancer awareness session in February has resulted in referrals into exercise. • Alcohol Misuse (a) A question on alcohol use has been included in the NHS Health Checks (b) It is essential that Substance Misuse services are commissioned robustly, as currently they are accessed by approximately 1,000 residents, in various stages of drug and alcohol recovery. An outcome based service model with greater levels of integration, based on all levels of need, has been developed with existing providers, service users and support from Public Health England. The tender process is near conclusion.
	2.3.3 Reduce excess winter deaths	Public Health/NHS		There are a number of activities that aim to reduce excess winter deaths in the borough. These include: • Providing Flu immunisation to people at risk

				• Screening for Chronic Obstructive Pulmonary Disease as part of smoking cessation project to identify smokers at high risk • Monitoring Inferior Wall Myocardial Infarction over Coronary Heart Disease remodelling of services • Age UK providing a 'Getting ready for Winter' scheme that works towards reducing the number of older people becoming ill, being admitted to hospital or dying as a result of the winter conditions. This includes offering older people a free winter warmth check by the handyperson service. This will cover safety (home security and the environment generally), warmth (heating, insulation etc) and energy efficiency with referrals on to appropriate agencies where issues are identified. They will also have a range of winter warmth items available – draught excluders, blankets, thermal items and room thermometers together with emergency food parcels.
	2.3.4 Reduce the number of children with one or more decayed, missing or filled teeth	Public Health & NHS England		• Brush for Life (BFL) packs, training and 'stay and play' sessions are available in all 18 children's centres. The evaluation of the Brush for Life programme in 2014 across Hillingdon showed that: ○ Knowledge of dental visiting had improved with 79% of parents thinking that children should attend the dentist before the age of 2 years (60% before BFL initiative) ○ The reported dental visiting has increased since the BFL initiative with a 21% increase in

				reported visits. ○ A 13% increase in the number of parents reporting brushing their children's teeth twice daily. ○ There did not appear to be a significant change in overall knowledge of age to start brushing (57% when the teeth erupt). ○ More parents appeared to be aware of the correct amount of toothpaste and there was a reduction in the number of parents using too much paste from 27% to 15% with no parents reporting using no paste after the training. • A referral pathway has been developed for the health visitors to support parents around brush for life with the community dental service.
	2.3.5 Deliver a project to make Hillingdon a Dementia Friendly borough	Mental Health Delivery Group	Quarterly	A Council working group, in partnership with the Alzheimer's Society, is coordinating a project for Hillingdon to sign up to the Dementia Action Alliance. The intention is to launch Hillingdon's Dementia Action Alliance during Dementia Awareness Week in May 2015. The Dementia Friends Scheme continues to be very popular. • From October until December 2014, 535 people attended Dementia Friends sessions. This included pupils, sheltered housing scheme managers, library staff, residents and care home staff. The local Met Police have now agreed to run sessions for Police Officers.

				Work is also underway with the local Alzheimer Society to develop more support for people living with dementia. The Drummunity project continues to enable older people with dementia to take part in an activity which allows them to communicate creatively, fully participate, works on their short term memory skills, increases their relaxation and helps to develop strength and coordination. • Due to the success of the pilots at Cottesmore and Sibley Court, the Council will fund a further 12 weeks of sessions at these locations. • Since September 2014, a total of 18 people have taken part in 12 weeks of sessions. • Triscott house, Grassy meadows and Asha day centre also continue to offer the drumming sessions as part of their core activity.
	2.3.6 Improve pathways and response for individuals with mental health needs across the life course including the provision of Child and Adolescent Mental Health Services (CAMHS)	CCG	Annually	• Single Point of Access - a Business Case has now been completed to develop a single point of access in the urgent care pathway. This is now under consideration alongside other funding priorities. • Improving Access to Psychological Therapies - a Business Case has been approved to expand IAPT Services to target hard to reach groups and those with Long Term Health conditions such as Diabetes. • A Children Adolescent Mental Health Service

				(CAMHS) health and care needs assessment is also being developed. The CCG Commissioning Intentions for 2015/16 include the commitment to improve transition arrangements for service users between CAMHs and adult services and adult services and services for older adults. • A joint working group has been established to agree an integrated emotional and mental health and wellbeing service for children locally. A strategy and delivery plan is being developed. • Additional resources for specialist MH provision for children and young people with LD were agreed with an integrated pathway with LBH disability team • HCCG also invested in specialist perinatal MH provision. Service implemented January 2015 • The provision of Liaison Psychiatry services has been expanded to improve access to specialist mental health services for those patients presenting at A+E and receiving clinical services for other conditions in an Acute Hospital setting.
	2.3.7 Develop a Vision Strategy for Hillingdon	Vision Strategy Working Group	Annually	• A Needs Assessment has been drafted which will inform the local strategy.
2.4 Ensure young people are in Education, Employment or Training	**2.4.1** Identify those at risk of becoming Not in Education, Employment or Training (NEET) and implementing appropriate action to prevent it	LBH	Quarterly	There is a range of activity to identify those at risk of becoming NEET and action to prevent it. This includes: • Targeted programmes: Unique Swagga (young women aged 13-19 identified as at risk through social health and economic outcomes); ichoose

				(boys and young men, aged 11-15 - identified as above).
				
				• Access Point: drop-in sessions for young people to receive information, advice and guidance available at Fountain's Mill and Harlington Young People's Centres.
				
				• SIAG Team: 121 support for those at risk of becoming NEET. Youth Support Advisers are placed in the YOS Team, LACE team 16+ and generic advisers based are Fountain's Mill.
				
				• A Risk of NEET Indicator has been created to identify students in Years 9-12 at risk of NEET.
				
				• The 'Pan London Leaver Notification Process', a monthly return made by schools, colleges and other post-16 training providers, informs the local authority of any young person who has 'dropped out' of their course early. In the return, there is a 'wobbler' column, in which young people who could be on the verge of dropping out are identified and are provided with additional support to prevent them becoming NEET.
				
				• As of December 2014:
				  ○ NEET 2.4% down from 3.6% in 2013
				  ○ Y11 leavers continuing in learning 98.9% up from 98.4% in 2013

Priority 3 - Developing integrated, high quality social care and health services within the community or at home				
Objective	**Task and Metric**	**Lead**	**Metric reporting frequency**	**Evidence of activity against task**
3.1 Deliver the BCF Workstream 1 - Integrated Case Management	**3.1.1** Deliver scheme one: early identification of people susceptible to falls, social isolation and dementia	LBH/CCG	Annually	• A multi-agency scoping meeting has taken place, which will be used to develop an action plan. This will include at least one proposal for developing a preventative model aligned to a GP network that brings together statutory and third sector organisations to support local people. • A screening tool for identifying frailty and susceptibility to falls, dementia and/or social isolation has been developed and will be tested during Q4 by the third sector.
	3.1.2 Deliver scheme two: better care for people at the end of their life (EoL)	LBH/CCG	Quarterly	• The EoL action plan has been developed and work undertaken to identify what needs to be in place to enable a person to have a 'good' death. A review of current provision against the ideal will be undertaken in Q4. • Adult Social Care is currently exploring options for establishing a fast access care service with a specialist third sector provider in consultation with Corporate Procurement.
3.2 Deliver the BCF Workstreams 3 & 4 - Seven day working and Seamless Community Services	**3.2.1** Deliver scheme four: seven day working	LBH/CCG	Quarterly	• A review of the needs of inpatients at Hillingdon Hospital and the Perfect Week in November has identified some gaps in provision 7-days a week, e.g. GP cover, ability to make community equipment referrals, specialist nursing to cover wound dressing, ability to make homecare referrals.

				• Mapping of services operating 5 and 7 days was completed and the 7-day working action plan completed. • Q4 will see 7-day working priorities being agreed and a gap analysis against those priorities being undertaken. 7-day working Key Performance Indicators will also be established.
	3.2.2 Deliver scheme six: Care homes initiative	LBH/CCG	Quarterly	• The Council's Care Services Inspection Team and CCG Care Home Pharmacist have established monthly meetings with Community Matron Team in order to establishing mutually supportive network. A recent incident where a nursing home was identified by an inspector as not having any nursing staff available was referred to the Community Matron team lead and emergency cover was arranged to ensure that the needs of residents were attended to, thus avoiding a potentially serious issue. This matter has been reported to CQC. • Monthly meetings between the THH geriatrician and the community matrons to identify patients frequently attending at A & E and/ or admitted to hospital have been established. This will help to inform input to the relevant care homes and the areas of care for which support is most needed. • Actions to be taken in Q4 include engaging with care homes that have not responded to offers of support and also scoping the medical support required to support care homes.

	3.2.3 Deliver scheme five: Review and realignment of community services to emerging GP networks	LBH/CCG	Quarterly	• Work on transitioning the Integrated Care Pilot to the GP networks, including care planning and care coordination, has been started and is due to be completed by the end of March. • A nursing conference in Q4 will help to shape the model of the District Nursing Service and its relationship with the GP networks.
	3.2.4 Provide adaptations to homes to promote safe, independent living including the Disabled Facilities Grant	LBH	Quarterly	• From April to December 2014, a total of 140 homes have had adaptations completed to enable disabled occupants to continue to live at home. This includes adaptations to the homes of 88 older people, of which 62 were in the private sector.
	3.2.5 Increase the number of target population who sign up to TeleCareLine service which is free for over 80's	LBH	Quarterly	• As at 5th January 2015, 4,033 service users (3,596 households) were in receipt of a TeleCareLine equipment service, of which 3,044 people (2,783 households) were aged 80 years or older. Between 1st April 2014 and 31st December 2014 there have been 833 new service users taking up TeleCareLine.
3.3 Implement requirements of the Care Act 2014	**3.3.1** Develop the prevention agenda including Info and Advice Duty	LBH	Quarterly	• Agreement on the Connect2Support portal being the platform for all information about information, advice and advocacy services as well as other services to meet the care, support and socialisation needs of residents with social care needs. This new system will also enable residents to undertake self-assessment, check their care accounts (relevant to self-funders) and shop on line for appropriate services to meet their needs.

	3.3.2 Develop a Carers Strategy that reflects the new responsibilities and implementation of the Care Act 2014	LBH/CCG	Biennially	• Consultation activity has taken place at a number of locations including Hillingdon Hospital, Uxbridge and Botwell libraries, Young Carers Group, Disability Assembly and Hillingdon Carers Cafe. Carers have provided feedback via online and paper surveys and by engaging in activities to explore what assistance they may need with regards their health and wellbeing, financial situation and enjoying a life outside of caring. • Results of the consultation activity will inform the delivery plan of the strategy. • The strategy and draft delivery plan will be presented to CCG Governing Body and Council Cabinet in April 2015.
	3.3.3 Deliver BCF scheme seven: Care Act Implementation Task: To implement the following aspects of new duties under the Care Act, primarily in respect of Carers: a) increasing preventative services; b) developing integration and partnerships with other bodies; c) providing quality information, advice and advocacy to residents; d) ensuring market oversight and diversity of provision;	LBH/CCG	Quarterly	a. A gap analysis was undertaken of information, advice, advocacy and preventative service provision, which identified that a gap in availability of independent financial advice and personal assistant (PA) support. b. Scope of a review of care practice procedures identified to ensure compliance with Care Act requirements and key actions were allocated for delivery during Q4; c. Clarification of the offer for carers will be achieved during Q4 and market provision mapped against this. d. Guidance was published in December 2014 about the new market oversight regime operated by the Care Quality Commission (CQC) covering approx 60 major providers. Officers will be working with CQC to determine how this will work in practice. A new

	and e) strengthening the approach to safeguarding adults.			provider risk matrix was also produced against which providers of services to adults and children will be assessed. The Council's Care Governance Board, which is chaired by the Director of Adult Care, will monitor the outcome of assessments. e. A peer review of adults' safeguarding process was undertaken to test compatibility with new statutory requirements. Verbal feedback did not reveal any unknown issues. A report with recommended actions will be available in Q4.
	3.3.4 Engage with providers through the development of the Market Position Statement to maintain a diverse market of quality providers that offers residents choice	LBH	Quarterly	• The Market Position Statement is currently being finalised and, subject to Member approval being given, it will be launched with providers in Q4.
3.4 Implement requirements of the Children and Families Act 2014	**3.4.1** Implement the SEND reforms including introducing a single assessment process and Education, Health and Care (EHC) Plans and joint commissioning and service planning for children, young people and families	LBH/CCG	Quarterly	• The new Education, Health and Care (EHC) assessment process has been implemented and EHC Plans are being produced. This is an outcome focussed and person centred process and is providing an improved experience for families. The new approaches need to be fully embedded in all services and there remain opportunities for greater integration. • The Local Offer was published in September and ongoing development work is taking place. • The joint commissioning activity has seen a draft strategy prepared which will come to the Health and Wellbeing Board for consideration. There will be an initial focus on provision for children and young

				people with speech, language and communication needs as the JSNA indicates this is an area of unmet need. • Personal budgets for children and young people with EHC Plans are being rolled out and where families are eligible for these services they can now take a direct payment for home to school transport, care packages and continuing health care using the same systems as adult service users.
3.5 Enable children and young people with SEND to live at home and be educated as close to home as possible	**3.5.1** Develop a strategy to identify local educational priorities supported by specialist services across education, health and care	LBH	Quarterly	• The strategy has been approved and published. More detailed development work is taking place.
	3.5.2 Develop a short breaks strategy for carers of children and young people with disabilities	LBH	Quarterly	• The short break statement has been approved and published. Work is taking place on developing an improved strategy for 2016 which better meets the needs of carers and will result in an updated statement.
3.6 Assist vulnerable people to secure and maintain their independence by developing extra care and supported housing as an alternative to residential and nursing care	**3.5.1** Provide extra care and supported accommodation to reduce reliance on residential care	LBH	Quarterly	• Sessile Court, a MH unit with 14 places is on track to open in March. • Two LD schemes, Honeycroft Hill (16 units) and Church Road, Cowley (6 units) are on track to open early summer 2015.

Priority 4 - A positive experience of care				
Objective	**Task and Metric**	**Lead**	**Metric reporting frequency**	**Evidence of activity against task**
4.1 Ensure that residents are engaged in the BCF scheme implementation	**4.1.1** Improve service user experience by 1%	LBH/CCG	Annually	• Following approval of Hillingdon's BCF plan an updated Stakeholder Communication and Engagement Strategy focussing on implementation will be developed in February. • A series of awareness raising events have been arranged in February for GPs and clinical staff at Hillingdon Hospital about the BCF and the Integration Programme in Hillingdon. The strategy is intended to set out how a broader range of stakeholders will be engaged.
	4.1.2 Improve social care related quality of life by 2%	LBH/CCG	Annually	
	4.1.3 Increase the overall satisfaction of people who use services with their care and support	LBH/CCG	Annually	
	4.1.4 Improve social care quality of life of carers	LBH/CCG	Annually	It is proposed that the Council will undertake a survey in Q4 2015/16 to test improvements against the results of the 2014 Carers Survey in the following domains: • *Control*: how much control the carer has over their daily life; • *Personal care*: whether the carer feels that they have enough time to look after themselves in terms of getting enough sleep and/or eating well;

				• *Social participation*: whether the carer feels that they have enough social contact with people they want to be with; • *Encouragement and support*: whether the carer considers that they have enough support in their caring role.
4.2 Ensure parents of children and young people with SEND are actively involved in their care	**4.2.1** Develop a more robust ongoing approach to participation and engagement of Children and Young People (C&YP) with SEND	LBH	Quarterly	• Work is underway with a company called 'Headliners' who will provide recommendations through a film on how to develop a programme to actively listen to and engage with C&YP with SEND. Initial viewings are expected in April 2015. • A project has commenced to engage CYP with SEND in the development of information for their peers in relation to Preparation for Adulthood. • An outline plan is being developed to produce short films, with CYP, explaining various key points of the SEND Reforms. These are intended to support and enrich the Local Offer.

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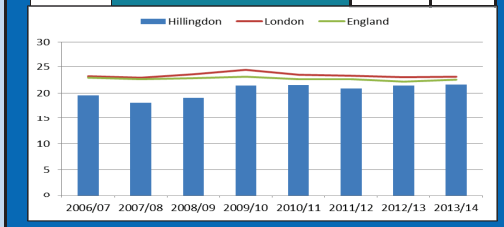
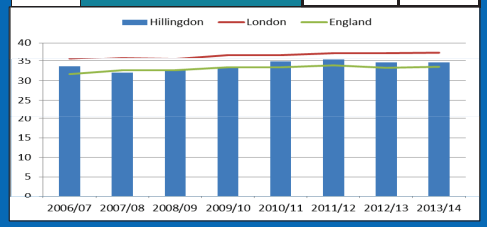
Health & Wellbeing Board - 17 March 2015

PRIORITY ONE

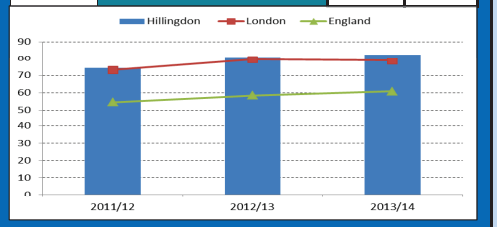
PHOF 2.06i	Excess Weight in 4-5 year olds Annual Figure	2013/14	21.6%
		2012/13	21.4%



PHOF 2.06ii	Excess Weight in 10-11 year olds Annual Figure	2013/14	34.6%
		2012/13	34.6%

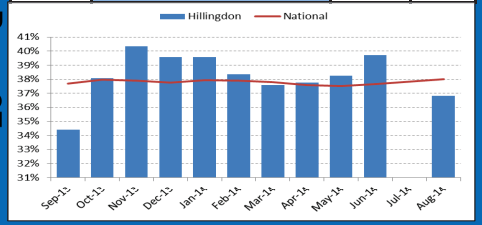


PHOF 1.06ii	% of adults in contact with secondary mental health services who live in stable and appropriate accommodation Annual Figure	2013/14	82.6%
		2012/13	81.3%

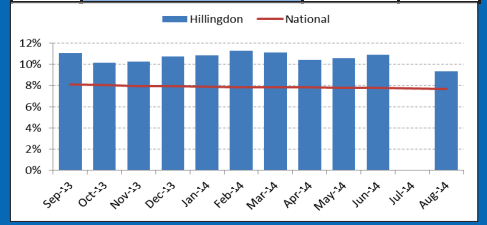


PRIORITY TWO

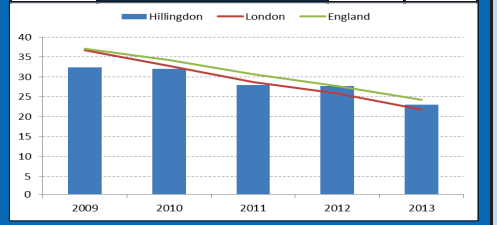
PHOF 2.15i (LOCAL)	Successful completion of drug treatment (opiate users)	As at Aug 2014	9.0%
		2013	10.7%



PHOF 2.15ii (LOCAL)	Successful completion of drug treatment (non opiate users)	As at Aug 2014	37.0%
		2013	39.7%

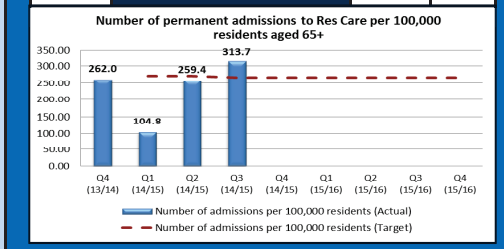


PHOF 2.04	Under 18 conceptions (rate per 1,000 women in age group)	2013	23.0
		2012	27.7

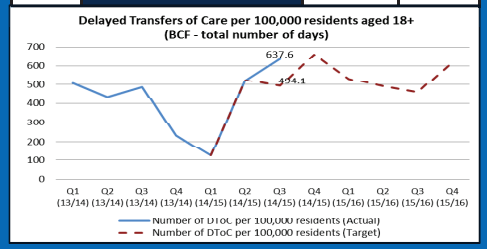


BETTER CARE FUND METRICS

Perm admissions	Perm admissions per 100,000	2014/15	313.7
		2013/14	261.99



Delayed transfer of care	Total number of days in quarter	2014/15	637.6
		2013/14	487



Perm admissions	Target for number of permanent admissions to residential / nursinge care per 100,000 residents aged 65+	2014/15	267.4
		2013/14	Not set
Perm admissions	Number of permanent admissions to residential / nursing care for residents aged 65+	2014/15	122
		2013/14 (YE)	100
Perm admissions	Annual target for number of perm admissions	2014/15	104
		2013/14	Not set
Delayed transfer of care	DToC per 100,000 (Qtrly Target)	2014/15	494.1
		2013/14	Not set
Delayed transfer of care	Total number of days in quarter	2014/15	1440
		2013/14	1083
Delayed transfer of care	Quarterly target for delayed discharges (total number of days)	2014/15	1116
		2013/14	Not set

PRIORITY ONE

ASCOF 1e	1e - % of LD clients in paid employment	2014/15	1.9%
		2013/14 (YE)	1.1%
PHOF 4.15i	Excess winter deaths Annual Figure	Aug '12 to Jul '13	9.9%
		Aug '11 to Jul '12	18.7%
PHOF 2.03 (LOCAL CCG 1.14)	Number of residents smoking at time of delivering baby	2014	7.0%
		2013/14	8.0%

PRIORITY TWO

Local	Number of 16-18 year olds who are Not in Education, Employment or Training (NEET)	Nov 14 to Jan 15	2.4%
		Nov 13 to Jan 14	3.5%
ASCOF 1h	% of adults in contact with secondary Mental Health who live in settled accommodation	2014/15	85.1%
		2013/14	82.6%

PRIORITY THREE

LBH (Local Measure)	Number of major adaptations to homes to promote safe, independent living	2014/15	140
		2013/14	223
LBH (Local Measure)	Number of people in receipt of TeleCareLine (All ages)	2014/15	4,033
LBH (Local Measure)	Number of people in receipt of TeleCareLine (80+)	2014/15	3,044
LBH (Local Measure)	Number of people in sign ups to TeleCareLine	2014/15	833

Key Colour Code

	Data published quarterly
	Annual data published since last reported to HWB
	Local indicator proxy for annual indicator

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BETTER CARE FUND: UPDATE

Relevant Board Member(s)	Councillor Ray Puddifoot MBE Councillor Philip Corthorne
Organisation	London Borough of Hillingdon
Report author	Gary Collier, Adult Social Care Directorate
Papers with report	None

HEADLINE INFORMATION

Summary	This report provides an update following the Board meeting on 11 December 2014, where it was noted that there were no longer any reasons preventing the Chairman and the Chairman of Hillingdon Clinical Commissioning Group's (HCCG) Governing Body signing off an amended plan. Since the Board's December meeting, the plan has been resubmitted to NHS England (NHSE) and formal notification was received on 6 February 2015 that the plan had been approved without conditions. This result means that the Council and its partners are now able to focus on the implementation of the locally agreed plan without further involvement from NHS England (NHSE) or NCAR. This report provides the board with the final plan as submitted through delegated powers. It also describes the next key steps, which include the development of an agreement under section 75 of the National Health Service Act, 2006 to give legal effect to the financial arrangements. .
Contribution to plans and strategies	The Better Care Fund (BCF) is a mandatory process through which existing Council and HCCG budgets will be pooled and then reallocated on the basis of an approved plan intended to achieve closer integration of health and social care activities. This is intended to lead to improved outcomes for residents.
Financial Cost	There are no financial costs associated with the recommendation.
Ward(s) affected	All

RECOMMENDATION

That the Health and Wellbeing Board notes the final Hillingdon BCF plan as submitted and now approved.

INFORMATION

Supporting Information

Changes to Hillingdon's BCF Plan

1. The key issues that required attention in the final plan were:

- ***Early Supported Discharge Scheme***: The funding for this scheme, which referred to the Homesafe Service provided by Hillingdon Hospital, was not included within the plan and it has therefore been removed. However, the Homesafe Service is an important part of the Hillingdon approach to intermediate care provision and its relationship with other intermediate care services to develop a more integrated approach to service delivery continues to be considered under the BCF scheme 3: Rapid response and joined up intermediate care.

- ***Development of ICT interoperability between health and social care***: This has been included within a broader ICT project intended to deliver interoperability between IT systems across NHS, Council and third sector partners. This is on the basis that it is a key enabler to the delivery of models of care and not itself a model of care scheme.

- **New Care Act Implementation scheme**: The key focus of this new scheme is the delivery of the Council's new responsibilities under the 2014 Act, primarily in respect of carers which has an impact on health. This includes: a) increasing preventative services; b) developing integration and partnerships with other bodies; c) providing quality information, advice and advocacy; d) ensuring market oversight and diversity of provision; and e) strengthening the approach to safeguarding adults.

- **Pay for Performance Metric (P4P):** A nationally set target of reducing emergency admissions of the whole population by 3.5% had previously been set by NHSE and payment of the performance element of the BCF was dependent on achieving this. Hillingdon has managed to negotiate a revised reduction target of 3.5% of emergency admissions of the 65 and over population to reflect the focus of our plan being older people. The performance element of the BCF based on the revised target is £660k. As this sum has already been included within the plan to cover the cost of pre-existing NHS contract commitments, achieving the target will not make new money available to the Board. If the target is not achieved, then this will be released by HCCG to cover the costs of emergency admissions.

- **Reablement target:** NHSE did not consider the target for the proportion of older people (65+) still at home 91 days after discharge from hospital into reablement sufficiently ambitious and a revised target of 95.4% (previously target was 89.2%) was agreed. This will entail an additional 11 people per week being supported by the Reablement Team from the hospital; it currently stands at 25 per week.

- **Delayed transfers of care (DTOC) target**: The 2015/16 reduction target has been reduced from 968 days or 44.3% to 737 or 18.2%. The change reflects the fact that the original target was based on 2013/14 activity and pre-dated the considerable increase in hospital activity from the summer of 2014.

- **Better care at end of life**: The bereaved carers' views on the quality of care in the last 3 months of life metric has been removed. This is because the information is obtained from a national survey that is unable to give a local breakdown because due a small sample size.

- **Governance arrangements**: Reference to the Health and Wellbeing Board has been amended to reflect its key role in agreeing and monitoring delivery of the BCF plan and governance arrangements have been streamlined so that the day to day management of the pooled budget lies with a core officer group comprising of the Corporate Director of Finance, Corporate Director of Adult Social Care, HCCG Chief Operating Officer, the HCCG Chief Finance Officer and the Council's Head of Policy and Partnerships.

Revision to Care Act Scheme (Scheme 7) Metrics

2. The metrics in the scheme approved by the Chairman and the Chairman of the HCCG Governing Body on 9 January 2015 included an overall quality of life metric reported through the Adult Social Care outcomes framework. However, carers' related questions are tested as part of a separate national survey that will not be undertaken until November 2016, which will be too late to test the impact of the BCF scheme.

3. New metrics are proposed that allow a more effective appraisal of the schemes' impact on the quality of life for carers. The measures would be tested in Q4 2015/16 by means of a survey of people receiving a carer's assessment during 2015/16. The change to the metrics also reflects feedback from stakeholders, e.g., Healthwatch, and the comparisons are set out below:

Scheme 7 Current and Proposed Metrics	
Current Metrics	**Proposed**
• Proportion of Carers who have found it easy or difficult to find information and advice about support services or benefits. • Proportion of Carers who report that they have been included or consulted in discussions about the person they care for. • The proportion of people who use services who say that those services make them feel safe and secure.	a) Improvements against the results of the 2014 Carers Survey in the following domains: i. *Control*: how much control the carer has over their daily life; ii. *Personal care*: whether the carer feels that they have enough time to look after themselves in terms of getting enough sleep and/or eating well; iii. *Social participation*: whether the carer feels that they have enough social contact with people they want to be with; iv. *Encouragement and support*: whether the carer considers that they have enough support in their caring role.

Section 75 Agreement

4. The 2015/16 BCF Plan is intended as a prototype to give both the CCG and the Council experience of a much closer working relationship. Using powers under the 2006 National Health Service Act, NHSE makes the release of the £15,642k under its direct control, conditional on a pooled budget being established between the Council and HCCG under a section 75 agreement.

5. Cabinet will be asked at its March meeting to approve the s.75. HCCG's Governing Body meeting on 27 March will also be asked to approve the s.75.

6. The key features of the draft Agreement are as follows:

- *Agreement duration*: this will be for one year from 1 April 2015 to 31 March 2016;
- *Hosting*: it is proposed that the Council will host the pooled budget but this will be the equivalent of a joint bank account for 2015/16;
- *Contracts*: no contracts will transfer during 2015/16;
- *Provider payments*: as no contracts will be transferring responsibility for paying, providers will remain as in 2014/15;
- *Risk share*: each organisation will manage its own risks for the purposes of the 2015/16 agreement;
- *Dispute resolution*: any disputes will be referred to the Chairman of the Health and Wellbeing Board and the Chairman of the HCCG Governing Body and will be final and binding.

Community Equipment

7. Community equipment is currently covered by a s.75 agreement that expires at the end of March 2015. It is proposed that this be allowed to lapse and that the Council transfer its budget for its contract with the community equipment provider, currently Medequip Assistive Technology Ltd, within the scope of the BCF s.75 during 2015/16.

Implementation

8. The Hillingdon BCF Plan reflects activities that were required and, in some cases, were underway. The key deliverables against the seven schemes have been reflected in the refreshed Joint Health and Wellbeing (JHWB) Strategy Performance report also on the Health and Wellbeing Board agenda for 17 March 2015. Progress against the BCF will be included as part of JHWB strategy performance reports to subsequent Boards.

Future Integration

9. As the country approaches the 2015 General Election, all the major parties have expressed a commitment to continued integration between health and social care. Taking this into consideration, officers from the Council and HCCG propose to work together with partners to develop further integration proposals that could benefit residents for the Board's future consideration. Early exploration of the options would mean that Hillingdon would be well placed to take advantage of any opportunities presented by future Government initiatives or requirements intended to support the independence and wellbeing of residents through closer integration.

Financial Implications

10. A summary of the key components in the final BCF financial plan for 2015/16 are set out below:

Key components of funding 2015/16	**£000's**
NHS Commissioned Services funding	9,372
Non elective saving/Performance Fund	660
Care Act New Burdens Funding	838
Protecting Social Care funding	7,121
Overall BCF Total funding	**17,991**

11 The proposed funding to protect Social Care is estimated to be £7,121k, made up of the current section 256 funding of £4,772k and capital funding of £2,349k. In addition there is a contribution of £838k to support the implementation of the Council's responsibilities under the Care Act.

12. The funding retained by the CCG to commission services is £9,372k, together with the performance payment of £660k arising from the nationally set target to reduce emergency admissions of the 65 and over population as set out in the report.

EFFECT ON RESIDENTS, SERVICE USERS & COMMUNITIES

What will be the effect of the recommendation?

13. The Council and its partners will be able to proceed with the implementation of the BCF Plan which should deliver better outcomes for residents through the closer integration of health and social care.

Consultation Carried Out or Required

14. The draft plan has been developed with key stakeholders in the health and social care sector and through engagement with residents.

15. A priority going forward is to develop a stakeholder engagement strategy to ensure that residents and other stakeholders develop an understanding of what the Better Care Fund and the wider Integrated Care in Hillingdon means for them. The target is to have a strategy completed in March 2015.

Policy Overview Committee comments

16. None at this stage.

CORPORATE IMPLICATIONS

Hillingdon Council Corporate Finance comments

17. Corporate Finance has reviewed the report and concurs with the financial implications' comments above.

Hillingdon Council Legal comments

18. The Borough Solicitor confirms that the proposed agreement between the Council and the CCG complies with the requirement of Section 75 of the National Health Service Act 2006 and The NHS Bodies and Local Authorities Partnership Regulations 2000 (as amended). There are no legal impediments for the agreement being concluded.

BACKGROUND PAPERS

The following papers can be accessed at http://www.hillingdon.gov.uk/article/28647/Introducing-the-Better-Care-Fund:

a) BCF Plan Part 1 (Dated 23.01.2015)
b) Annex 1 Part 1 (Dated 07.01.2014)
c) Annex 2: THH provider commentary (Dated 24.12.2015)
d) Annex 2A: CNWL provider commentary (Dated 07.01.2014)
e) Annex 2B - H4A provider commentary (Dated 07.01.2014)
f) BCF Plan Part 2 (Dated 23.01.2015)
g) HWB P4P Metric (Dated 07.01.2015) - Added as national average emergency admission cost figure in BCF Plan Part 2 template could not be altered.
h) Health Impact Assessment
i) Equality and Carers' Impact Assessment

HILLINGDON CCG UPDATE

Relevant Board Member(s)	Dr Ian Goodman
Organisation	Hillingdon Clinical Commissioning Group
Report author	Ceri Jacob; Jonathan Tymms, Mark Eaton
Papers with report	None

1. HEADLINE INFORMATION

Summary	This paper provides an update to the Health and Wellbeing Board on key areas of CCG work. The paper encompasses: • Integration of services • QIPP • Financial update • Transformation Programme
Contribution to plans and strategies	The items above relate to the HCCG's: • 5 year strategic plan • Out of hospital strategy • Financial strategy
Financial Cost	Not applicable to this paper
Relevant Policy Overview & Scrutiny Committee	External Services
Ward(s) affected	All

2. RECOMMENDATION

That the Health and Wellbeing Board notes this update.

3. INFORMATION

3.1 Integration of services

The CCG continues to progress its plans for integrated services. This update will cover the integration of services project taking place in the north of the Borough as part of the Whole System Pioneer programme and updates on progress since the last update to the Health and Wellbeing Board in December 2014.

The project targets people over 65 years with one or more long term condition (LTC). It is aligned with integration set out in the Better Care Fund (BCF). Partners include:

- Metro Health GP Network

- Care 4 You GP Network
- The Hillingdon Hospitals NHS Foundation Trust (THH)
- Central and North West London NHS Foundation Trust (CNWL)
- Hillingdon 4 All (voluntary sector consortium)

The model of care set out in the integration model recognises two levels of need; complex and moderate/simple needs. Procurement of the moderate/simple needs element of the model is underway and we anticipate this element of the model will go live in Q1 of 2015/16 in the north of the Borough, and across the rest of the Borough by Q3.

In January, the NWL CCGs submitted a collective bid to be part of the national Vanguard programme to test some of the service provider models set out in Simon Stevens Five Year Forward View. The NWL bid was not successful. However; Hillingdon, Harrow and Tri-Borough CCGs have been asked to go forward to the next stage of the selection process as stand-alone applications. The next step in the process is to attend an event in the first week in March where further details on the next phase of the process will be set out.

3.2 QIPP (Quality, Innovation, Productivity, Prevention)

The CCG's original QIPP Target for 2014/15 was £10.37m. However, due predominantly to a significant (>10%) increase in demand for unplanned care services (especially the Urgent Care Centre and the Emergency Department at Hillingdon Hospital), some of the CCG's QIPP Schemes relating to unplanned care services have failed to realise the expected benefits. The projected year-end outturn is £8.3m. *This is an improvement on the projected £8.1m that was forecast as at the December 2014* Health and Wellbeing Board. The ~£200k swing in forecast outturn over the period from December 2014 to March 2015 is despite the significant increase in admission avoidance activities that the CCG has been working with The Hillingdon Hospital (THH) and CNWL to implement, and has been counter-acted by slippages in some of our planned care schemes including Dermatology and Pressure Relieving Mattresses.

The major actions we are taking to address the continued pressure on our unplanned care services include:

1. Working with THH to increase Ambulatory Emergency Care pathway activity and referrals to the Rapid Response Service. This includes ensuring that THH has a senior decision maker at the 'front door' of ED during peak hours.
2. Focusing on increased communications to patients promoting alternatives to ED.
3. Working with those practices that are outliers in terms of numbers of patients attending ED to help them to better manage patients in primary care.

The CCG is also close to finalising our QIPP Plans for 2015/16 and have set the level at £7.7m. This reflects the diminishing returns that can be obtained from the residual service lines that have not been reviewed previously, as well as risks associated with QIPP in our Community and Mental Health services which are subject to contract negotiations. To secure QIPP achievement for following years, the CCG is ramping up our transformational change activities and this is covered later in this report.

In terms of on-going assurance of our QIPP Schemes, the CCG produces a monthly Programme Management Office (PMO) and QIPP Recovery plan that is shared and discussed with the Governing Body and submitted to NHS England. Progress against this plan is monitored weekly through the CCG's Performance Management Office (PMO).

In addition, we continue working with THH on a Joint Recovery Group for Unplanned Care and another for Planned Care that is focused on the 'critical few' actions that will have the biggest impact on delivery of the CCGs QIPP objectives.

It is noted that the Public Health Team is carrying out a Health Impact Assessment across all savings plans in local health and social care economy to provide assurance that the quality of services is not impacted negatively by the collective impact of our schemes.

3.3 Financial position

The CCG is now forecasting a £2,7m surplus at year end on Programme Budgets and a £0.5m surplus on running cost budgets. This £3.2m total surplus is guaranteed by NHSE to be carried forward into 2015/16.

Although the CCG's in-year financial position has improved, it should be noted the CCG's forecast underlying financial position at year end is a deficit of £7.7m. This compares with the planned underlying position for 2014/15 which was for the CCG to be in recurrent balance by the year end.

The deterioration in the underlying position compared to plan in 2014/15 relates largely to the Acute over performance and the shortfall in QIPP delivery, both of which are largely associated with significant increases in non-elective activity over the year. In-year, these have been offset by a combination of additional non-recurrent allocations, slippage on investment plans and other non-recurrent underspends.

3.4 Transformation programme

Recognising that the CCG needs to think differently about how and where services are delivered to ensure it can meet the growing and changing needs of patients whilst continuing to operate within its existing financial envelope the CCG has embarked on a wide ranging transformation programme that encompasses six key areas:

- Long Term Conditions
- Children's Services
- Older Peoples' Services
- Mental Health
- Primary Care
- IT

The CCG has established a Transformation Group in each of these six areas and invited appropriate representation from partner organisations. The Transformation Groups report to the overall CCG Transformation Group and will also be accountable to the Whole System Transformation Board. The expectation is that the Transformation Maps (that set out the plans for each Transformation Groups) will start to take shape from April onwards.

4. FINANCIAL IMPLICATIONS

4.1 Integration of services: In the longer term integration of services is expected to generate savings to the system through improved quality and outcomes of care and reduced duplication.

The development of capitated budgets is central to the WSIC agenda and is a tool to remove perverse incentives and increase focus on prevention as providers, working in networks, are contracted to provide whole pathways of care rather than individual elements. Further detail on this element will be provided to the Health and Wellbeing Board in future updates.

5. LEGAL IMPLICATIONS

None in relation to this update paper.

6. BACKGROUND PAPERS

- North West London 5 Year Strategic Plan
- Hillingdon CCG Out of Hospital Strategy
- North West London Whole Systems Pioneer bid
- Delivering Better Outcomes of Care in North West London

HEALTHWATCH HILLINGDON UPDATE

Relevant Board Member(s)	Jeff Maslen
Organisation	Healthwatch Hillingdon
Report author	Graham Hawkes, Chief Executive Officer, Healthwatch Hillingdon
Papers with report	Appendix 1

1. HEADLINE INFORMATION

Summary	To receive an update report from Healthwatch Hillingdon, following their establishment on 1 April 2013, replacing the Hillingdon Local Involvement Network.
Contribution to plans and strategies	Joint Health & Wellbeing Strategy
Financial Cost	None.
Relevant Policy Overview & Scrutiny Committee	N/A
Ward(s) affected	N/A

2. RECOMMENDATION

That the Health and Wellbeing Board note the report received.

3. INFORMATION

Supporting Information

Healthwatch Hillingdon is the new independent consumer champion created to gather and represent the views of Hillingdon residents. Healthwatch will play a role at both national and local levels and will make sure that the views of the public and people who use services are taken into account.

Financial Implications

There are no financial implications arising from the recommendations in this report.

4. EFFECT ON RESIDENTS, SERVICE USERS & COMMUNITIES

What will be the effect of the recommendation?

N/A.

Consultation Carried Out or Required

N/A.

5. CORPORATE IMPLICATIONS

Hillingdon Council Corporate Finance comments

There are no financial implications arising from the recommendations in this report.

Hillingdon Council Legal comments

There are no legal implications from this update.

6. BACKGROUND PAPERS

NIL.

APPENDIX 1

Healthwatch Hillingdon Report to the London Borough of Hillingdon Health and Wellbeing Board 2014-2015

Period: Quarter 3, October 2014 –December 2014

Date: 27th February 2015

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1. INTRODUCTION

1.1. Healthwatch Hillingdon is contracted by the London Borough of Hillingdon, under the terms of the grant in aid funding agreement, to deliver the functions of a local Healthwatch, as defined in the Health and Social Care Act 2012.

1.2. Healthwatch Hillingdon is required under the terms of the grant aid funding agreement to report to the London Borough of Hillingdon on its activities, achievements and finances on a quarterly basis throughout the duration of the agreement.

2. SUMMARY

2.1. The body of this report to The London Borough of Hillingdon's Health and Wellbeing Board summarises the outcomes, impacts and progress made by Healthwatch Hillingdon in the delivery of its functions and activities for this period. It should be noted that a comprehensive report is presented by the Chief Executive Officer to the Directors/Trustees at the Healthwatch Hillingdon Board Meetings and is available to view on our website: (http://healthwatchhillingdon.org.uk/index.php/publications/)

3. OUTCOMES

Healthwatch Hillingdon would wish to draw the Health and Wellbeing Board's attention to some of the outcomes highlighted by its work during the third quarter.

3.1. Children's and Adolescent Mental Health Services (CAMHS)

On 11 December 2014 Healthwatch Hillingdon launched the first phase of its engagement programme, Listen to Me! to professional and public audiences. The report was presented to members of the Health & Wellbeing Board and the Government's own CAMHs taskforce and Health Select Committee.

The report called on Hillingdon Council and the NHS Hillingdon Clinical Commissioning Group to establish a multi-agency 'task and finish' group to establish a long-term vision for young people's mental health services that meets needs more effectively across the whole system.

Healthwatch also asked for a stronger voice for young people to be developed and for a borough wide campaign to make it acceptable to talk about mental health problems, ensuring the widest possible early intervention to support young people, particularly in schools.

The report has been well received by statutory agencies and especially voluntary sector and parent facing audiences - resulting in more cases coming forward wanting to share their stories.

The local media supported the launch with an extensive mix of online and print coverage which helped to keep-up momentum over the Christmas and New Year period.

This work is now ongoing and we hope to publish a further report in March 2015 when the government's CAMHs taskforce is expected to report. Healthwatch hopes launching to coincide with the government's own drive will help us harness national momentum locally for change.

3.2 Enquiries

During this quarter we have received 96 direct enquiries from the general public on health and social care. We have assisted people in a number of different ways; from signposting to new GP or dental services, too complex cases which include safeguarding issues and potentially major complaints.

3.2.1 Complaints Processes

Healthwatch Hillingdon continue to hear from people about the shortcomings they face when trying to make a complaint. During this quarter nearly 15 people have told us of their experiences of making complaints to the NHS, their GP, or Adult Social Services. We hear about how health & social care complaints systems are often very fragmented and confusing for residents; where commonly in the opinion of the complainant responses do not always address the issues of the complaint, or provide confidence the service will change; where people are scared to complain, or are seeking help to complain.

As an illustration we would highlight to the Health and Wellbeing Board two enquires from December 2014.

In both incidences we were approached by members of the public who reported that the care they had received from an NHS provider was inadequate. They had both alleged quite serious shortcomings in the care provided and felt the need to strongly complain. They had lost confidence in the providers and not wanting to contact them directly, had tried many avenues before contacting Healthwatch Hillingdon. By this point they were very confused and distressed.

Due to the nature of the complaints both cases were urgently referred to VoiceAbility, Hillingdon's NHS Complaints Advocacy Service who are now assisting these residents through the complaints process.

Healthwatch England published a Complaints Report with recommendations which highlights some of the complexities the public face. Referencing the personal experience we are gathering Healthwatch Hillingdon are carrying out a review of complaints processes and speaking to providers such as Hillingdon Hospital and Hillingdon Council to look at how procedures can be changed to improve people's experiences. The results of this work will be reported back to the Health and Wellbeing Board later in 2015.

3.2.2 Domiciliary Care Services

This quarter has seen an increase in the volume of experiences recorded by Healthwatch Hillingdon that have covered domiciliary care. This has coincided with the commissioned changes and implementation of the new provider contracts. Many of the comments we have received related to either different care workers attending each appointment slot and wide variance in the times that care workers attend clients. One of the main issues is the new flexibility which allows care workers to attend up to an hour either side of the scheduled appointment. We have had a number of reports by people and their families, of care workers turning up for the morning call to serve breakfast and then a couple of hours later the lunch call arrives early. We are informing the London Borough of Hillingdon of the

information we are receiving during this transition period to help ensure these initial problems are rectified as the new services become settled.

3.3 Strategic Involvement

Through the large number of strategic meetings that Healthwatch attend we are able to feedback the information that we gather through our engagement programme, to commissioners and providers. This ensures that the quality of health and social care services in Hillingdon is monitored and challenged through the real experiences of patients and that change programmes can be influenced by Hillingdon's residents.

3.3.1 NHS Continuing Health Care

At the NHS Hillingdon CCG's Patient & Public Involvement Committee Healthwatch Hillingdon has continued to raise the issue that although the NHS Hillingdon CCG is still responsible for funding/assessment of NHS Continuing Health Care (NHS CHC); that there is no information on CHC and how people can apply for CHC assessments on the NHS Hillingdon CCG website.

The NHS Hillingdon CCG have agreed to publish CHC information on their website and have simplified and clarified the CHC appeals process at our request. Healthwatch England has also requested from local Healthwatch that they gather data on CHC referrals/funding/assessments and outcomes to help inform the national picture on CHC funding. Healthwatch Hillingdon will be writing to the NHS Hillingdon CCG to request detailed data on CHC funding/referrals for the current financial year as well as the past 2 years.

3.3.2 Carers Strategy Group

The Carers Strategy Group (CSG) is a steering/oversight group for unpaid carers in the London Borough of Hillingdon. Prior to April 2014 the CSG was provided with administrative and leadership support from the London Borough of Hillingdon. Since that date partner organisations of the CSG have chaired and providing administrative support on a rotating monthly basis.

Healthwatch Hillingdon made its view clear that this type of arrangement may not suffice to provide the necessary level of support, leadership and continuity required to support the remit of the CSG. As this became more evident we recommended to the London Borough of Hillingdon that the CSG is provided with the required level of support and leadership in order to fulfil its remit to oversee implementation of the Carers Strategy and the Care Act from April 2015. This has been agreed and the CSG will now be chaired by the Head of Service Safeguarding Quality & Partnerships.

