



HILLINGDON
LONDON



Social Services, Housing and Public Health Policy Overview Committee

Date: MONDAY, 2 OCTOBER
2017

Time: 7.00 PM

Venue: COMMITTEE ROOM 6 -
CIVIC CENTRE, HIGH
STREET, UXBRIDGE UB8
1UW

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

Councillors on the Committee

Wayne Bridges (Chairman)

Jane Palmer (Vice-Chairman)

Teji Barnes

Peter Davis

Becky Haggar

Shehryar Ahmad-Wallana

Tony Eginton

Peter Money

June Nelson

Co-Opted Member

Mary O'Connor

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Lloyd White

Head of Democratic Services

London Borough of Hillingdon,

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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 5 September 2017 1 - 12
- 4 To confirm that the items of business marked in Part I will be considered in Public and that the items marked Part II will be considered in Private
- 5 Adult Safeguarding Board Annual Report 13 - 60
- 6 Witness Session for Major Review - Loneliness and Social Isolation: local partnership efforts to mitigate social isolation amongst older residents, including those with mental health issues
- 7 Cabinet Forward Plan 61 - 66
- 8 Work Programme 2017-18 67 - 70



Minutes

SOCIAL SERVICES, HOUSING AND PUBLIC HEALTH POLICY OVERVIEW COMMITTEE

5 September 2017

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

	<p>MEMBERS PRESENT: Councillors: Wayne Bridges (Chairman) Jane Palmer (Vice-Chairman) Teji Barnes Peter Davis Becky Haggart Shehryar Ahmad-Wallana Tony Eginton Peter Money June Nelson Mary O'Connor (Co-opted Member)</p>
	<p>OFFICERS PRESENT: Ian Anderson - Business Manager, Complaints and Enquiries Gary Collier - Health & Social Care Integration Manager Nina Durnford - Assistant Director, Older People and Physical Disabilities Kevin Byrne - Head of Health Integration and Voluntary Sector Partnerships Neil Fraser - Democratic Services Officer</p>
	<p>EXTERNAL ATTENDEES Julian Lloyd - CEO Age UK Hillingdon Steve Curry - Hillingdon 4 All Dr Anil Raj - General Practitioner.</p>
13.	<p>APOLOGIES FOR ABSENCE AND TO REPORT THE PRESENCE OF ANY SUBSTITUTE MEMBERS (<i>Agenda Item 1</i>)</p> <p>There were no apologies for absence.</p>
14.	<p>DECLARATIONS OF INTEREST IN MATTERS COMING BEFORE THIS MEETING (<i>Agenda Item 2</i>)</p> <p>None.</p>
15.	<p>TO RECEIVE THE MINUTES OF THE MEETING HELD ON 20 JULY 2017 (<i>Agenda Item 3</i>)</p> <p>RESOLVED: That the minutes of the meeting held on 20 July 2017 be approved as a correct record.</p>

16.	<p>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 (<i>Agenda Item 4</i>)</p> <p>It was confirmed that there were no Part II items, and that all business would therefore be conducted in public.</p>
17.	<p>ANNUAL COMPLAINT REPORT FOR HOUSING SERVICES AND ADULT SOCIAL CARE - 1 APRIL 2016 TO 31 MARCH 2017 (<i>Agenda Item 5</i>)</p> <p>Ian Anderson - Business Manager, Complaints and Enquiries, introduced the annual complaint report for Housing Services and Adult Social Care, which spanned the period 1 April 2016 to 31 March 2017. The Committee was advised that the statistics were broadly similar to the previous year. Key points highlighted were:</p> <p><u>Housing Services</u></p> <p>Within Housing Services, informal complaints had been seen to reduce, with 201 fewer complaints recorded, totalling 455, in comparison to the 656 complaints recorded in 2015/16. It was suggested that the reason for this reduction was the recent mild winter, during which residents likely had less need for repairs.</p> <p>Stage 1 complaints had increased by 7, to a total of 125, of which 22 were upheld, 14 partially upheld, and 82 not upheld. 7 complaints were either cancelled or withdrawn. The average time taken to conclude a Stage 1 complaint was 8.26 working days, against a target of 10 working days.</p> <p>Stage 2 complaints had been seen to have fallen, from 25 in 2015/16 to 12 in 2016/17. Of these, 3 complaints were upheld, and 9 were not upheld. The average time to conclude a Stage 2 complaint was 11.16 working days, against a target of 10 working days.</p> <p>There were no Stage 3 complaints. 22 complaints were concluded by the Ombudsman, with 1 complaint upheld, 2 partially upheld, 12 not upheld, and 7 not investigated.</p> <p>Compliments had reduced, from 23 in 2015/16 to 19 in 2016/17. It was recognised that compliments were less likely to be submitted than complaints.</p> <p>Overall, a greater number of complaints were now progressing directly from Stage 1 and or 2 to the Ombudsman, for example complaints received from residents who were ineligible for housing, but continued to challenge the homelessness policy.</p> <p><u>Adult Social Care</u></p> <p>Within Adult Social Care, informal complaints had reduced from 131 in 2015/16 to 105 in 2016/17.</p> <p>Stage 1 complaints had reduced from 39 in 2015/16 to 35 in 2016/17. Of these, 4 complaints were upheld, 9 were partially upheld, and 22 were not</p>

upheld. The average time taken to conclude a stage 1 complaint was 10.47 working days.

8 complaints were concluded by the Ombudsman during this period, with 3 upheld, 4 not upheld, and 1 discontinued.

Compliments had been seen to have increased by 61%, to a total of 79 in 2016/17, from 49 for 2016/16.

When comparing Hillingdon's statistics to those of other Authorities, it was apparent that the number of formal complaints received from adults in this Authority was substantially lower than that of Councils such as Ealing or Buckinghamshire. This was due to the proactive work carried out by Hillingdon officers to resolve issues at the informal stage and Stage 1 of the complaints process.

Home Care Providers received 96 informal complaints during the period 2016/17. Of these, 40 complaints were upheld, 25 were partially upheld, and 31 were not upheld. The most common complaints were related to poor time keeping (62 instances), missed calls (49 instances) and poor quality of care (42 instances). It was highlighted that an individual could cite multiple reasons for complaining, per complaint instance. It was felt that often these issues were basic errors that should not be repeated, and the Council was now actively working with providers to address these issues.

The Complaints department had seen a 7% increase in enquires from Elected Members, when compared to the previous year. The number of enquiries received totalled 9,185. Of these, Housing Service accounted for 11% (984) and Adult Social Care accounted for 3% (237) of all Member enquires recorded. Approximately 38% of enquiries related to waste or antisocial behaviour (ASBIT) issues.

Members expressed the view that, while the complaints received by the Home Care Providers may seem basic, such issues could be deemed as neglect or abuse, and it was important to ensure that vulnerable residents were receiving the expected level of care. Members sought further information on what was being done to address such issues.

Members were informed that the Contract Management team held a monthly, in-depth review, at which each individual complaint incident was discussed with the relevant Home Care Provider. A traffic light system was in place to monitor performance. This process was instigated approximately 12-18 months ago, and so was still in early stages, but the importance of improving had been recognised. If any issues recorded related to safeguarding, these were referred to the Safeguarding team, and dealt with via a separate process.

The Committee suggested that the comparatively low number of complaints received may be due to a perceived difficulty in submitting a complaint, or a fear that the complaint would prejudice a resident's care.

The officer explained that the process to submit a complaint was designed to be easy to carry out, with complaint forms submitted by social workers on residents' behalf. It was recognized that some residents may be fearful of

retribution following the submission of a complaint, but that was would not be manifested by the care provider. It was accepted that some residents may not be aware of how to submit a complaint, but that such residents were difficult to identify. In addition, it was felt that it was important to provide the Home Care Provider with the opportunity to resolve the issue, but that if the resident was not satisfied with the outcome, they could complain directly to the Council. Most complaints were upheld, but if issues were seen to have repeated, than the Home Care Provider could be changed. On occasion, complaints were not upheld, due to residents having unreasonable expectations of their Care Provider.

Members sought clarity on how the complainant was notified of the outcome of their complaint, and how the matters were reported on the Care Quality Commission (CQC) website.

It was confirmed that the CQC website held reports and recommendations, but that the process, with the relevant services, only came together within the Ombudsman's office. The outcome of the complaint was communicated by way of telephone call, email or letter, depending on the stage of the complaint. In cases where maladministration had resulted in a financial loss, compensation was offered. In some cases, a complaint is forwarded to the Council's insurer, who would deal with the complainant directly.

Members sought clarity on how unsatisfactory housing repairs were dealt with.

The officer confirmed that a senior manager would investigate such issues, and speak with the contractor in question, which could lead to a review of the contract itself. It was highlighted that most complaints received were about Council workers rather than contractors, and were dealt as part of the usual staff appraisal process. One of the more common complaints was in relation to mould and condensation, which was deemed to be a lifestyle issue, and for which the Council provided prevention literature.

The Committee requested that a breakdown of Member Enquiries, by Ward, be forwarded to all Members. In addition, it was suggested that the incident breakdown included in the report be amended in future reports to include what had been learned and what actions had been taken, rather than just a summary of the incident. It was also suggested that the wording relating to the time taken to respond to a complaint be amended to ensure clarity that this was a response, not a final conclusion of the issue.

RESOLVED:

- 1. That the report be noted;**
- 2. That a breakdown of Member Enquires, by ward, be forwarded to all Committee Members;**
- 3. That the officer incorporate the Committee's suggestions, as set out above, when drafting next year's report.**

18. **MAJOR REVIEW WITNESS SESSION - LONELINESS AND SOCIAL ISOLATION: LOCAL PARTNERSHIP EFFORTS TO MITIGATE SOCIAL ISOLATION AMONGST OLDER RESIDENTS AND PEOPLE WITH MENTAL HEALTH ISSUES** (*Agenda Item 6*)

Gary Collier - Health & Social Care Integration Manager, provided a witness report as part of the Committee's review into Loneliness and Isolation amongst older residents. Mr Collier was supported by Nina Durnford - Assistant Director, Older People & Physical Disabilities, Kevin Byrne - Head of Health Integration and Voluntary Sector Partnerships, Julian Lloyd - CEO Age UK Hillingdon, Steve Curry - Hillingdon 4 All (H4All), and Dr Anil Raj - General Practitioner.

