



HILLINGDON  
LONDON



# Virtual Social Care, Housing and Public Health Policy Overview Committee

## Councillors on the Committee

Ian Edwards (Chairman)  
Heena Makwana (Vice-Chairman)  
Judith Cooper  
Alan Deville  
Tony Eginton (Opposition Lead)  
Janet Gardner  
Becky Haggar  
Paula Rodrigues  
Steve Tuckwell

**Date:** WEDNESDAY, 21  
OCTOBER 2020

**Time:** 7.00 PM

**Venue:** VIRTUAL - LIVE ON THE  
COUNCIL'S YOUTUBE  
CHANNEL: HILLINGDON  
LONDON

**Meeting  
Details:** Virtual

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Putting our residents first

Lloyd White  
Head of Democratic Services  
London Borough of Hillingdon,  
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## Terms of Reference

The Following Terms of Reference are common to all Policy Overview Committees (referred to as “The overview role”):

1. To conduct reviews of policy, services or aspects of service which have either been referred by Cabinet, relate to the Cabinet Forward Plan, or have been chosen by the Committee according to the agreed criteria for selecting such reviews;
2. To monitor the performance of the Council services within their remit (including the management of finances and risk);
3. To comment on the proposed annual service and budget plans for the Council services within their remit before final approval by Cabinet and Council;
4. To consider the Forward Plan and comment as appropriate to the decision-maker on Key Decisions which relate to services within their remit (before they are taken by the Cabinet);
5. To review or scrutinise decisions made or actions taken by the Cabinet, a Cabinet Member, a Council Committee or an officer.
6. To make reports and recommendations to the Council, the Leader, the Cabinet, a Policy Overview Committee or any other Council Committee arising from the exercise of the preceding terms of reference.
7. In accordance with the Local Government and Public Involvement in Health Act 2007, to consider ‘Councillor Calls For Action’ (CCfA) submissions.

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

1. Social care services for children, young persons and children with special needs
2. Oversee the Council’s Corporate Parenting responsibilities
3. Adoption and Fostering
4. Family Services
5. Adult Social Care
6. Older People’s Services
7. Care and support for people with physical disabilities, mental health problems and learning difficulties
8. Asylum Seekers
9. Local Authority Public Health services
10. Encouraging a fit and healthy lifestyle
11. Health Control Unit, Heathrow
12. Encouraging home ownership
13. Social and supported housing provision for local residents
14. Homelessness and housing needs
15. Home energy conservation
16. National Welfare and Benefits changes

# Agenda

- 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 previous meeting dated 23 September 2020 1 - 8
- 4 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
- 5 Committee Review: Making the Council more autism friendly: WITNESS SESSION 2 9 - 24
- 6 Covid-19 Local Outbreak Control Plan 25 - 48
- 7 Update on Community and Child & Adolescent Mental Health Services in Hillingdon Verbal Update
- 8 Corporate Parenting Panel Minutes - 17 September 2020 49 - 52
- 9 Forward Plan 53 - 58
- 10 Work Programme 59 - 62

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## Minutes

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

23 September 2020



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

	<p>Ian Edwards (Chairman) Heena Makwana (Vice-Chairman) Judith Cooper Alan Deville Tony Eginton Janet Gardner Becky Haggar Paula Rodrigues Steve Tuckwell</p> <p><b>LBH Officers Present:</b> Ian Anderson, Business Manager, Complaints and Enquiries Alex Coman, Head of Service for Safeguarding and Partnerships Kate Kelly-Talbot, Assistant Director - Adult Social Care Gemma McNamara, Finance Manager - Transformation and Business Partnering Liz Penny, Democratic Services Officer Claire Solley, Head of Service Safeguarding Adults and Principal Social Worker for Adults</p>
3.	<p><b>APOLOGIES FOR ABSENCE AND TO REPORT THE PRESENCE OF ANY SUBSTITUTE MEMBERS</b> (<i>Agenda Item 1</i>)</p> <p>There were no apologies for absence.</p>
4.	<p><b>DECLARATIONS OF INTEREST IN MATTERS COMING BEFORE THIS MEETING</b> (<i>Agenda Item 2</i>)</p> <p>None.</p>
5.	<p><b>TO RECEIVE THE MINUTES OF THE PREVIOUS MEETINGS DATED 6 FEBRUARY 2020 AND 14 MAY 2020</b> (<i>Agenda Item 3</i>)</p> <p><b>RESOLVED:</b> That the minutes of the meetings dated 6 February 2020 and 14 May 2020 be agreed as an accurate record.</p>
6.	<p><b>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</b> (<i>Agenda Item 4</i>)</p> <p>It was confirmed that all items of business were marked as Part I and would be considered in public.</p>

7. **2020/21 BUDGET PLANNING REPORT FOR SERVICES WITHIN THE REMIT OF SOCIAL CARE, HOUSING & PUBLIC HEALTH POC** (*Agenda Item 5*)

Gemma McNamara, Finance Manager, presented the information in the report. Key points highlighted included:

- This was the first of two opportunities within the planning cycle for the Policy Overview Committee to consider issues relating to budget planning for 2021/22 and beyond;
- The budget gap and savings requirement for the two years to 2022/23 stood at £19,987k after allowing for an assumed 3.8% per annum increase in Council Tax. This comprised a core Council Tax increase of 1.8% alongside a 2% increase relating to an Adult Social Care Precept to fund ongoing pressures within Adult Social Care;
- The inflation requirement was driven by workforce inflation through anticipated annual 2% pay awards and a further 0.5% increase in employers' pensions contributions, with £4.829k increases on the cost of care provision where annual pay inflation of around 4% was expected to keep pace with growth in the London Living Wage;
- Corporate items represented the second largest contributor to the budget gap with £7,589k growth required over the Medium Term Financial Forecasting (MTFF) period;
- Increasing demand for services linked to a growing and changing population accounted for £6,886k of the projected savings requirement, linked to Waste disposal, Adult Social Care, SEN Transport and Children's Social Care;
- In relation to Covid-19, General Fund pressures of £25m were projected in relation to the impact of the pandemic and the Council's response during the 2020/21 financial year. Grants towards this of £15,617k had been confirmed and a further £8,500k was expected. It was anticipated that these funding allocations, together with the use of earmarked reserves, would contain this exceptional pressure in the current financial year;
- Unallocated General Balances totalling £28,266k at 31 March 2021 were projected;
- Within the MTFF there was inevitably a higher level of uncertainty than usual and both the Spending Review 2020 and the Business Rates Retention policy had been delayed;
- The pandemic had left Councils facing huge pressures; however, Hillingdon Council was well placed to respond to the ongoing financial challenge with a solid track record of delivering balanced budgets and retaining £34,239k of unallocated General Balances at 31 March 2020;
- In terms of next steps, the MTFF would be considered by Cabinet in December 2020 and would be consulted on during December 2020 and January 2021. This would include detailed consideration by each of the Policy Overview Committees of the proposals relating to their respective services.

Members requested clarification as to how the actual pay award for Council staff of 2.75% - higher than the 2% budgeted for – would affect these figures. It was confirmed that this had been allowed for in the budget for the coming year and, in the current year, was being contained within existing resources.

Members enquired whether the projected savings could be achieved in the next two years without the need for frontline service cuts. It was noted that this was a matter for Cabinet to determine rather than the Policy Overview Committee.

**RESOLVED: That the Committee noted the financial context in which the 2021/22 budget setting process would take place in advance of detailed proposals being developed and approved at Cabinet in December 2020.**

8. **HILLINGDON SAFEGUARDING PARTNERSHIP ANNUAL REPORT 2019-2020**  
(Agenda Item 6)

Alex Coman, Head of Safeguarding – Children’s Services and Claire Solley, Head of Service – Safeguarding Adults presented the Hillingdon Safeguarding Partnership Annual Report 2019-20. It was noted that this was the Partnership’s first report under the new arrangements and was a final draft version still awaiting validation from the Safeguarding Partnership’s Executive Leadership Group which was due to meet at the end of October. Key points highlighted included:

- Safeguarding arrangements had been reviewed and the Hillingdon Safeguarding Partnership worked towards strengthening the collaborative working between Children and Adult Safeguarding and other strategic forums in the Borough. Legislative changes had introduced a new approach to safeguarding partnerships whereby the local authority, the local Clinical Commissioning Group and the Police shared equal responsibility for safeguarding vulnerable children;
- Hillingdon was striving to be a pioneer in its collaborative safeguarding arrangements;
- The report focused on work done by both the Safeguarding Children Partnership and the Safeguarding Adult Board;
- There were still distinct areas of work and separate legal frameworks for children and adults but a collaborative shared approach was possible in a number of areas – the Modern Slavery Sub Group, the Practice Development Forum and a Serious Case Panel;
- In terms of adults, the key priorities in 2019-20 were financial abuse, modern day slavery and domestic abuse. An ambitious action plan – ‘Making Safeguarding Personal’ had commenced whereby the views of adults were at the centre of everything. 84% of individuals in safeguarding cases had been asked what they wanted to happen and 94% of these outcomes had been achieved. The total number of adult safeguarding concerns received by the local authority had increased by 20% year on year. A number of individuals had praised the local authority for the work undertaken to help them feel safe. Section 6.7 of the report outlined the work of the Provider Risk Panel and the Care Governance Board. These groups aimed to optimise the quality of the care and support delivered by providers within the Borough. Section 6.8 highlighted the work of the high-performing Deprivation of Liberty Safeguard Team (DoLs). This team was recognised across London and nationally as an example of excellent practice. Areas to work on were to strengthen the voice of the adult with a move towards having lay Members and adults represented on the Safeguarding Adult Board. Work on the Multi-Agency Safeguarding Hub (MASH) had commenced – this would sit alongside the existing children’s MASH to strengthen the approach across the Borough in responding to safeguarding concerns. This would also link to developments around domestic abuse - One Front Door;
- In terms of children, colleagues and agencies who had contributed to the report were thanked for their hard work and commitment. Priorities in 2019-20 included the protection of children at risk of contextual safeguarding and a focus on neglect. It was anticipated that the new coherent strategy across all ages would lead to great outcomes. Another key area of focus for the partnership was the learning from good practice both locally and nationally. The excellent work of the

adolescent team was highlighted. The team had introduced an innovative way of working with vulnerable young people who were at high risk of exploitation and criminal activity. This innovative approach had been recognised both regionally and nationally. In January 2020, Children's Services and the Partnership had been scrutinised by Ofsted and a very positive letter had been published by Ofsted on their website in February 2020. To engage children and young people, they were encouraged to participate in meetings and more than 300 looked after children had done so over the past year – either face to face, by phone, by video, via an advocate or in writing. Collaborative working had led to good placement stability which was a very positive outcome. The Committee was informed that the Children in Care Council had prepared and delivered a very insightful training session entitled 'Walking in Our Shoes' which focused on their experiences of being in care and what 'good' looked like. Following delivery of this training, feedback had been excellent. The Children in Care Council had also won an award for best community group which they had received in the House of Commons. The success of the Troubled Families Programme was also highlighted – above average successes had been achieved in turning around the lives of families in Hillingdon.

Members congratulated officers on their in-depth and focused report and were reassured to hear that the Partnership was working so successfully to safeguard all residents – both young and old.

In response to questions from the Committee, it was confirmed that, in cases of domestic abuse, the children involved were being safeguarded and their needs considered. Information was received in the multi-agency safeguarding hub (MASH) and a whole family approach was taken – consideration was always given to the needs of the children involved in such cases. The report mentioned the success of the Independent Domestic Violence Abuse (IDVA) service which was going from strength to strength in supporting victims of domestic abuse and their children. An IDVA colleague had been placed in Hillingdon Hospital to increase awareness of domestic abuse; this had led to an increase in referrals from 51 the previous year to 129 which was a positive development.

Members noted that some of the charts were a little unclear due to the lack of colour used in the printing process (pages 64 and 65 of the agenda pack). It was confirmed that there were always more concerns than enquiries – 25% of concerns had progressed to enquiries which was an increase of 7% on the previous year. It was noted that adults did not always welcome interventions and therefore a concern may not progress to an enquiry in such cases.

The Committee requested clarification regarding the impact of Covid-19 on adult and children's social care. It was confirmed that the report covered the previous financial year (to March 2020) and therefore did not focus on the Covid period itself. Members were advised that, during the Covid-19 period, officers had continued to contact residents in need of support. Essential visits had continued (having taken into account the necessary risk assessments) and members of the public had still been able to make contact in the usual ways – via the online forum, by phone, letter, email etc. In terms of training, the Partnership had contacted providers to ask them to deliver training virtually. The option of e-learning had been re-visited and some small Covid-secure workshops were also ongoing. The Professional Development Forum had also developed some strong guidance in relation to staff development. A multi-agency training matrix across children's and adult social care was currently being worked on.

Councillors requested further clarification regarding the serious case review referred to

in the report and enquired whether the 16 recommendations had been addressed. It was confirmed that the recommendations had been accepted when the review was published and the Safeguarding Partnership was monitoring implementation of those recommendations utilising a coherent tracking mechanism. A learning event involving nearly 200 participants had been planned for the end of March 2020 but had not taken place due to the pandemic. Instead a briefing note had been sent out and the action points were under constant review. The responsibility for safeguarding was shared between the local authority, the CCG and the Police who made up the Executive Leadership Board which held the Partnership to account. In response to Councillors' requests for clarification, it was confirmed that a new National Safeguarding Panel had been introduced. Since September 2019, whenever a significant incident happened, the local authority and the safeguarding partners would have to arrange a Rapid Response meeting within 15 days to consider the incident and reach a decision regarding further action and the best way in which learning could be extracted. This decision was always shared with and scrutinised by the National Safeguarding Panel. It was confirmed that, during the financial year in question, all decisions made by LBH and partners had been endorsed by the National Safeguarding Panel.

