



HILLINGDON  
LONDON



# Social Services, Housing and Public Health Policy Overview Committee

**Date:** TUESDAY, 6 SEPTEMBER  
2016

**Time:** 7.00 PM

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

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

## Councillors on the Committee

Wayne Bridges (Chairman)

Jane Palmer (Vice-Chairman)

Beulah East (Labour Lead)

Shehryar Ahmad-Wallana

Teji Barnes

Peter Davis

Tony Eginton

Becky Haggar

Peter Money

## Co-Opted Member

Mary O'Connor

**Published:** Tuesday 23 August 2016

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***Putting our residents first***

Lloyd White

Head of Democratic Services

London Borough of Hillingdon,

3E/05, Civic Centre, High Street, Uxbridge, UB8 1UW

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## **SOCIAL SERVICES, HOUSING & PUBLIC HEALTH**

To perform the policy overview role outlined above in relation to the following matters:

1. Adult Social Care
2. Older People's Services
3. Care and support for people with physical disabilities, mental health problems and learning difficulties
4. Asylum Seekers
5. Local Authority Public Health services
6. Encouraging a fit and healthy lifestyle
7. Health Control Unit, Heathrow
8. Encouraging home ownership
9. Social and supported housing provision for local residents
10. Homelessness and housing needs
11. Home energy conservation
12. National Welfare and Benefits changes

# Agenda

## **CHAIRMAN'S ANNOUNCEMENTS**

- 1 Apologies for Absence and to report the presence of any substitute Members
- 2 Declarations of Interest in matters coming before this meeting
- 3 To receive the minutes of the meeting held on 21 June 2016 1 - 2
- 4 To confirm that the items of business marked in Part I will be considered in Public and that the items marked Part II will be considered in Private
- 5 Safeguarding Adults Partnership Board Annual Report 2015/16 3 - 64
- 6 Major Review - Hospital Discharges  
  
To be provided with an oral report for the Committee's first major review of the Municipal Year.
- 7 Annual Complaint Report for Housing Services and Adult Services for 1 April 2015 to 31 March 2016 65 - 96
- 8 Forward Plan 97 - 100
- 9 Work Programme 2016/17 101 - 104

## Minutes

### SOCIAL SERVICES, HOUSING AND PUBLIC HEALTH POLICY OVERVIEW COMMITTEE

21 June 2016



Meeting held at Committee Room 4 - Civic Centre,  
High Street, Uxbridge UB8 1UW

	<p><b>MEMBERS PRESENT:</b>  <b>Councillors:</b> Wayne Bridges (Chairman), Jane Palmer (Vice-Chairman), Teji Barnes, Alan Chapman, Kuldeep Lakhmana  <b>Co-opted Member:</b> Mary O'Connor</p>
	<p><b>OFFICERS PRESENT:</b>  Nigel Dicker (Deputy Director Residents' Services), Nina Durnford (Head of Social Work), Jackie Wright (Head of Disability Services) Sandra Taylor (Adult Social Care Services) and Kiran Grover (Democratic Services)</p>
4.	<p><b>APOLOGIES FOR ABSENCE AND TO REPORT THE PRESENCE OF ANY SUBSTITUTE MEMBERS</b> (<i>Agenda Item 1</i>)</p> <p>Apologies were received from Councillor East (Councillor Lakhmana was present as her substitute) and Councillor Davis (Councillor Chapman was present as his substitute).</p>
5.	<p><b>TO RECEIVE THE MINUTES OF THE MEETING HELD ON 20 APRIL 2016 AND 12 MAY 2016</b> (<i>Agenda Item 3</i>)</p> <p><b>RESOLVED:</b> That the minutes of the meetings held on 20 April 2016 and 12 May 2016 be agreed as a correct record.</p>
6.	<p><b>TO CONFIRM THAT THE ITEMS OF BUSINESS MARKED IN PART I WILL BE CONSIDERED IN PUBLIC AND THAT THE ITEMS MARKED PART II WILL BE CONSIDERED IN PRIVATE</b> (<i>Agenda Item 4</i>)</p> <p>It was noted that all items of business would be considered in public.</p>
7.	<p><b>REVIEW TOPICS FOR FIRST MAJOR REVIEW OF 2016/17</b> (<i>Agenda Item 5</i>)</p> <p>Officers introduced the three possible review topics highlighting the key points.</p> <p>The topics discussed were:</p> <ol style="list-style-type: none"> <li>1. Employment of People with Disabilities</li> <li>2. Hospital Discharges</li> <li>3. Extra Care Housing</li> </ol> <p>After all the three topics were introduced, Councillors asked questions. They questioned the employment opportunities available for people with disabilities in the London Borough of Hillingdon and whether there was a</p>

	<p>duty to ensure a certain amount of disabled people were employed. Officers responded that employers, including the Council, had to comply with the Equality Act and make reasonable adjustments in the workplace. However, this topic related specifically to people with learning disabilities who were also adult social care service users. The point was made that lessons could be learnt from more successful councils in the employment of people with disabilities.</p> <p>On the topic of 'Hospital Discharges' it was noted that it could be difficult to discharge a patient out of hospital if the family were not willing to care for them at home or pay for nursing staff. Hospitals had on occasion had to use an eviction policy.</p> <p>A Councillor reviewed the list of responsibilities for the Social Services, Housing and Public Health Policy Overview Committee (POC) and noted that two issues, as far as he was aware, had not yet been looked at:</p> <ul style="list-style-type: none"> <li>• Asylum Seekers</li> <li>• Encouraging Home Ownership</li> </ul> <p>The Chairman thanked the Officers for their presentations and suggested that the topic of 'Hospital Discharges' was investigated as a major report; this was agreed unanimously by the Committee.</p> <p>There was discussion on an additional minor report and a vote was taken with 7 Members voting to look at 'Employment of People with Disabilities' and 1 Member voting to look at 'Extra Care Housing'.</p> <p><b>RESOLVED: That:</b></p> <ol style="list-style-type: none"> <li>1. <b>the major POC report was agreed to be 'Hospital Discharges'; and</b></li> <li>2. <b>the minor POC report was agreed to be 'Employment of People with Disabilities'.</b></li> </ol>
8.	<p><b>FORWARD PLAN</b> (<i>Agenda Item 6</i>)</p> <p><b>RESOLVED: That the Forward Plan be noted.</b></p>
9.	<p><b>WORK PROGRAMME</b> (<i>Agenda Item 7</i>)</p> <p><b>RESOLVED: That the Work Programme be noted.</b></p>
	<p>The meeting, which commenced at 7.02pm, closed at 7.30pm.</p>

These are the minutes of the above meeting. For more information on any of the resolutions please contact Nikki O'Halloran on 01895 556454. Circulation of these minutes is to Councillors, Officers, the Press and Members of the Public.

## Safeguarding Adults Partnership Board Annual Report 2015/16

**Contact Officer:** Andrea Nixon  
**Telephone:** 01895 277260

### REASON FOR ITEM

The Hillingdon Safeguarding Adults Partnership Board has a statutory duty to publish an Annual Report on the effectiveness of safeguarding and promoting the welfare of vulnerable Adults in the Borough. Once agreed by the Board the report is submitted each year to the Chief Executive, the Leader of the Council and the Chairman of the Health and Wellbeing Board.

### SUGGESTED COMMITTEE ACTIVITY

**It is recommended that the Committee note the report and comment as appropriate on the suggested priorities for the current year.**

### INFORMATION

The Care Act 2014 has been a significant factor in the way adult safeguarding is regarded amongst both agencies and the public. It seems that at last, safeguarding vulnerable adults is being considered in the same light as the way children are safeguarded. This has resulted in significant challenges for agencies and predominantly the Local Authority and Health services. With an ageing population there are enormous demands on mental health services. Just providing protection in these two areas and ensuring that people have meaningful and fulfilling lives is an enormous challenge.

The Board has been restructured to provide an Executive Board with the most senior leaders providing strategic direction and an Operational Group where managers agree the work of the Board and drive it forward. There is also in place a business unit that is developing performance and audit processes and ensuring that training packages are available to all agencies, as well as providing project management support.

The priorities of the Board have been discussed long and hard this year and the focus will be on mental health issues and the neglect of the elderly. These are huge areas of work and we will continue to refine our approach to ensure that each agency is clear about the work expected of them. To ensure that we are successful we need to concentrate efforts on Making Safeguarding Personal (MSP) which is a national programme aimed at front line staff and encouraging them to understand the role they play in keeping people safe.

The Chairman of Hillingdon's Safeguarding Adults Partnership Board will attend the meeting to answer Members' questions.

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# 2015- 2016

## SAB Annual Report



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## 1. Foreword



Thank you for taking the time to read our annual report. This report provides an overview of the work undertaken by agencies in Hillingdon to safeguard vulnerable adults. At a time of limited resources it is essential that those agencies work together and are properly held to account to make sure that they are delivering safeguarding services to an acceptable level.

I have been in post for a year and have already seen some considerable changes in how services are being delivered. In addition, the way in which the Board is managed has had to move forward to ensure that it keeps pace with the increased demand upon it, and to develop and improve the way in which agencies are held to account.

The Care Act 2014 has been a significant factor in the way adult safeguarding is regarded amongst both agencies and the public. It seems that at last, safeguarding vulnerable adults is being considered in the same light as the way we safeguard our children. This has resulted in significant challenges for our agencies and predominantly the Local Authority and Health services. We are facing an ageing population and there are enormous demands on our mental health services. Just providing protection in these two areas and ensuring that people have meaningful and fulfilling lives is an enormous challenge.

The Board has been restructured to provide an Executive Board with the most senior leaders providing strategic direction and an Operational Group where managers agree the work of the Board and drive it forward. We have also put in place a business unit that is developing performance and audit processes and ensuring that training packages are available to all agencies, as well as providing project management support.

We have discussed long and hard the priorities for the Board this year and our focus will be on mental health issues and the neglect of the elderly. These are huge areas of work and we will continue to refine our approach to ensure that each agency is clear about the work expected of them. To ensure that we are successful we need to concentrate our efforts on Making Safeguarding Personal (MSP) which is a national programme aimed at front line staff and encouraging them to understand the role they play in keeping people safe.

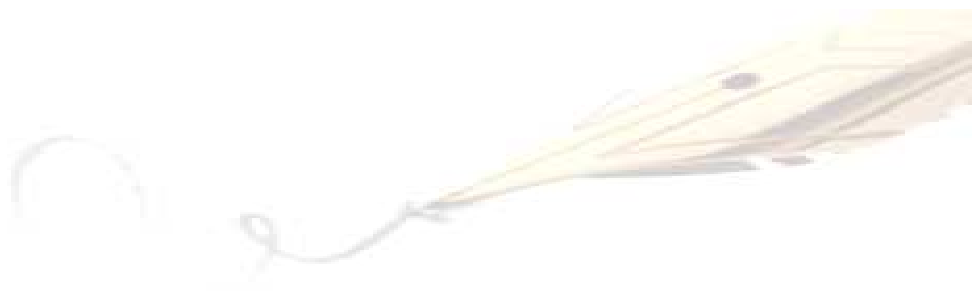
There have already been some significant changes to adult safeguarding with the Multi-agency Safeguarding Hub (MASH) now playing a significant role in co-ordinating a response to those adults at risk. I look forward to seeing further improvement over the coming year. I believe that in Hillingdon we are fortunate to have such high levels of commitment from agencies and individuals.

I would like to thank all of those agencies, and especially the third sector organisations, for their hard work this year in keeping vulnerable adults safe.

I hope you enjoy the report and I would welcome any comments or suggestions you would like to make through our website.



Steve Ashley



## **2. London Borough of Hillingdon - Local Demographics and Safeguarding**

Hillingdon is the second largest of London's 32 boroughs, covering 44.6 square miles. Greater London Authority population projections estimate that in 2016 there were 304,000 people living in Hillingdon, of whom 6.9% were aged over 65 years of age and 6.1% over 75. Hillingdon is an ethnically diverse borough with 45% of residents from Black and Minority Ethnic groups, the largest groups being Indian, Pakistani or other Asian.

The proportion of those over 65 is slightly higher than the London average, but lower than that for England as a whole.

The population is projected to increase across all age groups, mainly due to internal migration and an increase in the birth rate and decrease in the death rate. The projected increase is larger than other North West London Boroughs. The proportion of those from black and ethnic minorities is also projected to increase, particularly in the south of the Borough.

The number of those with mental health needs and physical, sensory and learning disabilities are also expected to increase. Adults with learning disabilities who will be returning to the community from long stay settings (in line with Winterbourne recommendations) will contribute to this increase.

Hillingdon has 48 GP practices serving a GP registered population of 301,000 (2015). There are 64 care homes in the Borough providing a range of services including nursing and dementia care, care for people with learning disabilities and mental health needs. During 2015-16, Adult Social Care services provided support to 3382 adults, of this total, 2404 were aged over 65, 176 had mental health needs, 2023 had a physical disability, 507 had a learning disability and 649 received support with memory and cognition. A number of adults who receive help fall in to more than one category.

### 3. Governance & Accountability

The Safeguarding Adult Board is a multi-agency partnership comprising statutory, independent and charitable organisations with a stakeholder interest in safeguarding adults at risk. A full list of members can be found in the body of the report with attendance details for the year.

The Board's objective is to protect and promote individual human rights, independence and improve wellbeing, so that adults at risk stay safe and are protected at all times 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
- Agree resources for the delivery of the safeguarding strategic plan
- Monitor and ensure the effectiveness of the sub-groups in delivering their work programmes and partner agencies in discharging their safeguarding responsibilities
- Ensure that arrangements across partnership agencies in Hillingdon are effective in providing a net of safety for vulnerable adults
- Act as champions for safeguarding issues across their own organisations, partners and the wider community, including effective arrangements within their own organisations
- Ensure best practice is consistently employed to improve outcomes for vulnerable adults

Since November 2011, the SAB has had an independent chairman, who also chairs the Local Safeguarding Children's Board (LSCB). The independent chairman is a member of the London and National Chairs Group SAB. The SAB now comprises of an Operational Board and an Executive Board, which ensures that matters are dealt with at an agreed level of seniority.

In accordance with good practice, an annual report has been produced in previous years and presented to Council Cabinet, the Health & Wellbeing Board, and the Community Safety Partnership. From April 2015, production of an annual report became a statutory requirement (Care Act 2014).

Through common membership, there are links to Multi Agency Public Protection arrangements (MAPPA), the Multi Agency Risk Assessment Conference (MARAC), and the Community MARAC (CMARAC).

## 4. Board Membership & Structure

### i. Members & Lay Members

Hillingdon SAB has recently recruited two lay members for the Board. The role of the lay member is to support stronger public engagement and awareness in local issues affecting vulnerable adults and to promote the referral route for support services if there is a safeguarding concern. The lay members will contribute to an improved understanding of the SAB's work within the community.

Following a robust induction programme, one of the areas that we wish the lay members to assist in is ensuring that we hear the voice of vulnerable adults and we as a board fully understand areas that concern them. In future we intend for the lay members to take a proactive role in sub committees and relevant task and finish groups and support the board in future publications designed for professionals and the public. The overall aim of the role is to ensure that vulnerable adults have a voice.

### ii. SAB Operational Board Members

Name	Organisation	Job Title
<b>Andrea Nixon</b>	London Borough of Hillingdon	SAB & LSCB Business Manager
<b>Angela Wegener</b>	DASH	Chief Executive
<b>Ann Nardecchia</b>	London Borough of Hillingdon	Learning & Development Manager
<b>Anna Fernandez</b>	The Hillingdon Hospital	Safeguarding Adults Lead
<b>Christine Dyson</b>	Clinical Commissioning Group	Designated Safeguarding Nurse
<b>Daniel Kennedy</b>	London Borough of Hillingdon	Head of Business Performance & Policy
<b>Debbie Hun</b>	London Borough of Hillingdon	Adult & Community Learning Service Manager
<b>Duncan Struthers</b>	Interfaith Communities	CEO
<b>Erica Rolle</b>	London Borough of Hillingdon	Domestic Violence VAWG Strategic LEAD Coordinator
<b>Fiona Gibbs</b>	London Borough of Hillingdon	Stronger Communities Manager
<b>Gill McLean</b>	London Borough of Hillingdon	Corporate Learning & Development Manager
<b>Glyn Jones</b>	Metropolitan Police	Detective Sergeant
<b>Graham Hawkes</b>	Healthwatch Hillingdon	CEO
<b>Helen Smith</b>	London Borough of Hillingdon	LSCB & SAB Training & Quality Assurance Manager



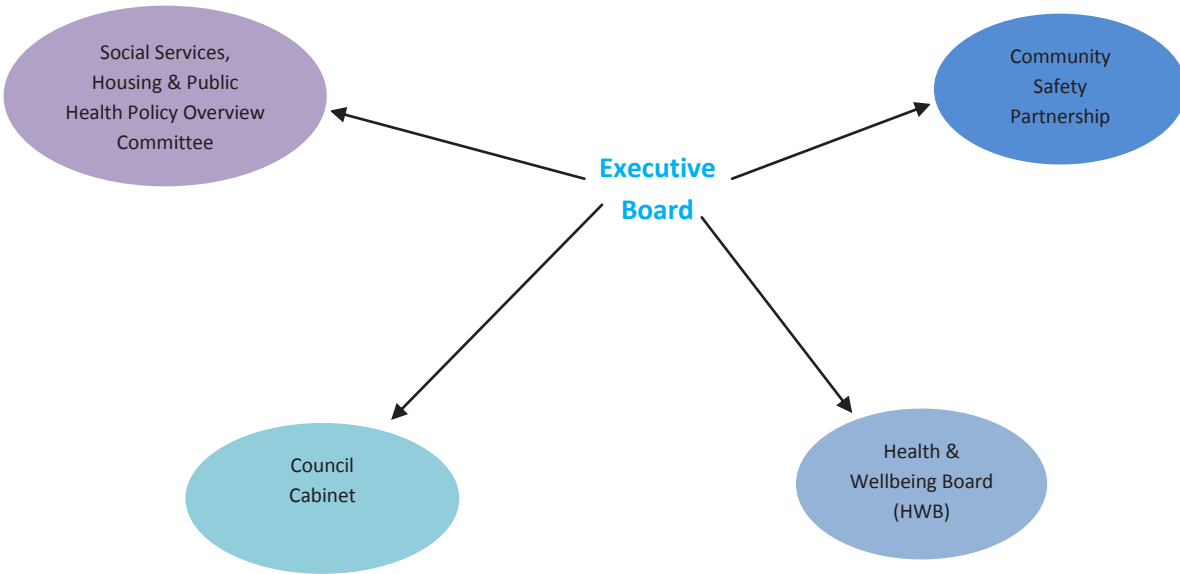
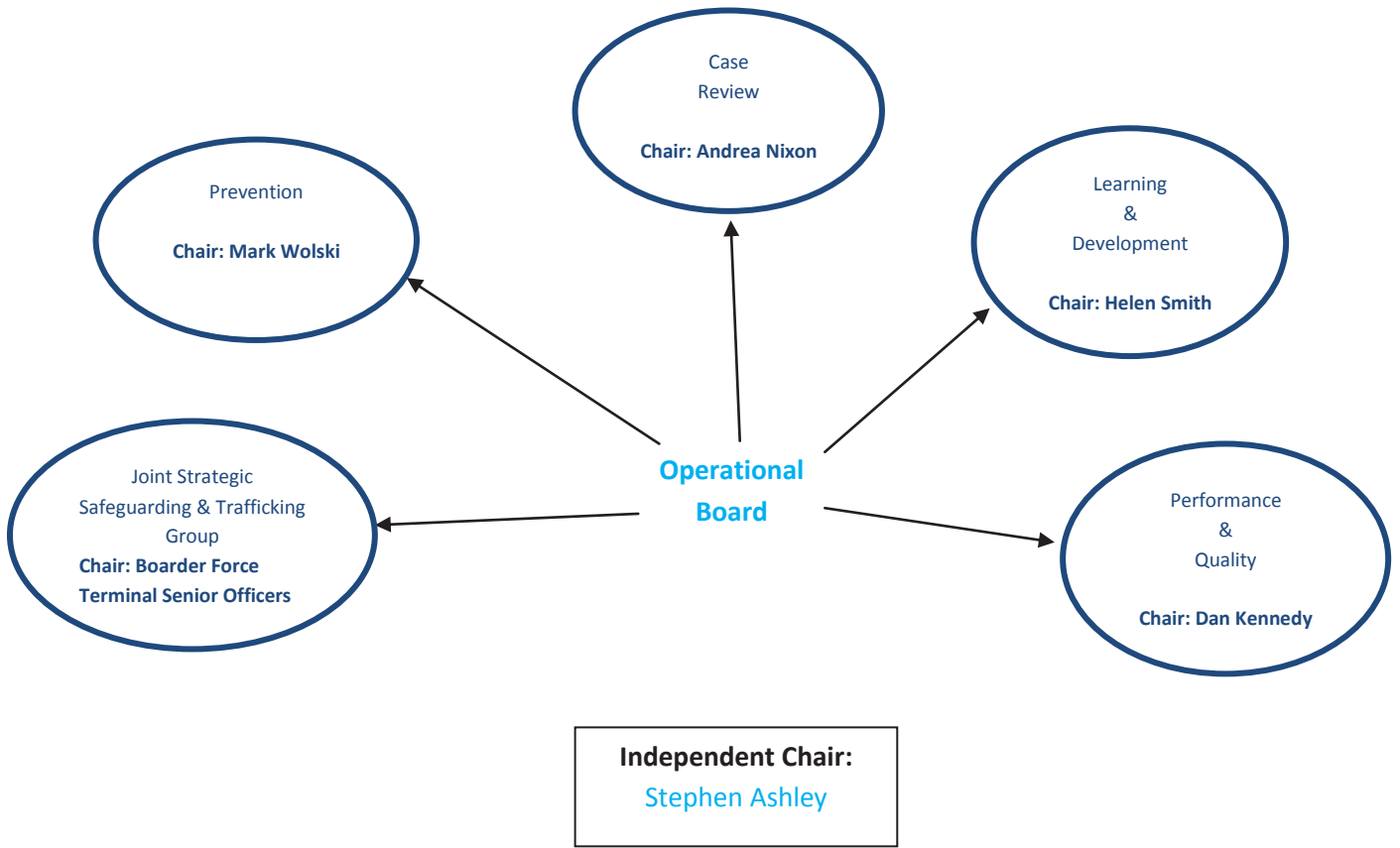
<b>Jackie Bennett</b>	London Borough of Hillingdon	Safeguarding Adults Manager
<b>John Higgins</b>	London Borough of Hillingdon	Head of Safeguarding Adults
<b>Julie Simmonds</b>	Hillingdon Carers	Carers Advisor
<b>Kim Cox</b>	CNWL	Deputy Director
<b>Dawn Mountier</b>	LAS	Safeguarding Officer
<b>Liz Hamilton</b>	Home Office	
<b>Lucy McLeod</b>	London Fire Brigade	Deputy Station Manager
<b>Mike Norton</b>	London Borough of Hillingdon	Lay Member
<b>Naveed Mohammed</b>	London Borough of Hillingdon	Business Performance Service Manager
<b>Paul Alexander</b>	London Borough of Hillingdon	Performance & Intelligence Administrator
<b>Roger Elliot</b>	London Borough of Hillingdon	Lay Member
<b>Sally Chandler</b>	Hillingdon Carers	Chief Executive
<b>Sharon Trimby</b>	Age UK Hillingdon	Director of Services/Deputy CEO
<b>Stephen Ashley</b>	London Borough of Hillingdon	Independent Chair