The Committee was advised of the strategic context of the review, which included the Health and Wellbeing Strategy and the Better Care Fund (BCF). The Chairman confirmed that the BCF plan would come to the Committee's November meeting as an information item.

The Health and Wellbeing Strategy 2018/21 was also to be brought to the Health and Wellbeing Board in September, and once approved, would be put into effect. The Strategy will implement the Hillingdon aspect of the North West London Sustainability and Transformation Plan and has three key aims:

1. Improving health & wellbeing;
2. Improving care & quality; and
3. Improving productivity & closing the financial gap.

Reducing social isolation was listed as one of the priorities within the Strategy. Hillingdon's Better Care Fund Plan (BCF), which is a government scheme intended to deliver better health and care outcomes for residents through integration between health and social care, includes actions that will contribute to meeting this priority. The 2017/19 BCF plan includes six schemes but scheme 1, entitled 'Early intervention and prevention', includes actions that are relevant to the Committee's review and these include:

- Improving access to information and advice to enable residents to help themselves;
- Risk stratification to identify people at risk of escalated needs earlier;
- Developing the third sector preventative role; and
- Keeping older people physically active, therefore supporting both physical and mental wellbeing

Early intervention was felt to be key to reducing instances or mitigating the effects of social isolation, and work was ongoing about how best to ensure residents were able to find the services available to them. It was likely that partnership working with the voluntary sector would be important. More specific details around services, particularly physical activities, were due to be heard at the Committee meeting scheduled for 2 October.

The role of adult social care in identifying social isolation, and the process for residents to access care and support, was outlined. The Committee was informed that social care assessments included a review of the resident's needs, their family circumstances, what pastimes they enjoyed, and

activities that interested them. Care plans for people with eligible social care needs could include referrals to partners such as Age UK or other community based organisations and support to access locally run activities. Personal budgets for people with eligible social care needs can be used creatively to support with external trips, such as fishing or the cinema, depending on their needs and preferences. There is also the opportunity to refer older residents to services provided by Age UK Hillingdon, such their befriending services, and also to other locally run activities.

In order to support the safety of older residents, the Committee was also informed that the Council provided free access to the Telecareline for residents aged 80+. This service is also available to people aged under 80 for a weekly charge.

The Committee was informed about the Leader's Initiative. This has been established by the Leader of the Council in his capacity as Hillingdon's Older People's Champion. It is intended to address practical issues identified by older residents that will help to improve their quality of life.

Projects run through the Leader's Initiative had included free installation of burglar alarms for older residents, as well as various group activities. This year, activities had included the Barnhill Community summer trip and the Bell Farm Christian Centre coach trip. Additionally, smaller activities such as fish and chip suppers were run to help residents come together and socialise. The cost of such activities was less than £1,000 per activity.

Dr Anil Raj of St Martin's Medical Centre advised the Committee from the perspective of a General Practitioner. Dr Raj confirmed that he had been a General Practitioner for approximately 5 years, and in those 5 years he had seen significant change within GP practices. Previously, GPs worked predominantly in isolation to other support services, and were often only made aware of a patient's circumstances when that patient was admitted to hospital. However, this was changing in Hillingdon due to the new development of integrated care which allowed GP's to proactively share information and foster closer ties with community care programmes and activities. A patient who was now considered to be socially isolated and/or lonely could be referred directly to nearby community programmes or services.

Care Connection Teams have been formed and piloted in the north of the Borough and are being extended to the rest of the borough. There will be a total of 15 teams once fully operational. The teams include a community matron who sees patients with chronic illnesses such as asthma, diabetes and dementia, and who are being trained to be able to proactively prescribe medication and care solutions, under consultation with the GP. In addition, the teams include a care coordinator who is involved in care planning and administration.

The teams meet weekly and patients deemed to be at risk highlighted through practice intelligence from GP surgeries, together with dashboard tools and a risk identification system which incorporated data such as hospital admissions and medication, together with a frailty index tool. From these meetings patients deemed to be risk are offered proactive care management in order to prevent escalated needs. Prevention can include a

referral to the H4All Wellbeing Service.

The caseload for a single Care Connection team was approximately 50 patients, across several practices, and 15 teams, covering 44 practices, had signed up to the Care Connection scheme. New matrons and care coordinators had been recruited, and the teams would now be a key point of call for GPs. Although this initiative remained a work in progress, testimony from GP's showed that they were enthused at helping to better support patients suffering from poor health or depression due to loneliness and isolation.

Julian Lloyd, CEO Age UK - Hillingdon, and Steve Curry, Hillingdon 4 All (H4All), addressed the Committee on the work of H4All, a collaboration between 5 third sector charities: Age UK, DASH, Hillingdon Carers, Hillingdon Mind, and Harlington Hospice, funded by Hillingdon's Clinical Commissioning Group (CCG).

The Committee was informed that H4All was delivering an enhanced provision of the former Primary Care Navigator Service (PCN) that was previously provided by Age UK Hillingdon. This included a free service working with local GP surgeries to support Hillingdon patients aged 65 and over with long term health conditions, including supporting people experiencing social isolation and/or loneliness.

The Committee was provided with some key statistics relating to social isolation and loneliness taken from several reports commissioned by groups such as Age UK and DWP:

Isolation

- 3.5 million people aged 65+ live alone
- Over 2 million, or nearly half (49%), of all people aged 75 and over live alone.
- 9% of older people feel trapped in their own home.
- 6% of older people (nearly 600,000) leave their house once a week or less.
- 30% say they would like to go out more often.
- According to research for DWP, nearly a quarter (24%) of pensioners do not go out socially at least once a month.
- Nearly 200,000 older people in the UK do not receive the help they need to get out of their house

Loneliness

- A 2015 study has indicated that loneliness can increase your risk of premature death by up to a quarter.
- Loneliness can be as harmful for our health as smoking 15 cigarettes a day.
- People with a high degree of loneliness are twice as likely to develop Alzheimer's than people with a low degree of loneliness.
- 1.7% or 200,000 older people (65 and over) have not had a conversation with friends or family for a month.
- 3.1% or 360,000 older people (65 and over) have not had a

conversation with friends or family for over a week.

- 12.04% or 1.2 million older people (65 and over in England) are persistently/chronically lonely.

Academic research had determined that the impact of loneliness on health was the equivalent of smoking 15 cigarettes per day. Preventing and alleviating loneliness was therefore vital to enabling older people to remain as independent as possible, and therefore reduce the need, and cost, for health and social care services.

Referral routes open to partners included:

- Self referral
- Relative or friend
- Statutory provider
- Neighbour
- Voluntary sector provider
- GP

The number of referrals was seen to be lowest through self referrals, and somewhat higher through relatives or friends or well recognised brands such as Age UK. New referral pathways through the Care Connections team and GPs, as outlined above, would help to bring new people into the system and enable better identification, assessment, and triage. This was helped by H4All having a shared record system to enable easy, efficient sharing of information.

For those older residents referred, sector interventions included:

- Information, Advice & Support
- Practical support e.g. welfare benefits, falls prevention, counselling, home help, transport
- Befriending, Just to Talk, Good Neighbours
- Wide range of support, activity and social groups
- Individual Motivational Interviewing, Goal Setting and ongoing support to manage long term conditions
- Transport to Clubs & Groups (limited)
- Access to wider Voluntary & Statutory Services

The aim was to refer residents to 'doorstop' services to preclude the need for personal transport and enable greater attendance. Libraries were often used as a meeting point for activities due to their location and ease of access for a majority of residents. The impact of these services was being measured in a variety of ways, including motivational interviewing and goal setting, an Outcomes Framework, and the Campaign to End Loneliness Outcomes Measurement Tool.

Looking forward, H4All was reviewing how other groups were run, to identify and implement new models of working. For example, more traditional befriending services, while valuable, were often on a one to one basis and designed to support the achievement of a particular goal. As such, these were difficult to scale within existing models. Previous questionnaires issued by the Wellbeing service had found that traditional models were often

focussed on people already engaged with services, and so new thinking was being employed to find and work with people who had a lower level of activation. Work was also being undertaken to identify new, more cost effect and self-sustaining working models.

Case studies were briefly referred to, and it was agreed that these be circulated, alongside all presentation slides, to the Committee following the meeting.

The Committee thanked those present for their presentations, and sought further information on a number of points.

To Dr Raj, the Committee sought clarity on why GP's were previously only aware of a patient's circumstances upon that patient being admitted to hospital, and why GPs were not aware of what voluntary or community services were available to their patients.

Dr Raj confirmed that while new GPs underwent lengthy training to prepare themselves for the role, they would only be made aware of patient circumstances and the services available to patients if they were proactive in engaging with the local community. Work was now being undertaken to develop GPs who had a specialist interest or a willingness to engage further. It was also recognised that the prevalence of locum GP's, who were only present at practices for a short time, did not allow for the continuity of care that a more long term GP could provide. However, GP's were more likely to stay for longer, if provided more detailed training. In addition, the fact that all 44 surgeries had signed up to the Care Connection, reporting to H4All as a single point of access, would result in a more efficient use of GP time and a better level of information sharing that would ultimately benefit patients.

The issue of engaging with those residents for whom English was not their first language was raised, and Members suggested that any literature available was produced in a wide variety of languages.

In response, the Committee was informed that further outreach was needed, to ensure people were made aware of the benefits of the services. For those without English, faith groups were often useful in helping this message to be spread. However it was recognised that languages were an issue and attempts had therefore been made to recruit multilingual staff. On the suggestion that literature be provided to religious locations such as mosques, for in-house translation, it was agreed that literature could be made available upon request. It was agreed that Mr Kevin Byrne would forward a selection of booklets, detailing all available services, to Councillor Ahmad-Wallana for dissemination.

The Committee raised the question of counselling, and whether elderly residents who had experiences a significant event, such as the bereavement of a spouse, were spoken to, to assure them that it was 'ok to be frightened'. Members were informed that several counselling services existed, such as through Hillingdon Mind. In addition, volunteers at service groups were often elderly, and it was recognised that their participation was not only beneficial for themselves, but their presence and word of mouth could help to draw in other attendees.

Members requested that training on the topic of H4All be added to the schedule of Member Development.