In response to questioning from the Committee, it was confirmed that LAC children were encouraged to complete a Children's Strengths and Difficulties Questionnaire (SDQ). Officers worked closely with care providers and health colleagues to ensure that the person closest to the child helped them to complete the assessment. It was encouraging to see that the SDQ scores were continuing to decrease. If any child scored over 17, the MAPS or CAMHS service would be engaged to support them.

Members sought reassurance that, at an operational level, the relevant agencies were committed and engaged and were attending meetings as required. It was confirmed that the attendance of police and health professionals, particularly at strategy meetings, was monitored. To improve police attendance, the Police's Child Abuse Investigation Team (CAIT team) was now co-located in the MASH alongside domestic abuse officers, social workers and health colleagues. Police representatives attended Child Protection conferences and forums attended by the local authority and the police were held regularly. A new process had started during the year whereby the School nurses and health visitors were also notified of strategy discussions and child protection conferences with sufficient information and notice to enable them to attend. It was further confirmed that social workers were always in attendance at Child in Need meetings and Child Protection conferences.

Members thanked officers for the comprehensive reports and were reassured that steps were being taken to safeguard residents in Hillingdon.

**RESOLVED:**

- 1) That the report be noted; and**
- 2) That delegated authority be granted to the Chairman and the Labour Lead in collaboration with Democratic Services to agree the wording of the POC's comments on the report which was to be presented to Cabinet in October.**

Ian Anderson - Business Manager, Complaints and Enquiries, introduced the report. Members' attention was drawn to a poem on page 102 of the agenda pack which had been written by a young person to thank her social worker and Personal Assistant for the help they had given her. The Committee was reminded that residents were often very appreciative of the services supplied by the Council.

Key points highlighted in the report included:

- The data focused on the last two years 2018/19 and 2019/20 – future reports to POC would cover a five-year period;
- During the financial year 2018/19, 2756 informal complaints had been recorded – this had reduced to 2339 in 2019/20;
- Over the same period, the number of Stage 1 complaints had risen by 3% from 837 to 861 and Stage 2 complaints had increased from 73 to 80;
- Statistically it appeared that 91% of complaints were being resolved at Stage 1;
- There had been a significant drop in the number of cases investigated by the Ombudsman from 86 to 59;
- The number of compliments received had risen from 234 to 301;
- A large number of compliments had already been received in the period 2020/21 and it was estimated that the number would reach approximately 600 by the end of the financial year;
- Residents had been particularly complimentary about the wild flowers across the Borough;
- The volume of Members' enquiries had dropped slightly from 11,308 to 11,047;
- Residents Services accounted for 97% of all enquiries from Elected Members – the majority were in relation to Waste Services (5,949 enquiries);
- Few Members' enquiries regarding Children's Services and Adult Social Care were received; however, it was noteworthy that those received were generally more complex and took longer to investigate and resolve;
- An area for improvement was in relation to the timeliness of responses. It was important that complaints and enquiries were responded to on time. At present 99% of Finance complaints, 93% of Adult Social Care complaints and 86% of Children's Services complaints had been responded to within target. However, 72% of Resident Services complaints had been responded to within target. The Business Manager, Complaints and Enquiries was working with the relevant teams to improve response times in this area.

Members congratulated Ian Anderson on his detailed and thorough report and appreciated its transparency and honesty. In response to Councillors' requests for clarification, it was confirmed that it was difficult to say that 91% of Stage 1 complaints were resolved as a complainant could escalate a complaint to Stage 2 many months later. The only conclusion that could be drawn from the numbers was that the complaints process was doing what it was designed to do in that as you went up the Stages, there were fewer complaints.

With regards to a correlation between Stage 2 complaints and those which progressed to the Ombudsman, Members were informed that it was difficult to draw any conclusions from this as Ombudsman investigations took a very long time to be concluded and the findings could even be reported the following year. However, it was confirmed that the Council took the Ombudsman's findings very seriously and, if the Council was found to be at fault in some way, officers at all levels would consider what needed to be done to ensure that it did not happen again. Officers were committed to providing the best service possible and when things went wrong, to put them right. Members were informed that officers engaged in a constructive and positive way with

the Ombudsman and were mindful that if the Ombudsman was unhappy with the operation of a particular local authority, it could publish a public report to this effect.

**RESOLVED: That the Committee noted the contents of the report and provided any comments to officers as appropriate.**

10. **AUTISM REVIEW - 'MAKING THE COUNCIL MORE AUTISM FRIENDLY'** (*Agenda Item 8*)

Members were informed that the Scoping Report had been updated and the timings revised due to Covid-19. It was confirmed that all Members had been invited to complete an online Basic Autism Awareness training module.

In terms of next steps, it was confirmed that the October meeting would focus on Children's Services, Transitions and Preparation for Adulthood while the meeting in November would cover Wider Council Services. It was hoped that a representative from the Parent Carer Group would attend the October meeting while a member of the Hillingdon Autistic Care Service (HACS) would be in attendance at the November meeting. A survey of Council frontline services would also be conducted to ascertain how autism-friendly they were.

Members requested the attendance of a representative from the Benefits Agency at witness session 3 as it was unclear how the system worked in terms of the allocation of benefits to those with autism. This would enable the Committee to understand how autism-friendly the access to benefits was at present.

The Committee enquired whether it would be possible to invite a representative of a charity for adults with autism to attend a witness session. It was also noted that it was important to establish the autism-friendliness of establishments (including shops) within Hillingdon both for adults and children. Members were informed that the Centre for ADHD and Autism Support offered help to both adults and children but focused mainly on the London Borough of Harrow.

It was suggested that an additional witness session could be required and, if necessary, the work programme would be adjusted accordingly.

For the October meeting, the Head of Safeguarding – Children's and Young People's Services was informed that it would be useful to understand from parents whether they felt the Council was receptive to the issues regarding which they were seeking help. For older children, it would be beneficial to understand how the Council ensured it listened to them and how it dealt with potential conflict between what the children might want and what their parents might prefer.

**RESOLVED That the Committee:**

- 1) Gave consideration to the updated scoping report and made comments and suggestions on the detail contained therein; and**
- 2) Considered the information received from officers.**

11. **CORPORATE PARENTING PANEL MINUTES - 19 MARCH 2020** (*Agenda Item 9*)

The minutes of the Corporate Parent Panel meeting on 19 March 2020 were agreed, including resolution 5, point 33 in respect of an increase in the Membership of the Corporate Parenting Panel to include a Senior Officer from Children's Services.

	<b>RESOLVED: that the minutes of the Corporate Parenting Panel meeting on 19 March 2020 be approved and the proposed increase in the Membership of the Corporate Parenting Panel to include a Senior Officer from Children’s Services be agreed.</b>
12.	<p><b>FORWARD PLAN</b> (<i>Agenda Item 10</i>)</p> <p>It was noted that, on 24 September 2020, Cabinet would consider the Covid-19 local outbreak control plan. It was suggested that this report be further scrutinised at the October meeting if time allowed. Alternatively, a special meeting of the Social Care, Housing and Public Health Policy Overview Committee could be convened to consider this. It was agreed that the Chairman, Labour Lead and Democratic Services would discuss this further outside of the meeting.</p> <p><b>RESOLVED:</b></p> <ol style="list-style-type: none"> <li>1) That the Social Care, Housing and Public Health Policy Overview Committee noted and commented on the items going to Cabinet; and</li> <li>2) That the Covid-19 local outbreak control plan be scrutinised, either at the October meeting of the Social Care, Housing and Public Health Policy Overview Committee, or at a specially convened meeting.</li> </ol>
13.	<p><b>WORK PROGRAMME</b> (<i>Agenda Item 11</i>)</p> <p><b>RESOLVED: That the Social Care, Housing and Public Health Policy Overview Committee considered the report and did not request any amendments.</b></p>
	The meeting, which commenced at 7.00 pm, closed at 8.37 pm.

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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## Committee Review: Making the Council more autism friendly: WITNESS SESSION 2

<b>Committee name</b>	Social Care, Housing and Public Health Policy Overview Committee
<b>Officer reporting</b>	Liz Penny, Democratic Services
<b>Papers with report</b>	1. Children's Autism – Statutory Background and Local Arrangements 2. Scoping Report
<b>Ward</b>	All

### HEADLINES

This is the second witness session as part of the Committee's in-depth review "Making the Council more autism friendly". Following discussion at the September 2020 meeting, it was agreed that the theme of this witness session would be around Children's Services, Transition and Preparation for Adulthood. To assist, officers have prepared an information report entitled "Children's Autism – Statutory Background and Local Arrangements", enclosed with this agenda. Furthermore, a number of relevant witnesses have been invited as set out below.

### RECOMMENDATIONS

**That the Committee:**

- 1. Gives consideration to the information provided in the attached report;**
- 2. Seeks the views of witnesses and asks any necessary questions in support of the Committee's Review.**

### SUPPORTING INFORMATION

At this session, the following witnesses have been invited to attend to give their perspectives, experience and advice pertinent to the review. The witnesses are:

- Poppy Reddy – Head of Service, Court and Children with Disabilities. Poppy has prepared a report, enclosed with this item entitled "Children's Autism – Statutory Background and Local Arrangements."
- Vikram Hansrani – Assistant Director of SEND and Inclusion
- Representatives of Hillingdon Parent Carer Forum (HPCF) will also attend and outline their experience and the work of the Forum. They are:
  - Leanne Williams (HPCF Co-opted member/SENDIASS)

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- Georgie Bhad (HPCF Co-opted committee member/SENDIASS)
- Aisha Richardson-Long (HPCF representative).

As stated on their website, the Hillingdon Parent Carer Forum is the voice of parents / carers of children with disabilities / SEN aged 0-25 in the London Borough of Hillingdon. HPCF aims to harvest the voice of parents/carers resident in the London Borough of Hillingdon, to help shape the services accessed by SEND children and young people aged 0 to 25, by way of co-production with the Local Authority.

The Review scoping report is also attached to assist Members in any questions they may wish to ask witnesses pertinent to the Review's objectives.

### **Implications on related Council policies**

The role of the Policy Overview Committees is to make recommendations on service changes and improvements to the Cabinet who are responsible for the Council's policy and direction.

### **How this report benefits Hillingdon residents**

None at this stage, pending any findings approved by Cabinet.

### **Financial Implications**

None at this stage.

### **Legal Implications**

None at this stage.

### **BACKGROUND PAPERS**

Previous minutes of meetings and Member Site Visit notes.



## **Children's Autism: Statutory Background and Local Arrangements**

### **1) Background Information**

In December 2018, the Government announced plans to introduce an updated national autism strategy which would cover people of all ages in England.

Ministers acknowledged that there were too many children on the autism spectrum who were held back from achieving their potential and that a national approach is needed to improve the support that is offered to children and their families.

### **2) Children's Services**

#### **i) Special Educational Need and Disabilities (SEND) & Inclusion Service**

The SEND reforms of 2014 implemented a new approach which sought to join up help across education, health and care from 0-25, with children and young people with SEN and their parents/carers fully involved in decisions about their support and what they wanted to achieve, and a strong focus on securing positive outcomes.

Within the London Borough of Hillingdon, the SEND & Inclusion Service consists of three strands

#### **SEND**

The SEND Service coordinates several statutory processes aimed at helping children and young people (CYP) meet their potential at a holistic level. Hence, working with educational settings SEND Service aims to ensure inclusive practice.

The ASD provision put in place stems from properly identified educational, health and social care needs and aims to prepare for adulthood, with particular emphasis on employment, independent living and being a member of community.

In Hillingdon we have a number of educational settings that meet the needs of CYP with ASD. There is a primary special school – Hedgewood, 4 primary Special Resource Provisions (SRP) which are: Hayes Park Primary SRP, Cherry Lane Primary SRP, St.Martin's Primary SRP and Lake Farm Park SRP.

Meadow High and Moorcroft are secondary special schools that meet the needs of many children with ASD who also have Moderate Learning Difficulties (MLD) or Profound Learning Difficulties (PLD). The secondary SRP with specialism of ASD is Oakwood. Pentland Field School is both primary and secondary provision that has a large number of children with ASD.

Hillingdon Manor Independent School also meets the needs of many CYP with ASD and Field Heath House has CYP with a range of needs including some with ASD.

We are currently exploring additional resource provision within secondary settings to meet the needs of our CYP with ASD.

The SEND Panel members share the expertise to signpost and advise all parties involved in the Education Health Care Needs Assessment (EHCNA) process to improve inclusion of children with ASD. This involves holistic Outcomes and review of consultation process with a suitable educational setting to ensure that more children with ASD are educated in local settings, mainstream schools if appropriate and that they are not a subject to exclusion related to their ASD diagnosis and challenging behaviour.

The co- production linked to CYP with ASD starts with the EHCNA process and continues through Annual Review (AR) process. The SEND Service is working with other agencies especially social care and health to ensure the assessments are holistic and that there is transition to Adulthood where appropriate. The emphasis is on a planning process to support CYP with ASD through discussions with educational settings about understanding specialist support and provision in the EHCP.

Overview of the primary needs of children and young people with EHCPs

Primary Need	2016	2017	2018	2019
ASD	639	742	880	867
Total	1818	2103	2285	2129

*\*Source BSL Database February 2019*

The table above illustrates an upward trend in ASD need and associated demand for provision. It should also be noted that there is a correlation between this area of need and the associated social, emotional and mental health (SEMH) need category.

