

Minutes

SOCIAL CARE, HOUSING AND PUBLIC HEALTH POLICY OVERVIEW COMMITTEE

21 October 2020



Meeting held at VIRTUAL - Live on the Council's
YouTube channel: Hillingdon London

	<p>Committee Members Present: Councillors Ian Edwards (Chairman) Heena Makwana (Vice-Chairman) Judith Cooper Alan Deville Tony Eginton Janet Gardner Becky Haggar Paula Rodrigues Steve Tuckwell</p> <p>Witnesses Present: Leanne Williams, HPCF Representative Georgie Bhad, HPCF Representative Aisha Richardson-Long, HPCF Representative</p> <p>LBH Officers Present: Kevin Byrne, Head of Health Integration and Voluntary Sector Partnerships Sharon Daye, Consultant in Public Health Kate Kelly-Talbot, Assistant Director - Adult Social Work Dan Kennedy, Director, Housing, Environment, Education, Performance, Health & Wellbeing Liz Penny, Democratic Services Officer Poppy Reddy, Head of Service - Court and Children with Disabilities</p>
14.	<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>
15.	<p>DECLARATIONS OF INTEREST IN MATTERS COMING BEFORE THIS MEETING (<i>Agenda Item 2</i>)</p> <p>None.</p>
16.	<p>TO RECEIVE THE MINUTES OF THE PREVIOUS MEETING DATED 23 SEPTEMBER 2020 (<i>Agenda Item 3</i>)</p> <p>RESOLVED: That the minutes of the meeting dated 23 September 2020 be approved as an accurate record.</p>

17. **TO CONFIRM THAT THE ITEMS OF BUSINESS MARKED AS PART I WILL BE CONSIDERED IN PUBLIC AND THAT THE ITEMS MARKED AS PART II WILL BE CONSIDERED IN PRIVATE** (*Agenda Item 4*)

It was confirmed that all items were in Part I and would be considered in public.

18. **COMMITTEE REVIEW: MAKING THE COUNCIL MORE AUTISM FRIENDLY: WITNESS SESSION 2** (*Agenda Item 5*)

Poppy Reddy, Head of Service – Court and Children with Disabilities, presented the report. Due to unforeseen circumstances, Vikram Hansrani, Assistant Director of SEND & Inclusion, was not in attendance. It was agreed that any questions from the Committee which Poppy was not in a position to answer would be forwarded to Vikram for his response after the meeting.

The report highlighted the services available to residents and local authority support available to adults and children with autism. Members were informed that the Special Educational Needs and Disabilities (SEND) Service and Inclusion Service in Hillingdon consisted of three strands – SEND, SEND Advisory Service and the Educational Psychology (EP) Service. The Committee was advised that the latter was a very popular service. There were two primary referral pathways into the EP Service – statutory and traded.

In terms of Statutory Services, the first point of contact for families was the Early Help Team within the Multi Agency Support Hub (MASH). All staff were appropriately trained to have an understanding of autism and how to help families. Where a child had a disability which met the eligibility criteria for specialist or statutory intervention, the cases were referred to the Children with Disabilities Team (CWD) which consisted of 8 qualified social workers and two family support workers. Following a holistic assessment and identification of need, families were supported via a bespoke Child in Need Plan that was reviewed 6-monthly. A package of support was considered within the Plan which could include:

- Social Worker support, advice, advocacy and guidance – different communication methods were employed to include play, visual aids, sensory items and electronic devices. During the lockdown period, tablets had been provided to children and families for their use;
- Direct payments and agency packages to enable families to purchase services directly. A personal budgets policy would soon be launched – this would give families more choice and independence in choosing services;
- Short breaks to give carers a break and to enable the young person to develop different relationships and learn new skills;
- From October 2020, Harrow Mencap had been granted the contract to deliver short breaks in Hillingdon – this included holiday and weekend programmes. During lockdown, Harrow Mencap had assisted the local authority by providing virtual activities, art activities, singing etc – these had been popular initially but did not give families the break they really needed;
- Hillingdon had one excellent in house respite resource - Merriemfield House Resource Centre which offered overnight stays to give families a much-needed break;
- Referrals to targeted services.

A number of other community resources were tapped into to offer support to families, short breaks or activities including HACS, and CASS. A Home from Home option was

being explored whereby foster carers would provide respite care in their own homes.