The Committee highlighted concerns over how residents were informed of the services available, and suggested that the feasibility of amending correspondence sent by the Elections team be explored, to include notices of services available to elderly residents.

Members requested that more data be provided on exactly what percentage of Hillingdon's elderly residents were known to be isolated and engaging with services.

Members suggested amending the title of the review to make it clearer that the focus of the review was on the elderly residents of Hillingdon.

The Chairman raised the prospect of a Member visit to Bell Farm Christian Centre, to review the work the Centre was doing for elderly residents. It was agreed that Members be informed of the date of the visit, once finalised by the Chairman and the clerk.

RESOLVED:

- 1. That the witness testimony be noted;**
- 2. That available literature detailing services be forwarded to Councillor Ahmad-Wallana;**
- 3. That a request for a training session on H4All be made to the Member Development team;**
- 4. That the feasibility of adding literature on available services to Electoral correspondence be explored;**
- 5. That further detail on isolation and engagement statistics be made available to the Committee;**
- 6. That the title of the review be amended to confirm that the focus was on elderly residents; and**
- 7. That the Committee be notified of a date for a visit to the Bell Farm Christian Centre, once finalised between the Chairman and the clerk.**

19. DRAFT FINAL REPORT - THE IMPACT OF CHANGES TO HOUSING BENEFITS ON RESIDENTS AND THE COUNCIL (Agenda Item 7)

Members considered the draft final report on the Committee's review into the impact of changes to Housing Benefits on residents and the Council.

Councillor Eginton suggested amendments to the report, including additional data such as a comparison of the reduction in benefits since the introduction of the benefits cap, details of delays in payment of benefits, and how the payment of benefits to residents who missed appointments were affected.

In addition, Councillor Eginton highlighted that the most recent Corporate Risk Register did not include details on HRA arrears, and requested that this be checked. Councillor Eginton went on to request that the Welfare Reform and Mitigation Plan be forwarded to all Members.

It was agreed that Councillor Eginton would forward a list of all suggested

	<p>amendments to the clerk, for review by the Chairman.</p> <p>Members were supportive of the draft report, and agreed that it be put forward to Cabinet following consideration of Councillor Eginton's suggestions by the Chairman.</p> <p>RESOLVED:</p> <ol style="list-style-type: none"> 1. That the report be endorsed for submission to Cabinet, following consideration of Councillor Eginton's requested amendments by the Chairman; 2. That the Corporate Risk Register be checked for the inclusion of HRA arrears details; and 3. That a copy of the Welfare Reform and Mitigation Plan be forwarded to all Members.
20.	<p>CABINET FORWARD PLAN (<i>Agenda Item 8</i>)</p> <p>RESOLVED: That the Cabinet Forward Plan be noted.</p>
21.	<p>WORK PROGRAMME 2017/18 (<i>Agenda Item 9</i>)</p> <p>It was noted that the Chairman had commissioned a report to update the Committee on the use of Assistive Technology, including the Telecare Line, following the previous review conducted in 2011. The update report was expected to be brought to the meeting on 6 November 2017.</p> <p>It was requested that a date be reserved for a meeting of the Committee in December, should a further meeting be required. It was agreed that the clerk would discuss potential dates with the Chairman.</p> <p>RESOLVED:</p> <ol style="list-style-type: none"> 1. That the Work Programme be noted; and 2. That a date for a further Committee meeting be reserved in December 2017.
	<p>The meeting, which commenced at 7.00 pm, closed at 8.45 pm.</p>

These are the minutes of the above meeting. For more information on any of the resolutions please contact Neil Fraser - Democratic Services Officer on 01895 250692. Circulation of these minutes is to Councillors, Officers, the Press and Members of the Public.

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REPORT TITLE Hillingdon Safeguarding Adult Board Annual Report.

Committee	Social services, Housing and Public Health Policy Overview Committee
Officer Reporting	Steve Ashley
Papers with report	Appendix 1 SAB annual report
Ward	All

SUMMARY

The Hillingdon Safeguarding Adult Board (HSAB) brings together partners from across the Borough to discuss issues relating to vulnerable adults, to challenge performance and to ensure that together, the agencies offer the strongest safeguarding service to our vulnerable adults.

The HSAB has a statutory duty to publish an annual report on the effectiveness of adult safeguarding and promoting the welfare of vulnerable adults in the Borough. Once agreed by the HSAB, the report is submitted each year to the Chief Executive, the Leader of the Council and the Chairman of the Health and wellbeing Board.

RECOMMENDATIONS:

That the Committee:

- 1. note the report and comment as appropriate on the suggested priorities for the current year.**

SUPPORTING INFORMATION

The annual report lays out the work undertaken by the Board this year, and includes specific reports from each of the agencies that make up the Board. The purpose of the annual report is to provide evidence about the standard to which the agencies responsible for safeguarding adults in the London Borough of Hillingdon have performed.

This year we have started to develop a multi agency training package for all agencies following the successful roll out last year of multi agency workshops that launched the Pan London procedures. The business unit has provided administrative and project management skills to move the Board forward including the development of our audit and performance processes to ensure we are able to properly hold agencies to account. In the coming year the Board will develop the auditing agenda further to include analysis of own agency as well as multi agency audits.

We are all aware that austerity measures have placed huge pressures on all agencies. Whilst we accept that this makes safeguarding adults more difficult, it is not an excuse for failure and there is no doubt that organisations working together will be more likely to reach acceptable standards of safeguarding.

Part I - Members, Public and Press

Social Services, Housing, and Public health Policy Overview Scrutiny Committee - 2 October 2017

HSAB have commissioned a Safeguarding Adult Review this year and will be publishing the findings in January 2018. HSAB will hold a number of learning events to ensure that lessons learnt are embedded into practice. This requires a multi-agency approach and a vigorous governance system holding agencies to account. The Board continues to provide this scrutiny, together with its partners, across the sector.

The board has put a particular emphasis on issues around domestic abuse. There have been two domestic homicide reviews completed this year and as a result we have begun to work much more closely with the Safer Hillingdon Partnership in order to ensure that there is coordinated and comprehensive awareness and engagement across the borough. We have looked again at our priorities this year and they are set out in the report. We are determined that we do more work to better engage with all our communities; particularly those that are vulnerable.

The report lays out in detail the areas where we need to make further progress, but the Board are satisfied that, agencies in the Borough of Hillingdon are providing services that ensure our vulnerable adults are properly safeguarded.

Implications on related Council policies

N/A

Financial Implications

N/A

Legal Implications

N/A

BACKGROUND PAPERS

Hillingdon safeguarding Adults Annual Report.

2016- 2017

SAB Annual Report



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DRAFT

1. Foreword

Thank you for taking the time to read this year's annual report. The Safeguarding Adult Board brings together partners across the borough to discuss issues relating to vulnerable adults, to challenge performance and to ensure that together, the agencies offer the strongest safeguarding service to our vulnerable adults.

The Safeguarding Adult Board has continued developing and has made progress in ensuring that the right information is presented in order that there is an increasing challenge for agencies to improve outcomes. As Chairman of the Board, I am assured that all the agencies involved will maintain their support and commitment.

It is proving to be a challenging environment for all agencies and the pressure on our hospitals and adult social care provider services is well-documented. This pressure is relentless, but agencies in Hillingdon are all engaged in looking at new ways of ensuring they maintain or improve standards.

This report highlights some of the work currently being undertaken and in particular looks at the board priorities. The board has developed a performance management framework based around these priorities and this has improved our ability to determine the impact agencies are having in delivering them.

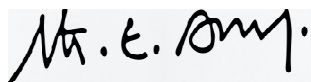
Much of our work has focused on the implementation of Pan London procedures. These are important as it ensures that vulnerable adults always receive a proportionate and timely safeguarding service from agencies.

The board has put a particular emphasis on issues around domestic abuse. There have been two domestic homicide reviews completed this year and as a result we have begun to work much more closely with the Safer Hillingdon Partnership in order to ensure that there is coordinated and comprehensive awareness and engagement across the borough.

Mental health has featured in a number of safeguarding related cases in Hillingdon and given this, it is a priority to see that the coordination of these services continues to develop. Central North West London Mental Health Services, the provider in the borough, have improved recording systems and re-shaped to improve service delivery. However, dealing with these issues is not a matter for one agency and we continue to work together in order to shape and drive improved outcomes.

I have no doubt that all agencies are working to help our vulnerable adults and there are many examples of good practice; to this end I would like to thank all the front line services and voluntary and charity organisations in Hillingdon. At a strategic level, as a safeguarding community we are aware of the challenges and will continue to work hard to meet them.

I hope you enjoy this report and welcome any comments you may have.



Steve Ashley

DRAFT

2. Governance & Accountability

The Safeguarding Adult Board (SAB) is a multi-agency partnership comprised of 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 is comprised 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 is produced 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).

2.1 Members Engagement

Over the last year the Board has been well supported by elected members. The lead member for Adult Safeguarding attends the Executive Board meeting. The SAB is now closely allied to the Health and Well Being Board and the Care Governance Board.