Available information suggests that the following require specific attention in terms of provision planning and development as well as promoting inclusion with existing provision.

### **SEND Advisory Service**

The SEND Advisory Service (SAS) is a multidisciplinary service that is intended to do just that, provide a wealth of expertise to support children and young people with SEND who reside within the London Borough of Hillingdon to make progress and to support settings to be more inclusive when meeting the needs of this particular cohort of children and young people.

The SEND Advisory Service consists of Early Years, Autism, Language and Principal SEND Advisors, Key workers, Hearing, Visual Impairment and Multisensory Specialists.

A vital role for our specialist Autism Advisors is to provide support, guidance and appropriate challenge to schools and educational settings in relation to provision required for meeting the needs of children and young people diagnosed with ASD at the earliest opportunity. This is delivered through an identified ASD Pathway that consists of whole setting training, parent training and individual support on a 1:1.

Educational settings are encouraged to refer into our service as soon as needs are identified to ensure that we are able to intervene early and work towards the best possible outcomes which is evidenced through the use of a non-statutory My Support Plan. If identified needs

are complex but not severe and or long term, there is additional funding available called Early Support Funding.

## **Educational Psychology Service**

There are two primary referral pathways into the Educational Psychology (EP) Service. These are:

### 1) Statutory:

Reports are typically produced for contribution toward an individual child's Education, Health and Care (EHC) Needs Assessment, following the decision to assess arising from the SEND Panel. EPs may sometimes be asked to contribute further statutory advice via the SEND Panel where appropriate (for example, contribution toward the conversion of a Statement to an EHC Plan, or Statutory Re-assessment of needs).

In total, 208 EHC needs assessments have been completed by the EPS in the six month period between July 2019 (when the current system for recording contributions was introduced) and February 2020. Of these, it is estimated that 35-40% (i.e 72-83) involved children/ young people (CYP) who had been diagnosed with Autism, or who had associated social communication needs. It is likely that the current demand for EHC needs assessment will continue. Therefore, based on the existing data, across a 12 month period it is estimated that the EPS will complete between 144 - 166 EHC needs assessments for this population of CYP.

### 2) Traded:

Schools are able to purchase EP time directly from the Hillingdon service, usually in the form of sessions, each equating to a half day in school. Currently, 49 schools in Hillingdon are directly purchasing time from the EPS (approximately 50%). EP time is negotiated between the school (usually SENCO) and the individual EP, and may be used for activities across three levels:

a) Individual casework: Where EP specific activity to support CYP with Autism has included Therapeutic story writing, Motivational Interviewing, Therapeutic play, Cognitive Behavioural based Therapy approaches, and Assessment.

b) Parent/carer support: Where EP specific support has included specific parenting interventions (e.g. contributions to parent training), informal consultation, drop-ins, and coffee mornings,

c) Systemic: Where EP support in schools has included advice/ guidance on differentiation and supporting children with Autism to engage in the curriculum, training, learning walks, Group supervision for teaching and pastoral staff, and ELSA (which will commence in May 2020, in response to requests from school staff).

## **Improving outcomes for Children and Young People with ASD**

The London Borough of Hillingdon's SEND & Inclusion service have been active partners in local Supported Internships for more than four years. These internships have been provided to young people aged 17 -24 with an Education, Health and Care Plan who have a diagnosis of ASD or learning disability. The Supported Internship model is a pathway supported within the context of the Preparing for Adulthood agenda which promotes; employment, independent living, good health and community inclusion for young people with SEND.

Based on the information held for five cohorts of interns, approximately 50% of participants have had a diagnosis of ASD.

These programmes have provided daily structure and routine within a supportive host business environment, specifically aiming to provide young adults with the skills they need to achieve employment. Task analysis, job coaching and performance of repetitive, familiar tasks helps to improve confidence and work skills. Employability Skills lessons explain the appropriate behaviours required in the workplace and encourage interns to transfer their learning into their everyday practice. Being fully immersed in a workforce on a full time basis assists interns' understanding of what is required in the world of work and improves their self confidence.

These supported internships have facilitated a smooth and gradual transition from education into work, which would otherwise not be possible for many young adults with ASD. Currently workforce statistics specifically for adults with ASD are not captured in England, although the government has pledged to change this. An indicative study by the National Autistic Society has indicated that only 16% of adults with ASD are in full time employment. This figure can be compared to approximately 80% in full time employment who have graduated from the supported internships that the SEND & Inclusion service in Hillingdon have been partners to. This employment success has also been maintained year on year by these young people following the programme due to ongoing support funded by Access to Work.

As part of its further commitment to providing employment opportunities for young people with ASD, Hillingdon council has become the host business to a Project Search transition to work programme this year, partnering with local organisation Hillingdon Autistic Care and Support who will provide the job coaching element of the programme.

### **Children's Social Care**

#### **ii) Statutory Services**

The first point of contact for families in the Borough is the Early Help Hub within the Multi Agency Support Hub (MASH).

Early Help Hub consists of 5 social workers and senior practitioners supported by a manager who all have a thorough knowledge of support services throughout the borough for children with autism and their families. Alongside providing relevant information and advice to ensure the most appropriate services are accessed in a timely manner the Team around the Family process will be promoted to ensure children with additional needs have the required level of support from their family and professional support network. Additional support from specialist trained key workers is also available from the outreach team, based in the wider MASH, who support children with additional needs as a result of their learning disabilities.

Where a child has a disability which meets the eligibility criteria for specialist or statutory intervention, the cases are referred to the Children with Disabilities Team (CWD) ( 0-19 years).

Where mainstream social workers hold cases of children who do not meet the CWD eligibility criteria, appropriate advice, support and in some cases joint working can be made available from the Children with Disabilities Team.

The Children with Disabilities Team consists of 8 qualified social workers and two family support workers who are supported by an experienced team manager. The Team provides a borough wide service for children with disabilities, including those diagnosed with autism. All members within the team have received training aimed at understanding autism and tailoring services to working with young people and families who fall under this category.

Following an assessment and identification of need, families are supported via a bespoke Child in Need Plan that is reviewed 6 monthly with all significant people and professional present to inform the plan.

A package of support is considered within this Plan. This can take the form of :-

1. Statutory Social Worker support, advice, advocacy and guidance
2. Direct Payments/ Agency Packages
3. Short Breaks
4. Holiday and Weekend Programmes
5. Referrals to targeted services

We utilise a number of community resources to support families, offer short breaks or activities. Amongst them are;

1. Fiesta - there is however limited provision for children with disabilities
2. HACS
3. Harrow Mencap
4. CASS
5. You can ask Angels
6. Leisure Centres - sessions specifically aimed at children and young people with Autism( gymnastics, disability judo, sporting activities)
7. Hillingdon Mencap - Open Swim Sessions
8. Turtle Swimming Club

## **Transition to Adulthood**

Transition can be challenging for everyone but even more so for people on the autism spectrum, their families, parents and carers.

Children's services will continue to provide services and progress a transition into Adult Services. This will be informed by a transition assessment ( Care Act Assessment).

Any transition therefore needs careful planning. If the young person meets the eligibility criteria for transfer to Adult Services, from 16-18 the social worker will work in partnership with Adult Services to ensure that the young person has a smooth, well managed transition into adult services. The children's social worker will remain the young person's allocated social worker until they turn 18, continuing to monitor, update and review their children's support package and support plan. From 18 up to 25 case responsibility will be taken over by the Adults Team.

Where a young person's needs are not eligible for adult services, families are provided with information and advice about how those needs may be met and the provision and support that young people can access in their local area. Guidance for 'Think autism' suggests that even where young people with autism are not entitled to adult social care services, under the Care Act 2014 they should be signposted to other sources of guidance and support in the community

In the case of care leavers with disabilities, the Staying Put Guidance states that we should consider to extend foster placements beyond the age of 18. This is activity supported to ensure transition from care to independence and adulthood that is similar for care leavers to that which most young people experience, and is based on need and not on age alone.

### **Transition Panel**

This panel exists to support operational children's and adult's services in identifying appropriate pathways for young people with complex needs who do not fit obviously into usual team criteria. The panel consists of representatives from Children's Social Care, Adult's Social Care, Health, CAMHS and Continuing Health Care . The panel meets monthly and will take an overview of cases and the progress being made to achieve transition from children's services into adult services. The panel will also provide input in relation to young people who do not have eligible needs under the Care Act but for whom the local authority has a Corporate Parenting responsibility.



Social Care, Housing and Public Health  
Policy Overview Committee  
Review Scoping Report (DRAFT)

**Working Title: 'Making the Council  
more autism friendly'**

**1. REVIEW OBJECTIVES**

**Background to the review**

The aim of this review is to consider how the Council can improve its customer service to support its local residents with autism. Subject to any findings, the review could make practical, feasible and supportive recommendations to promote inclusion when accessing our universal services.

Autism is being increasingly recognised within our society, with many organisations now being obliged to have appropriate awareness and support in place. Many changes have been introduced but work is still underway to help transform people's attitudes, understanding and perceptions of autism. This review is concerned with understanding how the Council can make reasonable adjustments to assist autistic people to access our universal services fairly.

The review will hear from expert witnesses explaining the current work in progress and how further initiatives could enhance the way the Council works to become more autism friendly. This review could also afford the Committee an opportunity to meet with autistic people and parents of autistic children to hear their perspective. It will

also review the impact of various initiatives in the private and public sector and will consider whether the Council has a supportive culture when autistic residents approach Council services.

At the Committee meeting on 23 October 2019, it was unanimously agreed to review autism. At this meeting, the Committee agreed to progress a review for its next topic, and it is considered this would be a sufficiently targeted review, that could take place over the span of a number of committee meetings.

Subsequently, at a meeting on 27 November 2019, the Committee considered the draft scoping report. Members also provided further helpful steers regarding the review, including agreeing the possibility of additional witnesses sessions and a broadening of the scope to include autism friendly access to children's and adults services (all-age), along with all other universal council service provision. This has been reflected in the indicative timetable at the end of the scoping report.

### **Terms of Reference**

The following Terms of Reference are suggested for the review, subject to any changes agreed by the Committee:

1. To understand the different types of autism and how residents' lives can be impacted by autism, including the direct views of local residents with experience of autism;
2. To understand national legislation and guidance about autism and consider how the Council is currently complying with this;
3. To assess the work already taken across front-line services and other all-age council services areas, to be aware of and support autistic people when they access our services;
4. To review autism friendly actions and initiatives across the voluntary, private and public sector to improve customer experience when accessing services;
5. To consider feasible, practical ways the Council could, going forward, make its front-line services more autism friendly;
6. To influence or propose any emerging Council plans, guidance or policies with respect to autism;
7. Subject to the Committee's findings, to make any conclusions, propose actions, service and policy recommendations to the decision-making Cabinet.

## **2. INFORMATION AND ANALYSIS**

### **Context**

Around 700,000 people in the UK are on the autism spectrum, according to the National Autistic Society. Autism is different for everyone. It is not an illness but a developmental disability which impacts the way people act, interact with others and

perceive things. Autism is not something that can be “cured” but methods and strategies can be used to try and manage it.

## **Key information**

Autism is a spectrum condition meaning that people can have different types or vary in terms of the level of their autism. All autistic people share certain difficulties, but being autistic will affect them in different ways. Some autistic people also have learning disabilities, mental health issues or other conditions, meaning people need different levels of support. The features of autism can include having difficulties in social interactions, resistance to change and having distinctive behaviours. All people on the autism spectrum learn and develop. With the right sort of support, autistic people can be helped to live a more fulfilling life of their own choosing.

For some autistic people many things can be overwhelming and taking part in everyday activities can be difficult. People with autism can be perceived to be acting a certain way which may cause misunderstandings.

## **The Autism Act**

To avoid people being lost in the system and not being effectively diagnosed with autism, campaigners campaigned for legislative protection to support people with autism. In light of this, a number of autism charities worked together to campaign for the Autism Act to ensure that legal duties were set on adult services to encourage them to provide support and assistance to those that required it.

The Act was implemented in November 2009 and stated:

*“The Act says that there has to be a Government strategy for improving services for autistic adults, underpinned by legally binding guidance to councils. It also has a built-in review – every five years or so – when the strategy and the statutory guidance are updated.”*

Since the introduction of the Act, and as a result of proactive campaigning, the Government's Autism Strategy will now also cover children's care.

The introduction of the Act evidences the progress that has been made, with autism now simply even being recognised. However, notwithstanding all of the positive progress made to date, autistic people still face judgement and misunderstanding. Attitudes and perceptions of autism needs to be improved through further education, awareness and training.

## **Autism Friendly Award and Initiative**

Although 1 in 100 people in the UK are autistic, when families and carers are taken into account, approximately 2.8 million lives are directly affected by autism. It was with this in mind that the National Autistic Society's Autism Friendly Award was introduced to recognise the contributions businesses and organisations made to support people with autism. It was also hoped to encourage other businesses and organisations to invest in making services more autism friendly. It was emphasised that changes did not need to be costly, but small steps could make significant differences.

According to research conducted by the National Autistic Society:

79% of autistic people and 70% of families said they felt socially isolated;  
50% of autistic people and their families sometimes avoided going out due to concerns about people's reaction to their autism.