### iii. SAB Executive Board Members

<b>Name</b>	<b>Organisation</b>	<b>Job Title</b>
<b>Andrea Nixon</b>	London Borough of Hillingdon	LSCB & SAB Business Manager
<b>Antony Rose</b>	Probation	Assistant Chief Officer
<b>Caroline Morison</b>	Clinical Commissioning Group	Executive Lead
<b>Christine Dyson</b>	Clinical Commissioning Group	Safeguarding Adults Lead
<b>Cllr Philip Corthorne</b>	London Borough of Hillingdon	Cabinet Member
<b>Daniel Kennedy</b>	London Borough of Hillingdon	Head of Improvement & Performance
<b>Jan Norman</b>	NHS	
<b>John Higgins</b>	London Borough of Hillingdon	Head of Adult Safeguarding
<b>Joy Godden</b>	NHS	Director of Nursing & Clinical Governance
<b>Kim Cox</b>	CNWL	Deputy Director
<b>Maria O'Brien</b>	CNWL	Director of Operations

<b>Name</b>	<b>Organisation</b>	<b>Job Title</b>
<b>Mark Wolski</b>	London Borough of Hillingdon	Community Safety Team Manager
<b>Nick Downing</b>	Metropolitan Police	Borough Commander
<b>Reva Gudi</b>	Clinical Commissioning Group	GP Lead
<b>Richard Claydon</b>	London Fire Brigade	Borough Commander
<b>Sharon Daye</b>	London Borough of Hillingdon	Public Health Consultant
<b>Shika Sharma</b>	London Borough of Hillingdon	Public Health Consultant
<b>Stephen Ashley</b>	London Borough of Hillingdon	Independent Chair
<b>Steve Hajioff</b>	London Borough of Hillingdon	Director of Public Health
<b>Theresa Murphy</b>	The Hillingdon Hospital	Director of Nursing
<b>Tony Zaman</b>	London Borough of Hillingdon	Corporate Director of Adult, Children & Young People's Services

**iv. SAB Sub-Committees**



## 5. SAB Achievements 2015/2016



Revised structure of SAB Operational and Executive Board, including revision of Membership and Terms of Reference



Development of joint LSCB and SAB Business unit, including appointment of SAB Co-ordinator and Training and Quality Assurance Officer



SAB Logo developed



SAB Newsletter produced and will be distributed on a quarterly basis



Two Lay Members recruited to join the Operational Board



Pan London Safeguarding Adult procedures adopted by the Board



Launch of Pan London Procedures organised for June 2016, followed by half day workshops. These are multi agency events



New audit tool 'Enable' purchase in order to develop multi agency safeguarding adult audits to reassure the Board



Tool purchased in order to produce chronologies for SAR's



Performance & Quality SAB sub-committee set up to produce data for both SAB boards using the performance web, and to provide analysis and challenge to partners around data provided



Case review sub-committee to be managed jointly with Children and Adult services in order to learn lessons across disciplines from SCRs, SARs and DHRs



SAR guidance produced and implemented



Learning & Development sub-committee is now a joint sub-committee of LSCB and SAB



Training needs analysis developed for Adult Services to understand what training is currently being provided and future training needs



Development of SAB Prevention sub-committee, chaired by LFB Borough Commander and Community Safety Borough Lead



Joint Strategic Safeguarding and Trafficking sub-committee, chaired and hosted by Border Force at Heathrow, now include vulnerable adults within its Terms of Reference



Introduction of 'Chairs Challenge' following each Executive Board in order to reassure the board members that safeguarding in Hillingdon is effective

## **6. What we have achieved against 2015/16 priorities**

### **i. Resourcing and developing the Safeguarding Adults Board**

Work has been undertaken in the last year to review the structure of the Safeguarding Adult Board. Membership has increased with a real commitment from members to drive the safeguarding agenda forward. There is an Operational Board that supports the work of the sub-committees and an Executive Board that is made up of senior leads across the Borough.

The SAB share a joint business unit with the Hillingdon Local Safeguarding Children Board and have a dedicated SAB coordinator within that team.

The Board recently recruited two lay members who will represent the views of the community and provide challenge to the Board.

The SAB have developed its own logo and now has a quarterly newsletter distributed to front line practitioners.

### **ii. Implementing 'Making Safeguarding Personal' across all safeguarding activity and across all partner agencies.**

Within Adult Social Care Advanced Practitioners have been identified as Making Safeguarding Personal (MSP) practice champions. They have a key focus on developing a real understanding within Adult Social Care teams about what people themselves wish to achieve: agreeing, negotiating and recording the person's desired outcomes, working out with them (and their representatives or advocates if they lack capacity) how best those outcomes might be realised and then evaluating the extent to which those outcomes have been achieved.

A multi-agency audit is planned for later this year and will report to the Operational SAB on how agencies have implemented the MSP guidance.

The Safeguarding Adult & Quality Assurance Manager oversees the implementation of MSP through the safeguarding case file audits and performance monitoring meetings.

**iii. Deprivation of Liberty Safeguards (DoLS)), ensuring there is an effective model of practice to build upon, including enhancing the functions of the DoLS Supervisory Body:**

- Introduced on line application forms which are available of the council's website;
- Given a presentation - followed by a question and answer session - for care home and nursing home managers at the Residential and Nursing Provider forum
- The introduction of a DoLS newsletter
- Task and Finish group (multi-agency) set up to ensure that referrals are being made appropriately.

**iv. Mental Capacity Act (MCA), embedding knowledge and skills across all partner agencies**

The Care Act 2014 identified self neglect as a category of abuse. Since this introduction, where staff have identified cases of self-neglect, patients mental capacity is always taken into account. The outcome of this assessment can often be the catalyst in enabling the professional to make the right decision in which would best help the patient.

MCA training is provided to multi-agency groups in addition to own agency training. This is evaluated and reported to the Operational Board.

**v. Raising public awareness of safeguarding**

Although the Board have not promoted a particular public awareness campaign this year, the development of the Prevention Sub-committee is a positive step forward in order to identify areas of concern and develop public awareness programmes. The business unit are developing a SAB website that will provide up to date information for professionals and the public.

A SAB newsletter has been produced quarterly that practitioners can share with members of public through their work. Practitioners are encouraged to contribute articles for the newsletter and to promote 'good news' stories and events.

## 7. SAB Challenges 2015/2016





## 8. Learning & Development

In December 2015 Hillingdon SAB/LSCB appointed a Training and Quality Assurance Officer, whose role is to coordinate multi-agency training and develop a multi-agency borough-wide picture of training needs, patterns in take up of training and gaps and to evaluate the quality and measure the outcomes of the multi-agency training programme. A multi-agency training needs analysis is being developed with the support of the learning and development subcommittee to inform any further training.

At the current time safeguarding training is undertaken by each individual organisation. There has therefore been no multi-agency training offered by the SAB in 2015/2016. Work is in progress to develop multi-agency half day workshops around the London Multi-Agency Adult Safeguarding Policy and Procedures.

These will be evaluated using a three step evaluation process, to evidence whether the course was pitched appropriately for the audience, has met its objectives and measures what the participant has learned from the training session and whether the learning from the course has been used in practice to change confidence or attitude of the learner. These evaluations will support development of further multi-agency training in the future.

### Planned Audit activity 2016-2017

In 2015 Hillingdon LSCB/SAB purchased an online auditing tool called Enable. The tool, managed by Virtual College allows the LSCB/SAB to develop its own audits and for multiple users to register for completion of audits. An safeguarding adults Audit, consistent with the Safeguarding Adults at Risk Audit Tool developed by the London Chairs of Safeguarding Adults Boards (SABs) network and NHS England London. The audit therefore reflects statutory guidance and best practice. The enable audit tools are designed as a self assessment tools, to enable agencies to reflect on, and identify actions to improve their safeguarding arrangements where required.



## 9. SAB Sub-Groups

### i. P&Q Sub-Committee

The focus this past year has been on strengthening the governance arrangements to enable the Board properly scrutinise the work of the partnership and ensure that, when it comes to performance and quality, there is sufficient transparency across the partnership so that priorities and risks can be identified and addressed. As part of this, the Performance and Quality Sub-Committee was formed - comprising of key agencies across the partnership - the role of the Sub Committee is to promote high standards of safeguarding work; foster a culture of continuous improvement and ultimately to provide assurance to the SAPB Executive.

Key items of work already being delivered include:

- Developing the 'performance web' - A structured report aligned to the key priorities of the Executive - the performance web provides an opportunity for the Board to ask the pertinent questions in relation to how performance is being managed and the key things the partnership needs to achieve. From trying to understand the profile of our customers/clients (who are we trying to safeguard?) through to measuring the quality of the services we provide, the difference we have made and what 'good' looks like - the web allows the partnership to align these questions with the specific measures that will enable the Board to test the effectiveness of what is done.
- Building transparency across the partnership - The partnership is moving from providing performance reports on single agencies - to providing a performance report that covers the partnership as a whole - in particular identifying inter-agency issues/'blockages' that can impact on safeguarding. In the same way as positive practice is often underpinned by organisations working well together - so too is the fact that service failure often involves more than one partner. Building transparency across the partnership so key risks can be identified and avoided is therefore a key driver.
- Challenging and driving service improvement - Whilst providing meaningful analysis and tracking progress are essential - it is just one part of effective performance management. Equally important are the tangible actions that partners, alone and in collaboration will take, to improve practice. The wider direction for the Partnership will be provided by the Executive - with immediate priorities flowing out of this. Amongst the wider work plan for 2015/16, areas for focus included how agencies are managing the issue of pressure ulcers and the sharing of information between agencies. In focusing on these and other areas, the role of the sub-committee will be as much to monitor and report on performance as it will be to identifying emerging issues and possible future priorities.

## **ii. Prevention Sub-Committee**

The Prevention sub-committee has been created in order to collate themes of issues relevant to preventing abuse and neglect and to develop a multi agency work plan to address any emerging issues through public awareness campaigns, training and development opportunities for staff.

The sub-committee is chaired by the Borough commander for London Fire Brigade and the Service Manager for Community Safety team. There are close links with the Community MARAC and Case Review sub-committee in order to pick up on emerging themes quickly. The intention is that the Lay Members for the Board are represented on this sub-committee so that any campaigns are targeted correctly.

## **iii. Learning & Development Sub-Committee**

Representatives from the Safeguarding Adults Board have joined colleagues from the Safeguarding Children's Board to wider the remit of the LSCB Learning and Development Subgroup. The new joint subgroup is in its infancy, with Terms of Reference having been drafted and membership being reviewed.

The role of the sub-group is to promote high standards of safeguarding by ensuring that training opportunities are provided and learning and development from serious case reviews and other safeguarding activities are shared across all colleagues. The subgroup is chaired by LSCB/SAB training and quality assurance officer.

Key items of work for the joint SAB and LSCB Learning and Development subgroup include:

- Development and review of the Learning and Improvement Framework
- Development of training needs analysis to inform training programme
- Rolling out half day training sessions for multi-agency staff in respect of the London Multi-Agency Adult Safeguarding Policy and Procedures

#### **iv. Joint Strategic Safeguarding and Trafficking sub-committee**

This sub-committee is unique to Hillingdon LSCB and SAB and its aim is to continue to strengthen the partnership that we have with Heathrow Airport and the LA. Operations at Heathrow remain a priority for children social care who support Border Force Officers in preventing child trafficking and potential victims of FGM being taken out and returning to the UK. Increasingly Border Force are dealing with cases of vulnerable adults that have travelled to the UK and they have seen a sudden rise in issues relating to passengers where there are suspected concerns about their mental health.

Members of the asylum intake team and MASH delivered training with Border Force to British Airways crew to raise awareness of safeguarding concerns and how to report them. This was a highly successful event and hopefully will be rolled out across other airlines and will include information regarding vulnerable adults.

One of the challenges for the coming year is to be clear about the referral route for vulnerable adults entering the UK in order that following assessment they receive the appropriate service for their needs.

#### **v. Case Review sub-committee**

The Case Review sub-committee has been arranged in order to review serious case reviews, safeguarding adult reviews and Domestic Homicide reviews, and to ensure that learning is embedded and cascaded into adult and children's services working practice. The sub-committee has representatives from both adult and children services, this ensures that learning from reviews is disseminated across both service areas.

The sub-committee has met to draw up terms of reference and agree membership. We currently have four serious case reviews, two domestic homicide reviews and two safeguarding adult reviews. Once these have been completed the recommendations will be tracked through the case review sub-committee. Regular reports will then be reported to the Executive Board of both the SAB and LSCB.

## 11. Effectiveness of safeguarding arrangements

### i. DoLS

#### Deprivation of Liberty Safeguards

The wider consequences of the *Cheshire West* ruling in March 2014 continue to emerge and likewise the implications for practice relating to Deprivation of Liberty matters continue to evolve.

In June 2014 it was estimated that, as a consequence of the Cheshire West ruling, the number of DoLS authorisation requests received by Hillingdon Council would rise to over 500 cases per annum; this estimate did not include out of borough and hospital in-patient placements. This figure has been realised for 2014-15 and is set to increase to at least 1200 for 2015-16. Each application can only be granted for a maximum of 12 months therefore these figures will be repeated each year, on top of any new requests received.

In addition to this it has now been identified that the acid test determined by the Cheshire West ruling must also be applied to people who are being deprived of their liberty in the community. This means that people in supported housing settings and people in a domestic setting who receive a care package that is *imputable to the state*, who potentially lack capacity, must also be assessed.

The acid test hinges on two key questions:

1. Is the person free to leave?
2. Is the person subject to continuous supervision and control?

The Deprivation of Liberty Safeguards (DoLS) applies only to residential/nursing care homes and hospital settings; any other form of deprivation must be authorised by the Court of Protection. Thus an application must be made to the Court of Protection in respect of anyone in supported housing, or anyone who is living at home and receiving a care package that is imputable to the state, who lack capacity to make an informed decision about where they reside or what services they need and have been assessed as being deprived of their liberty under the Cheshire West acid test.

In response to the demand created by the above the Council has:

- Established a robust DoLS Supervisory Body that has agreed the forward strategy for DoLS and monitors performance/compliance;
- Streamline processes for accepting and responding to DoLS Authorisation requests including the development of on line forms for Managing Authorities;
- Increased its capacity to complete DoLS assessments by identifying internal staff to train as Best Interest Assessors (BIA) and also by going out to tender for a BIA Provider agency to undertake assessments on the Council's behalf.

The advocacy tender mentioned above will also assist in the timely appointment of advocacy support under DoLS which will assist and support the council in terms of those cases that might go before the Court of Protection.

### **Impact for Hillingdon**

- 2013/14 Hillingdon received 15 requests
- 2014/15 Hillingdon received 500 requests
- 2015/16 estimated Hillingdon will receive 1000 requests
- Resulted in big increase in number of IMCAs required
- In addition approx. 250 people who require Court of Protection applications to be made each year
- 30+ cases will require application to Court Of Protection due to AK case
- Requires significant additional resources
- Need all residential, nursing homes and hospital providers to be aware of their responsibilities to make applications

### **Current Progress**

- Allocated significant additional resources
- Increased the DoLS team
- Engaged a number of external BIA assessors and Section 12 Doctors
- Tendering for provider of BIAs and Section 12 Doctors
- Training up existing staff
- Developed performance reports
- Updated ICT
- Training of Social Care Direct
- Briefed Providers

## Next Steps

- Operational Board to receive further updates
- Continue to publicise to providers of residential, nursing and hospital services
- Supervisory body to continue to oversee the delivery of the DoLS responsibilities locally
- Continue to link to London wide networks

## ii. Making Safeguarding Personal

The aim of Making Safeguarding Personal (MSP) is to move safeguarding practice *away* from following a process *towards* the commitment to improving the experience and outcomes for people experiencing abuse or neglect. MSP promotes person-led, outcome-focused safeguarding.

The shift in culture and practice encapsulated by MSP is in response to what is now known about what makes safeguarding more or less effective from the perspective of the adult.

### The Key objectives of MSP focus on:

- a) Developing an approach to safeguarding that is based on working with people

Using an outcome focused approach and engaging with the person throughout the safeguarding process can be done. Evidence shows that this leads to better outcomes for the person and can inform practitioners and safeguarding boards of the effectiveness of their work.

### More time invested at the beginning can lead to a quicker resolution.

- b) Improving people's experience/circumstances

Exploring how to support and empower people at risk of harm to resolve the circumstances that placed them at risk and/or manage risks themselves. MSP aims to encourage practice that puts the person more in control and generates a more person centred set of responses and outcomes. In this way the outcomes focus is integral to practice and the recording of practice in turn generates information about outcomes.

c) Utilising Professional Care Skills

MSP asks practitioners to go back to basic professional care skills - engagement, discussion, negotiation - as a means of safeguarding people rather than simply putting people through a process.

Risk and proportionality is potentially more achievable within MSP than within a process driven system.

Audits and peer challenges have established that people do tend to feel driven through a process in safeguarding.

LJ Mumby famously described process driven safeguarding as "ticking the box and missing the point".

d) Benchmarking change

MSP enables all partners to see the benefits of this approach. There is a need to move adult safeguarding from a process driven approach to one that is focused on improving outcomes for, and the experience of, people who are referred to the service.

Within Adult Social Care Advanced Practitioners have been identified as Making Safeguarding Personal practice champions with a key focus on developing a real understanding within Adult Social Care teams about what people themselves wish to achieve: agreeing, negotiating and recording the person's desired outcomes, working out with them (and their representatives or advocates if they lack capacity) how best those outcomes might be realised and then evaluating the extent to which those outcomes have been achieved.



### **iii. Pan London**

In December 2015 the Pan London Authorities updated their multi agency 2011 Safeguarding Adults Policy and Procedures. The updated procedures support the introduction of the Care Act 2014 and lays the foundation for change in the way that care and support is provided to adults, encouraging greater self-determination, so people maintain independence and have real choice.

There is an emphasis on working with adults with care and support needs who are at risk of abuse and neglect to have greater control in their lives to both prevent it from happening, and to give meaningful options of dealing with it should it occur.

The aim of the procedures are to better safeguard adults at risk of abuse throughout London; and in using this document better encourage the continuous development of best practise.

It covers the legislative requirements and expectations on individual services to safeguard and promote the well-being of adults, and a framework for SABs to monitor the effective implementation of policies and procedures.

Hillingdon SAB agreed to adopt the Pan London Procedures following their launch in February 2016. A series of workshops have been commissioned to inform practitioners and to help in embedding the procedures into practise. The implementation of the procedures will be monitored through the performance and quality sub-committee.

A copy of the procedures can be downloaded from:

<http://londonadass.org.uk/safeguarding/review-of-the-pan-london-policy-and-procedures>.

### **iv. Safeguarding Performance Reports**

The Safeguarding Performance Reports are drawn from the ASC database and are now produced on a monthly basis. The reports support understanding of safeguarding performance across Adult Social Care, within individual teams and by individual workers and enable ASC managers to identify areas of good practice as well as identifying issues that need to be addressed either within teams or with individuals. Information presented in the reports are analysed and discussed with ASC managers at monthly performance meetings; month on month improvements are also monitored as part of these meetings.