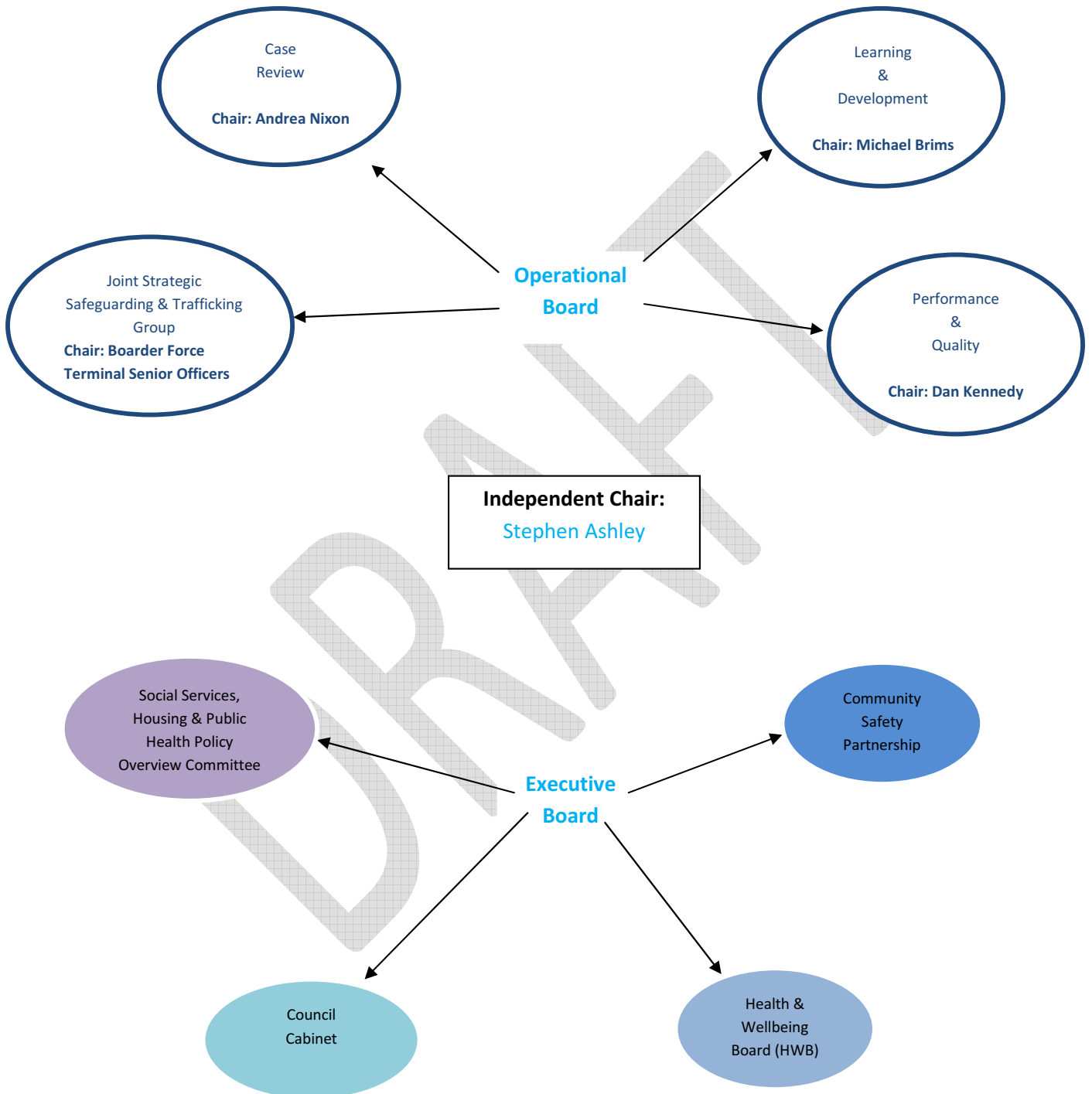
Elected Members have taken a lead in safeguarding issues. Considerable work has been undertaken in the community supporting front line professionals. In particular, Members have provided support to events concerning dementia, domestic abuse, elder abuse and disability issues. The lead Member organised a development event for Members on mental health, which involved CNWL and Hillingdon Mind. This provided Members with an insight into mental health issues and provided a platform for development and improvement work.

This level of engagement by Members is essential in the process of continuous improvement.

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3. Board Membership & Structure

3.1 SAB Sub-Committees



3.2 Performance and Quality Assurance Sub-Committee

The Performance and Quality Assurance sub-committee brings together key partners across the authority, whether this is in a provider or commissioner capacity. 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 SAB Executive Board. Key achievements over the previous year include -

a) Refreshing the Performance Scorecard

Following a review of both the format and content of the performance report, a new 'scorecard' has been adopted drawing together a much broader range of metrics than had been covered previously. Moving beyond the 'council-centric' approach of the previous report, the new scorecard draws together data from across the partnership including the Metropolitan Police, Hillingdon Hospital and CNWL. Explicitly aligned with the overarching priorities set by the Executive, the scorecard provides a robust approach enabling both the Committee (and by extension the Board) to properly scrutinise the work of the partnership, identify risks/issues and challenge partners on performance and practice.

b) Challenging and driving Service Improvement

Whilst providing meaningful analysis and tracking progress are essential elements of the new scorecard, it is just one part of the new performance framework adopted by the sub-committee. Through the increased transparency provided by the scorecard, it is easier to establish trends of performance and through RAG ratings and identify those areas that warrant increased scrutiny in the form of 'deep-dives'. This enables the agencies responsible to provide fuller detail of underlying performance, including mitigating causes and, importantly remedial actions being taken to address performance, especially where this is not where the partnership needs or wants this to be.

The P&Q sub-committee can only be effective where there is robust engagement from partners. As part of the drive to improve partner coverage, there has been a real focus on establishing better working relationships and drawing in a broader pool of partners. This includes engagement of the Border Agency and Fire Service, as well as establishing relationships with a wider array of police functions that have role in safeguarding.

3.3 Joint Strategic, Safeguarding and Trafficking Sub-Committee

This sub-committee is unique to the Hillingdon LSCB and SAB and its aim is to continue to strengthen the partnership that we have with Heathrow Airport, Her Majesty's Immigration Removal Centre and the Local Authority. Operations at Heathrow remain a priority for Children's Social Care who support UK Border Force Officers in preventing child trafficking and potential victims of FGM being taken out of and returning to the UK. We have identified a concern regarding vulnerable adults that

arrive at Heathrow and we are looking at the referral pathway for these cases and how we can better engage Adult Mental Health services.

UK Border Force has participated in an audit alongside Children's Social Care, looking at the journey of the child. The sub group will monitor the recommendations from the final report and report back to the LSCB. We will now commence a similar audit looking at the journey of vulnerable adults arriving at the airport.

The SAB Business Unit attends safeguarding meetings that are held monthly at H.M.Colnbrook Immigration and Removal Centre. The SAB has requested that data reported at these meetings be shared with the Board. This request has been made to the Home Office and we await a response.

3.4 Learning & Development Sub-Committee

The learning and development sub-committee has developed further this year to widen its role to include representatives from the Safeguarding Children and Safeguarding Adults Board. The new joint sub-committee has clear terms of reference and renewed membership. The role of the sub-committee 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. The sub-committee is chaired by the joint business unit training and quality assurance officer, who is also a substantive member of the Pan-London training subgroup, enabling sharing of skills and knowledge from across London to inform learning and development in Hillingdon. E-learning modules are currently available for all staff via Hillingdon Learning Zone.

Key items of work for the LSCB & SAB Learning and Development sub-committee included:

- Implementation of the Learning and Improvement Framework;
- Implementation of training needs analysis to inform training programme;
- Implementation of three stage course evaluation;
- Development and roll out of Safeguarding Adults Pan London procedures workshops;
- Development and roll out of training package from True Honour.

3.5 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 what learning is embedded and cascaded into the children and adult services. The sub-committee has representatives from both adult and children services, as learning needs to be disseminated across both service areas. At the time of writing this report, the SAB has commissioned a SAR regarding the death of resident. Once completed, the report will be published on the SAB website and the

implementation of the recommendations will be monitored through the Case Review Sub-Committee.

4. SAB Achievements

Over the last 12 months, the SAB has worked with partner agencies to implement and/or support the following initiatives -

- Escalation Policy developed and adopted by SAB Executive Board;
- Pan-London implementation information workshops fully booked with excellent feedback;
- SAB Website developed and launched;
- Twitter account launched in late 2016, with nearly 100 followers at time of publication;
- SAB Safeguarding Audit developed in 2017 for use with all partner agencies. This is the first time such an audit has been undertaken in Hillingdon and is due to be implemented in the early 2017-2018 financial year;
- SAB challenge log introduced by the Board Chair;
- Police safeguarding clinics reinstated following intervention from SAB;
- SAB risk register developed;
- A Safeguarding Adult Triage Team established to screen all safeguarding concerns and initiate S42 enquiries.

5. What we have achieved against 2016/18 SAB Priorities

The SAB's vision is that we will work together to enable people in Hillingdon to live a life free from fear, harm and abuse. In 2016 the Board identified four main priorities that will support this vision to become a reality.

- **Priority 1. To ensure that there are effective arrangements across agencies to reduce the risk of abuse and neglect of vulnerable adults in the borough.**
- **Priority 2. To ensure that partners understand, and provide an appropriate response to, vulnerable adults who require support with mental health.**

We are focusing on raising the profile and resilience of safeguarding because the more people, especially clients and carers, know about the nature of neglect and abuse and what they can do about it, the better vulnerable people can be protected.

- **Priority 3. To ensure that all agencies place the 'Making Safeguarding Personal' model at the centre of their response to vulnerable adults.**

We are focusing on developing our structure and changing practice; the Care Act 2014 and the Mental Capacity Act 2005 mark a shift in how adults are safeguarded and require a change of approach to ensure service user choice is at the centre of all services delivered.

- **Priority 4. 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.**

We are focusing on our ability to assure the quality and focus of practice. This our statutory responsibility, however we are also in a unique position to take an holistic view of the quality of services across agencies, thereby enabling us to highlight any gaps or misalignment of services.

Here is what partners said regarding the progress that has been made towards these priorities.

5.1. Adult Social Care (ASC)

- Aide memoir developed for front line staff to facilitate discussions with the person;
- ASC monitor effective implementation of 'Making Safeguarding Personal' (MSP) through the monthly safeguarding performance reports and case file audits.
- Advanced Practitioners within ASC are MSP practice champions and MSP is a standing agenda item at the monthly advanced practitioner forum;
- Safeguarding referrals are now screened by a designated Social Workers within the Triage Team and all information/actions are recorded in the Council's database;
- Safeguarding performance reports are produced monthly and are analysed and discussed at a monthly meeting with ASC managers to identify areas requiring improvement and/or immediate priority areas;
- Quarterly performance report is produced for the CEO, DASS and Lead Councillor;
- Monthly safeguarding case file audits are carried out to quality assure best practice and robust decision making.

5.2. Central and North West London (CNWL)

- Neglect and all other types of abuse are included in CNWL SA (Safeguarding Adult) training, which is mandatory for all CNWL staff. Each of the services is also visited once a year to refresh staff regarding SA, which includes the types of abuse and the process for raising a concern.
- MSP is discussed in the mandatory SA training and staff are advised to seek consent before raising a SA concern, unless there are grounds to override this consent e.g. public interest.
- In addition when each of the CNWL services in Hillingdon is visited annually by the SA and MCA Specialist, the MSP agenda is reinforced. When staff contact the SA and MCA Specialist to discuss a SA concern, they are always advised to ask the patient what they want to happen, which is a key part of the SA process.
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- For SA referrals dealt with by CNWL under the Section 75 agreement, MSP should be embedded in practice throughout the SA process and the Safeguarding Adults Manager has the responsibility to ensure this is evidenced.