A number of initiatives have already taken place in the Borough to support autism, including the recent introduction of a quiet shopping hour in the Uxbridge INTU on the first Saturday of each month. Other support offered by current services in the Borough includes:

- *Attention Hillingdon* - a project running across 80 nurseries, playgroups and children's centres offering intervention support services to develop listening and attention skills.
- *Centre for ADHD and Autism Support (CAAS)* - supports, educates and empowers individuals with ADHD and/or on the autism spectrum, their families and the community. Through raising awareness they change perceptions and break down barriers. They offer a wide range of support services to families across North West London.

Other initiatives across the country have been introduced to make services autism friendly. However, one that has been particularly well received is Wigan Council's introduction of an Autism Friendly Wigan Passport. The passport is a small document that autistic people can use to access services around the Borough. This includes access to surgeries, council services, leisure facilities and supermarkets and shopping centres. This helps to tailor communications and provide the best support for people with autism.

## **Making the London Borough of Hillingdon more autism friendly**

It is proposed that the Committee reviews the existing customer service environment across front-line and key services in respect of people with autism, e.g. housing, libraries, receptions, benefits etc... This would also involve access to children's and

adults' social care services thereby ensuring that the Committee's review covers all age groups.

This review of service access can establish current practices, along with a gap analysis to identify areas for improvement. It is intended that the review will hear from expert witnesses in the autism area to consider ways in which services can be made more autism friendly. Examples, though not necessarily being recommended at this time, could include introducing more autism friendly signage such as pictures and calming colours in service areas, reducing bright lights, having autism friendly hours and creating open spaces in libraries to allow more space to read and relax and stocking autism friendly books.

### **Remit and related Cabinet responsibilities**

This review would fall fully under this Policy Overview Committee's approved remit set out in the Constitution and also cut across the Cabinet Member portfolios of:

- Social Services, Housing, Health and Wellbeing;
- Education and Children's Services

Discussions on draft or emerging recommendations may be undertaken with Cabinet Members as per the Protocol on Overview & Scrutiny and Cabinet Relations approved by full Council on 12 September 2019.

### **Further information**

NHS website, "What is autism" (online) accessed on 4 November 2019:

<https://www.nhs.uk/conditions/autism/what-is-autism/>

Dimensions website, "Free autism friendly training for libraries" (online) accessed on 30 October 2019:

<https://www.dimensions-uk.org/get-involved/campaigns/dimensions-autism-friendly-environments/autism-friendly-libraries/free-autism-friendly-training-libraries/>

Kent County Council website, "Autism Spectrum Disorder Select Committee Report" (online) accessed on 31 October 2019:

<https://democracy.kent.gov.uk/documents/s14884/ASD%20Report%20FINAL.doc.pdf>

National Autistic Society website "Autism Friendly Award guidelines" (online) accessed on 30 October 2019:

<https://www.autism.org.uk/professionals/autism-friendly-award/guidelines.aspx>

National Autistic Society website "What is the Autism Act?" (online) accessed on 30 October 2019:

<https://www.autism.org.uk/get-involved/campaign/not-enough/what-is-the-autism-act.aspx>

Intu Uxbridge website, “ National Autistic Society- Quiet Hour” (online) accessed on 30 October 2019:

<https://intu.co.uk/uxbridge/events/national-autistic-society-quiet-hour>

Living Autism website, “How to create an autism-friendly environment” (online) accessed on 4 November 2019:

<https://livingautism.com/create-autism-friendly-environment/>

Coventry City Council, “Autism friendly libraries” (online) accessed on 30 October 2019:

[https://www.coventry.gov.uk/info/126/libraries/3218/libraries\\_-\\_core\\_services](https://www.coventry.gov.uk/info/126/libraries/3218/libraries_-_core_services)

Southampton City Council, “Autism Friendly Chill Out Sessions” (online) accessed on 30 October 2019 :

<https://www.southampton.gov.uk/libraries/library-activities/autism-friendly-chill-out-sessions.aspx>

### **3. EVIDENCE & ENQUIRY**

#### **Lines of Enquiry and Witness testimony**

Lines of enquiry will be worked up prior to witness sessions.

A possible gap analysis exercise could be undertaken in which services are asked to complete surveys identifying areas that are being met. This information would then be analysed and areas of improvement identified.

Potential witnesses could include:

- Testimony from LBH Officers;
- Testimony from Hillingdon Autistic Care & Support (HACS);
- Testimony from autistic people and parents of autistic children to gain the user perspective;
- Testimony from the Cabinet Member;
- National autism experts.

#### **Emerging conclusions or themes for development**

These will emerge and become apparent as the review progresses.

### **4. REVIEW PLANNING & ASSESSMENT**

As Policy Overview Committees now operate under a multi-year work programme, the Committee has scope to undertake a more detailed review.

It is advised that witnesses attend in 'themed' sessions to better focus questions and discussion. A draft time-frame & milestones are set out below and can be extended or reduced as the Committee sees fit:

<b>Meeting Date</b>	<b>Objectives</b>	<b>Possible witnesses / activity</b>
27 November 2019	Consider and agree Scoping Report	Committee recommended an updated scoping report - to be circulated to Members.
15 January 2020	Hold Witness Session 1 - Adult Autism	Review of the current statutory framework for adults and how this is being delivered in Hillingdon.
Outside Committee	Possible Member Briefing on Adult Autism (based around current Adult Autism training offer)	
Outside Committee	Member site visit to two libraries in the Borough - Uxbridge and Eastcote Library to take place on 25 February 2020	
<b>Committee deliberations were suspended temporarily during the peak of the COVID-19 pandemic. A virtual committee briefing was held on 18 June in advance of an expected formal meeting in September.</b>		
23 September 2020	Committee to receive an update on the review so far and review minutes from Member site visits.	
21 October 2020	Hold Witness Session 2 - Children's Services/ Transitions/preparation for adulthood	Council Officers - Children's Services
Outside Committee / Informal	Gap analysis survey undertaken (survey by Democratic Services with front-line services)	
26 November 2020	Hold Witness Session 3 - Wider Council services	HACS / voluntary sector Representative from the National Autistic Society Local authority exemplars  Feedback from gap analysis

Outside Committee / Informal	Informal meeting with people with autism / parents to understand views (with officers and in appropriate setting)	
19 January 2021	Consider initial recommendations to evaluate further	Cabinet Member may wish to be invited at this stage.
9 February 2021	Findings and recommendations	Clarification from officers, if required
25 March 2021	Consider Draft Final Committee Report	Delegate authority to finalise text to Chairman and Labour lead.
Cabinet - TBC	Report presented to Cabinet (target date)	Cabinet considers and decides whether to agree recommendations to be actioned / become council policy.
TBC	Monitoring of implementation of any recommendations	

*\* Specific meetings can be shortened or extended to suit the review topic and needs of the Committee*

### **Financial Assessment**

This review is not expected to require a financial assessment at the scoping stage.

However, as the review progresses, Committees should seek to ensure any recommendations are feasible, cost-effective or indeed can save the Council money. Any early findings or recommendations by the Committee which may result in a call on Council budgets should be discussed at the earliest opportunity by the Chairman, with the relevant Cabinet Member for Finance, Property and Business Services and Leader of the Council to assess viability.

This is in accordance with the approved Protocol on Overview & Scrutiny and Cabinet Relations approved by full Council on 12 September 2019.

### **Resource requirements (for review)**

None identified - officer support from Democratic Services.

### **Equalities impact**

This review will seek to strengthen the Council's efforts ensuring equal access by residents to council services.

## Covid-19: Hillingdon Local Outbreak Control Plan

<b>Committee name</b>	Social Care, Housing and Public Health Policy Overview Committee
<b>Officer reporting</b>	Dan Kennedy, Director - Housing, Environment, Education, Performance, Health and Wellbeing
<b>Papers with report</b>	Cabinet report: Covid-19 Local Outbreak Control Plan
<b>Ward</b>	All

### HEADLINES

To update the Committee on the Council's Covid-19 Local Outbreak Control Plan which was presented to Cabinet on 24 September 2020. Dan Kennedy , Director – Housing, Environment, Education, Performance, Health & Wellbeing will present the report. Sharon Daye – Consultant in Public Health and Mike Talbot – Interim Director Corporate Resources and Services will also be in attendance to respond to Members' questions and provide further clarification as required.

### RECOMMENDATIONS

**That the Social Care, Housing and Public Health Policy Overview Committee notes and comments on the content of the report and requests clarification as required.**

### SUPPORTING INFORMATION

Given the inclusion of public health within its remit, the Committee requested an update on the Council's Covid-19 response and local outbreak control plan. This update will afford Members an opportunity to consider the local response to Covid-19 thus far and to gain an insight into the Council's planned approach going forward.

### Implications on related Council policies

The role of the Policy Overview Committees is to monitor Council services within their remit and also make recommendations on service changes and improvements to the Cabinet who are responsible for the Council's policy and direction.

### How this report benefits Hillingdon residents

This report sets out how the Council and partners plan to prevent and control the spread of the covid-19 virus to help to keep Hillingdon's residents safe.

### Financial Implications

None at this stage.

### Legal Implications

None at this stage.

### BACKGROUND PAPERS

Nil.

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## COVID-19 LOCAL OUTBREAK CONTROL PLAN

<b>Cabinet Member(s)</b>	Councillor Sir Raymond Puddifoot MBE Councillor Jane Palmer
<b>Cabinet Portfolio(s)</b>	Leader of the Council Cabinet Member, Social Care, Health and Wellbeing
<b>Officer Contact(s)</b>	Dan Kennedy, Residents Services
<b>Papers with report</b>	Appendix 1 - Local Outbreak Control Plan

### HEADLINES

<b>Summary</b>	This report updates the Cabinet on Hillingdon's Local Outbreak Control Plan. The plan sets out how the Council is working with residents, businesses and partner organisations to prevent and control the spread of the Covid-19 virus.
<b>Putting our Residents First</b>	This report supports the following Council objectives of: <i>Our People</i> ;  The outbreak control plan aligns with and supports Hillingdon's Health and Wellbeing strategy.
<b>Financial Cost</b>	There are no direct financial costs arising from the recommendations set out within this report.
<b>Relevant Policy Overview Committee</b>	Social Care, Housing and Public Health Policy Overview Committee
<b>Relevant Ward(s)</b>	All

### RECOMMENDATIONS

**That the Cabinet note the extensive work that has been undertaken to help prevent and control the spread of the Covid-19 virus in Hillingdon and respond as appropriate to an outbreak should this arise, to keep residents safe.**

### **Reasons for recommendation**

To update Cabinet on the action being taken to help prevent and control the spread of the covid-19 virus.

### **Alternative options considered / risk management**

No alternative options have been considered.

### **Policy Overview Committee comments**

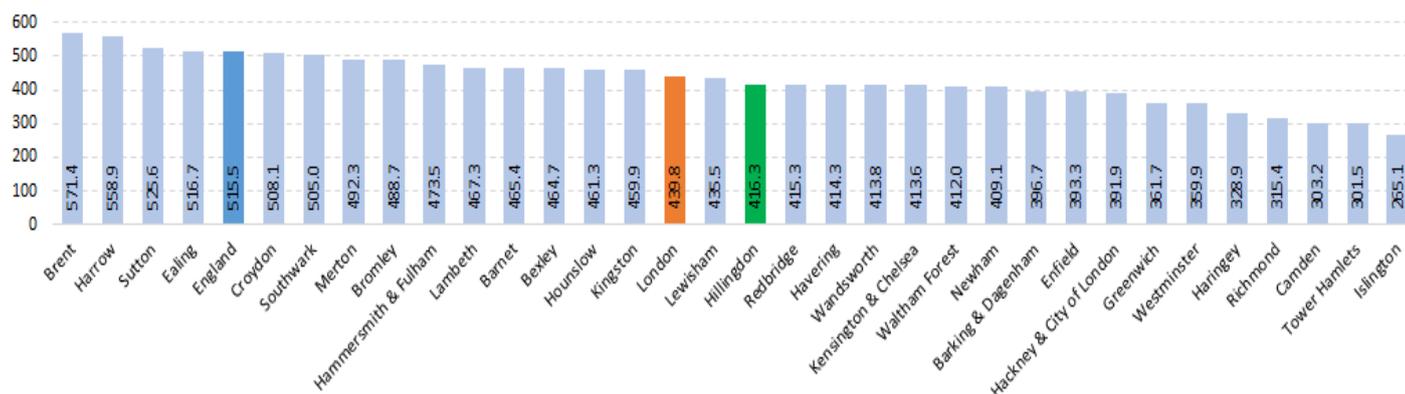
None at this stage.

## **SUPPORTING INFORMATION**

### **Hillingdon's Covid-19 Local Outbreak Control Plan**

1. Hillingdon Council is committed to putting residents first. From the start of the covid-19 pandemic, the Council has proactively provided advice, support and assistance to residents, businesses and schools to help keep residents safe and minimise the impact of changes to everyday life from the restrictions that have had to be put in place to help protect health and wellbeing.
2. This includes organising and delivering food parcels to vulnerable residents who need them, administering grants to support local businesses and working with a wide range of commercial, voluntary and charitable organisations to put in place protective measures, such as social distancing markers outside shops and schools and the provision of Personal Protective Equipment (PPE) to care providers and schools.
3. Overall, covid-19 infection rates in Hillingdon and London remain lower when compared to other parts of the country. Hillingdon's infection rate since the start of the pandemic is 416.3 per 100,000 population (March-Sept 2020). Comparatively in the London context, this places Hillingdon in 16th place in respect of the highest rates of infection. An overview of this and the comparator against the England and London average is provided in the chart immediately below.

Cumulative rate of COVID-19 cases per 100,000 (Pillar 1 & 2)



Note: Pillar 1 and Pillar 2 refer to tests undertaken in either a community or hospital setting.