3.4. Engagement and Promotion

During this quarter we have directly engaged with 14,058 people; 12,500 through our website and over 1500 through our other activities. This figure is down on previous quarters due to our Engagement Officer being absent due to illness for 6 weeks during this period and the Christmas break.

One of the highlights of our engagement was in our role on the Public Health task group which prepared the Pharmaceutical Needs Assessment for Hillingdon. As part of our involvement in this group we carried out a number of engagement events to meet the residents of the Heathrow Villages to discuss how they obtain pharmacy services, as there is

no chemist in the villages. The information gathered from the engagement has been fed into the Pharmaceutical Needs Assessment consultation process.

Our monthly presence at Hillingdon Hospital and ongoing engagement at the Urgent Care Centre are enabling us to gather evidence of resident's views of these services.

Our Twitter account has been popular during this period. We have increased our Followers by 28% to 619 and tweeted 100 times which is more than the rest of the year in total. The main focus was the CAMHS report which was retweeted over 1000 times.

We would also bring to the Boards attention a number of promotion initiatives which are taking place in conjunction with the Council:

- We are working jointly with the borough's library service to produce 20,000 bookmarks for distribution across Hillingdon Libraries
- The Youth Offending Team have been delivering 50,000 summaries of the Healthwatch Hillingdon annual report across addresses in UB3.
- We advertised in 10,000 copies of the London Borough of Hillingdon Direct Payments Guide

North West London's CCGs also produced a document "NHS Right Care" which was distributed to every household in Hillingdon which contained Healthwatch Hillingdon's contact details.

Healthwatch Hillingdon have also received extensive press coverage during this quarter. In addition to the publicity campaign surrounding the CAMHS "Listen to Me" report we have had further articles published on knee surgery, IVF and a story which invited readers to contact Healthwatch Hillingdon with their experiences of GP practices which resulted in a number of residents contacting us with their views.

4. PROJECT UPDATES

4.4. GP Networks

Healthwatch Hillingdon have started to engage with GP Networks. We presented to the Patient Participation Group Chairs of the Metro Network in the north of the borough and have agreed to meet these groups again to further influence and inform their public engagement plans.

Hillingdon CCG have invited Healthwatch Hillingdon to have a seat on their Transformation Board which will have oversight of the development of GP Networks.
GP Networks are developing plans to deliver services under the Prime Ministers Challenge Fund and Healthwatch Hillingdon are keen to ensure that these plans are consulted on with their patients and meet the needs of the local population.

4.5. Shaping a Healthier Future (SaHF) Reconfiguration

Healthwatch Hillingdon is actively engaged in monitoring the SaHF reconfiguration programme.

No final decisions has yet been made on the reconfiguration of maternity, paediatric and genealogical services at Ealing Hospital.

Both our Chairman, Jeff maslen, and Vice Chairman, Stephen Otter, sit on the Patient Participation Reference Group for SaHF and continue to be sighted on the reconfiguration programme and are able to be informed and challenge proposals.

4.6. Enter and View – Meal Time Assessments at Mount Vernon Hospital

The first phase of the meal assessment programme being carried out in conjunction with Hillingdon Hospitals NHS Foundation Trust was completed in December 2014.

Members of our Enter & view team joined staff from the Trust to carry out 3 unannounced visits at Mount Vernon Hospital.

On Wednesday 26th November 2014 assessors observed the breakfast service for patients on both Trinity and Edmunds wards; on Saturday 29th November the lunch time provision on Trinity and Edmunds wards and the evening service on Trinity, Edmunds and Daniel wards.

Initial reports from the team were very positive and a full report will be submitted to the Healthwatch Hillingdon Board with the outcomes of the meal assessment programme, after the completion of phase 2, which will take place in January 2015.

Key Performance Indicators (KPIs)

Nine Key Performance Indicators (KPIs) have been set to enable measurement of Healthwatch Hillingdon's organisational performance, in relation to the strategic priorities and objectives as set out in Healthwatch Hillingdon's Operational Work Plan 2014-15[1]. This document reports on Healthwatch Hillingdon's performance against these KPI's and progress on the project based Operational Priorities set within the work plan.

[1] http://healthwatchhillingdon.org.uk/wp-content/uploads/downloads/2014/07/HWH-Work-Plan-2014-2015-FINAL1.pdf

Key Performance Indicators

KPI no.	Description	2014/15 Quarter 3				Impact this quarter	Relevant Strategic Priority
		Oct	Nov	Dec	Q3 Totals		
1	Hours contributed by volunteers	165	315	212	692	• Following training a new engagement volunteer carried out maternity survey at Pinkwell Children's Centre in December	SP4
2	People directly engaged	4257	4232	5569	14058	• Directly engaged with 14,058 people; 12,500 through our website and over 1500 through our other activities • Engaged with residents of the Heathrow Villages as part of the Pharmaceutical Needs Assessment for Hillingdon • Twitter account: Followers increased by 28% to 619 and tweeted 100 times which is more than the rest of the year in total. The main focus was the CAMHS report which was retweeted over 1000 times.	SP1, SP4
3	New enquiries from the public	38	30	28	96	• Received serious complaints about a provider which have been escalated to commissioners • Increased volume of experiences recorded that have involved domiciliary care. Reported to LBH as newly commissioned providers of service • Number of issues of new residents unable to register at a GP. All patients registered with our assistance	SP1, SP5
4	Referrals to complaints or advocacy services	6	8	4	18	• 2 referrals to VoiceAbility to ensure families received expert support through serious complaints	SP5

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5	Patient experience feedback and recommendations made to health and social care providers and commissioner	KPI not yet fully defined. Further work will need to be undertaken to explore how we can report on this KPI in a meaningful manner.				• Interim report on CAMHS, Listen to Me! Published in December to professional and public audiences. The report was presented to members of the Health & Wellbeing Board and the Government's own CAMHs taskforce and Health Select Committee	SP3, SP6
6	Commissioner / Provider meetings	23	39	25	97	• Carers Strategy Group now provided with the required level of support and leadership in order to fulfil its remit to oversee implementation of the Carers Strategy and the Care Act from April 2015	SP3, SP4, SP5, SP7
7	Consumer group meetings	14	17	11	42	• Worked with Hillingdon MIND to engage residents for CAMHS report • Working with Age UK to coordinate response to LBH on experiences of new domiciliary care providers service	SP1, SP7
8	Statutory reviews of service providers	0	0	0	0	• None	SP5, SP4
9	Non-statutory reviews of service providers	0	1	3	3	• Members of our Enter & view team joined staff from the Trust to carry out 3 unannounced visits at Mount Vernon Hospital.	SP5, SP4

KPI Dash Board 2014-2015

KPI	Description	SPs	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD Target	YTD Totals
1	Hours contributed by volunteers	SP4	165	315	212	285	151	296	159	243	181				1875	**2007**
2	People directly engaged	SP1 SP4	6876	7601	6715	14979	11691	10445	4257	4232	5569				56250	**72365**
3	New enquiries from the public	SP1 SP5	31	42	51	31	55	40	38	30	28				300	**346**
4	Referrals to complaints or advocacy services	SP5	7	4	8	5	6	3	6	8	4				N/A*	
5	Patient experience feedback and recommendations made to health and social care providers and commissioners	SP3 SP6	KPI not yet fully defined. Further work will need to be undertaken to explore how we can report on this KPI in a meaningful manner. See also KPI-3 , KPI-6, KPI-7													
6	Commissioner / Provider meetings	SP3 SP4 SP5 SP7	27	21	20	20	19	29	23	39	25				198	**223**
7	Consumer group meetings	SP1 SP7	26	18	18	15	16	17	14	17	11				132	**152**
8	Statutory reviews of service providers	SP5 SP4	0	0	0	0	0	0	0	0	0				N/A*	**0**
9	Non-statutory reviews of service providers	SP5 SP4	0	5	0	0	0	2	0	1	3				N/A*	**7**

*Targets for these KPI's as not set as they are reactive to determining factors. They are included for measurement only.

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Work Plan Priorities 2014-15 (Projects)

Objectives	Strategic Priority	Tasks	Progress	Target Date & RAG
Operational Priority 6 (OP6): Primary Care				
OP6.1 GP networks	SP1 SP3 SP4 SP5 SP7	• Maintain oversight and scrutiny of evolving plans to develop Hillingdon GP networks that will be jointly commissioned by NHS HCCG and NHS England to deliver improved GP services and access. • Contribute to ensuring conflicts of interest are appropriately managed. • Contribute to ensuring that evolving GP networks improve the quality of care provided and meet the needs of the residents of Hillingdon. • To communicate progress and issues to the residents of Hillingdon and provide them with a platform to share their views.	• In dialogue with Hillingdon CCG on the development of GP Networks • Report on GP Networks for Healthwatch Board being formulated • CCG invited to September Board Seminar to present on GP Networks • Seat on HCCG Transformation Group overseeing Network Delivery • Meetings to be arranged with Networks to discuss PPI	**Mar 2015**

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OP6.2 People's experience of Hillingdon GP services.	SP1 SP3 SP4 SP5 SP6 SP7 SP8	• To analyse existing data/information from the National GP Survey 2011-12 on people's experience of GP services. • To conduct a survey of people's experiences of GP services in the London Borough of Hillingdon – including people who would not normally be asked as part of the National GP Survey. • Prepare and publish a report, with recommendations, on the findings from the data analysis and Hillingdon GP Survey.	• Existing data/information from the National GP Survey 2011-12 analysed • Survey conducted plus additional workshops carried out with The Older Peoples Assembly and evidence gathered through complaints and issues • Report currently being prepared	March 2015
Operational Priority 7 (OP7): Mental Health				
OP7.1 Children and Adolescent Mental Health Services (CAMHS)	SP1 SP3 SP4 SP5 SP7	• Maintain oversight and scrutiny of proposed changes to CAMHS services provided to the residents of Hillingdon. • Undertake focused work on understanding the needs of people using CAMHS and their family/carers and how proposed changes can be shaped to best meet their needs. • Work towards ensuring that the quality, safety and patient/carer experience of CAMHS services are improved. • To communicate progress and issues to the residents of Hillingdon and provide them with a platform to share their views. • Healthwatch Hillingdon to provide support and	• Consultants RedQuadrant commissioned to carry out engagement program with children and families in July and September • Engaging with Family Groups, commissioners and providers to arrange engagement • Work being carried out in conjunction with Hillingdon MIND to gather evidence of general mental health wellbeing with children and young adults • Children and Young Persons Engagement Officer being recruited on short term contract from October 2014 • Interim report "Listen to Me!" published in Dec 2014	Mar 2015

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		promote co-production of CAMHS services.		
OP7.2 Primary Care Plus model for Mental Health	SP1 SP3 SP4 SP5 SP7	• Maintain oversight and scrutiny of the NHS Hillingdon CCG's / NHS England's Shifting of Care programme of work on Mental Health. • Seek improvements in the quality of patient and carer experience of Mental Health pathways. • To communicate progress and issues to the residents of Hillingdon and provide them with a platform to share their views.	• Attendance at monthly Mental Health Transformation Group to maintain a full understanding of progress of programmes at an early stage • Monitoring implementation through the HCCG Transformation Board	Mar 2015
OP7.3 Adult Mental Health services	SP1 SP3 SP4 SP5 SP7	• Provide oversight and external scrutiny of the NHS CNWL's mental health services. • Overlaps with Shifting Settings of Care for Mental Health	• Attend Improving Access to Psychological Therapies (IAPT) Programme and Mental Health Transformation Group • Engagement programme highlighted a number of issues which have been escalated to senior management at CNWL	Mar 2015
Operational Priority 8 (OP8): Domiciliary Care				
OP8.1 Oversight of LBH's procurement of new Domiciliary Care contract	SP3 SP4 SP5 SP7	• Maintain oversight and scrutiny of proposed changes to the provision of domiciliary care services in LBH. • Work towards ensuring that the quality, safety and patient experience of domiciliary care services are improved. • To communicate progress and issues to the residents of Hillingdon and provide them with a	• Specification for new service has been shared with us by LBH and comments submitted • HWH have had oversight of the procurement exercise	Nov 2014

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		platform to share their views.		
OP8.2 People's experience of domiciliary care.	SP1 SP3 SP4 SP5 SP7	• Undertake focused work on understanding the needs of people using domiciliary care services and how proposed changes can be shaped to best meet their needs. • Maintain oversight and review quality of domiciliary care provided under the new contract • To review the Barnet Model of delivery and share lesson learning with LBH.	• Residents able to contact us with their concerns following HWH inclusion in letter sent to all residents currently provided with a service • Resident experience will be gained in October 2014 when the new service goes'live'	**Jan 2015**
Operational Priority 9 (OP9): Children & Young Adults				
OP9.1	SP1 SP3 SP4 SP5 SP7	• Children and Young Adults (CYA) identified as a seldom heard group with regards to health and care services provided in Hillingdon. Overlaps & integrates with the CAMHS work-stream (OP7.1) • Gather views and experiences of care from children and young adults in the London Borough of Hillingdon. • These views and experiences are used to improve the care services for CYA in London Borough of Hillingdon.	• Seats on the Children and Families Trust Board, Children's Safeguarding Board and SEND Commissioning Board are enabling HWH to influence and monitor CYA services • Close working relationship with CNWL Children's Development Centre • Work on CAMHS under work-stream OP7.1 enabling experience of children and their families to also be gained on other health related issues	**Mar 2015**

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UPDATE: ALLOCATION OF S106 HEALTH FACILITIES CONTRIBUTIONS

Relevant Board Member(s)	Councillor Ray Puddifoot MBE
Organisation	London Borough of Hillingdon
Report author	Jales Tippell, Residents Services
Papers with report	Appendix 1

1. HEADLINE INFORMATION

Summary	This paper updates the Board of the progress being made in allocating and spending contributions towards the provision of healthcare facilities in the Borough.
Contribution to plans and strategies	Joint Health and Wellbeing Strategy
Financial Cost	None.
Relevant Policy Overview & Scrutiny Committee	Social Services, Housing and Public Health Residents' and Environmental Services External Services
Ward(s) affected	N/A

2. RECOMMENDATION

That the Board notes the progress being made towards the allocation and spend of s106 healthcare facilities contributions within the Borough.

3. UPDATE ON PROGRESS

1. Since the last report to the Health and Wellbeing Board in December 2014, NHS Property Services (NHS PS) has engaged a Strategic Estates Planner, whose remit is to lead on local authority liaison for the North West London area, including s106 matters. An initial meeting between officers has been held and it is anticipated that the difficulties experienced during the last few months can now be resolved and identified schemes moved forward.

Approved GP expansion schemes

2. Three of the four GP schemes which were approved by the NHS panel in August 2013 were completed in 2014 and the agreed contributions transferred to NHS PS. These schemes were to provide an additional consulting room at King Edwards Medical Centre and to provide extensions to the GP surgeries at Wallasey Crescent and Southcote Rise.

3. The fourth scheme to provide an additional clinical room at the Pine Medical Centre, Fredora Avenue, Hayes, was not progressed due to insufficient information being provided by the GP and NHS restructuring which has slowed the allocation process. Following the engagement of new staff, NHS PS has now been able to confirm that this proposal is still valid and that the scheme has been satisfactorily completed. A Cabinet Member report to request that £1,800 from the s106 health contribution held at H/18/219C is formally allocated and transferred to NHS PS, to be used towards the costs associated with the scheme, will be submitted in March.

HESA Health Centre expansion

4. This scheme is approaching practical completion and is now fully operational. NHS PS has, however, advised that the works have recently been extended to further reconfigure rooms on the first floor of the building to accommodate additional health services. These works are programmed to be completed by the end of February.

5. So far, a total of £264,818 from three s106 health contributions has been allocated and transferred towards this project. A request to allocate and release £251,701 from seven health contributions currently held by the Council towards phases 2-5 of the scheme was also formally approved on 4 December 2014. This takes the total s106 allocation formally approved towards the scheme to £516,519.

6. In addition to the above, a further request to allocate funds from the s106 contribution held at H/8/186D (£15,549) towards the HESA scheme has also been submitted and approved (Cabinet Member Decision 25/02/2015). This contribution was originally earmarked by NHS PS to be used towards the fitting out costs associated with the proposed new Yiewsley Health Centre (see paragraphs 8-9). However, as this scheme has been delayed and the spend deadline for this contribution is now fast approaching (April 2015), the relevant Cabinet Members have agreed that this contribution can be used towards the additional costs associated with the HESA scheme instead.

7. As a result of the further works required and additional costs associated with providing a lift to the second floor of the building, NHS PS has confirmed that the overall budget for the HESA scheme has risen to £1.4 million. They have also confirmed that they have invested over and above the total s106 allocation which has so far been released towards the scheme.

Proposed new Yiewsley Health Centre (former Yiewsley Pool site)

8. Further progress with this scheme has been slow, primarily due to the structural changes taking place within NHS PS and changes in personnel. However, NHS PS now has a new team in place and are actively progressing the scheme. At a meeting held on 8 January 2015, NHS PS verbally confirmed that it is still committed to the scheme. The Lease Heads of terms are largely agreed, although some details on service charges and floor areas are still being clarified. NHS PS will then need to reach agreement with all users before final sign off by NHS England.

9. NHS PS has "earmarked" a total of £398,438 from s106 health contributions currently held by the Council towards the fitting out costs associated with the new health centre.

This total excludes the contribution held at H/8/186D (£15,549), which is now proposed to be allocated towards the HESA scheme (see paragraph 6).

St Andrews Park

10. Negotiations between VSM and the CCG for the inclusion of a health facility within the town centre extension area of the site are still ongoing. The CCG is seeking a larger facility than originally anticipated which would be co-located in the area where a care home was approved as part of the master plan. The CCG has now provided a specification for the proposed health centre to VSM and VSM is in the process of carrying out detailed costings for the scheme. A full appraisal and discussion is expected to be held at their Board meeting on 18 March 2015.

11. The Council received the healthcare contribution (£624,507.94) from the developer (VSM) in August 2014 in accordance with Schedule 6 of the s106 agreement. VSM has therefore been released from its obligation to provide an on-site healthcare facility.

Unallocated s106 health contributions

12. Appendix 1 (attached to this report) details all of the s106 health facilities contributions held by the Council as at 31 December 2014. New contributions received since the last report to the Board are highlighted in bold. Officers will continue to explore options in consultation with NHS PS and the CCG to ensure that these are spent to maximum effect to provide viable improvements for the benefit of local communities.

13. The table below details the s106 health contributions which have spend deadlines in 2015. The contribution held at H/16/210C is now allocated towards the HESA scheme which is currently on site (see paragraphs 4-7). A Cabinet Member report to request the formal allocation of the contribution held at H/8/186D towards the HESA scheme has also been submitted and approved in order to ensure that the funds are fully utilised before the spend deadline (see paragraph 6).

14. NHS PS has also advised that the contributions held at H/9/184 and H/10190D be earmarked towards a scheme to provide capacity enhancements at Uxbridge Health Centre. This scheme will be in addition to a proposed new health "hub" in Uxbridge, the location of which is yet to be determined. A feasibility study for the Uxbridge Health Centre has been completed and a scheme to redesign the internal layout of the building in order to create additional consulting rooms is currently being progressed. Any proposals to allocate s106 funding to the scheme will be subject to the Council's formal allocation and release process. Both contributions must be spent before July 2015 or may be at risk of having to be returned.

Contributions with spend deadlines in 2015

S106 Funding Reference	Development	Amount	Time Limit to Spend	Scheme
H/8/186D	92-105 High Street, Yiewsley	£15,549	April 2015	Allocated to Hesa extension
H/16/210C	Former Hayes Stadium, Hayes	£105,044	March 2015	Allocated to HESA extension
H/9/184C	31-34 Pembroke Road, Ruislip	£13,115	July 2015	Earmarked to Uxbridge Health Centre
H/10/190D	Armstrong House, Uxbridge	£43,395	July 2015	Earmarked to Uxbridge Health Centre
Total		**£177,103**		

Possible spend of s106 health contributions towards expansion of NHS "health checks" at Hillingdon pharmacies.

15. Most of the s106 funding currently held by the Council is earmarked by NHS PS towards the expansion/ improvement of GP Services in the Borough (see Appendix 1) and, as at 1 August 2014, s106 has now been replaced by Hillingdon's Community Infrastructure Levy (CIL). There may, however, be some further contributions still to be received under existing s106 agreements which, depending on the terms of the individual agreement, might be able to be considered towards expanding the health services provided through pharmacies.

16. NHS health checks are primarily provided through GP surgeries and only 19 local pharmacies within the Borough currently provide this service. Officers from Public Health Services are therefore working to identify additional pharmacies within the Borough which could be supported to extend this provision for local communities. This will be largely informed by the Pharmaceutical Needs Assessment (PNA) for the Borough which is currently being reviewed and is expected to be in place by 1 April 2015. This will be used to highlight where the Borough's pharmaceutical needs are and the areas to be addressed. Any proposals for the expansion of the health checks service will be brought forward in consultation with NHS PS and the CCG.

17. In addition to extending the provision of health checks through existing pharmacies in the Borough, officers are also exploring the feasibility of providing standalone health screening equipment such as height, weight and blood pressure machines in community buildings such as libraries or health centres. Two possible sites are currently being considered at Uxbridge and Botwell libraries. Proposals to provide the necessary equipment at these locations are currently being costed and, if feasible, will be brought forward in consultation with NHS PS and the CCG.

FINANCIAL IMPLICATIONS

As at 30 December 2014, there is £2,266,841 of Social Services, Health and Housing s106 contributions available of which £646,884 has been identified as a contribution for affordable housing and £49,602 towards a social services scheme. The remaining £1,570,355 is available to be utilised towards the provision of facilities for health. It is worth noting that £1,164,159 of

the health contributions have no time limits attached to them, and £624,508 of this has been received in respect of St Andrews Park.

The following table sets out the specific s106 contributions that are earmarked towards Yiewsley Health Centre development (subject to formal allocation):

S106 Funding Reference	Development	Amount	Time Limit to Spend
H/23/209K	Tesco, Trout Road, Yiewsley	£37,723	March 2016
H/32/284C	Former Honeywell site, Yiewsley	£5,280	No time limit
H/33/291C	Former Swan PH, West Drayton	£5,417	No time limit
H/42/242G	West Drayton Garden Village	£337,574	No time limit
H/50/333F	39 High Street ,Yiewsley	£12,444	No time limit
Total		**£398,438**	

The construction of the new Yiewsley Health Centre development will not commence until 2015/16 and the s106 contributions in the above table for £398,438 will not be utilised until the works are complete.

A Cabinet Member report to request the formal allocation and release of the contribution held at H/8/186D towards the HESA scheme has been submitted and approved in order to ensure that the funds are fully utilised before the spend deadline of April 2015.

LEGAL IMPLICATIONS

Under the provisions of section 111 of the Local Government Act 1972, a local authority has the power to do anything which is calculated to facilitate, or is conducive or incidental to the discharge of any of its functions. The work to be carried out in accordance within this report would fall within the range of activities permitted by Section 111.

Regulation 122 (2) of the Community Infrastructure Levy Regulations 2010 states that a planning obligation may only constitute a reason for granting planning permission for the development if the obligation is:

1. necessary to make the development acceptable in planning terms;
2. directly related to the development; and
3. fairly and reasonably related in scale and kind to the development.

Circular 2005/05 goes further than Regulation 122 and suggests that a planning obligation must also be:

4. relevant to planning; and
5. reasonable in all other respects.

The monies must not be used for any other purpose other than the purposes provided in the relevant section 106 agreement. Where monies are not spent within the time limits prescribed in those agreements, such monies should be returned to the payee.

When the Council receives formal bids to release funds, each proposed scheme will need to be assessed and reported to the Leader and Cabinet Member for Finance, Property and Business Services in order for the monies to be released. As part of that process, the Council's Legal Services will review the proposal and the section 106 agreement that secures the funding, to ensure that the Council is permitted to spend the section 106 monies on each proposed

scheme. The content of the section 106 agreements in relation to King Edwards Medical Centre, Southcote Medical Centre, Wallasey Medical Centre, Pine Medical Centre and HESA Medical Centre referred to in this report have been assessed and approved in line with those procedures prior to release of the capital monies for the schemes.

The use of section 106 monies for future schemes mentioned in the report will need to be assessed against their respective agreements when these are finalised on a case by case basis.

BACKGROUND PAPERS

None.

CASE REF.	WARD	DEVELOPMENT / PLANNING REFERENCE	TOTAL INCOME	BALANCE OF FUNDS	SPEND BY	DETAILS OF OBLIGATION
			AS AT 31/12/14	AS AT 31/12/14		
H/8/186D *54	Yiewsley	92-105, High St., Yiewsley 59189/APP/2005/3476	15,549.05	15,549.05	2015 (Apr)	Contribution received towards the cost of providing additional primary heath facilities in the Borough. Funds not spent by 20/04/2015 must be returned. **Funds originally earmarked towards the fitting out costs associated with the new Yiewsley Health centre development. Due to spend deadline, funds have been allocated towards the HESA scheme (25/2/2015).**
H/9/184C *55	West Ruislip	31-46, Pembroke Rd, Ruislip 59816/APP/2006/2896	21,699.53	13,115.10	2015 (Jul)	Contribution received towards primary health care facilities within a 3 mile radius of the development. Funds not spent by 01/07/2015 must be returned to the developer. £8,560 allocated towards additional consulting room at King Edwards Medical Centre (Cabinet Member Decision 6/12/2013). Funds transferred to NHS PS Feb 14. R**emaining balance of £13,115 earmarked towards expansion at Uxbridge Health Centre, subject to formal allocation.**
H/10/190D *56	Uxbridge	Armstrong House & The Pavilions. 43742/APP/2006/252	43,395.00	43,395.00	2015 (Jul)	Contribution received towards primary health care facilities in the borough. Funds must be spent within 7 years of receipt. Funds not spent by 29/7/2015 are to be returned to the developer. **Funds earmarked towards expansion at Uxbridge Health Centre, subject to formal allocation.**
H/11/195B *57	Ruislip	Highgrove House, Eascote Road, Ruislip. 10622/APP/2006/2494	3,156.00	3,156.00	No time limits	Funds to be used to support the provision of local healthcare facilities arising from the needs of the development. No time limits.
H13/194E *59	Uxbridge	Frays Adult Education Centre, Harefield Road, Uxbridge. 18732/APP/2006/1217	12,426.75	12,426.75	No time limits	Funds received towards the provision of healthcare facilities in the Borough. No time limits.
H/16/210C *68	Botwell	Hayes Stadium, Judge Heath Lane, Hayes. 49996/APP/2008/3561	105,044.18	105,044.18	2015 (Mar)	Funds received as the healthcare facilites and places contribution towards the cost of providing; the expansion of health premises to provide additional facilites and services to meet increased patient user numbers or new health premises or services in the local area. Funds to be spent by March 2015. **Contribution allocated towards HESA extension (Cabinet Member Decision 4/12/2014). Formal request received from NHS PS to transfer funds.**

CASE REF.	WARD	DEVELOPMENT / PLANNING REFERENCE	TOTAL INCOME	BALANCE OF FUNDS	SPEND BY	DETAILS OF OBLIGATION
			AS AT 31/12/14	AS AT 31/12/14		
H/18/219C *70	Yeading	Land rear of Sydney Court, Perth Avenue, Hayes. 65936/APP/2009/2629	3,902.00	3,902.00	No time limits	Funds received towards the cost of providing health facilites in the Authorities Area. No time limits. **£1,800 earmarked towards improvements to Pine Medical Centre, subject to formal approval. Confirmation received from NHS PS to confirm that the scheme is still valid. Request for formal allocation to be submitted March 2015.**
H/20/238F *72	West Ruislip	Former Mill Works, Bury Street, Ruislip. 6157/APP/2009/2069	31,441.99	31,441.99	2018 (Jun)	Contribution received as the health facilities contribution towards providing health facilities in the Authority's Area. Funds to be spent towards (but not limited to); expansion of health premises to provide additional facilities and services to meet increased patient or user numbers or, new health premises or services at local level or, any new facility required to compensate for loss of health facility caused by the development. First instalment to be spent by February 2018. Second instalment to be spent by June 2018**.**
H/21/237D *73	Eastcote	Bishop Ramsey School (lower site), Eastcote Road, Ruislip. 19731/APP/2006/1442	22,455.88	22,455.88	2016 (Feb)	Contribution received towards the provision of primary health care facilities in the Uxbridge area. Funds to be spent within 5 years of receipt (February 2016).
H/22/239E *74	Eastcote	Highgrove House, Eascote Road, Ruislip. 10622/APP/2006/2494 & 10622/APP/2009/2504	7,363.00	7,363.00	No time limits	Funds received towards the cost of providing health faciities in the Authority's Area including (but not limited to); expansion of health premises to provide additional facilities and services to meet increased patient numbers or, any new facility required to compensate for the loss of a health facility caused by the development. No time limits.
H/23/209K *75	Yiewsley	Tesco, Trout Road,Yiewsley. 60929/APP/2007/3744	37,723.04	37,723.04	2016 (Mar)	Contribution received towards the provision of local health service infrastructure in the Yiewsley, West Drayton, Cowley area. Funds to be spent by March 2016. **Earmarked towards fitting out costs associated with the new Yiewsley Health centre development, subject to formal allocation request and approval**.

CASE REF.	WARD	DEVELOPMENT / PLANNING REFERENCE	TOTAL INCOME	BALANCE OF FUNDS	SPEND BY	DETAILS OF OBLIGATION
			AS AT 31/12/14	AS AT 31/12/14		
H/25/244C *77	Townfield	505-509 Uxbridge Road, Hayes. 9912/APP/2009/1907	20,269.97	20,269.97	2018 (Jun)	Funds received towards the cost of providing health facilities in the Authority's area including (but not limited to); the expansion of health premises to provide additional facilites and services to meet increased patient or user numbers or, new health premises or services at the local level or, any new facility required to compensate for the loss of a health facility caused by the development. Funds to be spent within 7 years of receipt (June 2018). **Contribution allocated towards HESA extension (Cabinet Member Decision 4/12/2014). Formal request received from NHS PS to transfer funds.**
H/26/249D *78	Townfield	Former Glenister Hall, 119 Minet Drive, Hayes. 40169/APP/2011/243	33,219.40	33,219.40	No time limits	Funds received towards the cost of providing health facilities in the Authority's area including (but not limited to); the expansion of health premises to provide additional facilites and services to meet increased patient or user numbers or, new health premises or services at the local level or, any new facility required to compensate for the loss of a health facility caused by the development. No time limit for spend. **Contribution allocated towards HESA extension (Cabinet Member Decision 4/12/2014). Formal request received from NHS PS to transfer funds.**
H/27/262D *80	Charville	Former Hayes End Library, Uxbridge Road, Hayes. 9301/APP/2010/2231	5,233.36	5,233.36	No time limits	Funds received towards the cost of providing health facilities in the Authority's area including (but not limited to); the expansion of health premises to provide additional facilites and services to meet increased patient or user numbers or, new health premises or services at the local level or, any new facility required to compensate for the loss of a health facility caused by the development. No time limit for spend.
H/28/263D *81	South Ruislip	Former South Ruislip Library, Victoria Road, Ruislip (plot A). 67080/APP/2010/1419	3,353.86	3,353.86	No time limits	Funds received towards the cost of providing health facilities in the Authority's area including (but not limited to); the expansion of health premises to provide additional facilites and services to meet increased patient or user numbers or, new health premises or services at the local level or, any new facility required to compensate for the loss of a health facility caused by the development. No time limit for spend

CASE REF.	WARD	DEVELOPMENT / PLANNING REFERENCE	TOTAL INCOME	BALANCE OF FUNDS	SPEND BY	DETAILS OF OBLIGATION
			AS AT 31/12/14	AS AT 31/12/14		
H/29/267D *83	Botwell	Fmr Ram PH, Dawley Rd, Hayes 22769/APP/2010/1239	6,068.93	6,068.93	No time limits	Funds received towards the cost of providing expansion of health premisies to provide additional facilities and services to meet increased patient numbers or new health premisies or services in the local area. No time limits for spend. **Contribution allocated towards HESA extension (Cabinet Member Decision 4/12/2014). Formal request received from NHS PS to transfer funds.**
H/30/276G * 85	Townfield	Fmr Hayes FC, Church Road, Hayes. 4327/APP/2009/2737	68,698.26	68,698.26	2019 (Jul)	Funds received as the first **and second** instalment towards the cost of providing health facilities in the Authority's area including the expansion of health premises to provide additional facilities, new health premises or services (see legal agreement for details). Funds to be spent within 7 years of receipt (July 2019). **Contribution allocated towards HESA extension (Cabinet Member Decision 4/12/2014). Formal request from NHS PS received to transfer funds.**
H/31/278D *86	Botwell	6-12 Clayton Road, Hayes. 62528/APP/2009/2502	4,649.84	4,649.84	No time limits	Funds received towards the cost of providing expansion of health premisies to provide additional facilities and services to meet increased patient numbers or new health premisies or services in the local area. No time limits for spend. **Contribution allocated towards HESA extension (Cabinet Member Decision 4/12/2014). Formal request received from NHS PS to transfer funds.**
H/32/284C *89	Yiewsley	Former Honeywell site, Trout Road, West Drayton (live/work units). 335/APP/2010/1615	5,280.23	5,280.23	No time limits	Towards the cost of providing health facilities in the Authority's area including expansion of health premises to meet increased patient numbers, new health services at local level, any new facilities required to compensate for the loss of a health facility caused by the development. No time limits for spend. **Earmarked towards fitting out costs associated with the new Yiewsley Health centre development, subject to formal allocation.**
H/33/291C *91	West Drayton	Former Swan PH, Swan Road, West Drayton. 68248/APP/2011/3013	5,416.75	5,416.75	No time limits	Funds received towards the cost of providing health facilities in the Authority's area including (but not limited to); the expansion of health premises to provide additional facilites and services to meet increased patient or user numbers or, new health premises at local level. Any new facility required to compensate for loss of a health facility caused by the development. **Earmarked towards fitting out costs associated with the new Yiewsley Health centre development, subject to formal allocation.**

CASE REF.	WARD	DEVELOPMENT / PLANNING REFERENCE	TOTAL INCOME	BALANCE OF FUNDS	SPEND BY	DETAILS OF OBLIGATION
			AS AT 31/12/14	AS AT 31/12/14		
H/34/282F *92	West Ruislip	Lyon Court, 28-30 Pembroke Road, Ruislip 66985/APP/2011/3049	15,031.25	15,031.25	2019 (estimated)	Towards the cost of providing health facilities in the Authority's area including expansion of health premises to meet increased patient numbers, new health services at local level, any new facilities required to compensate for the loss of a health facility caused by the development. Funds to be spent within 5 years of completion of development. Estimated spend deadline 2019.
H/36/299D *94	Cavendish	161 Elliot Ave (fmr Southbourne Day Centre), Ruislip. 66033/APP/2009/1060	9,001.79	9,001.79	No time limits	Funds received towards the cost of providing health facilities in the Authority's area including expansion of health premises to meet increased patient numbers, new health services at local level, any new facilities required to compensate for the loss of of a health facility caused by the development.
H/37/301E *95	Northwood	37-45 Ducks Hill Rd, Northwood 59214/APP/2010/1766	12,958.84	12,958.84	2018 (July)	Funds received towards the cost of providing health facilities in the Authority's area including expansion of health premises to meet increased patient numbers, new health services at local level, any new facilities required to compensate for the loss of a health facility caused by the development.
H/38/303E *96	Botwell	70 Wood End Green Rd, Hayes 5791/APP2012/408	13,750.73	13,750.73	No time limits	Funds received towards the cost of providing health facilities in the Authority's area including expansion of health premises to meet increased patient numbers, new health services at local level, any new facilities required to compensate for the loss of a health facility caused by the development. **Contribution allocated towards HESA extension (Cabinet Member Decision 4/12/2014). Formal request received from NHS PS to transfer funds.**
H/39/304C *97	Yeading	Fmr Tasman House, 111 Maple Road, Hayes 38097/APP/2012/3168	6,448.10	6,448.10	2020 (Aug)	Funds received towards the cost of providing health facilities in the Authority's area including expansion of health premises to meet increased patient numbers, new health services at local level, any new facilities required to compensate for the loss of a health facility caused by the development.
H/40/306D *98	Hillingdon East	Fmr Knights of Hillingdon, Uxbridge 15407/APP/2009/1838	4,645.60	4,645.60	No time limits	Funds received towards the cost of providing health facilities in the Authority's area including expansion of health premises to meet increased patient numbers, new health services at local level, any new facilities required to compensate for the loss of a health facility caused by the development.

CASE REF.	WARD	DEVELOPMENT / PLANNING REFERENCE	TOTAL INCOME	BALANCE OF FUNDS	SPEND BY	DETAILS OF OBLIGATION
			AS AT 31/12/14	AS AT 31/12/14		
H/41/309D *99	Uxbridge South	Fmr Dagenham Motors, junction of St Johns Rd & Cowley Mill Rd, Uxbridge 188/APP/2008/3309	12,030.11	12,030.11	2020 (Oct)	Funds received towards the provision of healthcare services in LBH as necessitated by the development.
H/42/242G *100	West Drayton	West Drayton Garden Village off Porters Way West Drayton. 5107/APP/2009/2348	337,574.00	337,574.00	No time limits	contribution received towards providing additional primary healthcare facilities in the West Drayton area (see agreement for details) . **Earmarked towards fitting out costs associated with the new Yiewsley Health centre development, subject to request for formal allocation.**
H/44/319D *44	Northwood Hills	117 Pinner Road, Northwood 12055/APP/2006/2510	24,312.54	24,312.54	No time limits	Funds received towards the cost of providing health facilities in the Authority's area including expansion of health premises to meet increased patient numbers, new health services at local level, any new facilities required to compensate for the loss of a health facility caused by the development.
H/46/323G *104	Eastcote	150 Field End Road, (Initial House), Eastcote 25760/APP/2013/323A	14,126.88	14,126.88	No time limits	Funds received towards the cost of providing health facilities in the Authority's area including expansion of health premises to meet increased patient numbers, new health services at local level, any new facilities required to compensate for the loss of a health facility caused by the development.
H/47/329E *106	Townfield	Land at Pronto Industrial Estate, 585-591 Uxbridge Road, Hayes 4404/APP/2013/1650	14,066.23	14,066.23	2024 (July)	Funds received the cost of providing healthcare facilites within the London Borough of Hillingdon. Contribution to be spent within 10 years of receipt.
H/48/331E *107	Eastcote	216 Field End Road, Eastcote 6331/APP/2010/2411	4,320.40	4,320.40	No time limits	Funds received towards the cost of providing health facilities in the Authority's area including expansion of health premises to meet increased patient numbers, new health services at local level, any new facilities required to compensate for the loss of a health facility caused by the development.
H/49/283B *108	Uxbridge North	Former RAF Uxbridge, Hillingdon Road, Uxbridge 585/APP/2009/2752	624,507.94	624,507.94	No time limits	Funds to be used towards the provison of healthcare facilities serving the development in line with the Council's S106 Planning Obligations SPD 2008.

CASE REF.	WARD	DEVELOPMENT / PLANNING REFERENCE	TOTAL INCOME	BALANCE OF FUNDS	SPEND BY	DETAILS OF OBLIGATION
			AS AT 31/12/14	**AS AT 31/12/14**		
H/50/333F *109	Yiewsley	39,High Street, Yiewsley 24485/APP/2013/138	12,444.41	12,444.41	No time limits	Funds received towards the cost of providing health facilities in the Authority's area including expansion of health premises to meet increased patient numbers, new health services at local level, any new facilities required to compensate for the loss of a health facility caused by the development. **Earmarked towards fitting out costs associated with the new Yiewsley Health centre development, subject to formal allocation.**
H/52/205G *110	**Eastcote**	**Former RAF Eastcote (Pembroke Park), Lime Grove, Ruislip 10189/APP/2014/3354 & 3359/3358 & 3360**	**17,374.27**	**17,374.27**	**No time limits**	**Funds received towards the cost of providing health facilities in the Authority's area including expansion of health premises to meet increased patient numbers, new health services at local level, any new facilities required to compensate for the loss of a health facility caused by the development.**
		TOTAL CONTRIBUTIONS TOWARDS HEALTH FACILITIES	**1,578,940.11**	**1,570,355.68**		

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PRIMARY CARE CONTRACEPTION SERVICE UPDATE

Relevant Board Member(s)	Councillor Philip Corthorne
Organisation	London Borough of Hillingdon
Report author	Sharon Daye, Interim Director of Public Health.
Papers with report	None

1. HEADLINE INFORMATION

Summary	This report details the temporary measures to date to address errors made by the former Hillingdon PCT and the North West London Commissioning Support Unit, relating to the contractual and financial handover for the provision of primary care contraception services from Hillingdon PCT to Hillingdon Council on 1 April 2013. Whilst NHS England continued to fund the disputed services in 2013/14, in the absence of further support, funding for 2014/15 will be provided by the Council to ensure continuity of services. The Council currently commissions reproductive health / contraceptive services through open access family planning clinics in the Borough. However, it is not stipulated that the Council must commission any services through GP's surgeries. To allow time for a review of the need to provide the services through GPs surgeries, further funding to cover the cost for the services is requested for 2015/16.
Contribution to plans and strategies	This report contributes to the delivery of the Health & Wellbeing Strategy.
Financial Cost	17 General Practices currently provide the disputed primary care contraception services (Intra Uterine Contraceptive Devices, IUCD or Intra Uterine Systems, IUS). The total projected annual cost of these services across the Borough is £28,930 p.a. If services were to continue, this spend would need to be met on an annual basis, but may be subject to variation, dependent on demand. (long acting sub dermal contraceptives and injections are not included, and these continue to be commissioned and funded by NHS England).
Ward(s) affected	All

2. RECOMMENDATIONS

The Health and Wellbeing Board:

1. **notes the information in this report;**

2. **notes the interim funding measure put in place for 2014/15 to ensure that services to Hillingdon residents were not disrupted by the failure to transfer adequate funding to the Council in April 2013 for primary care contraception services provided through GP's surgeries.**

3. **approves further temporary funding in 2015/16, pending a final review and analysis of the need to provide these services through General Practices, with the potential option of limiting provision to existing family planning clinics only, as there is no specific requirement for the Council to commission the services from General Practices.**

4. **instructs officers to further challenge the failure of NHS England to transfer funding for the disputed services to the Council.**

3. INFORMATION

Supporting Information

3.1 Since October 2013, there has been a lack of clarity regarding commissioning responsibility for the provision of some Long Acting Reversible Contraception (LARC) provided in primary care settings by General Practitioners. Services were formerly commissioned by Hillingdon Primary Care Trust, as part of the National Enhanced Scheme (NES) for GP services.

3.2 In October 2013, the Council was informed by NHS England North West London (NHSE NWL) that responsibility would be transferred to the Council for the commissioning of primary care contraception services (specifically intrauterine devices or systems - IUCD or IUS) to the Council, as responsibility for these services should theoretically have been taken up by the Council on 1 April 2013. A dispute arose around who had ultimate responsibility for commissioning and thereby funding the provision of these services provided by GPs to Hillingdon residents.

3.3 There are two main providers of contraceptive services in England – family planning clinics and general practices. Although staff (i.e., GPs and Practice Nurses) in general practice routinely prescribe oral contraceptives, not all are qualified or choose to provide IUCDs or other forms of LARC. In these circumstances, guidelines recommend that mechanisms are in put place to refer women to other practices or services that can provide LARC.

3.4 The Council has a mandated responsibility for the provision of reproductive and sexual health services. At present, reproductive health / contraceptive services are commissioned by the Council from the Central & North West London NHS Foundation Trust (CNWL). This contract includes the provision of the full range of LARC services – including intrauterine devices / systems.

3.5 The services provided by CNWL are available to all women of reproductive age (i.e., women aged 15 – 49), from a range of open access family planning clinics across the

Borough. Although mandated to provide reproductive sexual health services, the Council is not obliged to procure the disputed LARC services through GPs surgeries.

3.6 There have been protracted discussions regarding the 'disputed' services provided through GP practices with both NHS England NWL and Hillingdon Clinical Commissioning Group's (HCCG) finance and commissioning teams. Both organisations have stated that the funds for the services were transferred to the Council at the time of transition in April 2013. There remains however, no audit trail evidence to support this.

3.7 It has become evident that, with the exception of North West London, PCTs in other sectors across London had made provision for the transfer to local authorities of LARC services provided by GPs. This provision was made prior to transition on 1 April 2013. In addition, further investigation has revealed that some North West London local authorities had received either some or all of the funding for this service. Hillingdon Council was one of those who did not receive the funding for this primary care service.

3.8 Public Health has been in receipt of formal communication from NHS England NWL Area Team stating that, although it had paid for the provision of the service by general practices in Hillingdon in 2013/14, it would not be able to do so for 2014/15 onwards and that responsibility for commissioning and funding the service was to rest with the Council.

3.9 In the 2014/15 financial year, there were a number of requests from Hillingdon GPs asking who they should invoice for the provision of the services. In addition the Local Medical Committee has also requested clarification – initially from NHS England and latterly from the Council's Public Health Team.

Financial Implications

3.10 NHS England's finance team has submitted details of the number of GP practices in Hillingdon that provide the disputed LARC services to Hillingdon residents. In addition, detail of the actual spend for 2013/14 has been provided.

3.11 There are a total of 17 GP practices which currently provide this service, at a projected average total cost of £28,930 per year across the Borough. If the services were to continue as before, this spend would need to be met on an annual basis, and could vary depending on demand. Initial estimates provided by NHS England indicated that, on average, London boroughs could face a financial 'risk' of up to £50,000 per year each for the provision of LARC services in General Practice.

3.12 Primary care providers (i.e., GPs and practice nurses) will need to comply with standards as set out by the Faculty for Reproductive Sexual Health (FRSH).

3.13 Although not obliged to do so, if the Council were to decide to continue to commission these services from General Practices in Hillingdon, it would need to ensure proper governance and evidence of the above 'fitness to practice'. However, the Council would not fund such training as this is a personal responsibility of the health care professional.

3.14 It is possible that additional GPs practices, beyond the original 17, may seek to start providing the services, going forward.

THE CURRENT POSITION

3.15 The Council has been placed in a difficult position due to this oversight by the former Hillingdon Primary Care Trust and the NWL Commissioning Support Unit as funding did not transfer for the provision of LARC (i.e., the fitting of intrauterine devices / systems) services by GPs to the Council.