## v. Domestic Violence

The overall purpose of the Domestic Violence Steering Executive (DVSE) is to have strategic oversight of domestic violence and violence against women and girls (VAWG) in Hillingdon. This includes ensuring that the council's policy on domestic violence continues to be reviewed and updated, ensuring that there is a robust action plan. This includes taking high level policy decisions in relation to DV and VAWG issues. The DV Steering Executive has ultimate responsibility for the DV Action Forum that reports directly to the DV Steering Executive on the work, targets, progress and achievements of individual subgroups.

The DV Steering Executive informs the SAB annual report of the successful achievements of the subgroups in 2014-15 in reducing the risks of DV and VAWG to victims and survivors by continuing to provide equitable access to services, referrals and awareness raising, specialist support and safeguarding, robust data collection to influence change and secure on-going DV/VAWG provision, including joint collaborative partnership working and critical integration of services for an effective victim centred approach. This is notwithstanding Hillingdon's Annual White Ribbon Day Conference, which was an outstanding success and highlights a mention of some of the key themes on Female Genital Mutilation (FGM), Safeguarding and empowerment of children, young people and vulnerable adults, trafficking and partnership working and continues in its commitment to raise the profile of DV/VAWG and to openly state its zero tolerance of all forms of domestic violence and other forms of harmful practices.

The DVSE is working jointly with the Safer Hillingdon Partnership (SHP) in response to the two domestic homicides in the borough. The DVSE and SHP Strategic Boards have considered the recommendations from the DHR Homicide Review, which was conducted for 1 year by Standing Together. There are 21 recommendations from the review and they will be appropriately embedded into the DV Action Plan work stream for 2015-16, across the seven working subgroups linked to the DV Action Forum.

## 12. Case Reviews

There have been no serious adult reviews (SAR) during the period of this report.

Four consideration meetings have been held to discuss whether a case meets the threshold for a serious adult review. For two of the cases it was felt that the criteria was not met for an SAR. One case did meet the threshold but we are not able to progress this yet as the case is under investigation by the Independent Police Complaints Commission. Once this investigation has been completed the SAB will request a report and then consider again whether the case meets the threshold for an SAR.

The fourth case we considered is part of a police investigation. We have agreement from the investigating officer that we can progress the initial stages of an SAR by gathering historical data. Witness statements will be made available to us once the case has been through the court process and we have to be mindful that any information we gather may have to be made available to the Police. At the stage of writing this report the SAB has requested chronologies from agencies.

All cases will be monitored through the case review sub-committee and progress reported to the SAB Operational Board.

### 13. Priorities for 2016/2017

Strategic Priority	What does this mean?	Actions
<p><b>To ensure that there are effective arrangements across agencies to reduce the risk of abuse and neglect of vulnerable adults in the borough.</b></p>	<p>Neglect often takes place in environments in which one or more of the following issues is apparent;</p> <ul style="list-style-type: none"> <li>• Domestic violence</li> <li>• Drug/alcohol misuse</li> <li>• Mental health issues.</li> </ul>	<ul style="list-style-type: none"> <li>• Develop a multi-agency neglect strategy owned by all partner agencies.</li> <li>• To improve awareness and understanding of neglect and abuse across the whole partnership through training and awareness campaigns.</li> <li>• To analyse key performance indicators to be reassured that appropriate referrals are made and prevention strategies are in place, for example, effective public awareness.</li> <li>• Making Safeguarding Personal is embedded in practice supported through training, awareness raising and audit activity.</li> <li>• Develop meaningful public awareness campaigns.</li> </ul>
<p><b>To ensure that partners understand, and provide an appropriate response to, vulnerable adults who require support with mental health.</b></p>	<p>Hillingdon Safeguarding Adult's Board need to be assured that adults requiring the services of mental health receive a prompt and appropriate response.</p>	<ul style="list-style-type: none"> <li>• Performance sub-committee to analyse source of referrals and primary need and to conduct an audit of cases of people with dual diagnoses.</li> <li>• Adult voices are heard and views recorded during contact with professionals.</li> <li>• To develop multi-agency training with good attendance across agencies.</li> </ul>
<p><b>To ensure that all agencies place the 'Making safeguarding Personal' model at the centre of their response to vulnerable adults.</b></p>	<p>To ensure that vulnerable adults are consulted and have a say in the services that they receive, and are part of the planning process from the beginning.</p>	<ul style="list-style-type: none"> <li>• To develop and implement the 'Making Safeguarding Personal' strategy.</li> <li>• Agree key performance indicators that can be measured against the strategy.</li> <li>• Multi-agency training packages are available to all partner agencies.</li> <li>• Relevant and meaningful public awareness campaigns.</li> </ul>

<p><b>To ensure that Hillingdon Safeguarding adult Board has the capability and tools to effectively hold agencies to account, in order to satisfy ourselves that vulnerable adults are safeguarded within the borough.</b></p>	<p>The Hillingdon SAB is committed to challenging partner agencies to ensure that the Board can be satisfied that vulnerable adults are safe in Hillingdon.</p> <p>The Board is committed to listening to the community in order to learn lessons from practice and to challenge existing practice where necessary.</p> <p>The Board needs to be satisfied that all vulnerable adults are seen, heard and helped; with the public and professionals being alert to risks posed to vulnerable adults and how to report this when necessary.</p>	<ul style="list-style-type: none"> <li>• Effective auditing and quality assurance of partner's practice leads to robust analysis and challenge to come from data presented to P&amp;Q sub-committee.</li> <li>• Multi-agency training is available to all partner agencies.</li> <li>• All practitioners to have received training and Pan London procedures embedded into practice.</li> <li>• Continue to monitor the development of the Multi-agency Safeguarding Hub (MASH).</li> <li>• Audit of agency governance arrangements across all partner agencies undertaken.</li> <li>• Board improvement plan regularly updated and presented to Board. Risk Register developed and regularly monitored at the Board.</li> </ul>
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## 14. Conclusion

2015-2016 has been a very busy year for the SAB, with the development of the business unit and prioritising a training and quality assurance programme. It is hoped that this report has provided you with reassurance of the effectiveness of local arrangements to safeguard and promote the welfare of vulnerable adults in Hillingdon.

This report demonstrates that safeguarding activity is progressing well and that Hillingdon SAB has clear agreement on the strategic priorities achieved and what actions need to be taken forward over the coming year. The SAB is aware of, and working to fulfil, its statutory functions under the Care Act 2014 and the Pan London Procedures.

Agency reports in Appendix 2 demonstrate that statutory and non statutory members are consistently participating towards the same goals in partnership and within their individual agencies.

The Board has, throughout the year, begun a programme that has monitored, quality assured and evaluated the quality of services within Hillingdon, and this programme of robust auditing analysis and challenge will continue to ensure that vulnerable adults remain safe.

*Thank you*

A close-up image of a fountain pen nib, positioned to the right of the 'Thank you' text.



## Appendix 1 - Glossary

Acronym	Meaning
ASC	Adult Social Care
BIA	Best Interest Assessors
CCG	Clinical Commissioning Group
CMARAC	Community Multi Agency Risk Assessment Conference
CNWL	Central & North West London
COP	Court of Protection
DASH	Disablement Association Hillingdon
DHRs	Domestic Homicide Reviews
DoLs	Deprivation of Liberty safeguards
DV	Domestic Violence
DVSE	Domestic Violence Steering Executive
FGM	Female Genital Mutilation
IMCA	Independent Mental Capacity Advocate
LA	Local Authority
LAS	London Ambulance Service
LFB	London Fire Brigade
LSCB	Local Safeguarding Children Board
MAPPA	Multi Agency Public Protection arrangements
MARAC	Multi Agency Risk Assessment Conference
MASH	Multi Agency Safeguarding Hub
MCA	Mental Capacity Act
MSP	Making Safeguarding Personal
SAB	Safeguarding Adult Board
SARs	Serious Adult Reviews
SCRs	Serious Case Reviews
SHP	Safer Hillingdon Partnership
VAWG	Violence against Women & Girls



## Individual Agency Contributions

### Appendix 2 - Age UK Hillingdon

Name of agency	Age UK Hillingdon
Description of service	Local Charity offering a wide range of services supporting older people in Hillingdon to remain safe, secure and independent.
Safeguarding training undertaken in reporting period. % of staff trained at each level.	35% employees in total: 35% staff and 53% supervisors 10% volunteers
Regulator inspection in reporting period and outcomes	N/A
Challenges in the reporting period	<ul style="list-style-type: none"> <li>97 staff and 271 volunteers currently work for Age UK Hillingdon to support older people and safeguarding training is mandatory for all. We regularly review and audit our policies and procedures to ensure compliance with Safeguarding as well as raising awareness with all staff and volunteers so that there is a clear process for reporting issues.</li> <li>An increase in staff reporting concerns relating to potential safeguarding cases – referred onto to SCD as appropriate.</li> </ul>
Progress on safeguarding priorities in the reporting period	<ul style="list-style-type: none"> <li>Age UK Hillingdon's Director of Services/Deputy CEO is a member of the SAPB Operational Group</li> <li>Mental Capacity Awareness training</li> <li>On-going review of safeguarding issues across our wide range of services</li> <li>Annual audit of internal safeguarding procedures</li> </ul>
Safeguarding priorities for 2015/6	<ul style="list-style-type: none"> <li>Keep up to date with new developments in Safeguarding and Disclosure and Barring.</li> <li>Implement the Care Bills Safeguarding measures as required.</li> </ul>
Good news stories	Appropriate action/intervention to resolve safeguarding issues at an early stage.
Good practice examples	<ul style="list-style-type: none"> <li>Safeguarding is a standard agenda item in supervision and appraisal processes and for staff and volunteer meetings.</li> <li>Information relating to Safeguarding and relevant contact numbers are displayed on our website and in our services brochure.</li> </ul>

## Appendix 3 - CNWL

<p>Name of agency</p>	<p>Central and North West London NHS Trust</p> <p>The Trust provides both mental health and community services across five London Boroughs and Milton Keynes.</p> <p>Operationally, CNWL is managed in three divisions; each headed up by a Director of Operations and supported by a Nursing and Medical Director. They are responsible for all elements of care and delivery within their respective divisions.</p> <p>In relation to CNWL Hillingdon services, the Divisional Director of Operations who has responsibility for these services is also the senior lead director for safeguarding and is supported in this role by the Divisional Director of Nursing.</p> <p>Each of the boroughs is headed up by a Borough Director and a Clinical Director; they are a key link and member of the local adult safeguarding boards.</p>
<p>Description of service</p>	<p>CNWL provide secondary Mental Health Care, IAPT services, Substance Misuse Services, CAMHs services a range of physical healthcare community-led adult and children's services across the borough of Hillingdon.</p> <p>Safeguarding Adults Team:</p> <p>CNWL have a dedicated adult safeguarding team who are split across each of the 3 divisions of CNWL.</p> <p>The 3 staff within the divisional team which supports Hillingdon are responsible for providing expert advice, supervision, education and training on all relevant safeguarding issues. This team also collects and analyses data, carries out audits and delivers training including Prevent.</p> <p>All front line staff have direct access to one of the safeguarding team to seek advice/support.</p>
<p>Safeguarding training undertaken in reporting period. % of staff trained at each level.</p>	<p>Safeguarding adults training is mandatory for all staff within the Trust. The training equips staff to have an understanding in their role of identifying abuse and ill treatment of Adults at risk. Training must be refreshed every three years.</p> <p>At the time of writing, CNWL have a 95% compliance rate for safeguarding training, this is the same as last years compliance rate.</p>

	<p>Other formal training given by the safeguarding adults team is Health wrap Prevent, MCA and DOLs. They also give opportunistic training and hold surgeries for staff who more indepth safeguarding adults or MCA queries, or would like to discuss one of their cases.</p>																																				
<p>Regulator inspection in reporting period and outcomes</p>	<p>The CQC inspected CNWL in February 2015, the results from this inspection showed that overall CNWL is safe but 'requires improvement'. In forming the overall rating, 18 different specialty reports were compiled which were aggregated up to provide an overall rating for the Trust. The rating for all the Hillingdon services provided in CNWL are detailed below:</p> <table border="1" data-bbox="507 633 1406 2004"> <thead> <tr> <th data-bbox="507 633 703 734">Service</th> <th data-bbox="703 633 916 734">Type</th> <th data-bbox="916 633 1102 734">Overall Trust Rating</th> <th data-bbox="1102 633 1406 734">Local Hillingdon Provision</th> </tr> </thead> <tbody> <tr> <td data-bbox="507 734 703 869">Community health services</td> <td data-bbox="703 734 916 869">Inpatient services</td> <td data-bbox="916 734 1102 869">Good</td> <td data-bbox="1102 734 1406 869">Hawthorne Intermediate Care Unit, Woodlands</td> </tr> <tr> <td data-bbox="507 869 703 1003">Community health services</td> <td data-bbox="703 869 916 1003">Children, young people and families</td> <td data-bbox="916 869 1102 1003">Good</td> <td data-bbox="1102 869 1406 1003">Multiple Hillingdon sites</td> </tr> <tr> <td data-bbox="507 1003 703 1137">Community health services</td> <td data-bbox="703 1003 916 1137">Adults</td> <td data-bbox="916 1003 1102 1137">Good</td> <td data-bbox="1102 1003 1406 1137">Multiple Hillingdon sites/home care</td> </tr> <tr> <td data-bbox="507 1137 703 1272">Community health services</td> <td data-bbox="703 1137 916 1272">End of life care</td> <td data-bbox="916 1137 1102 1272">Good</td> <td data-bbox="1102 1137 1406 1272">Multiple Hillingdon sites/home care</td> </tr> <tr> <td data-bbox="507 1272 703 1406">Community health services</td> <td data-bbox="703 1272 916 1406">Community Dental Services</td> <td data-bbox="916 1272 1102 1406">Good</td> <td data-bbox="1102 1272 1406 1406">Uxbridge and Ickenham</td> </tr> <tr> <td data-bbox="507 1406 703 1541">Community health services</td> <td data-bbox="703 1406 916 1541">Community Sexual Health Services</td> <td data-bbox="916 1406 1102 1541">Outstanding</td> <td data-bbox="1102 1406 1406 1541">Uxbridge/Hesa</td> </tr> <tr> <td data-bbox="507 1541 703 1765">Mental health services</td> <td data-bbox="703 1541 916 1765">Acute wards for adults of working age and Psychiatric Intensive Care Units</td> <td data-bbox="916 1541 1102 1765">Inadequate</td> <td data-bbox="1102 1541 1406 1765">Riverside Mental Health Centre</td> </tr> <tr> <td data-bbox="507 1765 703 2004">Mental health services</td> <td data-bbox="703 1765 916 2004">Long stay rehabilitation mental health ward for working age adults</td> <td data-bbox="916 1765 1102 2004">Good</td> <td data-bbox="1102 1765 1406 2004">2 Colham Road</td> </tr> </tbody> </table>	Service	Type	Overall Trust Rating	Local Hillingdon Provision	Community health services	Inpatient services	Good	Hawthorne Intermediate Care Unit, Woodlands	Community health services	Children, young people and families	Good	Multiple Hillingdon sites	Community health services	Adults	Good	Multiple Hillingdon sites/home care	Community health services	End of life care	Good	Multiple Hillingdon sites/home care	Community health services	Community Dental Services	Good	Uxbridge and Ickenham	Community health services	Community Sexual Health Services	Outstanding	Uxbridge/Hesa	Mental health services	Acute wards for adults of working age and Psychiatric Intensive Care Units	Inadequate	Riverside Mental Health Centre	Mental health services	Long stay rehabilitation mental health ward for working age adults	Good	2 Colham Road
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Mental health services	Wards for older people with mental health problems	Requires Improvement	Oaktree Ward, Woodlands
Mental health services	Community based mental health services for adults of working age	Requires Improvement	Pembroke Centre, Mead House, Mill House
Mental health services	Crisis services and health based places of safety	Good	Riverside Mental Health Centre
Mental health services	Community based mental health services for older people	Good	Woodlands
Mental health services	Specialist community mental health services for children and young people	Good	Redford Way
Mental health services	Community mental health services for people with learning disabilities	Good	LBH/Riverside (not inspected)
Mental health services	Community substance misuse services	Not rated	HDAS, Uxbridge

As a result of the rating, the Trust was required to implement a number of 'must do' actions to provide assurance to the CQC of compliance. One of the areas requiring significant work related to CNWL's Adult Mental Health inpatient services, which were rated as inadequate. The main factor which determined this rating was the over-occupation of many of our wards due to the significant pressure on Mental Health beds across the organisation which impacted on both patient experience and safety.

	<p>Over the last year, significant work has taken place to reduce bed occupancy including Trust-wide bed management process, improved discharge planning, reduction in length of stay and use of beds outside of the Trust to assist in management of peaks in demand. Whilst this still remains challenging both locally and nationally, significant improvements have been made.</p> <p>Following implementation of all of the ‘must do’ actions required by the CQC, the Trust is now declaring full compliance with all CQC standards.</p> <p>As part of our on-going focus on safety and quality, CNWL undertakes regular internal peer reviews, which involve multidisciplinary teams inspecting other services to ensure all services are safe and effective.</p> <p>In addition, in November 2015, CNWL carried out a Trust-wide Quality Inspection of all services involving internal staff, patients, carers, commissioners and other external stakeholders. This provided a transparent framework to review our services and enable learning across all parts of the organisation.</p>
<p>Challenges in the reporting period</p>	<p>The Home Office via NHS England is requesting that Health Wrap Training (Prevent) be mandatory for all NHS trusts, this will be applied by CNWL in the near future, this has meant that all staff have needed to and are going to attend Health Wrap Training, the time frame is short, quarterly Prevent returns are forward to NHS England and CCG, to prove that this is prioritised by NHS trusts.</p> <p>DOLs is currently under review. DOLs training is continuing within MCA training. The final changes to DOLs which is planned to be called ‘Protective Care’ is hoped to be released during 2016, this will mean ensuring every clinical member of staff has been updated and aware of the changes within this legislation.</p>
<p>Progress on safeguarding priorities in the reporting period</p>	<p><b>Learn from serious incidents and cases:</b> (including SARs and domestic homicides) locally and nationally: In the last year CNWL Hillingdon has had services involved in two DHR’s, the lessons are discussed with relevant teams as they are identified during the SCR and DHR panel meetings. Policies are changed as needed. The lessons are discussed in supervision with staff as part of reflective practice. DHR’s and SCR’s are presented and discussed in the overall Trust safeguarding adults meeting and the divisional safeguarding adults meetings. They are anonymised and used in training with individual teams and if suitable within safeguarding adults mandatory training.</p>

	<p><b>Respond to cases of self-neglect and/ or non-engagement with services:</b> Such cases are properly understood and responded to (including issues of capacity and/ or underlying illnesses) to keep people safe whilst respecting choice and independence. Self-neglect became a safeguarding adults category under The Care Act 2014. Since this introduction staff have identified cases of self-neglect, patients mental capacity is always taken into account when identification of self-neglect is made. The outcome of this assessment can often be the catalyst in enabling the health care professional to make the right decision in which would best help the patient.</p> <p><b>Share the right information with the right people at the right time:</b> Key information is shared at the right time to enable holistic and comprehensive risk assessment and safeguarding, whilst legal requirements (such as the Data Protection Act and patient confidentiality) are complied with. CNWL prides itself on having good connections with partner organisations. They have signed up to the SAB information sharing agreement. This agreement, with open lines of communication helps to ensure that correct information requested is given within a good time frame to the appropriate person. CNWL has a clinical governance team and trust policy, in which it clearly outlines which information can be shared and with whom, it looks at all aspects of information sharing.</p>
Safeguarding priorities for 2015/6	<p>Priorities for 16/17 are:</p> <ul style="list-style-type: none"> <li>• Make Safeguarding Personal - ensure individuals are kept safe and individuals identify the outcomes that would keep them safe</li> <li>• Continuing to work with our partners to implement the new Pan London Guidelines</li> <li>• Improving sexual safety on all our Inpatient services</li> <li>• Improving the identification and monitoring individuals who have suffered Female Genital Mutilation</li> </ul>
Good news stories	<p>Much work has taken place with in Hillingdon's mental health services, as part of the section 75 agreement there is now a senior SAM in place. She oversees the safeguarding adults concerns raised, she works closely with CNWL's adult safeguarding &amp; MCA practitioner, who has targeted MH services with Prevent Health Wrap Training, Consent, DOLs etc.</p>

<p>Good practice examples</p>	<p>Safeguarding Adults team keep clear records of all cases, to ensure that statistics, outcomes and feedback are easily and readily available at all times.</p> <p>As well as training each team has a visit from a member of the safeguarding team, during this visit a case study is presented which always incorporates MCA, safeguarding and any other safeguarding related topic that is felt to be key at that time.</p>
<p>Any other comments</p>	<p>CNWL is committed to safeguarding adults from abuse, they have had a small team in Hillingdon for 7 years, this team is well supported by senior management, and is now part of a larger overarching CNWL team, good practice and new ideas is shared amongst the team, helping the team to keep up to date with constantly changing legislation. CNWL fully supports the local safeguarding adults agenda and recognises the importance of partnership working.</p>

## Appendix 4 - DASH

Name of agency	Disablement Association Hillingdon (DASH)
Description of service	Local charity providing information, advice and advocacy for people with disabilities. Also a range of activities including sport.
Safeguarding training undertaken in reporting period. % of staff trained at each level.	All staff receive safeguarding training as part of their induction. All policies and procedures are reviewed annually. All staff are aware of reporting procedures.
Regulator inspection in reporting period and outcomes	N/A
Challenges in the reporting period	Raising awareness among our service users about Hate crime and how to deal with it.
Progress on safeguarding priorities in the reporting period	Contact made with police and marketing material available for promoting Safe Places initiative.
Safeguarding priorities for 2016/17	Promote Safe Places and work with police to get shops and businesses engaged.
Good news stories	People are becoming more aware of what is acceptable behaviour through our interventions.
Good practice examples	Throughout our sport and activities we teach young people with learning disabilities what is acceptable behaviour at sessions and have had some success with changing behaviours.



