



HILLINGDON
LONDON



Social Services, Housing and Public Health Policy Overview Committee

Date: TUESDAY, 21 FEBRUARY
2017

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 of the Social
Services, Housing & Public Health Policy
Overview Committee (Chairman)

Jane Palmer, Chairman of the Children's,
Young People and Learning Policy
Overview Committee (Vice-Chairman)

Teji Barnes

Peter Davis

Becky Haggar, Carers' Champion

Shehryar Ahmad-Wallana

Beulah East

Tony Eginton

Peter Money

Mary O'Connor

Co-Opted Member

Published: Monday, 13 February 2017

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Head of Democratic Services
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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 18 January 2017 1 - 8
- 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 Hillingdon Adult Safeguarding Board - Chairman Q&A Session 9 - 74
- 6 Employment of People with a Disability in the London Borough of Hillingdon 75 - 76
- 7 Scoping report and Witness Session for Second Major Review - The Impact of Changes to Housing Benefits on Residents and the Council 77 - 88
- 8 Cabinet Forward Plan 89 - 94
- 9 Work Programme 95 - 98

Minutes

SOCIAL SERVICES, HOUSING AND PUBLIC HEALTH POLICY OVERVIEW COMMITTEE

18 January 2017



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

	<p>Committee Members Present: Councillors Wayne Bridges (Chairman), Jane Palmer (Vice-Chairman), Shehryar Ahmad-Wallana, Teji Barnes, Peter Davis, Beulah East, Becky Haggart, Phoday Jarjussey and Peter Money.</p> <p>Co-Opted Member: Mary O'Connor.</p> <p>Apologies for Absence: Councillor Tony Eginton (Councillor Phoday Jarjussey substituting).</p> <p>Officers: Gary Collier (Health & Social Care Integration Manager), Nina Durnford (Head of Social Work, Adult Social Care Services), Sunita Ghudial (Benefit and Governance Manager), Tony Zaman (Corporate Director of Adults, Children & Young Peoples Services) and Khalid Ahmed (Democratic Services Manager).</p>
37.	<p>MINUTES OF THE MEETING HELD ON 14 DECEMBER 2016</p> <p>Agreed as an accurate record.</p>
38.	<p>TO CONFIRM THAT ALL ITEMS MARKED PART I WILL BE CONSIDERED IN PUBLIC AND THAT ANY ITEMS MARKED PART II WILL BE CONSIDERED IN PRIVATE</p> <p>It was confirmed that all items on the agenda would be considered in public.</p>
39.	<p>BUDGET PROPOSALS REPORT FOR ADULT SOCIAL CARE, PUBLIC HEALTH AND HOUSING SERVICES 2017/18</p> <p>The Operational Finance Manager introduced the report.</p> <p>The Committee was informed that the budget proposals had been developed to support a ninth successive Council Tax freeze for all residents, and an eleventh year for over 65s, whilst avoiding implementation of the Social Care precept and maintaining frontline Council services.</p> <p>This represented a significant achievement in light of continuing cuts to government funding for local government, estimated at 17% in 2017/18 alone, alongside a growing population, driving an ever increasing demand for locally provided services.</p>

The Committee was informed that savings had been developed under five broad themes, which focused on maintaining the existing service offer: Zero-Based Reviews; Preventing Demand; Service Transformation; Effective Procurement; and Maximising Income.

Members were asked to note that the draft budget report did not include the impact of the recent Local Government Provisional Settlement, which would be addressed in the budget report to February Cabinet.

Corporate Position

Members were informed that the final funding settlement for 2017/18 would not be available until February and so the budget had therefore been drafted on the latest estimated position.

The Committee was informed that the principal challenge in delivering a balanced budget for 2017/18 was the development of significant savings, with the savings requirement for 2016/17 originally being estimated at £18,464k. This had since been revised upwards to £19,388k, primarily as a result of increased inflationary pressure on the cost of Social Care placements. Taking account of the planned drawdown of £5,000k from General Balances, this had left a net savings requirement of £14,388k.

The budget proposals presented to Cabinet in December 2016, showed a £11,314k projected reduction in Government funding, being off-set by increased Council Tax and Business Rates receipts of £4,638k, to reduce the net reduction in resources to £6,162k.

Inflationary pressures and growth in demand continued to drive up the savings requirement, with savings proposals of £14,388k presented in this draft budget.

Savings

The Committee was provided with details of the savings proposals across the Council for 2017/18, which totalled £14,388k. This included £1,669k of full year effects of prior year savings. The total savings included in the draft budget for Adult Social Care, Public Health and Housing Services/Group totalled £3,837k and were made up of the following.

Adult Social Care

Transformation - £1,627k
Zero Based Reviews - £1,106k

Action By:

Preventing demand - £407k
Effective procurement - £305k
Income generation - £210k

Housing

Members were informed that savings which fell under the remit of this Committee, which would be delivered within Residents Services, totalled £182k. This figure comprised of £131k for reviews of Housing/Homelessness functions and £51k from Zero Based reviews.

Capital Programme

The Committee was informed that the draft capital programme would need to be revised once the final impact of the settlement was known, as this would impact on the affordability of the programme.

Members were provided with a summary of the draft capital programme which fell within the Committee's remit:

- The development of a new Dementia Centre.
- The development of a housing project at 1 & 2 Merrimans.
- The Belmore Allotments Housing Development - This was a housing development in Hayes under a range of tenures including a proposed 30 units for Discount Market Sale, to be financed through the General fund.
- The development of a programme for the Disabled Facilities Grant.
- The development of a programme for the Private Sector Renewal Grant / Landlord Property Renovation Grant.

Reference was made to the proposed savings in Social Care staffing which would result in efficiency savings. The Corporate Director of Adults, Children & Young Peoples Services explained that the proposed savings would not impact on front line services, but would delete some of the vertical management posts.

The Committee was informed that inflationary pressures were causing an impact on social care costs and the Council was looking at different models of delivery. Recruitment and retention of social workers had improved as the Council was more competitive in terms of salaries, and conditions of service.

Having considered the budget proposals, the following comments were asked to be submitted to Cabinet on the budget proposals:

Action By:

the market. Cost considerations had to be taken into account, as part of the decision reached, and the care package offered.

Action By:

Subject to further discussions with officers and the Chairman of the Committee and the Labour Lead, the following suggested draft recommendations of the review were agreed:

1. a) That clear information about the discharge process is developed for and with people admitted to hospital and their families so that they know what to expect.

b) That this information is provided to patients on admission as agreed through a joint working policy.
2. a) That a joint working policy across all partners involved in the hospital discharge process is developed to clarify the roles and responsibilities of the appropriate teams within each organisation and to ensure consistency of approach.

b) That the joint working policy is formally endorsed by each organisation.

c) That briefings with staff across organisations on the content of the agreed joint working policy are undertaken.
3. That partners explore options for delivering a more integrated intermediate care service that ensures that people admitted to hospital are supported to go home by the most appropriate professional first time and that the number of hand-offs between different organisations is reduced.
4. That partners explore affordable options to enable people who are medically fit for discharge are able to step down from hospital without the need to be admitted to a care home.
5. That partners explore affordable options that will ensure an appropriate supply of care home places to address the needs arising from Hillingdon's changing population.
6. That partners explore affordable options for ensuring that people admitted to hospital and their families have access to advocacy to support them in making informed decisions about how their future care needs will be met, including the care setting.
7. That Healthwatch be requested to undertake a further review of the patient experience of the discharge process at Hillingdon Hospital in a year's time.
8. That a progress report be provided to the Cabinet