The CWD team worked with young people until the age of 18 at which time they would transition into adult services if they met the criteria. A transition panel met on a monthly basis and young people were introduced to the panel from the age of 14 to ensure a smooth transition. Those young people who did not meet the criteria would be signposted to other activities and services. LAC children would have local authority involvement until the age of 25.

Members enquired whether Children's Social Care statutory services were assessed and benchmarked against those of other local authorities. It was confirmed that the service provided by Hillingdon was deemed to be very good - a lot of positive feedback had been received. In terms of costs, it was very difficult to provide accurate figures since the provision was based on individual need and varied hugely – there was no cap on expenditure. There was no waiting list at present – all the young people had an allocated social worker. However, it was noted that not all young people with disabilities fell under the remit of the CWD Team.

The Committee welcomed the report but commented that more data would have been helpful. Clarification regarding the chart on page 12 of the agenda pack was requested as this was somewhat unclear and appeared incomplete. It was agreed that this request would be passed to Vikram Hansrani for further clarification after the meeting. Vikram would also be asked to provide clarification regarding referrals into the Educational Psychology Service – were these being actioned speedily, how many young people were still waiting and how did Hillingdon compare with other local authorities?

Members were pleased to note that approximately 80% of the young people with ASD who had graduated from the supported internships were now in full time employment. It was agreed that, following the meeting, Vikram would be asked to provide further information as to the number / percentage of young people who took up the supported internships initially.

Councillors requested a pie chart or graph to demonstrate the range / different types of autism. It was agreed that this would be explored further by Democratic Services.

In response to questions from the Committee, it was confirmed that, prior to the pandemic, a representative of the benefits service had been co-located in the Civic Centre to provide benefits advice to the leaving care cohort and to assist social workers in supporting families with members with ASD; particularly in relation to accessing benefits which was a complex area.

Members enquired how EHCPs were monitored and tracked. It was confirmed that EHCPs were reviewed annually to ensure they continued to meet the need; they would be updated as required.

In response to further enquiries from the Committee, it was agreed that Vikram would be asked to clarify what additional resource provision within secondary settings to meet the needs of CYP with ASD was currently being explored and who was being consulted on this (as mentioned on page 12 of the agenda pack). Members were informed that Vikram Hansrani chaired a special schools' meeting once a month – one of the issues discussed was how the local authority could support these schools. Vikram would be asked to provide further clarity on this.

The external witnesses (representatives of the Hillingdon Parent Carer Forum - HPCF)

were invited to provide further information regarding their own personal experiences.

Georgie Bhad addressed the Committee confirming that the HPCF was a small steering group in Hillingdon which aimed to be the voice of parents of children with special educational needs and disabilities. Parents were surveyed and asked about their experiences and the information was fed back to the local authority. It was noted that parents were often quiet when things were going well and more vocal when they were having difficulties. Members were informed that parents felt the criteria to access the type of help set out by Poppy in her report were high in Hillingdon – Georgie’s own son attended a special school and had moderate learning difficulties but did not qualify for such support. Short breaks could be accessed but were payable. An EHCP had been in place for her son for many years but it was noted that available services in the Borough were restricted and demand outstripped supply. Waiting lists to be diagnosed with autism were very long and it was often difficult to meet the criteria for an EHCP.

In response to questions from the Committee, it was confirmed that local criteria were based on central Government advice. It was agreed that Democratic Services would attempt to source further information regarding the local criteria to access additional support services and a comparison with those of neighbouring boroughs.

Leanne Williams of HPCF addressed the Committee confirming that an ‘ELSA’ was an Emotional Literacy Support Assistant. Leanne commented that, in Hillingdon, the EP service, Schools’ Advisory Service and support in special schools for children with ASD were very good. It would be useful to have more information regarding the number of ASD students in Hillingdon, the number that access Poppy’s service and the level of students that needed EHCPs. It was felt that many schools did an excellent job in terms of monitoring and reviewing EHCPs; however, this was not the case in all schools. Where problems arose, the systems and processes were in place to escalate these, though they were not always dealt with speedily.