- Individual SA cases are audited on a monthly basis by Team Managers using the LBH template. These cases are then discussed at a monthly Peer Review meeting, which the CNWL Senior Advanced Practitioner - SA Mental Health organises.
- As one of the largest providers of mental health services in London, CNWL have a wealth of experience of working with people who require support with their mental health and ensuring that the service users' voices are listened to.
- The details of all SA referrals made by CNWL staff are kept on a spreadsheet held by the CNWL SA & Mental Capacity Act (MCA) Specialist. All telephone calls to the CNWL SA and MCA Specialist are also logged on a separate spreadsheet with advice given.
- Staff must complete a DATIX incident report whenever they raise a SA concern, which is copied into the CNWL SA and MCA Specialist for follow up. Every DATIX incident report is also reviewed by Senior Management after they are submitted and any SA concerns can also be identified at this stage.
- An audit is currently being undertaken to look at which CNWL physical health services are making SA referrals, which will enable the CNWL SA and MCA Specialist to target those teams that aren't making referrals to establish why this is the case. CNWL have a SA page on the Trust Internet, which patients can access.
- Individual SA cases are audited on a monthly basis by Team Managers using the LBH template. These cases are then discussed at a monthly Peer Review meeting which the CNWL Senior Advanced Practitioner SA Mental Health organises.
- The SAB Performance sub-committee is attended by CNWL and figures are provided as required. The CNWL SA & MCA Specialist also sends the quarterly SA report completed for the CCG to the LBH Performance team for their records. In addition, a meeting has been arranged with the LBH Performance Team and CNWL SA & MCA Specialist to discuss the SA data which is captured.

5.3. Disablement Association Hillingdon (DASH) and Age UK

- Staff are aware of signs of neglect and know where and when to seek help (DASH)
- Staff have attended mental health first aid training. (DASH)
- We continue to encourage disabled clients to keep themselves safe and to recognise inappropriate behaviour. (DASH)
- DASH took part in the s.11 Safeguarding Audit.
- All staff and volunteers undertake safeguarding training, which is mandatory and renewed every 3 years. Safeguarding is on the agenda for staff & volunteer team meetings.

- On-going review of safeguarding issues across our wide range of services. (Age UK)
- Regular internal audits of Safeguarding policy and procedures. (Age UK)

5.4.Heathrow Immigration & Removal Centre (IRC)

- All adults within the Centre have access to Mental Health services through the Healthcare provider CNWL. Patient details are recorded by CNWL.
- CNWL also provide Mental Health awareness training on-site for staff.
- Care & Custody have offered training to the Home Office in respect of Self-harm Awareness and the ACDT (Assessment, Care in Detention & Teamwork) document.
- Detainee and public awareness raised through Learning Bulletins' and notices to staff on safeguarding and self-harm. Awaiting Adult Abuse posters that will be displayed around the Centre and in visits areas.
- All staff complete E-Learning Training on Advanced Safeguarding Children and Safeguarding Vulnerable Adults.
- Instructions and posters are displayed around the Centre and details of Hillingdon Safeguarding are also displayed.
- Safeguarding is tailored to each individual detainee. A personalised care plan can be initiated if required and is centre around their needs.
- The Key Performance Indicators (KPIs) and quality are monitored by the Safer Community Manager.
- Building stronger relationships with external stakeholders.
- Continue self-auditing and Home Office contract monitoring to ensure KPI's.

5.5.Hillingdon Clinical Commissioning Group (CCG)

- Self neglect is detailed within the revised NHS Hillingdon Adult Safeguarding Policy. There is a specific section planned for the extranet pages which all CCG and GP practice staff can view and it is highlighted in the Adult Safeguarding training, together with neglect more generally, which the CCG deliver.
- The Domestic Violence Forum Health Subgroup, which the CCG Designated Adult and Children Nurses are instrumental in, provided support for DV awareness road shows in 2016 and the subgroup have a plan to continue the road shows for 2017. This raises the public awareness of relevant partner agencies and how they can support people, making their safeguarding concern personal and preventing neglect.

- CCG have embedded the Pan London Procedures into their practice. Training figures are reviewed from a CCG perspective and provider perspective quarterly and any gaps addressed.
- NHS Hillingdon CCG has embedded the London Multi-Agency Policy and Procedures into their practice.
- The Adult Safeguarding Multi-Agency Hub (MASH) is an area that NHS Hillingdon CCG is keen to support the development of.
- NHS Hillingdon CCG have a revised Adult Safeguarding policy, which provides information regarding MSP and how it should be applied. There is also information for all CCG and GP practice staff regarding MSP on the extranet.
- The Adult Safeguarding training incorporates the principles of MSP. MSP is also outlined in the Safeguarding Health Outcomes Framework (SHOF), which providers report to commissioners.
- Making Safeguarding Personal is discussed in training and with providers, it is an area which is currently being embedded in practice and will be a focus for 2017/2018.
- CCG do not generally talk directly to patient's regarding adult safeguarding concern. However, when a patient has contacted the CCG with a concern the call was led by the voice of the adult. A subsequent form was developed for staff to complete and highlight the area of need of the patient.
- NHS Hillingdon CCG has supported the development of a data dashboard which provides information pertaining to quality assurance in NHS providers of services and supports the scrutiny of the details provided.
- NHS Hillingdon CCG contributes to the information included in the risk register.
- NHS Hillingdon CCG have Key Performance Indicators in place for all NHS providers of services which are used as contractual leavers to ensure that vulnerable people are provided with the right support and referred appropriately through the system.
- NHS Hillingdon CCG commission services from providers to submit a quarterly report to the commissioners in the form of a (SHOF). The Designated Safeguarding Adult Nurse reviews all the data provided and discusses the report with the provider at the quarterly Quality meeting. If any changes are required the designated Safeguarding Adult Nurse will support the provider to make the changes. Contract Mechanisms can also be used if required.
- NHS Hillingdon CCG attends the Performance & Quality sub-committee and meets with the data analyst to discuss the development of the information provided. As well as this NHS Hillingdon CCG share information with the London Borough Hillingdon from providers where it has been previously agreed.

- Key performance indicators have been discussed at the Operational Safeguarding Adult Board. Key performance indicators relating to Adult Safeguarding are also included in NHS Contracts for providers of NHS Services.

5.6.Hillingdon Hospital (THHFT)

- Awareness raised through trust staff mandatory Safeguarding Adults training every 3 years. This also includes training for new starters to the trust, medical induction and training for volunteers. Safeguarding procedures and how to address any safeguarding concerns about a concerns a patient are discussed with staff.
- When advice is sought about a potential concern, that the patient must be involved in the decision-making process for an alert to be raised. There may be exceptions to this, for example, if an alert is raised in the public interest or where the patient lacks capacity.
- Referral information is available from CNWL, who also provide THHFT with mental health liaison and support on site.
- In house, integrated Level 2 safeguarding training delivered to all trust staff every three years. A program of Level 3 safeguarding adults training will be commencing soon; this training will be delivered in-house by an external trainer with appropriate safeguarding experience. Training content and delivery will be in line with the forthcoming intercollegiate guidance for adult safeguarding. Workshop to Raise the Awareness of Prevent (WRAP) training will also be included.
- Pan-London Procedures (incorporating adult safeguarding procedures) are on the THHFT safeguarding intranet page for staff.
- THHFT produces a yearly safeguarding annual report, supplemented by quarterly safeguarding reports presented at the Trust's Safeguarding Adults Committee.

5.7.Performance and Quality Sub-Committee

- KPIs are now provisionally agreed, subject to refinement. These form the basis of both ongoing oversight and providing evidence base for further analysis into areas of concern.
- Performance report template agreed and populated. Information on additional metrics being sought which will be incorporated so new report with baselines and data available from 1st April 2017 for the financial year 2017/18.
- Performance report captures a broad range of data from both Hillingdon Council and partner agencies. The data provides the evidence base to undertake 'deep dive' analysis, with a forward calendar of possible topics discussed at each P&Q group.

6. SAB Challenges 2016/2017

Topic of Challenge	Date	Location saved	Outcome
Chair challenges non-attendance from Housing representative	19 th November 2015	HSCB/Hillingdon SAB/Board Meetings & Minutes/Operational Board Meetings/22 nd February 2016/19-11-15 Minutes of Previous Meeting	24/06/16 - Still waiting for a representative from Housing to sit on the SAB. SA is in discussions with MAPPA. Lyn Forshaw is now a representative on the Operational Board and attended her first meeting on the 3 rd October.
Chairman's Challenge - Referral Process	24 th June 2016	HSCB/Hillingdon SAB/Board Meetings & Minutes/Executive Meetings/Chairman's Challenge/June 2016	No further action required.
Chair challenges the Board's confidence in the referral process	3 rd October 2016	HSCB/Hillingdon SAB/Board Meetings & Minutes/Operational Board Meetings/3 rd October 2016/03-10-16 Minutes of Meeting	
Chairman's Challenge - Making Safeguarding Personal.	7 th October 2016	HSCB/Hillingdon SAB/Board Meetings & Minutes/Executive Meetings/Chairman's Challenge/October 2016	AN to set up a Task & Finish group to look at ways to roll this out effectively to all staff and confirm if the principles of Making Safeguarding Personal are being used, and to re-circulate the principles to all.

7. Effectiveness of Safeguarding Arrangements

7.1 Deprivation of Liberty Safeguards (DoLS)

As a consequence of the Cheshire West ruling, the number of DoLS authorisation requests received by Hillingdon Council has risen significantly year on year and is likely to continue to rise for the next 12 months. In 2015/16 Hillingdon received 1148 requests, in 2016/17 Hillingdon received 1393 requests. 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.

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;
- Continues to streamline processes for accepting and responding to DoLS authorisation requests
- Continues to increase its capacity to complete DoLS assessments by identifying internal staff to train as Best Interest Assessors (BIA)
- Awarded a contract to a provider agency to undertake assessments on behalf of the council
- Awarded a contract to an advocacy provider service

Next Steps

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

7.2 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 centered 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.