	<p>provided and the resultant impact on the affected 369 households in the Borough.</p> <p>Another change was Housing Benefit changes for tenants who were under-occupying social housing. This rule only affected people of working age and reductions in housing benefit would reduce by 14% if there was one extra bedroom, and 25% if they had two or more extra bedrooms.</p> <p>Reference was made to Discretionary Housing Payments (DHP), which were short term emergency payments to help with the shortfall in rent. The aim of the payment was to give claimants time to move or reassess their finances.</p> <p>The Committee was informed that to help local authorities manage the impact of Housing Benefit reforms which were announced in the summer budget in 2015, the overall DHP funding nationally would be £150 million for 2016/17.</p> <p>The Committee was also informed that as part of the joint Fraud and Error Strategy, the Department for Work and Pensions and HRMC, had launched a Real Time Information (RTI) bulk data matching project. This project looked at the data held on six social security benefits, which included Housing Benefit and looked to identify cases where claimants had either failed to declare, or had under declared earnings and non-state pensions.</p> <p>The impact on Hillingdon was that the overpayments generated as a result of RTI changes equated to £10m in 2015/2016.</p> <p>RESOLVED</p> <p>1. That the information provided at the meeting be noted and officers be asked to draft a scoping report on the topic for the next meeting of the Committee, and to invite relevant witnesses to start the review.</p>	<p>Sunita Ghudial / Neil Fraser</p>
<p>42.</p>	<p>DRAFT FINAL REPORT - STROKE PREVENTION REVIEW</p> <p>The Committee noted the progress made in drafting the final report and it was agreed that the Chairman of the Committee and the Labour Lead, in consultation with officers, be given approval to agree the draft report, before its submission to Cabinet.</p>	<p>Action By:</p> <p>Dr Steve Hajioff / Luke Taylor</p>
<p>43.</p>	<p>FORWARD PLAN</p> <p>Noted.</p>	

<p>44.</p>	<p>WORK PROGRAMME</p> <p>Members noted that the Chairman of the Adult Safeguarding Board would be invited to attend the Committee's meeting on 21 February 2017 to present the Board's Annual Report.</p> <p>In addition for the February meeting, there would be an item on the Council employment of people with disabilities.</p> <p>Noted.</p>	<p>Action By:</p> <p>Neil Fraser</p> <p>Neil Fraser</p>
	<p>Meeting commenced at 7.00pm and closed at 8.10pm Next meeting: 21 February 2017 at 7.00pm</p>	

These are the minutes of the above meeting. For more information on any of the resolutions please contact Khalid Ahmed on 01895 250833. These minutes are circulated to Councillors, Officers, the Press and Members of the Public.

24.

Agenda Item 5

Hillingdon Safeguarding Adults Partnership Board - Chairman Q&A Session

Contact Officer: Neil Fraser
Telephone: 01895 277260

REASON FOR ITEM

The Hillingdon Safeguarding Adults Partnership Board 2015/16 Report was considered at the Social Services, Housing and Public Health Policy Overview Scrutiny Committee meeting held on 6 September 2016. A copy of the report is included as Appendix A. As the Chairman of the Adult Safeguarding Board, Mr Steve Ashley, was not able to attend that meeting, Committee Members forwarded all subsequent queries to the Chairman through Democratic Services. Answers to these queries are attached as Appendix B.

The Committee has since requested that the Chairman attend a future meeting to answer Member's questions.

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APPENDIX A

Contact Officer: Andrea Nixon
Telephone: 01895 277260

INFORMATION

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.

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.

Social Services, Housing and Public Health Policy Overview Committee
6 September 2016

PART I – Members, Public and Press

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.

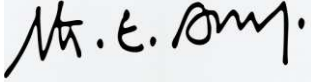
The Board has been restructured to provide an Executive Board with the most senior leaders providing strategic direction and an Operational Group where managers agree the work of the Board and drive it forward. We have also put in place a business unit that is developing performance and audit processes 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
Andrea Nixon	London Borough of Hillingdon	SAB & LSCB Business Manager
Angela Wegener	DASH	Chief Executive
Ann Nardecchia	London Borough of Hillingdon	Learning & Development Manager
Anna Fernandez	The Hillingdon Hospital	Safeguarding Adults Lead
Christine Dyson	Clinical Commissioning Group	Designated Safeguarding Nurse
Daniel Kennedy	London Borough of Hillingdon	Head of Business Performance & Policy
Debbie Hun	London Borough of Hillingdon	Adult & Community Learning Service Manager
Duncan Struthers	Interfaith Communities	CEO
Erica Rolle	London Borough of Hillingdon	Domestic Violence VAWG Strategic LEAD Coordinator
Fiona Gibbs	London Borough of Hillingdon	Stronger Communities Manager
Gill McLean	London Borough of Hillingdon	Corporate Learning & Development Manager
Glyn Jones	Metropolitan Police	Detective Sergeant
Graham Hawkes	Healthwatch Hillingdon	CEO
Helen Smith	London Borough of Hillingdon	LSCB & SAB Training & Quality Assurance Manager