3.16 In November 2014, an interim solution for 2014/15 was agreed in order to maintain the provision of services to residents. This was to:

(a) fund the provision of IUCD and IUS by the 17 GP practices who are currently providing this service, but only on a temporary basis.
(b) procure this service on a temporary basis within the overarching 'Local Authority Primary Care Contracts' arrangements.
(c) not fund IUCDs provided for non-contraceptive purposes.
(d) not extend the commissioning of this service from other GP practices.

3.17 In December 2014, Public Health wrote to each of the 17 GP practices involved to inform them of the decision, and to confirm that the Council was unable to honour previous / historical National Enhanced Scheme (NES) agreements, as these were contractual agreements between either Hillingdon PCT and individual practices - pre- transition, or with NHS England, for the period 2013/14.

3.18 However, for the period 2014/15, it was stated that the Council would issue modified versions of its new 'Local Authority Public Health Contracts' to enable payment for the provision of an IUCD service for contraceptive purposes, only. In terms of payment, it was confirmed that the pricing structure would remain the same as the previous contract.

Conclusion

3.19 The temporary measures detailed in this report are the response, to date, to addressing the errors made by the PCT and the North West London Commissioning Support Unit relating to contractual and financial handover of the provision of primary care contraception services from Hillingdon PCT to Hillingdon Council on 1 April 2013.

3.20 A further update on actual expenditure for the year 2014/15 and suggested proposals for the future commissioning of the services will be provided to a future meeting of the Health and Wellbeing Board.

4. EFFECT ON RESIDENTS, SERVICE USERS & COMMUNITIES

4.1 Pending the proposed review, residents will continue to have access to primary care contraception services via 17 GP practices that provided the services in 2013/14.

Consultation Carried Out or Required

4.2 No consultation required.

5.0 BACKGROUND PAPERS

5.1 None.

HILLINGDON CCG OPERATING PLAN 2015-16

Relevant Board Member(s)	Dr Ian Goodman
Organisation	Hillingdon Clinical Commissioning Group
Report author	Mark Eaton: Interim Head of QIPP and Transformation
Papers with report	None

1. HEADLINE INFORMATION

Summary	Following the planning guidance given in the NHS document "Everyone Counts" (covering the period from 2014-18), the Clinical Commissioning Group (CCG) developed and agreed a five year strategic plan in 2014. The five year strategic plan is aligned with the Simon Steven's Five Year Forward View released in 2014. At the same time, the CCG agreed with the Health and Wellbeing Board an Operating Plan that set trajectories for a range of key performance areas for the first two years of the five year strategy. This paper introduces the changes that are being made to the Operating Plan for 2015/16. The Operating Plan for 2015/16 is in the process of being developed with additional information being added at each submission based on a timetable set by NHS England (NHSE). The information below summarises the information in the Operating Plan for 2015/16 as at the February 2015 submission date.
Contribution to plans and strategies	JSNA Hillingdon Health and Wellbeing Strategy Hillingdon CCG Out of Hospital Strategy NWL 5 Year Strategic Plan
Financial Cost	NA
Relevant Policy Overview & Scrutiny Committee	External Services
Ward(s) affected	All

2. RECOMMENDATION

That the Health and Wellbeing Board notes and agrees the proposed performance for the Operating Plan for 2015/16.

3. INFORMATION

Following the planning guidance given in the NHS document "Everyone Counts" (covering the period from 2014-18), the Clinical Commissioning Group (CCG) developed and agreed a five year strategic plan in 2014. This strategic plan was produced in partnership with other CCGs across North West

London (NWL) reflecting both the common issues that exist in a number of service areas and also to capture the level of shared work that is occurring across the NWL area on key strategic programmes such as the Shaping a Healthier Future (SaHF) acute reconfiguration programme. The five year strategic plan is aligned with the Simon Steven's Five Year Forward View released in 2014.

At the same time, the CCG agreed with the Health and Wellbeing Board an Operating Plan that set trajectories for a range of key performance areas for the first two years of the five year strategy.

This paper introduces the changes that are being submitted to the Operating Plan for 2015/16 and these are detailed below. The Operating Plan for 2015/16 is in the process of being developed with additional information being added at each submission based on a timetable set by NHS England (NHSE). The information below summarises the information in the Operating Plan for 2015/16 as at the February 2015 submission date.

Generically, we have made provision for a 3% growth in activity across the board. This exceeds the current demographic growth that is projected within the JSNA to be 1.6% and reflects our expectation that demand for services will continue to exceed demographic growth as we have seen in both 2013/14 and 2014/15.

Key Performance Standards

- **Referral To Treatment Targets**: The CCG expects to continue to exceed the 95% target for patients treated within 18 weeks of referral for non-admitted pathways and the 90% target for admitted pathways.

- **Cancer Waits**: The CCG is expected to continue to exceed the 93% target for patients waiting less than two weeks for an initial review following presentation with symptoms suggesting cancer. We also expect to exceed the minimum standards for patients waiting 31 and 62 days for treatment following diagnosis.

- **4 Hour Standard in A&E:** We expect to achieve the 95% performance target for patients waiting 4 hours or less prior to discharge or a decision to admit following presentation at the UCC or Emergency Department in all four quarters of 2015/16 recognising this will be challenging given recent increases in activity.

- **Mental Health (Dementia):** The CCG is increasing funding for Dementia Diagnosis and expects to achieve the 67% expected prevalence target for 2015/16. The scope of this has reduced from patients aged 30+ to only focusing on those aged 65+ and the 67% target defines the number of patients diagnosed with dementia each month against the expected prevalence of dementia in Hillingdon.

- **Mental Health (IAPT):** The CCG is also increasing the funding available for IAPT Services (Improving Access to Psychological Therapies) to ensure we are able to hit the 15% access target. This target means that the CCG will support 15% of those with conditions amendable to IAPT during the year. Aligned to this, the CCG expects to achieve a recovery rate (i.e., the percentage of patients working with IAPT who are deemed to have improved their condition) of at least 50% and will ensure that no less than 95% of patients are able to access support from IAPT within 6 weeks of referral.

- **Primary Care:** For the first time, the CCG is asked to report on how it expects Primary Care qualitative indicator scores to change during the year. The indicators relate to access to general practice and the experience of care. This is related to the evolving concept of Joint Commissioning. The CCG currently has not put forward a target and is working with colleagues across NWL to understand the implications of Joint Commissioning and our shared ambition for how these indicators will improve.

Later presentations of the Operating Plan will have details of the expected Quality Premium for 2015/16 and the CCG is currently developing the plans for where this work will be focused.

Achievement against national and local priorities is monitored at least quarterly by NHS England.

4. FINANCIAL IMPLICATIONS

None.

5. LEGAL IMPLICATIONS

NA

6. BACKGROUND PAPERS

NHS planning guidance 2014-2018 “Everyone Counts”

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PRIMARY CARE CO-COMMISSIONING: UPDATE

Relevant Board Member(s)	Dr Ian Goodman
Organisation	Hillingdon Clinical Commissioning Group
Report author	Ceri Jacob, Hillingdon Clinical Commissioning Group
Papers with report	None

1. HEADLINE INFORMATION

Summary	This paper serves as an update for the Board on developments in primary care co-commissioning. NHS England (NHSE) has invited CCGs to take on an increased role in commissioning of primary care and to engage with Health and Wellbeing Boards on the Boards' role in primary care co-commissioning going forward. This includes a dialogue leading up to a decision on whether to enter into formal co-commissioning arrangements in April 2015.
Contribution to plans and strategies	Potential opportunities presented through primary care co-commissioning have implications for the CCG 5 year strategic plan, out of hospital strategy and for Hillingdon's Joint Health and Wellbeing Strategy including the Better Care Fund plan.
Financial Cost	None directly as a result of this report
Ward(s) affected	All

2. RECOMMENDATIONS

That the Health and Wellbeing Board:

1. **notes progress and intentions regarding Primary Care Co-commissioning;**
2. **notes that a local authority representative from the Health and Wellbeing Board and a Healthwatch representative will have a right to join the specific committees established to undertake primary care co-commissioning as non-voting attendees;**
3. **notes that the specific committees must have a lay and executive majority and a lay chairman which the Health and Wellbeing Board may wish to discuss; and**
4. **considers how the Health and Wellbeing Board should be engaged in discussions leading up to the decision to enter primary care co-commissioning from April 2015.**

3. INFORMATION

Background

At its meeting on 23 September 2014, the Board received a briefing on NHSE intentions regarding the co-commissioning of primary care and the options available to Clinical

Commissioning Groups (CCGs). It noted that Hillingdon CCG intended to pursue the NHSE category B option for joint commissioning arrangements, whereby the CCGs and areas teams make decisions together, potentially supported by pooled funding arrangements, and that a NW London expression of interest was to be submitted on this basis.

Since then, through a letter to local authority CEOs and Health and Wellbeing Board Chairmen on 18 December 2014, NHSE encouraged Boards to have a conversation with their local commissioners of primary care, both CCGs and NHSE. In addition, a letter (12 December 2014) was sent by London Councils to Borough Leaders and Health and Wellbeing Board Chairmen, pointing to the varied engagement by Health and Wellbeing Board's in development of plans and encouraging greater dialogue.

Introduction and national context

In June, NHSE invited CCGs to submit an Expression of Interest in an increased role in the commissioning of primary care services. The intention was to empower and enable CCGs to improve primary care services locally for the benefit of patients and local communities.

Currently NHSE commissions primary care services, including primary medical care services, ophthalmology, dentistry and pharmacy. NHSE also commissions specialised services, offender healthcare and healthcare for people in the military.

At this stage, primary care co-commissioning refers to the commissioning of primary medical (GP) care services only, either jointly between CCGs and NHSE or though NHSE delegating its commissioning functions to a CCG. Hillingdon CCG, with the NW London CCGs, jointly submitted an Expression of Interest in Primary Care Co-commissioning to NHSE in June 2014, and a further submission of draft proposals in January this year.

The vision for care in Hillingdon and North West London for sustainable, integrated and high quality health services

In Hillingdon, there is a vision to improve the quality of care for individuals, carers and families, empowering and supporting people to maintain independence and to lead full lives as active participants in their community.

This vision is supported by three principles:

- People will be empowered to direct their care and support and to receive the care they need in their homes or local community;
- GPs will be at the centre of organising and coordinating people's care; and
- The NW London systems will enable and not hinder the provision of integrated care.

The vision for Hillingdon and NW London CCGs is focused on integrated whole systems delivering population based care, co-ordinated around the needs of the patient. General Practice will be the cornerstone for this new model of care delivery, with the majority of patient care being delivered in the primary care setting and with General Practice delivering more accessible, co-ordinated services with a focus on prevention. Therefore, in Hillingdon there is an ambition of achieving sustainable General Practice that is supported to deliver the services and high quality care that local people need.

Challenges faced in General Practice nationally and in Hillingdon

Today, General Practice undertakes 90 per cent of NHS activity for 7.5 per cent of the cost, seeing more than 320million patients nationally per year. The vision of whole systems integrated care for Hillingdon describes General Practice at the core of coordinating and delivering services.

However, the model of General Practice that has served Londoners well in the past is now under unprecedented strain. Therefore in Hillingdon, with NW London CCG partners, there is an ambition to enable a shift in investment into primary care to achieve supported and sustainable General Practice.

Primary care nationally and in Hillingdon is facing a number of challenges in the evolving health and care landscape:

1. A growing and aging population with increasingly complex health and care needs;
2. Variable levels of accessibility and quality of primary care services that patients can access;
3. Workforce challenges with an increasing proportion of General Practitioners (GPs) nearing retirement age and with limited number of clinicians coming into the system; and
4. A significant fall in investment in General Practice as a percentage of total health spend with minimal investment into developing and maintaining primary care estates and facilities.

As patients' needs are changing the systems that are currently in place need to evolve to ensure that they are still fit for purpose. However, new ways of working that GPs would be asked to deliver for the NW London vision, are above and beyond that expected in the current primary medical services contracts. Furthermore, while some expectations are within the remit of the core contracts, there is a lack of clarity in the specification. In addition, current contractual forms for General Practice cannot be readily changed.

Primary care co-commissioning in Hillingdon with NWL CCG partners to promote sustainable and integrated high quality services to deliver patient benefits

Alongside this, Hillingdon CCG has been involved in an extensive period of stakeholder engagement with the NHSE local area team, CCG Governing Bodies, CCG constituent members, the Londonwide LMCs, local NW London LMC borough Chairs, patient and public representative groups and other stakeholder groups.

Primary care co-commissioning will be an enabler to helping Hillingdon CCG achieve this vision by enabling local commissioners and stakeholders the ability to:

- influence local decision making in primary care to align with wider local strategies for integrated and coordinated care;
- commission for a new contractual offer for General Practice to sustainably deliver the necessary enhanced services for it to act as the foundation for the new model of care and to limit current variations in quality and access; and
- influence the necessary investment in the supporting primary care estates and workforce to enable the delivery of the enhanced role of General Practice.

Ultimately, through primary care co-commissioning, the ambition is to achieve the right benefits for patients:

- Improved access to primary care and wider out-of-hospitals services, with more services available closer to home;
- High quality out-of-hospitals care;
- Improved health outcomes, equity of access, reduced inequalities;
- Services that are joined up, coordinated and easy for users to navigate around;
- A better patient experience through more joined up services; and
- A greater focus on prevention, staying healthy and patient empowerment.

Although primary care co-commissioning is seen as an opportunity for local clinicians and people to gain more influence over the commissioning of primary care to achieve the right benefits for patients, through stakeholder engagement it has been agreed that in Hillingdon and other NW London CCGs co-commissioning will not be about:

- CCGs taking on the role of performance or contract managing practices or GPs which would introduce potential conflicts of interest;
- Losing local influence in decision-making on out of hospital services to NHSE; or
- Taking away core primary care contracts from practices.

As member-led organisations, the decision to enter into primary care co-commissioning arrangements will be determined through the support of each CCG's constituent member practices. In Hillingdon, this support must be achieved through a majority vote scheduled to take place on 4 March 2015.

CCG constituent members and the Governing Body have agreed to enter into a pilot period in which joint commissioning arrangements may be trialled in order to test how arrangements could work. Through these arrangements, Hillingdon, with NWL CCG partners can explore and determine how to achieve the required benefits as well as defining streamlined and efficient governance arrangements that allow for effective and consistent decision-making with localisation.

As the establishment of pilot arrangements do not affect the CCG constitutionals arrangements in place, all decisions continue to be ratified by individual CCG Governing Bodies and NHS England. Any decision to enter into formal primary care co-commissioning arrangements will be following full engagement with CCG's constituent member practices to gain the support to make the necessary constitutional amendments. Support is being sought in March 2015.

National Guidance has influenced how Primary Care Co-commissioning can be taken forward

On 10 November 2014, NHSE published Next steps towards primary care co-commissioning[1]. This document sets out three possible models for primary care co-commissioning (greater involvement, joint commissioning and delegated commissioning) and the next steps towards implementation.

Further statutory guidance on the management of conflicts of interest[2] was issued on 18 December 2014. The new guidance does not change what have been agreed as priorities for CCGs in NW London. However, it will impact how Hillingdon and NWL CCG partners can take co-commissioning plans forward in practice.

[1] http://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2014/11/nxt-steps-pc-cocomms.pdf
[2] http://www.england.nhs.uk/wp-content/uploads/2014/12/man-confl-int-guid-1214.pdf

NW London CCGs initially expressed an interest in *joint commissioning* arrangements. In light of new guidance from NHSE, it has become apparent that *delegated commissioning* arrangements may align best with what has been described for NW London, as they would enable:

- greater local influence in primary care commissioning decisions without giving up influence to NHSE on decisions relating to out of hospital services;
- the commissioning of a full new offer for General Practice;
- streamlined and efficient governance arrangements that allow for effective and consistent decision-making with localisation; and
- more appropriate management resource to carry out assumed functions.

Ultimately, future arrangements must be designed around the required benefits and the boundaries that have been agreed upon through stakeholder engagement. The NW London CCGs have committed to strive to influence the process as much as possible to ensure the end result is the most beneficial for our local health economy.

To put NW London CCGs on the right footing to choose to move onto the next steps in co-commissioning from April 2015 a required proforma was submitted to NHSE on 9 January 2015.

Health and Wellbeing Board involvement in Primary Care Co-commissioning

National guidance on Health and Wellbeing Board involvement in primary care co-commissioning states that:

- in both joint and delegated commissioning arrangements, CCGs must issue a standing invitation to the local Health and Wellbeing Board to appoint representatives to attend commissioning committee meetings, including, where appropriate, for items where the public is excluded from a particular item or meeting for reasons of confidentiality. These representatives would not form part of the membership of the committee;
- where there is more than one local Health and Wellbeing Board for a CCG's area, the CCG should agree with them which should be invited to attend the committee; and
- Health and Wellbeing Boards are under no obligation to nominate a representative, but we believe there would be significant mutual benefits from their involvement. For example, it would support alignment in decision making across the local health and social care system.

Next steps in terms of Health and Wellbeing Board involvement in Primary Care Co-commissioning for CCGs in North West London

In light of national guidance, it may now be prudent to begin a conversation between the NW London CCGs and local Health and Wellbeing Boards on Board involvement in formal primary care co-commissioning arrangements in the future. These conversations will enable:

- the joint identification of local authority representation for future co-commissioning arrangements across NW London CCGs; and
- local authority representation in shadow co-commissioning arrangements across NW London.

The Health and Wellbeing Board is asked to support the initiation of a conversation between the Board and local commissioners of primary care for NW London on the role of local Health and

Wellbeing Boards in primary care co-commissioning going forward. Furthermore the Health and Wellbeing Board is asked to consider:

- consider how the Health and Wellbeing Board should be engaged in discussions leading up to the decision to enter primary care co-commissioning from April 2015; and
- further stakeholder organisations that they may need to engage with over the coming months and how the NW London CCGs can support in this.

4. BACKGROUND PAPERS

None.

CHILD AND ADOLESCENT MENTAL HEALTH SERVICES (CAMHS) UPDATE

Relevant Board Member(s)	Councillor Philip Corthorne
Organisation	London Borough of Hillingdon
Report author	Vincent Clark - Interim Assistant Director, CYPF
Papers with report	N/A

1. HEADLINE INFORMATION

Summary	To inform the Board of recent activity to develop a joint commissioning strategy to improve services in Hillingdon for children and young people who have problems with their social and emotional wellbeing or mental health.
Contribution to plans and strategies	The report will contribute to the development of the joint commissioning strategy for social and emotional wellbeing and Child and Adolescent Mental Health Services (CAMHS).
Financial Cost	The financial cost of the CAMHS service provided by London Borough of Hillingdon is £397,000. The financial costs of the CAMHS service provided by Hillingdon CCG are approximately £1.5 Million. There are other costs associated with the provision of Early Help services that the Council is providing.
Ward(s) affected	All

2. RECOMMENDATIONS

That the Health and Wellbeing Board:

1) **notes the report and the joint work across the Council, Health and other key stakeholders to develop a joint commissioning strategy for social and emotional wellbeing and CAMHS in Hillingdon.**
2) **receive the joint commissioning strategy for social and emotional wellbeing and CAMHS at the next Board.**

3. INFORMATION

The level and quality of services in Hillingdon provided to children and young people who have problems with their social and emotional wellbeing or mental health require improvement. As is the case nationally, there is an increase in the rate at which children and young people in Hillingdon are reporting emotional and mental ill health. Recent high profile reports (e.g., Commons Select Committee Report, 2014) and a focus on children's mental health by the media helpfully highlight the level of demand and unmet need for this population group.

Various reasons for increasing demand are speculated including increased pressure on family time and resources, increasing educational pressures and incidence of bullying including by social media. Additionally there has been a national and local baby boom over the last decade and in Hillingdon this equates to the highest rate of children in the population than in any other London borough and nationally at 26.4%. There is a need for commissioners and providers to provide a range of integrated pathways of care across organisations to ensure early intervention and community services effectively prevent behaviours and symptoms escalation into to more acute mental health provision.

Definition of social and emotional wellbeing services and CAMHS Tiers 1 to 4[1]:

Tier 1: provided by professionals whose main role is not mental health, including GPs, HVs, school nurses, social services, voluntary agencies, teachers, residential social workers and juvenile justice workers.

Tier 2: provided by specialist trained mental health professionals including services commissioned from the voluntary sector working primarily on their own but may provide specialist input to multiagency teams. Help young people that have not responded to Tier 1 and provide consultation and training to Tier 1 professionals. Include clinical child psychologists, paediatricians, educational psychologists, child psychiatrists, community child psychiatric nurses, qualified counsellors and therapists

Tier 3: for young people with more complex MH problems. Many Tier 2 professionals also work at Tier 3 in a multidisciplinary team. Include child and adolescent psychiatrists, social workers, child psychologists, community psychiatric nurses, child psychotherapists, occupational, art, music and drama therapists.

Tier 4: for children and adolescents with severe and/or complex problems. In residential, day patient or outpatient settings providing a combination or intensity of interventions that cannot be provided by Tier 3, for example in secure units, or services for eating disorders, sexual abuse and neuro-psychiatric problems.

Hillingdon CAMHS review 2013

In the context of anecdotal evidence of high unmet need, the Council and Central North West London (CNWL) Mental Health Trust undertook a comprehensive review of CAMHS which was completed during 2012/13. The review came to a number of conclusions and identified the following gaps:

- Lack of local needs analysis information to inform priorities
- Limited universal and targeted provision across a fragmented system
- Lack of integrated pathways of care across organisations and step up step down processes
- High rate of referral return
- High rate of children and young people being admitted to in Tier 4 provision
- No mental health specialist provision for children and young people with Learning Difficulties
- Withdrawal or decrease of provision to improve communication, behavioural, developmental and education needs (LBH budgets transferred to schools)
- Lack of crisis intervention pathway and Out of Hours pathways needs review
- Gaps in specialist perinatal mental health pathway

[1] From NSF 2004 and update expectation of good practice (NHS CAMHS Benchmarking Report December 2013)

- Poor transition planning
- Lack of participation structures and mechanisms
- No pooled or aligned budgets

Since the CAMHS review in 2013, there has been limited progress in tackling the gaps identified. Despite the review, there was no comprehensive joint commissioning strategy or action plan developed to maintain improvements in the service. In addition to this, the Hillingdon Healthwatch report (December 2014) further highlighted the level of poor consultation and communication with service users in the Borough.

However, there has been some progress made since the review which can be summarised as follows:

- Public Health have undertaken a CAMHS needs assessment.
- Activity by Hillingdon CCG to develop an Intensive Support (Crisis Management) service and LD CAMHS service via co- production with LBH and CNWL.
- Hillingdon CCG has invested additional resources to develop a specialist perinatal mental health provision. Recruitment successful and in post January 2015.
- Hillingdon CCG has invested in expanded Out of Hours provision following review by NWL health economy.
- Early interventions services developed new programmes for young people, e.g., Swagger, Ichoose.
- Increased DSG investment and range of service provision for children with ASD.
- The Council has funded specialist therapeutic provision for children in the care, post permanency support, children with SEN and post 16 outreach.

Current work being undertaken

Through the Children's Health Programme Partnership, the HCCG and the Council have established a programme across partners and service providers. One of the work streams is *social, emotional well-being and mental health*. This group has coordinated a joint stakeholder event to refresh the work undertaken as part of the review in 2013 and develop a joint commissioning strategy and action plan.

The strategic vision is based on information from the recent JSNA in Hillingdon and is informed by the report by Healthwatch Hillingdon. The intention is to delivery a model identifying how all agencies are required to work together to ensure the holistic mental health and wellbeing needs of children and young people are met. The model will be delivered through three key principals:

1) Universal Promotion and Prevention

Prevention is viewed as an essential mechanism to minimise mental health and wellbeing problems occurring. A holistic universal prevention and promotion approach incorporates the provision of services to support positive parenting and attachment in the early years, delivering programmes to minimise risk, delivering services in and around schools, and within the community.

2) Early Help and Intervention

Taking action to tackle problems that have already emerged and will generally provided within a community setting. Services will be developed to ensure they have the knowledge, skills and

competencies, and provide access to the appropriate specialist advice/consultation. Children and young people will be supported earlier to help prevent mental health issues developing. The developed model identifies the importance of 'pathways' in the delivery of specialist CAMHS.

3) Specialist Therapeutic Intervention

Specialist mental health services will ensure that the problem are assessed in a timely way and, where appropriate, diagnosed and treated in order that the child or young person makes a swift recovery and has follow up support to prevent problems recurring. Care pathways will be developed based on good practice and that acknowledge new evidence. The joint stakeholder working group will meet in early March 2015 to develop an overarching three year delivery plan specifying year one priorities for delivery within each of the objective areas:

I. Universal Promotion and Prevention
II. Early help and Intervention
III. Specialist Therapeutic Intervention
IV. Emergency Assessment and Intensive Community Support/Home treatment
V. Needs of Vulnerable Groups
VI. Improved joint working including joint commissioning arrangements

Governance and Monitoring of Progress

The joint commissioning strategy and action plan will be submitted to the Council's and HCCG governance bodies for agreement and sign off. The Social, Emotional Wellbeing and Mental Health Working Group will project manage the plan and it will be monitored at the Children's Health Transformation Programme Group. The Working Group members include representation from HCCG, LBH (Public Health, social care, Early Help), Healthwatch, CNWL and the voluntary sector. Invitations will also be made to Hillingdon Schools to be represented and the group. The group will meet monthly. As part of the monitoring process, it is recommended that regular progress reports will be provided to the Health and Wellbeing Board, Local Safeguarding Children's Board and Children's and Families Trust Board on a quarterly basis.

4. EFFECT ON RESIDENTS, SERVICE USERS & COMMUNITIES

The joint commissioning strategy is intended to improve the effectiveness and quality of services in Hillingdon provided to children and young people who have problems with their social and emotional wellbeing or mental health require improvement.

The Social, Emotional Wellbeing and Mental Health Working Group includes representation from Healthwatch Hillingdon and further community consultation will be planned as part of the implementation of the overarching delivery plan.

ANNUAL REPORT OF THE LOCAL SAFEGUARDING CHILDREN BOARD 2013-14

Relevant Board Member(s)	Councillor David Simmonds
Organisation	London Borough of Hillingdon
Report author	Lynda Crellin: Independent Chairman
Papers with report	Annual Report

1. HEADLINE INFORMATION

Summary	The Local Safeguarding Children Board is required to produce an annual report that comments on the effectiveness of local arrangements to safeguard children. Working Together to Safeguard Children (revised March 2013) requires that this report is submitted to the Leader of the Council, the local Police and Crime Commissioner, and the Chair of the Health and Wellbeing Board. Ofsted inspection standards assess the LSCB on whether the local governance arrangements enable statutory partners to assess whether they are fulfilling their responsibilities to help, protect and care for children, and also whether this assessment leads to clear improvement priorities.
Contribution to plans and strategies	None
Financial Cost	None
Ward(s) affected	All

2. RECOMMENDATIONS

The Health and Wellbeing Board is asked to:

1. **Receive and note the annual and note the actions identified that are being taken by the LSCB and its constituent agencies to improve the safeguarding of Hillingdon's children and young people, and the concerns raised about the risks to future safeguarding.**

2. **As per the agreed protocol, ensure that the Health and Wellbeing Strategy gives a high priority to safeguarding and promoting the wellbeing of children and young people, and that particular attention is given to improving support for children who experience neglect and emotional harm**

3. INFORMATION

BACKGROUND

3.1. The LSCB is a statutory multi agency body, established with the overall aim of monitoring, overseeing, supporting and challenging the work of all agencies with regard to their responsibilities to safeguard and protect children. It stands independently of other local bodies and its members are senior decision makers from all local agencies who work with children. LSCBs are required to produce an annual report which comments on the effectiveness of local arrangements to safeguard children. (The Apprenticeships, Skills, Children and Learning Act 2009) This is the fifth annual report under the new requirements, and we are required to publish this report by 1 April 2015. Working Together to Safeguard Children was updated in spring 2013, and requires that the annual report be 'submitted to the Chief Executive, leader of the Council and the Chair of the Health and Wellbeing Board'. The annual report was presented to Cabinet and the Community Safety Partnership in February 2015

3.2. The following areas are required elements of the Report (Working Together 2013)

- A rigorous assessment of the performance and assessment of local services
- Identification of areas of weakness and the action being taken to address them, as well as other proposals for action
- Lessons from reviews undertaken within the reporting period, including Serious Case and Child Death reviews
- Contributions made to the LSCB by partner agencies, and details of expenditure

3.3. Council Services and the LSCB were both given a judgement of 'requires improvement' following an inspection carried out at the end of 2013. Many positives were noted. Our own work confirms that, on the whole, agencies respond quickly to act on concerns and there is evidence for sound partnership work on the ground. This is evidenced particularly in activity to prevent trafficking – there is national recognition for the work done in Hillingdon – and to support those at risk of sexual exploitation. Activity in response to allegations of sexual exploitation resulted in a successful prosecution in late 2014, and the joint work was presented to other London Boroughs at the London annual conference in December 2014. Good services are in place to support those affected by domestic violence, and early intervention services have developed and more families are receiving early help assessments. Work around understanding child deaths and managing allegations is strong and there is an effective multi agency training programme

3.4. The Board has responded to the Ofsted findings by the development of an improvement plan that focuses on the seven major recommendations. These cover

- Ensure that there is sufficient time for LSCB meetings
- Improve communication with other strategic bodies
- Improve the Board's scrutiny function through audit and performance monitoring
- Ensure the Board provides effective challenge to partners
- Ensure that children, young people and the community are appropriately engaged
- Ensure the engagement of all partners in Signs of safety implementation
- Ensure that the impact and effectiveness of multi agency training is evaluated

3.5. The Board has now increased the time available for meetings and is now held separately from the Adult Board, although joint work will progress through a sub group reporting to both Boards. Protocols have been developed with a range of other partnerships, including the Health and Wellbeing Board, Community Safety Partnership, Domestic Violence Forum, Youth

Offending Service and Corporate Parenting Boards. Signs of Safety is now embedded across agencies and we have extended our evaluation of training courses on a themed basis

3.6. Actions against the other recommendations are progressing, though not as swiftly as we would like. This depends very much on resources held by the Board and by contributions both financial and in kind by all statutory agencies. Three Serious case Reviews will be carried out in 2014-15 and these place a huge pressure on limited resources. The Council and the Clinical Commissioning Group are the main contributors to LSCB functioning, and a full breakdown can be found in the annual report.

3.7. The Board is continuing to develop its quality assurance mechanisms and has been able to use the audit work carried out for this purpose within the Council and other agencies, as well as multi-agency audits. Improving and acting on our quality assurance mechanisms remains a priority, along with better identification and action in respect of long term neglect, those affected by domestic violence and more effective engagement with children and young people.

3.8. There are however some important risks and concerns. The level of permanent staffing in children's social care continued to cause concern in respect of both service quality and management oversight. The inspection raised issues of assessment and care planning, and the increased number of cases coming to the attention of the LSCB we take as an indicator of these issues. The Council responded in summer 2014 by bringing in a managed service to support front line child protection work. At time of writing this has led to improvements in timeliness of assessments and size of caseloads, although it is too early to assess the impact on quality of work

3.9. It is important that the developing work carried out on the thresholds and early help assessment is backed up by the availability of appropriate early intervention services. Of particular note here is the identification of children and young people at risk of sexual exploitation. Although recent multi agency work has resulted in a successful prosecution, there is some evidence that all agencies could be better attuned to the early warning signs of vulnerability. We hope that the development of the Multi Agency Safeguarding Hub (MASH) at last reaches full fruition in 2014-15 with full multi agency input as this has been shown to be an effective mechanism for ensuring that families receive a service appropriate for their needs.

3.10. In previous annual reports the LSCB has expressed concerns about the availability of services to support the emotional wellbeing of children and young people, including those identified as at risk or experiencing sexual abuse and exploitation. The evidence from the local needs assessment indicates higher than average numbers of young people reporting to A&E because of self harm and alcohol misuse. At the same time lower than average referral acceptances by CAMHS was noted. A recent report by Healthwatch, and our own more limited work with young people, demonstrates this is an area of huge concern for them, as well as being reflected in case reviews. The CCG as commissioners of the service have instigated a review but, in the view of the LSCB, progress has been frustratingly slow and the LSCB is keen to see more services in place by spring 2015 as well as plans to enhance support at tier 2.

3.11. Partnership with Health agencies is strong on the whole, and we hope that the CCG will continue a high level consistent representation at the LSCB. Further work is needed with GPs as providers and with NHS England who so far has not been represented on the LSCB

3.12. There are other areas too that require attention. One is the relationship of the LSCB with schools. Many schools in the Borough have retained strong links with the LSCB but a current serious case review evidences the risk inherent in the schools becoming more independent of

local authorities, alongside a reduction in central support services. This remains an area of development for the LSCB and for schools.

3.13 The Youth Offending Service and The UK Border agency remain strong partners of the LSCB. However, we wish to further to develop this work in order to assess the risk of some key issues such as gang involvement, and female genital mutilation. We do not know enough as yet to assess the impact of these.

3.14. The LSCB is concerned about the high levels of poverty in a comparatively affluent Borough. In the southern wards in particular an estimated 40% of children and young people are identified in the JSNA as living in poverty. This is also the area where there are more children in need and at risk.

3.15. Finally, there is risk to the work of the LSCB in the future due to lack of resource. The current financial allocation does not cover the increasing demand for multi agency training, and there is no contingency for Serious and other case reviews. The Council is the lead contributor including financial and in kind contributions. Negotiations will be taking place with existing and potential funders, such as schools, to try and improve this position. In addition, an independent review currently underway of the Safeguarding Adults Partnership Board will look at possible synergies and efficiencies across the two.

4. EFFECT ON RESIDENTS, SERVICE USERS & COMMUNITIES

What will be the effect of the recommendation?

4.1 The recommendation will provide a way forward to agree a Hillingdon BCF plan in accordance with national guidance.

Consultation Carried Out or Required

4.2 The draft plan has been developed with key stakeholders in the health and social care sector and through engagement with residents.

Policy Overview Committee comments

4.3 None at this stage.

5. CORPORATE IMPLICATIONS

Hillingdon Corporate Finance Comments

There are no direct financial implications from this report, although it does highlight the potential risks to safeguarding of reduced resources

Hillingdon Council Legal comments

None directly from this report.

6. BACKGROUND PAPERS

NIL.

HILLINGDON LOCAL SAFEGUARDING CHILDREN BOARD

ANNUAL REPORT

2013-14

EXECUTIVE SUMMARY

Background:

This report covers the work of the Hillingdon LSCB for the year 2013/4. It highlights the main achievements in safeguarding Hillingdon's children and young people and identifies the priorities for the following year and beyond.

The Hillingdon LSCB is the key statutory mechanism for agreeing how the relevant organisations in Hillingdon cooperate to safeguard and promote the welfare of children and for ensuring the effectiveness of what they do.

The purpose of the report is to critically analyse and report on the previous year's performance and to set out the Board's priorities and plans for the following year.

In December 2013 Children's Social Care and the LSCB were inspected by Ofsted. The Board had, just prior to this, commissioned an independent review of its structure and operations.

Although many strengths were identified both the Board and Children's Social Care were graded as "Requires Improvement".

Summary:

The year has been characterised by the consolidation of change and upheaval in partner organisations, alongside continued reorganisation within Council services for children.

Although the number of children subject to child protection plans has stabilised. It has been at a higher level than in previous years and workloads have remained high. There is evidence of strong practice in many areas but the challenging problems of domestic violence, mental health problems among both parents and children and difficulties in identifying and resolving long-standing neglect remain. In addition national and local cases have continued to focus our minds on important issues such as sexual abuse and exploitation.

The Priorities for 2013/4, what they were and what we did:

Priority 1: Improve LSCB functioning

Working Together 2013 was adopted
Revised London Child Protection Procedures were adopted
A limited survey of the views of young people undertaken
A Business and Improvement Plan was agreed
Early Help assessment model was adopted

Signs of Safety conference model was implemented.
An on-line staff survey was undertaken in 2013.
Safeguarding training was provided to 70 staff and volunteers in 6 mosques and madrassahs.
A named safeguarding GP was appointed who runs weekly sessions with children.
Head teacher groups represented on LSCB.

Priority 2: Assess and improve operational practice.

The London Board threshold of need was adopted.
A single assessment process was launched in November 2013.
A quality audit programme was initiated and some auditing undertaken
Single agency audits were undertaken for the work of the year for reporting in this Annual Report.

Priority 3: Improve outcomes for children affected by key risk issues

Operational practice regarding children trafficked has been monitored through a joint group with Heathrow. This work has been commended by the Office of the Children's Commissioner.
Systems were put in place to monitor those young people thought to be at risk of Child Sexual Exploitation (CSE), this led to arrests and a successful prosecution.
Services to children affected by domestic abuse were reviewed and the Multi-agency Risk Assessment Conference (MARAC) arrangements were commended by Ofsted.
Increased awareness among young people and their parents of e-safety via cyber-mentoring and a newsletter for schools.
Improved scrutiny of children living in a home where there is acute mental illness or substance misuse via a joint protocol between adult and children's services.

Priority 4: Ensure a safe workforce:

An e-learning module on safer recruitment was rolled out.
A pilot was undertaken on assessing the impact of learning and a recommendation made to the LSCB that this should be rolled out.
Improve scrutiny of multi-agency training by a six-monthly report to the LSCB
Strong promotion of the Local Authority Designated Officer (LADO) role to schools
New guidance developed and agreed on DBS checks and the Protection of Freedoms Act. The website guidance was updated accordingly.

Priority 5: Learn from Serious Case Reviews:

The Child Death Overview Panel (CDOP), jointly arranged with Ealing has continued to operate effectively and to gain and disseminate learning.
Sessions were delivered to staff on key issues from national Serious Case Reviews.

Governance:

The LSCB operated during 2013/4 in accordance with Working Together 2013. All statutory agencies have reported on their internal safeguarding governance arrangements. Over the year there were eleven sub-groups that covered specialist areas; this was reduced to four following the review. Attendance at meetings was broadly good, although capacity issues in some agencies put pressure on their attendance

Financial Arrangements:

All statutory Board partners provide funding and considerable "in-kind" contributions are made by Children's Social Care. However, the budget is under considerable pressure and a review of funding is urgent.

The Effectiveness of Local Safeguarding Arrangements:

The following are available to the LSCB as means of assessing the effectiveness of safeguarding in the Borough: A Partnership Improvement Plan (measures the actions from inspections and audits), Performance Profile, Business Plan and sub-group action plans and audits. All are considered by the Board throughout the year. In addition the Board considers the outcomes from partner regulator inspections.

Statutory requirements

The LSCB is required to assess the effectiveness of multi agency training. This is done through half- yearly reports from the training sub group so that the Board can have oversight of the multi agency training programme, which is generally evaluated highly, though our capacity to deliver is outstripped by demand.

The LSCB is also required to carry out Serious Case Reviews as necessary. None were held in 2013-14 although two, and a possible third, will be instigated in 2014-15. Two case reviews that did not meet SCR criteria were carried out alongside multi agency case audits. These were used to make recommendations to improve practice. The Child Death Overview Panel continued to operate effectively and lessons learnt were disseminated across the Borough.

Potential risks to Safeguarding:

At a time of austerity the resources available to each organisation are under pressure and partner agencies are reorganising in the light of this. Both bring their risks. The LSCB remains concerned about the lack of sufficient competent and permanent staff, particularly in social care, though notes that steps are being taken in 2014 to improve this. The LSCB has also identified a

lack of coordination of Early Intervention work and hopes to see an improvement in this over the forthcoming year as new developments take effect.

The presence of Heathrow in the Borough brings risks in respect of a transient population, particularly risk of trafficking, and exploitation. However, the tripartite relationship between the airport, LBH and the LSCB is an excellent one that works well to reduce the risks.

Potential Opportunities to Improve Safeguarding:

In spite of the changes and staff turnover the children's workforce is known to be both skilled and committed, there is much evidence of good communication between agencies and good work undertaken with children, young people and their families. The development of the children's pathway programme and key worker system, supported by the shared assessment and referral process, should ensure better identification of the need for early help and allow for the coordination of early help services at the first possible opportunity.

The Signs of Safety conferencing arrangements are a proven way of improving assessments and properly involving families in the assessment process and the roll out of this is 2014 is a positive move. The LSCB has also been pleased to note the appointment of a dedicated quality assurance manager in Children's Social Care, which has brought an additional level of scrutiny to the agency.

Priorities for 2014 onwards:

The "Requires Improvement" grading from Ofsted was accepted and considered to be realistic.

A Business Plan detailing the work in progress is available to all Board partners. It encompasses the improvement plan following the inspection by Ofsted and is reviewed at each Board meeting and, in detail, by the newly formed Executive group.

The action plan arising from the Ofsted inspection includes the following priorities for the LSCB in 2014-15

- Ensure that time allocated to LSCB meetings is sufficient for partners to effectively undertake its work.
- Improve the communication with other strategic bodies, including the Health and Wellbeing Board, to ensure strategies aiming to improve the lives of children and young people are effectively coordinated.
- Ensure that the LSCB effectively evaluates safeguarding performance through audit and performance monitoring of multi-agency activity, and make sure evaluation is used to improve services.
- Ensure that the LSCB provides effective challenge to partners and holds partners to account to improve safeguarding outcomes for children and young people.

- Ensure that children young people and the community are appropriately engaged in the work of the LSCB, strategically and operationally, so that its work reflects their views.
- Ensure that partners are appropriately engaged in developing and delivering multi agency aspects of the Signs of Safety approach to risk management, so that there is full multi agency engagement in identifying risks and strengths to keep children safe.
- Ensure that the impact and effectiveness of multi agency training is evaluated so that its effectiveness can be assessed and improved.

Issues for partners

A significant challenge to improvement is the ongoing lack of permanent staff in Children's Social Care, however this has been addressed to some degree by the decision of the Council to bring in a managed social work service, it is hoped that this, together with a decrease in caseloads will enable social workers to improve the quality of assessment and Care planning for children in need and those looked after or leaving Care.

A small but significant increase in the number of cases referred to the Serious Case Review Panel indicates some concern about casework among vulnerable children and young people.

It is important that the work carried out on threshold and early intervention services improve the coordination of early intervention for families in need, and this must be backed up by the availability of services. Although there has been a strong commitment to the MASH from Children's Social Care and the police other agencies need to be fully engaged and the LSCB is keen to see an escalation of progress for this over the next period.

For some years the LSCB has expressed concern regarding the effectiveness of the local Child and Adolescent Mental Health Service (CAMHS), this concern is heightened by evidence in the current JSNA that the Borough has identified higher than average numbers of young people reporting to A & E after self-harm and alcohol misuse and a lower than average acceptance of referrals by CAMHS. Monitoring improvements in this area are of high priority for the LSCB.

The relationship between the schools and other education providers and the LSCB needs to develop further with a clear focus on all groups of vulnerable children and young people in, and out of, education.

The partnership with Health is a strong one but further work is needed with GPs as providers and with NHS England who are not represented on the Board.

There has been much positive work with Youth Offending, the Police and UKBF to identify and support young people at risk, we need to ensure that this continues and that the risks, including that from gang culture, are properly assessed.

There has been no reduction in the impact of some of the more intractable problems such as domestic violence, mental illness and substance misuse among parents, and some long-term neglect, often not identified until adolescence.

The LSCB itself has struggled to resource its work and an anticipated increase in Serious Case Reviews will require a review of the LSCB resourcing. This has also hampered the ability of the LSCB to undertake a full multi-agency training programme and the amount of auditing that we would have liked.

The LSCB is also concerned about the high levels of poverty in the Borough, particularly in the southern wards where over 40% of children and young people are deemed to live in poverty. The figure for the Borough as a whole is over 24% which is high for one of the more affluent London boroughs.

Hillingdon Local Safeguarding Children Board

Annual Report

2013 – 14

'That every child and young person is as safe and physically and emotionally secure as possible, by minimising risk of harm as much as we can.'

INDEX

1 INTRODUCTION

This report covers the work of the Local Safeguarding Children Board (LSCB) during 2013-14, and any significant developments that took place in the early part of 2014-15. It highlights the main achievements in safeguarding Hillingdon's children and young people, and identifies the priority areas for improvement for the following year and beyond. All statistical information included covers the period April 2013 to end March 2014, but we have also included significant developments from the first half of 2014-15

The main purpose of the LSCB is laid out in 'Working Together to Safeguard Children' (HM Government 2013). It is the key statutory mechanism for agreeing how organisations in the area work together to safeguard and promote the welfare of local children, and for ensuring that they do so effectively. This latest version of the statutory guidance, based on the outcome of the Munro Review, was long awaited. This represented a radical shift in the way in which the child protection system operated in England. It includes a new approach to the oversight of Serious Case Reviews, new guidelines for assessing the needs of vulnerable children, and a huge reduction in the level of national child protection guidance.

The LSCB consists of senior managers and key professionals from all agencies who work with children and young people in Hillingdon. They work together through the Board to make sure that staff are doing the right things to ensure that children are safeguarded. It ensures that key professionals are talking to each other and that children and their families and all adults in the community know what to do and where to go for help. Many of the LSCB's responsibilities therefore consist of setting up and overseeing systems and procedures

The Board regularly checks to make sure these are working well and that professionals are fulfilling their safeguarding responsibilities effectively. The main focus of our work is to ensure the safety of those most at risk or potentially most vulnerable. Through this report, and through the Hillingdon Children and Families Trust, the LSCB also recommends appropriate action to ensure that preventative work is identifying and working with those most at risk of future harm.

In December 2013 Hillingdon was inspected by Ofsted. We were among the first four authorities to be inspected under the new regime, which combined an inspection of local authority services for children in need of protection, looked after and adoption services, alongside a separate inspection of the LSCB for the first time. The judgement for both the local authority and the LSCB was 'requires improvement'. Many strengths were identified, along with areas for improvement of which we were aware. The implementation plan arising from that inspection has formed the basis for our business plan for 2014-15.

Coincidentally an independent review of the LSCB had been commissioned before we received notification of the Ofsted inspection. The review was carried out and confirmed in large part the Ofsted findings. Recommendations from the independent review have been incorporated into the implementation plan.

The year has been characterised by the consolidation of change and upheaval in partner organisations, alongside continued reorganisation within Council services for children.

Although the number of children with child protection plans has stabilised, it has been at a higher level than in previous years and the workloads have remained high. There is evidence of strong practice in many areas but the challenging problems of domestic violence, mental health problems among both parents and children and difficulties in identifying and resolving long standing neglect remain. In addition, national cases have continued to focus our minds on important issues such as sexual abuse and exploitation.