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 act 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.

7.3 Pan London Procedures

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 lay 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 practice.

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 practice. 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>.

7.4 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.

7.5 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 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 centered approach. This is notwithstanding Hillingdon's Annual White Ribbon Day Conference, which was an outstanding success focusing this year on sexual violence, 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 Domestic Homicide Review (DHR), 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.

7.6.Provider Risk Panel & Care Governance Board

The Provider Risk Panel (PRP) and Care Governance Board sit within the Council's Quality Assurance Framework and represent part of the Council's compliance with the requirements of the Care Act.

The Panel meets monthly and its membership includes representatives from Adult Social Care, Procurement, the Quality Assurance Team and Health Commissioners. The PRP is chaired at Safeguarding Manager level.

The Panel monitors the quality of care being provided by care service providers in the Borough of Hillingdon as well as monitoring standards of practice in order to ensure that people who are in receipt of care are receiving a satisfactory service.

The panel also monitors contractual compliance and the financial viability of service providers.

The Panel "risk rates" care service providers for consideration by the Care Governance Board based on the above combined with information from Care Quality Commission inspections, other boroughs and Local Authorities, and the number of safeguarding incidents and complaints received about the service. The Panel also makes recommendations to that Board in respect of the subsequent management of risk.

The Care Governance Board meets monthly and is chaired at Assistant Director level. The Board considers the risk rating and recommendations of the Provider Risk Panel and decides on the strategy for effectively managing the identified level of risk; ordinarily this would entail supporting a provider to improve by utilising the services of the Council's Quality Assurance Team but where necessary can involve a suspension of new admissions/packages of care and/or a decision not to use a particular provider.

8. Case Reviews

The Safeguarding Adult Board has recently commissioned a review of a case regarding the murder of a service user by another service user. All partners are fully engaged in the process, and a comprehensive chronology and Individual management reports have been provided for scrutiny. The final report is due to be completed by September 2017 and will then be published on the SAB website. Recommendations from the review will be monitored through the LSCB/SAB Case Review Sub-Committee. At this early stage we are unable to comment on the possible findings of the review.

9. Conclusion

It is hoped that this report has provided you with information as to the effectiveness of local arrangements to safeguard and promote the welfare of vulnerable adults in Hillingdon.

This report demonstrates that safeguarding activity is progressing 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 fulfill, 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 working 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.

The Board has outlined a number of important priorities for the year and will continue to work with its partner agencies to further progress in these areas. The Board has also identified additional areas such as greater integration between Adult Social Care & MASH, developing pathways for vulnerable adults arriving at Heathrow Airport and developing a multi-agency training program to buttress knowledge and understanding of safeguarding vulnerable adults in the Hillingdon area.

10. Appendices

10.1 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
HWB	Health & Well-Being Board
IMCA	Independent Mental Capacity Advocate
IRC	Immigration Removal Centre
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 (Children)
SHOF	Safeguarding Health Outcomes Framework (CNWL)
SHP	Safer Hillingdon Partnership
s.42 Inquiry	Adult Safeguarding Inquiry
VAWG	Violence against Women & Girls

DRAFT

10.2 Board Priorities for 2016-2018

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. • Ensure the effectiveness of service provision through key performance indicators for example, a reduction in the number of repeat referrals for Domestic abuse. • Develop partnership working in a way that ensures vulnerable adults are supported in making choices and have control about how they want to live. • Raise public awareness of neglect and abuse so that communities play a role alongside professionals in protecting vulnerable adults and reporting concerns.

<p>To ensure that partners understand, and provide an appropriate response to, vulnerable adults who require support with mental health.</p>	<p>Hillingdon SAB 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"> • Ensure that mental health services are fit for purpose by scrutinising and analysing information and data provided to the performance and quality subcommittee. • Ensure that vulnerable adults are consulted in order that any preventative interventions are meaningful to them. • Partners share a common understanding of risks to vulnerable adults and the services available to them via training.
<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 ensure the 'Making Safeguarding Personal' strategy is developed and implemented across partner agencies. • Agree key performance indicators that can be measured against the strategy. • The Board to be satisfied with the Governance arrangements for the ' Making Safeguarding Personal' agenda. • Multi-agency training packages are available to all partner agencies. • Raise public and service user awareness of 'Making Safeguarding Personal'.

<p>To ensure that Hillingdon SAB 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 partners practice. • Effective single agency and multi agency training across all agencies and organisations involved in safeguarding adults. • Monitoring and analysis of the Hillingdon SAB performance web and the Board to effectively challenge. • Ensure the Pan London procedures are fully implemented. • Continue to monitor the development of the Multi-agency Safeguarding Hub (MASH). • Strong governance arrangements across all partner agencies. • An environment in which robust challenge is the norm • A clear engagement strategy ensuring the voice of the adult is heard • An effective Board improvement plan that is regularly monitored at the Board.
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10.3 Appendix 3 - SAB Operational Board Members & Attendance

Name	Agency/Role	06/06/16	03/10/16	10/11/16 (cancelled)	21/02/17
Andrea Nixon	SAB Business & Development Manager	Y	Y		Y
Anna Fernandez	Safeguarding Adults Lead, Hillingdon Hospital	Y	Y		Y
David Reid/Lucy Mcleod/Martin Wilson	London Fire Brigade	Y	N		Y
Debbie Hun	Service Manager, Adult & Community Learning	Y	N		N
Erica Rolle	DV Action Forum	Y	N		N
Fiona Gibbs	Prevent Lead	Y	Y		Y
Graham Hawkes	Healthwatch Hillingdon	Y	N		N
John Higgins/Jackie Bennett	Safeguarding Adults Manager, LBH	Y	Y		Y
Christine Dyson/Caroline Morison/Julie Hall	NHS HillingdonCCG	Y	Y		Y
Julie Simmonds	Hillingdon Carers	N	Y		N
Kim Cox	Borough Director, CNWL	Y	N		Y
Liz Potter/Glyn Jones/Lisa Taverner	Met Police	Y	Y		Y
Lynn Forshaw	Housing, LBH	N	Y		N

Naveed Mohammed	Service Manager, Business Performance, LBH	Y	Y		Y
Nikki Cruickshank	Assistant Director, Safeguarding Adults & Quality Assurance, LBH	N	Y		Y
Peter Smith-Wright/Liz Hamilton	Home Office	Y	N		N
Roger Elliott/Mike Norton	Laymember	Y	Y		N
Helen Smith/Mick Brims	SAB Training & Quality Assurance Officer	Y	Y		Y
Sharon Trimby	Age UK Hillingdon	Y	N		N
Andy Willock/Steve Burt	Mitie	N	Y		Y
Steve Ashley	Independent Chair	Y	Y		Y
Fiona Sugden	SAB Co-ordinator	Y	Y		Y

10.4 Appendix 4 - SAB Executive Board Members & Attendance

Name	Agency/Role	24/06/16	07/10/16	02/12/16 (cancelled)	20/03/17
Andrea Nixon	SAB Business & Development Manager	Y	Y		Y
Antony Rose	Probation	Y	N		N
Martin Wilson	London Fire Brigade	N	Y		Y
Cllr Corthorne	Lead Member, Adult Services	N	Y		Y
Reva Gudi/Caroline Morison/Dr Vaughan-Smith	CCG	Y	Y		Y
Niamh Farren	Community Rehabilitation Co	N	N		N
Dan Kennedy	Head of Improvement, Business Standards and Performance, LBH	Y	Y		Y
Joy Godden	Royal Brompton & Harefield Trust	Y	N		Y
Maria O'Brien	CNWL	Y	Y		Y
Mark Wolski	Community Safety Manager, LBH	Y	N		N
Nick Downing/Max Williams/Colin Wingrove	Met Police	Y	Y		Y
Andy Willock/Steve Burt	Mitie	N	Y		Y

Steve Hajioff/Shikha Sharma	Public Health	Y	Y		Y
Theresa Murphy/Anna Fernandez	Hillingdon	N	Y		Y
Steve Ashley	Independent Chair	Y	Y		Y
Tony Zaman	Director of Adult Services, LBH	Y	Y		Y
Fiona Sugden/Julie Gosling	SAB Co-ordinator	Y	Y		Y

10.5 Appendix 5 - Adult Social Care Annual SAB Report

Name of agency	London Borough of Hillingdon
Description of service	Adult Social Care
Regulator inspection in reporting period and outcomes	<p>The Quality Assurance Team carried out 223 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 in the wake of the ruling of the Supreme Court in the Cheshire West case in 2014 which is still having far reaching implications. Anticipating implementation of the Law Commission's final report and draft bill on Mental Capacity and Deprivation of liberty which were published on 13/3/2017.

Progress on safeguarding priorities in the reporting period

Please add this to the Business Plan template.

- Currently reviewing information and material on safeguarding adults and DoLS available through the Council's website.
- Making Safeguarding Personal is now "business as usual" for Adult Social Care - effectiveness is measured through monthly performance reports and case file audits.
- Making Safeguarding Person Refresher and Mental Capacity Act practice workshops running through 2016/17.
- Internally run Safeguarding Adult Manager(SAM) and Investigating Officer(IO) training , Effective Chairing together with Deprivation of Liberty Safeguards, Mental capacity Act and Best Interest assessor training delivered.
- Safeguarding Adults Triage Team established in November 2016 to screen and orchestrate an appropriate response to safeguarding concerns.
- 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.

The voice of the adult is captured from the beginning of the safeguarding process and their desired outcomes established and recorded.

The voice of the adult remains constant throughout the safeguarding investigation and their desired outcomes are measured against the actual outcomes of the safeguarding investigation and any difference noted and explained.

The above is recorded within the Safeguarding Adult Module in the Council's IT database.

- Making Safeguarding Personal is now "business as usual" for Adult Social Care - effectiveness is measured through monthly performance reports and case file audits.
- Making Safeguarding Person Refresher and Mental Capacity Act practice workshops running through 2016/17.