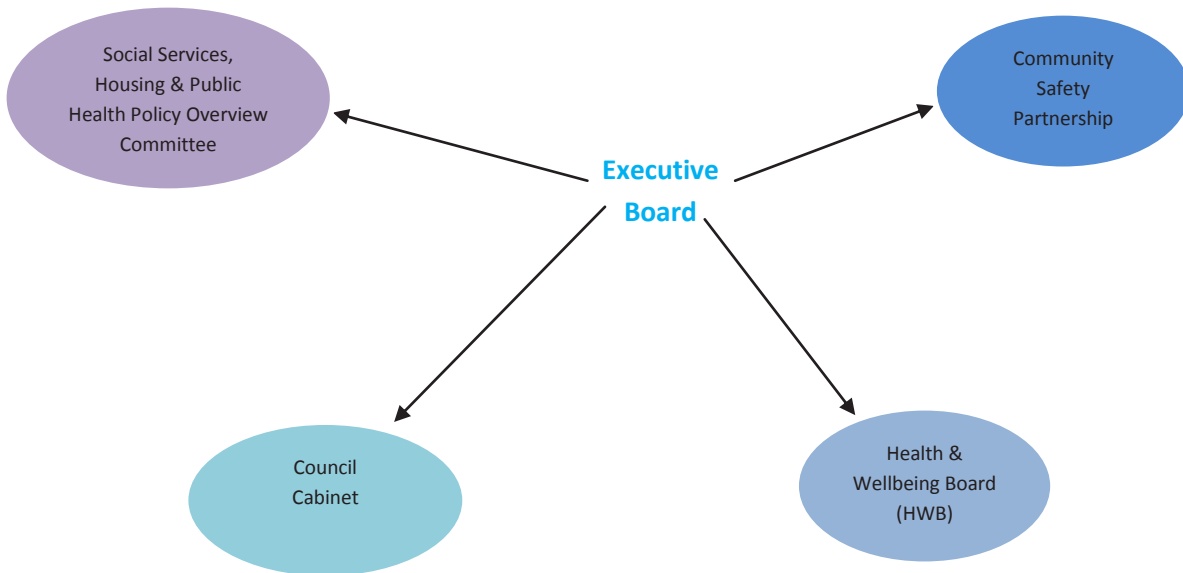
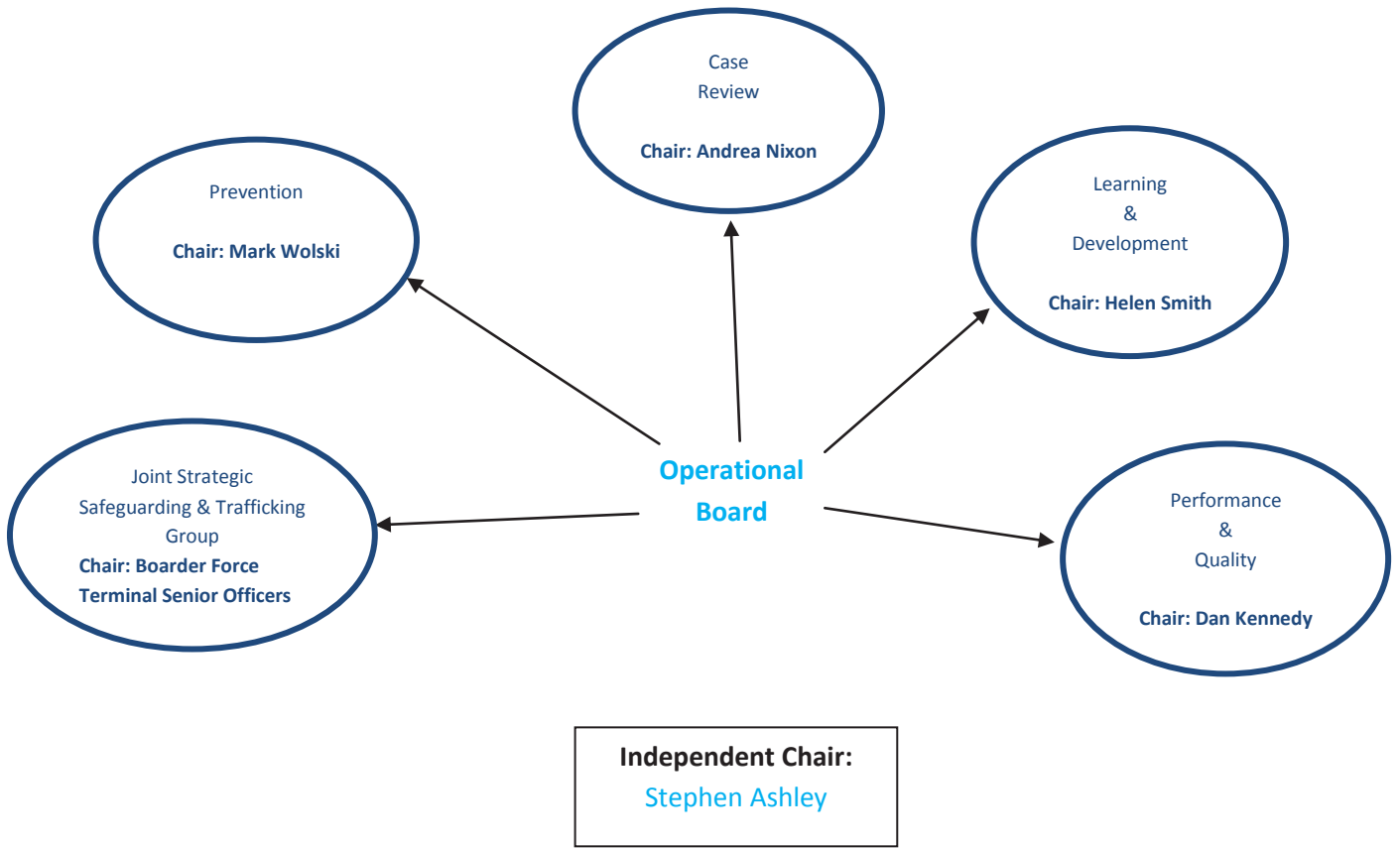
Jackie Bennett	London Borough of Hillingdon	Safeguarding Adults Manager
John Higgins	London Borough of Hillingdon	Head of Safeguarding Adults
Julie Simmonds	Hillingdon Carers	Carers Advisor
Kim Cox	CNWL	Deputy Director
Dawn Mountier	LAS	Safeguarding Officer
Liz Hamilton	Home Office	
Lucy McLeod	London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

iii. SAB Executive Board Members

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

Name	Organisation	Job Title
Mark Wolski	London Borough of Hillingdon	Community Safety Team Manager
Nick Downing	Metropolitan Police	Borough Commander
Reva Gudi	Clinical Commissioning Group	GP Lead
Richard Claydon	London Fire Brigade	Borough Commander
Sharon Daye	London Borough of Hillingdon	Public Health Consultant
Shika Sharma	London Borough of Hillingdon	Public Health Consultant
Stephen Ashley	London Borough of Hillingdon	Independent Chair
Steve Hajioff	London Borough of Hillingdon	Director of Public Health
Theresa Murphy	The Hillingdon Hospital	Director of Nursing
Tony Zaman	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.

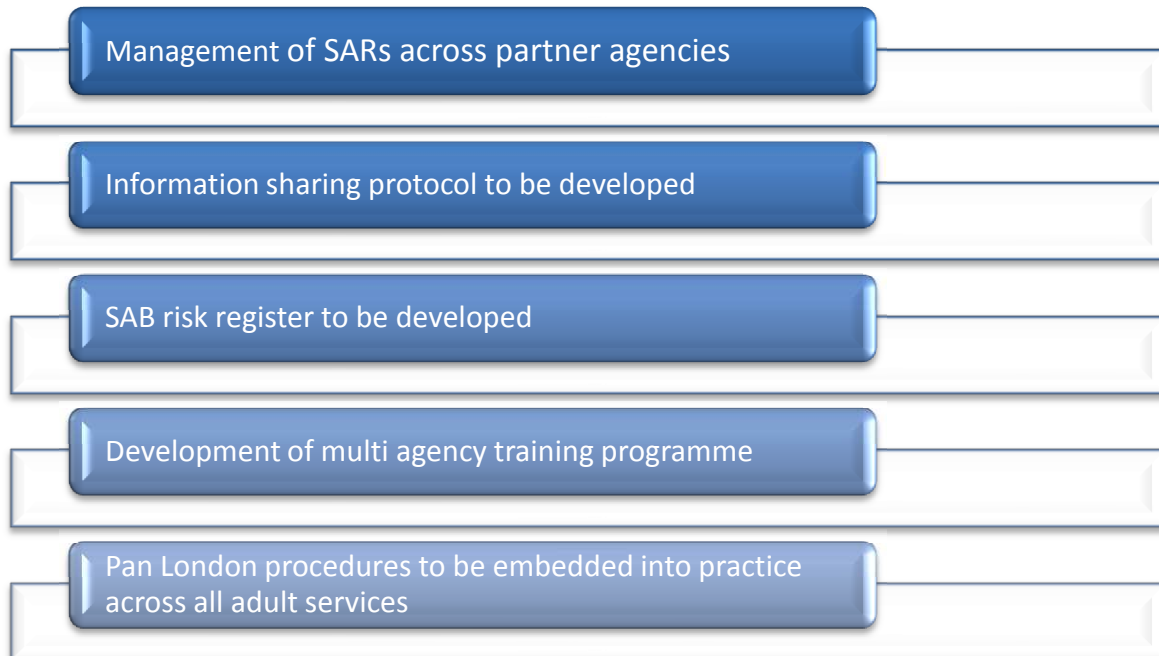
MCA training is provided to multi-agency groups in addition to own agency training. This is evaluated and reported to the Operational Board.

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>To ensure that there are effective arrangements across agencies to reduce the risk of abuse and neglect of vulnerable adults in the borough.</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"> • Domestic violence • Drug/alcohol misuse • Mental health issues. 	<ul style="list-style-type: none"> • Develop a multi-agency neglect strategy owned by all partner agencies. • To improve awareness and understanding of neglect and abuse across the whole partnership through training and awareness campaigns. • To analyse key performance indicators to be reassured that appropriate referrals are made and prevention strategies are in place, for example, effective public awareness. • Making Safeguarding Personal is embedded in practice supported through training, awareness raising and audit activity. • Develop meaningful public awareness campaigns.
<p>To ensure that partners understand, and provide an appropriate response to, vulnerable adults who require support with mental health.</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"> • Performance sub-committee to analyse source of referrals and primary need and to conduct an audit of cases of people with dual diagnoses. • Adult voices are heard and views recorded during contact with professionals. • To develop multi-agency training with good attendance across agencies.
<p>To ensure that all agencies place the 'Making safeguarding Personal' model at the centre of their response to vulnerable adults.</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"> • To develop and implement the 'Making Safeguarding Personal' strategy. • Agree key performance indicators that can be measured against the strategy. • Multi-agency training packages are available to all partner agencies. • Relevant and meaningful public awareness campaigns.