- As part of the national effort to reduce the spread of the covid-19 virus, every local authority was required to prepare a Local Outbreak Control Plan (LOCP) which sets out how the local authority and partners are working together to help reduce the likelihood of further outbreaks of covid-19, particularly for some of the most vulnerable residents, such as those living in care homes. It is structured around 7 prescribed core themes and where relevant also includes the roles and responsibilities of different stakeholders. The plan presents preventative action as well as what the approach will be in the event of an outbreak. Hillingdon's plan was published on 30th June 2020, on time.

## Settings

- Particular attention is being given to higher risk settings such as care homes, schools and accommodation for homeless households to ensure that infection controls are in place and are robustly adhered to. Standard Operating Protocols are in place to set out what to do when there is an outbreak.
- Infection control practice in care homes is prescribed. Care providers are required to follow strict guidelines about the movement of staff and residents in homes, the use of Personal Protective Equipment (PPE), such as face coverings, and clear guidelines about visitors. Officers from the Council are in regular contact with care providers to ensure that guidelines are being followed and to offer support and advice, where required. Staff in care settings are regularly tested for the presence of the covid-19 virus. This practice helps to identify and control the spread of the infection.
- All schools in Hillingdon have completed risk assessments and put in place arrangements which restrict the movement of pupils and staff in the school building, implemented increased cleaning regimes and where appropriate introduced staggered start and finish times to minimise the likelihood of groups of individuals gathering on the school site.
- Housing providers in the Borough have been contacted and provided with nationally published information to share with tenants living in shared housing. This sets out what they can do to keep safe and to help prevent the spread of the virus.

## Community Locations

9. Officers of the Council have been proactive in working with retailers and the hospitality sector across the Borough to ensure that every reasonable precaution was taken in line with NHS guidance to support businesses reopening their services to customers safely. This has included providing pavement markings for queues applied to 445 outlets across town centres and information safety posters to display in shop windows.
10. Officers from the Environmental Health Team have proactively visited premises across the Borough to provide advice and support, including:
  - visiting 1008 shops to offer support and guidance on covid-19 secure arrangements in advance of opening on 15th June;
  - making contact with approx. 500 pubs, clubs, bars and restaurants to prepare them for opening on the weekend of 4th-5th July;
  - making contact with approximately 200 licensed beauty and personal care businesses to ensure that risk assessments were carried out and that effective social distancing measures were in place;
  - delivering a programme of visits to 70 large employers in the Borough to review covid-19 protective arrangements.
11. Work is ongoing with the universities and colleges in the Borough as well as transport operators to ensure that high standards of hygiene and compliance with social distancing and the use of face coverings is in place, along with good communications to residents and commuters about their responsibilities.
12. Further work is planned with operators of sports grounds and spectator sports, hotel, conference and event venues. To ensure that compliance with NHS guidelines remains high in the Borough, the Environmental Health Team are undertaking regular unannounced monitoring and compliance checks during the working week, evenings and weekends.
13. Overall, the proactive preparatory work in these sectors has helped businesses to prepare for reopening under covid-19 secure arrangements and has ensured that a high standard of best practice is operated across the borough. During monitoring and compliance visits, the overall standard has been extremely good and businesses have felt supported by the Council at a time where they have been extremely vulnerable. All of this action creates better practice within businesses which helps to reduce the transmission of covid-19. This also helps to ensure a safer environment where residents can shop, eat and socialise.

## Testing

14. A key element of the national strategy to reduce the spread of the covid-19 virus is to establish a robust testing strategy, targeting specific occupations, such as care staff. Working jointly with the Clinical Commissioning Group, the Council has put in place regular testing

arrangements for care settings. In terms of the broader approach to testing, in Hillingdon this has involved:

- Mobile testing units visiting on a regular basis;
- Access to home testing kits, available to all residents;
- Pop-up testing sites as required;
- Local testing sites (walk through).

### Contact Tracing

15. In London, contact tracing is led by the NHS test and trace service. Should there be a need, the Council is ready to provide additional capacity to support contact tracing to help keep residents safe.

### Monitoring / Surveillance

16. Covid-19 infection rates are closely monitored by the Council on a daily basis (seven days a week) so that any patterns in infection rates are swiftly identified and responded to in order to limit the spread of the virus. Monitoring includes the following:

- The rate of infection for Hillingdon per 100,000 population (the standard measure used by Public Health England which allows for comparison across local authorities);
- The number of new infections registered for Hillingdon in the last 24hrs;
- Cumulative demographic information on gender, age and ethnicity;
- Number of tests completed and the positive infection rate;
- Incidences of infection broken down at ward level;
- Comparative information from geographic neighbours (West London and Home Counties).

17. In addition, officers of the Council are working closely with colleagues in the Clinical Commissioning Group and health partners to exchange information to help track changes in infection rates. Analysis and interrogation of covid-19 related data continues to evolve and develop as the understanding of patterns of infection becomes more sophisticated and the data available to the Council improves.

### Supporting Vulnerable Residents

18. The Council is putting its residents first during the covid-19 pandemic and continues to coordinate support, working with partners for vulnerable residents who need to self-isolate. This helps to keep residents safe by helping to prevent the spread of the virus.

19. Hillingdon's approach to protecting and supporting residents is centred on:

- Practising social distancing and hand and respiratory hygiene and wearing Personal Protective Equipment (PPE) in line with government guidance;
- NHS testing for the presence of coronavirus if residents display symptoms;
- Supporting the tracing system if residents have tested positive and have been in close contact with others;

- Supporting self-isolation for those who have tested positive or have been in close contact with those who have tested positive for the presence of the virus;
20. The Council and partners will help coordinate support for vulnerable residents who need to self-isolate, including the provision of food parcels and medicines, if these are required. These arrangements are entirely flexible and can be scaled up if required in response to an increase in need. To date the Council has provided 1,501 emergency food parcels to 735 different residents as well as delivering 2,141 bespoke shopping orders to another 722 residents. In addition, 1,533 food packages have been provided to rough sleepers placed in emergency accommodation.

#### Governance / Local Boards

21. Within the Council, action has been coordinated and delivered by an officer working group, led by the Deputy Chief Executive and Corporate Director, Residents Services. Regular updates are provided to Elected Members and the Corporate Management Team of the Council.
22. To oversee and govern the arrangements for preventing and controlling any local outbreak of covid-19, a prescribed 'Covid-19 Health Protection Board' has been established. Membership of the Board includes representation from the Council, the Clinical Commissioning Group, health providers, the voluntary sector, the police and Hillingdon Health Watch. The Board meets monthly and exchanges updates and agrees shared actions. Any decisions required by the Council will be taken in line with the Council Constitution.

#### Communications and Engagement

23. The Council has and continues to be proactive in delivering health protection messages to residents using a range of communication channels. This includes using social media channels such as Twitter (46,000 followers), Facebook (8,600 followers), Instagram (1,750 followers) and LinkedIn (5,650 followers) as well as Hillingdon People, the Council website and press releases.
24. In addition, the Council has held virtual engagement events with community leaders and faith groups to listen to their concerns about covid-19 and the impact of messaging to help design effective communications to Hillingdon's diverse communities. A strong finding from the events held was the need to ensure that messages are not just delivered in written formats but also delivered verbally to community and faith leaders who will assist in disseminating messages. Established communications are in place with 150+ community and / or faith groups in the Borough to ensure rapid dissemination of health protection messages, should this be required.

#### Targeted Actions

25. Whilst the Council is confident that the action taken to date has helped to limit the spread of the covid-19 virus in the Borough, there is no room for complacency. It is recognised, therefore, that there will be a need for a range of ongoing proactive actions to keep covid-19 infection rates as low as possible. This includes:

- continuing to deliver general and specific health protection messages to residents, using national NHS information. Through the Council's communications programme this will involve using a full range of media channels as well as engagement with community and faith leaders to disseminate messages by word of mouth;
- working collaboratively to test scenarios to ensure partners are as prepared as they can be to respond, should there be an outbreak in infection;
- being ready to respond quickly to an increase in infection rates with information, advice and support should vulnerable residents require this;
- continuing to organise and coordinate covid-19 testing arrangements across the Borough;
- continuing to quality assurance the infection protection arrangements in place in retail establishments and the hospitality sector through unannounced visits to premises;
- continuing to work with care and accommodation providers for vulnerable residents to ensure infection protection arrangements are adhered to.

### **Financial Implications**

There are no direct financial costs arising from the recommendations set out within this report.

Local authorities have been allocated a Test and Trace service support grant by central Government which can be used to manage expenditure arising from the management of local outbreaks. Hillingdon received an allocation of £1,630k in June.

## **RESIDENT BENEFIT & CONSULTATION**

### **The benefit or impact upon Hillingdon residents, service users and communities?**

Preventing and controlling the spread of the covid-19 virus will help to keep Hillingdon's residents safe.

### **Consultation carried out or required**

The development of Hillingdon's Covid-19 Local Outbreak Control Plan has involved joint working with a range of partner organisations, including the Clinical Commissioning Group, NHS provider organisations and the Police, amongst others. The plan will continue to be kept under review and will be updated, in line with the latest NHS guidance and advice.

## **CORPORATE CONSIDERATIONS**

### **Corporate Finance**

Corporate Finance has reviewed the report and concur with the Financial Implications set out above, noting that there are no direct financial implications arising from the report recommendations and the availability of Government grant to mitigate expenditure arising from the management of local outbreaks.

## Legal

The Borough Solicitor confirms that the Council's Local Outbreak Control Plan complies with the requirements of the Coronavirus Act 2020 and associated legislation. In addition, detailed legal advice on individual cases is provided whenever necessary to enable the Council to minimise the spread of Covid -19.

## BACKGROUND PAPERS

Nil.



# HILLINGDON

LONDON

## Hillingdon Covid-19 Local Outbreak Control Plan 30th June 2020

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## 1. Introduction

Hillingdon Council is committed to Putting Residents First. From the start of the Covid-19 pandemic, the Council has proactively provided advice, support and assistance to residents, businesses and schools to help keep residents safe and minimise the impact of changes to everyday life from the restrictions that have had to be put in place to help protect our health.

This includes organising and delivering food parcels to vulnerable residents who need them, administering grants to support local businesses and working with a wide range of commercial, voluntary and charitable organisations to put in place measures to protect health, such as social distancing markers outside shops and schools and the provision of Personal Protective Equipment (PPE) to care providers and schools.

Local authorities have been called upon to develop Covid-19 Local Outbreak Control Plans (LOCP) to establish systems to identify and suppress possible outbreaks before they gain momentum.

This LOCP says how we are working together with partners in Hillingdon to help reduce the likelihood of further outbreaks of Covid-19, particularly for some of the most vulnerable residents, such as those living in care homes, deprived communities and what the rapid response will be, should there be an outbreak. It is structured around the 7 core themes prescribed for the plan and where relevant also sets out roles and responsibilities of different stakeholders.

The plan sets out:

- Governance arrangements with clear roles and responsibilities.
- Key processes to be followed in the event of an outbreak.
- The approach to communications and engagement in the event of an outbreak, including information sharing with stakeholders.

The Council working with its partners is committed to doing what is necessary to reduce the likelihood of further outbreaks of Covid-19 and protect residents from the virus. By its very nature, Government guidance and advice is changing on a regular basis in response to greater understanding about the virus and its effects, therefore, this plan and local Standard Operating Protocols will be kept under monthly review and updated where required. It is intended to be flexible and adapt to changing conditions, requirements and respond to emerging evidence and good practice from beacon areas.

## 2. Aim and Guiding Principles

The aim of the Hillingdon LOCP is to ensure there is effective joint working and coordination between local services and Public Health England's (PHE) local health protection teams to identify measures, prevent and identify, contain and respond to Covid-19 infections to help protect residents.

The four principles which guide this plan come from the Association of Directors of Public Health are:

- Be rooted in public health systems and leadership;
- Adopt a whole system approach;
- Be delivered through an efficient and locally effective and responsive system including being informed by timely access to data and intelligence;
- Be sufficiently resourced;

Local authorities are likely to be expected to take a leadership role in developing community engagement and outreach programmes and plans to support elements of the national drive to reduce the spread of coronavirus.

### **3. Theme 1 - Settings – Care Homes and Schools**

This section of the plan is about preventing and managing outbreaks in specific individual settings, such as care homes and schools.

#### Roles and Responsibilities

When there is an outbreak in a setting and community cluster the joint agreement between Public Health England and local authorities makes clear that the PHE London Coronavirus Response Centre (LCRC) will initially take the lead.

The overarching joint approach to managing complex settings and outbreaks will be as follows:

- LCRC will receive notification from Tier 2, undertake a risk assessment and give advice and provide information to the setting on management of the outbreak;
- LCRC will manage cases and contacts, and provide advice on testing and infection control;
- LCRC will convene an Incident Management Team (IMT) if required;
- LCRC will inform the relevant local authority Single Point of Contact (SPoC);
- The local authority will follow-up and support the setting to continue to operate whilst managing the outbreak, including, if required, support with infection prevention and control measures and personal protective equipment (PPE) access;
- The local authority will support wider aspects of the response, such as support for any vulnerable contacts who are required to self-isolate, as per London's 6 Point Plan and national 7 themes of outbreak management plans.