A great deal has been achieved by partner agencies in Hillingdon, and this has been confirmed by inspection and audit. All agencies demonstrate a strong commitment to safeguarding. However, the potential risks identified above make it even more critical that everyone is working together as efficiently and effectively as they can, and that resources are targeted towards those most in need.

Lynda Crellin

Independent Chairman 2014

2 LOCAL POPULATION AND TRENDS

Hillingdon is the second largest of London's 32 Boroughs. It had a population of approximately 273,900 at mid 2012 of which 26.2% were under 19. This proportion is slightly higher than England and London. There has been an actual and projected increase in numbers of very young children, and families with the 5-9 age group projected to rise the most over the next few years. However, these growth rates are not very different from London as a whole.

About 46% of the resident population and 49% of the schools population belong to an ethnic group that is not white British and this diversity is expected to increase, especially among the very young, reaching a projected 50% by 2016. 26.3% are Asian/Asian British, 11.1% Black or Black/British, 8.5% mixed. Thirty four languages were recorded in Hillingdon schools with just under 40% having a first language that is not English

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**.** Wards in the south of the Borough also have a much higher proportion of young people, and also much higher numbers who are not white British. Heathrow airport is located entirely within Hillingdon boundaries and this has a major impact, particularly in respect of children and young people who pass through the airport. Close and effective multi-agency work has led to Hillingdon being considered a national leader in the field of protecting children and young people from potential and actual trafficking.

Child Population Profile: There are significant variations in the population of children and young people across Hillingdon, with more younger people in the south of the Borough, and also higher proportions who are from ethnic minority groups (about 75% in Hayes and Harlington, compared to about 37% in Ruislip and Northwood). About 45% of children and young people in Hillingdon are White British, 26% Asian or Asian British groups, 11% Black or Black British groups, 9% in any Mixed group, 5% other White groups, and 4% in Other groups. Almost 40% of the school population do not have English as their first language. Over the last 10 years the proportion of children born to mothers who were born outside the UK has risen to over 50%, with the biggest increases in births to mothers born in Asia and the Middle East and in countries which joined the EU since 2004.

Poverty: Over a quarter of children aged 0-15 in Hillingdon are deemed to be living in poverty, including over 40% of children in several wards in the south of the Borough, and 19% of school age children are eligible for free school meals.

Vulnerable Groups: Some groups of children and young people are more vulnerable than others to poor health, educational and social outcomes. In Hillingdon 5,600 children were deemed to be in need throughout 2012/13, and this number has increased in each of the previous 3 years. The most common

primary need identified was abuse or neglect, followed by absent parenting which was the primary cause in almost 20%, probably related to the number of Unaccompanied Asylum Seekers who become the responsibility of Hillingdon Borough through Heathrow airport.

Disabilities: Around 8% of children in need in Hillingdon have a disability, the commonest being learning disabilities, mobility and communication problems. More data on childhood disability in Hillingdon is awaited, but estimates based on national data suggest that 3.0- 5.4% of children and young people (about 2,300 - 4,100) are likely to have some form of disability. Disabilities are more common among children from more deprived socioeconomic groups, and there are more boys than girls with disability at all ages.

Education: The January 2013 school census found that a total of 1,177 pupils attending Hillingdon schools (2.9% of the total school age population) had a statement of Special Educational Need (SEN), and 2,429 (6.5%) were subject to School Action Plus (meaning that the school receives external help for the child.) The commonest category of SEN is speech, language and communication needs and significant numbers also had behaviour, emotional and social difficulties, with smaller numbers with Dyslexia, moderate learning difficulty and Autistic Spectrum Disorder. In several wards in the south of the Borough and in Harefield over 24% of the school population were assessed as having SEN. Statemented pupils in Hillingdon appear to achieve less good educational outcomes than nationally, but this difference is much more marked at Key Stage 2 than at Key Stage 4. Children with some types of learning difficulty are also at significantly increased risk of mental health problems and estimates based on national research and local information suggest that 2.6% - 3.5% of children and young people aged 5-18 in Hillingdon will have both a learning difficulty and an emotional or mental health problem, equivalent to about 480-620 children and young people.

In 2012 around 320 young people in Hillingdon aged 16-18 were thought to be not in education, employment or training (NEET), which represents 3.6% of the population of that age, a lower proportion than in London or England. This proportion has fallen from 5.7% in Hillingdon over the previous 6 years. The largest numbers of the NEET cohort live in Botwell, Townfield, Uxbridge South, West Drayton and Yiewsley, and White British are over-represented in this group. In the 2011 Census 2450 (2.6%) of those aged under 25 in Hillingdon reported that they were unpaid carers, with the highest proportions in Hayes and Harlington and lowest in Ruislip and Northwood. Data provided by the Hillingdon Carers service suggests that there are Young Carers as young as 5 in Hillingdon. 253 school children living in Hillingdon were identified as Traveller children in the 2013 school census, 47% of whom were identified as having some special educational need.

Child Deaths: In total there were 151 child deaths in Hillingdon over the 5 years 2008-2014, about 60% of which occur under the age of 1, and just under 20% in older teenagers aged 15-19. Most infant deaths are due to perinatal or congenital causes. The commonest single cause of death in older children is external causes, accidents and injuries, and adolescent boys are particularly at risk.

Hospital Admissions: The rate of hospital admissions of young people aged under 18 for alcohol specific conditions (those which are causally related to alcohol) is higher in Hillingdon than the rest of London, and the trend has fallen only slightly in the last few years.

Teenage Pregnancy: There has been a significant decline in rates of teenage pregnancy since 2007, which has been even more marked in Hillingdon than in the country as a whole.

CAMHS: Over 1000 children aged 2-18 were referred to Tier 3 CAMHS in 2013/14, of whom 55% met the service's referral criteria and were seen. The number of referrals increases with age and there appear to be more White British children seen in the service than would be expected from the ethnicity profile of children and young people in Hillingdon. Almost one-quarter of those seen had hyperkinetic disorders, 12% had other behavioural and emotional disorders, and 11% other anxiety disorders. Estimates based on national data suggest that the numbers who used CAMHS services in Hillingdon are about half that expected for Tier 2 and Tier 3 services, and about two-thirds that expected for Tier 4. In 2012-13, 112 young people aged 10-24 in Hillingdon were admitted to hospital as a result of self-harm. This rate has remained stable over the last 5 years and is significantly lower than the England average. However the number of young people referred to CAMHS from Hillingdon A&E due to deliberate self-harm has increased more than 2.5-fold between 2008/9 and 2013/14, but it is not clear whether this discrepancy between referrals and admissions is due to changes in recording or referral practice, in the population of young people involved, or to increases in the rates of self-harm. However it is clear that there are currently significant numbers of young people who self-harm and this is a concern. Some groups such as young South Asian women are known to be at increased risk.

A&E Attendance: Almost half of all 1-18 year olds attending A&E were children aged 1-5, and among these younger children injury and poisoning are the commonest reasons for attendance, followed by respiratory conditions.

Educational Outcomes: Data on educational outcomes shows that levels of development at the end of reception year are lower for Hillingdon than in Outer London or England. However at Key Stage 1 and Key Stage 2 overall achievement in Hillingdon is better than that for England and in most areas similar to or slightly better than that for Outer London. At Key Stage 4 overall achievement is still better than England in most areas but has fallen below that of Outer London. The exception is for White pupils who fare worse than the England average, and this is particularly marked for White boys in Hillingdon.

Commentary.

Although, by and large, Hillingdon offers young people a good place to grow up there are some particular concerns. There is a danger that the overall affluence of the Borough can mask the difficulties for some. That 25% of children aged 0-15 live in poverty with up to 40% in some wards is a particular concern given what we know about the potential outcomes for these children.

There also appear to be higher rates of hospital admission for self-harm and alcohol related incidents amongst children and young people than we would

expect. This is particularly concerning when linked with lower than average referral acceptances by CAMHS. This will be of particular scrutiny during the forthcoming year.

Although children missing education are lower than some other areas, the LSCB plans to obtain more information about these, and children educated at home as potentially vulnerable groups.

3 WHAT WE HAVE DONE

What we planned to do – our key priorities

A new business Plan for 2011-14 was agreed by the LSCB in spring 2011. Five priority areas were agreed, based on analysis of current information and trends, along with key Government agendas.

The five priority areas of work are detailed below, with a summary of work completed against those priorities during 2013-14.

During the year the capacity of the LSCB to carry out some of its tasks were compromised by the absence of a dedicated Business and Development Manager. Time allocated to the Board had historically been used for direct training delivery but in future training will be commissioned externally, thus releasing time for dedicated business management. Maintenance of good practice continued in areas such as multi agency work on missing, trafficked and exploited children, but little time was available for LSCB development activity. This was reflected in the Ofsted findings and has been addressed for 2014.

What we planned to do at beginning of 2013-14	What we did
Priority 1 Improve LSCB functioning	
Implement Munro recommendations and Government guidance as required	"Working Together 2013" was adopted and built into multi agency training Revised London procedures were adopted Jan 2014 Early Help assessment developed, agreed and implemented Signs of Safety adopted and plan developed. Revised plan produced following Ofsted inspection and full roll out took place July 2014. Positive early feedback from professionals and families
Find ways of assessing LSCB effectiveness	Independent review of LSCB carried out, alongside Ofsted inspection. Findings incorporated into implementation plan
Incorporate views of children and their families and staff into the work of the Board	Very small survey carried out among young people going off CP plans. Changes in conference processes

	adopted in response
Improve ways in which LSCB communicates with professionals and the public	Online survey carried out among staff summer 2013 Responses incorporated into business plan
Raise awareness of abuse linked to faith or belief	Safeguarding training delivered to 70 staff and volunteers in 6 mosques and madrassahs Specialist DV Health Visitor undertook training with faith groups.
Continue to improve data available to the LSCB	Further improvements still required to LSCB data set. Carried forward to 2014 and picked up by the Performance and Quality Assurance sub-group
Improve engagement with GPs as providers	Named GP appointed in spring 2014. One session per week for children Relevant safeguarding issues incorporated in GP training programmes and successful master class held at GP Forum Audit tool on safeguarding practice sent to all GPS. Poor response but increase in requests for level 3 training and bookings from GPs
Improve governance links between LSCB and Health agencies, and with other Boards	CCG well represented on Board Annual Report presented to Health and Wellbeing Board and development of protocol agreed. Signed off at LSCB June 2014, HWBB July 2014 Annual report presented to Community safety Partnership
Maintain and develop links with schools as they become more independent of the local authority	Head teacher groups represented on LSCB Third safeguarding cluster set up

Priority 2 Assess and improve operational practice	
Ensure all agencies fully understand social care threshold criteria	London Board levels of need adopted Revised Threshold criteria and assessment protocols developed and agreed by LSCB March 2014. To be tested in practice Case review used as practice example in development of early intervention service
Develop single holistic assessment process in line with Government guidance	Developed and launched in November 2013.
Develop a quality audit programme for LSCB multi agency learning	Small number of cases audited by Risk panel and reported. Quality audit programme agreed for 2014
Carry out audits and report on single agency audits	Single agency audits reported June 2014 and included in annual report Schools audit carried out and reported
Establish system for responding to 'stuck' and concerning cases	Included in terms of reference for Risk Panel, but this needs to be further reviewed as part of Improvement Plan
Priority 3 Improve outcomes for children affected by key risk issues	
Continue to maintain and improve operational practice in respect of young people potentially at risk of trafficking	Maintained though operational group. Hillingdon has been quoted in DfE guidance on missing children/trafficking Commended by Children's Commissioner following visit May 2013 and August 2013. This in response to representation about planned Home Office changes to assessment of unaccompanied asylum seekers

Improve identification and support for those at risk from sexual exploitation Improve identification and support for missing children and runaways Improve practice in respect of those at risk of gang activity	All included in strategic and operational groups Terms of reference of operational group updated to include recommendations from national strategy re sexual exploitation Schools officers have completed training on gangs and are delivering to secondary schools Some young people identified as at risk. Good local multi agency practice supported those young people and joint investigations have led to legal action. This extensive operation continues into 2014
Review services for children who experience domestic violence and suggest improvements	Review carried forward. Services for families affected by domestic violence assessed positively in the Ofsted inspection of November 2013, "MARAC are well established....inspectors saw evidence of appropriate communication between police and children's social care through MARAC and this is helping to protect children".
Increase awareness among young people and parents of e-safety issues and what to do	Cyber mentor scheme up and running in schools. Newsletter for schools includes relevant information about CEOP APP
Monitor compliance with private fostering procedures	LSCB has received regular reports through the year on private fostering. Procedures complied with in respect of notifications made, but notification numbers are still low. Short life task group agreed at LSCB to report Sept 2014
Improvements for children living with adult mental illness/substance misuse	Joint protocol across adult and children's services agreed Reciprocal surgery arrangements in place across children's social care and adult services/drug and alcohol services

Priority 4 Ensure a safe workforce	
Provide support and training for universal services	Promoted through e-learning module e- learning module on safer recruitment rolled out
Develop ways of assessing access to and impact of training	Pilot training tool used and recommendations brought to LSCB June 2014
LSCB to improve oversight of multi agency training	Half year report to LSCB who agreed content of multi agency training programme 2014-15
Continue to improve response to allegations against staff	Government guidance disseminated to schools
Implement Signs of Safety across Partner agencies	Training and briefings carried out across partner agencies Updated implementation plan developed early 2014 and roll out took place July 2014
Enhance support to front line managers	Each agency has developed this as appropriate
Ensure safer recruitment	New guidance developed and agreed on DBS checks and protection of freedoms Act Safer recruitment guidance updated
Priority 5 Learn from Case Reviews	
Continue to raise awareness of practice issues arising from unexpected child deaths and serious case reviews	The Panel is jointly funded by Hillingdon and Ealing and works across both boroughs
Disseminate learning from SCR and other case reviews to all staff	Sessions delivered for staff on key national SCRs

4 GOVERNANCE AND ACCOUNTABILITY ARRANGEMENTS

Operation

The LSCB operated during 2013-14 in accordance with Working Together to Safeguard Children 2013.

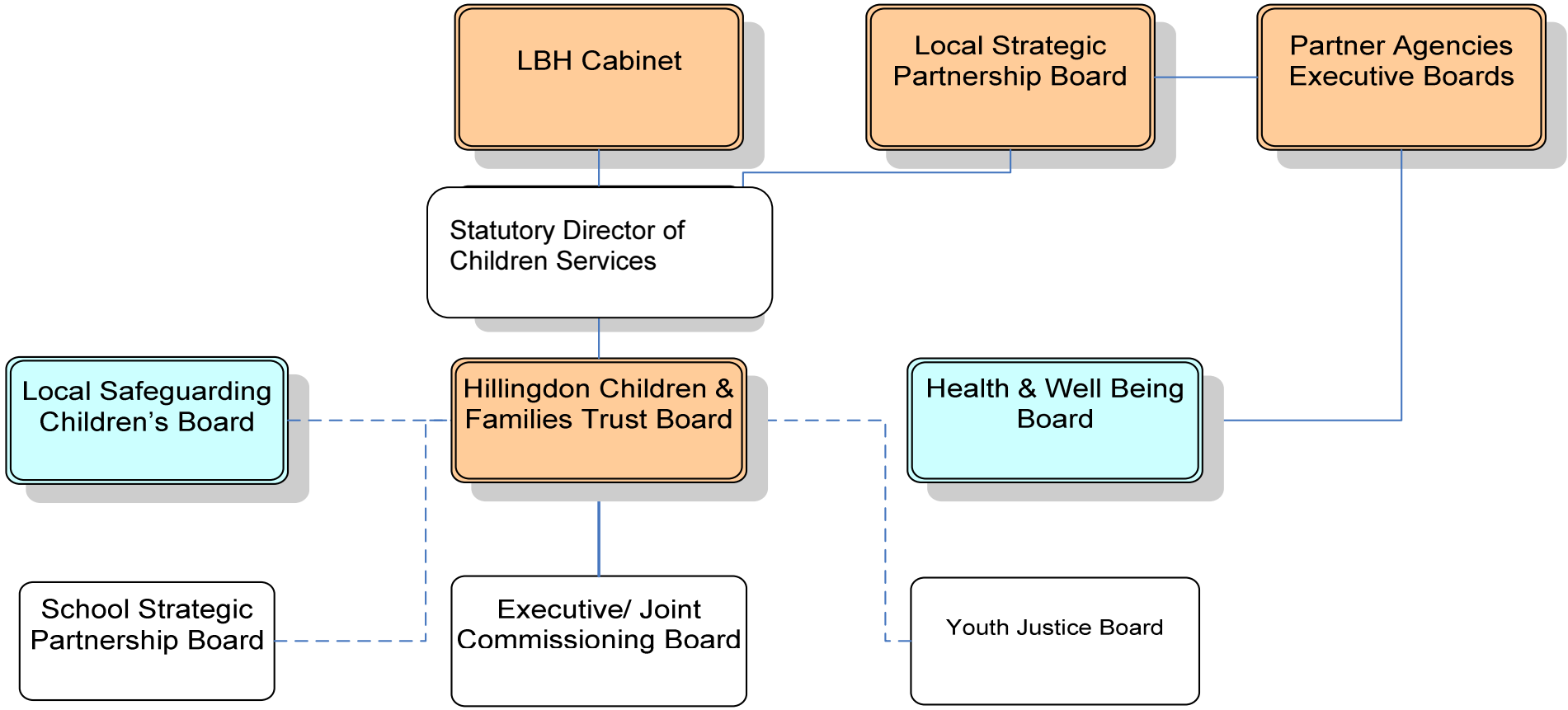
There were 11 sub groups of the LSCB who met between Board meetings and took responsibility for actions identified in the Business Plan. The Domestic Violence Forum is a Council led body that sits outside the LSCB governance structure, so joint work is taken forward through the Community Engagement sub group. Following review the LSCB has reduced the number of sub-groups to four, with some additional "task and finish" groups for the year 2014/5.

Sub group chairs and LSCB officers meet between meetings with the chairman to undertake detailed planning for the Board and to monitor progress against the Business Plan and Partnership Improvement plan (PIP).

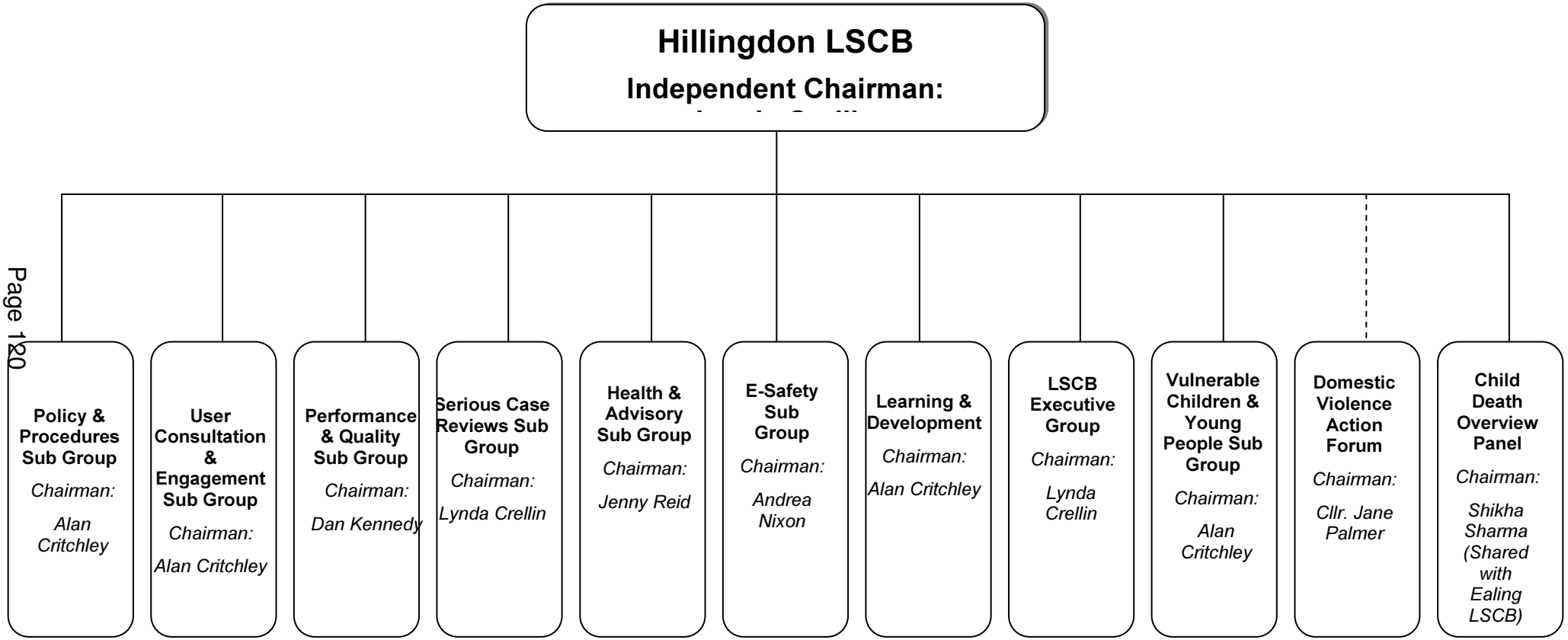
Although there is no longer a statutory requirement to have a Children's Trust, the Hillingdon Children and Families Trust Board (HCFTB) continues to meet in order to oversee the Children and Families Plan. The LSCB chairman sits on the HCFTB and though regular updates ensures that the HCFTB is kept abreast of key safeguarding issues and that these can influence the Children and Families Plan and the work of the HCFTB.

This annual report will be presented to Council Scrutiny Committee, to Cabinet, to the Health and Wellbeing Board and to the Community Safety Partnership. It will feed into the Local Strategic Partnership Board (LSP) through the HCFTB.

Closer links had been made with the Safer Adults Partnership Board (SAPB) and the potential identified for some joint work including a scrutiny of domestic violence arrangements, and the development of preventative services for families. A new Adult and Children Safeguarding sub-group set up in 2014 will take forward the cross-over working.



THE STRUCTURE OF HILLINGDON'S LOCAL SAFEGUARDING CHILDREN BOARD



Membership

The LSCB is a large, inclusive and generally well attended Board, supported by strong sub groups. Overall attendance during 2013-2014 was 75%, with CAIT, schools, Local Authority, CCG, Hillingdon Hospital Trust, Hillingdon Community Health and Public Health showing 100% attendance. Probation and Borough Police showed a lower attendance of 25%. Cafcass were unable to send a representative. The Executive member acts as participant observer on the LSCB in order to ensure he is able effectively to discharge his political accountabilities. He and the Chief Executive attend on an occasional basis and receive papers. We are currently in negotiation with NHS England (London region) about their representation. Full membership 2013-2014 is attached as appendix 1.

Independent Chairman

There is an independent LSCB chairman who operates within a protocol agreed by the Board and based on that recommended by the London Safeguarding Board. The Chairman reports to the Chief Executive of the Council. The chairman meets regularly with the Chief Executive, Director of Children's Services, Cabinet Member, and senior managers from partner organisations.

Relationship to agency boards

Each of the statutory agencies has its own safeguarding governance and audit arrangements, summarised below. Key agencies are asked to complete an LSCB audit each year summarising their internal findings and key issues for the LSCB.

Hillingdon Council

Social Care

The Council was represented on the LSCB by the Director of Children's Services. Most of the statutory indicators for safeguarding rest with social care and these are monitored monthly and also shared with the Corporate Management Team, Chief Executive and Lead Members on a quarterly basis. The Cabinet Member and Chief Executive receive monthly updates on local safeguarding issues and attend regular safeguarding meetings with senior officers across children's social care, education, youth and early years services. The Children's, Young People and Learning Policy Overview Committee reviews key safeguarding areas – the most recent of these being children missing from care and social care audit report. Recommendations are incorporated as appropriate in the LSCB work plan. This annual report will be presented to Policy Overview Committee and Cabinet.

Internal Governance arrangements

The statutory Director of Children's Services has maintained oversight of key services relating to safeguarding children, via a monthly meeting with the Cabinet Member for Education and Children's Services and the Chief Executive. This monthly mechanism of regular reporting has enabled the prioritisation of child protection work, and allied safeguarding issues to be constantly reviewed, in the light of local circumstances. The monthly review

includes a performance scorecard which enables the Chief Executive, Cabinet Member and Director of Children's Services to have scrutiny of child protection activity on the ground.

Allied to this monthly meeting, there is a six monthly report made to the Corporate Management Team (CMT) across directorates within the Council. This report is also presented to the Policy Overview Committee (POC) to ensure oversight of children safeguarding performance within the Council.

Running alongside the performance scorecard has been a quality audit programme, which has also helped to strengthen safeguarding and highlight areas for improvement. The findings from these audits are reported to POC on a quarterly basis.

One of the key issues for improving and strengthening child protection practice is the quality of management oversight and supervision provided to front line social workers.

Schools

Schools audit April 2013-April 2014

The schools safeguarding audit was distributed to all schools in April 2013 for completion by April 2014.

The return from schools was poor initially but after prompting through the Primary forum and the Hillingdon Association of Secondary Heads (HASH) the return was increased slightly but to only 41%.

There were no concerns raised through the audits received and schools felt that the process was useful and the audit helped inform the annual report for their Governing body.

The safeguarding audit has been revised for 2015 to incorporate the recommendations from the recent publication, 'Keeping Children safe in Education'. This will be presented at the Primary, Secondary and Governor forum prior to circulation in 2015 to allow the schools time to incorporate it in their work plan.

A Serious Case Review has been commissioned in 2014 which will further inform our work with schools

Early Intervention Services

Strategic achievements secured in 2013 - 2014

- Work has continued across the partnership to meet the operational objectives of the early intervention and prevention strategy.
- The development of a service delivery framework for early intervention that enables existing services to be mapped against and organised within the continuum of need.
- The development, introduction and application of Early Help principles and processes including the Early Help assessment and the application

of the Team around the Family process. We have seen increased application of these processes across the partnership. As a consequence more families are benefiting from effectively coordinated Early Help;

- The establishment of the Family Centred Network South and the initiation of the Family Centred Network North. A Family Centre Network is a partnership group of service providers working together to deliver a coordinated programme of services that respond to the support and development needs of families, children, and young people in a local area. This involves supporting families, children, young people, and communities to manage commonly-occurring risks through preventative inputs, so family members can progress towards positive outcomes. The model is proving successful in the south of the Borough with over 40 organisations mobilised and is now being replicated in the north.

Achievements of the Council's Early Intervention Services in 2013/4

Children's Centre and Early Years Services

- The successful introduction of a new locality-based model of practice for Children's Centres which has seen localities collaborate and jointly commission services in response to locally identified need;
- The introduction of 'five to thrive', an evidence based prevention programme that supports children's brain development and parent: child relationships through parents adopting 5 key behaviours: Respond, Cuddle, Relax, Play and Talk;
- Increased take up of Children's Centre services by targeted / vulnerable families – 80,822 places filled by targeted groups (67,353 in 2012/13).
- Increase in new family registrations with Children's Centres 6,407 (2,947 targeted families) up from 3,964 (2,083 targeted families) in 2012/3.
- Increased take up of funded places for vulnerable 2 year olds from 37% in September 2013 to 70% in June 2014.

Youth Work and Youth Support Services

- The introduction and expansion of 'I-Choose' and 'Unique Swagga' programmes which provide informal learning opportunities for vulnerable boys and young men and girls and young women. Outcomes for the 270 participants thus include confidence and self-esteem development and risk avoidance and management techniques;
- The establishment of Mosaic, a partnership project to meet the needs of lesbian, gay, bi-sexual and trans-sexual young people;

- Supporting 440 young people with emotional and psychological difficulties through the provision of 1 to 1 counselling by Link Counselling Services;
- Addressing substance misuse amongst young people through the provision of counselling and signposting, informal education information and advice sessions for over 1,000 young people;
- Supporting over 1,000 young people to avoid risky sexual activity and to develop positive relationships through the provision of KISS sexual health services;
- The delivery of the CLEAR programme, a sexual health and peer education programme targeted at 16+ students in London Borough of Hillingdon and the training of 16 peer educators; and
- The introduction of adolescent substance misuse awareness training for parents. 32 parents of teenagers have received parenting support from 'Sorted' substance misuse services. This includes group work at Northwood Young People's Centre and support for foster carers. Sorted have also provided one to one support, information and advice by telephone and to parents who have asked for additional information after the group work sessions.

Family Information Services

- The development of the Family Information Service on-line directory;
- Targeted outreach work to support and encourage take up of the 2 year old offer of childcare to vulnerable families; and
- Expanded use of social media to communicate with families.

Education Welfare

- The service has carried out successful joint work with the Local Area Designated Officer (LADO) to challenge 3 independent education provisions that had established themselves in Hillingdon without regulation.
- The service has been commended by the Day Chairman of the Bench at Uxbridge Magistrates Court for the detailed and strenuous efforts to engage hard to reach families and secure their children's access to education.

Elective Home Education (EHE)

- The Service continues to work with the School Improvement Service and partners to meet the needs of parents and children who elect to educate at home.
- Operational responsibility for EHE lies with the Education Welfare Service. Numbers of Hillingdon EHE children have increased by 110% since 2012. As of 29th May 2014, the known figure stands at 202. Approximately 65% of these children are believed to be vulnerable in terms of family ability to deliver an acceptable standard of education.
- The service has introduced a 'RAG' rating system in order to identify and monitor risk so that interventions may be made if necessary.

- Local increase in EHE levels is reflected nationally and Hillingdon has been invited to represent London at national LA EHE organisation being created through the Education Select Committee under Graham Stuart M.P.

Children Missing Education

- The Education Welfare Service continues to work with schools and relevant partner agencies to enable and ensure that children access their education entitlement. Children missing education numbers have increased by c.17% since the 2012-13 Hillingdon LSCB annual report.
- Since November 2013, Ofsted has required the Local Authority to be informed of all pupils in receipt of part time provision. This information is requested, recorded, tracked and updated by the Education Welfare Service on a 3 weekly cycle with multi-agency input to support the pupil back to full time provision.
- As of 29th May 2014, there were 292 children resident in Hillingdon known to be without a school place. The percentage breakdown in terms of year groups is as follows:

Reception 7%	Yr 7 12.38%
Yr 1 10%	Yr 8 5.71%
Yr2 11.43%	Yr 9 8.57%
Yr 3 7.62%	Yr 10 4.29%
Yr 4 10%	Yr 11 9.52%
Yr 5 6.66%	
Yr 6 6.66%	

- The total number of statutory school aged pupils in Hillingdon permanently excluded from school is 21 during academic year 2013-14. Trends indicate an increase in permanent exclusions, a continued disproportionately high number of white (UK) boys entitled to free school meals, violent reasons increasing, weapons decreasing to date. The Service continues to work with partners, within the context of the early intervention and prevention strategy, to keep the number of children and young people not attending school to the absolute minimum.

The Troubled Families programme

- The Troubled Families programme in Hillingdon has delivered positive outcomes with 43% of all 555 families identified as meeting the required entry criteria using the Education Welfare Service and Youth Offending resource and a DWP secondee.
- The programme has added value to work being undertaken with vulnerable families by supporting and promoting a holistic approach to problem resolution.

The Family Key-Working Service

- The model of practice developed for this service was positively regarded in terms of its support for vulnerable families by Ofsted inspectors;
- The alignment of the Early Intervention Key Working Team to the Early Help assessment process and model so that vulnerable families who need additional support receive it;
- The 'Team around the Family' (TAF) coordinator role has successfully supported the application of the TAF process in a wide range of settings and has advised partner agencies to the point at which the process is being applied independently and as a matter of course in increasing numbers.

Youth Offending Service

- A review, with partners of multi-agency work with children and young people who exhibit sexually harmful behaviour, against the good practice and recommendations contained within the HMIP Inspection report published in February 2013. The findings were presented to the LSCB and an action plan agree, but this is dependent on the availability of specialist CAMHS time
- The implementation of the new pre-court disposals system which promotes the diversions of young people from the formal court system where at all possible. In 2013/14 the number of first time entrants into the criminal justice system continued to fall with 102 recorded in 2013/14 compared to 146 in 2012/13.
- Using intelligence obtained from young offenders and local research, practitioners mapped a network of associations identifying those young people likely to be or at risk of becoming involved in gang/serious youth violence. This work was shared with partners and the proposal of a local strategy based on this research is currently being made through the Safer Hillingdon Partnership processes.
- Intelligence from young people regarding links between drug distribution networks and the possible sexual exploitation of young people was shared with partners and resulted in a police operation following which a number of arrests have been made and vulnerable young people provided with support.
- 34.6% of young people sentenced between April 2011 and March 2012 committed further offences in contrast to 37.5% in the previous year. This is lower than for the London region (39.3%) and England (35.4%).

Developments for Early Intervention Services in 2014/5

- Work continues to develop and implement Early Intervention and Prevention Strategy. Work is currently being progressed to review the outcomes it is seeking to effect and to formulate early intervention priorities 2014 - 2017 as part of the process of renewing the Children and Families Trust Plan.

- As previously referenced, Early Intervention Services have been testing new ways of working within the context of the Children's Pathway programme. As part of the process the service is subject to an ongoing review of early support services. The review has been completed with work now underway to act upon the outcomes and associated recommendations. Key developments include the Borough-wide roll-out of the family centred network initiative and full alignment of early support services with social work teams.
- Within the context of developing new ways of working the Education Welfare Service is introducing a monthly electronic return from September 2014 that will capture all persistent non-attenders, children removed from roll (for all reasons) and children on part time programmes. This will enable regular tracking to ensure all children are in receipt of their full time educational entitlement and to meet schools and local authority OFSTED & statutory obligations. The e-return applies to all maintained schools, academies and free schools in Hillingdon.
- Work continues to embed the Early Help Assessment and Team around the Family processes throughout the children's economy.
- The Youth Offending Service is developing and implementing a custody improvement plan based on analysis of custodial sentences imposed on Hillingdon young people.

Children with disabilities

During the year a restructure meant that the Children with Disability team moved to an all-age disability service. Whilst this does concentrate the expertise the LSCB have some concern that the clear focus on the child has the potential be diluted.

The number of children with a disability subject to child protection procedures is low, in the year there were 24 referrals of concerns with three children becoming subject to procedures, one of them being subject to Care proceedings. This will be the focus of further enquiries from the LSCB in the forthcoming year.

A case review was carried out in 2013-14 and actions following from this review have been completed. However, the issues relating to listening to the voice of children and young people and the quality of safeguarding within families remain areas that the LSCB wishes to monitor as the All Age Disability Service is developed.

Voluntary Sector

The voluntary sector in Hillingdon is made up of around 100 independent organisations working with children, young people and/or families. They range from branches of large national charities to small local groups which may provide services to just a handful of children. Approximately 75% are volunteer led with no paid staff. Services provided also vary and include fun or play activities, services for the disabled, learning opportunities, sport,

advice, support and guidance in a range of areas, counselling and diversion from crime.

Branches of national charities usually have their own safeguarding advisors and training officers with robust arrangements for ensuring policies and practice are adhered to. Smaller voluntary agencies use a range of organisations for support and training. These include the NSPCC, Churches Child Protection Advisory Service (CCPAS) and Safe Network. The LSCB ensure that a local support service is also available for voluntary agencies delivering services in Hillingdon. That support service ensures that:

- Voluntary Agencies are represented on the LSCB, currently by Hillingdon Association of Voluntary Services (HAVS)
- Feedback from the LSCB, such as changes in policy and practice, is circulated to all voluntary agencies
- Voluntary agencies are able to access LSCB training
- Where voluntary agencies don't have their own arrangements for introductory training, they can attend training delivered by HAVS or the HAVS representative will deliver training 'in house'
- Voluntary agencies have support when they need it, to write and develop policies and good practice
- Voluntary agencies have someone they can speak to if there is anything they are unsure of regarding safeguarding.

This support is provided by HAVS.

The Hillingdon Association of Voluntary services (HAVS) has provided level 1 safeguarding training for voluntary groups in Hillingdon. HAVS also offer support to groups on developing their safeguarding policy and advice on referrals.
Last year the HAVS safeguarding officer was approached by a local Mosque to provide child protection training to members of the Mosque. This was gratefully received and hopefully these links can be maintained. Unfortunately the safeguarding advisor for HAVS has now left and this post has not been filled. Groups are encouraged to use the on line level 1 safeguarding training provided by the LSCB.

The LSCB is aware the excellent work undertaken by the voluntary sector and the funding constraints within which they operate. The loss of the Safeguarding Coordinator role is of concern and the LSCB will work with HAVS to ensure that safeguarding remains a priority in the voluntary sector.

Health Agencies

Clinical Commissioning Group

The NHS Hillingdon Clinical Commissioning Group (CCG) is the PCT successor organisation and like the PCT has responsibility for Safeguarding Children.

The Chief Operating Officer (COO) is the Executive Lead for Safeguarding (Children and Adults) and sits on the LSCB along with the designated nurse and doctor; CCG Governing Body GP safeguarding lead and senior representatives from all of the main Provider Organisations.

The designated nurse and doctor report directly to the COO and are a source of advice and support to health service staff. They oversee safeguarding practice across the health economy.

The designated professionals provide safeguarding children supervision to the named professionals and key staff in the provider organisations on a regular basis.

As well as designated professionals for Safeguarding Children and in accordance with 'Safeguarding Vulnerable People in the Reformed NHS – Accountability and Assurance Framework (2013), the CCG has secured the expertise of a designated doctor and nurse for looked after children and a designated paediatrician for unexpected deaths in childhood. A named GP has been employed as a resource for Primary Care.

The designated and named professionals and other key senior staff play an active part in the work of the LSCB through its sub groups.

Each Provider organisation has its own safeguarding children committee with feedback to and from the Health Advisory Group and the CCG quality assurance arrangements.

The CCG takes its safeguarding children responsibility seriously and will ensure that safeguarding children remains a priority.

Central and North West London Health NHS Foundation Trust Mental Health and Community Services

Governance and Accountability

Internal Governance

The Board of Directors received regular updates on safeguarding children issues and serious incidents are reported to the Board under Part II by the Corporate Governance Lead. The Board also had an annual training presentation on safeguarding children. The presentation focussed on community health services including resources for safeguarding children in the community and services for looked after children. As these services deal with vulnerable families on a daily basis, safeguarding is a core component of the services.

Since April 2013, the quarterly Trust Wide Safeguarding Group, a sub-committee of the Board, has been chaired by the Director of Nursing and

Operations. Membership consisted of the Trust Named Doctor and Nurses, Director of Operations and Partnerships, Associate Director of Operations, key leads from community and addictions. In addition, appropriate leads, for example, from Human Resources, are in attendance.

The Hillingdon Safeguarding Group provides a written report to the quarterly Safeguarding Group. The report summarises all the key issues in relation to safeguarding children across Hillingdon including the audit programme, progress in delivery of the annual work plan, any identified risks and measures being taken to mitigate these. There are professional links between the Named Nurses in CNWL and Hillingdon and information regarding local processes are fed into the quarterly Safeguarding Group to provide on-going continuity.

The Monitor Declaration was reviewed and updated to include all services provided by the Trust. This is on the public web site in accordance with Monitor requirements and will be revised annually.

External Governance

The Trust also takes a full and active role in working with LSCBs where the Trust provides services. Maria O'Brien, Divisional Director of Operations provides representation on Hillingdon's LSCB and acts as Deputy Chair.

Each LSCB has a variety of sub groups and representatives from the Trust attend those relating to quality assurance, training and development and serious case reviews. The Safeguarding Children Team reviewed the sub groups for all of the LSCB's in 2013 to ensure appropriate representation and feedback over issues.

Feedback from LSCB meetings is given to relevant Service Lines/Directors, and disseminated through Borough Interface Meetings and the relevant Care Quality and Performance Groups, as well as Trust Safeguarding Group Meetings.

The Trust has had regular representation at external groups reviewing risk like Multi-Agency Public Protection Arrangements (MAPPA) and Multi-Agency Risk Assessment Conferences (MARAC).

Main achievements:

The Safeguarding Children annual work plan has key action areas for 2013/14 as well as issues which emerged during the year:

Update the Safeguarding Children Policy-The CNWL Safeguarding Children and Young People policy and the Escalation guidelines were revised to reflect the services outside London, changes from Working Together (2013) and the review of the London Child Protection Procedures.

Coordinate Audit Plan*,* particularly now most LSCBs are undertaking multi-agency audits as well as Section 11 Audits, which will be updated for 2013/14. Hillingdon safeguarding children team completed an audit of child protection records focusing on the child's views. Continued support will be offered in order to help staff develop their skills in this area.

Agree changes in accordance with DBS Guidance- changes in accordance with DBS Guidance Safer recruitment principles are included in the Trust recruitment policies and procedures and training incorporates this. However, in 2013 the NHS Employers Recruitment Checklist was revised to take into account changes to the DBS and the Trust is fully compliant with this. Training in safer recruitment is incorporated into recruitment and selection training. The Trust's senior officer for managing allegations against staff continues to be the Named Nurse, Paul Byrne.

***Regular meetings for Named Nurses within CNWL*.** There are now quarterly Named Nurse meetings in place for all of the different services in the Trust. This group has allowed for some peer group supervision as well as helping to develop integrated working across all services provided by the Trust. The Named Nurses also provide cover for each other and provide specialist advice for all staff in CNWL. Integration has provided more resource to cover the increasing demand for safeguarding advice, support, and supervision.

Maintain training levels above the target including an increase delivery of training on Safeguarding Children to Medical staff in MH&AS. The training level for both community (including sexual health) and mental health staff has exceeded the target. Mandatory training now includes safeguarding children in accordance with the Skills for Health Framework and this is reviewed in supervision and annually at appraisal. Training figures are assisted by all staff receiving Level 2 at Induction, before they start work.

The safeguarding children named staff have devised a combination of e-learning and face to face training to support the Trust meeting the mandatory target and this will be reviewed next year with the development of training on domestic violence, a key risk factor in safeguarding children.

Single Agency CP Training in Hillingdon Community:

Level 1 and 2 training is delivered directly to staff as a face to face session. Refresher courses are provided via e learning. Compliance rates are good, Level 1 *100%*, Level 2 *99%* and Level 3 Working Together Multi Agency *94%* of target group[1]

Staff have received training in preparation for the implementation of the Signs of Safety, new approach to child protection conferences.

Checking compliance with Working Together (2013). CNWL have ensured the workforce are aware of the key changes contained in the revised statutory guidance *Working Together to Safeguard Children* (2013).

Contribute to development of Multi Agency Safeguarding Hub (MASH). On occasions, the Health Visitor linked to the MASH will contact mental health or addiction services where there is a concern about the safety and welfare of a child and under these circumstances, information is shared, supported by Information Sharing Agreements signed by the Trust. The Named Nurse in

[1] Potential core group members

Hillingdon provides support and supervision to the nominated health professional allocated to the Hillingdon MASH.

Support development of a Think Family approach across all services. The "Think Family" approach has been adopted into the Care Programme Approach and our risk assessment and management procedures. These processes embed the identification of children and have been commended by the CQC. However, we are not complacent and safeguarding children training incorporates this as a key theme. The integration of community services has supported the implementation of this agenda and for this understanding to become more robust.

Review demand and pursue appropriate solutions in relation to Tier 4 provision. Over 2013/14, the Trust continued to experience difficulties in finding appropriate placements for adolescents in need of admission to in-patient mental health services. This is a national problem and has been exacerbated by changes in commissioning arrangements and reductions in provision in non-health sector organisations such as local authorities and education. This has resulted in a number of young people waiting in A&E departments for extended periods of time whilst a bed is allocated. As there was, and is, a national shortage of specialist beds on occasions the Trust had to admit an under 18 year old to an adult ward.

CAMHS explored the possibility of developing a Tier 4 adolescent unit within CNWL and a project group reviewed the feasibility of this. A report was devised which detailed the proposal and this could not be progressed as NHSE were unwilling to commission new services whilst the national review of Tier 4 was being undertaken. The National Review is due to publish in summer 2014 and CNWL contributed in a variety of ways including a written submission.

The Trust continues to highlight the issue to LSCBs and to Specialised Commissioning as there are clear impacts of distant admissions for children and their families. There is a particularly gap of admission facilities for adolescents with learning difficulties and complex mental health needs.

Emerging Issues

There were several emerging issues over the year relevant to safeguarding children:

- Learning from the revised inspection regime of the CQC, which is questioning partnership arrangements
- Learning from the revised inspection regime of Ofsted, which now reviews the effectiveness of the LSCB in their inspections
- Domestic Violence Guidance now covers young people from 16 upwards and an increasing recognition of the toxic trio (mental health, substance misuse and domestic violence) are found in the majority of Serious Case /Learning Lessons Reviews
- Child Sexual Exploitation, particularly regarding gangs and the grooming of vulnerable young girls and the establishment of Multi-Agency Child Exploitation (MACE) Panels, ensuring appropriate links with

Contraceptive and Sexual Health services. The Hillingdon Safeguarding Children Team has and will continue to work in partnership with the local authority in order to identify and safeguard children at risk of sexual exploitation. Training has been offered to key staff groups to ensure Hillingdon staff are aware of how potential or actual victims may present and what the local arrangements are.

- Increasing awareness and reporting of harmful cultural practices, for example, Female Genital Mutilation (FGM), and child abuse linked to spirit possession and witchcraft
- Change in commissioning arrangements for CAMHS, Addictions, Health Visitors and School Nursing and the Local Authority guidance need to complete a procurement exercise every 3 years
- Low numbers of referrals of private fostering (when a child under 16 is cared for by someone who is not their parent or close relative for longer than 28 days)
- Signs of Safety – part of the strengthening families model – is changing the way that case conferences operate and increasing the voice of the parents and children

Main challenges/developments:

Looking to the future, 2014/15, the unprecedented financial challenges in the public sector will require creative solutions and strong partnership arrangements to maintain the high quality of safeguarding practice in the trust. Safeguarding Children training continues to be a high priority for CNWL although freeing up time for staff to attend remains problematic across the organisation.

The Hillingdon Hospitals NHS Foundation Trust

Safeguarding children arrangements at the hospitals have continued to strengthen during 2013/14. The Executive Director for Safeguarding, who sits on the hospital Trust Board oversees the annual work and audit programmes for safeguarding children and progress against these is now reported to the Trust's Safeguarding Committee which reports to the Quality and Risk Committee (a board committee) on a quarterly basis. An annual report on safeguarding activity was presented to the Trust Board in August 2013. The hospitals are well represented on the LSCB and its sub-groups by the hospitals named professionals for safeguarding and senior management staff.

The Trust has a multi agency Safeguarding Committee, which meets on a quarterly basis and covers both adults and children safeguarding work, which is chaired by the Executive Director of the Patient Experience and Nursing. Audits in relation to child safeguarding are presented at the committee with associated action plans. Within the Activity data report presented at each committee, safeguarding children incident reports are analysed.