## Appendix 5 - BOCU

Name of agency	Hillingdon BOCU
Description of service	Metropolitan Police Service
Safeguarding training undertaken in reporting period. % of staff trained at each level.	Training in Safeguarding is currently limited to departments concerned in Safeguarding.( Missing Person's Unit), (CSU).There has been no bespoke Safeguarding training given to Police with the exception of the limited input within the CSU Investigators Course. There is a constant flux of staff .When on CSU staff are appointed they attend CSU courses .Safeguarding is included within that course.(approx 60% currently trained). A training cycle on Disability hate Crime will commence shortly for all officers in the Borough to identify and report.
Regulator inspection in reporting period and outcomes	Hillingdon has a small team dedicated to Safeguarding Vulnerable Adults. Specialising in predominantly carer abuse. All Hillingdon CSU officers (with the exception of temporary attachments will have had significant input re Domestic Abuse /Hate Crime) Training re Safeguarding knowledge thereof requires updating due to turnover of investigators.
Challenges in the reporting period	During the reporting period Hillingdon CSU has suffered two Domestic Homicides. Both victims had children. Although in neither case the victims considered within the category of vulnerable.
Progress on safeguarding priorities in the reporting period	Progress has been made in that - <ol style="list-style-type: none"> <li>1. Increase in the size of MASH - Two extra Safeguarding Adult/CSE Investigators</li> <li>2. Increase in staff to CSU encompassing Domestic Abuse - Bespoke unit for investigating Safeguarding Issues</li> </ol>
Safeguarding priorities for 2015/6	To increase the reporting and identification of Disability Hate Crime within Hillingdon Borough. To have a Safeguarding Vulnerable Adults Social Worker engage within the MASH.
Good practice examples	The weekly Safeguarding Adults clinic is viewed as groundbreaking with other Local Authorities adopting similar focus. Hillingdon MASH is considered to be most effective in the MPS and increasing in size and scope.
Any other comments	To reiterate - Direct engagement within the MASH from Adult Social Services is considered paramount in progressing partnership working and best practice. Internally, more partnership working involving MASH and CSU re safeguarding adult investigations.

## Appendix 6 - Hillingdon Carers

Name of agency	Hillingdon Carers
Description of service	Provides support to unpaid Carers in the London Borough of Hillingdon, this includes Young Carers aged 5 – 18 years old.
Safeguarding training undertaken in reporting period. % of staff trained at each level.	All members of staff and volunteers have completed Safeguarding Children training All members of staff and volunteers have completed Safeguarding Vulnerable Adults training All staff and volunteers have undergone PREVENT training
Regulator inspection in reporting period and outcomes	None
Challenges in the reporting period	Increase in number of safeguarding concerns in regards to both carers and the person they care for.
Progress on safeguarding priorities in the reporting period	All safeguarding policies have been updated to include prevent Policy attached
Safeguarding priorities for 2015/6	To ensure all staff are fully aware of all safeguarding policies and procedures. That when employing new staff and volunteers we use the safer recruitment procedure, and that all staff and volunteers have up to date DBS checks
Good news stories	See Case study  <b>Hillingdon Carers case study</b>  Mohinder is an elderly Indian lady caring for her husband, she has her own health problems causing mobility problems which mean that she is now struggling to care.  Safeguarding concerns were first flagged by their home care agency as it was felt the carer was being abused by her son.  Hillingdon Carers was contacted by local authority to arrange a joint meeting, also attended by the police.  It was found that indeed, Mohinder was very frail and unwell and she was at risk from physical abuse from her son.  Several meetings took place at various locations, including at our offices.  We supported Mohinder with financial advice, emotional support and information about her health and she was eventually offered a place at extra-care housing, which she accepted.

	<p>We supported her to make a statement to the police although this was really difficult for her to do due to mixed emotions.</p> <p>The criminal investigation is on-going with a view to prosecuting the son for assault.</p>
Good practice examples	See Case study
Any other comments	Hillingdon Carers remains committed to the safeguarding of vulnerable adults

## Appendix 7 - Clinical Commissioning Group

Name of agency	Hillingdon CCG
Description of service	<p>NHS Hillingdon Clinical Commissioning Group (CCG) is responsible for buying health services in Hillingdon including community health and hospital services. The CCG is a statutory NHS body with a range of statutory duties which includes safeguarding adults and PREVENT. Hillingdon CCG is a member organisation made up of local GPs and health professionals who are best placed to know the right services for our area.</p> <p>As a clinically-led organisation, Hillingdon CCG is in the unique position of being able to take into account the first-hand experience of our patients who use health services when new services are commissioned</p> <p>Safeguarding forms part of the NHS contract (service condition 32) Commissioners are required to agree with providers how contracts will be reviewed and evidence of compliance with statutory safeguarding duties.</p>
Safeguarding training undertaken in reporting period. % of staff trained at each level.	<p>Level 1 48%</p> <p>Level 2 30%</p> <p>Level 3 100%</p> <p>Level 4 100%</p> <p>Safeguarding training is mandatory</p>
Regulator inspection in reporting period and outcomes	<p>No inspections have taken place, the CCG has quarterly assurance meetings with NHS England. This is an opportunity to review Safeguarding across the health economy using data collected and Serious Case Reviews, Domestic Homicide Reviews and Safeguarding Adults Reviews.</p>
Challenges in the reporting period	<p>There have been a number of statutory changes since April 2014:</p> <ul style="list-style-type: none"> <li>• The care Act 2014 introduced fresh definitions of abuse and Making Safeguarding Personal and the Prevention agenda are key components of safeguarding work.</li> <li>• PREVENT became a statutory responsibility in 2015.</li> <li>• Domestic Violence Legislation has changed.</li> <li>• Training materials need to reflect the changes and assurance from providers needs to reflect how organisations are embedding the changes.</li> <li>• Training sessions will be delivered on a regular basis to ensure that compliance against the national target is met.</li> </ul>

	<ul style="list-style-type: none"> <li>• The CCG and Local authority submitted its return on the transforming care plan the NHSE within the required timeframe.</li> </ul> <p>Written feedback tells us that across the domains all but two have been met or partially met, work is ongoing to achieve the standards required for the final submission in April 2016.</p>
<p>Progress on safeguarding priorities in the reporting period</p>	<p>The CCG is represented at the Executive Safeguarding Adults Partnership Board and the Operational Board There is representation at the Hillingdon PREVENT Partnership Group and Partnership Board Subgroups. Care Home Forum, Provider Risk Forum and the DoLs Supervisory Body.</p> <p>Attendance at the NHS England PREVENT Forum and the CCG Leads Forum is an opportunity to reflect and influence.</p> <p>Raising the profile of Safeguarding Adults within the CCG and supporting and advising staff about the need to pay attention to safeguarding adults at risk when commissioning services and developing contracts.</p> <p>Continuing to ensure that all staff receive the appropriate level of Safeguarding Adults, Mental Capacity Act and PREVENT training appropriate for their role.</p>
<p>Safeguarding priorities for 2015/6</p>	<ul style="list-style-type: none"> <li>• To continue to work in partnership with Hillingdon Local Authority to ensure that the residents of Hillingdon live free from abuse.</li> <li>• NHS Hillingdon Clinical Commissioning Group (HCCG) priority is to ensure that adults at risk remain safe whilst receiving healthcare in Hillingdon. This is achieved through contract monitoring and receipt of assurance through quality monitoring, attendance at provider safeguarding committees, assurance visits and audit.</li> <li>• Training continues to be a priority, sessions are planned and delivered to CCG staff and GP practices covering Safeguarding adults, Mental Capacity Act and PREVENT.</li> <li>• Develop a safeguarding supervision structure offering leads expert advice, mentoring and safeguarding supervision.</li> </ul>
<p>Good news stories</p>	<p>Joint announced and unannounced 'Quality visits' to nursing homes and clinical areas in provider trusts. These visits enable the team to gain assurance against the Health and Social Care Act 2008 and the Care Quality Commission Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and social care services have the right to expect. These visits have allowed the nursing homes and trusts to develop action plans that can be reviewed through quality committees.</p>

	<p>An External audit of Hillingdon CCG's Safeguarding structure and processes was undertaken in 2015.</p> <p>The results were favourable and actions have been achieved. NHS England carried out a London-wide deep-dive of Safeguarding Adults practices in 2016, Hillingdon CCG is looking forward to receiving feedback.</p> <p><u>Policy Update</u>  PREVENT policy ratified 2015  Safeguarding Adults Policy ratified 2016.  Adults Safeguarding Supervision policy in development.</p> <p>The CCG has appointed a part time interim Safeguarding Adults Lead. The post will be advertised as a full time substantive 8b post from April 2016.</p>
<p>Good practice examples</p>	<p>Safeguarding Adults Intranet and Extranet page has been developed and contains links to key documents and sites. This can be accessed by CCG staff and GP practice staff across the Borough.</p> <p>A Safeguarding Adults leaflet has been updated.</p> <p>The CCG now has a generic email address that acts a repository for alerts, requests for advice and can be accessed by key people within the CCG Confederation.</p> <p>Hillingdon CCG has a named Dr for Safeguarding Adults who supports, advises and offers training to personnel based in GP practices.</p>
<p>Any other comments</p>	<p>The Pan London Safeguarding Adults Procedures launch in 2016 has been welcomed.</p>

## Appendix 8 - Adult Social Care

Name of agency	London Borough of Hillingdon										
Description of service	Adult Social Care										
Safeguarding training undertaken in reporting period. % of staff trained at each level.	<table border="1"> <thead> <tr> <th>Course Title</th> <th>Number of staff trained</th> </tr> </thead> <tbody> <tr> <td>Interview &amp; Investigation Skills</td> <td>50</td> </tr> <tr> <td>Safeguarding Adult Managers (SAM)</td> <td>30</td> </tr> <tr> <td>MCA Awareness</td> <td>70</td> </tr> <tr> <td>Safeguarding Adult Thresholds</td> <td>20</td> </tr> </tbody> </table>	Course Title	Number of staff trained	Interview & Investigation Skills	50	Safeguarding Adult Managers (SAM)	30	MCA Awareness	70	Safeguarding Adult Thresholds	20
Course Title	Number of staff trained										
Interview & Investigation Skills	50										
Safeguarding Adult Managers (SAM)	30										
MCA Awareness	70										
Safeguarding Adult Thresholds	20										
Regulator inspection in reporting period and outcomes	<p>The Quality Assurance Team carried out approximately 190 visits during the year - these include initial quality assurance visits, follow-up visits and spot (unannounced) visits.</p> <p>Some care providers require repeat follow up visits in order to support them to make the improvements necessary to achieve a safe standard of practice. The Council's Quality Assurance Team has been pivotal in monitoring progress and supporting care provider services to improve practice in areas such as management of medication, person centred care planning; recruitment and staff training and leadership and oversight by management.</p>										
Challenges in the reporting period	<ul style="list-style-type: none"> <li>• Meeting the demands of Deprivation of Liberty Safeguards (DoLS) authorisation requests following the ruling of the Supreme Court in the Cheshire West case.</li> <li>• Successful recruitment to specialised posts.</li> </ul>										
Progress on safeguarding priorities in the reporting period	<p><b>Quality audit of Safeguarding cases by Adult Social Care (ASC) Team Managers</b> The safeguarding case file audits are now business as usual. Outcomes identified by the audits have resulted in a series of workshops for all ASC staff on accurate/robust recording.</p> <p><b>Increase Management oversight of safeguarding</b> Management oversight has been significantly enhanced as a consequence of the case file audits and analysis of the safeguarding conversion rates which has resulted in Safeguarding Threshold workshops being organised for all ASC Team Managers and Advanced Practitioners.</p> <p><b>Implement Making Safeguarding Personal</b> The aim of Making Safeguarding Personal (MSP) is to move safeguarding practice <i>away</i> from following a process <i>towards</i> the commitment to improving the experience and outcomes for people experiencing abuse or neglect.</p>										

MSP promotes person-led, outcome-focused safeguarding. The shift in culture and practice encapsulated by MSP is in response to what is now known about what makes safeguarding more or less effective from the perspective of the adult and is framed around ensuring a positive experience for the adult.

Hillingdon piloted MSP for a 6 month period from March 2015 and it was rolled out across all Adult Social Care Teams in October 2015. Advanced Practitioners have been identified as the best practice/ MSP champions and are supported within individual ASC Teams by those practitioners who were involved in the pilot.

The Safeguarding Adult & Quality Assurance Manager oversees the implementation of MSP through the safeguarding case file audits and performance monitoring meetings.

**Build on the Advanced Practitioner (POC) role**

Advanced Practitioners have been identified as Making Safeguarding Personal (MSP) - see above - and best practice champions across ASC and are being supported to embrace this role through Advanced Practitioner Forums. It is anticipated that a Best Practice forum will be a subsequent offshoot of the forum for Advanced Practitioners.

**Ensure robust Advocacy Services are available and are used appropriately**

The council is currently re-tendering for advocacy services and the Safeguarding adults & Quality Assurance Manager has played a key role in the tender process.

The new contract will be beneficial in terms of establishing a single point of access for all levels of advocacy, improving the timeliness of advocacy referral allocations and the quality of the advocacy work undertaken and facilitating the appropriate use of advocates in both Deprivation of Liberty Safeguards and Safeguarding investigations.

**Establish a Provider Forum**

The forum for nursing & residential care homes is now well established with a significant degree of success. The first half of the forum is devoted to presentations from people who are "experts in their field" and particular areas of relevance e.g. DoLS; the second half of the forum is devoted to sharing local good practice.



### **Introduce robust performance reporting -**

Performance reports are now produced monthly and are analysed to identify any issues concern; issues of concern are then addressed at the monthly Safeguarding Performance Monitoring meeting which is attended by all ASC Team Managers and Service Managers and chaired by the Safeguarding Adults & Quality Assurance Manager.

*A performance report surgery* has been established to assist Team Managers in the analysis of the performance reports. A quarterly report is now presented to the Council's DASS, Chief Executive and lead Cabinet Member.

### **Adapt the Council's IT system for safeguarding in response to practice needs**

The current safeguarding module has been adapted to improve the intuitiveness of the workflow and an upgraded version will be in place from April 2016.

### **Deprivation of Liberty Safeguards**

The wider consequences of the *Cheshire West* ruling in March 2014 continue to emerge and likewise the implications for practice relating to Deprivation of Liberty matters continue to evolve.

In June 2014 it was estimated that, as a consequence of the Cheshire West ruling, the number of DoLS authorisation requests received by Hillingdon Council would rise to over 500 cases per annum; this estimate did not include out of borough and hospital in-patient placements. This figure has been realised for 2014-15 and is set to increase to at least 1200 for 2015-16. Each application can only be granted for a maximum of 12 months therefore these figures will be repeated each year, on top of any new requests received.

In addition to the above it has now been identified that the acid test determined by the *Cheshire West* ruling must also be applied to people who are being deprived of their liberty in the community. This means that people in supported housing settings and people in a domestic setting who receive a care package that is *imputable to the state*, who potentially lack capacity, must also be assessed.

The acid test hinges on two key questions:

1. is the person free to leave?
2. is the person subject to continuous supervision and control?

	<p>The Deprivation of Liberty Safeguards (DoLS) apply only to residential/nursing care homes and hospital settings; any other form of deprivation must be authorised by the Court of Protection.</p> <p>Thus an application must be made to the Court of Protection in respect of anyone in supported housing, or anyone who is living at home and receiving a care package that is imputable to the state, who lack capacity to make an informed decision about where they reside or what services they need and have been assessed as being deprived of their liberty under the Cheshire West acid test.</p> <p>In response to the demand created by the above the Council has:</p> <ul style="list-style-type: none"> <li>• Established a robust DoLS Supervisory Body that has agreed the forward strategy for DoLS and monitors performance/compliance;</li> <li>• Streamline processes for accepting and responding to DoLS Authorisation requests including the development of on line forms for Managing Authorities;</li> <li>• Increased its capacity to complete DoLS assessments by identifying internal staff to train as Best Interest Assessors and also by going out to tender for a BIA Provider agency to undertake assessments on the Council's behalf.</li> </ul> <p>The advocacy tender mentioned above will also assist in the timely appointment of advocacy support under DoLS which will assist and support the council in terms of those cases that might go before the Court of Protection.</p>
Safeguarding priorities for 2015/6	<ul style="list-style-type: none"> <li>• Further refine safeguarding performance reporting</li> <li>• Adopt and roll out of the revised Pan London Procedures</li> <li>• Ensure that MSP is firmly embedded within practice</li> <li>• Adhere to the Council's statutory duty under the Mental Capacity Act/Deprivation of Liberty Safeguards.</li> </ul>
Good practice examples	<p>Case example that demonstrated working to the adult's wishes within the principles of MSP rather than automatically changing care agency which historically would have been the outcome:</p>

	<p><i>Mr A is 80 and is physically frail. He lives alone but is supported to remain in his own home and retain a significant level of independence by through his care plan and the services of a domiciliary care agency.</i></p> <p><i>As Mr A became more infirm concerns health staff raised concerns about the ability of the current domiciliary care staff to meet his needs and recommended that a change of care provider be considered. However, Mr A informed his social worker that he liked his carers, that he got on well with them and did not want to "start all over again" with another care agency. It was therefore agreed that the staff providing care to Mr A should receive additional training to enable them to meet his increasing need rather than changing care provider services and causing him upset and distress. This arrangement has worked well and Mr A is very happy with the outcome.</i></p>
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## Appendix 9 - London Fire Brigade

Name of agency	London Fire Brigade
Description of service	Emergency fire and rescue service
Safeguarding training undertaken in reporting period. % of staff trained at each level.	All personnel receive safeguarding input twice a year. 100%
Regulator inspection in reporting period and outcomes	
Challenges in the reporting period	Lack of feedback when highlighting safeguarding concerns. Gaining referrals from partners.
Progress on safeguarding priorities in the reporting period	Safeguarding mainstream business for all LFB personnel. VP panel governance brought under SAB. Some increase in referrals for preventative services.
Safeguarding priorities for 2015/6	Identifying vulnerable people in the community, offering our preventative services and referring where appropriate.
Good news stories	Improved partner working resulting in multiagency approach to managing cases for vulnerable people. VP panel starting to get direction from SAB Chair.
Good practice examples	Instant referrals to LFB resulting in us fitting smoke alarms and providing fire resistant bedding for vulnerable people.