London's six point plan sets out core requirements for engaging/co-ordinating with the national tracing model:

Point 1: The local authority model: core requirements and structures

Point 2: Supporting and protecting vulnerable groups

Point 3: Understanding and mitigating wider community impact

Point 4: Leading the local partnership response

Point 5: Connecting and engaging local communities

Point 6: Building London regional resilience and mobilising mutual aid, if required

#### Settings

Particular attention is being given to higher risk settings such as the following, and all will have Standard Operating Protocols in place to set out what to do when there is an outbreak.

- Care Homes (for people with mixed needs, learning disability and mental health needs )  
Care Quality Commission (CQC) and non-CQC registered
- Sheltered housing and domiciliary care providers
- Supported Living, extra care assisted living
- Schools
- Children's centres and other early years settings
- Day centres
- Workplaces: critical essential local businesses (e.g. overcrowded offices, venues that don't allow social distancing)
- Primary care settings, including health centres and community health clinics
- Community clusters
- Fire stations and other home from home environments (e.g. residential settings)
- Homeless accommodation, hostels (including shared accommodation), hotels and B&Bs
- Youth offending / detention centres

#### Key risks and mitigation

There is a risk that outbreaks across a high number of settings could exceed the capacity available to respond quickly to contain and prevent the spread of the virus. The mitigation is that Hillingdon would call on partners and seek mutual aid from other boroughs and support from Public Health England, if necessary.

There will also be a need for settings to train their staff and monitor arrangements closely to ensure protective measures are in place and guidance is adhered to.

Further work is underway to develop standard operating procedures / protocols for all settings with scenario planning completed, some of which are already in place and prescribed (e.g. care homes, schools).

#### **4. Theme 2 - High Risk Places, Locations and Communities**

This section of the plan sets out how to prevent and manage outbreaks in other higher-risk locations, workplaces and communities.

#### Roles and Responsibilities

When there is an outbreak in a setting and community cluster the joint agreement between Public Health England and local authorities makes clear that the PHE London Coronavirus Response Centre will initially take the lead.

The overarching joint approach to managing community clusters will be as follows:

- The local authority or LCRC will receive notification from Tier 2
- The local authority will inform the LCRC SPoC/LCRC will inform the local authority SPoC
- The local authority will convene an Incident Management Team (IMT)
- The local authority will provide support to the community
- LCRC will support the local authority in their risk assessment of and response to an identified community cluster

## High Risk Places, Locations and Communities

Particular attention is being given to higher risk settings (examples below) and all will have Standard Operating Protocols in place.

Whilst not exhaustive, the following locations are a priority for regular review and co-ordinated preventative action. The list of settings will be kept under close review and updated in response to national and local patterns and the latest scientific evidence.

- Retail premises, shopping centres and high streets
- Major transport hubs, including the bus station, tube stations and Heathrow Airport
- Public transport
- Leisure services / providers
- Golf courses / outdoor activities
- Pubs / restaurants
- Places of worship (including smaller groupings held in residential settings - ie. people's homes)
- The Lido, parks and open spaces where larger numbers of people may congregate
- Events and markets that usually take place periodically
- Hospitality sector / hotels, weddings and party venues
- University / Higher Education
- Warehouses and distribution centres
- Food processing plants/factories

## Protecting through prevention

The Council has been proactive in helping to prevent the spread of the virus by working with local partners, such as commercial retail businesses, schools, faith organisations and transport providers to support the effective implementation of social distancing and hand and respiratory hygiene measures. This includes the provision of social distancing markers on pavements, the provision of PPE and closing facilities (e.g. playgrounds) to help prevent the spread of the virus. This has been in line with government guidance.

Through the Council's licensing team, where events and activities are scheduled to be held on Council owned land, a thorough risk assessment from the organiser is required to be submitted before the request will be considered. In addition, the Council has been proactive in contacting all retail premises / operators to ensure they have effective infection control arrangements in place, including how they will manage social distancing.

## Local Lockdown

There may be a situation where it would be necessary to place a geographical area into a lockdown situation where the residents living in that area and business operating would in effect be subject to prescriptive restrictions on movement to help contain the spread of the virus. If such a response were necessary it is expected that this would be led by Public Health England, working in collaboration with relevant partner organisations, such as the Metropolitan Police Service to enforce restrictions. Further guidance and advice from the

government and Public Health England is expected on the roles and responsibilities of the various agencies and the action to be taken should a local lock down be required.

#### Key risks and mitigation

A potential risk might include some level of civil disturbance resulting from resistance to the localised 'lockdown'. Mitigation would include the Metropolitan Police being 'drafted in' to maintain public order and thereby reduce the risk of further spread.

Further work is underway to develop standard operating procedures / protocols for all high risk locations and community clusters, with scenario planning completed.

### **5. Theme 3 - Local Testing Capacity**

This section of the plan is about how local testing capacity will be deployed where it is needed, including mobile testing units (MTUs).

#### Roles and responsibilities

The Director of Public Health, The Director of Adult Social Services, The Director of Provider Services & Commissioned Care, North West London Clinical Commissioning Group (NWL CCG), Hillingdon Health and Care Partners (HHCP) & Central & North West London NHS Foundation Trust (CNWL) will have responsibility for ensuring the deployment of appropriate resources to manage an outbreak in the community.

Care homes: Appropriate responses to care settings is set out in the Care Home Support plans and service providers, who have been trained, will respond by following the notification process, the request and swabbing process and isolation, infection prevention and control in the settings.

Other community settings: Providers of other community settings such as detention centres, places of worship, semi independent living services, homeless shelters, sheltered housing and other resources will have robust plans on infection, prevention and control (IPC) and how to deal with an outbreak that will be supported by the deployment of resources.

#### Testing arrangements

Residents who have symptoms of Covid-19 can access testing online through the national testing website: [www.nhs.uk/coronavirus](http://www.nhs.uk/coronavirus) or by calling 119.

Essential workers access priority testing through the national dedicated website: <https://www.gov.uk/apply-coronavirus-test-essential-workers>

Several options for accessing national testing are available. These are booked through the national website:

- Drive-through testing: with various sites open across London and locally the regional testing centre is within the borough boundaries at Heathrow Airport.

- Mobile units: venues are not fixed and rotate around London. We anticipate that: (a) from June 2020 there will be a deployment of a MTU in Hillingdon every other day; (b) there will be capability for one MTU to be deployed next day, if needed, to support a large outbreak.
- Home Test Kits: delivered to households and then collected by courier. Consideration will need to be given to where a vulnerable person, living alone, may require the assistance of a care worker to administer the test.
- Locally arranged support via the Hillingdon Clinical Commissioning Group (CCG) to deliver tests in the community.
- Pop-up testing sites as required.
- Local testing sites (walk through): Walk through testing sites are currently being piloted (eg. Brent and Newham). PHE will be undertaking a rapid evaluation of these pilot sites. If successful a similar option may be available for Hillingdon.

National testing services should offer 48-72 hour turnaround, it is often a much quicker response. It is anticipated that the majority of people as part of test and trace will access the testing through the national supply.

Residents of care homes and other residential care settings are able to access testing for symptomatic and non-symptomatic residents through the dedicated national care home testing portal. Adult Social Care and partners, including Public Health, CCG & CNWL teams have worked together to support providers to maintain infection control measures, to be able to access the portal and are trained and supported to manage an outbreak by carrying out swabbing as and when the need is identified.

In addition, all other care provision will receive support to test care staff and service users from the local CCG testing support team. In addition the CCG have identified local testing hubs for antigen & antibody testing and have access to standby test kits for rapid response

#### Additional local testing for NHS, health and social care staff

For those working in NHS settings and other health and social care staff working in face to face roles, there are additional local testing hubs across the North West London (NWL) CCGs in addition to the government offer. Additional support on swab test training, infection prevention and control and the appropriate use of PPE are offered via NWL and training programmes to support community providers is delivered by CNWL. Registered care home managers, key staff and those in frontline roles can be trained to undertake testing to enable a rapid response.

#### Additional local resources

Although the majority of those with symptoms of Covid-19 requiring testing should access the national testing programme, it is acknowledged that there will be circumstances where we need to expedite a test for an individual or a group of people, in order to make rapid decisions locally. In these instances, an assessment will be made around accessing test kits locally through NWL CCG to enable a rapid response and containment of infection. Standby test kits for the management of localised infection should be held for contingency purposes.

Access to these tests will be determined on a case by case basis and will require a specific request to be made through the Director of Public Health or the Director of Adult Social Care [DASS].

Hillingdon, including CCG and partners CNWL and HHCP, will develop a pathway to support this, including arrangements for getting swabs to those who need to be tested and how this will link into the NHS Test, Track and Trace system.

In the event of needing a localised area for testing and to support a localised outbreak, Children's centres, GP surgeries, local libraries or community facilities could be used to prevent travel of residents who are locked down. Each of these locations would need to be Covid-19 secure and risk assessed to ensure that those accessing them remain safe, with entrances and exits being separate, access to hygiene facilities etc.

#### Mobile Testing Units

The ongoing support by Hillingdon of the MTUs (known as pop ups) in an appropriate location alongside the regional testing hub should enable tests to take place 7 days per week across Hillingdon; giving access to approx 300 tests per pop up and a similar amount from the Heathrow site.

Locations for mobile testing units are to be identified based on areas with high demand, to be confirmed on a case by case basis.

#### Settings where testing could take place include:

- Care homes
- Supported living
- Day care
- Respite care
- GP or health surgeries
- The Hillingdon Hospital
- Mount Vernon Hospital
- Detention Centre
- Schools including special schools
- Private Nurseries/child care
- Libraries
- Places of worship
- Border force & immigration sites

#### Key risks and mitigation

There is the risk that there may be more than one outbreak occurring in the Borough and testing capacity may be compromised. In terms of mitigation - the Department for Health and Social Care (DHSC) have the capability for one MTU to be deployed next day to support large outbreaks.

Whilst there is a clear plan for the rapid deployment of mobile testing units, this will be kept under review to ensure it remains responsive to where the key risks of infection are in the Borough.

## **6. Theme 4 - Contact Tracing in Complex Settings**

This section of the plan sets out how contact tracing will be delivered for complex settings and cohorts.

### Roles and responsibilities

Contact tracing is led by Public Health England.

Local authorities are not expected to undertake contact tracing locally. The NHS Test and Trace system will undertake the tracing resulting from pillar 2 testing. Any complex situations such as care homes, custodial institutions, schools or workplaces will be passed to the Public Health England Local Coronavirus Response Centre (LCRC) and they will undertake the tracing and management. LCRC will inform Directors of Public Health (DsPH) of complex situations or any outbreaks/clusters requiring additional investigation or management and DsPH will be invited to form the Incident Management Team in these cases – in line with the usual and current arrangements already in place.

If, however, there is a surge across London, then the Council is ready to provide assistance to protect residents and will instigate the following to support the process:

In the event that it will be necessary for the Council to support local contact tracing in complex situations, such as in an outbreak situation, council staff will be deployed to assist and will have the skills and experience to support this.

A standard script would be made available to all staff deployed in contact tracing.

If necessary, additional staff from other services would be deployed into the Council's Contact Centre to support these arrangements, as required.

It is expected that information would be made available from the Public Health England London Coronavirus Response Centre for which residents to contact, what key information is required and what action is to be taken by the resident.

### Key risks and mitigation

There is a risk that individuals and / or communities will not engage in the contact tracing process and thereby impede the opportunities for limiting the spread of the virus. In such situations advice would need to be sought from LCRC / PHE regarding the most appropriate response.

The council and partners have undertaken a significant range of actions to help prevent the spread of the virus. Pre-emptively we have and continue to work with local communities to raise awareness - through the use of PHE communication pack resources - about the importance of testing and tracing and protecting the population from the virus. We will reiterate that residents can access testing and tracing services via online or by telephone 119.

We are also continuing to train staff to support contact tracing, where required.

## **7. Theme 5 - Data Integration**

This section of the plan is about making sure there is access locally to the right information in a timely manner to allow outbreaks to be identified quickly for rapid action. This also extends to analysing data looking for trends and patterns to help protect residents from the virus.

### Roles and responsibilities

Data about Covid-19 infections will be made available from the NHS test and trace service via the London Coronavirus Response Centre and the Joint Biosecurity Centre (JBC).

The Council will analyse and review the data and respond swiftly to any concerns to help protect residents from the spread of the virus.

Access to data about infections will be restricted to authorised officers in the Council who will take lead responsibility for receiving and monitoring infection and surveillance data. NHS test and trace data received from the London Coronavirus Response Cell and the Joint Biosecurity Centre (JBC) will be stored and managed in a secure network.

### Vulnerable residents

The authorised officers in the Council will also receive details of any cases or contacts identified as vulnerable and needing support for the 14 days of isolation. These data will be received in a secure way and shared only with relevant services on a need to know basis who will take lead responsibility for contacting cases and contacts who are identified as vulnerable and needing support (e.g. 'shielded' residents).

### Surveillance and monitoring data

Accurate, reliable and timely data is necessary to understand the local spread of Covid-19, including any communities and geographical areas that are affected. The data will also help to respond to enquiries concerning the transmission of the virus.

Authorised officers in the Council will receive notifications of any complex outbreaks should they arise. This will include the relevant setting / location, details of contacts, cases and any actions taken

To help track local issues and concerns about the virus, the following information will be regularly reviewed and available to Hillingdon's Covid-19 Health Protection Board. This will be kept under review and will evolve to meet local requirements.