In terms of maternity, the number of enquiries and activity has increased both from within the Maternity Unit and partner agencies in maternity. There has been a rising level of case conference invitations within Maternity and an improved commitment and attendance. Following a review of how this was

previously managed and looking at opportunities to allow staff to be released to attend. This is an ongoing challenge due to clinical work pressures of both the community and antenatal clinic staff.

There are continuing efforts in recruiting more paediatric nurses to the paediatric Accident and Emergency (A&E) department. A Senior Nurse has now been appointed to manage the paediatric A and E department. This is currently on the Trust Risk Register with regard to actions that are being taken forward to mitigate any risk, to ensure that the paediatric nursing team is fully recruited, which is reviewed at the Medical Division governance meeting and Trust Safeguarding Committee.

There is a Urgent Care Centre (UCC), a newly re-commissioned service, adjacent to the A and E department at THHFT. The UCC opened in October 2013.The UCC is led by the Ealing Hospital NHS Trust in conjunction with Greenbrook Healthcare. Monthly Clinical governance meetings have been established, to ensure that staff follow pathways of care and to have effective communication. The Paediatric Liaison Health Visitor liaises closely with the UCC as required.

The Trust training records system has been replaced by a system called WIRED, which is said to improve the accuracy of recording staff compliance, which also links into the Electronic Staff record (ESR).There remains a challenge in order to reach 80% compliance with safeguarding children training, particularly in light of revised intercollegiate guidance and the need for more staff to undertake further training. Overall training compliance has seen an increase within the reporting period.

Safeguarding Children training at levels 1 and 2 training are delivered as part of the Statutory and Mandatory staff training programme and is also part of the monthly New Starters Induction programme to the Trust. Training is also available via e-learning. Bespoke training is also delivered by the Named Nurse to A and E doctors at their induction within the department.

E- Learning at Level 3 is now available for staff to access in addition to face-to face teaching, to assist with increasing compliance.

There are five dates planned in 2014 for Level 3 training to be delivered in - house. The training is to be provided by a senior safeguarding lecturer at BNU with a Social Work background. This is addition to multi-agency training dates to be provided by the LSCB (usual provider). On-line training at level 3 is also available; it is stipulated, however, that staff should however attend level 3 face-to-face training wherever possible.

The Safeguarding Midwives are providing one-day Level 3 training days for aimed specifically for staff within the division of Women and Children.

A number of staff have attended the Signs of Safety (SoS) training at LBH, in preparation for its implementation.

High quality safeguarding practice continues at the Trust; this is amidst financial savings across all partner agencies.

An annual work programme has been developed to ensure priorities for 2014/15 are closely monitored and that required actions progressed. The

Trust is keen to work with partner agencies to ensure that information on patient outcomes in relation to safeguarding is captured to support further improvement work.

The Named Doctor at the Trust has now changed, with the addition of an extra Named Doctor. There is also a new Designated Doctor for Unexpected Child Death within the Trust.

Metropolitan Police

Child Abuse Investigation Team

Governance

Responsibility for ensuring compliance and pan London governance of CAITs sits with the SCO5 Continuous Improvement Team (CIT). The CIT includes quality assurance, training and partnership.

Training

The MPS has a commitment to continue providing regular training on safeguarding, child protection and effective leadership for managers and practitioners across frontline services. The Specialist Joint Child Abuse Investigation Course (SJCAIC) is a two week training course for new staff members run jointly with social workers. SCO5 also run an induction week for new staff that they attend on their first day of joining the command. The course aim is to provide basic initial understanding of the Child Protection world and partnership working.

The Command has reviewed the Specialist Child Abuse Investigators Development Programme (SCAIDP) in line with the new learning descriptors produced by the NPIA to ensure that all accredited investigators maintain this qualification through evidence based assessments.

SCO5 is currently running an 'Advanced child interview course' for interviewers of very young children and children with learning or communication difficulties. This will deliver a better service to victims and witnesses of abuse and will contribute to wider efforts to enhance community confidence in the police. SCO5 will continue to support the use of intermediaries in relevant cases.

Sudden Unexplained Death in Infancy (SUDI) training is provided for all relevant police personnel and associated professionals. This training includes work with families who have suffered bereavement. SCO5 staff attend and also contribute to LSCB training and promotional events.

Quality Assurance

SCO5 continues to utilise the Child Risk Assessment Matrix (CRAM) across London to better inform decision-making. This process makes a qualitative assessment of all relevant factors relating to a child and allows appropriate and informed decision-making, and is now more comprehensively recorded on the police crime reporting data base. A thematic review of this system is underway to identify any learning and further enhancements that can be made.

SCO5 has reviewed its response to victim care in line with the Commissioners Total Victim Care ethos to ensure that victims or a suitable point of contact are being updated regularly. Performance in this area is subject of monthly SLT review and weekly team inspections. It is recognised that the command can continue to improve in this area.

SCO5 works closely with local boroughs on community (including youth) engagement. SCO5 also has a dedicated partnership team, which leads on developing engagement with the communities we serve. The partnership team undertake a number of strands of work around key areas to enhance engagement and encourage community confidence. Examples include engaging with other professionals such as, LSCBs, Health, Education, Probation and LADOs to promote child protection procedures and provide safeguarding awareness. Pro-active events around FGM have been well received. The use of SPOCs on each CAIT to offer support and guidance in relation FGM is ongoing and will ultimately promote the use of Non Government Organisations to engage with children and families.

The SCO5 SLT has recently introduced a daily 'Grip and Pace' meeting which reviews all overnight issues including SUDIs and children on a CP plan being victims of new allegations. This ensures that enhanced protection for children subject to a child protection plan is reviewed by SLT, actions identified and prioritised. NVOC are recorded centrally by the Continuous Improvement team.

SCO5's relationship with MASH is being reviewed under the direction of an Senior Leadership Team lead. SCO5 have invested significant resources into ensuring efficient and effective information sharing practices through the development of new risk based approaches and enhanced referral desk capacity. SCO5 have collated information that shows these new practices have identified victims and allowed for safeguarding interventions which may have been missed previously. All SCO5 training, but in particular the multi-agency training, focuses on minimising the risk to children through appropriate information sharing and empowering staff to use and develop their professional judgement. SCO5 have also recognised that this needs to be supported by strong supervision. SCO5 has changed its structure to ensure sergeants, in particular, are able to offer support and guidance to staff managing cases. These workloads are reviewed annually to ensure an appropriate distribution of resources.

Hillingdon Borough Police

This annual report highlights some of the work and multi-agency involvement in Safeguarding Adults/Children involving Hillingdon Police from several of the departments within the Criminal Investigation Department of the Metropolitan Police based within Hillingdon Borough.

A large resource intensive part of this work is the **Missing Person's Unit'**s investigations to locate, return and debrief missing children.

During the period 1st April 2013 - 31st March 2014 there were a total of **736** missing Children under the age of 18.(14 less than the previous year) The breakdown of some of these statistics is that 55 were High Risk, (31 more

than previous year). 681 were Medium Risk (23 more than the previous year and 0 recorded Standard Risk (68 less than the previous year).

There is a caveat that several of these Missing Children go missing on multiple occasions and often more than once in the same day. These recidivists are subject to scrutiny and intervention plans when discussed at Missing Children Operational Meeting

The Missing Person Unit has been relocated in the Grip & Pace office at Uxbridge Police station to maintain and enhance the response to Missing Children in Hillingdon.

The MASH awaits a final go live date and the arrival of all the other partner agencies except Hillingdon Children's Service who work together with Hillingdon Police in partnership on this project.

Multi-agency public protection arrangements (MAPPA) in Hillingdon

MAPPA is responsible for the risk assessment, management and planning for cases under the following criteria:

> Category 1: All registered sex offenders.
>
> Category 2: All violent offenders sentenced to a custodial sentence of 12 months or more for a violent offence listed under schedule 15 of the Criminal Justice Act 2003; subject to a section 37 Hospital Order for a violent offence; any sex offenders who are not registered.
>
> Category 3: Any offender with an eligible previous conviction (violent of sexual offence) who presents a high risk of serious harm to the public and the case requires multi-agency risk management.

This year has been another busy year for Hillingdon with up to 121 referrals received per month, under the three categories above. The cases are managed at 3 levels:

> Level 1: Single agency management;
>
> Level 2: Active multi-agency management;
>
> Level 3: 'The Critical Few', requiring management by senior staff with the authority to commit extra resources to managing the risk.

Prior to January 2013, all eligible cases in all categories were screened by senior members of the 'Responsible Authority' for MAPPA, being police and probation, who then set the MAPPA management level.

From January 2013, all referring agencies to MAPPA – police, probation, mental health services and youth offending service screen their own cases

and decide what risk level they will assign as the lead agency holding the case. This new way of working across London has brought Hillingdon and London as a whole into step with how MAPPA has always operated in the rest of England & Wales. This way of working keeps the responsibility for setting a risk level of 1 with the agency holding the case and improves risk assessment and practice in these agencies, rather than reliance upon police and probation to exclusively hold this area of expertise.

There have been three cases managed at level 3, risk of serious harm, for a number of months during 2013/14, involving senior members of staff and complex issues of both child protection and the risk management of child offenders.

Safeguarding is not always a matter of protecting the vulnerable from others. Sometimes, the vulnerable, such as children, can present considerable risks of committing abusive sexual and/or violent acts against other children, staff and others. We have managed two such cases this year, with Hillingdon Council devoting considerable resources to place one such child in specialist foster care. Health has commissioned a specialist assessment.

Since moving over to the new risk level setting arrangements in January 2013, MAPPA in Hillingdon has assessed and set risk management actions on a monthly basis for an average of 12 cases a month. Cases managed at level 1 by the case holding agency do still involve information sharing between relevant agencies and can move in and out of level 2 or 3 at any time, as required.

The issues typically addressed at level 2 meetings involve disclosure under controlled circumstances to third parties, including the parents of children, of an offender's status as a registered sex offender and the attendant risks posed. Decisions are made about where someone can be housed on leaving prison to avoid victim contact. Prison licence conditions are discussed and agreed to set limits on an offender's movements and associations, or compel treatment or completion of specific offending behaviour work to reduce the risk of harm from offenders to others. All agencies check the information held on a level 2 MAPPA subject and share their knowledge with each other.

UK Border Force

Section 55 of the Borders, Citizenship and Immigration Act 2009 places a duty on the Secretary of State to make arrangements for ensuring that immigration, asylum, nationality and customs functions are discharged having regard to the need to safeguard and promote the welfare of children in the UK. A similar duty is placed on the Director of Border Revenue regarding the Director's functions.

The duty came into force on 2 November 2009 and is accompanied by guidance.
Heathrow Border Force staff refer to local social services, health services and/or the police where they have a child safeguarding concern regarding a

child or young person arriving in the United Kingdom. Staff contribute to Serious Case Reviews and attend LSCBs as required.

Fortnightly operational meetings are held jointly by the Heathrow Safeguarding and Trafficking Teams and Hillingdon Social Services to review any cases of children and young people arriving in the UK. Quarterly strategic safeguarding forums are jointly hosted by both agencies to replace the merged LSCB sub trafficking meetings and Pan Heathrow Children's meetings.

Main achievements in 2013/4

Operation Paladin was a locally based arrangement, relying on the support of the Metropolitan Police. Due to changes in the Met the resource provided to the team was scaled back. As a result, Border Force officials looked at how they could continue to provide a safeguarding response at Heathrow, but also how to introduce a more robust national response which extends beyond the London area and provides a better fit with emerging National Crime Agency structures.

Border Force decided to establish new safeguarding and trafficking teams, under existing Border Force arrangements, from April 2014. These teams are responsible for the day to day response at the border to safeguard individuals and prevent and disrupt human trafficking activity and are trained to a higher, more expert level than ordinary front-line officers. The benefits of this approach include:

- it is based on a national approach, rather than a local one;
- the team covers safeguarding and trafficking concerns for both adults as well as children;
- it is more sustainable in the longer term; and
- it provides a better fit with referral pathways into the National Crime Agency.

The new safeguarding and trafficking teams were established and up and running at Heathrow from 1 April 2014. The current Operation Paladin team was disbanded at the same time. To prepare for the establishment of the new teams at Heathrow, all Border Force team members were trained in a 4 day Tier 3 safeguarding and trafficking training package developed within Border Force. A dedicated project team involving MPS and Border force officers was set up to establish the teams, and to mitigate any risks which came from the disbanding of Paladin.

As one of the key benefits from Operation Paladin was its multi-agency operation we have looked to build on the new Border Force teams to ensure police and wider local agency input into the work of the new safeguarding and trafficking teams at ports. Initial discussions with the National Crime Agency suggest there are opportunities to be exploited with the setting up of Joint Border Intelligence units at the Border. In addition, to realise the wider child safeguarding benefits of these teams, officials have explored with CEOP Command how they can use their existing national capability to support and facilitate the development of strong relationships between the new Border Force led teams and individual local authorities where these are not already in

place. This will be key to ensuring the teams benefit from the wider local safeguarding capability and will help reduce the risks of children going missing from care, currently a key concern in relation to our response to trafficked children.

The main challenges and developments:

Any actions and recommendations will be identified where business areas are found not to be meeting their section 55 duty. Well established joint working between Heathrow Border Force and Hillingdon Social Services has been held up as a national example of best practice but remains subject to constant and ongoing review. Since the establishment of Terminal SAT teams joint operational fortnightly meetings have been re-established to examine all arriving Safeguarding and Trafficking cases through Heathrow. The LSCB sub trafficking forum and the Pan Heathrow CYP meetings have also been merged to create a quarterly strategic safeguarding forum chaired by each agency on a rotational basis.

Training provided in 2013/4

A new 4 day intensive course was delivered for the new Heathrow Safeguarding & Trafficking Teams.

Trafficking e-learning has also been revised to make it more Border Force focussed.

Cafcass

Cafcass is a non-departmental public body, sponsored as of April 2014 by the Ministry of Justice. Its principal functions are to safeguard and promote the welfare of children who are subject to family proceedings, and to provide advice to the family courts. It employs about 1870 staff, over 90% of whom are frontline.

In 2013/14 a total of 9,680 care applications (public law) were received, which is a decrease of 12% compared with the number received in 2012/13. Similarly there has also been a decrease in private law cases where a total of 42,888 applications were received in 2013/14 - a 7% decrease compared to 2012/13. Shorter case durations (within s31 cases), together with proportionate working and more efficient working practices have led to the stock of open cases reducing in both private and public law.

The following are examples of activities undertaken by Cafcass in 2013/14 to improve practice, better safeguard children and make a positive contribution to family justice reform:

- Working with partners in family justice e.g. the Family Justice Board, Local Family Justice Boards (11 of which are chaired by Cafcass), judges; the Family Justice Young People's Board; and the ADCS, to promote family justice reform in preparation for the implementation of the Children and Families Act (April 2014).
- Contributing to the development of the Public Law Outline and Child Arrangements Programme (Practice Directions 12A and 12B

respectively); and working with partners to reduce the duration of care cases (35 weeks as of quarter 3).

- Setting up demonstration projects designed to accelerate family justice reform e.g. a telephone helpline service in the North-East to divert from court cases where there are no safeguarding issues.
- Strengthening the workforce through a number of measures including: the talent management strategy; MyWork (a mechanism by which staff can understand and regulate their own performance); development of a health and wellbeing strategy.
- Revising the Child Protection Policy, Operating Framework and Complaints and Compliments Policy.
- Drafting service user minimum standards which will be joined with our work stream on child outcomes.
- Undertaking a number of pieces of research into the work of Cafcass and family justice including research into: expert witnesses in s31 cases; the work of the Children's Guardian; learning derived from Cafcass submissions to serious case reviews (Cafcass having contributed to 30 such reviews in 2013/14).

The National Ofsted inspection took place in February and March 2014. Both private law and public law practice were judged to be good as was the management of local services. National leadership was judged to be outstanding.

All of the Key Performance indicators, relating to the allocation of work and filing of reports, have been met.

Probation

2013/14 saw a significant change in the way probation services are to be delivered, "Transforming Rehabilitation" (TR). In response to Government's plans to reform probation, dissolve the Probation Trusts and transfer the work to two new organisations: the National Probation Service (NPS) (London Directorate) and the London Community Rehabilitation Company (CRC) came into being on 1 June 2014. NPS and CRC London are now fully operational. The NPS manages all High Risk and MAPPA offenders. The CRCs manage low and medium risk offenders under probation supervision until a contract for this work is awarded in October 2014. The competition for the regional contracts is being managed by the Ministry of Justice and is open to private and voluntary and community sector bidders. There will be payment by results incentives for the new providers. The Community Rehabilitation Companies will be public bodies and the new providers will be also be governed by key requirements, including sharing information with partners. The National Probation Service and the Community Rehabilitation Company are committed to working together effectively.

Each Local Delivery Unit (LDU) has a Children's Champion. There is a Pan London lead who coordinated and delivered meetings centrally with Children Champions (CC) in each LDU, to ensure a coordinated and consistent approach to safeguarding children; best practice has been promoted,

reinforced, facilitated and enhanced via a series of briefings and training events.

New Safeguarding policy was launched by LPT in October 2011 which also had a pan London action plan and procedures included – this will be updated for the new organisations this year. NPS/CRC strategy and business plans will include reference to public protection and safeguarding. Safeguarding Policies and Procedures for all staff are available on our London Internet. The number of staff who have attended the safeguarding training is monitored via the training department. All staff and managers across London have to attend a mandatory 2 day safeguarding training – this has to be refreshed every 3 years. Staff within NPS/CRC are expected to raise any immediate concerns relating to safeguarding with their line manager/Social Care as per the safeguarding policy. Referrals to be completed on all cases where necessary. NPS/CRC staff are subject to regular supervision from their line manager and this involves discussion on high risk cases and those with safeguarding issues.

The CRC will be expected to have in place arrangements that reflect the importance of safeguarding and promoting the welfare of children. This will be reflected in the London CRC Contract and Service Level Agreements.

Main achievements in 2013-14

- There have been quarterly multi-agency seminars for all CCs, the focus being new developments/ perspectives in safeguarding, changes to legislation and impact on practice, integrated working / innovative practice.
- Revision of the LPT Safeguarding children Policy and Procedures, and deployment of those.
- A review of other polices such as home visits, and HR policies has been undertaken to ensure that safeguarding children issues are given priority.
- Representation of LPT on the editorial board for the LCPP.
- Delivery of Safeguarding Children training, in conjunction with LPT Performance Development and Learning Unit (PDL), to various staff groups, including Case Administrators and Receptionists.
- Revision of Pan-London PDL Safeguarding Children training provision and content, in conjunction with the NSPCC.
- LDU briefings and bespoke training events (such as for bail information officers and Community Payback case managers) have been undertaken
- Pan London IT applications that is, London i and ATLAS (safeguarding children and families domains) - have been updated to ensure that staff have access to relevant but current information relating to safeguarding children;
- Production of a Pan-London directory of Children's Social Care Services.

- A Pan London lead SPO for Safeguarding Children has provided consultation for staff working with complex Safeguarding/Child protection cases
- Dissemination of learning across LPT from Serious Further Offences and Serious Case reviews/ domestic homicide reviews.
- Design of a Pan London Section 11 audit template
- Consultation for ACO`s in relation to multi-agency audits and HMIP Inspections

Summary of the main challenges and developments

In addition to the challenges of Transforming Rehabilitation in January and February 2014 Her Majesty's Inspectorate of Probation (HMIP) completed an inspection of Adult Offending Work in London Probation Trust. The inspection whilst focused primarily on the quality of generic offender management activity also specifically addressed practice relating to child safeguarding.

The HMIP report published in May 2014 identified 6 key recommendations, with 2 being specific to Safeguarding children:

1. To Safeguard and protect children and young people, checks are made as a matter of routine with Children`s services and other relevant agencies and any actions included in plans.

2. Managers provide effective oversight in all cases where the individual poses a high or very high risk of harm to others and/or there are Child protection concerns.

Practice in relation to Safeguarding Children has been a focus for improvement in London Probation Trust (LPT), and it is evident from the recent HMIP report published May 2014 and LEARN the LPT internal monthly audit of case loads locally, using HMIP assessment tools, that London CRC will continue to face challenges in improving Practice in relation to Safeguarding Children. As a result, London CRC, will take a strategic approach to these core Public Protection concerns, to ensure that the organisation meets its Contractual and Statutory responsibilities in these areas, and that London CRC plays a full role in the multi-agency approach to Safeguarding Children, including LSCB audits and Annual Plans.

London CRC Response:

All HMIP recommendations have been included in specific actions with the CRC Strategic Business Plan 2014/15 and in LDU Local Business Plans.

A 6 point Pan London Action Plan was produced in June 2014, with improvement activity identified for each LDU.

Development of a London CRC approach to Safeguarding Children, practice improvements and learning.

In 2013 Safeguarding briefings took place across London Probation Trust in each Local Delivery Unit. LPT has run monthly internal audits in each LDU (LEARN2) which are performance managed. This enables us to pick up performance concerns by exception. Issues relating to safeguarding are regularly raised and fed into local learning and development.

LSCB Financial arrangements

The LSCB is funded in partnership by the following agencies: Hillingdon Council, NHS Hillingdon, Metropolitan Police, Probation, Cafcass, and United Kingdom Border Agency. Between them, the Council and NHS Hillingdon contribute over 90% of the total budget. The Council and NHS also make contributions in kind through the provision of an LSCB manager, multi-agency training, and designated health professionals, plus staff time for training delivery. Capacity is reducing across agencies but multi-agency training can only be effective if all key statutory agencies contribute to this.

The UK Border Agency also contributes through an overall grant made to Hillingdon Council, as a contribution towards safeguarding the needs of vulnerable as a Gateway Authority.

It should be noted that, in addition to the financial contributions, considerable in kind contribution is provided by the Council through use of staff time within Children's services.

The LSCB budget is now considerably under pressure and is showing a deficit for 2014-15 of more than £2000. This will undoubtedly compromise the LSCB's ability to ensure the delivery of effective multi-agency learning and development. In addition the LSCB is obliged to undertake Serious Case Reviews where an incident occurs and the threshold is met. Without further funds the LSCB would not be in a position to commission a review but equally should not, and could not, delay commissioning. A solution to the funding issue is required as a matter of urgency and will need to be resolved within the next reporting year.

5 LEARNING FROM CASE REVIEWS AND AUDITS

Serious Case Reviews (SCRs)

There were no Serious Case Reviews carried out in Hillingdon during the year.

However, two cases were considered by the SCR sub group and, although the criteria for serious case review were not met, each case was followed up in a proportionate way in order to generate learning.

Case 1. This involved a letter of complaint from a young person with a disability who felt that, over years, he had not been adequately protected from abuse within his family. An independent consultant was engaged to review the case. The review concluded that the complaint was valid that the service received by the young person had not been adequate. No major warning signs were missed but engagement with the family over the years was insufficient and assessments did not take sufficient account of the whole family. The multi-agency input was insufficiently coordinated, though once the abuse was reported the response improved.

It was also noted that the case as a whole had been viewed through a "disability lens" without sufficient emphasis on safeguarding.

A number of appropriate recommendations were made and adopted, including further training on safeguarding for those working with children and young people who have a disability.

Case 2. Involved the death of an adolescent after drinking excess alcohol. CAMHS undertook a "root cause analysis" review. There had been GP and CAMHS involvement with the young person. Following assessment by CAMHS the young man was referred for a further specialist service but sadly died before he was able to access the service. A number of appropriate recommendations were made including ways to reduce the waiting list for therapy and improved liaison with schools.

Risk Management Panel and multi-agency case review

In February 2012, a multi-agency Risk Management Panel was established to address the safeguarding issues related to high risk cases identified by partner agencies. It was established following a case review which identified the need for an escalation process for complex and high risk cases that appeared ‘stuck’ even when all appropriate channels had been explored. High risk was defined as cases which were highly complex and/or subject to drift. The Risk Management Panel meets six times a year and has its own terms of reference which includes a focus on learning lessons for practice from the issues identified at the Panel meetings. All partner agencies are represented at the Risk Management Panel, including Social Care, the Child Abuse Investigation Team, Health Provider Services, Education and a Council legal representative. Where needed, Adult Mental Health Services for substance misuse and parental mental illness are invited to the Panel on a case specific basis. Schools are also able to bring forward high risk cases via the CP advisor for schools, if they have become stuck.

In 2013/4 eight cases were discussed and included cases where domestic violence, drugs, alcohol, adult mental health and learning disabilities were evident. All cases has significant multi-agency interventions.

The general themes identified were:

- Children and young people's views need more attention from the multi-agency perspective.
- Identification of needs and level of risk were generally well done.
- Contingency planning was not always evidenced.
- Multi-agency working appears to be progressing well, but there are elements of miscommunication regarding spelling of names, which is critical.
- All professionals involved need to be updated regularly, even if people are not physically attending core group meetings. It was noted that those who missed Core groups were not always updated.
- Good chronologies are critically important.
- Case recording is not always consistent.
- Turnover of staff has caused difficulties.
- Peer review protocol says each agency should know what the needs of the child are and what services can be provided. CSC and CAMHS did not do so well in this area, on delivering on the area of finance, due to processes**.**
- Supervision and management oversight – an area CSC could do better in.
- If no legal planning meeting is held, there is not always a 'plan B' in place. It is a multi-agency responsibility that if professionals feel there should be legal intervention; the network works together to timescales, to help the social worker to bring the case to the level which is satisfactory to take to Court.
- Training point – ensure professionals know what to record and how to record risk indicators.

These findings will be tested out as part of Social Care and LSCB audit programmes

Single agency audits

A full section 11 audit was carried out in 2012-13. For 2013-14 each of the key agencies was asked to provide information about their internal case audit arrangements along with the learning and outcomes from these.

This has been an exercise of self scrutiny for partner agencies, as well as the Board. A summary of issues arising from the Section 11 Audit, including recommendations were produced.

The collated results were presented to the Board on 22nd March 2013 where the recommendations were agreed and the Chair confirmed that she would follow up the results with individual agencies.

The Chair subsequently met with senior managers from some of the agencies and challenged on some of the follow up actions required. These mainly

related to the need for evidence in some cases. An issue raised with Education was the need to ensure safe commissioning for special need placements.

Consultation with children and young people:

Three focus groups were conducted by Health colleagues at Uxbridge College to see how comfortable young people felt with health professionals. This followed Operation Yewtree and was linked to whether young people would feel comfortable reporting something that felt clearly wrong. Concerns from female students were:

- Confidentiality and parents not being told of personal issues.
- Not knowing how to complain and, if they did, what difference would it make.
- Male students were concerned that they weren't good at looking after themselves,
    - i.e. "junk" food, alcohol, gambling and drugs.
    - Not aware of certain health issues, STDs, male breast cancer and prostate cancer.

Overall themes were that, being younger, they weren't always taken seriously.

Most said that they wouldn't complain because of the long process.

Many were unaware that they could have a chaperone during an appointment.

The main concern for females was being examined by a male doctor as this would make them feel uncomfortable.

The outcomes from this piece of work were communicated through regular safeguarding updates in the CCG newsletter. In addition the young people were told how to arrange for a chaperone to be present if necessary together with information about how to complain if necessary.

The safeguarding nurse has continued to develop these themes.

Child Death Overview Panel (CDOP)

Whenever a child dies in the Borough the circumstances of the death are reviewed to try to learn from this, the most tragic of circumstances of events. Whether the death is an expected one or not the review is undertaken and the learning reviewed by a multi-agency panel with the aim of reducing future deaths.

The review process is shared between Ealing and Hillingdon with the Child Death manager and administrator working across both boroughs.

Where the death is unexpected a rapid response meeting is arranged so that all professionals who worked with the child and family can pool their knowledge about the child, the circumstances of the death and work out how best to support the family.

There were six rapid response Meetings in Ealing and seven rapid response meetings in Hillingdon from 1st April 2013 to 31st March 2014. All rapid response meetings generated immediate actions for agencies.

The Panel reviewed child deaths in Hillingdon and Ealing identifying action to reduce the risk from avoidable causes of child mortality. One such example is the need to promote better understanding about emergency services amongst families with young children who are newly arrived in the UK. In the year, the panel specifically focused on establishing relationships with external organisations following NHS and Public Health transition and worked on renewed protocols with the Coroner's office.

A Power Point training package relating to all aspects and expectations as well as outcomes of the Child Death Overview Process has been developed and is delivered regularly by the CDOP coordinator to staff at both Ealing and Hillingdon Hospitals and to Health Visitors. Members of the panel attend national training from the Child Bereavement Trust and Lullaby Trust (formally FSIDS).

All parents receive a letter, either after the Rapid Response Meeting or two weeks after the death of their child, explaining the CDOP process and informing them that the CDOP will be gathering information relating to the death from many agencies. The letter invites them to contact the CDOP Manager or if they prefer, their Consultant Paediatrician to discuss the CDOP process or to express any concerns regarding any agency or environmental factors or views about their child's care which should be taken to the CDOP panel with a view to change and to prevent the future deaths of children. Attached to the letter is a leaflet giving details of the process and how to access bereavement services. Although there is a national agreement that parents will not be invited to attend Rapid Response or CDOP meetings the CDOP manager has met with a number of parents with concerns about their child's death as well as wanting to understand the process and CDOP has assisted by linking them with relevant agencies.

Between 1st April, 2013 and 31st March 2014 there were twenty two child deaths in Hillingdon Borough and thirty one child deaths in Ealing Borough giving a total of fifty three deaths.

Since commencement of the Child Death Overview Panel procedure on 1st April 2008 there have been a total of 340 child deaths

- 151 in Hillingdon – 37 (25%) were unexpected
- 189 in Ealing – 53 (30%) were unexpected

Ongoing dissemination of learning

Learning from local and national work has been fed back to staff in various ways. Key messages are incorporated in multi-agency training and passed on through staff meetings and the LSCB conference. There is a steering group for reflective supervision and front line managers attend regular safeguarding managers meetings and LSCB sub groups, all of which are used as ways of passing on learning.

6 WORKFORCE

LSCB Learning & Development

Classroom based training

Multi-agency training was offered to a range of different agencies / schools and nurseries. The table in appendix 5 below highlights the overall attendance for each of the training topics provided.

The LSCB Learning & Development Officer was in post during this period and delivered many of the training topics, therefore no expenditure costs have been attributed to these training topics.

Safeguarding training

Multi-agency safeguarding training is defined as the a number of courses identified as essential for those who work intensively with children who are subject to multi-agency intervention strategies such as child in need or child protection plans. The LSCB offers this safeguarding training in three parts:-

Part 1: *Safeguarding Awareness e-Learning* module (level 2). This training is available to all partners and is a precursor to the *Working Together to Safeguard Children* course. This is to ensure there is a universal understanding amongst delegates about:

- The types of abuse and neglect a child may suffer
- How they can identify the tell-tale signs
- What to do if they suspect a child is being abused or when a child or adult discloses abuse

All delegates must evidence that they have completed this type of training either via the e-Learning programme or through a training event they attended in their agency before attending the *Working Together to Safeguard Children course*.

Part 2 Working Together to Safeguard Children (level 3). This course includes; identifying and responding to safeguarding concerns, referral process and information sharing, statutory guidance and local procedures up to the point of a child protection case conference.

Part 3 *Core Groups and Child Protection Plans* (level 3), includes multi-agency assessment, planning, intervention and reviewing process of children who are subject to child protection plans.

e-Learning training

In addition to the courses discussed above, a large number of members have completed e-learning training. We currently have 5 e-Learning modules on offer that include:

- Safeguarding Children Awareness

- Child Development
- Safeguarding children from Sexual Exploitation
- Parental Mental Health
- Risk Assessment in Safeguarding

The greatest topic in use is the Safeguarding Children Awareness course and this is largely due to the requirement to complete this prior to attending the Working Together to Safeguard Children course.

Refresher training
The LSCB offers the following refresher training, intended for staff to complete every three years

- *Safeguarding Awareness e-Learning,*
- *Child Development e-Learning*
- *Working Together to Safeguard Children Refresher*

This is to ensure members remain up to date with legislative and procedural developments, research and recommendations from national Serious Case Reviews, as well as local SCRs and management reviews.

Total Training usage
The Local Authority, Schools and Health are the biggest users of the LSCB training programme.

Training evaluation

In January 2014 the LSCB commissioned the Training Sub Group to test a pilot evaluation, to ultimately recommend an evaluation process the Board could put in place to establish the effectiveness of the training programme.

The pilot process was designed to determine if delegates had a good training experience, whether the delegates increased their knowledge or capability and whether delegate had used the learning they gained since the training event. This type of methodology is consistent with the Kirkpatrick Model of Training Evaluation[2].

The process involved asking delegates to complete an evaluation form at the start of the training event and again at the end. A third, follow up, evaluation was sent to the delegates six weeks after the training event.

The Pilot Results

Did the delegate have a good training experience?

There were 88% responses received and the majority of delegates indicated that they had a positive experience of the training event.

Did delegates increased their knowledge or capability?

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2 http://www.kirkpatrickpartners.com/OurPhilosophy/TheKirkpatrickModel/tabid/302/Default.aspx

There were 88% responses received and there is a shift in delegate's responses that indicate a greater level of knowledge attained, with delegates having more confidence in their ability to use the knowledge after the training event.

Had delegate used the learning they gained at the training event?

A follow up evaluation was emailed to delegates and the responses collated automatically. The response rate was much lower, 1.7% and as a result cannot be relied upon to determine if the knowledge received at the event has been maintained or used in practice.

An Analysis of the Pilot Methodology

Reviewing the data collected, we can state that:

- The use of paper based evaluation forms produces a higher percentage of returns than those sent to delegates. This can be attributed to the course facilitator having oversight of the process. However, there is a cost consideration in terms of printing, sifting and collating responses.
- Evaluation forms sent to delegates produces poorer returns both in terms of the number of responses received and the quality of information given. For example, 1 person responded to a course not included in the pilot and only 1 person completed the post event evaluation, as requested, with their manager.
- The questions used in all evaluation forms appear to provide good information in order to analyse the quality of the training and practice benefit.

Board Decision to pilot evaluation of training

Following a discussion of the at the June 2014 Board meeting it was agreed that for training courses running from Sept 2014, we would continue with the pilot process used to determine if delegates had a good training experience and whether they increased their knowledge or capability as a result. This involves completing an evaluation form prior to and after the training event.

It was agreed that we would adapt the methodology for the follow up evaluation by conducting telephone interviews that ask the same follow up evaluation questions proposed in the pilot. This would only be used for specific courses identified by the Board. For the remainder of 2014/2015 the Domestic Violence - Impact on Children course would be in scope for this follow up evaluation.

Allegations against professionals

The Local Authority Designated Officer (LADO) role is outlined in Chapter 2 Working Together March 2013 and under the organisational responsibilities in Section 11 of the Children Section 2004. It emphasises the requirement for organisations to contact the LADO regarding an allegation against any

member of staff within one working day of it coming to the employers' attention, or where allegations are made to the police.

The rate of referrals has remained steady over the past year, with a slight decrease. However there has been an increase in historical referrals of abuse. Of the historical cases there has been one conviction, resulting in a custodial sentence of 4 years and the perpetrator has been placed on a sex offender prevention order for life. This case has resulted in compensation claims being made against the Local Authority as the abuse occurred in a local authority school. Further claims are likely to emerge as more victims of the abuse have come forward and inquiries continue to be undertaken by the police.

There are currently 7 other cases of historical abuse that have been reported to the LADO and are being investigated by the local Child Abuse Investigation Team and the Metropolitan Police Paedophile Unit.

In the current climate of historical abuse allegations, the LADO anticipates that that this figure will continue to rise. It is worthy of note that this is a national trend and not unique to Hillingdon.

The LADO continues to be a single point of contact for all agencies referring allegations or concerns about the conduct of paid or voluntary individuals working with children.

Awareness raising of authority relationships in these settings continues to be provided by the LADO in the form of presentations and information sharing. The relationship with partners in education and early years settings is crucial as they have the main responsibility for children in the Borough and are the agencies where most concerns have arisen.

Private Fostering

The Private Fostering (PF) return for 2013/14 was submitted to the DfE at the beginning of June 2014. This included the following information:

Notifications

- 18 notifications of new PF arrangements were received during the year.
- 17 (94%) of these cases had action taken in accordance with the requirements of regulations for carrying out visits.
- 15 (83%) of these cases had action taken within 7 working days of receipt of notification of the PF arrangement.

Arrangements

- 13 new PF arrangements began during the year.
- 12 (92%) of these PF arrangements had visits made at intervals of not more than six weeks.
- There were 9 PF arrangements ended during the year.

Commentary: The incidence of Private Fostering may well be under-recorded and the LSCB has asked for further analysis to be undertaken in 2014/5.

7 HOW WE ARE DOING - THE EFFECTIVENESS OF LOCAL SAFEGUARDING ARRANGEMENTS

How the LSCB monitors local safeguarding arrangements

The LSCB has put various mechanisms in place to assess individual and multi-agency performance.

The Partnership Improvement Plan (PIP)

This is a spreadsheet that picks up and monitors all actions arising from inspections audits etc. It is monitored at each LSCB meeting and completed actions are signed off by the Board. During the year 15 actions were completed and signed off by the Board. There were 6 actions progressing at the start of the year, and 7 by end March 2014, as actions were completed and new ones added on.

Performance Profile. This is a report that summarises performance against national and local indicators, plus inspection reports across all agencies. It is presented at each Board meeting and enables the LSCB to monitor progress and take action as appropriate.

Business plan and sub group action plans. Sub group action plans are reviewed at business meetings between Board meetings and feed into the end of year review of the LSCB business plan.

Audits. Each agency carries out a programme of internal audits. Key actions are fed into the PIP and also reported annually to the LSCB. The main statutory agencies are usually asked to complete an annual return to the LSCB identifying their internal audit programme and consequential actions taken. This was reviewed by the performance sub group and the individual action plans from agencies were read. Each agency had identified learning from the audit and these are clear from the returns made and collated.

One regular theme was that the views of children and young people were insufficiently taken into account and the Board will follow this up in future audits. Following the serious case review, schools are now asked to complete a bi-annual safeguarding audit for the LSCB. These are reviewed by the Education officer and reported to the LSCB.

Action plans arising from Serious and other case reviews and Child Death reviews feed into the PIP to ensure that progress is monitored

The LSCB provides a quarterly update for the Children's Trust and, through attendance of the Chairman, is able to influence the Children and families Plan, particularly development of preventative services.

In October 2013 the LGA were invited to Hillingdon Children's Service to audit a small number (16) of incoming cases. Some strengths were identified, including the audit and quality assurance framework. The review also identified areas for improvement and a SMART action plan was put in place.

In addition to the LGA inspection nine additional audits were undertaken in respect of Fostering, Adoption, Children's Placements, Residential Services, Youth Offending Service, Leaving Care Service, Children with Disabilities and the Asylum Intake Service. The recommendations of all audits were fed back to the Policy Overview Committee of Hillingdon Borough Council.

Between April 2013 and August 2013 all Looked After Children's files were subject to audit and all Child Protection Plans between August and September 2013.

During the period April to October 2013 a wide range of case audits were undertaken across the whole of Children's Services. The audit activity revealed a number of areas of improved practice, especially in relation to front-line services and some aspects of child protection work and the application of thresholds, some of which were externally validated by the LGA safeguarding practice diagnostic. In the front-line services the audits showed some improvements since the last round of auditing in 2012.

Effectiveness of local arrangements to safeguard children

The LSCB's monitoring activity has enabled us to comment on the effectiveness of local safeguarding arrangements.

Inspection –Ofsted Inspection 2013

The Statutory Ofsted inspection regime changed in 2013 and Hillingdon were one of the first Authorities to be inspected. Ofsted judge specific areas of practice as Outstanding, Good, Requires Improvement or Inadequate, and also give one overall rating for the Authority

The Ofsted judgements were as follows and are accepted by the Council:

- The experiences and progress of looked after children who need help and protection: Require improvement.
- The experiences and progress of children looked after and achieving permanence: Require improvement.
- The graded judgement for adoption is: Good.
- The graded judgement for the experiences and progress of Care leavers is: Require improvement
- Leadership, management and governance: Require improvement.
- The effectiveness of the LSCB: Requires improvement.

Whilst the overall judgement was one of Requires Improvement the overall finding by Ofsted was that there were no widespread or serious failures that create or leave children being harmed or at risk of harm. The welfare of looked after children is safeguarded and promoted. However the authority is not yet delivering good protection and/or care for children, young people and families.

The following development areas were identified:

- The right decisions about the type of help children and young people need are not always made by some social work managers. This means that a small number of children are being offered services as children in

need of help, instead of as children at risk of harm. As a result, these children might not get the immediate help they need at the right time. Social workers and managers sometimes terminate the help they are offering to families too soon, which can result in a rapid referral for help again, for the same problems.

- When social workers undertake assessments for children who need help, important information from the past is not always included in assessments. This means that the help provided might not be at the right level.
- Officers who chair case conferences and review the plans for children, have too many different tasks to do, and are therefore, in some cases, not making sure that child protection planning is always good enough. When children need a plan to keep them safe, core groups of people who work with children often work well together, but this is not always evident in their written plans.
- Officers who review plans for looked after children have too many children to consider. They are therefore not making sure the written care plans they see are strong enough. This means that tasks are not done quickly enough.
- Social workers can often talk about plans for looked after children's care very well. However, written plans that explain what needs to get better, do not always reach the same standard.
- Sometimes, there are multiple changes of social workers. This particularly affects looked after children who need a stable figure in their lives to plan for their care. Because of this, some looked after children are not being visited often enough or seen on their own enough during visits. In addition, their views are not always recorded as well as they should be.
- Some looked after children do not do as well as they should at school, and the systems for monitoring this need to be improved.
- Young people who are ready to leave care do not have good enough written pathway plans. These plans should provide details about what sort of support they are going to get, and how and when this will happen. Too many young people who leave care do not go on to further education and are currently unemployed.
- Senior leaders do not yet have an effective plan in place to help them make sure services are constantly getting better for looked after children.
- The information that tells senior leaders, social workers and their managers what they are doing well and what they need to do better, is not clear enough. It does not make sure they are informed well enough to consistently improve the services that keep children safe and well cared for.

Ofsted identified the following strengths:

- When people who work with children inform social care services that they think children are being harmed, social workers and their partners, including the police, act quickly to investigate and make sure children are safe.
- The introduction of the Children's Pathway programme, to assist the child's journey through social care services, is driven by the Director of Children and Young People's Services (DCS) and has led to some services improving. This can be seen, for example, through the early help offer for children and families. A new early help structure and an early help assessment have been brought in to ensure that families get the support they need, such as parenting classes. As a result, the people who provide early help services now know exactly when they should tell social workers that families need specialist assistance.
- Overall, services to children are improving because the Children's Pathway programme is well understood by councillors, the people who run services for children in the council and their partners. These groups communicate with one another regularly to make sure they know what each other are doing.
- The plan for the council and its partners, to improve the way services are delivered, is presented in an innovative way, bringing together a number of action plans onto a single format and presenting it visually at meetings with people who run services. This shows them what is getting better for children and what still needs to be done.
- Some partnerships which keep children safe are strong. For example, social workers and the police work together with children who are at risk of sexual exploitation and with families who are experiencing domestic violence. Work with partners to help unaccompanied asylum seeking children coming into the country is a particular strength in Hillingdon.
- The majority of children in care live in places that support them well, and the council works hard to make sure that those places can be permanent.
- Therapeutic support is offered to all children in care, including those who live outside the Borough. The council is highly committed to helping looked after young people to achieve stability where they live.
- Care leavers have good relationships with their social workers and personal advisers who know them well, and help them get ready to leave care.
- The Local Authority is good at placing looked after children for adoption when this is what they need, and then supporting the adoptive family before and after the court order is made.

Ofsted's inspection of the LSCB.

Ofsted's overall judgement in respect of the LSCB was that it requires improvement. The following areas for improvement were identified:

- Ensure that time allocated to LSCB meetings is sufficient for partners to effectively undertake its work.
- Improve the communication with other strategic bodies such as the Health and Wellbeing Board, to ensure strategies aiming to improve the lives of children and young people are effectively co-ordinated.
- Ensure that the LSCB effectively evaluates safeguarding performance through audit and performance monitoring of multi-agency activity, and makes sure the evaluation is used to improve services.
- Ensure that the LSCB provides effective challenge to partners and holds partners to account to improve safeguarding outcomes for children and young people.
- Ensure that children, families and the community are appropriately engaged in the work of the LSCB strategically and operationally, so that its work reflects their views.
- Ensure that partners are appropriately engaged in developing and delivering multi-agency aspects of the signs of safety approach to risk management, so that there is full multiagency engagement in identifying risks and strengths to keep children safe.
- Ensure that the impact and effectiveness of multi-agency safeguarding training is evaluated so that its effectiveness can be assessed and improved.

Key strengths and weaknesses of the LSCB

- The LSCB complies with its statutory responsibilities. The Annual Report has recently been produced and it provides a comprehensive review of the work of the Board, and demonstrates how the Board, through its partner agencies, co-ordinates work to safeguard children in the area. Clear priorities are set out in an achievable and measurable action plan. One priority, to engage children, families and the community, has not been sufficiently progressed at either strategic or operational levels. Therefore its work does not reflect children's views. This commitment has, however, been renewed, together with an undertaking to make effective use of the lay members appointed earlier this year in this regard.
- The terms of reference for the LSCB are clear but need to be refreshed to encompass its developing role. Governance arrangements are appropriately established between the LSCB, the Local Authority's Chief Executive, senior managers and the Children's Trust. However, protocols between the LSCB and other key partnerships such as the

Health and Wellbeing Board and the Community Safety Partnership have yet to be formalised.