## Appendix 10 - The Hillingdon Hospital

Name of agency	The Hillingdon Hospitals NHS Foundation Trust
Description of service	<ul style="list-style-type: none"> <li>Acute Trust-Provider, including A and E services.</li> <li>The Executive Director with responsibility for Safeguarding 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 Safety Committee (a board committee).</li> </ul>
Safeguarding training undertaken in reporting period. % of staff trained at each level.	<ul style="list-style-type: none"> <li>93.76 % of staff trained as of 18/2/16</li> <li>Training also delivered to new starters (induction) on a monthly basis.</li> <li>Safeguarding training includes basic Prevent awareness at Level 1, MCA and DoLS principles, DVA, learning disability awareness.</li> <li>All staff are eligible for training, including volunteers.</li> </ul>
Regulator inspection in reporting period and outcomes	<ul style="list-style-type: none"> <li>CQC re – inspection: significant progress of enhanced MCA and DoLS training for identified staff in Trust via a Training Needs Analysis (TNA). This is monitored via the WIRED dashboard and to achieve 80% compliance by the end of March 2016.</li> <li>The Trust revised the Key Performance Indicator (KPI) for Learning Disability, which was approved by the Safeguarding Committee. This KPI provide the Trust with assurance in terms of safeguarding governance and is reviewed annually at the Safeguarding Committee.</li> <li>Quarterly assurance provided by the Trust to Monitor</li> </ul>
Challenges in the reporting period	<ul style="list-style-type: none"> <li>Further raising the awareness/need of DoLS referrals.</li> </ul>
Progress on safeguarding priorities in the reporting period	<ul style="list-style-type: none"> <li>DoLS audit carried out by an external auditor of behalf of the Trust .Results due in quarter four, 2016.</li> <li>Regular meetings with the Dols lead at LBH and CCG Safeguarding Lead to monitor progress.</li> <li>Training slides for Prevent updated as the equivalent of level 1 training for all trust staff.</li> <li>SA awareness training now includes a revised DVA flowchart and a summary of how staff should ask the DVA question to a patient.</li> <li>DVA policy to be written for adults and children.</li> </ul>
Safeguarding priorities for 2015/6	<ul style="list-style-type: none"> <li>To further embed the principles of DoLS within the organisation and to increase the rate of DoLS referrals.</li> <li>To write a trust wide Prevent Policy. Prevent is currently within the safeguarding adult policy.</li> </ul>

	<ul style="list-style-type: none"> <li>• To embed WRAP training within the trust. Key staff identified via a TNA.</li> <li>• Enhanced DVA training to be established</li> <li>• To explore the possibility of a Learning Disability nurse covering hospital and community.</li> </ul>
Good news stories	<ul style="list-style-type: none"> <li>• Safeguarding administrator in post within the reporting period to support the work of the Head of Safeguarding and the Named Nurse for Safeguarding Children.</li> <li>• Training consistently above 80% for VA within the reporting period.</li> </ul>
Good practice examples	<ul style="list-style-type: none"> <li>• Delivering bespoke training to Trust volunteers on a regular basis in addition to scheduled training. All volunteers also have had a safeguarding adult leaflet posted to them and they have then signed to say they have read and understood its contents.</li> </ul>
Any other comments	<ul style="list-style-type: none"> <li>• Regular attendance and contribution to 2 DHR panels within the reporting period.</li> <li>• A member of the Hillingdon Prevent group.</li> <li>• Executive Director representation at the SAB.</li> <li>• Head of Safeguarding attends SAB Operational Group.</li> <li>• Head of Safeguarding a member of the Safeguarding Adults Provider Forum NHSE.</li> </ul>

## Appendix 11 - UK Border Force

Name of agency	UK Border Force Heathrow Command
Description of service	Joint Safeguarding of children and Vulnerable Adults arriving through Heathrow Airport
Safeguarding training undertaken in reporting period. % of staff trained at each level.	<p>All Border Force officers receive training in the core skills for protecting children to give a greater understanding of how to identify children in need and the actions to take once you have done so. The Safeguarding and Trafficking Teams are trained to a higher, more expert level than ordinary front-line officers. In 2014 80 Officers and 12 Managers received this enhanced training. In 2015 5 Managers and 61 Officers received the enhanced training, 68 Managers attended a bespoke Safeguarding and Trafficking Managers course and 22 Officers attended a specific Safeguarding and Trafficking awareness session in relation to drug mules, baggage searches and legacy customs work.</p> <p>The enhanced training is a rolling programme, and further courses are scheduled for 2016.</p> <p>This enhanced training course has been validated by external agencies such as UKHTC and CEOP. This is a joint agency course primarily delivered by Border Force and the Metropolitan Police but incorporates training sessions delivered by Hillingdon Social Services, Salvation Army and ECPAT to provide a rounded experience. Elements of police ABE, (Achieving Best Evidence), training and expertise in areas of exploitation such as Juju, FGM and forced marriage have also been included.</p> <p>New e learning to incorporate the Modern Slavery Act and changes to the NRM process is awaiting final approval and will be rolled out as mandatory training for all Border force staff in early 2016.</p>
Level 1 Introduction to Safeguarding Level 3 Working Together CSE Awareness DV FGM (online)	<p>E learning modules cover these topics.</p> <p>Local SAT teams, SAT led Operations, Operational Shift briefs and Heathrow communications all further raise staff and stakeholder awareness.</p>
Regulator inspection in reporting period and	Section 55 Review has historically been conducted every 3 months by Heathrow Safeguarding Coordinator and Action Plan reviewed & updated.

outcomes	<p>This has been superseded by regular internal SAT Assurances conducted by local teams and fortnightly joint meetings between the Terminal SAT teams and Hillingdon SS to review &amp; progress arriving cases.</p> <p>Regular visits by the Operational Assurance Directorate review the handling of SAT cases and SAT procedures in place.</p>
Challenges in the reporting period	<p>Arranging training courses, consistently maintaining a fully trained SAT team and recruiting others to fill arising vacancies. Joint frontline operations are arranged to address operational challenges such as Operation Limelight to target FGM.</p>
Progress on safeguarding priorities in the reporting period	<p>We will continue to build on already considerable achievements of the SAT teams and work with other agencies to carry out frontline operations to identify PVOTs or FGM.</p> <p>A national project is ongoing to develop e learning for roll out to Airlines and stakeholders in trafficking awareness. Pending its development there have been several joint events at the airport including a joint 2 day event to inform British Airways crew. Similar monthly road show events are planned with Heathrow Airport Ltd to engage with their security personnel.</p>
Safeguarding priorities for 2015/6	<p>We will continue to build on already considerable achievements of the SAT teams and work with other agencies to carry out frontline operations to identify PVOTs or FGM.</p>
Good news stories	<p>A very successful second year for the Heathrow SAT teams, established in April 2014 to replace Paladin. We have seen increased joint working with Hillingdon, including delivery of expert training, a programme of job shadowing &amp; involvement in joint SAT operations such as Op Limelight (FGM) and Op Jake (Vietnam Airlines). BF has increased the recruitment of volunteer responsible adults through Heathrow's Ambassador network and NGO organisations. A quarterly joint strategic forum is held with Hillingdon and other stakeholders and fortnightly operational meetings held with SS and each Heathrow terminal.</p> <p>Anti Slavery day was marked again on 18/10 October at Heathrow by a SAT event hosted airside attended by SS and other NGOs.</p>
Good practice examples	<p>Designated expert SAT teams. Joint agency working on front line operations.</p>
Any other comments	<p>Ref JSSAT Strategic Joint work plan.</p>



## Appendix 12 - LAS Safeguarding Report 2016 for inclusion in safeguarding board reports

The London Ambulance Service NHS Trust (LAS) has a duty to ensure the safeguarding of vulnerable persons remains a focal point within the organization and the Trust is committed to ensuring all persons within London are protected at all times.

This report provides evidence of the LAS commitment to effective safeguarding measures during 2015/16. A full report along with assurance documents can be found on the Trusts website.

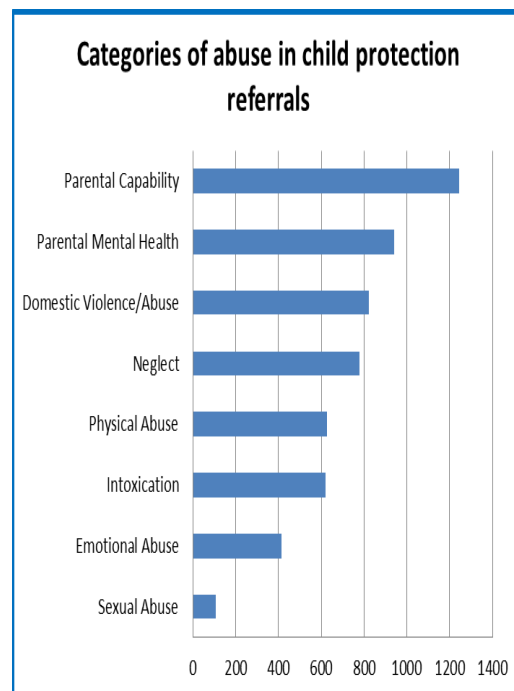
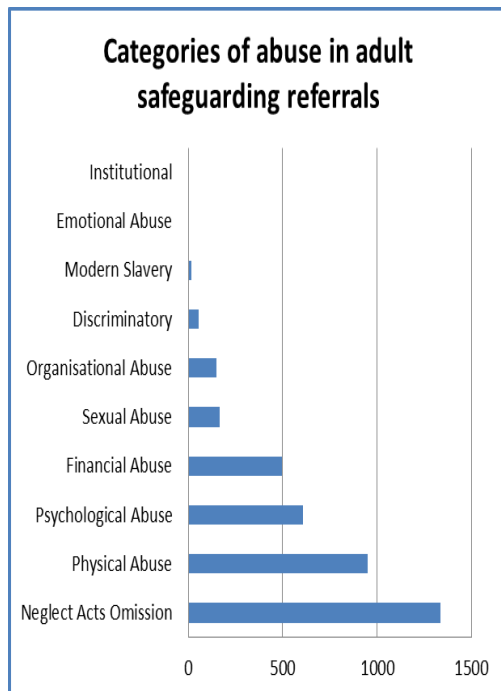
### Referrals or concerns raised to local authority during 2015-16

The LAS made a total to 17332 referrals to local authorities in London during the year.

4561 children referrals, 4331 Adult Safeguarding Concerns, 8440 Adult welfare Concerns

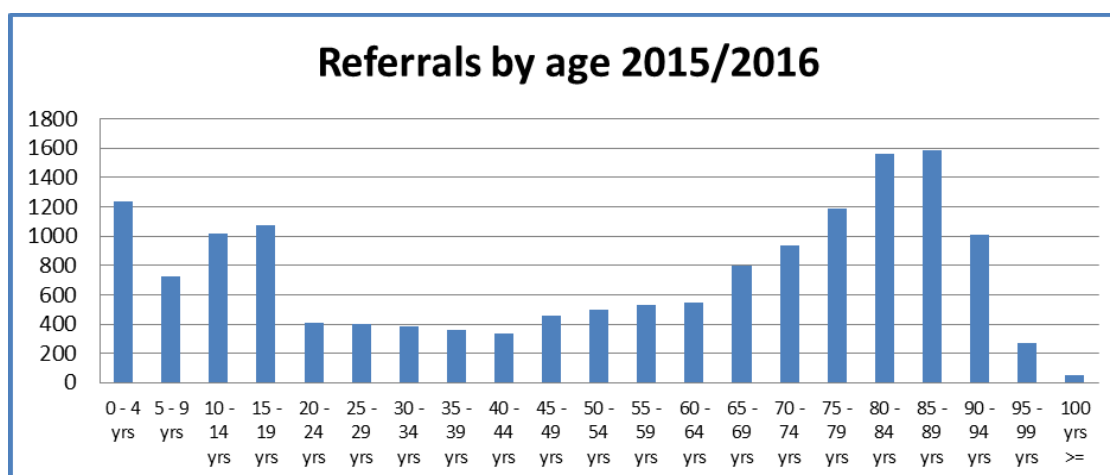
	Adults Safeguarding	Adults Welfare	Children	Total Referrals	Referrals as % of incidents
<b>LAS</b>	<b>4331</b>	<b>8440</b>	<b>4561</b>	<b>17332</b>	<b>1.66%</b>
Barking and Dagenham	107	162	189	458	1.62%
Barnet	144	259	159	562	1.34%
Bexley	120	326	146	592	2.09%
Brent	157	258	138	553	1.40%
Bromley	153	317	153	623	1.73%
Camden	109	177	72	358	1.05%
Croydon	262	458	343	1063	2.26%
Ealing	174	319	183	676	1.70%
Enfield	132	267	217	616	1.62%
Greenwich	137	274	220	631	1.93%
Hackney	128	238	113	479	1.67%
Hammersmith and Fulham	89	176	63	328	1.48%
Haringey	123	238	134	495	1.59%
Harrow	80	136	92	308	1.28%
Havering	148	205	116	469	1.42%
Hillingdon	148	260	150	558	1.32%
Hounslow	165	330	152	647	1.98%
Islington	129	240	91	460	1.53%
Kensington and Chelsea	72	155	39	266	1.42%
Kingston upon Thames	75	152	69	296	1.63%
Lambeth	185	327	188	700	1.65%
Lewisham	149	348	194	691	2.07%
Merton	108	171	111	390	1.80%
Newham	143	232	182	557	1.38%
Redbridge	121	237	125	483	1.46%
Richmond upon Thames	90	203	62	355	1.92%
Southwark	191	313	166	670	1.62%
Sutton	128	223	108	459	2.00%
Tower Hamlets	111	194	141	446	1.35%
Waltham Forest	160	309	136	605	1.96%
Wandsworth	153	238	141	532	1.67%
Westminster	98	256	58	412	0.95%

## Categories of abuse



## Referrals by age

Perhaps not surprisingly, the very young and the old are most likely to be the subject of referrals. For children, once out of infancy and their most vulnerable period they are most likely to be the subject of a referral once over 15. Around a third of referrals for all children, according to an in-house audit conducted in Q1 of this year are related to self-harm. The majority of these are in the 15-18 age range.



## Safeguarding Training

The Trust is committed to ensuring all staff are compliant with safeguarding training requirements. The chart below shows staff directly employed by the London Ambulance Service as well as voluntary responders and private providers who we contract to work on our behalf.

Training required	Total Staff	Frequency of training	2014	Target to be trained 2015/16	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total trained 2015/16	% of target 2015/16	3 year cumulative % of total staff trained
<b>Level One</b>																			
Induction	various	on joining		various	28	10	14	9	0	14	19	19	17	53	0	26	209		
E Learning	1389	3 yearly	672	356	69	220	67	35	18	40	60	34	22	32	33	32	662	186%	96%
<b>Level Two</b>																			
New Recruits	Various	on joining		various	Nil	53	88	31	39	124	13	16	47	27	74	177	689		
Core Skills Refresher	3019	annually		3019	N/A	N/A	N/A	N/A	310	596	785	936	N/A	178	N/A	N/A	2805	93%	
EOC Core Skills Refresher	443	annually		443	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0	0%	
EOC new staff	Various	on joining		various	34	10	9	27	4	12	17	0	14	7	12	8	154		
PTS/NET	114	annually		114	Nil	N/A	20	N/A	25	29	N/A	N/A	N/A	N/A	N/A	N/A	74	65%	
Bank staff	390	annually	58	390	N/A	N/A	N/A	6	8	43	66	0	31	N/A	N/A	N/A	154	39%	54%
111	152	annually	101	51	9	15	3	0	1	2	16	9	5	26	1	6	93	182%	128%
Community first Responders (St John)	140	3 yearly	135	50	Nil	12	13	10	13	12	12	14	15	N/A	13	12	126	252%	186%
Emergency responders	150	3 yearly		100	Nil	Nil	Nil	Nil	Nil	29	11	Nil	69	N/A	7	10	126	126%	
<b>Level Three</b>																			
EBS	30	3 yearly		25	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	13	14	N/A	27	108%	
111	11	3 yearly	11	0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0		100%
Local leads	various	3 yearly		various	6	5	N/A	N/A	N/A	7	6	12	N/A	N/A	N/A	N/A	36		
<b>Specific training</b>																			
Prevent- clinical staff	3019	one off		3019	N/A	N/A	N/A	N/A	310	596	785	936	0	178	N/A	N/A	2805	93%	
Prevent- Non clinical	1389	one off		0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0	0%	
Trust Board	17	3 yearly		17	N/A	N/A	12	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	12	71%	
HR/ Ops managers	Various			various	29	N/A	N/A	N/A	N/A	7	N/A	N/A	N/A	N/A	N/A	N/A	36		
Private providers	450	3 yearly	226	112	26	21	13	10	19	16	14	11	6	18	21	13	188	168%	92%
Other safeguarding	various	as required			104	12	N/A	N/A	N/A	N/A	N/A	12	0	0	0	75	203		
Nil = no figures provided																	8399	total	
N/A= no course planned this month																			

Emergency Operations Control (EOC) staff have safeguarding training planned for quarter 1 2016.

Patient Transport Staff (PTS) are also receiving safeguarding training in quarter 1-2 2016.

Bank staff position is currently under review by LAS Executive Leadership Team.

Trust Board training is arranged for May for those outstanding safeguarding training.

All non-clinical staff will undertake Prevent awareness in 2016.

The LAS full safeguarding report for 2015-16 can be accessed via the Trusts website.

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## **Annual Complaint Report for Housing Services and Adult Services for 1 April 2015 to 31 March 2016**

Contact Officer                      Ian Anderson - Business Manager, Complaints and Enquiries

Telephone:                              01895 277335

### **Purpose of the report**

This report provides information and analysis of complaints and Members Enquiries received between 1 April 2015 and 31 March 2016 for Housing and Adult Services and satisfies the requirements to publish annual information about complaints.

### **OPTIONS OPEN TO THE COMMITTEE**

**For members of the Committee to:**

- 1. note the contents of the annual complaint report; and**
- 2. discuss any concerns with the relevant Cabinet member.**

### **SUMMARY OF ANALYSIS**

- a. HOUSING SERVICE** (See annex 1 – pages 6 to 20)

#### **Informal complaints**

- 32% more complaints were dealt with informal when comparing the 2014/15 figure of 497 to the 2015/16 figure of 656.

#### **Stage 1 complaints**

- 18% fewer Stage 1 complaints registered when comparing the figure for 2014/15 of 144 with the figure for 2015/16 of 118. The average time taken to conclude a Stage 1 complaint is 9.48 working days against a target of 10 working days. 74% (87 out of 118) complaints were responded to within the 10 working days target.

#### **Stage 2 complaints**

- 39% more Stage 2 complaints from 18 in 2014/15 to 25 in 2015/16. The average time taken to conclude a Stage 2 complaint is 7.86 working days against a target of 10 working days. 88% (22 out of 25) complaints were responded to within 10 working days.

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### **Stage 3 complaints**

- 43% fewer Stage 3 complaints from 23 in 2014/15 to 13 in 2015/16. The average time to conclude a Stage 3 complaint is 10.57 working days against a target of 15 working days. 12 out of 13 Stage 3 complaints were responded to within 15 working days.

### **Investigation by the Housing or Local Government Ombudsman (LGO)**

- 18 referrals were concluded by the Ombudsman during this period. Of the 18 referrals, 1 was upheld, 2 partially upheld, 11 not upheld and 4 referrals were not investigated by the Ombudsman

### **Compliments**

- The number of compliments recorded is down from 40 for 2014/15 to 23 for 2015/16.

#### **b. ADULT SERVICE (See annex 2 – pages 21 to 27)**

### **Informal complaints**

- 26% more complaints were dealt with informally when comparing the 2014/15 figure of 104 with the figure for 2015/16 of 131.

### **Stage 1 complaints**

- 26% fewer Stage 1 complaints registered when comparing the 2014/15 of 31 against the 2015/16 of 39.
- The average time taken to conclude a Stage 1 complaint is 7.97 working days against a target of 20 working days. 100% of complaints were responded to within our published target of 20 working days.

### **Local Government Ombudsman (LGO)**

- Seven referrals were concluded by the Ombudsman. Of these, 2 were upheld, 4 not upheld and 1 complaint was considered premature.

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## **Compliments**

- The number of compliments recorded is down from 61 for 2014/15 to 49 for 2015/16.

### **c. MEMBERS ENQUIRIES** (See annex 3 – pages 28 to 29)

- Housing Services received 1,285 enquiries from Elected Members for 2015/16 which is a 6% (73) increase in enquiries when comparing the 2015/16 figure of 1,285 with the 2014/15 of 1,212.
- Adult Services received 199 enquiries from Elected Members which is a 9% (17) increase when comparing the 2015/16 figure of 199 with the 2014/15 of 182.

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## **BACKGROUND INFORMATION**

### **1. The Council's Vision**

The Council's vision is about 'putting our residents first'. Feedback in the form of complaints and compliments is seen as a very important source of information from residents about the quality of services and care provided by the Council. In cases where something has gone wrong, we are committed to putting it right and ensure that it does not happen again.

### **2. What is a Complaint?**

In general terms a complaint can be considered as:

*"an expression of dissatisfaction by telephone, personal visit or in writing, about the standard of service, actions or lack of action by the council or its staff affecting an individual or group of customers."*

### **3. How Can People Complain?**

Complaints can be made in person, by telephone, in writing, by fax, via our website or email, either directly to the service area, Contact Centre or to the Complaints and Service Improvement Team.

### **4. Remedies for redress**

The purpose of redress is to remedy the injustice or hardship suffered and where possible to return a complainant to the position they would have been before the situation went wrong. Types of redress include:

- an apology;
- providing the service that should have been received at first;
- taking action or making a decision that the Council should have done before;
- reconsidering an incorrect decision;
- improving procedures so that similar problems do not happen again; and
- if after an investigation by council staff or the Ombudsman, it is concluded that as a result of maladministration there is no practical action that would provide a full and appropriate remedy or if the complainant has sustained loss or suffering, financial compensation may be the most appropriate approach.

### **5. Mediation**

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For some complaints it will not be appropriate, or possible, to resolve a complaint through the complaint process - particularly where there has been a breakdown in the relationship between the service provider and the service user or where emotions are running high. In such situations the Complaints and Service Improvement Team Manager will consider whether mediation is an option that should be considered. If both parties are agreeable, mediation by an independent mediator allows both parties to come together to see if they can reach a solution through dialogue.