### Deaths

- Weekly number of Covid-19 related deaths and excess death rates mapped to local areas

### Cases

- Average number of new cases over last 5 days / cases per 100,000 population mapped within Hillingdon
- New and existing situations by setting and type of setting, including cumulative incidents

### Contact tracing

- Number of contacts via NHS test and trace service
- Proportion of contacts successfully contacted
- Number of Tier 1 outbreaks

### Key risks and mitigation

The data received comes in from a range of sources and does not always reconcile first time. This could prove problematic when attempting to map the cases and gain a clear understanding of the emerging picture and what action needs to be undertaken. This issue has been raised by local authorities with the Joint Bio-Security Centre. Further work is always undertaken by the Council to ensure the data lists are reconciled.

Cross-checking of the government's 'shielded patients' list with Council-held records to target support and further develop understanding of the impact on vulnerable residents ensures the data remains accurate.

## **8. Theme 6 - Vulnerable People**

This section of the plan sets out the support available to vulnerable people to self-isolate and to ensure services meet the needs of diverse communities.

### Roles and responsibilities

Hillingdon Council is putting its residents first during the Covid-19 pandemic and continues to coordinate support working with partners for vulnerable residents who need to self-isolate. This helps to keep residents safe by helping to prevent the spread of the virus. Further work is underway to identify residents and groups who might need additional support when asked to self isolate.

### Support and Services

Hillingdon's approach to protecting and supporting residents from the spread of infection is centred on:

- Practicing social distancing and hand and respiratory hygiene and wearing Personal Protective Equipment (PPE) in line with government guidance;
- NHS testing for the presence of coronavirus if residents display symptoms;
- Supporting the tracing system if residents have tested positive and have been in close contact with others;
- Supporting self-isolation for those who have tested positive or have been in close contact with those who have tested positive for the presence of the virus;

The Council and partners will help coordinate support for vulnerable residents who need to self-isolate, including food parcels and medicines. These arrangements are entirely flexible

and can be scaled up if required in response to an increase in need. The Council has a dedicated Contact Centre and has assigned a dedicated manager to coordinate arrangements using existing council resources and working with partner organisations, including the voluntary sector and has a procurement arrangement with a supermarket to arrange provision of food parcels at short notice, should this be necessary.

The Council also continues to deliver a range of services to support residents, using new web-based technologies, such as group teleconference calling and a click and collect / deliver library book service amongst others. Many council services have been adapted to continue to deliver support to vulnerable residents.

#### Key risks and mitigation

There is a risk that a potential surge in the need for support if there is a large outbreak or a number of simultaneous outbreaks across the borough could result in existing capacity being overstretched. Should the number of vulnerable residents who need to self-isolate at home increase suddenly, the council has robust arrangements in place and will re-deploy council staff to ensure residents continue to be supported.

Further work is underway to identify scenarios and locations where high volumes of residents may need support to inform service planning.

### **9. Theme 7 - Governance / Local Boards**

This section of the plan describes the local governance structures to help oversee and deliver the expectations of Hillingdon's Local Outbreak Control Plan. Existing arrangements have been used to make best use of resources and established, effective working arrangements.

To oversee and govern the arrangements for preventing and controlling any local outbreak of covid-19, the following arrangements have been prescribed by the Department of Health and Social Care.

- Covid-1 Health Protection Board - responsible for the development of local outbreak control plans by Director of Public Health. Decisions required by the Council will be taken in line with the Council's Constitution.
- Strategic Coordinating Group - in Hillingdon this is the Local Resilience Forum to support, co-ordinate and partner with a broad range of local groups to support the delivery of the Local Outbreak Control Plan;
- Local Outbreak Engagement Board - these arrangements will provide political ownership and public facing engagement and communication for outbreak response. All communication messages will follow the Local Authority communication protocol, with Member approval and will be communicated through various channels and groups, including Hillingdon's Health and Wellbeing Board, Local Resilience Forum and through community arrangements.

A Council working group has taken the lead to develop this plan which will be shared with partners for ongoing review and updates.

## **10. Communications and Engagement**

In Hillingdon there is a well-established communication and engagement framework to ensure effective flows of information and communication to local residents, businesses and partner organisations.

This includes:

- The Council's website, social media channels and press releases.
- The website has a banner alert facility which enables any emergency or critical messaging to be displayed across all pages across the site.
- The council's website, which has established a section for coronavirus updates and support and guidance. The website also has a latest news section.
- Social media channels include Twitter (46,000 followers), Facebook (8,600 followers), Instagram (1,750 followers) and LinkedIn (5,650 followers)
- Press releases are produced and distributed to local/national press, uploaded to the council website and publicised via social media.
- Hillingdon People, the council's newsletter for residents, is delivered to every home in the borough six times a year, and is also available at corporate sites such as libraries. The newsletter is also uploaded to the council's website and shared via social media. A large print edition and audio version is produced for residents who sign up to receive these formats. The council's contract with a door-to-door distribution company and associated mapping in place means that targeted printed communication (leaflets) can be delivered as required.
- There is an e-newsletter service which is subscribed to by 45,000+ residents.
- Partnership communications and meetings with statutory, voluntary and commercial sector partners.
- Using partners' communication channels.
- Communications and engagement with residents' associations, chambers of commerce, communications via councillors, MPs, tenants and leaseholders.
- Established communication and engagement with community groups and faith leaders across the Borough.
- Working in partnership with communications teams from neighbouring boroughs - mutual aid arrangement available for communications, if necessary.
- National messaging via government/PHE and the pan-London test and trace communications toolkit to raise awareness of test and trace and to ensure consistent messaging.
- Internal communications to staff including the emergency website page and phone number for staff, all staff email, manager emails, targeted emails/calls from managers, and internal web pages.

### Key risks and mitigation

There is a risk that communications may not be delivered in a timely way and / or reach the intended audience. The risk is low as multiple channels and engagement approaches are in place to communicate messages on a regular basis.

There is further work underway to develop consistent, standardised messaging for London's residents. London local authorities and health networks are preparing a communications toolkit and plan to support local communications which promote messages about helping to prevent the spread of the virus and the structured response in the event of an outbreak.

In Hillingdon we will:

- Develop local messages working with NHS partners targeted to higher risk community groups using a range of communication and engagement channels, including digital methods.
- Work with Hillingdon's Local Resilience Forum to disseminate Test and Trace messages across partners.
- Working with the NHS, seek feedback from residents to test understanding of test, tracing and infection control to inform communications planning.
- Keep under review national and London-wide evaluations of test and tracing, and outbreak control responses to inform local action.
- Work closely with partners to regularly raise awareness amongst staff in care homes and other settings about test and trace, and infection control.

#### Appendices

The following documents are available on the Council website or via a link to other websites. Some documents referred to below will be made available and / or updated when they become available. In addition, there are a number of working documents which are in place, including a local management action plan.

- A graphic and description of the governance arrangements
- Care Homes return of 31st May 2020

<https://www.hillingdon.gov.uk/community-support>

- Service agreement between LCRC and DsPH and the standard operating procedures / protocols for all settings, high risk locations and community clusters.
- ADPH Guiding Principles for the Effective Management of Covid-19 at a Local Level
- LCRC resource packs as in the Sharepoint and as they become available
- Mobile Testing Unit Information
- ADPH Mutual Aid agreement
- London-wide communications document
- Information from the London transport hub work stream
- Government work place guidance - <https://www.gov.uk/guidance/nhs-test-and-trace-workplace-guidance>

## Minutes

### CORPORATE PARENTING PANEL

17 September 2020



HILLINGDON  
LONDON

**PRIVATE - this virtual meeting will be held without a Live Broadcast - VIRTUAL (PART 2)**

	<p><b>Voting Panel Members Present:</b> Councillors Nick Denys (Chairman), Heena Makwana (Vice-Chairman) and Tony Eginton</p> <p><b>Non-Voting Panel Members Present:</b> Children in Care Council Members, Helen Smith (Principal Social Worker and Corporate Parenting Manager), Kathryn Angelini (Virtual School Head Teacher), Deborah Price Williams (The Local Authority's Designated LAC Doctor)</p> <p><b>LBH Officers Present:</b> Alex Coman (Head of Service for Safeguarding and Partnership), Ryan Dell (Democratic Services), Tehseen Kauser (Interim Head of Service for Looked After Children and Leaving Care) and Nikki O'Halloran (Democratic Services)</p>
1.	<p><b>APOLOGIES FOR ABSENCE</b> (<i>Agenda Item 1</i>)</p> <p>Apologies for absence had been received from Alan Deville and Lesley Deville.</p>
2.	<p><b>MINUTES OF THE MEETING ON 19 MARCH 2020</b> (<i>Agenda Item 3</i>)</p> <p><b>RESOLVED:</b> That the minutes of the meeting held on 19 March 2020 be agreed as a correct record.</p>
3.	<p><b>IMPACT AND RESPONSE FOR CHILDREN'S SOCIAL CARE TO COVID-19</b> (<i>Agenda Item 4</i>)</p> <p>Mr Alex Coman, the Council's Head of Safeguarding Partnership and Quality Assurance, thanked the young people as well as all those individuals who had worked through this unprecedented period and found new ways to continue to deliver services. At the start of the COVID-19 pandemic, a three stage response plan had been put in place which had quickly moved to Stage 3. Risk assessments had been undertaken with all children and children with a Child Protection Plan (CPP) in place had continued to be visited face-to-face. 92% of those children had been visited every two weeks. Individual assessments had been undertaken to determine what support was needed for those children without a CPP on an individual basis.</p> <p>Mr Coman noted that daily Senior Management Team meetings had been held as well as daily meetings of the Heads of Service and Team managers to ensure that communication was maintained. Whilst there were some elements of 'business as usual' (such as 121 supervisions), more online conference calls had been held and new starters had been inducted differently. PPE had been provided for the safety of staff and they had also been monitored for symptoms whilst they continued to engage with the children, families and carers in face-to-face settings as well as remotely. Discussions had also been ongoing with the Personal Advisors who had increased their contact with care leavers.</p>

The Panel was advised that 98% of Child Protection Reviews, 97% of LAC reviews and 100% of PEPs had taken place on time. Families, children, partner organisations and staff had adapted quickly to a new way of working and feedback had been largely positive regarding virtual Children in Need meetings, Child Protection Conferences and Looked After Reviews.

Although the move to virtual contact between LAC and families had been accepted, it had been clear that this had worked better for some young people's routines more than others. As such, the children would be offered the option of virtual or face-to-face contact from now on.

Over the last few months, the courts had been closed. This had meant that some cases had been dealt with virtually and this had worked well. However, hearings that had been expected to last longer had not been listed to be heard virtually which had meant that a backlog had emerged. This backlog was now being worked through but it had, for example, delayed the completion of adoptions, etc. Mr Coman advised that a national survey was being undertaken by CAFCASS (Children and Family Court Advisory and Support Service) to establish how many cases each local authority had that fell within each of three levels (significant impact, manageable impact or negligible impact). Mr Coman's team was currently working through the cases to identify and submit the numbers to CAFCASS and would forward this anonymised data to the Members once complete.

The Virtual School had provided advice and guidance to young people and foster carers during lockdown and PEPs had been facilitated virtually. This support had included a series of webinars, a newsletter and support packs that had been sent home to carers and young people.

The new way of working had had a positive impact in preventing placement breakdown. With regard to the national indicator for children that had had 3+ placements in twelve months, there had initially been an increase in Hillingdon from 10% at the end of 2019/2020 to 11% in June 2020. However, this had decreased to 9% by the end of July 2020 which was the lowest it had been in two years and better than the national and pan-London figures. Mr Coman suggested that this improvement was as a result of social workers and Heads of Service with delegated decision making authority meeting on a weekly basis to review vulnerable placements. More frequent meetings focussed on fragile placements and the attendance at these meetings was not being introduced as standard practice.

The Panel was advised that, during lockdown, resources had been redeployed to contact those children that had been shielding to ensure that they were able to get food and medication. Mr Coman clarified that this included all shielding children in Hillingdon, irrespective of whether or not they were LAC. Weekly contact had also been maintained with LAC, fostered children and care leavers that had been living outside of the Borough, some of which had also received face-to-face visits.

It was noted that one member of staff had delivered food to care leavers living on their own who had had to isolate or shield. Staff had also identified more than 800 children who had needed a laptop or tablet and / or access to the internet to enable them to study so that they could receive the support offered by the DfE.

Mr Coman noted that the number of unaccompanied asylum seeking children (UASC) coming into the Borough had decreased significantly following a reduction in capacity at Heathrow Airport. Appropriate accommodation had been found at Charville Lane for

those UASC that had arrived during lockdown as LAC to enable them to isolate for two weeks. This arrangement was still in place for new arrivals as it was anticipated that the number of UASC entering Hillingdon would increase from September 2020. Numbers had started to rise but this was still not yet at pre-COVID-19 levels.

Although it was noted that there had been a 5% increase in the number of referrals to the Youth Justice Service, there had been fewer children entering or exiting care. It was thought that this was likely to be partly as a result of the Secretary of State's request that young people did not leave care during the pandemic until it was safe to do so. This had resulted in a number of young people over the age of 18 still being accommodated in placements provided by the local authority. Action was now being taken to help these young people to move to independence in a safe and planned way.

A recovery plan was in place and officers had been working to prepare for a surge in contacts and referrals once the schools returned in September and services regained some normality. Attendance at school had been in the high 80% and contact referrals had started to increase but not at the speed that had been anticipated. The demand was well managed and the service was prepared for further increase. The pandemic had been a huge leadership challenge and preparations were now underway to deal with the forecasted increase in demand from families where children lived with substance abuse, domestic abuse, isolation, poverty, etc.