<p>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.</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"> • Effective auditing and quality assurance of partner's practice leads to robust analysis and challenge to come from data presented to P&Q sub-committee. • Multi-agency training is available to all partner agencies. • All practitioners to have received training and Pan London procedures embedded into practice. • Continue to monitor the development of the Multi-agency Safeguarding Hub (MASH). • Audit of agency governance arrangements across all partner agencies undertaken. • Board improvement plan regularly updated and presented to Board. Risk Register developed and regularly monitored at the Board.
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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 fountain pen with a silver barrel and a gold nib, positioned horizontally 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"> 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. An increase in staff reporting concerns relating to potential safeguarding cases – referred onto to SCD as appropriate.
Progress on safeguarding priorities in the reporting period	<ul style="list-style-type: none"> Age UK Hillingdon's Director of Services/Deputy CEO is a member of the SAPB Operational Group Mental Capacity Awareness training On-going review of safeguarding issues across our wide range of services Annual audit of internal safeguarding procedures
Safeguarding priorities for 2015/6	<ul style="list-style-type: none"> Keep up to date with new developments in Safeguarding and Disclosure and Barring. Implement the Care Bills Safeguarding measures as required.
Good news stories	Appropriate action/intervention to resolve safeguarding issues at an early stage.
Good practice examples	<ul style="list-style-type: none"> Safeguarding is a standard agenda item in supervision and appraisal processes and for staff and volunteer meetings. Information relating to Safeguarding and relevant contact numbers are displayed on our website and in our services brochure.

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 1771">Mental health services</td> <td data-bbox="703 1541 916 1771">Acute wards for adults of working age and Psychiatric Intensive Care Units</td> <td data-bbox="916 1541 1102 1771">Inadequate</td> <td data-bbox="1102 1541 1406 1771">Riverside Mental Health Centre</td> </tr> <tr> <td data-bbox="507 1771 703 2004">Mental health services</td> <td data-bbox="703 1771 916 2004">Long stay rehabilitation mental health ward for working age adults</td> <td data-bbox="916 1771 1102 2004">Good</td> <td data-bbox="1102 1771 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>Learn from serious incidents and cases: (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>Respond to cases of self-neglect and/ or non-engagement with services: 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>Share the right information with the right people at the right time: 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"> • Make Safeguarding Personal - ensure individuals are kept safe and individuals identify the outcomes that would keep them safe • Continuing to work with our partners to implement the new Pan London Guidelines • Improving sexual safety on all our Inpatient services • Improving the identification and monitoring individuals who have suffered Female Genital Mutilation
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 & 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"> 1. Increase in the size of MASH - Two extra Safeguarding Adult/CSE Investigators 2. Increase in staff to CSU encompassing Domestic Abuse - Bespoke unit for investigating Safeguarding Issues
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 Hillingdon Carers case study 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"> • The care Act 2014 introduced fresh definitions of abuse and Making Safeguarding Personal and the Prevention agenda are key components of safeguarding work. • PREVENT became a statutory responsibility in 2015. • Domestic Violence Legislation has changed. • Training materials need to reflect the changes and assurance from providers needs to reflect how organisations are embedding the changes. • Training sessions will be delivered on a regular basis to ensure that compliance against the national target is met.

	<ul style="list-style-type: none"> • The CCG and Local authority submitted its return on the transforming care plan the NHSE within the required timeframe. <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"> • To continue to work in partnership with Hillingdon Local Authority to ensure that the residents of Hillingdon live free from abuse. • 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. • 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. • Develop a safeguarding supervision structure offering leads expert advice, mentoring and safeguarding supervision.
<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 & 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
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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"> • Meeting the demands of Deprivation of Liberty Safeguards (DoLS) authorisation requests following the ruling of the Supreme Court in the Cheshire West case. • Successful recruitment to specialised posts. 										
Progress on safeguarding priorities in the reporting period	<p>Quality audit of Safeguarding cases by Adult Social Care (ASC) Team Managers 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>Increase Management oversight of safeguarding 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>Implement Making Safeguarding Personal 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"> • 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 and also by going out to tender for a BIA Provider agency to undertake assessments on the Council's behalf. <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"> • Further refine safeguarding performance reporting • Adopt and roll out of the revised Pan London Procedures • Ensure that MSP is firmly embedded within practice • Adhere to the Council's statutory duty under the Mental Capacity Act/Deprivation of Liberty Safeguards.
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"> • Acute Trust-Provider, including A and E services. • 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).
Safeguarding training undertaken in reporting period. % of staff trained at each level.	<ul style="list-style-type: none"> • 93.76 % of staff trained as of 18/2/16 • Training also delivered to new starters (induction) on a monthly basis. • Safeguarding training includes basic Prevent awareness at Level 1, MCA and DoLS principles, DVA, learning disability awareness. • All staff are eligible for training, including volunteers.
Regulator inspection in reporting period and outcomes	<ul style="list-style-type: none"> • 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. • 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. • Quarterly assurance provided by the Trust to Monitor
Challenges in the reporting period	<ul style="list-style-type: none"> • Further raising the awareness/need of DoLS referrals.
Progress on safeguarding priorities in the reporting period	<ul style="list-style-type: none"> • DoLS audit carried out by an external auditor of behalf of the Trust .Results due in quarter four, 2016. • Regular meetings with the Dols lead at LBH and CCG Safeguarding Lead to monitor progress. • Training slides for Prevent updated as the equivalent of level 1 training for all trust staff. • SA awareness training now includes a revised DVA flowchart and a summary of how staff should ask the DVA question to a patient. • DVA policy to be written for adults and children.
Safeguarding priorities for 2015/6	<ul style="list-style-type: none"> • To further embed the principles of DoLS within the organisation and to increase the rate of DoLS referrals. • To write a trust wide Prevent Policy. Prevent is currently within the safeguarding adult policy.

	<ul style="list-style-type: none"> • To embed WRAP training within the trust. Key staff identified via a TNA. • Enhanced DVA training to be established • To explore the possibility of a Learning Disability nurse covering hospital and community.
Good news stories	<ul style="list-style-type: none"> • Safeguarding administrator in post within the reporting period to support the work of the Head of Safeguarding and the Named Nurse for Safeguarding Children. • Training consistently above 80% for VA within the reporting period.
Good practice examples	<ul style="list-style-type: none"> • 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.
Any other comments	<ul style="list-style-type: none"> • Regular attendance and contribution to 2 DHR panels within the reporting period. • A member of the Hillingdon Prevent group. • Executive Director representation at the SAB. • Head of Safeguarding attends SAB Operational Group. • Head of Safeguarding a member of the Safeguarding Adults Provider Forum NHSE.

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 & 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 & 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.

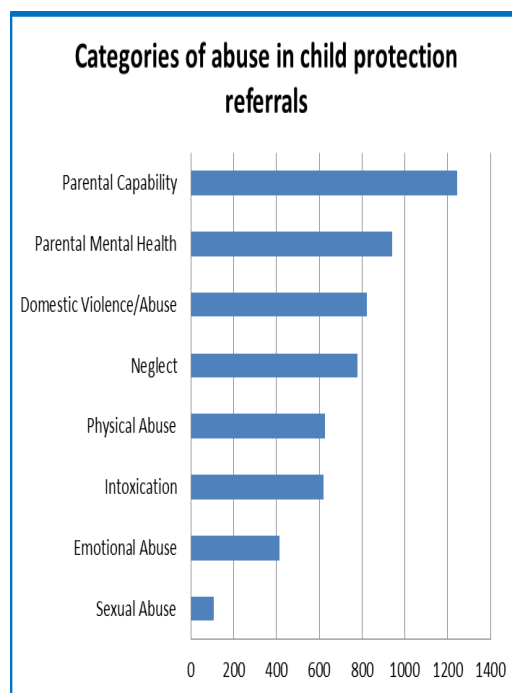
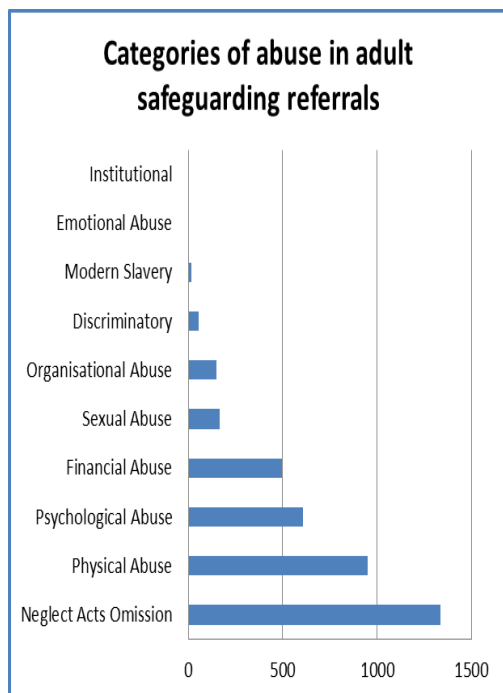
Referrals or concerns raised to local authority during 2015-16