Aisha Richardson-Long addressed the Committee informing Members that she was the mother of two children with special needs and had recently managed to secure an EHCP for her son. It was confirmed that her children attended special schools but did not meet the criteria to access the services outlined by Poppy. Ms Richardson-Long praised the level of support available within the special schools attended by her two children. However, the Committee was advised that, when their children first received a diagnosis of ASD, many parents struggled to cope and needed more guidance and help which was difficult to access. It was felt that more support should be made available to those children who did not meet the criteria for Poppy’s service so they did not miss out. In response to questions from the Committee, Ms Richardson-Long confirmed that she had not initially received the guidance she needed from the local authority. She had found SENDIASS to be excellent and very supportive; however, it had taken her a long time to access the level of support she needed which had been extremely stressful.

Members enquired how the HPCF service linked in with the Council. It was confirmed that HPCF was a statutory service - all local authorities had to offer an information and advice service for local residents.

Members acknowledged that, in terms of special schools, the provision in Hillingdon was excellent. Clarification was sought as to how mainstream schools were managing in terms of those children who did not meet the criteria to attend special schools, did not qualify for an EHCP and were falling beneath the radar. It was confirmed that mainstream schools were in receipt of SEN support funding to support these young people. It was acknowledged that it was difficult for schools as autism was a very wide

spectrum which presented itself in a variety of ways and children with ASD had differing needs. However, if mainstream schools could handle this more effectively, there would be less need for EHCPs. Parents often felt an EHCP would provide some leverage to get the level of support and help their child needed.

In response to further questions from the Committee, it was confirmed that, in her time of need, there had been no support available from the local authority for Aisha as the mother of children with special needs.

The external witnesses from HPCF were thanked for attending the meeting and for their useful contributions to the discussion.

RESOLVED That the Committee:

- 1. Gave consideration to the information provided in the report; and**
- 2. Sought the views of witnesses and asked any necessary questions in support of the Committee's review.**

19. **COVID-19 LOCAL OUTBREAK CONTROL PLAN** (*Agenda Item 6*)

Dan Kennedy, Director – Housing, Environment, Education, Performance, Health & Wellbeing, introduced the Covid-19: Hillingdon Local Outbreak Control Plan report providing some background and context.

Members were informed that, following the national lockdown in response to the Covid-19 pandemic, local authorities had been requested to prepare a Local Outbreak Control Plan to prevent and contain the spread of the virus. The report had been published on 30 June 2020. Since then infection rates had been rising again and London boroughs had recently been placed into Tier 2 (High) level restrictions. Key points within the report were highlighted:

- Staff had been mobilised across the Council to assist with food deliveries etc during wave one;
- In terms of testing, there were 3 testing sites across the Borough – a third one had recently been opened at Brunel University which would be in operation 7 days a week until at least the end of March 2021. This site had been chosen to enable students to access a test quickly;
- In care settings, staff and residents were tested regularly;
- The testing rate across the Borough was good – approximately 350 tests were being conducted per day per 100,000 population – this was thought to be the 3rd highest rate in London;
- In terms of PPE, Central Government had provided local authorities with PPE for distribution to care providers and other key providers – Hillingdon had a good supply of PPE;
- Re. the enforcement of licensed premises, the Council's licensing and ASB teams were making unannounced visits across the Borough, particularly at weekends, to ensure QR codes and table service were in use. In cases of non-compliance, a verbal warning would be issued initially, followed by a written warning on a second visit and, finally a fixed penalty notice would be issued. Compliance had generally been good thus far;
- In terms of track and trace, Hillingdon was setting up its own local track and trace system working with Public Health England. Staff were being trained and it was anticipated that this system would go live in November.

Sharon Daye, Consultant in Public Health, addressed the Committee. Members were informed that the local authority had been working closely with Brunel University, Bucks University and Uxbridge College. Fortnightly four-way meetings were held to look at aspects of work in relation to Covid-19. All three had local outbreak plans in place. Contract tracing was only possible within the confines of the university / college; once students left the university or college, NHS contract tracing was expected to take over. One University had found that only 41% of students had been contacted by NHS contact tracing re. their movements; this was a matter of concern. Robust systems were in place to ensure the places of study were Covid secure. Currently numbers of positive cases were very low.