- The role of the LSCB Chair is sufficiently independent. The LSCB Chairman also chairs the Adult Safeguarding Board (ASB), which benefits from communication across both boards and provides an opportunity for members to meet, as the boards sit on the same day. The LSCB has recognised the time allocated to both the LSCB and ASB components is insufficient to enable appropriate governance, and plans are in place to increase the time allocations for these respective meetings. The LSCB is at an early stage of developing oversight of, and involvement in, early intervention. It has influenced the development of the early help assessment and Team Around the Family plan replacing the Common Assessment Framework.
- Performance management and analysis are not sufficiently well developed within the Board. The LSCB monitors front-line practice by individual partner agencies through a range of individual agency audits and performance management information. Issues arising from these are routinely considered by the LSCB performance sub group and are reported on to the Board. However, monitoring and evaluation on a multi-agency basis is underdeveloped at this stage. The LSCB introduced multi-agency audits very recently and only eight cases have so far been reviewed with limited impact as yet on the safeguarding system. Prior to the implementation of the multi-agency audits, the LSCB carried out comprehensive management reviews on four specific cases in 2012/2013.
- Whilst the LSCB has reviewed some key areas of performance; others have not yet received sufficient analysis, in particular, the significant drop in children subject to child protection plans and the significant rise in the proportion of children subject to repeat plans. This lack of scrutiny has occurred in the context of the board acknowledging concerns about the smartness and effectiveness of child protection plans, staff turnover and the quality of assessments and management oversight.
- The LSCB has also not ensured that the multi-agency implications of the roll out of the signs of safety approach have been systematically addressed. This is particularly within child protection conferences, so that the whole partnership is engaged in this approach to recognising risks and strengths in families in keeping their children safe.
- The LSCB regularly receives updates from member agencies, which enable partners to have a clear understanding of issues affecting the delivery of safeguarding services across the local area. For example, updates detail any significant organisational and staffing changes, staffing shortages and the need to improve the quality of some aspects of child protection practice and management oversight. Whilst this is information sharing, there is little evidence that it results in effective challenge to partners, or holding partners to account, in a way that that improves the delivery of services or outcomes for vulnerable children.

- Safeguarding is a priority for all key partners. There is appropriate representation of partner agencies within the sub/working groups of the LSCB. However, the LSCB annual report demonstrates that over the last year, representation by some partners at the LSCB meetings has significantly decreased from the previous year. However, the LSCB chair has undertaken significant engagement with partner agencies and through the London Safeguarding Board, to improve partners participation and attendance.
- The LSCB has established appropriate priorities based on local needs and is prompt to respond to emerging local and national issues. Safeguarding Audits under Section 11 of the Children Act 2004, were completed last year by partner agencies, confirming that all partners are appropriately prioritising safeguarding.
- Effective systems are established to ensure child sexual exploitation, trafficking, missing children and child deaths, are appropriately overseen by the Board. The LSCB is aware of the need for all partners to improve private fostering notifications. However, specific action to raise awareness and notification of children privately fostered in the local schools has not yet been successful and as a result, the number of notifications currently remains low.
- Whilst no local Serious Case Reviews (SCRs) have been recently undertaken, the LSCB has implemented learning from previous SCRs and national findings, alongside learning from individual agency reviews. Learning is incorporated well into the extensive LSCB training programme which is well established and is well attended by partner agencies. LSCB training is responsive to the Board's priorities and partner agency's needs. For example, it is now providing signs of safety training for partner agencies. However, the evaluation of the impact of training is at an early stage of development.

Children's Resources Ofsted ratings

Children's Resources Service is responsible for the management of the London Borough Hillingdon's Fostering, Adoption & Permanence, 3 Children's Homes, 1 semi independent unit, the Access to Resources Team & the Contact Service.

The Ofsted Inspection of services for children in need of help and protection, children looked after and care leavers in December 2013 included a focus on Adoption services and judged the performance as "Good" identifying this area as one of the Local Authorities' strengths;

"The Local Authority is good at placing Looked After children for adoption when this is what they need, and then supporting the adoptive family before and after the court order is made"

Although Fostering was not separately inspected as part of the Ofsted inspection, a number of areas of practice were scrutinised as part of the Adoption rating, and fed into the "Good" outcome.

The Children's homes are inspected by Ofsted twice a year. There is one full inspection, and one interim shorter inspection that focuses on the action plan from the full inspection. The Full inspection grading are in line with the Local Authority inspection process and the interim inspection measures Inadequate progress, Satisfactory progress or Good progress.

Merrifield House, (8 bedded resource centre for children with disabilities) was inspected on 07.05.13 and received a "Good" rating. There were no requirements, and 2 recommendations. The recommendations were to have the ground floor redecorated, and for supervision to be provided to Agency staff by appropriately qualified and experienced staff. Both have been addressed.

The subsequent interim inspection on 28th March 2014 resulted in an "Inadequate progress" judgement being made.

This judgement was based on a number of technical issues, which did not relate to the full inspection recommendations or to the direct care of young people. This judgement was subsequently challenged and some minor amendments made to the final report. All the actions form this inspection have been completed. A full report was presented to POC on 10th September. We anticipate we will retain or improve on the current Good rating at the next full inspection.

Hillingdon Children's Resource Centre (Mulberry Parade) (6 bedded resource for local young people) had its last full inspection on 4th June 2013 in which it received a "Good" judgement. The follow up inspection on 12th December 2013 identified 2 areas for improvement which were:

- Notify Ofsted without delay of any event specified in Schedule 5, including any suspected involvement of a child accommodated at the home in sexual exploitation (Regulation 30(1), Schedule 5)
- Ensure that the home is visited in accordance with Regulation 33 and that a copy of each monthly report is sent to Ofsted in a timely manner (Regulation 33(5)).

This resulted in a rating of "Inadequate progress".

The above areas have been addressed and are being robustly monitored through care practice audits, manager's audits and the Independent regulation 33 Officer.

We anticipate we will retain or improve on the current "Good" judgement at the next full inspection.

Charville Lane, (13 bedded unit for unaccompanied asylum seeking young people) had its last full inspection in April 2013 and received a judgement of "Good". The interim inspection on 26.03.2014 found the home has made "Good progress." There was one recommendation, "to review the Statement of Purpose and the Children's Guide at least annually". This was completed and the Statement of Purpose presented to, and approved by, the Corporate Parenting Board on1.5.2014.

The 3 homes are due a full inspection in the next year. It is anticipated they will all retain or exceed the judgement of "Good."

Children at risk through trafficking or sexual exploitation

The Local Safeguarding Children Board sub group dealing with exploited and trafficked children continued to thrive. Membership includes representatives from national government organisations, such as End Child Prostitution & Trafficking (ECPAT) and the Child Exploitation & Online Protection Service (CEOP). The co-operation of UK Border Force staff has been crucial in ensuring the effective screening of children for issues of trafficking, arriving at Heathrow Airport, and UK Border Agency also remains a pro-active member of the sub group.

Sitting underneath the trafficking sub group were two operational groups, which met on a more regular basis. The first operational meeting involved looking at the profiles of all children who have arrived through the airport terminals and identifying issues of trafficking or exploitation. By this process, a number of children have been identified as trafficked, and referred to the UKHTC (UK Human Trafficking Centre) via the National Referral Mechanism (NRM). Some of these children were age disputed and were deemed adults on the basis of the age assessment carried out by the local authority and partner agencies, but nevertheless they were vulnerable due to trafficking issues. In total, 11 NRM referrals were made during the year, including 3 young people deemed to be an adult. The collaborative work between the social work teams and Paladin (law enforcement) resulted in a number of court cases, which had positive outcomes in terms of disrupting the trafficking networks and safeguarding individual children.

The other operational group which sat beneath the Trafficking Sub Group was the multi-agency meeting that addresses issues relating to children who were reported missing within the community. This group included active involvement from the Public Protection Desk of the Borough Police, and also had engagement from the Youth Offending Service, as well as the front line social work teams and registered care managers of children's homes in the locality. This meeting identified a small cohort of approximately twenty children (mainly local children) who led risky lifestyles through repeated episodes of being missing from home or care. The operational group has focused on collaborative interventions and has ensured that proper risk assessments are undertaken with this group of children.

During the year Children's Social Care and the Metropolitan police worked collaboratively on a potential child sexual exploitation (CSE) case. This case came to trial in 2014 resulting in conviction and sentences. The LSCB was pleased to see that the inter-agency cooperation ended positively but is keen to see more preventative work in place so that children and young people at risk of CSE can receive the input necessary to identify them earlier.

Child protection

Child Protection (CP) Plans

There were 192 children subject to a CP Plan at the end of April 2014. This figure has been on the rise since January 2014 (174) when the number of children on a CP Plan was at its lowest in two years.

The 2014/15 target for the s47-to-ICPC conversion rate is 70%. Increasing the number of s47's that proceed to an ICPC will mean that resources are used more effectively in addressing concerns of an appropriate level and that children will receive the right help they need given in their circumstances.

A further target around the timeliness of Initial Child Protection Conferences has been set around the percentage completed within 15 working days of a s47 enquiry starting (100% for 2014/15). Progress against this target will be reported over the next year.

Second or Subsequent (CP) Plans

3 out of the 18 CP plans started in April were second or subsequent plans. The percentage of cases that were subject to a second or subsequent CP plan (17%) is above the target of 7% set for the year. The result for 2013/14 was 15%.

Child Protection (CP) Case Review

79% of CP cases were reviewed within timescale, as recorded on ICS Protocol, at the end of April. System workflow issues continue to distort performance as discrepancies between system data and manual checks persist. Manual checks of outstanding case reviews generated by ICS indicate that 96% of these are being completed on time. Ongoing work is being conducted through performance challenge meetings to improve the quality of data held on ICS.

Child Protection (CP) Statutory Visits

97% of visits were completed within the 6-week timescale. 60% of visits were recorded as 'seen alone'. April data shows that 101 visits did not record whether the child was 'seen alone' or not - amendments to this information on ICS Protocol may result in an improved figure. A target of 90% for 'seen alone' has been set for 2014/15.

Children with disabilities subject to CP procedures.

Over the year 2013/4 a total of 24 children and young people with a disability were subject to s47 enquiries. One of these went into legal proceedings; eight to an initial child protect conference and two to children in need. This does appear to be a low figure and will be subject to scrutiny over the coming year.

Single Assessments

Of the 2,267 single assessments concluded since its inception in November 2013, 79% have been completed within the 45-day timescale. The timeliness of completed assessments has been recorded as falling over the last six months of 2013/4.

This is being monitored on a weekly and monthly basis through performance challenge meetings as well as in supervision and line management. Social work teams are undertaking a review of assessments to ensure that case closure is ended where necessary with deputy team managers in the process of signing off outdated assessments.

The 2014/15 target for percentage of assessments carried out within 45 days of referral has been agreed at 85%.

Looked after children and care leavers

There were 347 looked after children at the end of April 2014. This is the lowest number of LAC recorded over the last three years. Changes in trend continue to be tracked in order to minimise adverse impact on placement budgets and regulate social care workloads.

82% of LAC statutory visits at the end of April were completed within the 6-weekly timeframe. This information originates from the child's record on the ICS Protocol system. A target of 100% has been set for 2014/15.

In their inspection in November-December 2013 Ofsted's judgement was that performance in respect of Children Looked After was that it required improvement. Good practice was identified and, by and large, workers acted swiftly and decisively at the beginning of proceedings. Visits, however, were not always timely and plans not always well and comprehensively written.

Concerningly educational attainment is below that of other looked after children at all stages.

Routes to permanence were commended and siblings were usually placed together.

The experience for Care leavers was also graded inadequate. Some Care leavers were highly complimentary about the service they had received and good relationships with both social workers and personal advisors was noted. However written pathway plans were not always of a good enough standard and fewer Care leavers were in education than their peers.

The LSCB is developing a protocol with the Corporate Parenting Board to ensure that relevant safeguarding information is considered by the LSCB

Young carers

Young carers are children who look after someone in their family who has an illness, a disability, a mental health problem or a substance misuse problem, taking on practical and/or emotional caring responsibilities that would normally be expected of an adult.

In 2013/14 Hillingdon Carers worked with over 385 Young Carers living within Hillingdon, 15% of these were aged less than 7 years old. The continued increase in referrals (187 within the year) indicates improved awareness of Young Carers and this is largely due to the outreach undertaken by Hillingdon Carers to schools, GP surgeries, social services departments and other organisations within the Borough. Locally, 48% of Young Carers are in single parent families and many of these are supporting parents with mental health and/or substance misuse issues. 50% of our registered Young Carers are caring for their mother with the majority of the remainder (27%) caring for a sibling. Mental health of a parent continues to form the largest group overall (48%) followed by sibling carers with the remaining majority caring for a parent with a physical or sensory disability (24%).

Young Carers registered with Hillingdon Carers are visited by a support worker where an assessment is carried out and a pathway plan is produced. The pathway is completed with the Young Carer and parent (where appropriate) and identifies needs, looks at aspirations and sets future goals with a date for review. Each pathway is scored on a number of factors and this determines the levels of support received (intensive 1:1 or clubs/trips and activities) and the review period. All Young Carers are technically a 'child in need' but only a minority require support plans; 23 Young Carers supported by Hillingdon Carers have child in need plans and 18 are subject to a child protection plan.

Children who experience domestic violence

Estimates based on national research suggest that over 10,000 children and young people locally will have been exposed to domestic or family violence in a lifetime, and over 2,200 in a year (JSNA) These continue to form a high proportion of those with child protection plans, and many of them also come from families where substance misuse and/or metal illness are present.

The Board receives each year the annual returns from the Hillingdon Independent Domestic Violence Advocacy Service (IDVA). Hillingdon IDVA works with people at medium or high risk from domestic violence. The service is managed within social care but based at a local police station in order to facilitate effective day to day working with Community safety Unit. 80% of their referrals are responded to within 24 hours and they work with the victims (mostly women) and other agencies to develop safety plans. These may involve referrals to social care, housing, and may be followed by child protection, civil or criminal proceedings. Often up to eight services may be involved with the family.

The IDVA service provides training in awareness and risk assessment as part of the LSCB training programme and also delivers training in schools. This training continues to achieve highly positive evaluations. They have recently produced a Stay Safe leaflet to support families who have to move away.

The LSCB has expressed concern about the lack of provision to support children and young people who have experienced emotional harm through living with domestic violence. In 2012-13 funding was provided for a local

housing association to provide support for children placed in the refuge and for those in the community through workshops**.** Outcome information is not easily available, but anecdotal evidence from staff is that the improved risk assessments and joint communication has greatly improved the safety of many families and children, including development of a child protection plan when appropriate.

Referral to IDVA/MARAC often occurs quite a long time after the precipitating incident of domestic violence so there is a delay in providing services and support. Earlier identification and response therefore remains an issue.

Clearly, much is being done to provide practical resolutions of domestic violence issues. However, it is well known that children who are affected by domestic violence frequently experience long term emotional harm, as evidenced by the numbers who end up in the care or youth offending systems. This was confirmed by NSPCC research which found that young people who witness domestic violence are five times more likely to run away, four times more likely to become violent/carry a weapon, three times more likely to be involved in drugs, crime or anti social behaviour The cost to society and the emotional cost to the young people are clearly high.

The actual or perceived high thresholds for mental health services means that these children do not have access to support services, and support for these children remains a priority for the LSCB and the Children's Trust.

It is also known that those children who experience abuse directly are more likely to become perpetrators themselves. This includes the increased numbers of teenage perpetrators. The Youth Offending Service includes domestic violence in its work programmes with young offenders

The LSCB plans a case review of referral pathways and responses to domestic violence in 2014, and availability of training, but current evidence indicates that:

- Response is often late, when the situation becomes very serious. It is hoped that referrals through MASH (when operational) may improve this situation.
- There is a need for more interventions for children and young people, both to support emotional health, and to break the cycle of violence.
- Specific work with adolescent boys is indicated in this context.
- There is a small but significant number of perpetrators who are willing to be helped, if more help and support were available.

Potential risks to safeguarding

Resources

The lack of sufficient competent and permanent staff continues to pose a risk to safeguarding children. The main risks represented are lack of supervision and management oversight and the impact of a changing staff group on continuity of communication both with other agencies, and with children and their families. It can also lead to unnecessary drift.

Social care staffing has been characterised by high numbers of agency staff and a large number of interim managers. Steps are being taken to address this in 2014.

The staffing issue is most marked in social care, but is also apparent in other agencies, e.g. Police. All agencies have had to reduce spend, which inevitably leads to difficulty in responding quickly and appropriately to need

Some agencies, due to their wide span, have difficulty in representation on the LSCB, e.g. Cafcass, Probation, NHS London.

Reorganisation

Virtually every organisation is, or has recently reorganised. This is sometimes due to the need to make savings, sometimes to manage new government requirements, and sometimes to increase the effectiveness of services. These reorganisations create opportunities, but also risks. There are inherent risks in staff losing focus in the midst of change and some consequential increase in vacancies. There are also potential direct risks to services

Lack of coordination of early intervention work

This is frequently an issue in case reviews, and results in some children coming to notice too late, often after many years of neglect. This has been addressed by development of the children's pathway programme and early help services, and the CAMHS review of early intervention services. However, these changes are at time of writing at an early stage and have been delayed.

Heathrow

The presence of Heathrow Airport within the Borough boundaries poses particular risks in respect of a transient population, particularly those at risk of trafficking and exploitation. This has been mitigated by effective and organised multi-agency cooperation and action which has reduced the numbers of children and young people at potential risk.

The working relationship between Heathrow staff and both Children's Social Care and the LSCB is an excellent one that allows for the positive promotion of safeguarding.

Inspection and quality assurance

The LSCB has through the year been better able to assess the quality of practice through case reviews and audit. This has been in the main through the appointment of a manager with specific responsibility for quality assurance and audit. However, this needs to be further developed into a fully comprehensive quality assurance framework. There have also been changes in the external inspection regime carried out by Ofsted. The new framework recently introduced focused very much on Council services for children in need of protection, who are looked after, or who are care leavers. It includes a judgement on the LSCB. However, attempts to create a genuine multi-agency inspection have so far failed, so other agencies will not be adequately represented in the process, and there are concerns whether LSCB can be adequately inspected as a multi-agency partnership under this methodology.

Potential opportunities to improve safeguarding

Staffing

In spite of the concerns raised above, on the whole children are effectively safeguarded in Hillingdon through the efforts of skilled and hard working staff across all agencies. There is much evidence of staff working and communicating well with each other and with children and their families. The LSCB will continue to ensure the delivery of a strong multi-agency training programme and will do more to engage with staff and obtain their views.

There is a strong senior management commitment to safeguarding across agencies and, on the whole, a willingness to be held to account by the LSCB.

Reorganisation

The development of the children's pathway programme and key worker system, supported by the shared assessment and referral process, should ensure better identification of the need for early help and coordination of early intervention services. In the long term this should reduce the need for protection, or at least identify much earlier in the child's life, what the risks are, and how they should be addressed.

Signs of Safety

All agencies, through the LSCB, have agreed to implement the Signs of Safety model of assessment. This, by definition, is more involving of families and should be better able to identify child and family strengths, and produce a child protection plan that is clear and achievable for the family. It very much follows the recommendations of the Munro Review

Signs of Safety was fully launched in July 2014 so any evidence of impact will not appear until early 2015

Inspection and quality assurance

Hillingdon Council is building a culture of continuous quality oversight and improvement based on the inspection standards and this will be augmented by the LSCB quality assurance framework. This work is supported by the appointment of a specialist quality assurance manager, and practice development officer, who has helped to embed the learning from quality assurances processes.

External inspection, although the framework continues to change, does provide some independent external measure of practice.

8. NATIONAL AND LOCAL CONTEXT: implications for safeguarding

Working Together 2013 and London Child Protection procedures

This guidance issued in March 2013 made several important changes to the existing safeguarding children framework.

The new guidance focussed strongly on legislative requirements, and removed large sections of non-statutory practice guidance.

Key changes

- The reinstatement of statutory timescales for assessing the needs of vulnerable children, which had been removed from the consultation documents;
- A removal of the distinction between initial and core assessments, replaced by ongoing, locally developed, assessments of need;
- A change in the governance arrangements for independent Chairs of local safeguarding children boards (LSCBs), who will now be appointed and held to account by the local authority Chief Executive rather than the Director of Children's Services;
- The establishment of a national panel to hold LSCB Chairs to account on whether serious case reviews should be carried out, which independent reviewers should be commissioned to lead the review, and to challenge any decision that the report should not be published;
- There is a statutory requirement (retained in the new guidance) for a multi-agency serious case review (SCR) to be carried out for every case where abuse or neglect is known or suspected, and either:
- the child dies; or
- the child is seriously harmed, and there are concerns about how organisations or professionals worked together to safeguard the child.
- A strong reiteration of the government's intention that all serious case reviews should be published in full, and more detailed guidance on what this means in practice;
- A reversal of the consultation's proposal for all future serious case reviews to be undertaken using so called "systems methodology", with LSCBs instead free to use any model that is broadly in line with stated principles; and
- A requirement on LSCBs to develop a local framework for learning and improvement, including regular reviews of cases that may not meet the criteria for a full serious case review, as part of an on-going process of learning and

The significantly slimmed down 2013 edition of Working Together was intended to reduce the burden on professionals who felt compelled to follow a wide range of prescriptive guidance, which the Munro Review of Child Protection considered to have created an over- bureaucratised culture that stifled local innovation and professional judgement. Therefore, much of the good practice guidance contained previously in Working Together has been removed, and the Government intends that practice guidance will no longer be

centrally issued. Instead, individual sectors are encouraged to lead on the development of their own professional guidance, informed by local research and evidence.

London Child Protection Procedures 5th edition

Further to the publication of the revised National Guidance *Working Together 2013,* the London Child Protection Procedures have been rewritten, and were launched at the London Conference in December 2013. They were adopted by Hillingdon LSCB in March 2014.

The Savile case

The public awareness generated by the Savile case may have led to an increase in safeguarding referrals, concerns and awareness. It has certainly been a reminder that no one is exempt from scrutiny. The learning has extended to organisations who have been compelled to consider their governance and safeguarding arrangements.

This is the only positive that has emerged from what has been the most awful experience for so many.

National Health Service

Clinical Commissioning Group (CCG)

The CCG began operating officially in March 2013. This is the body responsible for most Health commissioning in the area. (Some specialist services will be commissioned by a national body – NHS England)

The designated nurse and doctor for safeguarding now work to the CCG which has lead representatives on both the Children and Adult Safeguarding Boards. They continue to sit on the LSCB.

The Director of Public Health (DPH) is now based in the local authority, and all local authorities now have the lead for public health assessment and planning in their area.

The DPH, representatives from the CCG, sit on the LSCB and the LSCB report will also be presented to the Health and Wellbeing Board.

Local Developments

Children's Pathway Programme

Building on the good work achieved through the Family Intervention Programme the Children's Pathway Programme has been looking at children's services across the Children's Pathway in both Education and Children and Family Services, following the journey of the child through the system across all levels of need.

This work culminated in a transformed structure, which integrates early intervention services in schools and Children's centres, through to Children's social care. A new top level organisational structure has been agreed to embed this integration.

A number of work streams have been developed, which have included a number of pilots around better ways of working with families. These include "keyworking" services in tiers 1 and 2, and "POD" working in statutory

services. The Children's Pathway Programme is continuing to drive all the changes mentioned below:

Single Holistic Assessment

Working Together 2013, has relaxed the requirement to have an initial assessment of need (10 working days) and a Core assessment (35 working days), with greater emphasis on the need for professionals to apply their judgment about need, and to problem solve and intervene with families at the earliest opportunity, in the most timely way for the child. The Children's Pathway Programme had already sponsored and anticipated this more effective way of working through piloting a single holistic assessment during the early part of this year. The evaluation showed some positive outcomes for children and better quality communication with other agencies. From May 1st 2013, the single holistic assessment went fully live across the social work teams in the assessment teams, and is now being piloted within the Children in Care teams and Leaving Care Teams, which are also being restructured.

Early Help Assessment and multi-agency referral form

It was generally agreed that the common assessment framework (CAF) had not been used most effectively and had been deployed mainly as a referral to social care. The CAF has now been replaced by a shared family Early Help Assessment which will be used in early help services to develop the assessment and planning though the team around the Family and key working processes.

Alongside that, a referral form has been developed to clarify the reasons for referral to social care.

Both of these were developed by practitioners across agencies and piloted prior to full roll out in summer 2013. They were subject to full consultation by operational staff and agreed by LSCB in autumn 2013

It is hoped that the multi-agency referral form can be further developed and used for referring to all specialist services, e.g. CAMHS.

Signs of Safety (SOS)

Hillingdon Local Safeguarding Children's Board adopted the "Signs of Safety" (SoS) approach to working with families where there are concerns about children's safety.
The launch of the SoS came into effect on 9th July 2014. This approach aims to work with the strengths and resources that exist within families to build safety for children who have suffered, or are at risk of suffering significant harm of physical, sexual and emotional abuse and neglect.
The SoS approach considers information about the child and their family across a number of areas, for example:

_ Why are we worried about this child?
_ What are the dangers/risks?
_ What are the complicating factors or 'grey' areas?
_ What is working well in terms of existing strengths?
_ What is working well in terms of existing safety measures that are in place?
_ How worried are we on a scale of 0 t 10?
_ What outcomes (or goals) do we need to have to build safety for this child?

_ What needs to happen to make the necessary changes to achieve this outcome?
A number of tools and resources including leaflets for parents and carers, children and young people and professionals
have been created and are available to download from the website (www.hillingdon.gov.uk/article/28746/Signs-of-Safety-approach-to-child-protection)

Multi-Agency Safeguarding Hub (MASH)

The Hillingdon MASH was soft-launched at the beginning of October 2013, with representation from health visiting, police and children's social care. The outline processes were described as being based on those issued by the London Safeguarding Children Board, with the aim of developing these further as other partners joined the local MASH. As at September 2014 the MASH has not engaged all partner agencies and was reliant upon regular input from Children's Social Care and the Police. The intention is still that the MASH will be multi-agency and the LSCB strongly supports this and would urge that the timetable is expedited.

Education changes

The main emphasis of Government education policy is an increase in the independence of schools and the consequential reduction in the influence of the local authority. There are therefore potential risks to safeguarding both in terms of the monitoring of individual schools and the lack of consistency in external commissioning of support services

In Hillingdon, although most secondary schools are now academies, all schools have remained fully engaged with the LSCB. This has been supported through the further development of safeguarding clusters across the Borough.

However, in early 2014 we have had to instigate a Serious Case Review related to an incident of abuse in a school. This raised into question the success of our engagement with schools as some very basic safeguarding messages appear to have been lost.

Although the SCR will not complete until the end of 2014, early discussion has been held with LSCB head teacher representatives and schools forum about key messages.

9 WHAT WE NEED TO DO: priorities for LSCB 2014 onwards

Our evaluation of the progress against our priorities plus our assessment of the effectiveness of local safeguarding arrangements, consideration of relevant national issues and feedback from staff have led us to identify the main priorities for the Board's work from 2014.

N.B. The LSCB is required to influence and assess the development of early intervention services, as these are critical in improving the safeguarding of children, and in ensuring that only those in highest need receive social care services. The LSCB will also monitor the interfaces between preventative and statutory services to ensure that thresholds are clear and consistent. However, it is important that The LSCB continues to keep as a main priority those children and young people who are most at risk of harm, i.e. those who come into the social care system in need of protection.

The Ofsted judgement for the Board, and for local authority services was 'requires improvement.

We developed an implementation plan that reflected the findings from the inspection, and is detailed in accordance with the main areas for improvement as identified by Ofsted.

A special workshop of the LSCB was convened in January 2014 to agree the main priorities for improvement. The full plan was ratified in March 2014 and submitted to Ofsted as required in June 2014.

Priority 1 Ensure that time allocated to LSCB meetings is sufficient for partners to effectively undertake its work

- Review the structure and governance of LSCB and increase time available for meetings
- Revise staffing arrangements to provide for a dedicated Business and Development Manager
- Reduce and align sub group and working group activity with statutory responsibilities and local priorities
- Establish and Executive group to focus on LSCB management and communication
- Cease joint LSCB/SAPB meetings and replace with joint children and adult working group

Priority 2 Improve the communication with other strategic bodies such as health and Wellbeing Board, to ensure strategies aiming to improve the lives of children and young people are effectively coordinated

- Establish communication protocols with the LSCB and other strategic bodies – Health and Wellbeing, Community safety, Childrens Trust, Domestic Violence Forum, Corporate Parenting Board

Priority 3 Ensure that the LSCB effectively evaluates safeguarding performance through audit and performance monitoring of multi-agency activity, and make sure evaluation is used to improve services

- Establish a combined performance and quality sub group
- Establish a scorecard of performance data
- Further develop the multi agency quality audit report
- Update procedures for Serious case reviews as per Working Together 2013

Priority 4 Ensure that the LSCB provides affective challenge to partners and holds partners to account to improve safeguarding outcomes for children and young people

- Refresh and relaunch LSCB escalation policy
- Establish Executive group as LSCB 'engine room'
- Review LSCB membership and clarify roles and expectations of Board members
- Ensure that chairing responsibility for sub/working groups is shared equally across the partnership
- Refocus LSCB efforts on setting strategic priorities, monitoring impact of activity and quality of outcomes, providing challenge and support

Priority 5 Ensure that children, young people and the community are appropriately engaged in the work of the LSCB, strategically and operationally, so that its work reflects their views

- Map existing user and community engagement arrangements across the partnership to capture existing activity
- Undertake an annual user survey
- Introduce a post conference interview/structured conversation with parents/carers where children have recently ceased to be subject of a child protection plan
- Regularly review complaints comments and compliments to learn from feedback
- Establish a programme to engage proactively with the faith communities
- Consider the use of cyp and parent/care champions to advise and consult on user views
- Establish a shadow Board /ask youth Council to establish a safeguarding group
- Underpin all user engagement with a comprehensive and overarching communications strategy

Priority 6 Ensure that partners are appropriately engaged in developing and delivering multi agency aspects of the Signs of Safety approach to risk management, so that there is full multi-agency engagement in identifying risks and strengths to keep children safe

- Establish a SoS implementation group with clear leadership and present implementation plan to LSCB
- Progress key operational tasks
- Agree launch date
- Establish communications strategy
- Evaluate and review after six months

Priority 7 Ensure that the impact and effectiveness of multi agency safeguarding training is evaluated so that its effectiveness can be assessed and improved

- Change the current model of delivery from an in house resource to a commissioning resource and include an evaluation as part of the commissioning specification
- Initiate the London SCB training evaluation methodology

Individual agency plans

Youth Offending Service

- Review the Combined Risk, Intervention and Safeguarding panel to ensure that it remains fit for purpose in meeting its stated objectives with respect to vulnerability and risk management.
- Develop and implement a custody improvement plan based on analysis of custodial sentences imposed on Hillingdon young people.
- Using Youth Justice Boards Re-Offending Toolkit analyse data on re-offending behaviour and the characteristics of those perpetrating it so that prevention strategies can be developed and resources allocated
- In conjunction with the Hillingdon Corporate Parenting Board, complete review of existing services for children and young people placed from home who offend against the good practice and recommendations contained in the HMIP Inspection report on Looked after Children (Dec 2012).

Early Intervention Services

- Enacting any organisational change that arises as a consequence of the early support review;
- Continuing to maintain and improve performance levels in the Troubled Families programme. 'Turn-around' rates are slowing. Many of the remaining families in the phase 1 cohort are likely to have more complex needs and issues to address which will make resolution more challenging;
- Meeting the increasing demand for early intervention key-work services; and

Establishing consistent and effective data sharing arrangements across partners including those concerned with supporting vulnerable children such as those missing education.

Central and North West London Trust Mental Health and Community Services

- Reviewing the structures for Safeguarding Children within the Trust
- Raise awareness of private fostering procedures as the low number of referrals and currently known privately fostered children suggests that the

issue is yet to be fully embedded in practice
- All Health Care Professionals working directly with children, from birth to 18 years of age, will have access to child protection supervision
- Carry out clinical audits to ensure a safe, quality service is in place and that local and national standards are followed. The Hillingdon Safeguarding Children Team will inform clinical leads where gaps in service provision exist and work together to develop action plans to bridge any identified gaps
- Raise awareness of female genital mutilation with health care professionals via training and supervision. In addition the training programmes will be amended to highlight FGM
- Health staff are ideally placed to help identify and provide support for those at risk of child sexual exploitation. The Hillingdon Safeguarding Children Advisor attends the multi-agency child sexual exploitation group and the Safeguarding Children Team have adapted training material to ensure health staff are aware of how potential or actual victims may present and what the local arrangements are
- Raise awareness in relevant staff groups within Hillingdon's children's services to ensure they are able to identify and support missing children and runaways
- Promote awareness in Hillingdon of the new threshold criteria adapted from the London Board Levels of Need and ensure health professionals consistently apply the thresholds
- Monitor the relationship of the Trust staff with the MASH and contributing to MASH evaluations. Support health staff during MASH implementation in Hillingdon. Ensure Hillingdon staff access the MASH training courses
- The Hillingdon Safeguarding Children Team will support health professionals with the new Signs of Safety approach to assessment, intervention and case conferences.
- Publicise the Think Family agenda more widely
- Increasing the safeguarding children training for Consultant staff
- Monitoring uptake of safeguarding children training following the new Learning and Development Zone
- Adapting the Named Nurse meeting to provide peer group supervision
- Develop Safeguarding Children Strategy
- Planning for implementation of the new IT System and reporting of data

The Hillingdon Hospital

An annual work programme has been developed to ensure priorities for 2014/15 are closely monitored and that required actions progressed. The Trust is keen to work with partner agencies to ensure that information on patient outcomes in relation to safeguarding is captured to support further improvement work:

The ongoing recruitment of more paediatric nurses to the paediatric Accident and Emergency (A&E) department.

To refresh/ re-revaluate the liaison between Social Care and A and E at the weekly 'Safety Net' meetings.

To achieve and then maintain 80% in levels 1-3 safeguarding children training. This will be achieved by the provision of additional Level 3 days for this period for Trust staff, in addition to other training being provided.

To ensure that the recording of self-harm data within the A and E department is as accurate as possible, with a proposed audit at the end of the year to monitor.

Revision of the Trust safeguarding children policy

The implementation of the MASH and SoS

Meeting the increasing demand for safeguarding information

CAIT

The performance objective for the current year is to improve on 2013-14 detections. The challenge is to achieve this alongside a 20% reduction in costs over 4 years.

Probation

Both NPS and CRC are committed to effective Inter-agency working to safeguard & promote the welfare of children. NPS/CRC Assistant Chief Officers or deputy will continue to attend LSCB Boards. LPT Offender Managers attended case conferences when necessary and contribute to Section 47 investigations/CP plans. This will continue in the NPS/CRC.NPS/CRC is looking currently to develop the work done with offenders/families in order to improve overall service delivery to families. LPT has run monthly internal audits LEARN2 which are performance managed. This enables us to pick up performance concerns by exception. This auditing will continue in the NPS/CRC. LPT had a corporate and local induction process in place for all new staff. This will continue in the CRC/NPS. NPS will continue to chair regular monthly MAPPA meetings and also attend monthly MARAC meetings. Both meetings look to manage risk and ensure that appropriate risk management plans are in place for the offender and victims/children. CRC staff will be involved as appropriate.

UK Border Force

We will continue to build on the already considerable achievements of the Safeguarding and Trafficking teams and work with other agencies to carry out frontline operations to identify potential victims of trafficking or FGM.

Although special waiting and meeting areas are available at each Heathrow terminal and routinely used for CYPs encountered some holding rooms are more suitable than others. An accommodation refurbishment and improvement work project is being progressed to ensure improvements benefit children and families held in port short term holding facilities whilst meeting operational needs. Work will take place across all four Heathrow holding rooms with a specific focus on ensuring our accommodation is child and family friendly.

10 CONCLUSIONS AND ISSUES FOR THE CHILDREN'S TRUST AND OTHER BODIES

Council Services and the LSCB were both given a judgement of 'requires improvement' by Ofsted at the end of 2013.

We accept this judgement, which we believe is realistic.

Many positives were noted across our partnerships and the LSCB wishes to pay tribute to the many dedicated and hard working staff across all agencies who have total commitment to safeguarding children, and to the managers who support them

On the whole, agencies respond swiftly to act on concerns and there is evidence of sound partnership work on the ground. This is evidenced particularly in activity to prevent trafficking, children going missing and those who are a risk of sexual exploitation. Good services are in place to support those affected by domestic violence. Early intervention services have developed and more families are now receiving coordinated early support based on whole family needs. Work around understanding child deaths and in managing staff allegations is strong and there is an effective multi agency training programme.

Following the Ofsted inspection, challenging action plans were developed for the Council and the LSCB for 2014-15. Although there has been progress, this has been impeded by a shortage of permanent staffing in children's social care, which impacted also on the capacity of the LSCB.

This has been addressed in year by some stability in service management, and by the decision by the Council to buy in a managed social work service. It is hoped that these measures, and consequential reduction in caseloads, will enable social workers to improve the quality of assessment and care planning for children in need and those looked after or leaving care.

All agencies have experienced change and resource reductions, which has a potential effect on the quality of safeguarding work. A small but significant increase in the number of cases referred to the Serious Case Review Panel indicates some concern about casework among vulnerable children and young people.

It is also important that the work carried out on threshold and the early help assessment improve the early intervention that is available for families needing help. These must be backed up by the availability of appropriate services. There has been a strong commitment to the MASH from social care and the Police but other agencies need to be fully engaged in order to make best use of the multi agency information sharing that is such a critical element of this initiative.

In previous annual reports the LSCB has expressed concerns about the availability of mental health services for children, at all levels but particularly at tiers two and three. The evidence from the JSNA indicates higher than average numbers of young people reporting to A&E because of self harm and alcohol misuse. At the same time lower than average referral acceptances by CAMHS was noted. Our work in the LSCB raises concerns about self harm

and potential or actual suicide among young people, the emotional harm caused by domestic violence, and the need for additional CAMHS time for specialist need, such as for young people who sexually abuse others. It is acknowledged that the capacity of the current commissioned CAMHS service is limited impacting upon the ability to meet the needs of all children in the Borough. A CAMHS review has been started but progress has been frustratingly slow and the LSCB is very concerned about the lack of support for children's emotional wellbeing available in Hillingdon

LSCB's partnership with schools needs to develop further as evidenced by an ongoing Serious Case Review. There also appears to be an increase in children permanently excluded, missing from education and educated at home. These are all potentially vulnerable groups and the LSCB wishes to engage more closely with schools and with Education to identify and address the issues

Partnership with Health agencies is strong, but further work is needed with GPs as providers and with NHS England, who have not been represented on the LSCB. Some commissioning for children still appears to be not well coordinated.

There has been much positive work with Youth Offending, Police and the Border Agency to identify and support young people at risk. But we need to ensure that high standards are maintained and to get a better assessment of the degree of risk from such things as gang activity, and some cultural issues such as female genital mutilation

There has been no reduction in the impact of some of the more intractable problems such as domestic violence, mental illness and substance misuse among parents, and long term neglect –often not identified until adolescence.

The LSCB itself has been struggling to resource its work. We have suffered from lack of capacity to fully undertake our scrutiny and monitoring role, particularly our quality assurance and case review work. Numbers of Serious case reviews is set to increase in 2014-15 and this has considerable resource implications. There has been an impact too on our ability to deliver a full multi agency training programme, which, along with Serious case reviews, are statutory responsibilities.

The LSCB is also concerned about the high levels of poverty in the Borough – particularly in the southern wards, where over 40% of children and young people are deemed to live in poverty. The figure for the Borough as a whole is over 25% which is high for an ostensibly affluent Borough.

APPENDIX 1: LSCB membership

Chairman and officers of the LSCB

Lynda Crellin - Chairman (Independent)
Maria O'Brien – Deputy Chairman, Divisional Director of Operations, CNWL NHS Foundation Trust
Gary Campbell, Assistant Director, SC&QA Service, CSC
Alan Critchley, LSCB Business and Development Manager
Carol Hamilton - Manager, Child Death Overview Panel (CDOP)
Andrea Nixon - Schools Child Protection Officer
Janice Altenor - LADO
Joseph Matia - LSCB Legal Advisor
Julie Gosling - LSCB Administrator

Observers

Cllr David Simmonds - Deputy Leader of the Council & Cabinet Member for Education & Children's Services
Fran Beasley - Chief Executive, London Borough of Hillingdon

Local authority representatives

Tony Zaman, Corporate Director, C&YP Services
Dan Kennedy - Interim Chief Education Officer
Lynn Hawes - Service Manager, Youth Offending Service, and Family Key Working Service
Ann Nardecchia - Learning and Development
John Higgins - Service Manager, Safeguarding Adults, Social Care, Health & Housing
Sharon Daye - Director of Public Health, LBH

Health representatives

Maria O'Brien - Divisional Director of Operations, CNWL NHS Foundation Trust
Theresa Murphy - Director of Nursing and Patient Experience, Hillingdon Hospital Trust
Chelvi Kukendra - Designated Doctor, CCG
Jenny Reid - Designated Nurse, CCG
Ceri Jacob - CCG Executive Lead
Reva Gudi - CCG GP Lead

Police and probation representatives

Richard Turner - Detective Chief Inspector, Hillingdon Borough Police
Coretta Hine - Detective Chief Inspector Child Abuse Investigation Team (CAIT), Metropolitan Police
Paul Granahan - Detective Inspector, Child Abuse Investigation Team (CAIT), Metropolitan Police
Adela Kacsprzak – Senior Probation Officer, London Probation

Niamh Farren, CRC

School representatives

Sue Pryor - Head teacher, Swakeleys School/Kim Rowe – Head teacher, Bishopshalt School
Catherine Moss - Head teacher, St Bernadette's School
Representative for special schools – not in post

Other representatives

Gavin Hughes - Deputy Principal Officer - Uxbridge College
Rose Alphonse - Uxbridge College Children's Centre
Richard Eason, HAVS
Marc Owen, UKBF
Graham Hawkes, Healthwatch Hillingdon

Lay Members.

Rita Payne
Michelle Gryc

APPENDIX 2: Glossary

A&E	Accident and Emergency Services
CAF	Common Assessment Framework
CAIT	Child Abuse Investigation Team (Metropolitan Police)
CAFCASS	Children and Family Court Advisory and Support Service
CAMHS	Child and Adolescent Mental Health Service
CDOP	Child Death Overview Panel
CRC	Community Rehabilitation Company
CSE	Child Sexual Exploitation
CNWL	Central and North West London Trust
CIN	Children in Need (sec 17 Children Act)
CP	Child Protection
DCS	Director of Children's Services
DfE	Department of Education
DPH	Director of Public Health
GP	General Practitioner
HASH	Hillingdon Association of Secondary Heads
HCFTB	Hillingdon Children and Families Trust Board
HCH	Hillingdon Community Health
HMIP	Her Majesty's Inspector of Prisons
ICT	Information and Communication Technology
IDVA	Independent Domestic Violence Advocate
ISA	Independent Safeguarding Authority
JSNA	Joint Strategic Needs Analysis
LADO	Local Authority Designated Officer (allegations against staff)
LAC	Looked After Children

LSCB	Local Safeguarding Children Board
LSP	Local Strategic Partnership
MASH	Multi-Agency Safeguarding Hub
NOMS	National Offender Management Service
NSPCC	National Society for Prevention of Cruelty to Children
NPIA	National Policing Improvement Agency
PIP	Partnership Improvement Plan
POC	Policy Overview Committee
PCT	Primary Care Trust
PEECS	Planning, Environmental, Education Community Services
SAPB	Safer Adults Partnership Board
SCIE	Social Care Institute for Excellence
SCR	Serious Case Review
SEN	Special Educational Need
SIT	Safeguarding Improvement Team (NHS London)
SOS	Signs of Safety
THH	The Hillingdon Hospital
YOS	Youth Offending Service
UKBA	United Kingdom Border Agency

APPENDIX 3: LSCB Budget

Income 2013-14

Health	60,000
Local Authority	61,250
Metropolitan Police	5,000
UK Border Agency	5,000
Probation	2,000
CAFCASS	565
Government Grant (Munro funding)	38,000
TOTAL	171,815

Outgoings 2013-14

Staffing	96,907
Non-staffing	83,935
Chair	24,000
E-learning	9,000
Central Costs	20,200
Catering	1,000
TOTAL	235,042
Deficit	**63,227**

Nb: This identified deficit includes some SCR activity

APPENDIX 4: PERFORMANCE DATA

Police Performance:

In 2013-14 Northwood CAIT improved its performance against SCO5 detection targets as shown below:

	May '13	Apr '14	SCO5 Target
Overall detection rate	11.5%	23.08%	22%
Rape	16.7%	39.5%	22%
Serious Sex Offences	12.5%	36.8%	22%
Violence with injury	6.7%	20.7%	34%

Northwood CAIT serves Ealing and Hillingdon Boroughs. The statistics shown indicate CAIT performance over both Boroughs.

The performance objective for the current year is to improve on 2013-14 detections. The challenge is to achieve this alongside a 20% reduction in costs over 4 years.

Hillingdon Borough Police have provided the following performance figures in respect of children and young people under the age of 18:

From 1 April 2013 until 31 March 2014 there was a total of 1822 victims in the Borough (126 fewer than the previous year) whereby they have been shown as vulnerable for being 17 or under. (under 18). If informants and Witnesses are counted in the figures then this figure goes up to 2325.

2013/2014

APRIL - 140

MAY - 174

JUN - 138

JUL -156

AUG - 119

SEP - 144

OCT - 182

NOV - 135

DEC - 152

JAN - 155

FEB - 139

MAR - 188

TOTAL 1822

The **Multi Agency Safeguarding Hub (MASH)** now based at the Civic Centre has superseded the MPS, Public Protection Desk. Statistics recorded during the year for Pre Assessment Checklists/Pre birth PACS in total 5894 ,

(1,486 more than the previous year).

April 2013	399 Pacs	+	44 Adult reports
May 2013	438	+	30
June2013	389	+	60
July 2013	428	+	50
Aug 2013	316	+	63
Sept2013	388	+	63
Oct 2013	440	+	107
Nov 2013	395	+	105
Dec2013	400	+	108
Jan 2014	426	+	99
Feb 2014	385	+	120
March 2014	480	+	161

These figures show a significant increase in both Pacs for children and Vulnerable adults coming to notice, which is continuing into the new financial year as shown below.

April 2014	489	+	147 Adults
May 2014	498	+	171
June 2014	480	+	169
July 2014	535	+	154
Aug 2014	420	+	185

Additionally these figures do not account for the extra work involved in the MASH process that has been taking place since September 13 when police began working at the civic centre.

Hillingdon MASH deal with Heathrow reports as they do not have a PPD/MASH.