It was recognised that the service had had to adapt quickly to unprecedented circumstances. Whilst the use of virtual meetings had proved useful for focussed meetings, its use made it harder to pick up on things like body language. Although there had been online access and contact with the families and children, if there had been safeguarding concerns raised about a child, face-to-face visits were undertaken and the police and other partners would have been involved. There had been a need to utilise Police powers of Protection (PP), attend court cases and deal with missing children. Safeguarding had not ceased during lockdown and neither had contact with the young people, some of whom had been visited 2-3 times each week.

Every child now had face-to-face visits but was also offered online options as some young people liked to have weekly conversations. Officers' time had been freed up to be able to do more as they had not been spending so much time travelling. This had resulted in a more blended model of engagement for moving forward.

Dr Deborah Price Williams advised that all Initial and Review Health Assessments (IHAs and RHAs) had been completed within the required timescales even though a number of staff from the CNWL provider services LAC team had had to be redeployed elsewhere within the health sector.

The use of Zoom had generally been successful in addition to health assessment nurses calling vulnerable young people if that was what they had wanted. They had found that the young people had been more forthcoming with the information that they had offered during these meetings than they would have if the meetings had been face-to-face. A blended offer was likely to be maintained in line with the CNWL recovery plan. Older young people would be offered the opportunity to do more video and telephone consultations for health assessments where appropriate but there would still be a need for face-to-face meetings where physical examinations were required. Dr Price Williams did not know how the winter surge would impact on the demand for services.

The Corporate Parenting Manager was commended for the fortnightly Shout Out newsletters that had been circulated to care leavers and LAC. It was noted that these

would be produced on a monthly basis in future and would be circulated to the Panel.

The Children in Care Council Members thanked Mr Coman and the social workers for all of their hard work during the pandemic. It was confirmed that care leavers had weekly contact with their Personal Advisors, there had been extra help with laptops and that their health had been monitored.

It was agreed that a report be presented at a future Panel meeting to set out the new ways of working that had been used during the pandemic. Further information could be included to identify which new ways of working had been adopted for the longer term and how these had improved the offer to the young people.

**RESOLVED: That:**

- 1. a report be scheduled for a future meeting identifying the newly adopted ways of working and how these had improved the offer; and**
- 2. the report be noted.**

4. **WORK PROGRAMME** (*Agenda Item 5*)

Consideration was given to the Panel's Work Programme. It was agreed that the Cabinet Member for Education, Children and Youth Services and the Chairman of the Social Care, Housing and Public Health Policy Overview Committee (SCHPH POC) be invited to attend the meeting scheduled for 22 April 2021. The Panel would use the opportunity to showcase the work that had been undertaken and to establish whether there was any support that they could provide the Panel.

As had been suggested in the previous meeting, it was agreed that future meetings would be themed. The themes and items for inclusion at future meetings would be as follows:

- 12 November 2020 – Theme: Safeguarding;
- 11 February 2021 – Themes: Health and Education. Additional report on how the KICA event had been celebrated; and
- 22 April 2021 – Cabinet Member and SCHPH POC Chairman.

It was noted that the data available with regard to each of the themes was likely to be different to usual given the impact of COVID-19 on the delivery of services. The Chairman asked that the associated reports included on the agenda include information on what had already happened but also a vision for the future.

The Panel was advised that training led by young people had been put on hold. However, once it had restarted, Panel members would be invited to attend.

**RESOLVED: That the Work Programme be noted with the suggested changes.**

The meeting, which commenced at 5.30 pm, closed at 6.34 pm.

These are the minutes of the above meeting. For more information on any of the resolutions please contact Nikki O'Halloran on 01895 277655. Circulation of these minutes is to Councillors and officers.

## SOCIAL CARE, HOUSING AND PUBLIC HEALTH POLICY OVERVIEW COMMITTEE - FORWARD PLAN

<b>Committee name</b>	Social Care, Housing and Public Health Policy Overview Committee
<b>Officer reporting</b>	Liz Penny, Democratic Services
<b>Papers with report</b>	Appendix A – Forward Plan
<b>Ward</b>	All

### HEADLINES

The Committee is required by its Terms of Reference to consider the Forward Plan and comment as appropriate to the decision-maker on key decisions which relate to services within its remit (before they are taken by the Cabinet or by the Cabinet Member).

### RECOMMENDATION

**That the Social Care, Housing and Public Health Policy Overview Committee notes and comments on items going to Cabinet.**

### SUPPORTING INFORMATION

The latest published Forward Plan is attached, with items relevant to the Committee's brief.

#### Implications on related Council policies

A role of the Policy Overview Committees is to make recommendations on service changes and improvements to the Cabinet who are responsible for the Council's policy and direction.

#### How this report benefits Hillingdon residents

Policy Overview Committees directly engage residents and external partners in the work they do.

#### Financial Implications

None at this stage.

#### Legal Implications

None at this stage.

### BACKGROUND PAPERS

NIL.

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## Upcoming Decisions

## Further details

Ref

Ward(s)

Final decision by Full Council

Cabinet Member(s) Responsible

Officer Contact for further information

Consultation on the decision

NEW ITEM

Public or Private (with reason)

SI = Standard Item each month

Council Departments: RS = Residents Services SC = Social Care CR&S = Corporate Resources & Services FD= Finance

### Cabinet meeting - 22 October 2020

029	<b>Hayes Housing Regeneration: Options Appraisal</b>	The Council is currently consulting with residents at both Austin Road and Avondale Drive Estates with a view to looking at a number of ways that it can improve the estates. This report will present Cabinet with the recommendations from an Options Appraisals Report, informed by the first round of consultations with residents and seek approval for the next steps.	Townfield		Cllr Sir Ray Puddifoot MBE, Cllr Jonathan Bianco, Cllr Philip Corthorne	RS - Perry Scott	Public / local resident consultation	NEW	Public
013	<b>Self-Build &amp; Custom-Build Housing (Charging and Eligibility Criteria)</b>	Following consultation approved by Cabinet on 21 May 2020, to seek approval to introduce a charging schedule and eligibility criteria for inclusion on Hillingdon's Self-Build and Custom-Build Housing Register.	All		Cllr Keith Burrows / Cllr Philip Corthorne	RS - James Rodger / Julia Johnson			Public
014	<b>The Annual Report Of Adult and Child Safeguarding Arrangements</b>	This report provides the Cabinet with a summary of the activity undertaken by the Safeguarding Children Partnership Board and the Safeguarding Adults Board to address the identified local priorities. The Cabinet will consider this report and approve the activity and the local priorities for the two forums.	All		Cllr Jane Palmer / Cllr Susan O'Brien	SC - Alex Coman, Claire Solley, Suzi Gladish	Social Care, Housing and Public Health Policy Overview Committee		Public
SI	<b>Monthly Council Budget - monitoring report</b>	The Cabinet receives a monthly report setting out in detail the Council's revenue and capital position and other key financial decisions required.	All		Cllr Sir Ray Puddifoot MBE / Cllr Jonathan Bianco	FD - Paul Whaymand			Public

### Cabinet meeting - 12 November 2020

## Upcoming Decisions

### Further details

Ref

Ward(s)

Final decision by Full Council

Cabinet Member(s) Responsible

Officer Contact for further information

Consultation on the decision

NEW ITEM

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019	<b>Contract extension - Revenues and Benefits Service</b>	Cabinet will consider an extension to the current contract for the Revenue and Benefits service, which undertakes the collection and recovery of Council Tax, business rates, the processing of benefits claims and related queries.	All		Cllr Jonathan Bianco	FD - Muir Laurie			Private (3)
SI	<b>Older People's Plan update</b>	Cabinet will receive it's twice yearly update on progress on the Older People's Plan (May and November annually).	All		Cllr Sir Ray Puddifoot MBE / Cllr Philip Corthorne	RS - Kevin Byrne	Older People, Leader's Initiative		Public
SI Page 56	<b>Monthly Council Budget - monitoring report</b>	The Cabinet receives a monthly report setting out in detail the Council's revenue and capital position and other key financial decisions required.	All		Cllr Sir Ray Puddifoot MBE / Cllr Jonathan Bianco	FD - Paul Whaymand			Public

## Cabinet meeting - Thursday 10 December 2020

020 a	<b>The Council's Budget - Medium Term Financial Forecast 2021/22 - 2025/26 (BUDGET FRAMEWORK)</b>	This report will set out the Medium Term Financial Forecast (MTFF), which includes the draft General Fund reserve budget and capital programme for 2021/22 for consultation, along with indicative projections for the following four years. This will also include the HRA rents for consideration.	All	TO FULL COUNCIL 25/2/21	Cllr Sir Ray Puddifoot MBE & Cllr Jonathan Bianco	FD - Paul Whaymand	Public consultation through the Policy Overview Committee process and statutory consultation with businesses & ratepayers		Public
021	<b>Financial assistance to Hillingdon's local voluntary organisations</b>	This report to Cabinet will make recommendations on the level of financial support to voluntary organisations for the 2020/21 financial year, demonstrating continued commitment to the vital work they do for residents in Hillingdon.	All		Cllr Douglas Mills	RS - Kevin Byrne			Public

## Upcoming Decisions

### Further details

Ref

Ward(s)

Final decision by Full Council

Cabinet Member(s) Responsible

Officer Contact for further information

Consultation on the decision

**NEW ITEM**

Public or Private (with reason)

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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 or Private (with reason)
SI	<b>Monthly Council Budget - monitoring report</b>	The Cabinet receives a monthly report setting out in detail the Council's revenue and capital position and other key financial decisions required.	All		Cllr Jonathan Bianco	FD - Paul Whaymand			Public

The Cabinet's Forward Plan is an official document by the London Borough of Hillingdon, UK

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## SOCIAL CARE, HOUSING AND PUBLIC HEALTH POLICY OVERVIEW COMMITTEE - WORK PROGRAMME

<b>Committee name</b>	Social Care, Housing and Public Health Policy Overview Committee
<b>Officer reporting</b>	Liz Penny, Democratic Services
<b>Papers with report</b>	Appendix A – Work Programme
<b>Ward</b>	All

### HEADLINES

To enable the Committee to track the progress of its work in 2020/21 and forward plan its work for the current municipal year.

### RECOMMENDATION

**That the Social Care, Housing and Public Health Policy Overview Committee considers the report and agrees any amendments.**

### SUPPORTING INFORMATION

- The Committee's meetings tend to start at 7pm and the witnesses attending each of the meetings are generally representatives from external organisations, some of whom travel from outside of the Borough. At present, meetings are being held virtually due to the Covid-19 pandemic. The meeting dates for this municipal year are as follows:

Meetings	Room
21 October 2020, 7pm	Virtual
26 November 2020, 7pm	TBC
19 January 2021, 7pm	TBC
9 February 2021, 7pm	TBC
25 March 2021, 7pm	TBC
13 April 2021, 7pm	TBC

### Implications on related Council policies

A role of the Policy Overview Committees is to make recommendations on service changes and improvements to the Cabinet who are responsible for the Council's policy and direction.

### How this report benefits Hillingdon residents

Policy Overview Committees directly engage residents and external partners in the work they do.

### **Financial Implications**

None at this stage.

### **Legal Implications**

None at this stage.

### **BACKGROUND PAPERS**

NIL.

# Multi year work programme

May 2018 - May 2022

2021

## Social Care, Housing & Public Health Policy Overview Committee

September 23	October 21	November 26	December CABINET	January 19	February 9	March 25	April 13	May CABINET	June TBC
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## REVIEW : Making the Council more autism friendly

Topic selection / scoping stage	Review update								
Witness / evidence / consultation stage		Witness 2	Witness 3						
Findings, conclusions and recommendations					Findings	Agree recommendations	Present draft report		
Final review report agreement								CABINET?	
Target Cabinet reporting									

## Regular service & performance monitoring

Mid year Budget Update	X								
Annual complaints & service update report	X								
Children's Safeguarding Partnership (formerly the LSCB)	X								
Annual SAB (Adults Safeguarding Board report)	X								
Quality and Capacity of the Community Mental Health Services in Hillingdon		X							
Child & Adolescent Mental Health Services update		X							
Looked After Children Performance Data									
Report / minutes from the Corporate Parenting Panel		X	X				X		X
Cabinet's budget proposals for next financial year					X				
Cabinet Forward Plan Monthly Monitoring	X	X	X		X	X	X	X	X

## One-off service monitoring

Hillingdon Homelessness Prevention and Rough Sleeping Review and Strategy							X		
Better Care Fund Plan									
Update on Telecare Line							X		
Semi - independent living for young people								X	
Update on the Carers Strategy Update			X						
Online Housing Benefit Applications			X						
Housing Briefing (update on housing stock and zero carbon commitment)						X			
Management of voids					X				
Covid-19 Local Outbreak Control Plan		X							

<b>Multi year work programme</b>										
<b>May 2018 - May 2022</b>					<b>2021</b>					
<b>Social Care, Housing &amp; Public Health Policy Overview Committee</b>	<b>September</b>	<b>October</b>	<b>November</b>	<b>December</b>	<b>January</b>	<b>February</b>	<b>March</b>	<b>April</b>	<b>May</b>	<b>June</b>
	23	21	26	CABINET	19	9	25	13	CABINET	TBC
<b>Past review delivery</b>										
Universal Credit 1 year on (as per recommendation approved with claimant stats and experience)			X							
Becoming an Autism Friendly Council										
<b>Internal use only</b>										
Report deadline	11 Sept 2020	9 Oct 2020	13 Nov 20		6 Jan 21	27 Jan 20	12 March 21	1 April 21		
Agenda published	15 Sept 2020	13 Oct 2020	18 Nov 20		11 Jan 21	1 Feb 21	17 March 21	5 April 21		