Members sought reassurance that the voice of Hillingdon was being represented at a London level and enquired whether it would be possible to obtain more detailed information about the prevalence of Covid by Ward. The Committee was informed that a London wide approach was being taken at present since Londoners tended to travel around a lot and did not always recognise boundary differences. At present, although the level of infection appeared to be stabilising, moving London to Tier 2 (High) level restrictions was not considered to be excessive. However, it was confirmed that, if this approach were considered disproportionate, representations would be made to Central Government. At present the Covid-19 infection level in Hillingdon was just over 100 in 100,000. The highest level in London was around 150 per 100,000 and the lowest was 75 – 80 per 100,000. Members were informed that granular data was available at Ward level and was used to decide whether more targeted messaging or pop up testing sites were required in certain areas. Public Health England had stipulated that published data had to be clean hence Ward level information was not published and a Borough-wide approach was taken.

Committee Members sought further clarification regarding the test and trace system in Hillingdon. It was confirmed that this service was led by the NHS. In Hillingdon, approximately 70% of those who tested positive were being contacted successfully – usually within 48 hours. A new model was being introduced whereby, if the NHS were unable to contact somebody within 24 hours, details of that person would be passed to the local authority in Hillingdon. Attempts would be made to call that person 2 or 3 times initially; if this was unsuccessful, a member of staff would be despatched to door knock and advise the person to self isolate and seek a test. Councillors were informed that about 350 tests per 100,000 people were being carried out at present on a daily basis; this was the 3rd highest test rate level in London. There was capacity to increase this if required and extra testing could be mobilised to hot spot areas.

In response to further enquiries from the Committee, it was confirmed that, at the outset of the pandemic, Fiona Gibbs and Marion Finney in the Housing Team had held virtual meetings with faith and community leaders to ascertain how they would prefer to receive information. It had been agreed that messages would be provided to community group leaders to enable them to tailor and deliver them appropriately. Contact had been made with approximately 150 community group leaders and, in some cases, word of mouth was the preferred method of delivery. Social media, posters, Hillingdon People and the Council website were also being utilised for messaging purposes.

Members expressed concern that, in terms of disability groups and charities, the messaging was somewhat unclear; these groups needed to have a better understanding of what they could / could not do, particularly now that Hillingdon had moved into Tier 2. The Committee was advised that information was being delivered through the co-ordinating group Hillingdon 4 All. However, it was noted that it was a fast-changing environment and people had been bombarded with information. The

Communications Team had attempted to clarify what Tier 2 meant. It was agreed that officers would check that these groups were receiving the appropriate messaging and a virtual meeting would be set up to give them an opportunity to ask questions and request clarifications.

Members noted that, in schools and colleges, conflicting information was being provided to children in some instances regarding self isolation periods when they had been in contact with someone who had tested positive with Covid-19. It was agreed that Councillor Haggard would provide further information to Sharon Daye, Consultant in Public Health, to enable her to follow this up. It was essential that all messaging was clear and consistent.

RESOLVED: That the Social Care, Housing and Public Health Policy Overview Committee noted and commented on the content of the report and requested clarification as required.

20. **UPDATE ON ADULT COMMUNITY AND CHILD & ADOLESCENT MENTAL HEALTH SERVICES IN HILLINGDON** (*Agenda Item 7*)

Kate Kelly-Talbot, Assistant Director – Adult Social Care, addressed the Committee. Members were informed that the majority of mental health services in Hillingdon were provided by CNWL Mental Health Trust. These included the community mental health teams, primary care mental health teams that supported GPs, talking therapies, crisis and treatment teams, a psychiatric liaison team in A&E and early intervention services.

Members were advised that the Council's role was to recognise the existence of these services and refer / direct residents to them. The Council was not involved in the commissioning or direct service delivery of these services. However, it had some responsibility through its overarching safeguarding responsibilities for core services in the Borough. In terms of statutory social work, the Committee was advised that, since the disaggregation of the integrated community mental health teams, people with mental health issues would be subject to the same legislation as any other resident in terms of statutory social work services (the Care Act and Mental Capacity Act).

In terms of statutory services, one distinctive area was around AMP – the Approved Mental Health Practitioner Service. Members were advised that this was a Council statutory function provided by a specialist social worker team who undertook Mental Health Act assessments. In terms of social care services delivered by the Council, some specialist supported living services were available to those with severe mental illness. A floating support service was also offered to help maintain people in tenancies. A range of voluntary sector support was provided through the Council including social inclusion, peer support, welfare benefit advice, advocacy services and dementia services.