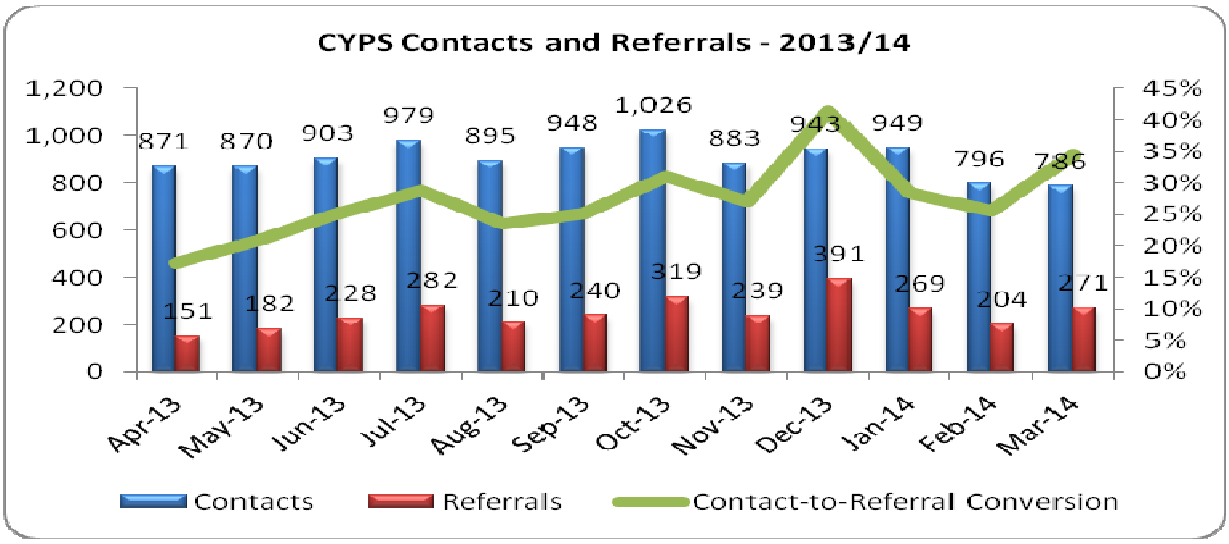
Unfortunately within Merlin separation of these figures cannot be achieved to ascertain the percentage of reports that are generated from the airport because all reports default to XH MASH/PPD.

However they are included in Hillingdon's figures and they are significantly increasing as counter terrorism operations/ FGM operations (Violet) and the roll out of the Vulnerable Assessment Framework takes place.

Child Protection and Partnership Performance Data:

Contacts and Referrals

There were 887 contacts to Children's Social Care in April 2014. The number of referrals was 265 giving a contact-to-referral conversion rate of 30% for the month. The table below shows a steady increase over the year 2013/4.



The table below provides a comparison of 2013/14 data with the previous year.

CYPS Contact and Referrals 2013/14			
	2013/14	2012/13	Variance
Number of Contacts	10849	12145	-11%
Number of Referrals	2986	3176	-6%
Contact to Referral Ratio	28%	26%	
Number of NFA	7863	8969	-12%
Contact to NFA Ratio	72%	74%	

There was a small decrease in contacts and referrals compared to last year. A shared understanding of thresholds from partner agencies as well as social

work staff is central in ensuring that appropriate contacts are progressed by social care.

Implementation of effective early intervention systems may lower demand around statutory services. Early intervention work is currently being delivered through the Family Key Working Service.

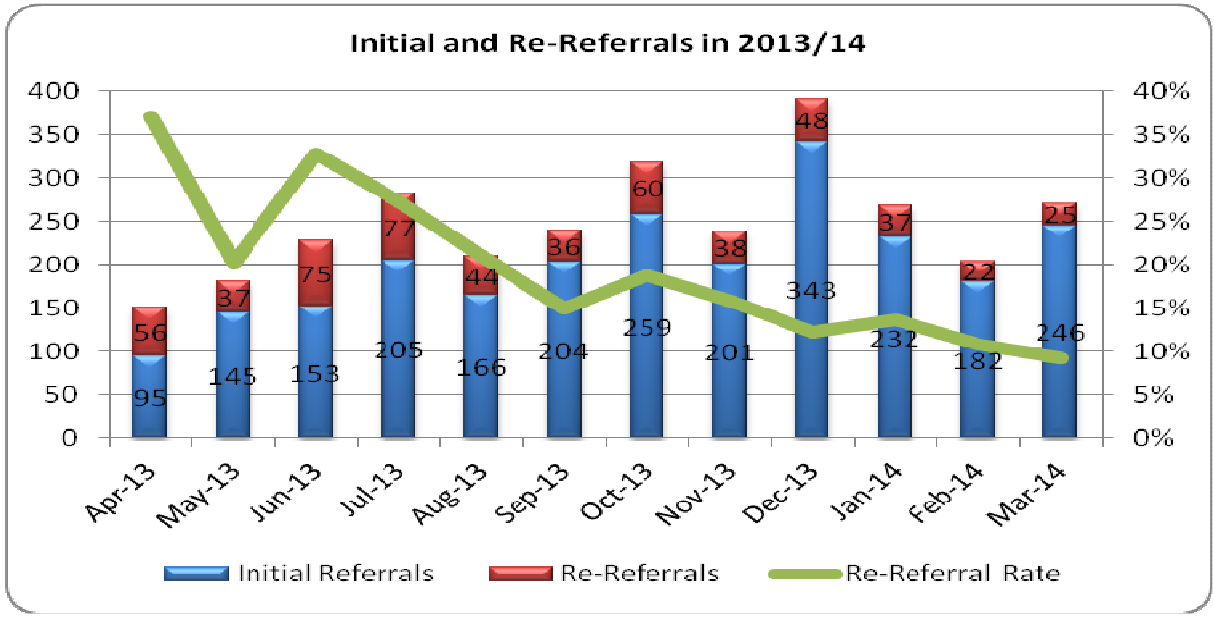
Re-Referral Rate

The table below shows the change in re-referral numbers for the last two years.

CYPS Re-Referrals 2013/14			
	2013/14	2012/13	Variance
Number of Re-Referrals	555	750	-26%
RE-Referral Rate	19%	24%	-5%

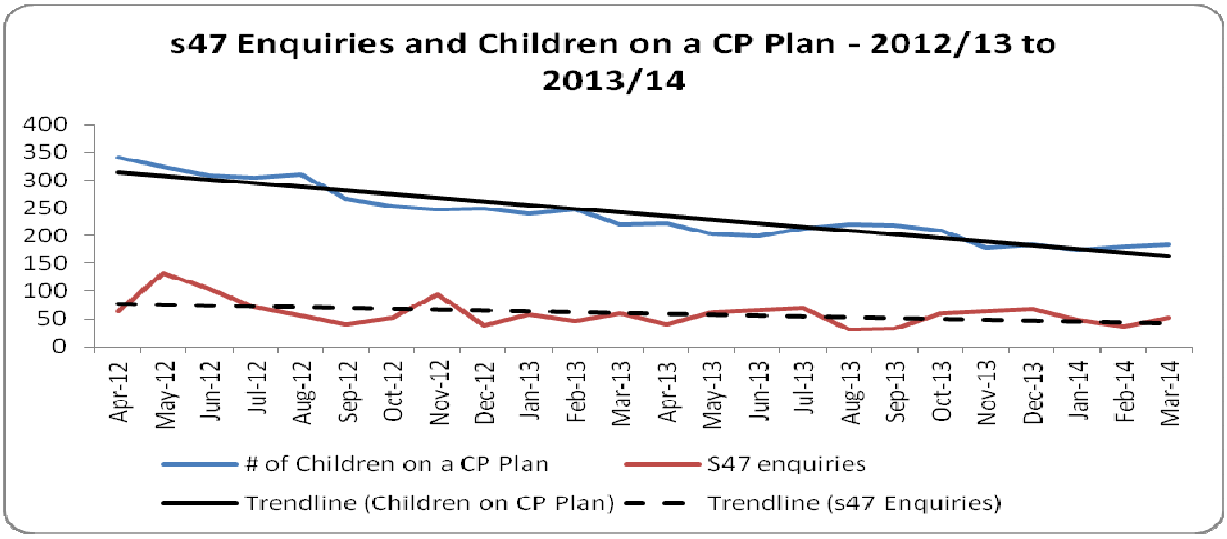
The fall in the number of re-referrals over the last twelve months is positive and may indicate that decision-making and thorough completion of tasks has improved.

Chart 2



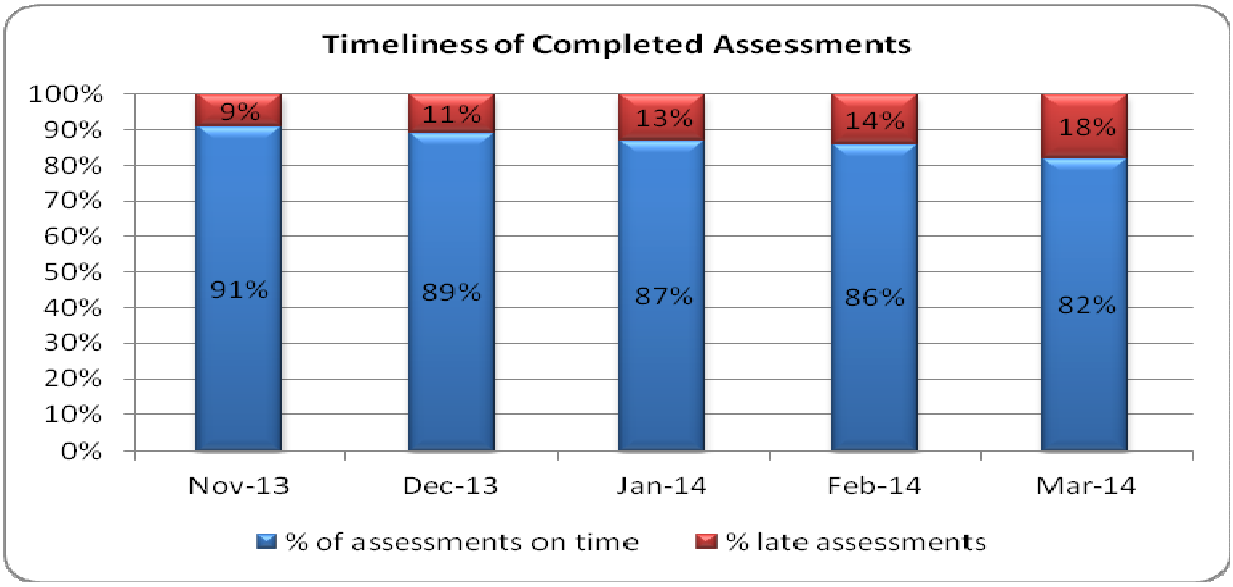
The 2014/15 target re-referral rate has been set at 15%.

Child Protection



A broad ratio of s47-to-ICPC can be calculated to show conversion rates for the last two years:

SECTION 47 PROGRESS			
	2012/13	2013/14	Variance
S47 Enquires	816	630	-23%
Number of ICPC	241	245	+2%
S47 to ICPC Ratio	30%	39%	+9%
Number of NFA's	575	385	-33%
S47 to NFA Ratio	70%	61%	-9%



Partnership Data

A&E data below has been provided by the Hillingdon Hospitals NHS Foundation Trust.

A&E DATA – Children under 18 years of age				
	2012/13		2013/14	
	Number Presenting	Number Admitted	Number Presenting	Number Admitted
Alcohol Intoxication	29	6	33	2
Mental Health	52	11	41	4
Self Harm	10	6	13	1
Substance Misuse	14	0	6	3
Overdose	96	23	71	9

Workforce Data

The following table shows vacancy rates using data from Hillingdon's HR system and information provided by the NHS.

WORKFORCE VACANCY RATES		
	2012/13	2013/14
Children's Social workers – HCPC registered inc. Managers & Service Managers	19%	32%
Nurses (Paediatrics)	10%	5%
Midwives (Maternity)	2%	2%
Nurses (A&E)	11%	20%
Health Visitors	7%	13% (Q3)

As reported in June 2014, there are 175 qualified social worker posts (HCPC) within CYPS with 109 (62%) of these filled permanently. Of the 66 vacant posts, 59 are filled by agency workers.

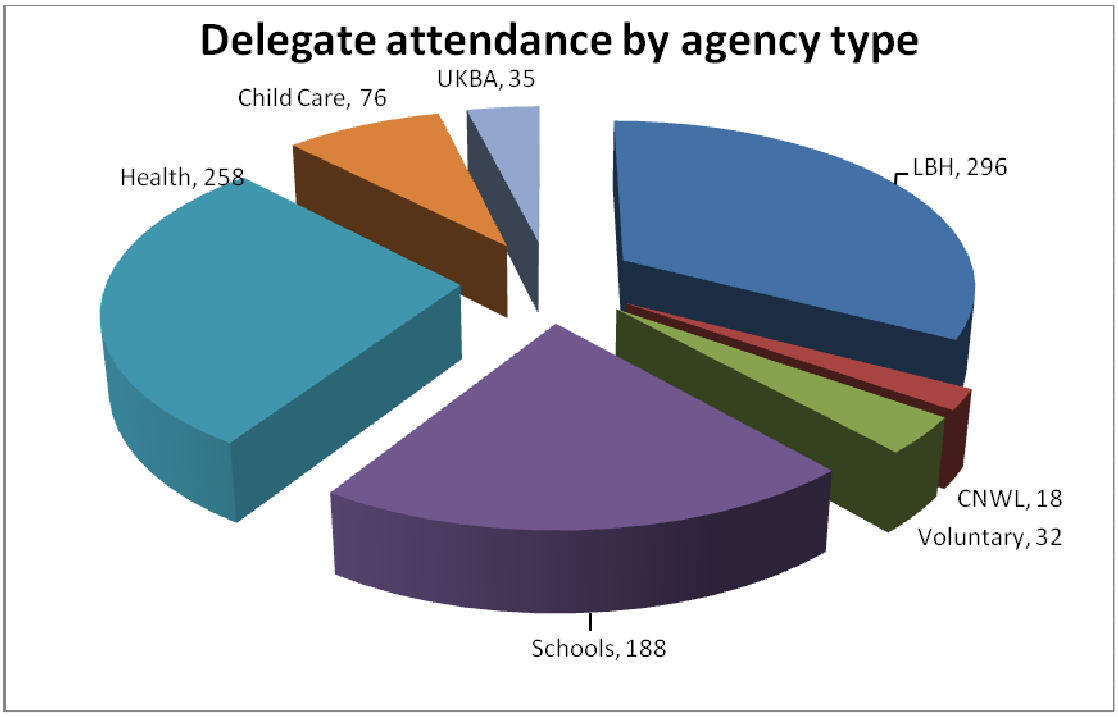
Recruitment issues continue to challenge the stabilisation of the workforce with feedback from other London Boroughs suggesting that recruitment and retention of experienced social workers, particularly in the child protection, is proving challenging.

Learning and Development.

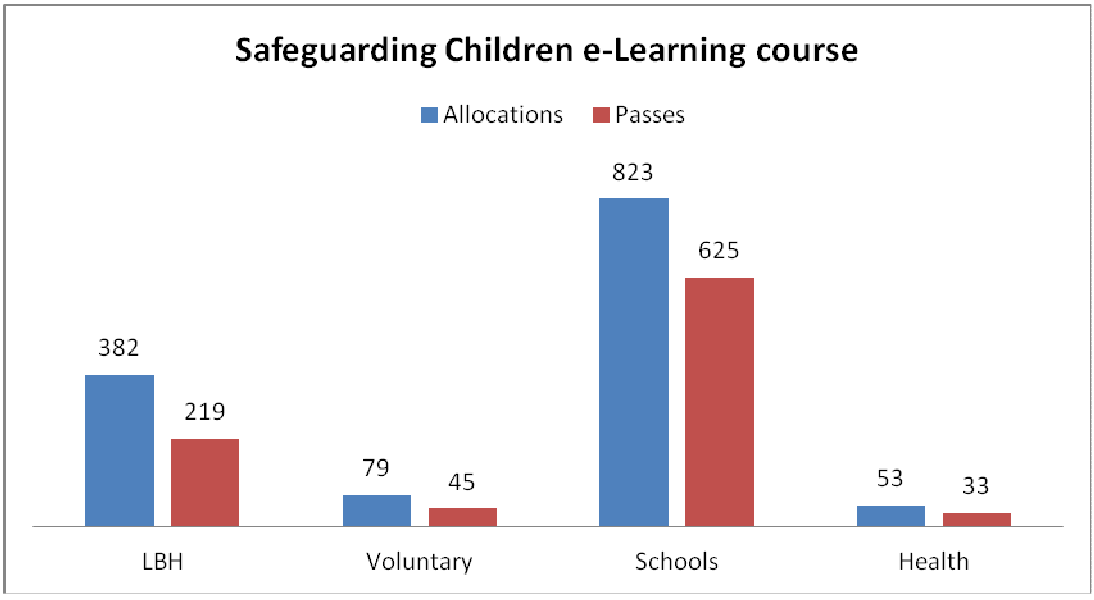
Classroom based learning

The chart below shows the percentage attendance by agency type and we can see that the greatest users of the programme are Schools (including FE Colleges), Health (including hospital staff) and the Local Authority.

Working Together to Safeguard Children	176	£0
Refresher Working Together	207	£0
Core Group Training	29	£0
Child Trafficking	61	£3,200
Domestic Violence - Impact on Children	28	£0
Awareness of Emotional Abuse	36	£0
Multi Agency Safeguarding Hub - Awareness	96	£0
Signs of Safety Methodology Training	270	£20,459
Grand total	903	£23,659.00



The chart below illustrates the usages of this e-Learning module by agency type

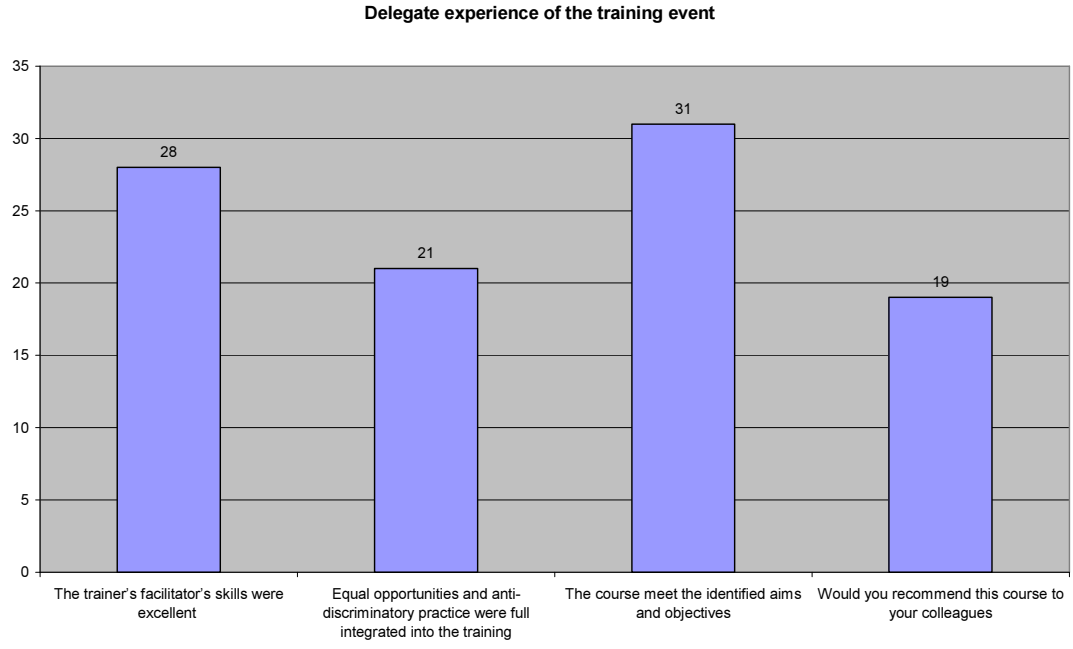


The table below gives the number of delegate places used by each agency type and the percentage of delegate places used overall for the year 2013-2014.

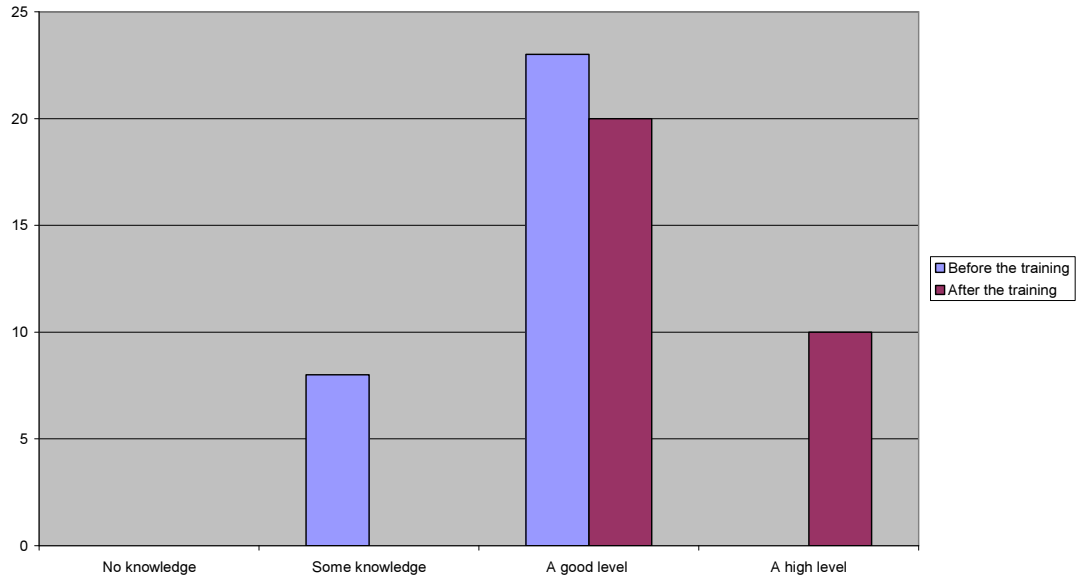
Training Method	Schools	Local Authority	Health	Other**
Classroom delivery	188	296	258	161
e-Learning	625	237	34	47
Total	813	533	292	208
% Use of total training on offer	44.04%	28.87%	15.82%	11.27%

** =Voluntary Sector / Child Minders / UKBA etc..

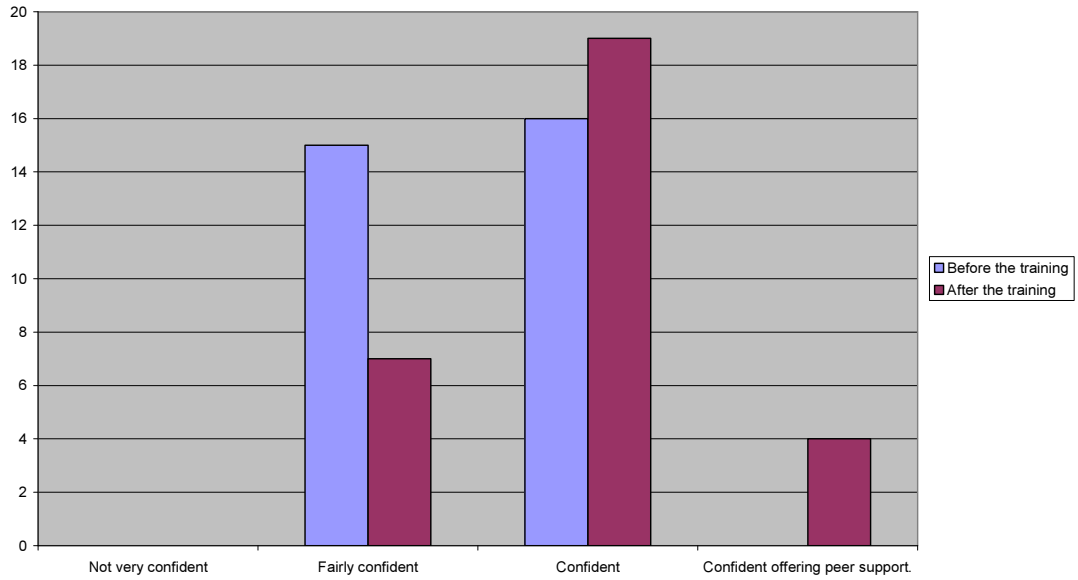
The LSCB undertook a pilot within the year to evaluate the impact of training, the following tables illustrate the feedback.



Delegates knowledge before and after training



Delegates rate of practice confidence before and after training



ANNUAL REPORT OF THE SAFEGUARDING ADULTS PROGRAMME BOARD 2013-14

Relevant Board Member(s)	Cllr Philip Corthorne
Organisation	London Borough of Hillingdon
Report author	Lynda Crellin: Independent Chairman
Papers with report	Annual Report

1. HEADLINE INFORMATION

Summary	This paper presents the annual report 2013-14 of the Safer Adults Partnership Board (SAPB). It summarises the work done during the year and identifies areas priorities for action in 2014-15.
Contribution to plans and strategies	None
Financial Cost	None
Ward(s) affected	All

2. RECOMMENDATIONS

That the Health and Wellbeing Board:

1. **receives and notes this report, and actions identified that are being taken by the SAPB and its constituent agencies to improve the safeguarding of vulnerable adults in Hillingdon;**
2. **notes the implications of the statutory requirements of the Care Act 2014; and**
3. **agrees to receive an update following the completion of the review currently underway in order to be notified of any relevant recommendations from the review.**

3. INFORMATION

3.1. Local Authorities, statutory partners and the voluntary sector have a responsibility to follow the Department of Health guidance. The Safeguarding Adults Partnership Board (SAPB) has been established in line with the Department of Health guidance "No Secrets" (2000). Currently "No Secrets" guidance identifies Local Authorities to be the lead agency in coordinating the multi-agency approach to safeguarding adults at risk of abuse in their area.

3.2. The Care Act 2014 will require all Councils to establish with partners a Safeguarding Adults Board from April 2015. The Hillingdon SAPB in keeping with best practice and ahead of the new statutory requirements of the Care Act produces an Annual report, which the Health and Wellbeing Board is asked to note.

3.3. The Safeguarding Adults Partnership Board (SAPB) leads on strategy, monitoring and reviewing the safeguarding arrangements in Hillingdon. It is a multi agency partnership where statutory independent and voluntary organisations are represented. The Annual report details what the partnership has achieved over the year, local and national developments and it presents new priorities.

3.4.The Annual report was presented to Cabinet and the Safer Hillingdon Partnership in February 2015. The Care Act 2014 will, from April 2015, set safeguarding 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.

3.5. The report presents a retrospective of safeguarding work over the year 2013/14. The year has seen good progress in the development of the Board and the wider multi agency safeguarding arrangements in the Borough. Key local developments and service changes in 2013-14 have been:

- The establishment of a vulnerable person's panel that acts as a forum for professionals to discuss cases that are a cause for concern, such as hoarding or self neglect and formulate effective management plans.
- The creation of a Care Governance Board made up of senior managers within Adult services to oversee the quality of local provision and coordinate action to improve services that fall below the quality threshold.
- The implementation of the Winterbourne View plan, by reviewing current commissioning arrangements and intensive case management to ensure those people in inpatient NHS settings move to appropriate local provision.
- Reorganisation of adult social care to ensure that adult safeguarding is embedded across the whole operational service, rather than a single team.
- Convened the serious case review subcommittee to conduct a review and complete a multi agency action plan.
- Increase in the conversion rate of notifications to referrals indicating increased awareness of adult safeguarding.

3.6. The SAPB priorities for development for 2014 onwards have been built around the eight Association of Directors of Adult Social Services (ADASS) standards of:

- Outcomes
- Leadership
- Strategy
- Commissioning
- People's Experiences of safeguarding
- Service delivery and effective practice
- Performance and resource management
- Local safeguarding board

3.7. .In preparation for the implementation of the Care Act requirement to establish a statutory Adults Safeguarding Board, the SAPB is held on a different day from the Children's Board, thus allowing more time for the challenging agenda. There is a joint sub group that discusses issues that are of relevance to both Boards. The Council and partners have also commissioned an independent review into the functioning of the SAPB and its cross over with LSCB, in order to ensure that we are completely prepared for Care Act implementation.

3.8. The Care Act 2014 requires a Safeguarding Adults Board to be set up in each local authority area. The core members of the Board are the Local Authority, Police and Clinical Commissioning Groups and consistent membership at the highest level will be an essential requirement. The guidance also lists a number of other potential members including NHS provider trusts, probation and voluntary sector organisations. The Boards must produce a three year strategic plan, an Annual report and convene serious case reviews as required. The Act places a duty to co operate on the core members of the Board to carry out the work of the board and the conduct of safeguarding inquiries. In preparation for implementing the requirements of the Care Act the Council has commissioned external consultants to undertake a review of the current arrangements and to review the SAPB. It is expected to report shortly, which will ensure that we are able to meet the requirements of the Care Act.

3.9. The Board has identified the following priorities:

- To improve its response to abuse where the social care market is becoming more diverse and fragmented, and also to ensure that people are safeguarded at key transition points, such as hospital discharge.
- The Board also needs to ensure that the positive commitment to personalisation and choice happens, with good risk enablement practices that keep people safe but extend their choice and control over services. There is good evidence to support positive outcomes for service users from personalisation.
- The need to increase performance and quality control mechanisms across the partnership
- To implement the local Winterbourne View Action plan
- To work across agencies to improve and embed the Mental Capacity Act into practice
- Implement the Making Safeguarding Personal initiative in Hillingdon to , increase user satisfaction and achieve improved outcomes

3.10 The evidence indicates that Hillingdon responds appropriately across agencies to concerns about adults at risk. However, there are some important challenges:

- Local demographic data suggests the number of vulnerable adults in the Borough will rise.
- The Making Safeguarding Personal agenda is the thread running through the Care Act implementation and this will present a challenge to all staff to ensure that it is fully embedded in work with vulnerable adults.
- A recent court judgment has greatly increased the workload and consequential costs in respect of deprivation of liberty assessments.
- The actions arising from the Winterbourne Review are still ongoing and the challenge remains of ensuring the safeguarding people with learning disabilities in long term care, whilst planning their move into community settings.

3.11. It should be noted that the role, expectation and workload of the Adult Safeguarding Board has increased hugely over the last year, and this will continue when the Care Act is implemented in April 2015. Increased resourcing of the Board by all statutory partners will be required. The Care Act guidance is not prescriptive in terms of expected contributions from partner agencies but does recognize the need for statutory partners to ensure that statutory boards are adequately resourced to undertake their responsibilities. Some business management and administrative time will be essential to ensure that the Board can be the effective monitoring and quality assurance body that is expected in the Care Act regulations and guidance.

4. EFFECT ON RESIDENTS, SERVICE USERS & COMMUNITIES

What will be the effect of the recommendation?

To fully brief the board on the operation of the SAPB in 2013/14.

Consultation Carried Out or Required

The Board's annual report has been developed in collaboration with partners and has gone to the Council's Cabinet and to the Safer Hillingdon Partnership.

Policy Overview Committee comments

None at this stage.

5. CORPORATE IMPLICATIONS

Hillingdon Corporate Finance Comments

The actual cost of the operation of the Board in 2015/16 has still to be quantified and it is noted there may be some implications for the future level of support by partners for the Board's work once the Board is placed on a statutory footing from April 2015.

Hillingdon Council Legal comments

The role and remit of the SAPB is currently under review to ensure that it will meet the requirements of the Care Act. Under current arrangements the SAPB is well placed to be compliant with new regulations and guidance as currently understood.

6. BACKGROUND PAPERS

NIL.

Hillingdon Safer Adults Partnership Board Annual Report 2013 - 14

Contents

1. INTRODUCTION

This report covers the work of the Hillingdon Safer Adults Partnership Board (SAPB) during 2013-14. It highlights the main achievements in safeguarding Hillingdon's vulnerable adults and identifies the priority areas for improvement for the following year and beyond.

Statistical and performance information covers the period April 2013-March 2014 with significant developments in the early part of 2014-15 also included.

Ensuring strong safeguarding for adults relies on strong commitment and collaboration across services. 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.

During this year we improved quality control mechanisms by:

- Establishing a Vulnerable Person's Panel that acts as a forum for professional discussion of self-neglect cases (such as hoarding) that are a cause for concern. The panel agrees strategies for each case working across agencies.

- Creating a Care Governance Board within the Council's Adults Services to oversee the quality of local provision and coordinate action where services fall below quality thresholds.

The Care Act 2014 will require the establishment of an Adults' Safeguarding Board by April 2015. The Board will be required to have an annual plan and an Annual Report. The Act requires agencies to co-operate to deliver Safeguarding requirements. In addition, the draft guidance advises local areas to consider pooling funding to support the work of the Board.

As we move towards statutory Adult Safeguarding Boards we now hold the Adults' Board on a different day to the Children's Board.

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

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

The Making Safeguarding Personal agenda is the thread running through the Care Act implementation. This will present a challenge to all. A recent court judgement has greatly increased the workload in respect of Deprivation of Liberty assessments, and while a review of this is planned, it will not report until 2017. The current increase has added a significant amount of pressure to Council services.

The actions arising from the Winterbourne Review are still ongoing and the challenge remains to ensure the safeguarding of those in long term care while planning their move into community settings.

We need to develop capacity and improved quality assurance mechanisms in the SAPB to enable us to assess the quality of our interventions on the ground.

The personalisation agenda is extremely positive but means that we must help people assure themselves of the quality of care they are purchasing.

Lynda Crellin

Independent Chairman

January 2015

2. WHAT WE HAVE DONE

What we planned to do – our key priorities

WHAT WE SAID WE WOULD DO	WHAT WE DID
Outcomes, peoples experience of safeguarding	
Ensure that decisions are person led through informed consent whenever possible.	Acceptance of protection arrangements increased by 21%. Low level of complaints.
Leadership, strategy and commissioning	
Implement the recommendations from the Winterbourne Report and Care Qualities Commission Review of learning disability services.	Sub groups were set up to oversee establishment of local action plan, reported at each SAPB meeting. All actions on target. Those currently in placements were reviewed and SAPB assured of their safeguarding arrangements. In 2014 we have jointly commissioned with Hillingdon Clinical Commissioning Group a review of Learning Disability Services to inform our future plans for Learning Disability Services. This will inform how local services are reshaped in the light of the Winterbourne report and will be reported on in the 2014/15 Annual Report.
Implement recommendations from Francis Report.	Hospital Trusts gave assurances about compliance and outstanding actions to SAPB in October 2014.

WHAT WE SAID WE WOULD DO	WHAT WE DID
Service delivery and effective practice	
Continue to ensure pan London policies and procedures are embedded in practice.	Procedures used across all agencies. No problems reported in feedback. Review planned but deferred until implementation of Care Act.
Improve our awareness and response to abuse or exploitation originating via electronic means.	The new Homecare contract will include a requirement to ensure that all providers have a call monitoring system in place. The impact of this will be reported upon in the 2014/15 Annual Report.
Ensure and improve response to allegations of financial abuse	Some actions have been agreed as part of Safeguarding response to referrals. As the Board takes on a statutory role in April 2015 further work will be undertaken with the Safer Hillingdon Partnership.
Develop better ways of assessing risk across partner agencies.	Risk assessment now forms part of the data set that comes to SAPB.
Staff development and training to remain a priority and to focus on identified issues.	The e-learning module is in place and in use. Each agency carries out training and reports on this to SAPB. Further training on investigations undertaken for social care staff following reorganisation.
Amend recruitment policy and guidance to comply with revised CRB guidance and the Protection of Freedoms Act.	Completed within each agency.

WHAT WE SAID WE WOULD DO	WHAT WE DID
Develop better identification and support through Multi Agency Safeguarding Arrangements (MASH).	The MASH live date had been postponed at time of writing but there will be a senior social worker in Adults who will link with the MASH in the first few months. This will ensure good links between the MASH and Adults Safeguarding. It is proposed to review this in year to determine if closer alignment is required.
Performance and resource management	
Increase staff awareness of issues of self neglect/hoarding and how to respond.	Protocol and procedure developed and agreed. Plans for hoarding panel evolved into Vulnerable Persons Panel which considers all complex cases of vulnerable people through multi agency discussion and agreed actions.
Develop and disseminate local guidance around Deprivation of Liberty.	Meeting held with providers Forum. Training undertaken for providers in 2014. Web information has been reviewed as part of social care information to the public.
Develop greater professional responsibility and awareness ('whistle blowing') on poor practice and safeguarding adults at risk.	Care Governance Board established to monitor quality of care.
Safeguarding Adults Board	
Seek representation of Clinical Commissioning Group and GPs as providers on the SAPB.	CCG represented by manager and GP representatives. Lead GP for safeguarding appointed.

WHAT WE SAID WE WOULD DO	WHAT WE DID
Improve effectiveness of SAPB quality assurance processes.	Joint SAPB/NHS SAAF (Self Assessment Assurance Framework) agreed via London chairs group and implemented early 2014. Followed up by local challenge session confirm safeguarding arrangements within each agency and agree joint priorities for 2014-15.
Learn from case reviews.	Action plan from case review 2013 completed. New Serious Case Review action plan agreed in 2014.
Ensure SAPB meets requirements of Government guidance and regulation.	Postponed until spring 2015 to await Govt regulations and guidance. Review of SAPB to be completed ready for Care Act implementation. Protocol agreed with Health and Wellbeing Board.

Main Adult Safeguarding Achievements 2013-14

Hillingdon Council

A Vulnerable Persons [Hoarding] Panel now meets on a monthly basis. The Panel is a multi-agency forum chaired by the London Fire Brigade that shares information and best practice ideas with regard to complex cases including `self-neglect` and hoarding.

Care Governance arrangements have been strengthened with a regular monthly meeting chaired by the Council's Director of Adult Social Care. The meeting brings together the Safeguarding Adults Lead, Inspection and Monitoring, Performance and Category Management professionals.

The Safeguarding Adults service was reorganised in early 2014. The specialist Safeguarding team was disbanded and resources moved into Locality teams.

The Authority is now in a stronger position to work pro-actively with all service users to ensure their health and well-being are safeguarded, with changes

effectively making "Safeguarding Everybody's Business". Quality audits are planned for 2015 to ensure that the quality of safeguarding investigations is maintained, and that any findings feed into ongoing workforce development.

Hillingdon Hospital

The Head of Safeguarding received a Trust CARES award in recognition of her work for and with people with learning disabilities within the reporting period.

Central North West London NHS Trust (CNWL)

- The development of local Learning Disability Champions. This has shown commitment by individuals who have attended local learning events and have championed awareness-raising and improvement via their local service meetings.
- The ability to identify and record “carers” on our electronic patient record system so that proactive support can be put in place for those individuals.
- The opportunity to attend and present cases to the multi-agency Vulnerable Persons Panel.
- Safeguarding Adults mandatory training is consistently well attended, with an average compliance rate of 98%.
- Prevent health WRAP (workshop to raise awareness of Prevent) training is consistently offered to teams. The figures are sent to the Department of Health monthly to ensure compliance.
- Records and statistics of all safeguarding adults cases worked on are kept, with outcomes which enable the safeguarding adult’s team to monitor local themes and trends, and helps support organisational learning.
- Safeguarding leads identified in each mental health team.
- Every Datix incident report is looked at and checked to ensure that there are no possible safeguarding adult issues.
- Safeguarding adults team led on 3 audits in 2013/14. One of these audits was regarding the safeguarding adults mandatory training. In 2012/13 the audit was to ensure that the training was thorough. This had a very positive result and showed that overall the training was well received by staff. In 2013/14 this audit was built on further, by taking a random sample of staff and asking them questions about what they remembered about the training received. Again the results were good, but showed that there was some required to guarantee that all staff were aware of who the lead agency is, however all staff audited knew who to contact within CNWL with safeguarding adult queries.
- Training has been provided to Child and Families (C&F) staff with regard to mental health and addictions. Addictions and adult mental health community teams have a reciprocal arrangement where link workers from C&F meet with teams to discuss cases.

Royal Brompton and Harefield Trust

The Trust's Adult Safeguarding Policy has been revised and updated to include:

- A revised Prevent (Preventing Violent Extremism) flow chart
- Supervision for staff assessing and escalating safeguarding cases
- Deprivation of Liberty guidance
- Female Genital Mutilation (FGM)

- Prevent Strategy - Trust Executives with Safeguarding responsibilities met local Prevent police liaison officers and NHS England London Prevent to improve understanding of the Prevent and Channel referral process. The Safeguarding adult policy has been updated with a more comprehensive Prevent flow chart.

- Safeguarding/pressure ulcer protocol - The Trust is working with the Tri-borough safeguarding adult board to develop a pressure ulcer protocol to ensure there is agreement about when a pressure ulcer incident should be escalated to a strategy meeting.

- Safeguarding training standards - The Trust is working with the Tri-borough SAPB Developing Best Practice sub-group to develop a minimum standard for each of the safeguarding training levels and for MCA and DOL awareness. The objective is to develop minimum standards for partners to aspire to and produce training material for use in training sessions.

Age UK Hillingdon

420 volunteers and staff work for Age UK Hillingdon to support older people with the organisation and each volunteer is trained on safeguarding adults as part of their induction.

Age UK reviews its policies and procedures on a regular basis to ensure compliance with safeguarding and raises awareness of safeguarding with all staff and volunteers so that there is a clear process for reporting abuse.

DASH

DASH has in place robust policies for safeguarding, safer recruitment and whistle-blowing. All policies form part of our induction process and safeguarding is discussed regularly in team meetings and supervision. Staff are encouraged to raise any concerns with their team leader or the Chief Officer.

Our advocates work with people going through the safeguarding process to ensure that they are fully supported through the interviews and that their voices are heard.

All staff and volunteers are DBS checked. Casual volunteers (e.g. from Uxbridge College) at sports sessions are not checked as they are constantly supervised.

People employing Personal Assistants are assisted to follow safer recruitment procedures and DBS check the people they choose to employ.

We continue to encourage the people we work with to expect high standards from people who are working with them.

Participants at our activities are encouraged to report hate crime and with the help of an advocate and the local police we have had some successful outcomes.

Police

The Multi Agency Safeguarding Hub (MASH) now based at the Civic Centre has replaced the previous Public Protection Desks. They carry out similar functions but have more key stakeholders in the partnership than previous allowing for greater sharing of information and resources, therefore greater risk management and improved safeguarding. More statistics are provided in Appendix 3.

London Fire Brigade (LFB)

LFB initiated a local management review into the support provided to a vulnerable adult who sadly died in a fire at home, which resulted in recommendations for some partners to improve specific aspects of their service provision.

Fire crews in Hillingdon delivered 2518 free home fire safety visits to Hillingdon residents, of which 83% were to vulnerable people. In addition, a number of arson letter-boxes were fitted and sets of fire retardant bedding were provided to vulnerable residents at high risk from fire.

A major initiative during 2013-14 was the creation of a Hoarding Panel made up of key partners to review high-risk cases involving people who hoard materials in their homes. This initiative was adopted by the Safeguarding Adults Board to become the Borough's Vulnerable People Panel, chaired by the LFB. The panel receives referrals from agencies and organisations who deal with vulnerable people that fall outside of adult safeguarding criteria. Typically, the individuals represent those who suffer from self neglect due to lifestyles or health issues.

Further information on partner agencies' adult safeguarding work is provided in Appendix 3.

3. GOVERNANCE AND ACCOUNTABILITY

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 consists of all the main statutory agencies and voluntary groups who contribute to the safeguarding of vulnerable adults. A full list of members can be found in Appendix 1.

The membership and terms of reference of the Board will be reviewed and updated during 2014 in line with the Care Act 2014.

Independent chairman

Since November 2011 the SAPB has had an independent chairman, who also chairs the Local Safeguarding Children's Board (LSCB).

Relationship to agency boards

There are links across to the Safer Hillingdon Partnership and Older People's Assembly . Safeguarding also links to the Multi Agency Public Protection Arrangements (MAPPA) and the Multi Agency Risk Assessment Conference (MARAC). The Annual Report will be presented to Council Cabinet, Health and

Wellbeing Board and the Safer Hillingdon Partnership. In the spirit of partnership work in Hillingdon, each agency represented on the SAPB has contributed to this report.

The Board asked all partners to provide details of their governance arrangements, contributions to safeguarding, and training activity. Information is provided in Appendices 3 and 4.

Actions planned within each agency are included in section 7, What We Need to Do.

Sub groups

Most activities relating to the SAPB business plan have been led by a Service Manager, supported by the sub groups. These were established in 2012.

- Human resources (joint with LSCB)
- Policy and performance
- Learning and Development
- Serious case Review sub group (ad hoc as required)
- Financial Exploitation (short life group commenced in 2013)
- Winterbourne sub group (short life group commenced 2013)

Terms of reference for sub groups are included in Appendix 2.

4. LEARNING FROM CASE REVIEWS AND AUDITS

Serious Case Review (SCR)

The Board commenced a Serious Case Review in year, which was all but finished. This concerned a person who died in hospital but had clearly experienced neglect at the hands of her carer during the months immediately preceding her death. Although the review is still ongoing at the time of writing this report, some actions have already been put in place concerning procedures applying in case of non-contact (community health) and procedure for responding to alerts raised by London Ambulance Service.

Case Review

The Board also completed one further case review in summer 2013, using the SCR methodology. This concerned a person with varying capacity about whom professionals could not agree about their degree of competence.

Those who carried out the review agreed that this sort of situation presented huge challenges for professionals in terms of assessing capacity and risk and that the recommendations and plan should form a substantial element of the SAPB work plan for 2013-14.

In addition to individual agency recommendations, the multi agency recommendations were:

- Raise awareness of Mental Capacity Act; how and when to use, clarification of when a 'best interests' meeting is appropriate and risk management of people with varying capacity. Assessment to include risk of fire in the home (working smoke alarm/home living environment/cooking habits).
- Have in place agreed thresholds for review of care plan for somebody with fluctuating capacity. Ensure robust risk assessment tools are in place to identify risks and to be clear what strategies are put in place to address risk and what monitoring of that risk is in place.
- Improve discharge planning process for people with complex needs and varying capacity including consistency in assessment of decision specific capacity. To specifically address in respect of multi agency working and information sharing.
- Maximise the effectiveness of the integrated care pilot for people with complex needs and varying capacity.
- Ensure staff and front line managers are aware of decision making process contained in the London SA procedures concerning when to refer to the safeguarding team.
- Ensure all available community safety options are included in all assessments, where appropriate.

The action plan associated with this case has been completed. The embedding of awareness and practice about assessment of capacity remains a key priority for the Board going into 2014.

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 were able to receive improved performance information based on the annual safeguarding adult returns submitted to the Department of Health. The focus will include more outcome data to ensure intervention is effective.

Performance information

In April 2013, the Abuse of Vulnerable Adults return (AVA) was deleted by the Health and Social Care Information Centre (HSCIC) and the Safeguarding Adults return (SAR) was introduced. The following provide some of the main measures from the SAR return; further information and comparator data can be found in Appendix 3.