<p>Good news stories</p>	<ul style="list-style-type: none"> • A series of practice workshops have been running since March 2017 on the practical application of the principles underlying the Mental Capacity Act and to refresh staff about the underlying principles of Making Safeguarding Personal. • Performance reports are 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.
<p>Good practice examples</p>	<p><i>MA, an elderly person with dementia, was groomed by three highly plausible “con men” who persuaded MA that they were her friends, convinced her that social services were not acting in her best interests and that the council was corrupt - all of which played into MA’s general paranoia about bureaucratic corruption. Eventually the grooming tactics paid off and the men persuaded MA to part with substantial amounts of money.</i></p> <p style="text-align: right;"><i>Given that MA had been convinced that Social Services were against her she was resistant to any input from ASC though she did engage with Health (psychiatric services), the Police and LBH Client Financial Affairs. Legal Services were also involved.</i></p> <p><i>As a result of thorough, persistent and considered partnership working the case was taken to the Court of Protection and the Court issued an order preventing the three men involved from approaching MA or having any contact with her; the Judge commented on the high quality of the work undertaken by Hillingdon.</i></p>
<p>Any other comments</p>	<p>DoLS Authorisation Requests to the Council have peaked at just under 1400 for the reporting year.</p>

10.6 Appendix 6 - NHS Hillingdon Clinical Commissioning Group Annual SAB Report

Name of agency	NHS Hillingdon Clinical Commissioning Group, North west London (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.</p> <p>We are made up of local GPs and health professionals who are best placed to know the right services for our area.</p>
Regulator inspection in reporting period and outcomes	The Care Quality Commission (CQC) is the regulator of NHS Hillingdon CCG. The CCG has not specifically been inspected during this time period.
Challenges in the reporting period	<p>The challenges for 2016/2017 included appointing a substantive member of staff to the position of The Designated Safeguarding Adult Nurse within NHS Hillingdon CCG.</p> <p>The position was appointed to in October 2016, which has allowed for a review of the Adult Safeguarding processes within the CCG.</p> <p>There are challenges across the whole of the NHS with regard to population change, the technology revolution, resources, staffing of the workforce and in transformation. These challenges have led to changes in the way that NHS services are delivered and in the way these services are commissioned. The Care Act 2014 emphasises the importance of working with partners and protecting vulnerable people from abuse.</p> <p>In line with national guidance Hillingdon CCG has been developing a Sustainability and Transformation Plan (STP) with partners within Hillingdon and across NWL to ensure that high quality, equitable and sustainable services can be delivered in the future. The NWL STP sets out five delivery areas which are:</p> <ul style="list-style-type: none"> • Radically upgrading prevention and wellbeing. • Eliminating unwarranted variation and improving long term condition management. • Achieving better outcomes and experiences for older people. • Improving outcomes for children and adults with mental health needs. • Ensuring we have safe, high quality and sustainable acute services. <p>The NWL STP is available to view on the internet along with the Hillingdon specific plan.</p>

<p>Progress on safeguarding priorities in the reporting period</p>	<p>Please add this to the Business Plan template. The Business Plan template has been updated.</p>
<p>Good news stories</p>	<p>The Accountable Care Partnership is Hillingdon CCG's preferred model of delivery for integrated care. Commissioning integrated care from the Accountable Care Partnership will initially be for older people with long term conditions, but will progress in scope to all older people and other population groups with long term conditions. Hillingdon CCG and the shadow ACP have discussed the scale and pace of this ambition linked to benefits for people in Hillingdon. The Accountable Care Partnership model has been in shadow form from April 2016 to March 2017 and has developed very well, forging greater links with the London Borough of Hillingdon within commissioned services. The ACP comprises of The Hillingdon Hospitals Foundation Trust, Central North West London Foundation Trust (CNWL), the 4 GP networks in Hillingdon and the H4All third sector consortium, and will continue to grow and develop going forward.</p> <p>There have already been good reported outcomes with regard to support for vulnerable people and this is expected to expand further in 2017/2018. For example there is now a contract with the Carers Hub, where people can call for support and be provided with advice and support and there has been the development of a <i>single point of access (SPA) for crisis care</i> - Building on a single point of access to urgent and crisis care in 2015/16, the service has been developed in 2016/17 so that people with urgent mental health needs, including dementia, are able to receive multi-disciplinary assessments of need and onward referral as appropriate. Referrals into the SPA would come from professionals and voluntary and community organisations as well as residents themselves and/or their carers.</p> <p>The Accountable Care Pathway supports the Prevention of Adult Safeguarding abuse which is emphasised in the Care Act 2014.</p>

<p>Good practice examples</p>	<p>NHS Hillingdon CCG have worked with providers on a Safeguarding Health Outcomes Framework (SHOF) which includes Key Performance Indicators relating to Adult Safeguarding. This has now been included in the contract for 2017/2018. The template has also been shared with LBH and has been discussed as part of the Safeguarding Adult Board Performance Data information.</p> <p>The extranet within the CCG has been updated and a new design has been produced this in the process of being published and will be available for all Hillingdon GP practices. A generic adult safeguarding email has also been established.</p> <p>The policy for Adult Safeguarding has been updated.</p> <p>Dates have now been set for 2017/2018 for regular GP leads meetings with the CCG to share good practice and provide updates.</p> <p>Dates have also now been set for 2017/2018 for Adult Safeguarding Leads meeting with provider organisations to share good practice and provide updates.</p> <p>NHS England and the Royal College of General Practitioners (RCGP) have initiated a project to support GPs to improve quality and assurance to CCGs in relation to the Mental Capacity Act. The Designated Safeguarding Adult Nurse and the Named GP for Safeguarding in Hillingdon CCG have been working with the project lead as part of one of the ten pilot sites to develop templates for GP use which will be used across London.</p>
<p>Any other comments</p>	<p>The Adult Safeguarding service within NHS Hillingdon CCG is underpinned by the six principles of Adult Safeguarding; Empowerment, Protection, Prevention, Proportionality, Partnerships, and Accountability. In 2016/2017 the adult safeguarding policy has been updated, a service specification for one of the providers has been reviewed and a Safeguarding strategy was developed across NHS Brent, Harrow and Hillingdon CCG.</p> <p>A new Safeguarding Health Outcome Framework (SHOF) has been developed which includes Adult Safeguarding Key Performance Indicators for 2016/2017 which will be initiated from 1ST April 2017. The SHOF has been agreed with providers and is embedded in the contract for 2017/2018.</p> <p>NHS Hillingdon CCG has been a partner at the Adult Safeguarding Board in 2016/2017, providing support at their subgroup's and at the Domestic Violence Forum. Staff at NHS Hillingdon CCG attended Hillingdon's annual White Ribbon Day Conference in November 2016 the conference was about raising awareness of Sexual Violence amongst adult, children and young people.</p> <p>NHS Hillingdon CCG have had one Domestic Homicide Review (DHR) from January 2015 which is now complete. A Safeguarding Adult Review was agreed in 2016/2017 and will be undertaken in 2017/2018.</p>

10.7 Appendix 7 - The Hillingdon Hospitals NHS Foundation Trust Annual SAB Report

Name of agency	The Hillingdon Hospitals NHS Foundation Trust
Description of service	<p>Acute Trust-Provider, including A and E services.</p> <p>The Executive Director of Patient Services and Nursing, with responsibility for Safeguarding, oversees the annual work and audit programmes for safeguarding adults. Progress against these is reported to the Trust's Safeguarding Adults Committee which reports to the Quality and Safety Committee (a board committee).</p>
Regulator inspection in reporting period and outcomes	<ul style="list-style-type: none"> • No CQC inspection in the Trust within the reporting period. • Quarterly assurance provided by the Trust to Monitor • Quarterly adult safeguarding reports to Hillingdon CCG • Quarterly prevent data sent to NHS England(NHSE)
Challenges in the reporting period	<ul style="list-style-type: none"> • Further embedding the principles of MCA and DoLS into everyday practice • Increased range of responsibility for the Head of Safeguarding Adults (HoSA) of the CNS for Tissue Viability ,CNS for Dementia and Dementia Lead Nurse, resulting in an increased workload

<p>Progress on safeguarding priorities in the reporting period</p>	<ul style="list-style-type: none"> • The Trust ,including the HoSA, has regular meetings to monitor the progress of DoLS with the DoLS Manager at Hillingdon Borough and the Safeguarding Adults Lead at Hillingdon CCG • Regular contact between the Team Managers of the Hospital Team at Hillingdon council and the HoSA • Training slides on Safeguarding Adults revised to include information on Domestic Violence and abuse(DVA) at Level 1 • Written information provided to staff during safeguarding adult training on Modern Slavery. • Level 2 DVA training is provided at the Trust. • In addition to level 1 training for Prevent, Workshop to raise awareness of Prevent (WRAP) is delivered at the Trust, facilitated by the Borough Prevent lead. Prevent update provided as the equivalent of level 1 training for all trust staff with Safeguarding Adult training. • Trust DVA policy written for adults and children and is available on Trust intranet page. • Trust policy on Safeguarding Adults revised in line with changes within the Care Act(2014) • Trust Prevent policy written and is available for staff on the Trust intranet page. • Training consistently above 80% for VA within the reporting period. • Progress maintained in attendance for enhanced MCA and DoLS training for identified staff in Trust with compliance of 84.93% by the end of March 2017.
<p>Good news stories</p>	<ul style="list-style-type: none"> • The Trust has successfully negotiated with the Borough Learning Disability team in having one of the Learning Disability Nurses in the Trust for 1 day a week for an initial 6 month period. She will work with the Head of Adult Safeguarding to provide advice and support to patients carers, and ward/department staff. This will include current documentation and guidance relating to learning disability and specialist awareness training.

Good practice examples

- A Safeguarding Adults Supervision day for identified staff was held within the reporting period at Brunel University. The process of safeguarding supervision will be based on the model for Safeguarding children.
- To embed adult safeguarding supervision within the Trust , a safeguarding supervision policy for Adults and Children is currently being written
- The Head of Safeguarding Adults and the CNS for Tissue Viability delivered a presentation at Hillingdon council to members of the Hospital staff team. The aim of the session was to discuss their roles within an acute Trust.
- The Trust is to work with the Learning Disability Team at the Borough/CNWL to underpin the LeDER process (investigating when a patient passes away with a Learning Disability). The LeDER process will also be a part of the Trust's overall work on mortality review.
- Patient Story
A member of front line staff, when assessing in an outpatient area, noticed bruising on the male and that he was distressed. The patient had capacity to consent. On speaking to the patient further in a quiet area, he disclosed that his female partner was subjecting him to domestic violence and abuse.
The member of staff then contacted the HoSA, in addition to the Independent Domestic Violence advocate team (IDVA,) and Adult Social Care. The Trust policy on DVA was also followed. As a result, the patient was found alternative accommodation to keep him safe.
The member of staff was supported throughout by the HoSA, who provided the person with Safeguarding Adult Supervision.