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

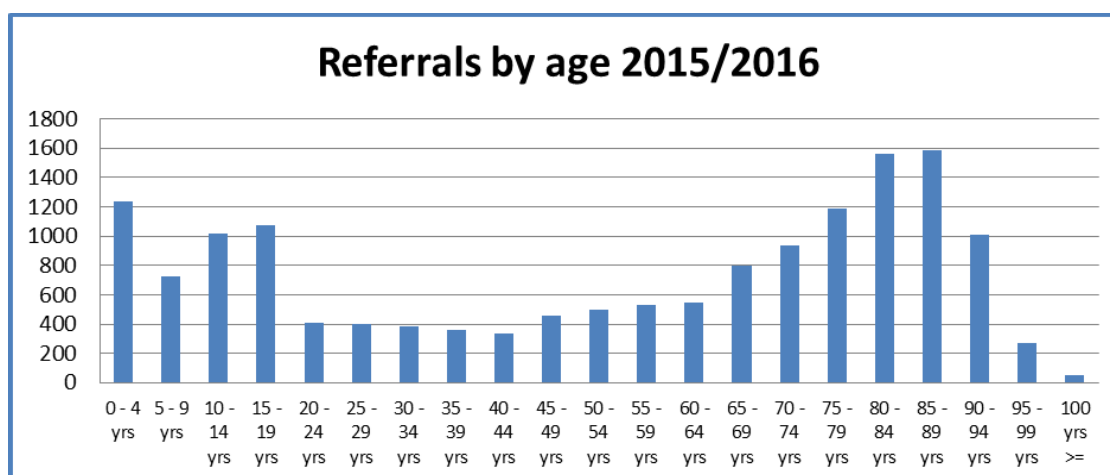
	Adults Safeguarding	Adults Welfare	Children	Total Referrals	Referrals as % of incidents
LAS	4331	8440	4561	17332	1.66%
Barking and Dagenham	107	162	189	458	1.62%
Barnet	144	259	159	562	1.34%
Bexley	120	326	146	592	2.09%
Brent	157	258	138	553	1.40%
Bromley	153	317	153	623	1.73%
Camden	109	177	72	358	1.05%
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
Level One																			
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%
Level Two																			
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%	
Level Three																			
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		
Specific training																			
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.

Safeguarding Adults Partnership Board Annual Report 2015/16 - Responses to Members' Questions

Contact Officers: Khalid Ahmed
Telephone: 01895 250833

REASON FOR ITEM

To provide Members with the responses to the questions which were asked in relation to the Safeguarding Adults Partnership Board Annual Report 2015/16, which was presented at the Committee's last meeting

OPTIONS OPEN TO THE COMMITTEE

The Committee is asked to note the responses provided, and comment further if necessary.

INFORMATION

1. At the last meeting of the Committee held on 6 September 2016, the Committee gave consideration to the Safeguarding Adults Partnership Board Annual Report 2015/16. Whilst no comments from the Committee were made on the report before it was submitted to the Cabinet, Members asked a number of questions.
2. Below are the responses to those questions from the Chair of the Safeguarding Adults Partnership Board:

1. Finances - why is there no information about funding, expenditure?

[There is a joint business unit budget shared with the Hillingdon LSCB. At present we have contributions specifically for the SAB from the Police, £5,000 and the London Fire Brigade £1,000. The joint budget will be reported in the next annual report.]

2. National Competency Framework - report and adoption - has it happened?

[This is being progressed by the Adult Social Care Safeguarding and Quality Assurance Service Manager]

3. Annual business plan - is it available please?

[see attached appendix].

4. When should advocates be used in safeguarding?

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[This is agency specific and their use is in line with agency guidance].

5. How can managers ensure that the supervision they provide supports good safeguarding practice?

[Each agency has its own guidance regarding supervision of staff.]

6. How can practitioners support someone after a safeguarding incident, to prevent further abuse or neglect?

[This is a specific issue regarding front line practice. Each agency has its own practice standards that are in line with the Pan London procedures.]

7. How would you handle it if a partner organisation fails to share information about an individual that is relevant to safeguarding?

[The SAB has produced and implemented a clear escalation policy for agencies].

8. Changes in circumstances can immobilise the most active person. How do we ensure that the right services or support is available to those who need them to prevent crisis and maintain optimum health?

[This again relates to front line practice. There is training for staff and the Board is working on a multi agency training package and to agree competencies and training standards across partner agencies.]

9. Advanced practitioner role in operational teams - what consideration?

[Already in operation and embedded in operational team.]

10. On the list of Members we do not have any mental health charities i.e MIND, Why is this?

[Healthwatch are standing members. Also representation from Age Concern who report into a charity cluster.]

11." Work is in progress to develop multi agency half day workshops" Do we know when this may be delivered and if it will be delivered to all the charities and work places? If any private companies would pay for this course?

[These have already started. Courses fully booked and more sessions planned. Feedback is excellent. We are looking at future plans to implement a charging policy.]

12. What does "Regulator inspection in reporting period and outcomes "mean? And why have some have "Individual Agency Contributions " either N/A or none?

[The question "Regulator inspection in reporting period and outcomes" means, has any agency been inspected by their regulator during the period of time covered by the SAB

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annual Report. For example a Hospital may have been inspected by CQC during the period of time covered by the SAB Annual Report and agencies would be expected to detail this in their individual contributions.

["N/A of none" will be because individual agencies have nothing to report in that area of their contribution].

13. Under Mental Health Services Acute Wards for Adults is classed as " inadequate " At Riverside . Are we going to be looking at this and working towards a better overall trust rating?

[Riverside inspection and mental health services: Board will scrutinise agency reports and measures taken to improve. Membership from CNWL at Executive level on board.]

14. When you look at mental health services several of the Adults mental health areas require improvement. How are we once again working to improve this?

[Riverside inspection and mental health services: Board will scrutinise agency reports and measures taken to improve. Membership from CNWL at Executive level on board.]

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Employment of People with a Disability in the London Borough of Hillingdon

Contact Officer: Mike Talbot
Telephone: 01895 558681

The London Borough of Hillingdon has been awarded Disability Confident Employer (level 2) status under the Government's Disability Confident scheme which recently replaced the 'Two Ticks' Positive about Disabled People scheme.

This award indicates that the Council has an inclusive and accessible recruitment process and is proactive in making reasonable workplace adjustments to support employees with a disability to maintain productive employment.

The Council operates a guaranteed interview scheme ensuring that anyone with a disability who meets the minimum requirements of the role is automatically short-listed for interview during the selection process. While the Council always looks to select on merit the guaranteed interview scheme ensures that people with a disability are fairly represented within the selection process.

The definition of disability relevant to employment legislation under the Equality Act 2010 is very broad applying to any mental or physical condition that is long term (likely to last over 12 months) and significantly impairs the individual to complete normal 'day-to-day' activities.