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## BACKGROUND DOCUMENTS

### Annex 1 – Complaints about Housing Services

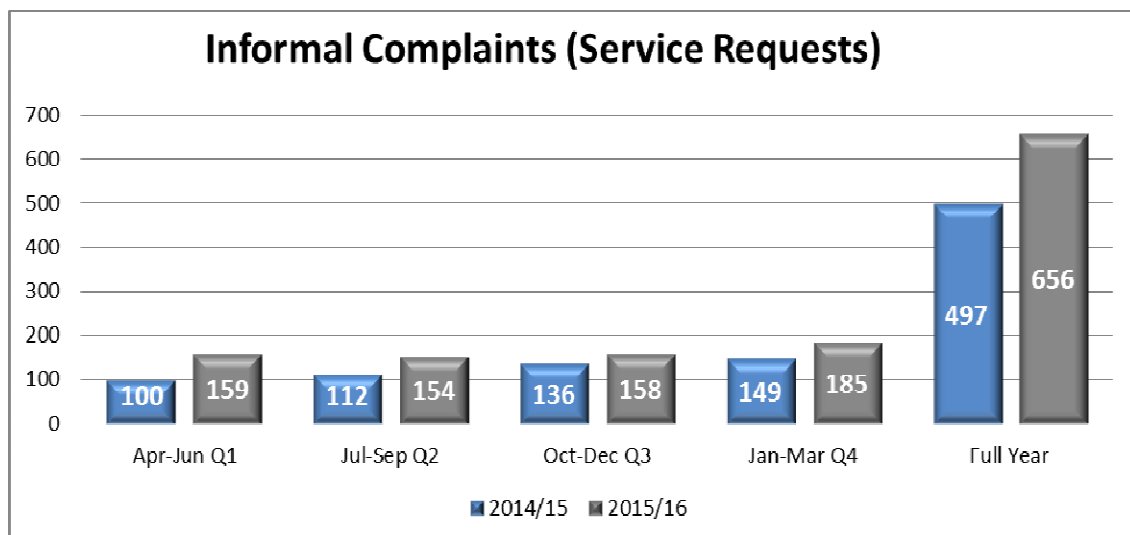
Housing complaints are managed in line with the Corporate complaints procedure. This procedure operates as follows:

- Stage 1 – response from a Deputy Director or Head of Service.
- Stage 2 – response from the Deputy Chief Executive and Corporate Director of Residents Services
- Stage 3 – response from the Chief Executive of the Council
- Stage 4 - Designated Person for the Council
- Local Government or Housing Ombudsman

A more detailed explanation of how the complaint procedure operates, the main complaint themes and statistical data for each stage of the process is provided below.

#### **1. INFORMAL COMPLAINTS**

Housing staff focus is on resolving complaints informally. This emphasis to resolve issues and concerns quickly and avert the need to escalate these to a formal complaint is working and has helped to reduce the number of formal complaints.



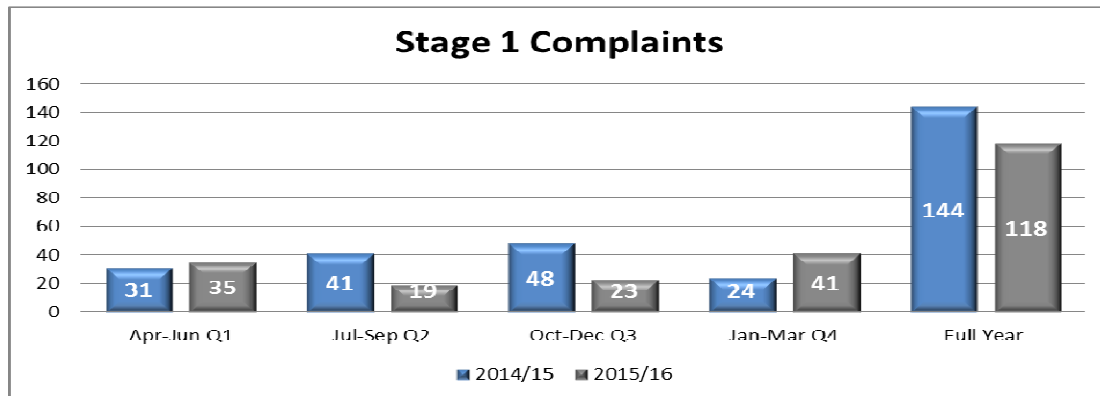
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- 32% increase in complaints dealt with informally when comparing 2014/15 figure of 497 with the same period in 2015/16 of 656.

## **2. STAGE 1 COMPLAINTS**

A Deputy Director or Head of Service will aim to respond within 10 working days.



- 18% decrease in Stage 1 complaints when comparing 2014/15 figure of 144 with the same period in 2015/16 of 118.
- The number of complaints is low in comparison to the number of council tenants (over 10k) and the number of repairs carried out each week (approximately 400).

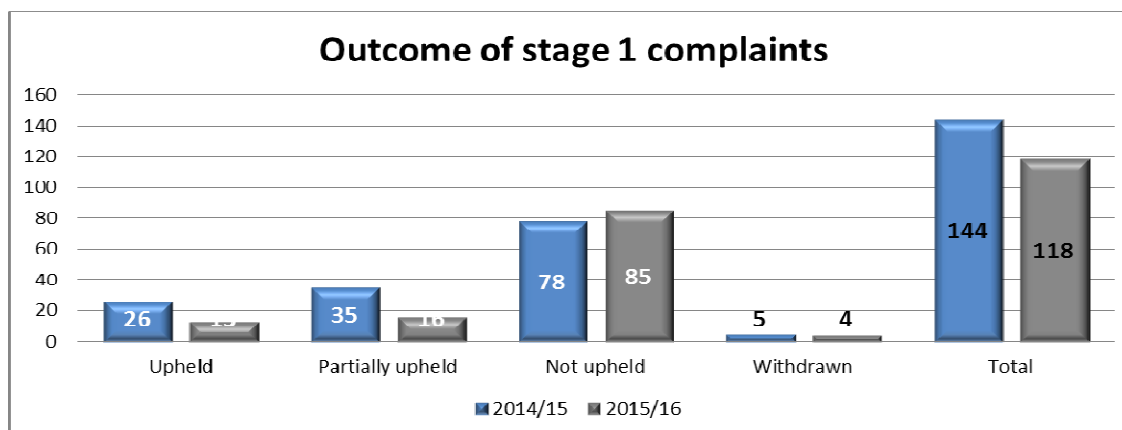
The two main service areas that residents complained about were:

**Housing Need** accounted for 40% (47) of all Stage 1 complaints. Of the 47 complaints, 45 complaints related to residents dissatisfaction that they were not eligible to join the Housing Register or be provided with social housing.

**Repairs** accounted for 31% (36) of all Stage 1 complaints. The main causes of complaint for this period were about disrepair, mould/damp/condensation, fencing and roofing repairs.

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- 72% of Stage 1 complaints were not upheld, which is a significant rise when compared with the same period in 2014/15 of 54%.
- The high number of not upheld Stage 1 complaints (45 of the 85) is as a result of residents challenging the application of the Social Housing Allocation Policy i.e. why the eligibility criteria did not apply to them.

**Table 1 – Time taken to conclude a complaint at Stage 1 (working days)**

	2014/15	2015/16
Average time taken to conclude a complaint	10:11	9.48
Target	10	10
Variance	+ 0.11	- 0.52

- The average time taken to conclude a Stage 1 complaint is 9.48 working days against the target of 10 working days.

**Table 2 - Number and % of complaints dealt with within 10 working days**

Period	Total number of complaints	Number dealt with within 10 working days	% dealt with within 10 working days
2014/15	144	93	65 %
2015/16	118	87	74 %

- 74% (87 out of 118 Stage 1 complaints) were responded to within the 10 working day target. A small improvement from previous years but this is an area that we will need to focus on in the year ahead.

## 7. LEARNING FROM COMPLAINTS

Three main themes identified:

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- poor communication or incorrect/inaccurate information given;
- delays in attending or arranging appointments or not responding to enquiries; and
- poor workmanship.

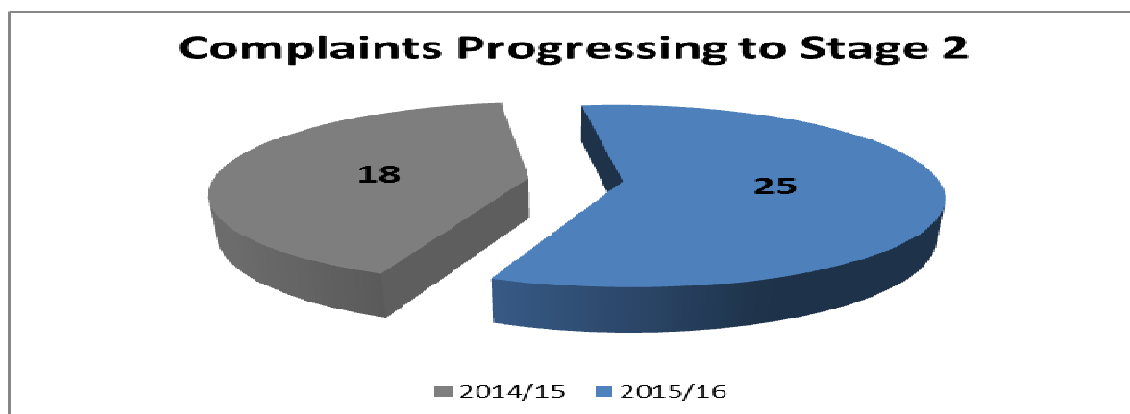
We apologised in all cases.

As a result of these complaints:

- managers have spoken to officers individually and collectively to remind them of the need to adhere to customer service standards;
- reviewed procedures;
- workshops for managers and relevant staff are being run in investigating and responding to complaints; and
- the complaints web page is updated with advice and guidance for staff on handling customer dissatisfaction proactively.

### **3. STAGE 2 COMPLAINTS**

The Deputy Chief Executive and Corporate Director of Residents Services will aim to respond to Stage 2 complaints within 10 working days.

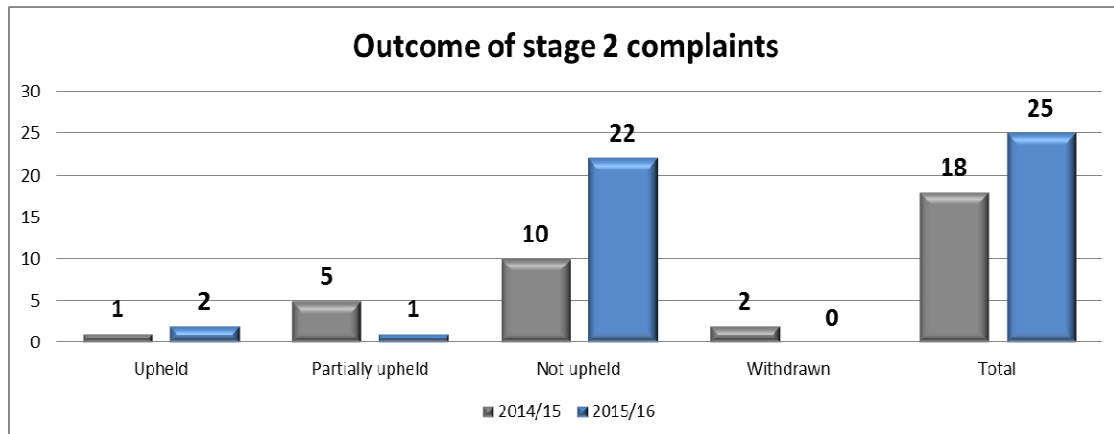


- 39% rise in Stage 2 complaints when comparing 2014/15 figure of 18 with the same period in 2015/16 of 25.
- Of the 25 Stage 2 complaints, 10 related to complaints about the application of the Social Housing Allocation Policy. None of these complaints were upheld as the decision could not be overturned through the complaint process.

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- Please note that the number of Stage 2 and 3 complaints will, in future, start to decrease as we have begun to apply the revised Corporate complaints procedure since November 2015 i.e.

- Officers are using discretion to escalate a complaint direct from Stages 1 and/or 2 to the Housing or Local Government Ombudsman where it is felt that the decision cannot be overturned through the complaint process, e.g. on policy matters.



- of the 25 Stage 2 complaints, 10 related to complaints about the application of the Social Housing Allocation policy. None of these complaints were upheld as the decision could not be overturned through the complaint process.

Table 3 below provides a summary of 17 Stage 2 complaints. The remaining 8 Stage 2 complaints (4441594, 4488622, 4522455, 4529608, 4559338, 4423162, 4624737 and 4664048) progressed to Stage 3 and their outcome is shown in table 5 - pages 13 to 16.

**Table 3 – Outcome of complaints progressing to Stage 2**

Complaint details	Decision at Stage 2
<p><b>Complaint ref: 4344958</b> Mr X complained that there was no requirement for an applicant to provide medical documentation to support their housing application.</p>	<p><b>Upheld</b> Mr X was told that based on what he said at interview we believed that he was not homeless but being accommodated by a relative. However, we accepted that we should have begun enquiries to establish whether we owed a housing duty to him.</p>
<p><b>Complaint ref: 4489999</b> Ms X complained that the property she accepted was not in a condition for her to move</p>	<p><b>Upheld</b> The Council acknowledged that whilst its own plasterers finished their work, the void contractor needed to return and carry out</p>

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into as it required substantial plastering work before she could move in.	further plastering in the hallway. Ms X was given a rent rebate.
<b>Complaint ref: 4520956</b> Ms X complained that many appointments had been cancelled at short notice and this had caused her inconvenience. She also wanted the Council to plaster the cracks on her ceiling.	<b>Partially Upheld</b> We apologised to Ms X that the appointment had to be cancelled because the supplier did not have the shower door in stock. We re-booked the appointment and fitted the shower door. Ms X was informed that the cracking in the ceiling was cosmetic and occurred as a result of normal property movement.
<b>Complaint ref: 4741814</b> Mr X complained about a rat problem in his loft. He complained that not enough was being done to address his problem.	<b>Partially Upheld</b> We apologised to Mr X for the time it took to resolve his concerns about rats entering his loft. We advised him that in order to find the entry point for rats we would have to gain entry into his neighbour's property to address this issue and this is what we would be doing.
<b>Complaint ref: 4436187</b> Mrs X complained that her housing application was suspended on the basis that she had £30,000 in her savings account. She said the money belonged to her brother in law.	<b>Not Upheld</b> Mrs X was informed that an applicant for social housing with savings of more than £30,000 is not eligible for social housing. We had evidence she had over £30,000 in her bank account. We asked for evidence that this money had been transferred into her brother in law's account - no evidence was provided.
<b>Complaint ref: 4632597</b> Ms X said she was advised to look for properties in the private rented sector. She rented a property in the postcode area she said was covered by this Council but it later came to light that the property was out of Borough and she was not allowed to re join the Housing Register.	<b>Not Upheld</b> Ms X was informed that part of properties in the UB5 postcode also fell within the London Borough of Ealing. The document she was given related to Local Housing Allowance rates and not an indication of the geographical area this Council covers. Ms X was informed that there are no grounds to allow her to join the Housing Register.
<b>Complaint ref: 4655551</b> Mr and Mrs X complained about the handling of their homelessness application	<b>Not Upheld</b> Mr and Mrs X were advised that they were not eligible for social housing as they did not meet the eligibility criteria as set out in the Social Housing Allocation Policy.
<b>Complaint ref: 4601124</b> Ms X alleged that officers did not give her the correct support in relation to her	<b>Not Upheld</b> Ms X was advised that it was not appropriate to provide her with a Housing Support Worker given that she was already engaging with a

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mental health needs and as a result she did not pay her rent and is now in debt.	specialist support provider. She was informed that it is her responsibility to meet her rental obligations and pay her rent.
<b>Complaint ref: 4509887</b> Ms X stated that the drain engineer had told her that a CCTV survey is required. This was denied in the Stage 1 response and she felt she had been accused of lying.	<b>Not Upheld</b> Ms X was informed that it was difficult to surmise what had been said and the context of the discussion. From her account of the conversation it appears that the engineer was trying to answer a hypothetical question about possible future actions if the flies persisted.
<b>Complaint ref: 4662921</b> Ms X said that if her circumstances were properly taken into account, she would be eligible to join the Housing Register.	<b>Not Upheld</b> Ms X was informed that as she had not lived continuously in this Borough for the past 10 years, she was not eligible to join the Housing Register.
<b>Complaint ref: 4676209</b> Ms X complained that a leak from a private property next door to her resulted in mould in her bedroom. She said her house was inhabitable.	<b>Not Upheld</b> Ms X was informed that it was only a small part of the bedroom wall that was affected and we believed the property to be habitable. To aid with the drying out process a dehumidifier was provided. The damaged plaster was then removed and the bedroom wall re-plastered.
<b>Complaint ref: 4664048</b> Mr X complained that the repairs he reported were never carried out during his tenancy including an allegation of damp in the property that was not treated.	<b>Not Upheld</b> Mr X was informed that on average 1.5 inspections or repairs were carried out per month. When the Council became aware that he wished to downsize, an operational decision was made to carry out any outstanding repairs when he left the property.
<b>Complaint ref: 4739208</b> Ms X complained about the poor workmanship of the heating contractor and the damage they caused.	<b>Not Upheld</b> Ms X was informed that her claim for damages is currently being considered by the insurers for the contractor. It would not be appropriate for us to comment on the claim.
<b>Complaint ref: 4539011</b> Ms X complained that it was the Council's responsibility to provide pest controllers to deal with bed bugs.	<b>Not Upheld</b> Ms X was informed that the Council's pest treatment policy does not include bed bugs. She would need to seek assistance from a pest controller or use a chemical.
<b>Complaint ref: 4768770</b> Mr X complained about the length of time it took for the lift to be repaired and his desire to move.	<b>Not Upheld</b> Mr X was informed that although one of the lifts had been shut down the second lift had been serving all the floors and reliably. He was advised of the procedure to follow if he wished to downsize.

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<p><b>Complaint ref: 4920395</b> Ms X complained that as one of the lifts in her block was not working it was putting a strain on the other lift. She asked why the lifts had not been refurbished?</p>	<p><b>Not Upheld</b> Ms X was informed that the second lift was working effectively and serving all the floors reliably and that a decision had been made not to proceed with the lift refurbishment, at this point in time, as we had decided to try and maintain the lift.</p>
<p><b>Complaint ref: 4716798</b> Mrs X complained that the Council did not do enough to address damp and mould issues in her property and that it had caused damage to bedding, clothes and blinds.</p>	<p><b>Not Upheld</b> Mrs X was informed that she should approach her household contents insurer to make a claim or if she did not wish to make such a claim, she could make a liability claim to the Council's own insurers.</p>

**Table 4 – Time taken to conclude a complaint at Stage 2 (working days)**

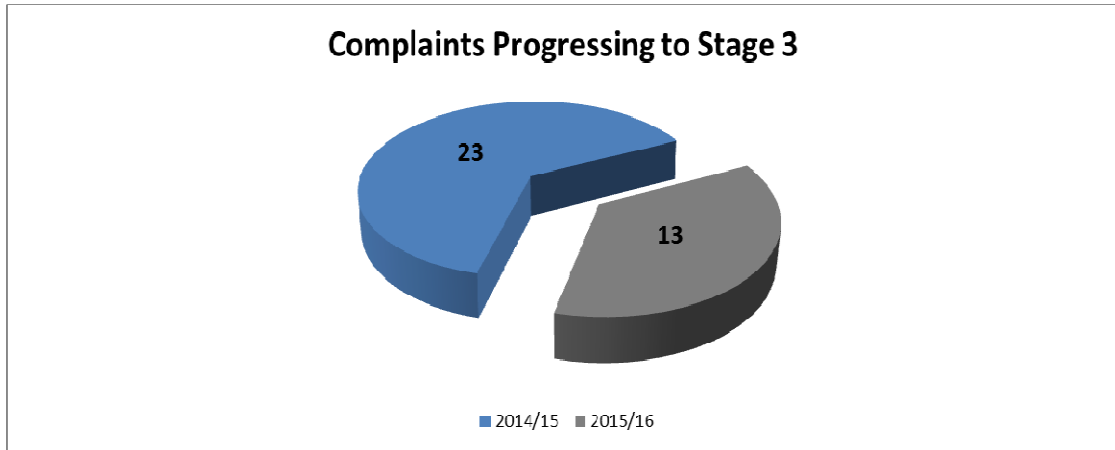
	<b>2014/15</b>	<b>2015/16</b>
Average time taken to conclude a complaint	8.6	7.86
Target	10	10
Variance	-1.40	- 2.14

- The average time taken to conclude a Stage 2 complaint is 7.86 working days against the target of 10 working days.
- 22 (88%) of the Stage 2 complaints were dealt with within the 10 working day target - only 3 complaints (4344958, 4664048 and 4716798) were not dealt with within target.

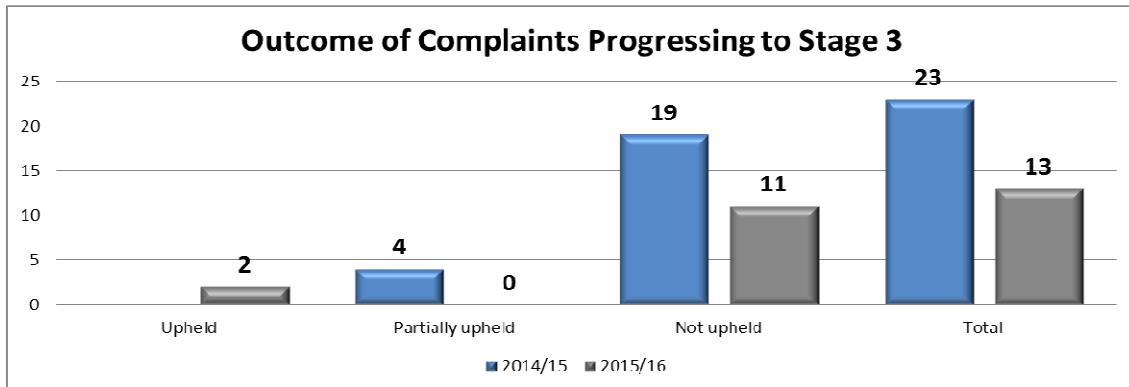
#### **4. STAGE 3 COMPLAINTS**

At Stage 3, the Chief Executive commissions an investigation by an officer in Democratic Services and the aim is to respond within 15 working days.