<p>Any other comments</p>	<p>The Hillingdon Hospitals remain committed to the promotion of effective adult safeguarding, in keeping patients free from harm.</p> <p>This is reinforced by regular attendance at the SAB by the Executive Director with Safeguarding responsibility, who is supported by the Deputy Nurse Director.</p> <p>The Head of Safeguarding Adults(HoSA) is a member and attends the following:</p> <ul style="list-style-type: none"> • SAB Operational Group. • Associated sub-groups of the SAB • The Hillingdon Prevent Partnership Group • Learning Disability Partnership Board • Safeguarding Adults and Prevent Provider Forum NHSE. <p>The Head of Safeguarding Adults (HoSA) has regularly attended and contributed to 2 DHR panels within the reporting period. She also has regular contact with the Safeguarding Lead at Hillingdon CCG.</p> <p>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 at the Safeguarding Adults Committee.</p>
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10.8 Appendix 8 - Disablement Association Hillingdon Annual SAB Report

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.
Regulator inspection in reporting period and outcomes	N/a
Challenges in the reporting period	None
Progress on safeguarding priorities in the reporting period	Please add this to the Business Plan template.

Good news stories	
Good practice examples	Staff attended Prevent training
Any other comments	

10.9 Appendix 9 - Care & Custody (Heathrow Immigration Removal Centre) Annual SAB Report

Name of agency	Care & Custody.
Description of service	Heathrow IRC Immigration Removal Centre.
Regulator inspection in reporting period and outcomes	<p>Home Office & Her Majesty's Inspectorate Of Prisons (HMIP).</p> <p>Continued contract monitoring by the on-site Home Office Monitoring Team as well as nationwide Home Office Contract Monitoring Team (CMT).</p> <p>HMIP visited Colnbrook IRC between 29th February 2016 & 11 March 2016 with the Action Plan posted 26th July 2016.</p> <p>HMIP visited Harmondsworth IRC between 7th and 18th September 2015 with the Action Plan posted 1st March 2016. HMIP can visit a Centre unannounced.</p>
Challenges in the reporting period	Detention Service Order Adult at Risk, draft Detention Service Order of Guidance on the Care and Management of Transgender and Intersex People in Detention.
Progress on safeguarding priorities in the reporting period	Please add this to the Business Plan template.
Good news stories	Developing safeguarding strategies and developing positive working relationships with local authority and Border Force.
Good practice examples	<p>Working with Home Office to ascertain if a vulnerable adult's information can be passed to the MASH so that the Local Authority are aware of a vulnerable adult in their location.</p> <p>Developing a generic Adult at Risk Care Plan to be used across all of the Immigration Detention Estate.</p>
Any other comments	

10.10 Appendix 10 - Central & North West London NHS Trust Annual SAB Report

Name of agency	Central and North West London NHS Trust
Description of service	<p>CNWL provides both mental health and community health services to the population of Hillingdon. All services are headed up by the Director of Operations, who is supported by a Nursing and Medical Director for the community health services and a Borough Director and Medical Director for the mental health services. They are responsible for all elements of care and delivery for their individual services. The Director of Operations is also the senior lead for safeguarding.</p>
Regulator inspection in reporting period and outcomes	<p>In January 2017 the CNWL Older Adults Wards were inspected by CQC and the initial report suggests that the services will be rated as good. Oaktree Ward was praised for its dementia friendly ward and garden and the weekly open surgery held by the Consultant, which relatives can attend with the patients to discuss their care.</p> <p>Quarterly SA assurance is provided to Hillingdon CCG via a SHOF report (Safeguarding Adults Health Outcomes Framework), which is then discussed at the monthly Contract Quality Review meeting held with the CCG.</p>
Challenges in the reporting period	<ul style="list-style-type: none"> • To ensure all staff are trained in Prevent. • To continue to support the mental health teams, which are under the Section 75 agreement with their SA work. • To ensure MCA assessments are recorded.
Progress on safeguarding priorities in the reporting period	<ul style="list-style-type: none"> • Prevent training is now mandatory for all staff. • Monthly SA meeting for services under the Section 75 agreement now chaired by the CNWL Deputy Director • Monthly peer review meeting held to discuss the audited SA cases for services under the Section 75 agreement • Monthly SA forum now mandatory for mental health staff who have an open SA case • MCA audit completed for community health services • MCA brief information sheet in the process of being developed • The addition of an MCA capacity assessment template to the SystemOne computer system under discussion • Domestic abuse protocol in the process of being updated. • Face to face Domestic Abuse training provided by external provider to mental health services • Professional Boundaries training in the process of being rolled out to all mental health in-patient units

Good news stories	<p>Staff in a rehabilitation unit were concerned that a patient's relative who was their Lasting Power of Attorney for Property and Finances, was not buying them toiletries or clothes as requested and also not bringing in money to enable the patient to buy small items. The patient had been on the unit for many years and it was known that they had been left £40,000 in a will and therefore had sufficient funds. The relative was very evasive when asked to bring in essential items and money. It was through the persistence of staff that the concerns became so great a SA concern was raised and the Office of the Public Guardian was informed. The case was investigated and the relative is in the process of being removed as the LPA.</p>
Good practice examples	<ul style="list-style-type: none"> • Informal MCA drop-in sessions are held on a quarterly basis for staff on each of the acute mental health wards • A monthly SA forum is held for mental health staff, which provides an opportunity for staff to discuss cases and receive group supervision. • A Sexual Safety leaflet has been developed for patients. • Strong links have been established with the new CCG SA lead and LBH SA Triage Team • A monthly SA meeting is held with LBH for services under the Section 75 agreement, which is chaired by CNWL Deputy Borough Director • SA training compliance is consistently above 95%.
Any other comments	<p>CNWL continues to be committed to the safeguarding adults agenda and working with their partners to achieve this.</p>



Agenda Item 7

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
SI = Standard Item each month									
Council Departments: RS = Residents Services SC = Social Care AD = Administration FD= Finance									
Cabinet - 19 October 2017									
211	Council Owned Subsidiary Trading Housing Company	Cabinet will consider a business plan to establish a Council-owned Subsidiary Trading Housing Company.	Various		Cllr Jonathan Bianco/Cllr Philip Corthorne	RS - Perry Scott	Internal and External Finance and Legal Advisors	NEW	Public
215	Meals on Wheels, Community based Wellbeing and Welfare checks	Cabinet will consider procurement decisions regarding Meals on Wheels, community wellbeing and welfare check services, as part of the Council's preventative agenda for older people	All		Cllr Philip Corthorne	SC/FD - Sandra Taylor / Sarah Hollingsworth	Policy Overview Committee	NEW	Private (3)
202	Safeguarding Adults Partnership Board Annual report	The Annual Report of the Safeguarding Adult Partnership Board will be presented to Cabinet. The report details the	All		Cllr Philip Corthorne	SC - Steve Ashley (Independent Chairman) / Tony Zaman	Policy Overview Committee		Public

		partnership's activity and performance in safeguarding adults at risk and its priorities for the next year. The report is set in the context of national guidance and policy.							
Cabinet - 16 November 2017									
200	2017/19 Better Care Fund Plan Section 75 Agreement	Cabinet will be asked to approve the agreement with Hillingdon Clinical Commissioning Group, that will give legal effect to the financial arrangements in the 2017/19 Better Care Fund plan approved by the Health and Wellbeing Board.	All		Cllr Philip Corthorne	SC - Gary Collier	Health and Wellbeing Board, CCG		Public
210	Older People's Plan Update	Cabinet will receive its twice yearly update on progress on the Older People's Plan (May and November	All		Cllr Ray Puddifoot MBE / Cllr Philip Corthorne	CEO - Kevin Byrne	Older People, Leader's Initiative	NEW	Public

		annually).							
214	Hillingdon Homelessness Prevention Strategy 2017 to 2022	Following Member approval to consult, Cabinet will consider the outcome of the consultation proves and comments received before formally approving the Hillingdon Homelessness Strategy 2017 to 2022.	All		Cllr Philip Corthorne	RS - Dan Kennedy / Debby Weller		NEW	Public

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Agenda Item 8

WORK PROGRAMME 2017/18

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 note dates for meetings 2017/18
2. To make suggestions for future working practices and/or reviews for the year 2017/18.

INFORMATION

All meetings to start at 7.00pm

Meetings	Room
28 June 2017 - CANCELLED	CR 6
20 July 2017	CR 6
5 September 2017	CR 6
2 October 2017	CR 6
6 November 2017	CR 5
7 December 2017	CR 6
23 January 2018	CR 6
27 February 2018	CR 6
22 March 2018	CR 6

Part I - Members, Public and Press

Social Services, Housing, and Public health Policy Overview Scrutiny Committee - 2
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Social Services, Housing and Public Health Policy Overview Committee

Work of the Committee 2016/17

20 July 2017	Budget Planning Report for SS,Hsg&PH
	Final Major Review Witness Session - Benefit Reforms
	Scoping Report for next Major Review
	Work Programme 2017/18
	Cabinet Forward Plan

5 September 2017	Major Review - Benefits Final Report
	Major Review Witness Session - Loneliness and Isolation in Older Residents
	Annual Complaints Report
	Cabinet Forward Plan
	Work Programme

2 October 2017	Major Review Second Witness Session - Loneliness and Isolation in Older Residents
	Annual Report: Adult Safeguarding Board
	Cabinet Forward Plan
	Work Programme

6 November 2017	Major Review Final Report
	Update on the Use of Assistive Technology by Adult Social Care to Support Independent Living review
	2017/19 BCF Plan
	Cabinet Forward Plan
	Work Programme

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7 December 2017 (reserve meeting)	TBC
	TBC
	TBC

23 January 2018	Council Budget 2018/19
	Cabinet Forward Plan
	Work Programme

27 February 2018	Presentation/Information Item - TBC
	Cabinet Forward Plan
	Work Programme

22 March 2018	Stroke Review - Update Report
	Cabinet Forward Plan
	Work Programme

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