Kevin Byrne, Head of Health Integration & Voluntary Sector Partnerships, provided the Committee with an update in relation to Child & Adolescent Mental Health Services in Hillingdon (CAMHS). Members were informed that mental health services related largely to services commissioned by external partners; CAMHS was commissioned by the CCG at present through CNWL NHS Trust.

It had previously been a matter of considerable concern that young people in the Borough had been waiting too long to receive the support they needed from CAMHS; the target of 85% of young people to receive support within 18 weeks had not been met by CNWL for a long time. However, the Committee was informed that, for the last year

or so, targets had been met. The local authority had worked alongside the CCG and other partners to look closely at supporting structures to prevent people from needing the services offered by CNWL. A Local Transformation Plan, agreed by the Health & Wellbeing Board, had been introduced and early intervention services had been focussed on. The local authority had commissioned three services through public health funding: KISS (sexual health services), the Link Service (early counselling) and Sorted (addiction management). These services were embedded within youth services based at Fountains Mill. In collaboration with the CCG, a service called Kooth had been launched some two years ago to provide young people with online support and access to Counselling. This had been very successful in reaching young people who had not been engaged previously, particularly those from BAME backgrounds. This was a very popular service; approximately 650 people had accessed it for advice and support in the last quarter.

Members were informed that the Council now had a much more structured and multi-disciplined way of reviewing and addressing the mental health needs of young people in the Borough. The Council had worked closely with the voluntary sector, particularly P3, to launch this early intervention project. P3 had been targeting the areas of greatest need in the Borough – Yiewsley and West Drayton and Hayes and Harlington. Young people had been informed of other referral routes available to them besides CAMHS including HACS, the Centre for ADHD and ASD and alcohol addiction services. Officers were more confident than they had been in the past that young people were being supported and directed appropriately. It was confirmed that the Health & Wellbeing Board would receive a report on 1 December 2020 to explain what had been happening during the Covid period and to set out the plan for the future. It was noted that mental health services in Hillingdon had seen a large increase in demand over the last few months.

Members welcomed the early intervention approach. In response to questions from the Committee, it was confirmed that the Council was working closely with schools to direct those young people in need to support to the agencies available to help them. This approach was working far better than it had in the past and had resulted in a reduction in demand on CAMHS. Oversight of the local development plan and its effectiveness in ensuring that young people receive the help they needed was the responsibility of the Borough's Health and Wellbeing Board. A fuller report could be commissioned from the CCG if required.

Members congratulated officers on their achievements, especially during the challenging Covid-19 period. It was noted that it had been a particularly difficult time for children and young people and Members requested clarification as to the early intervention signs in place to identify if there was an issue with a child or young person. It was confirmed that the early intervention project was up and running and referrals could come through schools to the central hub which would consider the options available. An up-to-date report was being prepared for the Health & Wellbeing Board to set out what had been happening over the last few months. It was agreed that this report would be brought to the POC once presented to the Health & Wellbeing Board in December.

RESOLVED: That the verbal update be noted.

21. **CORPORATE PARENTING PANEL MINUTES - 17 SEPTEMBER 2020** (*Agenda Item 8*)

It was noted that future Corporate Parenting Panel meetings would be themed.

	<p>Members observed that Cllr Nick Denys co-chaired the Corporate Parenting Panel meetings with one of the young people. It was requested that the minutes be amended to reflect this.</p> <p>RESOLVED: That the minutes of the Corporate Parenting Panel meeting dated 17 September 2020 be agreed as an accurate record, subject to an amendment to indicate that Cllr Nick Denys co-chaired the meetings with one of the young people.</p>
22.	<p>FORWARD PLAN (<i>Agenda Item 9</i>)</p> <p>RESOLVED: That the Social Care, Housing and Public Health Policy Overview Committee noted items going to Cabinet.</p>
23.	<p>WORK PROGRAMME (<i>Agenda Item 10</i>)</p> <p>It was confirmed that a representative of HACs would be attending the next meeting of the Social Care, Housing and Public Health POC.</p> <p>RESOLVED: That the Social Care, Housing and Public Health Overview Committee considered the report and agreed any amendments.</p>
	<p>The meeting, which commenced at 7.00 pm, closed at 9.03 pm.</p>

These are the minutes of the above meeting. For more information on any of the resolutions please contact Liz Penny on 01895 277655. Circulation of these minutes is to Councillors, Officers, the Press and Members of the Public.

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