All manager's are trained in disability awareness and the duty to make reasonable adjustments in the workplace for people with disabilities using a dedicated e-learning module.

We subscribe to an absence management service called FirstCare which monitors all absence and provides employees with point of contact medical advice from trained nurses. Manager's have the support of an occupational health service and are able to refer employees with a disability or potential disability so specialist advice on managing the health condition in the workplace can be provided.

Government research indicates that 83% of people actually acquire their disability while in work (<https://www.gov.uk/government/collections/disability-confident-campaign>) and the Council proactively monitors the health of employees through a Health Surveillance programme. This involves regular health checks for employees to ensure that, for example, working with noisy machinery or vibrating tools does not have a negative impact on the long-term health of the worker. Of course, personal protective equipment (PPE) is issued to employees where relevant.

Two of the highest causes of absences are mental health conditions and musculoskeletal injuries, both of which can develop into disabilities if the condition is likely to persist for over a year. We have introduced initiatives to support employees including a regular physiotherapy clinic. As a preventative measure around mental health we have introduced a management course in workplace stress awareness and a course in building personal resilience for employees.

We also partner with Access to Work to provide assistance to disabled employees. For example, last year we were able to employ a blind social worker after securing funding to support a personal assistant who is able to support the employee when travelling on social work visits.

The Council has a Equality & Diversity policy as well as a specific Equalities in Employment policy and we annually publish equalities data to the Council's website. The most recent data published in March 2016 covers the financial year 2014/15 and this will be updated to include 2015/16 this quarter .

The equalities data indicates that 2.1% of the Council's employees have declared a disability. The data also indicates the positive impact of the guaranteed interview with 5.1% of applicants declaring a disability in 2015/16 resulting in 5.2% of offers being made to people with a disability.

Agenda Item 7

Residents' & Environmental Services Policy Overview Committee - Major Review 2016/17 - The Impact of Changes to Housing Benefits on Residents and the Council

Contact Officer: Neil Fraser
Telephone: 01895 250692

REASON FOR ITEM

The Committee will be provided with a review scoping report, and will hear from witnesses from across several Council areas, to help in the Committee's review into changes to Housing Benefits.

OPTIONS OPEN TO THE COMMITTEE

The Committee is asked to approve the scoping report and consider the evidence given by the witnesses, together with further information provided by officers.

INFORMATION

1. At the last meeting of the Committee, Members requested that a scoping report be drafted, and that relevant witnesses be invited, to start the review.
2. For this meeting, the following officers have been invited to attend:
 - Rod Smith, Service Manager, Tenancy Services
 - Zulfiqar Mulak, Interim Housing Specialist Manager
3. Sunita Ghudial, Benefits and Governance Manager, will also be in attendance.

Papers with Report

Appendix A - Scoping report



Social Services, Housing, and Public Health Overview & Scrutiny Committee Review Scoping Report

The impact of changes to Housing Benefits on residents and the Council

1. REVIEW OBJECTIVES

Aim and background to review

To look at the recent and forthcoming changes to Housing benefits on Hillingdon residents and the Council, and at how the Council has continued to inform and support residents through these changes.

As the policies that govern changes to Housing and other benefits are national in nature, it is recognised that the opportunity to influence what happens at a local level may be small. However, a review could look at how the Council is engaging with residents to raise awareness of the changes, and ensure that the Council has sufficient measures in place to support residents affected by the changes. Possible outcomes for a review could be:

- Tackling digital exclusion by providing internet access
- Promotion of direct payments
- Dealing with rent arrears
- Addressing Homelessness
- Working with other Services
- IT capability (Online HB Services)
- Managing rent arrears and Council Rent Income

Terms of Reference

1. To understand what changes have been made, and why;
2. To examine the impact of these changes on Hillingdon residents and the work of the Council;
3. To look at options available, and the development of a strategy for Cabinet review, if appropriate;

2. INFORMATION AND ANALYSIS

Current context

Housing Benefit and the Council Tax Reduction Scheme

Housing benefit (HB) is a Department for Work and Pensions (DWP) benefit administered by the Local Authority. It is a means tested benefit to assist residents on a low income with their rent. The Council Tax reduction Scheme is a local scheme which replaced Council Tax Benefits in April 2013. This scheme offers financial assistance to low income households to help pay council tax.

LB Hillingdon has 23,500 households currently claiming Housing Benefit and/or Council Tax Reduction (CTR). In 2015/16 Hillingdon paid £151 million in HB and £14.8 million in CTR. The Benefit service also operates two reception areas, which see an average of 5000 customers a month.

Universal Credit

Universal Credit (UC) is the new DWP benefit designed to provide the support needed to prepare individuals for work, to move into work, or earn more. UC will replace six existing benefits:

1. Income based Jobseeker's Allowance
2. Income based Employment and Support Allowance
3. Income Support
4. Working Tax Credit
5. Child Tax Credit
6. Housing Benefit

UC was implemented within Hillingdon in November 2015, for the most straightforward cases (e.g. single people claiming for the first time).

In May 2016 the full UC service, using a new digital system, was rolled out for all claimant types nationally (beyond London). In July 2016 it was announced that this

rollout will be complete by September 2018. Rollout in Hillingdon is not due to start until July 2018.

After the rollout process is completed, DWP will begin moving all remaining existing benefits claimants to the full Universal Credit service. The managed migration of the existing benefits claims will not start until July 2019, and will not be completed until March 2022.

The impact on Hillingdon to date:

- 61 UC claimants claiming CTR
- 76 HB claims cancelled as applicant now claiming housing cost as part of their UC
- 54 HRA tenants on UC, of which only 19 cases have alternate payment arrangement set up (direct payments to rent accounts)
- Less than 1% reduction on HB caseload

The DWP have confirmed that it will not begin the incorporation of HB for pensioners into Pension Credit until the completion of the UC timetable. Local Authorities will therefore be expected to be delivering HB for pensions until the next Parliament, beyond 2020.

Benefit Caps

The benefit cap is a limit on the total amount of income from certain benefits a working household aged 16 to 64 can received. If the household received more than the benefit cap allows, then their HB or UC will be reduced to the cap.

Until 7 November 2016, the benefit caps for couples and families was £500 per week, and for single people with no children the cap was £350 per week. From 7 November 2016, the benefit cap was reduced and has been set at a different level depending on whether claimants lived inside or outside London:

- £442.31 a week for couples and families that live in London
- £384.64 a week for couples and families that live outside London
- £296.35 a week for a single person that lives in London
- £257.69 a week for a single person that lives outside London

Impact on Hillingdon to date:

- Prior to 7 November 2016, there were 175 households affected
- Following the change to benefit cap levels after 7 November 2016, 369 households were affected, of whom:
 - 316 were Private tenants
 - 34 were Council tenants
 - 19 were in Temporary accommodation

Under-Occupation

HB changes for tenants who are under-occupying social housing (This rule only affected people of working age i.e. did not affect pensioners).

The amount of rent that can be claimed for BH will be reduced by:

- 14% if they have one extra bedroom
- 25% if they have two or more extra bedrooms

Impact on Hillingdon to date:

- 847 households affected, of whom:
 - 462 are Council tenants
 - 385 are Housing Association tenants

Discretionary Housing Payments (DHP)

DHP is a short term emergency payment to help with the paying of rent shortfalls (i.e. the difference between your rent and your HB payment). The aim of the payment is to give claimants time to move or reassess their finances. It is not awarded indefinitely.

DHP Payments can also be made in respect of rent deposits and rent in-advance to assist claimants to move to more affordable accommodation.

DHP cannot be paid:

- If the claimant is not entitled to HB/UC with housing costs
- For service charges that do not qualify for HB/UC *e.g. heating charges and hot water charges)
- Until a HB/UC claim has been fully assessed

Who can claim DHP?

DHPs are available to claimants who are entitled to HB/UC with housing costs and require further financial assistance in order to pay their rent. DHPs' are not classed as payments of HB.