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- 43% fewer Stage 3 complaints when comparing 2014/15 figure of 23 with the same period in 2015/16 of 13.



- Table 5 below provides a summary of the 13 Stage 3 complaints and the outcome of each complaint.
- 12 out of 13 Stage 3 complaints were responded to within 15 working days (complaint ref 4559338 took 18 working days to respond).

**Table 5 – Outcome of complaints progressing to Stage 3**

Complaint details	Decision
<p><b>Complaint ref: 4065232</b>            Mrs X complained that the adaptation that was supposed to make family life easier had made their situation more difficult (an exterior ramp had been built in an incorrect position utilising part of the driveway shared with Ms X's neighbour).</p>	<p><b>Upheld</b>            We apologised to Mrs X and acknowledge that a ramp in the shared driveway was not permissible without the agreement of her neighbour. The Council agreed to move the ramp from the shared driveway to the rear of Mrs X's house (at no cost to her) and pay for patio slabs for her and her neighbour's garden.</p>

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<p><b>Complaint ref: 4006686</b> Mr X complained that locks had been changed by the Council without his permission. Due to the Council's mistake his mother had been imposed on the family and would not leave the property.</p>	<p><b>Upheld</b> The Council accepted that an error had been made in assuming that the complainant's mother was the tenant. More thorough checks should have been made to validate this fact. We apologised for our mistake.</p>
<p><b>Complaint ref: 4275736</b> Mrs X complained that she called the Council on 24 December 2013 to report a water leak at her property. She said that she was told that as it was Christmas Eve there was no one available to come out until the New Year. She then paid for work to be undertaken to control the leak and requested that the Council reimburse her.</p>	<p><b>Not Upheld</b> Mrs X was informed that it is impossible now to establish what resources would have been available between Christmas Eve and 1 January 2014. However, she was advised that the Council's normal out-of-hours rota would have been in place comprising an electrician, a carpenter and two plumbers along with sub-contractor assistance. There would have been no need for Mrs X to commission her own repairs. Her claim for reimbursement was refused.</p>
<p><b>Complaint ref: 4234978</b> Mrs X complained that her Right to Buy application had been withdrawn by the Council without informing her.</p>	<p><b>Not Upheld</b> Mrs X was informed that the Council had told her the reason for the withdrawal of the Right to Buy application. The onus is on Mrs X's solicitor, to have been aware that the 56 day deadline was coming to a close.</p>
<p><b>Complaint ref: 4529608</b> Mr X complained about the Council's refusal to transfer the tenancy of his property into his sister's name and that the Council allow his sister and brother to move into the three bedroom property he occupied.</p>	<p><b>Not Upheld</b> Mr X was informed that the view of the Council's Medical Adviser is that he was suffering from mild depression (a symptom of bereavement) and it is likely that his health will improve. He will not be eligible to proceed with his request to transfer into a 3 bedroom property.</p>
<p><b>Complaint ref: 4488622</b> Mr X complained about the Council's decision to only erect a low chain link fence on the boundary fence between his and the adjoining Council owned property. Mr X felt that such a fence would be unsatisfactory and would not provide a safe and</p>	<p><b>Not Upheld</b> Mr X was informed that there was no legal requirement for a land owner to mark or enclose their land but that the Council was offering to erect a low chain link fence, as a good will gesture. If Mr X believed that there were significant risks to safety and security, he could erect a more substantial fence at his own cost.</p>

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<p>secure garden for his family.</p>	
<p><b>Complaint ref: 4522455</b> Miss X complained that an error made by Council officers had resulted in her deciding to withdraw her original application. She requested that a revised offer price based on the valuation at the time of her original application should be made by the Council.</p>	<p><b>Not Upheld</b> The Council accepted that it had made an error in the calculation of the discount on the original application. However, Miss X did not submit a formal challenge to that calculation and chose, of her own volition, to withdraw that application.</p>
<p><b>Complaint ref: 4441594</b> Mr X had evicted his son from the parental home as a result of his behaviour. His son's application to be re-housed was refused. Mr X complained that the officer interviewing his son had not called his care coordinator to come and collect his son. As a result his son was left to wander around Uxbridge alone and in an emotional state. His son left his bag on the train - Mr X requested that the Council compensate him for this.</p>	<p><b>Not Upheld</b> Mr X was advised that there is no record of any messages being left requesting that the officer interviewing his son call the care coordinator to collect him. He was also informed that officers in the Housing Options Team provide advice on housing rights and options for homeless people or people who face becoming homeless. They do not assess the vulnerability of an individual and are not health professionals. Mr X was advised that the Council is not responsible for the loss of his son's bag and rejected his claim for compensation.</p>
<p><b>Complaint ref: 4423162</b> The Advocate for Mr X complained that when Mr X was placed in temporary accommodation he was told that he would be given a Council property within a few weeks. The Advocate also complained that a reasonable adjustment was not made as Mr X was taking medication for depression.</p>	<p><b>Not Upheld</b> The Advocate was advised that Mr X was placed in temporary accommodation pending further investigation as to whether he was in priority need or not. As the investigation had not concluded it would not have been possible for Mr X to be offered permanent accommodation. The Advocate was informed that an adjustment was made by reading out the terms and conditions of the tenancy agreement to Mr X.</p>
<p><b>Complaint ref: 4559338</b> Mr X was unhappy that his Right to Buy application was cancelled. He felt that he was not served with due notice of the cancellation.</p>	<p><b>Not Upheld</b> Mr X was informed that the Council had followed due process in considering his Right to Buy application. It was his responsibility as applicant to progress the</p>

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	application once he had formally accepted the Council's offer.
<b>Complaint ref: 4624737</b> Ms X complained about the way her homelessness application was processed by the Council.	<b>Not Upheld</b> Ms P was informed that the Chief Executive could find no evidence of maladministration and reiterated that as Ms P does not meet the 10 year residency rule she is not eligible to join the Housing Register.
<b>Complaint ref: 4258873</b> Mr X complained that the Council had not informed him that, as the leaseholder of a property, he would be liable for payments towards major works.	<b>Not Upheld</b> Mr X was informed that the Chief Executive could find no evidence of maladministration or fault. It is not possible to provide Mr X with a full explanation of what happened when he bought the property. The assignment of a lease is a matter between the existing leaseholder and the prospective purchaser.
<b>Complaint ref: 4628079</b> Mr and Mrs X complained that the property offered to them did not meet their requirements and, in particular, those of their son.	<b>Not Upheld</b> Mr and Mrs X were informed that there was no evidence of maladministration. The recommendation of the Council's Medical Advisor was that the property offered by way of a direct allocation was suitable. However, they were advised that once they had moved into the property they could ask for a Suitability Review.
<b>Complaint ref: 4664048</b> Mr X complained that the repairs he had requested had not been carried out whilst he lived at the address, namely that his sink was in disrepair, build up of water underneath his bath and no drainage system fitted to the repair downpipe.	<b>Not Upheld</b> Mr X was informed that the Chief Executive found no evidence of maladministration in relation to Mr X's period of occupancy at the premises. Officers had spent a great deal of time and effort in responding to his numerous requests for repairs to be submitted and by doing so had adhered to the Repairs Standard Manual.

## **5. INVESTIGATION BY THE COUNCIL'S DESIGNATED PERSON**

If a complaint is about a tenancy, leasehold, or other housing management issue, a complainant can request that the Council's 'Designated Person' for assistance in resolving his/her dispute with the Council. Alternatively, a complainant can wait 8 weeks from the date of the Stage 3 response and then escalate their complaint to the Housing Ombudsman.

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**Table 6 - Total number of Designated Person Investigations**

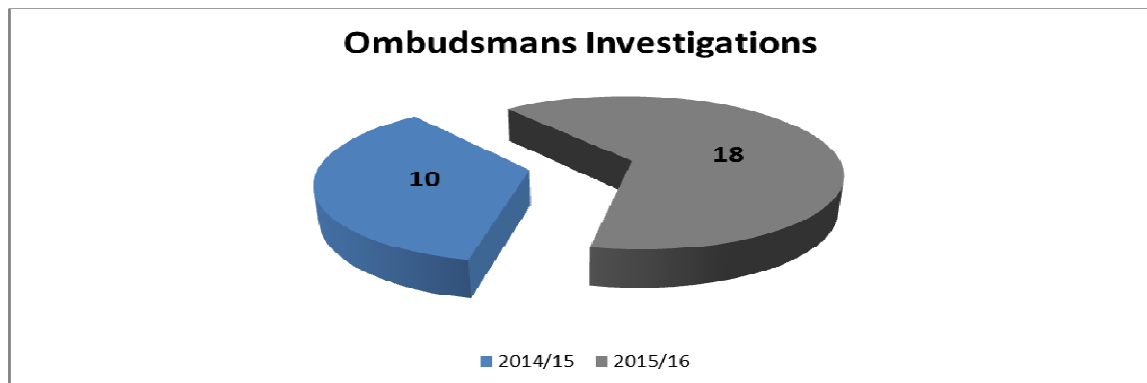
Period	Total number
2014/15	2
2015/16	0

No complaints were referred to the Council's Designated Person during 2015/16.

## **6. INVESTIGATIONS BY THE OMBUDSMAN**

Where it appears that a Council's own investigations has not resolved the complaint, the complainant is entitled to refer their complaint to the Ombudsman and at any stage of the complaint process. However, the Ombudsman normally refers the complainant back to the Council if a complaint has not first been fully considered by the Council.

Depending on the nature of the complaint referrals can be made to the Housing Ombudsman or the Local Government Ombudsman.



- 80% increase in complaints investigated by the Ombudsman when comparing the figure of 10 for 2014/15 against the figure of 18 for 2015/16.
- The outcome and findings of the Ombudsman's investigations are set out in table 7 below.

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**Table 7 – Referrals to the Ombudsman**

<b>Complaint details</b>	<b>Ombudsman decision</b>
<p><b>Complaint ref: 4522455</b> Ms X complained that the Council failed to deal with her Right to Buy application correctly.</p>	<p><b>Upheld</b> The Ombudsman found that the Council failed to properly assess the discount entitlement on Ms X's 'Right to Buy' application. However, the fault did not lead to the loss of her opportunity to purchase her home.</p>
<p><b>Complaint ref: 4402385</b> Mr X complained that the Council was at fault in its decision not to award any medical priority to his housing application. He said that the Council had failed to take into account medical information supplied by him which explains why his current accommodation is not suitable for his wife's needs.</p>	<p><b>Partially Upheld</b> The Ombudsman found some evidence of fault in the way the Council assessed Mr X's medical information. The Council agreed to reassess Mr X's application. The Ombudsman considered that this suitably addressed the fault she identified.</p>
<p><b>Complaint ref: 3639933</b> Ms X complained that the Council delayed in accepting her homeless application and in providing her with temporary accommodation. Miss X also complained about the suitability of the accommodation provided.</p>	<p><b>Partially Upheld</b> The Ombudsman decision was that the Council failed to forward documentation to relevant officers and the delay in determining Miss X's homeless application amounted to fault. However, this fault did not cause Ms X a significant injustice.</p>
<p><b>Complaint ref: 4604358</b> Miss X complained direct to the LGO that the Council had failed to properly assess her partner's medical needs and award their family the correct priority on the Housing Register.</p>	<p><b>Not Upheld</b> The Ombudsman found no evidence of fault in the way the Council had assessed Miss X's family's housing needs or awarded priority on the Housing Register.</p>
<p><b>Complaint ref: 4234978</b> Ms X complained of the Council's handling of her Right to Buy application.</p>	<p><b>Not Upheld</b> The Ombudsman found no fault by the Council in cancelling a Right to Buy application that was not completed within the required timescale.</p>
<p><b>Complaint ref: 4502356</b> Mr X complained that the Council refused to provide temporary accommodation after he was evicted in September 2015. He is</p>	<p><b>Not Upheld</b> The Ombudsman found no fault in the way the Council decided not to provide Mr X with accommodation while it considered his request for a review of</p>

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now homeless and sleeping rough.	its decision to discharge homelessness duty.
<b>Complaint ref: 4624737</b> Ms X complained that she was wrongly removed from the housing list two years after the Council's policy changed.	<b>Not Upheld</b> The Ombudsman found that the Council's removal of Ms X from the Housing Register was without fault, as all those who had not lived in the Borough for 10 years were not entitled to remain on the Housing Register.
<b>Complaint ref: 4559338</b> Mr X complained that the Council did not send him required notices when he attempted to buy his home under the Right to Buy scheme with the consequence that he missed out on the property purchase at a lower price.	<b>Not Upheld</b> The Ombudsman was satisfied that the Council did send the complainant required notices when he attempted to buy his home under the Right to Buy scheme.
<b>Complaint ref: 3860773</b> Mr X complained about the Council's handling of a leak from his airing cupboard causing damage to his property and the Council's decision not to install a new water tank in his home.	<b>Not Upheld</b> The Ombudsman found no maladministration in the way the Council dealt with Mr X's leak from the airing cupboard and its decision not to install a new water tank in his home.
<b>Complaint ref: 3423841</b> Mr X complained about the Council's handling of works to a newly built extension.	<b>Not Upheld</b> The Ombudsman found no fault and advised Mr X that the Council acted reasonably in carrying out extension works.
<b>Complaint ref: 3931161</b> Mr X complained about the Council's decision not to replace his windows.	<b>Not Upheld</b> The Ombudsman found no fault in the Council's decision not to replace the window's in Mr X's property.
<b>Complaint ref: 3972134</b> Mr and Mrs X complained that the Council delayed unreasonably in moving them to a suitable adapted property despite their urgent need to move.	<b>Not Upheld</b> The Ombudsman did not find fault in the way the Council dealt with their application.
<b>Complaint ref: 4852411</b> Mr & Mrs X complained that the Council offered them an unsuitable property without taking note of the Occupational Therapist's recommendations from 2014.	<b>Not Upheld</b> The Ombudsman found no fault in the way the Council offered Mr and Mrs X their current property or in the way it considered its suitability for their needs, including their disabled son.
<b>Complaint ref: 5012393</b>	<b>Not Upheld</b>

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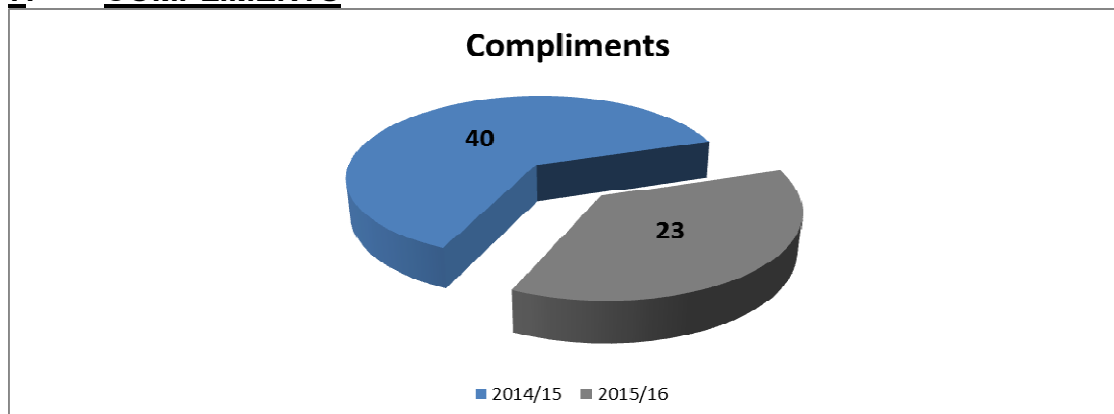


Mr X complained about the Council's handling of his request for a review of its decision not to place him on its Housing Register.	The Ombudsman found no fault by the Council in the way it reviewed its decision not to put Mr X on its Housing Register.
<b>Complaint ref: 4561379</b> Mrs X complained about the Council's decision not to provide her with social housing.	<b>Did not investigate</b> The Ombudsman told Mrs X that she could not investigate a complaint about the Council's decision that it had no duty to house a homeless applicant as Mrs X can use her statutory review and appeal rights to challenge the decision.
<b>Complaint ref: 4422027</b> Mr X complained about the way the Council dealt with his housing application, that it had failed in its duty to take or decide a formal homelessness application when he applied as homeless in 2013 and decided that he was ineligible to join its Housing Register.	<b>Did not investigate</b> The Ombudsman informed Mr X that she cannot investigate his complaint about the way the Council dealt with his homelessness and Housing Register applications because he had taken legal action against the Council. The law precludes the Ombudsman from investigating such complaints.
<b>Complaint ref: 4488622</b> Mr X disagreed with the Council's decision to repair a gap in the fence with a low rise chain fence. He wanted the Council to replace the whole fence with wooden panels.	<b>Did not investigate</b> The Ombudsman's decision was that she could not investigate this complaint about a fence which separates a private home from a council owned home. This is because she has no power to investigate a Council when it is acting as a social landlord.
<b>Complaint ref: 4664048</b> Mr X complained about the outstanding repairs at his home and that the Council will not move him to a smaller property.	<b>Did not investigate</b> Mr X was informed that the Ombudsman cannot investigate complaints about housing repairs and his transfer request as these matters are outside her legal remit.

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## 7. COMPLIMENTS



- 43% (17) fewer compliments received in 2015/16.

### **Here's what some residents have said:**

*"Oh I'm so happy..... I'm still pinching myself. You have helped me so much X. Like an angel sent from heaven. You've put up with my moans and groans over the time and always put me straight back on the road again. Your vibes are so positive and always happy. I can't thank you enough as nothing like this has ever happened to me. .... I shall never forget you X you have turned my whole life around. I'm going to do my utmost to get as well as I can be. One day at a time. You have worked so hard and put yourself right out. You'll sure be remembered".*

*"I am writing to say a big thank you on behalf of my mother .....for installing the care alarm, smoke detector and panic button in her home last Saturday. Everyone was so polite and helpful and X arrived on Saturday on time to install the equipment and went over everything with my mother. As you can imagine, it brings peace of mind to my 91 year old mother and also to myself as I live 30 miles away in Reading. I consider the service outstanding and all at no charge!"*

*Mrs X called to thank Y for the "very professional and efficient service provided by Y without malice or favour and that Y was clearly an excellent asset to the London Borough of Hillingdon".*

Mrs X called to say thank you personally to Y - She said Y was her guardian angel and she can't thank Y enough for all she had done for her.

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## Annex 2 – Complaints about Adult Services

The procedure for dealing with Adult Services complaints is regulated by the 'The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009'.

This procedure is far less prescriptive and allows for early escalation to the Local Government Ombudsman should the complainant be dissatisfied with the response from the Local Authority. The intention of this procedure is to achieve complete resolution at the first attempt, to remove bureaucracy and has been designed to empower complainants in shaping from the outset the approach to resolving the complaint.

The complaint procedure operates as follows:

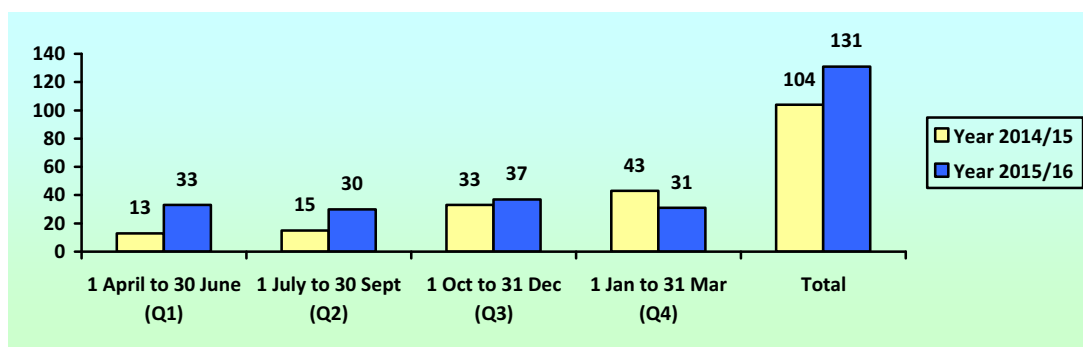
- Stage 1 – response from the Head of Service of the area complained about.
- Local Government Ombudsman.

A more detailed explanation of how the complaint procedure operates, the main complaint themes and statistical data for each stage of the process is provided below.

### 1. THE INFORMAL COMPLAINT

We will try to resolve enquiries/concerns on the spot by discussing the problem with a complainant. If we can solve the problem we will do so, immediately. This approach has helped to keep formal complaints at a low level.