In 2013/14, Hillingdon Council:-

- Opened 499 safeguarding referrals. Of these:
    - 319 (64%) were from females, comparable to the national (60%) and regional (57%) returns.
    - 160 (32%) came from residents aged over 85.
    - 50 (10%) were previously unknown to adult social care.
    - 305 (61%) were from residents with a physical disability, above the national (51%) and regional (52%) returns.
- Closed 590 referrals, of these:-
    - 175 (30%) were due to an allegation of neglect or an act of omission, comparable to the national (30%) and regional returns (30%).
    - 250 (49%) were alleged to have taken place in the clients own home, above the national (42%) return and slightly below the regional (51%) return.
    - 290 (57%) were closed and resulted in no further safeguarding actions, above the national (36%) and regional (36%) returns.
    - 205 (40%) were closed and the risk was removed (20%) or reduced (20%), below the national (22%;35%) and regional (25%;33%) returns.

- 170 (32%) cases were substantiated fully, in line with the regional (32%) and national (30%) returns.
- 170 (32%) cases were not substantiated, comparable with the national (30%) and regional (34%) returns.
- 115 (22%) residents lacked the capacity, below the national (28%) and regional (32%) returns, however there were a greater number of clients that it was not recorded if they had capacity (33%). This will be rectified to ensure that all cases have the persons capacity recorded.

Mental Capacity Act and Deprivation of Liberty (DoL)

Responsibility now rests with the Local Authority as the sole Supervisory Body.

There are currently 2 Best Interests Assessors and the work of the Supervisory Body is overseen by the Safeguarding and Quality Manager, with support from a Senior Practitioner and Administrative Officer.

The number of applications for a DoL remains low for the period April 2013 to date. In all there have been 15 requests for a standard assessment, all from Care Homes. All were granted, and therefore were considered appropriate and proportionate

LBH has robust monitoring of registered Care Homes and the Inspection staff are well aware of circumstances that could be seen as a deprivation. Care Homes and Hospitals are the settings where Deprivation of Liberty Safeguards apply. Therefore we are reasonably confident there are not circumstances where people are being unlawfully deprived of their liberty. As part of the learning from Winterbourne Review (WBV) however, there is a focus on ensuring reviews consider if the circumstances of care could be considered a deprivation of a person's liberty. All adult social care staff have received additional training in this area, funded through the specific mental capacity grant money.

The Supreme Court judgements in the "...P v Cheshire West and Chester Council..." and "...P and Q v Surrey County Council..." in March 2014, are very significant in determining whether care/treatment arrangements for an individual lacking capacity amount to a DoL.

The Court determined that there are two key questions to consider in determining whether a person is deprived of their liberty:

- Is the person subject to continuous supervision and control?
- Is the person free to leave?

If the answer to both questions is no then the person is deprived of their liberty. Factors that are deemed no longer relevant are:

- The person's compliance or lack of objection

- The relative normality of their placement
- The reason or purpose of a particular placement

Implications for Hillingdon

This judgement has lead to a very significant increase in numbers of requests for both standard and urgent authorisations during 2014. This will place pressure on the current capacity of trained Best Interest Assessors.

In 2013/14 LBH received 15 requests for authorisations. Since the judgement 19th March 2014, LBH has received over 150 applications for the first half of the year. We have estimated that over 500 assessments may need to be undertaken for people placed by LBH. In addition there will be requirements to undertake assessments for an unknown number of people in hospital or placed by the CCG who are eligible for NHS continuing care.

We are in the process of disseminating information to Managing Authorities and partners to help them identify when applications are required. There will be a need to revisit some previous decisions made prior to the judgement.

Applications to the Court of Protection will be required for people in settings outside residential care homes and hospitals whose care is in part or wholly public funded e.g. supported housing.

Authorisation reviews are required on an annual basis so the anticipated increased demand will be on-going.

It would not be possible for the existing trained staff to undertake the number of assessments likely to be required. We are in discussion with other London boroughs and ADASS nationally is involved in assessing the impact of these changes. Locally we have set up a mini project board to oversee this task which we have invited representatives from the CCG and Hillingdon Hospital. The plan is to:

- Inform providers of the changes and outline the things they need to put in place to ensure least restrictive options are considered.
- Second the two members of staff who are trained as Best Interest Assessors (BIA) into the Safeguarding and Quality Team and back fill their posts .
- Train up an additional 6 assessors from existing staff.
- Contract with an external agency/ independent individuals to provide BIA assessments.
- Increase administrative support to two full time members of staff.
- Risk assess applications and prioritise accordingly.

The recent changes in case law will result in a considerable increase in the numbers of people who require a DoL authorisation. This will require considerable additional financial resources.

Outcomes of audits and Inspections

The safeguarding adults at risk service works closely with their colleagues in the inspection team of LBH. The role of this team is to monitor the service provision and quality of care of those providers contracted to the LBH. 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 LBH senior management team and contract monitoring meetings are held with the service providers themselves. During 2013/14 the social care inspection team carried out 155 inspections of domiciliary care services, residential and nursing homes, supported living and sheltered housing service. In addition the team worked with the police who led on the investigation of the activities of a domiciliary care agency who provided services to Hillingdon residents.

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 LBH.

The team has a particularly important role 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. Recent joint action involving the police, CQC, LBH inspection team and the safeguarding adult team concerned a domiciliary care agency and resulted in a prosecution.

Personalisation

Personalisation focused 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 also 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 posed a challenge 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.

For the year 2013-14 2,790 of eligible service users were in receipt of a personal budget.

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. 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 Self Directed Support referrals being made to the safeguarding team.

Effectiveness of the SAPB

The London Safeguarding Adults Board (SAB) independent chairs have developed a quality assurance tool for SABs in association with NHS England (London Region). The resulting tool replaced the NHS SAAF and was completed by Board partners in spring 2014. Results were collated at a challenge day in June 2014.

All agencies had robust policies and procedures in place and an appropriate focus on adult safeguarding. There was considerable consensus about the challenges and areas for development which have been incorporated into the SAPB plan for 2014-15.

Membership and terms of reference of the Board will need to be refreshed to meet the requirements of the Care Act and to ensure maximum effectiveness.

Overall effectiveness

The information we have given provides reassurance that the multi-agency system to safeguard adults in Hillingdon is working well. There is strong multi agency commitment through the SAPB, evidenced by the information provided in this report. Safeguarding 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. Performance figures overall indicate high levels of awareness and robust response to safeguarding concerns. 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. In this context the SAPB has developed further local guidance and procedures to ensure robustness of response to concerns.

Hillingdon is compliant with the initial review requirements from the Winterbourne Review and all those currently in a hospital setting have had their care reviewed. Plans are in place to move those from hospital settings into the community, though this has considerable resource implications as the existing funding remains with NHS England and does not revert to the placing authority. The Winterbourne sub group is being reviewed to ensure more focus on commissioning and to look at what care and support needs to be put in place for users.

The SAPB is developing ways to monitor progress against the recommendations contained in the Francis Report. LBH and SAPB are well placed to comply with any requirements arising from the Care Act and are looking to further develop our work in 2014/15 to use information from risk assessments to assess the effectiveness of the safeguarding response to concerns.

6. NATIONAL AND LOCAL CONTEXT: implications for safeguarding

Government policy

The statement of the 16th of May 2011 of Government policy on adult safeguarding by the Department of Health 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 refreshed these principles with a further statement on the 10th of May 2013 which drew on safeguarding national events since 2011. It placed the following emphasis on local safeguarding activity:

- Collaborative working to improve outcomes and avoidance of duplication.
- Providers' core responsibilities to ensure safe, effective and high quality services.
- Work collectively to respond appropriately to safeguarding concerns as well as those concerns that relate more to service standards.
- Ensure commissioned services are of a high quality and arrangements are robust for responding to concerns.

The statement retained the principles outlined above but wanted more emphasis on prevention and proportionate response to concerns.

The Care Act 2014

The Government has accepted the recommendation of the Law Commission in making SAPBs statutory. The Care Act outlines changes for safeguarding adults. These include:

- 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 which may broaden those adults considered at risk.
- The functions of the SAPB will be defined in statute.
- Section 47 of the National Assistance Act 1948 will be repealed as incompatible with the European Convention on Human Rights.

Depending on the statutory scope of the SAPB's work and requirements placed on the Local Authority, there will be financial implications for LBH 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, LBH's adults and children's Boards working with each other has enabled efficient use of existing resources. Despite this, it is noted that administrative gaps do emerge with the need, for example, to take forward the work of the Winterbourne View Hospital review outcomes.

NHS changes

The NHS continues to evolve and by the end of 2012-13 the local cluster groups were replaced by GP led Clinical Commissioning Groups (CCGs). In taking over their responsibilities, there was an assurance process required of them by the NHS Commissioning Board which includes reference in several parts to safeguarding, both children and adults. E.g. “Clear line of accountability for safeguarding is reflected in CCG governance arrangements” and the CCG “has arrangements in place to co-operate with the local authority in the operation of the LSCB and SAB.” The respective Boards worked with the CCGs on the assurance process which has been completed and usefully defines the expectations on our new Health partners.

A related change also occurred in April 2013 when the former Hillingdon PCT handed over their Supervisory Body functions under the Mental Capacity Act / Deprivation of Liberty Safeguards to the Local Authority. Hillingdon was in the fortunate position of operating a joint Supervisory Body with the PCT prior to this transfer and there was no significant impact prior to the recent court judgement.

Winterbourne View and the Francis Report

The scandal of Winterbourne View (WBV) Hospital has been prominent with the conviction of the perpetrators of abuse at this private Hospital for people with learning disabilities and autism, run by Castlebeck. The convictions in August 2012 enabled the release of the Serious Case Review by Gloucester Social Services and on the 10th of December 2012, the publication of the Government’s report into Winterbourne View. The SAPB has already been briefed on the recommendations arising and reviewed the ADASS compendium of recommendations which draws together the number of reports published on WBV.

LBH and partners’ response to WBV has been to set up a sub-group of the SAPB, linked in to the Learning Disabilities Partnership Board and reporting to both Boards. An Action Plan, based on the Department of Health’s final report recommendations and the LGA “stock take” of WBV actions, issued recently, has been drafted and is reported on at every SAPB meeting. LBH and partners were compliant in meeting the deadline of June 2013 for reviewing all Learning Disability service users placed in assessment and treatment facilities commissioned by Health.

Local developments

The London multi-agency safeguarding adults at risk policies and procedures are now implemented in all London Boroughs underpinned by practitioner’s guidance. The policy and procedures introduce a consistent framework by which adults are safeguarded. It means having consistent definitions of roles

and responsibilities, timescales for responding and promotes better partnership working and in particular, cross boundary working. There have been no financial implications for LBH.

Procedures will need to be updated by April 2015 to meet the requirements of the Care Act.

Multi-Agency Safeguarding Hub [MASH]

The MASH model is a national multi-agency initiative to provide information sharing arrangements across all agencies involved in safeguarding children. Those involved are employed by their respective agency i.e. police, health and local authority and located in one office.

LBH have signed up to developing the MASH model at the point of referral within Children's Social Care. LBH have further committed to managing Adult Safeguarding referrals using the MASH model. In doing so they would be one of the first London Borough to achieve this dual role.

A MASH Operational Delivery Group was set up and taken responsibility to deliver Hillingdon's MASH by end of September 2013. The group includes representatives of all the key agencies involved in safeguarding.

7. WHAT WE NEED TO DO: priorities for SAPB 2014 onwards

The SAPB held a challenge day with partners in Spring 2014 in order to review the quality audit and agree SAPB priorities for the future.

There was a great deal of consensus about the challenges faced and priorities required. Headline priorities agreed were:

- Ensure SAPB is reviewed and refreshed in line with the Care Act.
- Improve staff awareness about the Mental Capacity Act and its use, and ensure this is embedded in practice.
- Improve practice through use of staff supervision and consultation (including exit interviews) across agencies.
- Improve the information available to help improve performance information and information about quality of care.
- Improve information about outcomes for service users, and improve satisfaction levels.

Performance activity, local and national learning, plus consultations with staff and partners, has indicated that our priorities are the right ones.

Outcomes for Service Users

Improve information about service user outcomes and increase satisfaction ratings:

- Continue to use risk assessments to demonstrate risk reduction.
- Increase service user involvement in care planning, using advocates as appropriate.

Leadership strategy and Commissioning

- Implement the recommendations from the Winterbourne Report and Care Qualities Commission Review of learning disability services.
- Successfully implement recommendations and requirements from Francis report.

Service Delivery and Effective Practice

- Develop better identification and support through Multi Agency Safeguarding Arrangements (MASH).
- Improve awareness and response to abuse or exploitation originating via electronic means.
- Ensure and improve response to allegations of financial abuse.

Performance and Resource Management

Develop and improve SAPB performance monitoring systems:

- Establish dashboard of multi agency data, to include DoL applications.
- Assess quality of local practice by receipt of reports from Governance Board, Vulnerable Persons Panel, Sudden Untoward incidents (SUIs).
- Develop programme of themed Multi Agency Case Audits (MCA).

Ensure an effective workforce:

- Deliver multi agency training/workshops on MCA.
- Each agency to improve use of supervision and other methods (e.g exit interviews) for consulting with staff and embedding good practice.
- Carry out staff survey.

Effectiveness of SAPB

Ensure compliance with Care Act:

- Review and update terms of reference and membership.
- Secure agreement for resources from partner agencies.
- Consolidate and establish multi agency sub groups.
- Revise and update procedures.
- Consolidate relationships with other strategic groups.

Learn from case reviews:

- Audit practice relating to 2012-13 case review.
- Complete SCR and develop action plan.

Individual agency plans

Hillingdon Council

Key plans include:

- Building in robust quality assurance arrangements around Safeguarding and general Social work practice.
- Developing outcome focussed, person centred planning, within the context of Safeguarding adults.
- Embedding awareness and consideration of Deprivation of Liberty issues in everyday Social work practice.
- Continue to develop Care Governance Board.
- Implement workforce development programme.
- Join the Making Safeguarding Personal Initiative.

Age UK

- Keep up to date with new developments in Safeguarding and Disclosure and Barring.
- Develop existing database to include alerts and keys steps taken in relation to safeguarding for individuals.

- Implement the Care Act Safeguarding measures as required.

The Hillingdon Hospital

Key challenges include:

- The achievement of > 80% compliance with Level 1 Safeguarding Adult training.
- A greater understanding and embedding of MCA and DoLS for staff, especially in the light of recent developments with DoLS, though improvement can be evidenced by the yearly re-audit findings.

Brompton and Harefield

Key plans and priority actions include:

- To continue to deliver safeguarding training in line with Government guidance.
- To develop a minimum standard for each of the safeguarding training levels and for Mental Capacity Act (MCA) and Deprivation of Liberty (DOL) awareness in conjunction with local SAPBs.
- Develop areas highlighted by the safeguarding audit tool in conjunction with local SAPBs.
- Continue to develop the Prevent awareness roll out across the Trust.
- Target the non-clinical non-patient facing staff of the Trust who are the majority of the staff who have not received any Safeguarding training.
- Ensure the Trust meets all requirements of the Care Act.

CNWL

Key plans include:

- The Care Act provides a legislative duty on all organisations to protect and support people who need it most and to take forward elements of the government's initial response to the Francis Inquiry. This is likely to require changes to how safeguarding is managed across the organisation.
- New legislation regarding DoLs will have a direct impact on how front line staff manage cases and training will need to be changed to incorporate this.
- It is acknowledged that staff struggle to apply the theory of MCA and DoLs to clinical practice and therefore the content of training will be further evolved to place a much greater emphasis on 'case studies' to embed learning in practice.
- To secure more places on WRAP Training for CNWL key staff in order to deliver more Prevent training to staff.
- To identify and target teams that do not ring with safeguarding adults queries and do not raise safeguarding adults alerts, to ensure that staff in these teams have sound understanding of the safeguarding adults process in Hillingdon.
- To be involved in training for children's services about where the Children and Families Act meets MCA.

- To build and maintain open contacts with the local voluntary organisations where change has taken place.
- To work with LBH to look at agreeing the best model for the Safeguarding Adults Manager (SAM) resource within the integrated health and social community mental health teams.
- To work with LBH to develop staff as SAMs in order to be more involved in investigations.
- To embed the use of Datix system to assist senior management in triangulation of information with regards to safeguarding, incidents, complaints etc. to identify any areas of concern. To provide training to staff to support this approach.
- To develop tracker system across the borough's mental health services to capture all the safeguarding processes and analyse the number of alerts, referrals and type of abuse.
- To ensure process is more user-led and record what a user wants as the outcome of an alert and investigation being carried out.
- Domestic Violence training to be sourced and offered to all staff.
- Structures for Safeguarding Adults across the trust to be reviewed and to consider the establishment of a local CNWL Hillingdon safeguarding group which brings together both our community and mental health services.
- To lead on 3 meaningful audits these are planned to be staff opinion of MCA training received, whether staff are completing care plans for patients with learning disabilities properly and recognising the reasonable adjustments needed and thirdly auditing what services clinical staff are directing carers too.
- To continue to take part in any SAPB multi agency work, including attendance at SAPB sub-groups when they are re-introduced.
- Review of Trust information-sharing policy within multi-agency framework and develop process and system to support frontline staff to share information.
- To carry out across the trust a user-led audit, Oct/Nov 2014 with the Trust NICE clinical lead to test whether the safeguarding process has helped at risk adults feel safer.
- CNWL Safeguarding Adults review to take place by an external safeguarding adult's specialist.

London Fire Brigade

Key plans include:

- To continue to promote the use of sprinklers and other automatic fire suppression systems in buildings used to house vulnerable people, or to have them discreetly installed temporarily in the homes of vulnerable people to assist them to remain living in their home.

- To focus attention on care homes and sheltered housing in the Borough. 2400 free Home Fire Safety Visits (HSFV) (1920 in the Borough) will be delivered of which 80% will be in the homes of vulnerable people. Existing HFSV partnerships with organisations that provide services to vulnerable people will be maintained and a number of other partnerships

will be established to ensure that 20% of our HFSV referrals come from our partners.

- The LFB will continue to work with the LBH to tackle the Beds in Sheds phenomenon and ensure that Houses of Multiple Occupation (HMO) are fire safe for those that reside in them.

8. CONCLUSIONS

The information we have indicates that we are successfully supporting residents and safeguarding vulnerable adults**.** Response and investigation has on the whole been speedy and proportionate and vulnerable adults have been appropriately safeguarded. The establishment of the Care Governance Board and the Vulnerable Persons Panel have created constructive vehicles that should enhance multi agency communication and information sharing.

Case reviews and other information, however, also indicate that there are some potential risk areas. Staff remain unconfident in use of the Mental Capacity Act and there is evidence of further improvement needed in information sharing, particularly at high risk transition points such as admission to and discharge from hospital. We need to ensure that reorganisation in social care does not lead to a reduction in assessment and planning standards.

Reductions in resources across all agencies inevitably has an impact on capacity and external factors – such as High Court Judgement on DoL – puts increased strain on those resources.

Whilst partnership working is strong, we have concerns about commissioning processes, particularly the separation of responsibilities across the Clinical Commissioning Group and NHS England. This has an impact on planning, particularly for those who are mentally ill, or who have learning disabilities. NHS England has so far not been represented on the SAPB, although we understand that there are plans to develop co-commissioning arrangements. We also wish to develop our relationships with GPs as critical providers and coordinators of services.

The implementation of the Care Act along with the personalisation agenda, will involve a step change in how all professionals work with adults.

LBH have commissioned a review into the SAPB to assist us in our planning for Care Act implementation, to ensure we can be as effective as possible in our monitoring and assurance role.

It is vital that all partners ensure that the SAPB is appropriately resourced to carry out its functions and to comply with its statutory responsibilities.

APPENDIX 1: SAPB membership

Chairman Lynda Crellin -Independent

Local Authority

- Cllr Phillip Corthorne – Cabinet Member LBH
- Tony Zaman - Director of Adult Services, Adult Social Care & Interim Director of Children & Young People's Services LBH
- John Higgins – Head of Safeguarding Quality and Partnerships LBH
- Marcia Eldridge – Learning & Development Manager LBH
- Sharon Daye - Interim Director Public Health LBH

Health

- Barbara North – Dignity &Safeguarding Adults Lead, Hillingdon Community Health
- Maria O'Brien – Divisional Director of Operations, CNWL Trust
- Anna Fernandez – Safeguarding Lead, Hillingdon Hospital Foundation Trust
- Sandra Brookes – Service Director, Adult Mental Health Services, CNWL
- Helen Goodman - ICP Project Manager/Discharge Improvement Lead Royal Brompton & Harefield Hospital Trust
- Dr Reva Gudi –GP Lead CCG
- Esme Young –Management Lead CCG

Police

- Graham Hamilton – Detective Inspector, Public Protection Group, Met Police

Voluntary Sector

- Angela Wegener – Chief Executive, DASH
- Karen Elliott, Age UK Hillingdon
- Christopher Geake, MIND
- Claire Thomas/Julie Simmonds – Hillingdon Carers
- Graham Hawkes - Healthwatch Hillingdon

Other

- Jerome Kumedzina, London Fire Brigade

APPENDIX 2: 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.
(d) 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.
(e) To undertake the work, with partners, to implement the action plan agreed by the SAPB.
(f) 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

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.

6. Winterbourne View Hospital Recommendations

This is a time limited sub-group, formed with a remit to review the outcomes and recommendations arising from the Department of Health review of Winterbourne View Hospital and other relevant reports, and to frame a local multi-agency response. It is chaired by the Service Manager for Disabilities LB Hillingdon.

Remit:

(a) To review the contents, outcomes and recommendations of the following documents and any other relevant information the sub-group deems appropriate.

- "Transforming care: A national response to Winterbourne View Hospital" (Department of Health final report – December 2012)
- "DH Winterbourne View Review Concordat: Programme for Action" (December 2012)
- "Winterbourne View – A Compendium of Key Findings, Recommendations and Actions" (ADASS)

(b) To formulate a multi-agency Hillingdon response to the recommendations identified in the documents in a) above, write an action plan of key tasks to be completed, with timescales, (bearing in mind Government requirements) and to recommend which Hillingdon individuals or agencies should be responsible for the key tasks. To also prioritise these key tasks and identify and include any actions already taken that relate to recommendations in the documents above.

(c) To identify any actions required that fall outside the remit of partner agencies within Hillingdon or other 'gaps' and to recommend what actions be taken, at what level, with regard to these.

(d) To identify to the Safeguarding Adults Partnership Board Chair and Learning disabilities Partnership Board Chair any significant areas of risks ahead of presenting the completed action plan with recommended actions.

(e) To present the completed action plan to the Safeguarding Adults Partnership Board and Learning Disabilities Partnership Board for approval by 29th June 2013 (SAPB) and 9th of July 2013 (LDPB).

(f)) To recommend what monitoring arrangements should be in place for ensuring the action plan is completed and how this monitoring is maintained after completion.

(g) To recommend what future commissioning arrangements should be for services, to ensure they are in line with the model of service delivery in the action plan.

APPENDIX 3: Governance and partnership adult safeguarding activity

HILLINGDON COUNCIL

Adult Social Care conducts investigations for safeguarding referrals of vulnerable adults. This was undertaken by a central team but from March 2014 this function has been devolved into operational teams. This is consistent with our approach that safeguarding is everybody's business.

The Department has run a number of training courses on both conducting safeguarding investigations and carrying out the safeguarding adult's manager role. This has now become an ongoing programme.

The Department has established a Care Governance Board and provider risk panel to further enhance the over view of quality in local services. The board is over seen by the Director of Adult Services and ensures that a strategic approach is taken to developing the quality of local services.

The activity information related to Adult Safeguarding is reported elsewhere in this report. The performance team produce monthly reports about safeguarding referrals. The performance reports are regularly reported to the Senior Management Team and the Safeguarding Adults Partnership Board.

POLICE

Missing Persons Unit

The Missing Person's Unit is a dedicated unit with experienced staff whose primary function is to manage the investigations of Adults reported as missing. Their aim is to locate missing persons, make them safe and ensure a full de-brief is held upon their return.

To provide some insight into the volume of investigations dealt with by the unit we can confirm that between the 1st April 2013 and to 31.March 2014 there were **456 adults** reported as missing in Hillingdon Borough. These are broken down into the following categories. Missing persons are graded differently in terms of risk, this enables senior officers to decide the level of response each investigation receives.

- 275 were male
- 181 female.
- 71 High Risk (36 Male/35 Female)
- 245 Medium Risk (149 Male/96 Female)
- 140 Low Risk (90 Male/50 Female)

MASH (Multi Agency Safeguarding Hubs)

The Multi Agency Safeguarding Hub (MASH) now based at the Civic Centre has replaced the previous Public Protection Desks. They carry out similar functions but have more key stakeholders in the partnership than previous allowing for greater sharing of information and resources, therefore greater risk management and improved safeguarding. Again Statistics below demonstrates the volume of work done by the unit:

5894 Pre Assessment Checklists/Pre birth were received, 1,486 more than the previous year.

MONTH	Children	Adult
April 2013	399 PACS	+44 Adult PACS
May 2013	438	+30
June2013	389	+60
July 2013	428	+50
Aug 2013	316	+63
Sept2013	388	+63
Oct 2013	440	+107
Nov 2013	395	+105
Dec2013	400	+108
Jan 2014	426	+99
Feb 2014	385	+120
March 2014	480	+161

Its worthy of note that the figures show a significant increase in Pac's for Vulnerable Adults and this trend has continued into this financial year.

April 2014	489	+147 Adults
May 2014	498	+171
June 2014	480	+169
July 2014	535	+154
Aug 2014	420	+185

The Hillingdon MASH team also deals with Heathrow policing commands PACS as they do not have their own MASH.
Unfortunately within Merlin separation of these figures cannot be achieved to ascertain the percentage of reports that are generated from the airport because all reports default to Hillingdon borough because of Heathrow's geographical location being on Hillingdon boroughs area.

Whilst the MASH has been set up and is in place it awaits a "go live date". It is working well and will be enhanced further when additional resources from key partners are committed to the project. This will ensure effectiveness and deliver quality outcomes.

MAPPA (Multi-Agency Public Protection Arrangements)

The MAPPA is responsible for the risk assessment, management and planning for cases under the following criteria:

Category 1: All registered sex offenders.

Category 2: All violent offenders sentenced to a custodial sentence of 12 months or more for a violent offence listed under schedule 15 of the Criminal Justice Act 2003; subject to a section 37 Hospital Order for a violent offence; any sex offenders who are not registered.

Category 3: Any offender with an eligible previous conviction (violent of sexual offence) who presents a high risk of serious harm to the public and the case requires multi-agency risk management.

This year Hillingdon MAPPA have received on average 12 referrals per month, under the three categories above.

The cases are managed at 3 levels:

Level 1: Single agency management;

Level 2: Active multi-agency management;

Level 3: 'The Critical Few', requiring management by senior staff with the authority to commit extra resources to managing the risk.

There have been three cases managed at level 3 for a number of months during 2013/14, involving senior members of staff and involving complex issues of both child protection and the risk management of child offenders. To put into context the resource intensity required of these cases there were 11 meetings, 6 alone for one case.

VOLUNTARY SECTOR

Voluntary Sector agencies are critical to the work of the Safeguarding Adults Partnership Board and are well represented on the Board

Age UK Hillingdon

Internal governance arrangements in respect of adult safeguarding

Age UK Hillingdon is committed to the protection of vulnerable adults. The organisation has reviewed a range of policies and procedures to ensure that Safeguarding is given a high priority within the organisation and to provide its staff and volunteers with the confidence and knowledge to identify potential abuse and act on it appropriately:

These policies are included in the Staff Handbook, highlighted as part of the induction training of all staff and volunteers and reinforced through safeguarding training. Safeguarding is a standing agenda item for staff and volunteer meetings and is included in our Supervision and Appraisal forms.

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

Hillingdon Carers

Internal governance arrangements:

A comprehensive internal review in 2012-13 conducted in response to changes in Disclosure and Barring Service requirements resulted in the following changes:

- Safer recruitment arrangements.
- On-going checks are carried out for volunteers.
- Measures to ensure our practice reflects current legal frameworks through a review of roles and responsibilities.

In addition, we continue to:

- Include safeguarding issues in supervision sessions for every member of staff.
- Access regular training for all staff/volunteers that have regular contact with children and/or vulnerable adults.
- Use safeguarding prompts on all assessment documentation/checklists.
- Maintain centralised records of all safeguarding issues.

Raising awareness:

Hillingdon Carers has continued to raise awareness of the importance of safeguarding by:

- Prompting the general public to report abuse and access support services through our webpages: www.hillingdoncarers.org.uk
- Displaying posters from the Safeguarding Vulnerable Adults campaign in the Carers Advice Centre in Uxbridge High Street.
- Including safeguarding issues in all Carer Awareness sessions delivered to professionals.

HEALTH AGENCIES

The Hillingdon Hospitals NHS Foundation Trust

Internal governance arrangements in respect of adult safeguarding

Safeguarding Adults arrangements at the hospitals have continued to strengthen during 2013/14. The Executive Director for Safeguarding, who sits on the Hospital Trust Board, oversees the annual work and audit programmes for safeguarding adults and progress against these is reported to the Trust's Safeguarding Committee, which reports to the Quality and Risk Committee on a quarterly basis.

The Trust has a multi-agency Safeguarding Committee, which meets on a quarterly basis and covers both adults and children safeguarding work. The Committee is chaired by the Executive Director of the Patient Experience and Nursing.

The safeguarding adult audit (SAPB audit) was completed by the Trust, with a multi-agency validation event held in June 2014.

The Learning Disability assurance framework and the revised Key Performance Indicator for Learning Disability were also approved by the Safeguarding Committee. These tools provide the Trust with substantial assurance in terms of safeguarding governance; both are reviewed bi-annually at the Safeguarding Committee.

There is a strong working relationship with both Clinical and Information Governance at the Trust in relation to Safeguarding, with an overview of clinical incidents presented at each Safeguarding Committee.

There is also regular attendance at the Hillingdon PREVENT Partnership Group.

Contribution to improving safeguarding during 2013-2014

In order to provide assurance that the Trust is listening and responding to the needs of patients with a Learning Disability, the Head of Safeguarding attends a variety of forums where there are carers and service users. This is an excellent opportunity to hear the views of people and to respond to their questions.

The Trust is represented at the Learning Disability Partnership Board by the Head of Safeguarding, who is also a member of the multi-agency Serious Case Review panel. Within the reporting period there was one case review and an

ongoing SCR .There has been learning from the case review in terms of the use and application of the Mental Capacity Act (MCA).

In 2013/14, there was re-audit of staff knowledge and awareness of the MCA and Deprivation of Liberty Safeguards (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. The results showed an improvement on the previous audit.

An audit was conducted on Learning Disability awareness and vulnerable patients, focussing on how the Trust staffs looks after these patients whilst in hospital. The results were positive; staff knew who to contact if there were concerns. Their needs however to be increased awareness and use of the 'patient passport'.

Training compliance for the reporting period is below the required compliance of 80% Safeguarding Adults awareness training is delivered monthly as part of the Statutory and Mandatory staff training programme and it is also part of the New Starters Induction programme to the Trust. Safeguarding Adult awareness training is now also available via e-learning, accessed via ESR. Bespoke sessions are provided within departments as requested.
There are planned non-mandatory bespoke sessions for MCA .

The safeguarding adults' policy has been revised and approved by the Trust.

Royal Brompton & Harefield NHS Foundation Trust

Governance arrangements in respect of adult safeguarding

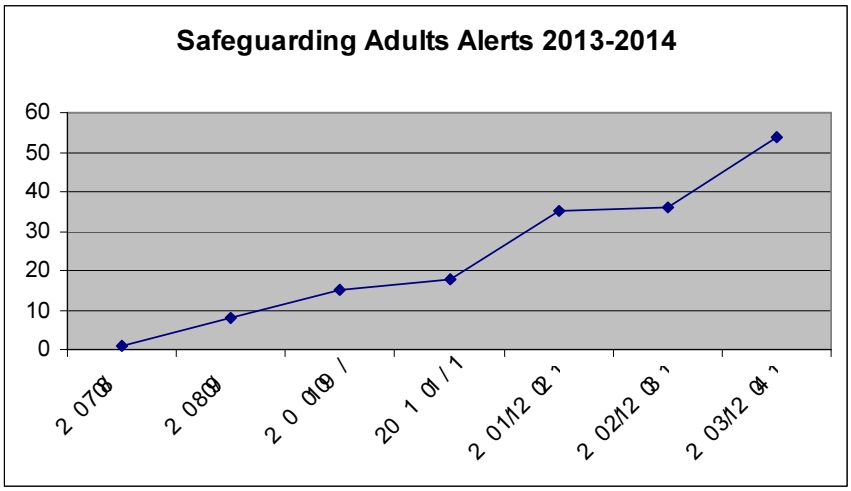
The Director of Nursing and Clinical Governance is the Director responsible for Safeguarding, reports to the Trust Board and Chairs the Mental Health and Safeguarding Board.

An Annual Report is produced to inform the Trust Board on issues relating to Safeguarding.

The Datix incident /complaints and claims reporting mechanism is used to record and investigate all safeguarding incidents. Complaints can be taken directly to the safeguarding lead of the Mental Health and Safeguarding Board.

Referrals

Chart 1 - RBHT Number of Safeguarding Adults at Risk Alerts (2013/2014)



This chart shows the significant progress made by the Trust on raising the profile of safeguarding adults at risk over the past few years.

Central and North West London NHS Trust (CNWL)

Internal Governance

The Board of Directors receive regular updates on safeguarding adults issues and serious incidents are reported and discussed in detail at the Trust Board confidential session. The Board also receives annual training on adult safeguarding as part of the presentation of the Annual Report.

Since April 2013 the quarterly Trust Wide Safeguarding Group, a sub-committee of the Board, has been chaired by the Director of Nursing and Quality, who is the Executive Director lead for Safeguarding across the Trust.

Membership consists of the Trust Named Doctors and Nurses, the Trust Safeguarding lead, Associate Director of Operations, key management and operational leads from mental health services, community and addictions. In addition, appropriate leads, for example, from Human Resources, are in attendance.

Hillingdon Community Services (CNWL) has a Safeguarding Group which reports to the Trust-wide Safeguarding Group summarising all the key adult safeguarding issues including the audit programme, training compliance, safeguarding incidents, progress in delivery of the annual work plan, any identified risks and measures being taken to mitigate risks. There are professional links between the safeguarding adult lead Nurse and the Trust Safeguarding Adult lead.

Each CNWL mental health service line has an identified safeguarding lead who reports direct to their Service Director. The safeguarding lead reports directly into the Trust-wide safeguarding Group. The lead social worker in CNWL Hillingdon mental health services acts as the main link with the safeguarding team at Hillingdon Council. All data relating to safeguarding alerts from our mental health services is collated by this post holder. Our mental health safeguarding alert data is submitted to the joint section 75 monthly meeting and, within the Trust, is discussed in detail in the relevant service line Quality and Performance meetings.

The Trust takes a full and active role in working with the various SAPBs in the boroughs where the Trust provides services. In Hillingdon, the Divisional Director of Operations, (vice-chair of the SAPB), the Borough Director for mental health services and the Hillingdon Adult Safeguarding Lead represent CNWL on the SAPB.

Feedback from SAPB meetings is cascaded to relevant Service Lines/Directors, and disseminated through Borough Interface Meetings and the relevant Care Quality and Performance Groups, as well as at the Trust Safeguarding Group Meetings. Local SAPB priorities are also incorporated into the relevant Trust work plans.

Local Governance

CNWL has a commitment and a duty to safeguard vulnerable adults as stipulated in Outcome 7 of the Care Quality Commission Regulations. To achieve this goal the organisation has to ensure robust systems and policies are in place and are followed consistently. Each service submits evidence via the internal on-line reporting system to evidence compliance as part of our internal assurance process. Audit is key for improving service performance, each service is expected to lead and be involved in annual audits; these results are reviewed at local governance meetings and, where indicated, improvement plans put in place.

CNWL's safeguarding adult's policies and procedures have been revised to reflect *'Protecting adults at risk: London multi-agency policy and procedures to safeguard adults from abuse'* (SCIE 2011). Safeguarding adults training has been adjusted to incorporate these procedures to ensure all staff are aware of and are working within London multi-agency policy and procedures.

The Datix incident report system now allows Serious Incidents, adult safeguarding and complaints to be more easily identified to ensure wider organisational learning.

London Fire Brigade (LFB)

The LFB's governance for Adult Safeguarding is a combination of central and local management arrangements. Adult and Child Safeguarding policies provide guidance to fire crews regarding neglect and abuse and detail the reporting processes and timescales. Fire crews report any safeguarding issue to a Duty Deputy Assistance Commissioner (DAC), who liaises with Social Services and the Borough Commander. A record is kept of the safeguarding referral to Social Services. Both senior officers are responsible for ensuring the safeguarding issues are resolved satisfactorily. The Borough Commander will track interventions made by other agencies and ensure that LFB interventions are completed. The DAC will follow-up with the Borough Commander to ensure the matter has been dealt with and may be recorded as closed.

During 2013-14 LFB made 11 safeguarding referrals, of which 9 related to adults.

APPENDIX 4: WORKFORCE

In 2014 the Council changed the Adult Social Care operating model for managing safeguarding cases. Previously responsibility lay with a single team. Following reorganisation safeguarding became a responsibility for all teams. Expertise within the central team was preserved by moving staff into operational teams.

In the initial phase specialist workers continued to undertake safeguarding investigations while other team members took comprehensive training.

Under Phase two safeguarding work can be allocated to any member of the operational teams, with the Safeguarding Adult Manager (SAM) role carried out by team 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 agencies. 307 social care staff have completed this module and 229 have registered to access this learning module.

Understanding mental capacity and working within the code of practice of the Mental Capacity Act 2005 is an important aspect of safeguarding adults whilst maximising their choice and independence. Training for front-line staff was completed by 195 staff over seven sessions and 23 managers were provided with training to promote good practice in capacity assessments.

Training activity across agencies

Hillingdon Council

Basic Safeguarding Children training was available to all Adult Social Care staff as an e-learning module. This training was offered to staff and external partners.

The Hillingdon Hospitals NHS Foundation Trust

Level 1 mandatory training in Vulnerable Adults is delivered monthly with an additional 30 minute awareness session on Learning Disability. In addition, monthly training at level 1 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 Psychiatric Liaison Consultants based at Riverside.

The Trust training recording structure has been replaced by a system called WIRED, which will improve the accuracy of recording staff compliance, which also links into the Electronic Staff record (ESR).There remains a challenge in order to reach 80% compliance with Safeguarding Adult awareness training at level 1.

Royal Brompton and Harefield

The figures below show training for the period 1/4/13 to 31/3/14	
769 people (up from 684 – 12/13) received SGA training of which;	
523 - Level 1	Induction
174 - Level 1	Classroom
42 – Level 1	E-learning
30 – Level 2	Classroom
Staff Group	
Level 1	Nurses - 263 Doctors - 83 Other Clinical - 193 Non-Clinical – 109
Level 2	Nurses – 27 Doctors – 1 Other Clinical – 5 Non-Clinical 4
Compliance percentage for SGA at year end was 54% done in date, 16% done but out of date (70% have attended training at some point)	

Trust attendance at SGA training by staff group

CNWL

Education is a key component in raising awareness about Adult Abuse. This training is mandatory and is well attended, there is always good feedback. Staff from any CNWL division can attend the training. The training matrix is as below:

Training Level	Summary of Course	Audience	Trainer
Investigators Training	This is a higher level course aimed at staff who may be asked to take a part in safeguarding adults' investigations.	Managers involved in investigation and safeguarding adults team	Social Services
Level 2	Referrers training. This is to ensure that anyone working closely with the public can identify adult abuse and will be confident to refer an adult to safeguarding.	All clinical staff	CNWL Hillingdon's Safeguarding Adults Team
Level 1	Alerters training. This is to raise awareness about abuse of vulnerable adults. The training gives direction to staff on what signs to look for and who to tell if they identify abuse.	All clerical staff	CNWL Hillingdon's Safeguarding Adults Team or E-Learning or workbook

MCA & DoLs training is also offered, as well as Prevent, these are well attended.

Age UK

The following training has been completed by our staff and volunteers, where appropriate:

- Safeguarding Adults – e-learning
- Safeguarding Vulnerable Adults Workshop
- Safer Recruitment

Hillingdon Carers

All staff receive initial safeguarding training and a refresher every other year.

All volunteers are offered training, and it is mandatory for volunteers with children and vulnerable adults.

London Fire Brigade

All the Borough's fire crews received training on the safeguarding policies in 2013-14 and will do so again in 2014-15, however, opportunities for additional training in relation to specific lifestyles that lead to adults being exposed to a higher risk from fire will be explored during 2014-15.

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BOARD PLANNER & FUTURE AGENDA ITEMS

Relevant Board Member(s)	Councillor Ray Puddifoot MBE
Organisation	London Borough of Hillingdon
Report author	Nikki O'Halloran, Administration Directorate
Papers with report	Appendix 1 – Board Planner

1. HEADLINE INFORMATION

Summary	To consider the Board's business for the forthcoming cycle of meetings.
Contribution to plans and strategies	Joint Health & Wellbeing Strategy
Financial Cost	None
Relevant Policy Overview & Scrutiny Committee	N/A
Ward(s) affected	N/A

2. RECOMMENDATION

That the Health and Wellbeing Board considers and provides input on the Board Planner, attached at Appendix 1.

3. INFORMATION

Supporting Information

Reporting to the Board

The Board Planner, attached at Appendix 1, is presented for consideration and development in order to schedule future reports to be considered by the Board. Members may also wish to consider any standing items (regular reports) and on what frequency they are presented.

The Board Planner is flexible so it can be updated at each meeting or between meetings, subject to the Chairman's approval.

Board agendas and reports will follow legal rules around their publication. As such, they can usually only be considered if they are received by the deadlines set. Any late report (issued after the agenda has been published) can only be considered if a valid reason for its urgency is agreed by the Chairman.

Advance reminders for reports will be issued by Democratic Services but report authors should note the report deadlines detailed within the attached Board Planner. Reports should be presented in the name of the relevant Board member.

With the Chairman, Democratic Services will review the nature of reports presented to the Board in order to ensure consistency and adequate consideration of legal, financial and other implications. It is proposed that all reports follow the in-house "cabinet style" with clear recommendations as well as the inclusion of corporate finance and legal comments.

The agenda and minutes for the Board will be published on the Council's website, alongside other Council Committees.

Board meeting dates

The following dates for the Board meeting were agreed by Council on 15 January 2015 and will be held at the Civic Centre, Uxbridge:

- Tuesday 21 July 2015 at 2.30 pm - Committee Room 6
- Tuesday 22 September 2015 at 2.30 pm - Committee Room 6
- Thursday 10 December 2015 at 2.30 pm - Committee Room 6
- Tuesday 15 March 2016 at 2.30 pm - Committee Room 6

Board meeting dates for 2016/2017 will be considered by Council in due course as part of the authority's Programme of Meetings for the new municipal year.

Financial Implications

There are no financial implications arising from the recommendations in this report.

4. EFFECT ON RESIDENTS, SERVICE USERS & COMMUNITIES

What will be the effect of the recommendation?

N/A

Consultation Carried Out or Required

Consultation with the Chairman of the Board and relevant officers.

5. CORPORATE IMPLICATIONS

Hillingdon Council Corporate Finance comments

There are no financial implications arising from the recommendations in this report.

Hillingdon Council Legal comments

Consideration of business by the Board supports its responsibilities under the Health and Social Care Act 2012.

6. BACKGROUND PAPERS

NIL

APPENDIX 1

BOARD PLANNER

21 Jul 2015 2.30pm Committee Room 6	**Business / Reports**	**Lead**	**Timings**
	Reports referred from Cabinet / Policy Overview & Scrutiny (SI)	LBH	**Report deadline:** 3pm Friday 3 July 2015 **Agenda Published:** 13 July 2015
	Update Report - Joint Health and Wellbeing Strategy / Public Health / BCF	LBH	
	Hillingdon CCG Update Report (SI) - *to include update on Financial Recovery Plan / QIPP Programme savings update*	HCCG	
	Healthwatch Hillingdon Update (SI)	Healthwatch Hillingdon	
	Update – Allocation of S106 Health Facilities Contributions (SI)	LBH	
	Board Planner & Future Agenda Items (SI)	LBH	
	SEND update report - *to include the Disability Charter and agree the Joint Commissioning Strategy*	LBH	

22 Sept 2015 2.30pm Committee Room 6	**Business / Reports**	**Lead**	**Timings**
	Reports referred from Cabinet / Policy Overview & Scrutiny (SI)	LBH	**Report deadline:** 3pm Friday 4 September 2015 **Agenda Published:** 14 September 2015
	Update Report - Joint Health and Wellbeing Strategy / Public Health / BCF	LBH	
	Hillingdon CCG Update Report (SI) - *to include update on Financial Recovery Plan / QIPP Programme savings update*	HCCG	
	Healthwatch Hillingdon Update (SI)	Healthwatch Hillingdon	
	Update – Allocation of S106 Health Facilities Contributions (SI)	LBH	
	Board Planner & Future Agenda Items (SI)	LBH	

10 Dec 2015 2.30pm Committee Room 6	Business / Reports	Lead	Timings
	Reports referred from Cabinet / Policy Overview & Scrutiny (SI)	LBH	**Report deadline:** 3pm Friday 20 November 2015 **Agenda Published** 2 December 2015
	Update Report - Joint Health and Wellbeing Strategy / Public Health / BCF	LBH	
	Hillingdon CCG Update Report (SI) - *to include update on Financial Recovery Plan / QIPP Programme savings update*	HCCG	
	Healthwatch Hillingdon Update (SI)	Healthwatch Hillingdon	
	Update – Allocation of S106 Health Facilities Contributions (SI)	LBH	
	Hillingdon's Joint Strategic Needs Assessment	LBH	
	Board Planner & Future Agenda Items (SI)	LBH	

15 Mar 2016 2.30pm Committee Room 6	Business / Reports	Lead	Timings
	Reports referred from Cabinet / Policy Overview & Scrutiny (SI)	LBH	**Report deadline:** 3pm Friday 26 February 2016 **Agenda Published:** 7 March 2016
	Update Report - Joint Health and Wellbeing Strategy / Public Health / BCF	LBH	
	Hillingdon CCG Update Report (SI) - *to include update on Financial Recovery Plan / QIPP Programme savings update*	HCCG	
	Healthwatch Hillingdon Update (SI)	Healthwatch Hillingdon	
	Update – Allocation of S106 Health Facilities Contributions (SI)	LBH	
	HCCG Operating Plan	HCCG	
	Local Safeguarding Children's Board (LSCB) Annual Report	LBH	
	Safeguarding Adults Partnership Board (SAPB)	LBH	
	Annual Report Board Planner & Future Agenda Items (SI)	LBH	

** SI = Standing Item*

Other possible business of the Board:

1.