Hillingdon Council is limited by Central Government in the total amount that it can pay in DHPs in any financial year. Therefore, unless a claimant can show an above average need for further financial help with their rent, they will not receive this extra payment.

To help Local Authorities manage the impact of the HB reforms announced in the Summer Budget 2015, the overall DHP funding nationally will be £150 million for 2016/17, an increase of £25 million (20%) compared to 2015/16 funding. This

comprises funding for four separate areas of support; Core funding, Local Housing Allowance (LHA), removal of the Spare Room Subsidy (RSRS) and Benefit Cap.

The Distribution of the DHP funding is based on the effect of each element on individual LAs.

A table setting out the changes, those affected, impact on the Council, and measures taken, is included as Appendix A.

Responsibilities

This review will concern a number of Council services within Finance and Resident's Services. The services which support the Benefits function are covered under the Portfolios of the Cabinet Member for Social Services, Health & Housing, and the Cabinet Member for Finance, Property and Business Services.

Current intelligence, best practice and research

A number of other local authorities have undertaken studies and reviews which could help the review in terms of consideration of recommendations and best practice.

Further information

Throughout the review, Members will be made of aware of publications and studies which will help inform Members during the review.

3. EVIDENCE & ENQUIRY

Information will be provided on how Housing Benefits have changed, why they have changes, and how these changes have impacted on Hillingdon residents and the work of the Council. Information on the practices of surrounding Boroughs will also be presented to Members to help the review formulate suggested recommendations.

Witness testimony

Witnesses will be invited from Council services such as Housing, and Tenancy services. In addition contact could be made with other neighbouring local authorities to look at their how they have supported their residents through the changes, and to look at best practise which this Council could adopt.

Lines of enquiry

How has LB Hillingdon changed its working practises to implement the changes?

How is LB Hillingdon working to support residents affected by these changes?

What are other local authorities doing differently to this Council in terms of implementing the changes and supporting residents?

Emerging conclusions or themes for development

These will emerge and become apparent as the review progresses.

4. REVIEW PLANNING & ASSESSMENT

Proposed timeframe & milestones for the review up to Cabinet and beyond in terms of monitoring:

Meeting Date	Action	Purpose / Outcome
21 February 2017	Agree Scoping Report and Witness Session 1	Information and analysis plus witness evidence from internal sources
23 March 2017	Witness Session 2	Evidence & enquiry - witness evidence from internal sources and other local authorities
TBC	Draft Final Report	Proposals – agree recommendations and final draft report

Resource requirements

None.

Equalities impact

The review will give consideration to those residents affected by the changes to benefits, and the subsequent impact on the working practices of the Council.

Welfare Reforms impact on Hillingdon Residents - Housing Benefit (HB)

Welfare Reforms	Change	Who is affected	Impact	Measures taken by Council	Who is responsible
<p>Universal Credit (UC)</p>	<p>UC is new DWP benefit for people of working age on a low income and is administered by DWP. It is a single monthly income which will eventually replace:</p> <ul style="list-style-type: none"> • Income Support • Income based Jobseeker's allowance • Income based Employment & Support Allowance • Working Tax Credit • Child Tax Credit • Housing Benefit <p>UC was implemented within Hillingdon in November 2015 for the most straightforward cases. Full roll out for Hillingdon is not due to start until July 2018 Migration of existing benefit claims will not start until July 2019 and will not be completed until March 2022</p>	<ul style="list-style-type: none"> • All working aged residents • Hillingdon residents already claiming any of the benefits listed are not affected yet. They will be told when UC will affect them. • Social Landlords • Registered Social Landlords • Private Landlords 	<ul style="list-style-type: none"> • High percentage of residents that are affected to date are single people claiming housing costs for the first time • Less than 1% reduction on Hillingdon Housing Benefit caseload • 55 Council tenants are on UC at the end of January 17 • 23 applications have been made for 'Alternative Payment Arrangements' as at the end of January 17 • The average uplift in rent debt per case is £453 since the date of claim. This represents an average of 4 weeks rent. 	<ul style="list-style-type: none"> • HRA arrears is on the Council's Corporate Risk Register linked to the impact of Welfare Reform and is regularly monitored. • Tenancy Services was restructured in 2015/16 to bring forward a number of specialist teams to manage the increasing risks of tenancy failure. • Comprehensive 'Welfare Reform roll-out and Mitigation Plan' is in place across Tenancy Services with updates reported to Housing Board Quarterly. The plan has three key workstreams; Support & Awareness, Communication and ICT & Processes. 	<p>Service Manager - Tenancy Services for Council tenants. Income [Rent] is managed by the two Risk Management Teams within Tenancy Services.</p>
<p>Benefit Caps</p>	<p>The Benefit cap was first introduced from April 2013 and applies to the income from main out-of-work benefits. The benefit cap is a limit on the total amount of income a working household aged 16 to 64 can receive. Cap levels in Hillingdon were:</p> <ul style="list-style-type: none"> • £500 pw for couples and families 	<p>The Benefit cap is limited on the total amount of income from certain benefits a working aged household aged 16 to 64 can receive.</p> <p>Number of residents in</p>	<ul style="list-style-type: none"> • Homelessness • Potential Rent Arrears • The number of capped HRA tenants is small [34 as at December 16] in proportion to tenants in the private rented sector. The clear differential here is linked low 	<ul style="list-style-type: none"> • Contact made by letter with all affected applicants • Face to face surgeries held with multi-agency presence • Follow up calls made to those who are or were 	<p>Service Manager - Tenancy Services for Council tenants. Income [Rent] is managed by the two Risk Management Teams within Tenancy Services. Supporting</p>

	<p>(in London)</p> <ul style="list-style-type: none"> £350 pw for single people (in London) <p>From November 2016 the amount of benefit cap has been reduced further to:</p> <ul style="list-style-type: none"> £442.31 for couples & families (in London) £296.35 for single people (in London) . 	<p>Hillingdon affected to date: 401 households affected; of whom:</p> <ul style="list-style-type: none"> 343 Private tenants 36 Council tenants 22 Temporary accommodation 	<p>social housing rents.</p> <ul style="list-style-type: none"> Affordability in the Private Rented Sector Increased pressure on social care in particular children services Potentially Increased evictions from private rented sector properties 	<ul style="list-style-type: none"> not engaging Detailed housing advice provided to those that attended and personal housing plans prepared for each client advised. 	<p>tenants to downsize is managed by the Tenancy Management Teams in Tenancy Services.</p> <p>Homeless Prevention Team leader supported by caseworker from the Homeless Prevention Team and Service Manager Homeless & lettings</p>
Under-Occupation	<p>The Under-Occupation change came into effect from April 2013. HB tenants who are under-occupying social housing, This rule only affects people of working age (pensioners are not affected). The amount of rent that can be claimed for HB is reduced by:</p> <ul style="list-style-type: none"> 14% if they have one extra bedrooms 25% if they have two or more extra bedrooms 	<p>This change affects social housing working aged tenants.</p> <p>Number of Hillingdon residents to date: 864 households affected; whom:</p> <ul style="list-style-type: none"> 472 Council tenants 392 Housing Association tenants 	<ul style="list-style-type: none"> Potential rent arrears / risk of homelessness 	<ul style="list-style-type: none"> Targeted work to support and encourage Council tenants to downsize into more affordable and manageable accommodation. Package of downsizing incentives available up to £4,500 based on the number of bedrooms released plus practical help and support in moving 	<p>Service Manager - Tenancy Services for Council tenants. Income [Rent] is managed by the two Risk Management Teams within Tenancy Services. Supporting tenants to downsize is managed by the Tenancy Management Teams in Tenancy Services.</p>
Local Housing Allowance (LHA) Restrictions	<p>LHA is not a benefit in its own right – it is the way in which the rent element of Housing Benefit (HB) is calculated for tenants living in the deregulated private rented sector. LHA rates were based on the 30th percentile of market rents in an area for dwellings with different numbers of bedrooms and subsequently were planned to increase in line with CPI.</p> <p>From April 2016 the Government has frozen the LHA rates for 4 years. The</p>	<p>Anyone who rents their home, from a private landlord, who makes a new application and is entitled to Housing Benefit is paid under the LHA scheme rules.</p>	<p>There is an increasing disparity between the LHA and the actual rents charged by landlords and this is a very significant issue in accessing the private rented sector. While LHA has been frozen, rent levels have increased substantially and are expected to continue rising.</p> <p>There has been a rise in middle income households receiving housing benefit and the</p>	<ul style="list-style-type: none"> Revised incentives to agree rent levels with landlords and secure properties Advice on housing options including rent and LHA levels in different areas Additional affordable housing supply, for rent and low cost home 	<p>Landlord Engagement Team</p> <p>Homelessness Prevention Team</p> <p>Asset Management Team</p>