#### **Informal Complaints received – (Service requests)**

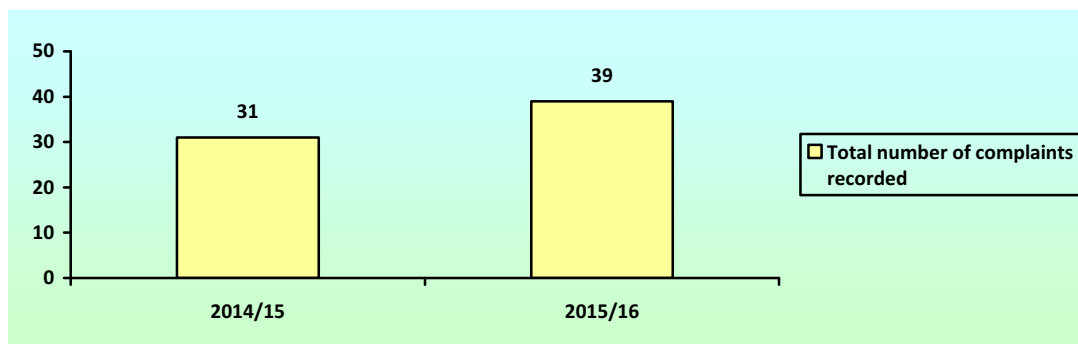


- 26% (27) more informal complaints when comparing 2014/15 figure of 104 with the figure for 2015/16 of 131.

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## **2. STAGE 1 COMPLAINT - LOCAL RESOLUTION**

The Head of Service of the area complained about will aim to respond to the complaint within 20 working days.



- 26% (8) more Stage 1 complaint's when comparing the figure of 31 in 2014/15 with the figure of 39 for 2015/16. This was expected as the figure for 2014/15 of 31 was unusually low when compared with previous year's performance.

**Table 8 - Breakdown of Stage 1 complaints by Service Area**

Service Area	Volume	Upheld	Partially Upheld	Not Upheld	Withdrawn
All Age Disabilities	20	1	4	14	1
Safeguarding Quality and Partnership	1	0	0	1	0
Social Work	17	1	2	14	0
Early Intervention	1	0	1	0	0
<b>Total</b>	<b>39</b>	<b>2</b>	<b>7</b>	<b>29</b>	<b>1</b>

- All Age Disability Service accounted for 51% of Adult Service complaints.
- Social Work accounted for 44% of Adult Service complaints.
- 5% (2) of complaints were upheld, 18% (7) partially upheld and 74% (29) not upheld

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**Table 9 – Time taken to conclude a complaint (working days)**

	2014/15	2015/16
Average time taken to conclude a complaint	13.42	7.97
Target	20	20
Variance	- 6.58	- 12.03

- The average time taken to conclude a Stage 1 complaint is 7.97 working days against a target of 20 working days. This is an exceptional performance when compared against our published and internal targets.

**Table 10 - Number and % of complaints dealt with within 10 working days**

Period	Total number of complaints	Number dealt with within 10 working days	% dealt with within 10 working days
2014/15	31	19	62 %
2015/16	39	36	92 %

- 92% (36) of Stage 1 complaints were dealt with within our internal target of 10 working days. All complaints were responded to within our published target of 20 working days.

### **Learning from complaints**

From all the upheld/partially upheld Stage 1 complaints, the following learning and/or changes were made as a result:

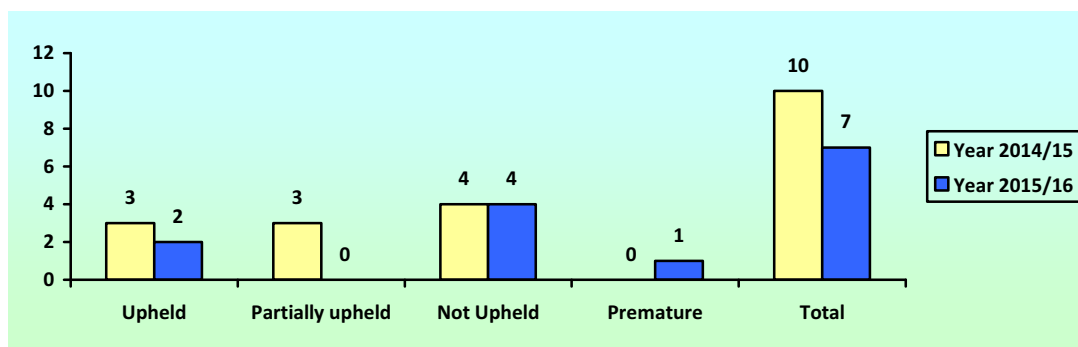
- In two complaints we apologised for not responding to the complainant's disagreement with the assessment undertaken. No changes were made as a result.
- in three complaints we apologised to the complainant that they were upset by the way the financial review/assessment was undertaken. In one of these complaints an in house social worker had to re do the assessment undertaken by an external agency.
- In four complaints we apologised that the complainant was not consulted as part of the support planning process - in all cases we advised that we had reviewed and changed processes.

### **3. LOCAL GOVERNMENT OMBUDSMAN INVESTIGATION (LGO)**

Where it appears that a Council's own investigations has not resolved the complaint, the complainant is entitled to refer their complaint to the

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Ombudsman and at any stage of the complaint process. However, the Ombudsman normally refers the complainant back to the Council if a complaint has not first been fully considered by the Council.



- 30% (3) fewer referrals to the LGO. The findings and decision of the LGO is provided in table 4 below.

**Table 11 - Outcome of LGO investigations**

Complaint details	LGO decision
<p><b>Complaint ref: 3529167</b> Mrs X complained about the actions of the Council and the Hospital Trust in providing services for her late mother. She felt that the service on discharge was not coordinated and the parties did not communicate effectively.</p>	<p><b>Upheld</b> The Ombudsman found evidence of fault and that Mrs X suffered an injustice in terms of distress and uncertainty. The Council apologised to Mrs X for what happened and to improve our practices a team to oversee hospital discharge was introduced.</p>
<p><b>Complaint ref: 4242262</b> Ms X was unhappy with the Council's re-assessment of her care needs and the proposed decrease in her Direct Payments. She was also unhappy with the decision to reduce her funding for personal care. Ms X feels that the Council should continue to provide funding at the current level as her needs have not changed since her last review.</p>	<p><b>Upheld</b> The Ombudsman determined that the Council was at fault for (1) proposing to reduce Ms X's Direct Payments because her carer spends time on domestic tasks; (2) not giving a clear explanation for how Ms X can manage with fewer hours of care. The Council agreed to arrange a new assessment of Ms X's care package.</p>
<p><b>Complaint ref: 3948026</b> Mr X was unhappy at charges made for his social care arranged by the Council. He complained that:</p> <ul style="list-style-type: none"> <li>• until the end of March 2015 he received care from two care assistants</li> </ul>	<p><b>Not Upheld</b> The Ombudsman did not agree with Mr X that the Council was at fault for the care charges it expected him to pay as she did not find the charges were unfair.</p>

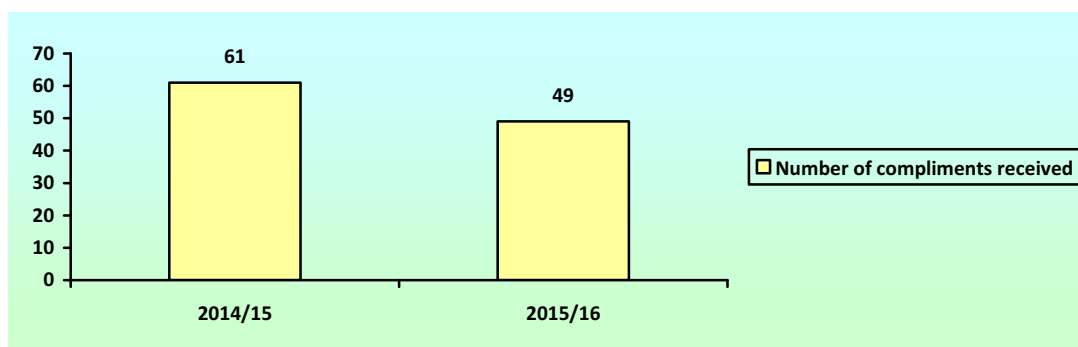
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<p>visiting him three times a day, he considered this excessive;</p> <ul style="list-style-type: none"> <li>• each visit arranged by the Council was for a 30 minute duration, he said this was also excessive and that in practice his care assistants rarely stayed for this time.</li> </ul>	<p>The Ombudsman was satisfied with the Council's actions in this case.</p>
<p><b>Complaint ref: 4573819</b> Mr X complained that his late great grandmother received poor domiciliary care. He said that in February 2015 carers failed to spot she had a serious leg infection. He feels that the alleged bad practice caused his great grandmother's death.</p>	<p><b>Not Upheld</b> Mr X was informed that the Ombudsman will not investigate the complaint now. This is because other agencies were involved in her care - her GP and District Nurses. Once these bodies have considered the complaint the Ombudsman may investigate his concerns jointly with the Health Service Ombudsman.</p>
<p><b>Complaint ref: 4767229</b> Mrs X complained that the Council refused to provide her with Direct Payments to pay for a gym membership. She said that gym membership would support her health and well-being and help her to continue to provide care for her son.</p>	<p><b>Not Upheld</b> The Ombudsman found that the Council had carried out two carer's assessments for Mrs X through two different organisations. The outcome of both assessments is that Mrs X does not qualify for a personal budget. The Ombudsman found no evidence that the Council is at fault for refusing to give Mrs X Direct Payments</p>
<p><b>Complaint ref: 4190188</b> Mr X complained that there was fault in the way the Council reassessed his son's Direct Payments and decided to stop payments to the grandfather. He felt that this breached the Council's earlier agreement and that the way the assessment was carried out was distressing for his son.</p>	<p><b>Not Upheld</b> The Ombudsman found no fault in the Council's decision to withdraw the Direct Payments.</p>
<p><b>Complaint ref: 4610681</b> Mr X did not dispute that that he was overpaid but complained about the way the Council handled the overpayment issue.</p>	<p><b>Premature complaint</b> The Ombudsman advised Mr X that his complaint was submitted prematurely and that he first needed to submit a complaint to the Council. Mr X has to date not submitted a complaint to the Council.</p>

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#### **4. COMPLIMENTS**



- 20% (12) fewer compliments received in 2015/16 when compared against the 2014/15 figure of 61.

#### **Here's what some residents have said:**

*"Thanks so much for all your hard work over the last 18 months or so. You have really been a great support to X, and went above and beyond what we ever expected. You were a comrade to me during a time that was so stressful and unhappy. I could not have coped without your professionalism and support. X's life is very settled and happy now, and he is being cared for properly. So much of that is down to your hard work and as a family we really, really appreciate that".*

*"I would like to take the opportunity to admit that I was wrong to oppose the move and the move was "right" for dad. Thank you for listening to dad and believing in him. Dad is happier than I have seen him in years and is motivated in all aspects of his life, especially in getting out of bed, getting washed and shaved, going downstairs to eat and sitting and chatting to the other residents. He is also now taking pride in his appearance and his living area. He enjoys the feeling of space and privacy in his flat. Now that he has a BT landline he regularly calls me and has great chats. So, in spite of all my reservations and fears about the move it is my pleasure to say I have been proved wrong. Thank you for moving dad into the most excellent facility of ..... House and setting up a highly supportive care package. Lastly I must mention Y, who had liaised and helps manage dad, like yourself, in not only a most highly professional way but also a dignified regard for the elderly whose voice has been "somewhat lost and unheard". Thank you X for standing firm, in adverse conditions, and giving dad "the best" in the last years of his life".*

*"I would sincerely praise X for his dealings with my aunt. My aunt got really ill in January, and X was called on to help. Since January, he has worked tirelessly to ensure that all my aunt's needs were met. My aunt does not have any relatives living in the UK, and as I am her next of kin, and live in Ireland it is difficult to manage an 88 year old blind lady. X has constantly kept in touch with me, via emails and phone calls, and at all times*

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*he was most courteous. He went to visit my aunt in Hillingdon Hospital while she was very ill, and subsequently found a temporary placement for her in .... House. Since yesterday, this placement has now become permanent, and we are all very happy that this has worked out so well. At a time when lots of complaints are heard about councils and public bodies, it is a real pleasure to meet such an efficient, kind, and caring social worker".*

*"I am writing this email as I would like to thank X for all her help in placing my mother in a home for respite care, this had to be done at short notice and she has had to deal with both my brother and myself getting irate, but she has acted in a most professional way. So often you hear all the negative comments about local authorities and I now know how hard social workers work and are dedicated to their jobs".*

*"I just wanted to say thank you for your time visiting my son in the nursery and for your advice. I didn't believe we had a major problem, which you confirmed, but at the same time the strategies you have recommended have already made a difference. We have implemented your advice and I have to say they are working very well".*

*"I write to thank you and every member of your team most sincerely for all the help and assistance you have provided for my wife and indeed for me following her fall. Fortunately, we have never needed the help of Social Services before and I have to say we are quite overwhelmed by the professionalism, real practical assistance and humanity shown to us".*

*"I have an elderly grandmother with dementia and other issues, and last week was at my wits end as to how to resolve the issue of care for her. After contacting your department a few times I was finally put in touch with X. I am writing to let you know about the excellent service she has provided. From the start X was approachable, professional and supportive. She had knowledge of the various options available, advocated on our behalf to get the GP to instigate rapid response, gave me information on the various care options, arranged for the installation of a falls detector and was proactive in ensuring things were moving forward. Whilst I know she was just 'doing her job' I really feel that her care was exemplary, and I am extremely grateful".*

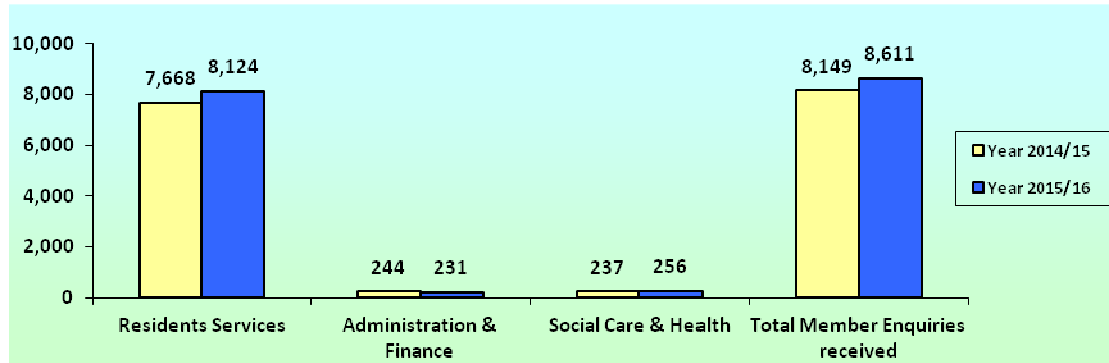
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### Annex 3 MEMBERS ENQUIRIES

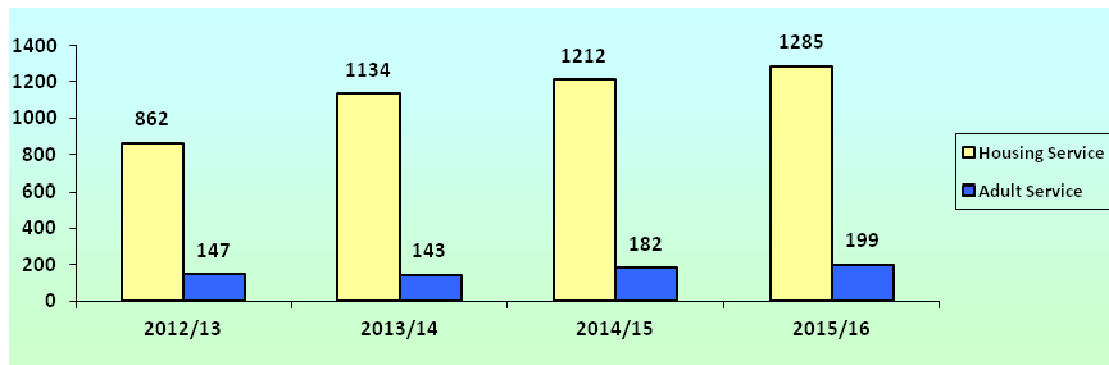
Enquiries can be submitted to officers on behalf of residents to Elected Members for further information.

#### Total number of Enquiries from Elected Members



- 5% increase in enquiries from Elected Members when comparing the figure for 2014/15 of 8,149 with the figure for 2015/16 of 8,611.
- Residents Services accounts for 94% of all Members Enquiries.

#### Total number of Members Enquiries for Housing and Adult Services



- Housing Services received 1,285 from Elected Members for 2015/16 which is a 6% (73) increase in enquiries when comparing the 2015/16 figure of 1,285 with the 2014/15 of 1,212.
- Adult Services received 199 enquiries from Elected Members which is a 9% (17) increase when comparing the 2015/16 figure of 199 with the 2014/15 of 182.

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- For Housing Services, the main areas where Elected Members made enquiries about were: housing allocation and repairs.
- For Adult Services the three main service areas where Elected Members made enquiries about were: All Age Disability Services 73 enquiries, Social Work 50 enquiries and Mental Health Services 28 enquiries.
- Housing and Adult Services both receive far more enquires from Elected Members than complaints.

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## **CABINET FORWARD PLAN**

**Contact Officer:** Khalid Ahmed  
**Telephone:** 01895 250833

## **REASON FOR ITEM**

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

## **OPTIONS OPEN TO THE COMMITTEE**

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

## **INFORMATION**

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

## **SUGGESTED COMMITTEE ACTIVITY**

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

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Ref	Upcoming Decisions	Further details	Ward(s)	Final decision by Full Council	Cabinet Member(s) Responsible	Officer Contact for further information	Consultation on the decision	NEW ITEM	Public / Private Decision & reasons
SI = Standard item each month <b>Cabinet – 22 September 2016</b> Council Departments: RS = Residents Services SC = Social Care AD = Administration FD= Finance									
135	Safeguarding Adults Partnership Board Annual Report	The Annual Report of the Safeguarding Adult Partnership Board will be presented to Cabinet. The report details the partnership's activity and performance in safeguarding adults at risk and its priorities for the year. The report is set in the context of national guidance and policy.	All		Cllr Philip Corthorne	SC - Steve Ashley (Independent Chairman) / Tony Zaman	Policy Overview Committee		
126	Contract Award: Residential, Nursing and Supported Living Framework	This report seeks Cabinet approval to call off from a Dynamic Purchasing System (DPS) to award contracts for the supply of residential, nursing and supported living placements. A DPS is similar to a framework agreement. However, new providers can join at any time. The DPS is being run by the West London Alliance with Ealing as the lead borough managing the application and admission process for suppliers wishing to join the DPS. If approval is given it is intended that Hillingdon will source placements using the Connect to Support system as an e-brokerage system (Connect to support).	All		Cllr Philip Corthorne	SC / FD - Darren Thorpe			Private (3)
<b>Cabinet – 20 October 2016</b>									
140	Kitchen and Bathroom replacement programme of works	Cabinet will be asked to consider tenders for the renewal of kitchen and bathrooms to Council owned properties as part of the HRA Works to Stock programme.	Various		Cllr Jonathan Bianco	RS - Perry Scott / Gary Thurston		NEW	Private (3)
<b>Cabinet – 17 November 2016</b>									
129b	Housing Allocation Policy	Following a full consultation process approved by Cabinet in July, Cabinet will consider the responses and the way forward for the Council's Social Housing Allocation Policy.	All		Cllr Philip Corthorne	AD / RS - Raj Alagh / Dan Kennedy	Full consultation	NEW	Public
138	Older People's Plan update	Cabinet will receive it's twice yearly update on progress on the Older People's Plan (May and November annually).	All		Cllr Ray Puddifoot MBE / Cllr Philip Corthorne	AD - Kevin Byrne	Older People, Leader's Initiative	NEW	Public

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# Agenda Item 9

## WORK PROGRAMME 2016/17

Contact Officer: Khalid Ahmed  
Telephone: 01895 250833

## REASON FOR ITEM

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

## OPTIONS AVAILABLE TO THE COMMITTEE

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

## INFORMATION

*All meetings to start at 7.00pm*

<b>Meetings</b>	<b>Room</b>
21 June 2016	CR 4
28 July 2016 (CANCELLED)	CR 6
6 September 2016	CR 5
4 October 2016	CR 6
2 November 2016	CR 4
18 January 2017	CR 6
21 February 2017	CR 6
23 March 2017	CR 5
19 April 2017	CR 5

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**2016/17 - DRAFT Work Programme**

<b>Meeting Date</b>	<b>Item</b>
<b>21 June 2016</b>	Major Reviews Topics 2016/17
	Work programme for 2016/17
	Cabinet Forward Plan

<b>28 July 2016 (CANCELLED)</b>	Budget Planning Report for SS,Hsg&PH
	Scoping Report for Major Review
	Work Programme
	Cabinet Forward Plan

<b>6 September 2016</b>	Presentation and Scoping Report for Major Review - Hospital Discharges
	Cabinet Forward Plan
	Annual Report: Adult Safeguarding Board
	Annual Complaints Report
	Work Programme

<b>4 October 2016</b>	Major Review - Witness Session
	Update on previous review recommendations (Shared Lives Review)
	Cabinet Forward Plan
	Work Programme

<b>2 November 2016</b>	Major Review - Draft Final report
	Minor Review - Employment of People with Disabilities

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	Consideration of Second Major Review
	Cabinet Forward Plan
	Work Programme
<b>18 January 2017</b>	Budget Proposals Report for 2016/17
	Cabinet Forward Plan
	Scoping report for Second Review
	Work Programme
<b>21 February 2017</b>	Cabinet Forward Plan
	Work Programme
	Witness Session
<b>23 March 2017</b>	Cabinet Forward Plan
	Work Programme
	Witness Session
<b>19 April 2017</b>	Cabinet Forward Plan
	Major Review Second Final report

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