	rates for 2016/17 are the same as for 2015/16 and they will not change until at least April 2020.		proportion of LHA recipients in work has increased. Where the Council has a statutory homelessness responsibility, private rented sector evictions are by far the most common reason for homelessness.	ownership) through new build, purchase (RTB buy backs) and releasing under occupied housing	
Discretionary Housing Payments (DHP) funding	To help Local Authorities to manage the impact of the HB reforms DHP funding was increased to £150 million nationally for 2016/17. LB Hillingdon allocation was £831,393.	DHP can only be paid to people who have a rental liability and are in receipt of HB. DHPs are paid from a limited fund, they are usually awarded as a short-term measure to help people while they make efforts to resolve their difficulties and the Council targets payments to those in the greatest need.	As at 2nd Feb 2016, LB Hillingdon has received 1,379 DHP applications of which 65% have been awarded a DHP payment. Total DHP expenditure spent/committed to date is £683,580 and are projecting to spend the total allocation by 31st March 2017..	To encourage claimants to downsize, move to affordable accommodation or find employment.	Benefit department is responsible for setting the DHP Policy, administering the DHP applications and monitoring the spend.
Social Rent Restriction to LHA levels	From April 2019, the amount of benefit will be restricted to the Local Housing Allowance (LHA) level for that size of household. If the tenant is single and under 35 years old the benefit eligible rent and service charge will be capped to a shared accommodation rate (SAR) unless an exemption applies.	Anyone with a social sector tenancy that receives housing benefit or the housing component of Universal Credit and has a rent payable above LHA level. Includes those of pensionable age. Also extends to the supported housing sector where changes to funding arrangements that extend beyond welfare reform are also planned	Most likely affected are single people under 35 and under-occupying households.	Work need to understand extent of impact	Service Manager - Tenancy Services for Council tenants. Income [Rent] is managed by the two Risk Management Teams within Tenancy Services

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CABINET FORWARD PLAN

Contact Officer: Neil Fraser
Telephone: 01895 250692

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 15th 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
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SI = Standard Item each month

Council Departments: RS = Residents Services SC = Social Care AD = Administration FD= Finance

Cabinet - 16 February 2017

145b	The Council's Budget - Medium Term Financial Forecast 2017/18 - 2021/22 BUDGET & POLICY FRAMEWORK	Following consultation, this report will set out the Cabinet's proposals for the Medium Term Financial Forecast (MTFF), which includes the draft General Fund reserve budget and capital programme for 2017/18 for consultation, along with indicative projections for the following four years. This will also include the HRA rents for consideration. Subject to Cabinet's decision, the budget will then be referred to full Council for approval.	All	23-Feb-17	Cllr Ray Puddifoot MBE & Cllr Jonathan Bianco	FD - Paul Whaymand	Public consultation through the Policy Overview Committee process and statutory consultation with businesses & ratepayers		Public
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Cabinet - 16 March 2017

176	Accessible Hillingdon Supplementary Planning Document - POLICY FRAMEWORK	Cabinet approval will be sought for Public Consultation on the revised 'Accessible Hillingdon' Supplementary Planning Document.	All	Date - TBC	Cllr Keith Burrows	RS - Ali Kashmiri / Charmian Baker	Statutory consultation, Policy Overview Committee and residents	NEW	Public
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177	Award of Contract: Community Equipment Service	Cabinet will consider a provider to deliver a community equipment service to disabled residents in order to enable them to remain independent in their own homes for as long as possible.	All		Cllr Philip Corthorne	SC - Gary Collier		NEW	Private (3)
178	Support and Maintenance for the Council's Revenues, Benefits and Housing Systems	Cabinet agreement will be sought to award a 3 year contract for the continued provision of the Northgate Revenues and Benefits software system and the Northgate Housing software system, which enables the Council to discharge its statutory duties in this area and deliver services to residents.	All		Cllr Jonathan Bianco	RS - Louise Bateman		NEW	Private (3)

Cabinet - 20 April 2017

178	External Redecoration Programme for the Housing Stock	Following a competitive procurement exercise, Cabinet will consider awarding a contract for proposed external redecoration works to the Council's housing stock.	Various		Cllr Jonathan Bianco	RS - Chris Woods	Tenants	NEW	Private (3)
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Cabinet - 18 May 2017 * provisional date

174	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 / Vicky Trott	Older People, Leader's Initiative	NEW	Public
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175	Carers Strategy - progress update	Cabinet will receive an annual update on progress implementing the Carers' Strategy and Delivery Plan.	All		Cllr Philip Corthorne	AD - Kevin Byrne / Vicky Trott	Carers, Carers Champion	NEW	Public
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Agenda Item 9

WORK PROGRAMME 2016/17

Contact Officer: Neil Fraser
Telephone: 01895 250692

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

Meetings	Room
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
14 December 2016	CR 6
18 January 2017	CR 6
21 February 2017	CR 6
23 March 2017	CR 5
19 April 2017	CR 5

Social Services, Housing and Public Health Policy Overview Committee
21 February 2017

PART I – Members, Public and Press

Social Services, Housing and Public Health Policy Overview Committee

2016/17 - DRAFT Work Programme

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

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

6 September 2016	Major Review - Hospital Discharges - background information
	Cabinet Forward Plan
	Annual Report: Adult Safeguarding Board
	Annual Complaints Report
	Work Programme

4 October 2016	Presentation and Scoping Report for Major Review - Hospital Discharges
	Update on Stroke Prevention review
	Annual Report: Adult Safeguarding Board - Officer responses to questions from Members
	Cabinet Forward Plan
	Work Programme

2 November 2016	Major Review - Hospital Discharges - Witness Session
	Update on previous review recommendations (Shared Lives Review)
	Cabinet Forward Plan
	Work Programme

14 December 2016	Major Review - Hospital Discharges - Witness Session
	Stroke Prevention Review - Update
	Consideration of Second Major Review
	Cabinet Forward Plan
	Work Programme

18 January 2017	Budget Proposals Report for 2016/17
	Major Review - Hospital Discharges - Consideration of evidence and discussion on suggested recommendations
	Major Review - Stroke Prevention - Draft Final Report
	Cabinet Forward Plan
	Second Major Review - Implementation of Benefit Changes
	Work Programme

21 February 2017	Cabinet Forward Plan
	Scoping report and Witness Session for Second Major Review - Implementation of Benefit Changes
	Minor Review - Employment of People with Disabilities
	Annual Report: Adult Safeguarding Board - Chairman invited to attend
	Work Programme

Social Services, Housing and Public Health Policy Overview Committee
21 February 2017

PART I – Members, Public and Press

23 March 2017	Cabinet Forward Plan
	Integrated Sexual Reproductive Health Services - Information Item
	Work Programme
	Witness Session for Second Major Review - Implementation of Benefit Changes

19 April 2017	Cabinet Forward Plan
	Major Review Second Final report

Social Services, Housing and Public Health Policy Overview Committee
21 February 2017

PART I – Members, Public and Press