



HILLINGDON
LONDON



VIRTUAL

Health and Wellbeing Board

Date: TUESDAY, 22 SEPTEMBER
2020

Time: 2.30 PM

Venue: THIS IS A VIRTUAL
MEETING

**Meeting
Details:** Watch a live broadcast of this
meeting on the Council's YouTube
channel: [Hillingdon London](#)

To Members of the Board:

Statutory Members (Voting)

Councillor Jane Palmer (Chairman)
Councillor Jonathan Bianco (Vice-Chairman)
Councillor Keith Burrows
Councillor Philip Corthorne MCIPD
Councillor Richard Lewis
Councillor Douglas Mills
Councillor Susan O'Brien
Councillor Sir Raymond Puddifoot MBE
Dr Ian Goodman, Chair - Hillingdon CCG
Lynn Hill, Chair - Healthwatch Hillingdon

Statutory Members (Non-Voting)

Statutory Director of Adult Social Services
Statutory Director of Children's Services
Statutory Director of Public Health

Co-Opted Members

The Hillingdon Hospitals NHS Foundation Trust
Central & North West London NHS Foundation
Trust
Royal Brompton & Harefield NHS Foundation Trust
Hillingdon Clinical Commissioning Group
Hillingdon Clinical Commissioning Group
LBH - Director of Housing, Environment,
Education, Performance, Health & Wellbeing

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Putting our residents first

Lloyd White
Head of Democratic Services
London Borough of Hillingdon,
Phase II, Civic Centre, High Street, Uxbridge, UB8 1UW

Agenda

CHAIRMAN'S ANNOUNCEMENTS

- 1 Apologies for Absence
- 2 Declarations of Interest in matters coming before this meeting
- 3 To approve the minutes of the meeting on 24 September 2019 1 - 12
- 4 To confirm that the items of business marked Part I will be considered in public and that the items marked Part II will be considered in private

Health and Wellbeing Board Reports - Part I (Public)

- 5 Board Membership Update 13 - 16
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Health and Wellbeing Board Reports - Part II (Private and Not for Publication)

That the reports in Part 2 of this agenda be declared not for publication because they involve the disclosure of information in accordance with Section 100(A) and Part 1 of Schedule 12 (A) to the Local Government Act 1972 (as amended), in that they contain exempt information and that the public interest in withholding the information outweighs the public interest in disclosing it.

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Minutes

HEALTH AND WELLBEING BOARD

24 September 2019

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



HILLINGDON
LONDON

	<p>Statutory Voting Board Members Present: Councillors Philip Corthorne (Chairman), David Simmonds CBE (Vice-Chairman) and John Riley (In place of Douglas Mills), and Dr Ian Goodman and Ms Lynn Hill</p> <p>Statutory Non Voting Board Members Present: Tony Zaman - Statutory Director of Adult Social Services and Statutory Director of Children's Services Dr Steve Hajioff - Statutory Director of Public Health</p> <p>Co-opted Board Members Present: Graeme Caul - Central and North West London NHS Foundation Trust (substitute) Caroline Morison - Hillingdon Clinical Commissioning Group (substitute) Sarah Crowther - Hillingdon Clinical Commissioning Group Dan Kennedy - LBH Director Housing, Environment, Education, Performance, Health and Wellbeing</p> <p>LBH Officers Present: Kevin Byrne (Head of Health Integration and Voluntary Sector Partnerships) and Nikki O'Halloran (Democratic Services Manager)</p> <p>Others Present: Tahir Ahmed (Executive Director of Estates and Facilities, The Hillingdon Hospitals NHS Foundation Trust) and Dan West (Director of Operations, Healthwatch Hillingdon)</p>
18.	<p>APOLOGIES FOR ABSENCE (<i>Agenda Item 1</i>)</p> <p>Apologies for absence had been received from Councillors Jonathan Bianco, Keith Burrows, Richard Lewis, Douglas Mills (Councillor John Riley was present as his substitute) and Ray Puddifoot, and Ms Robyn Doran (Mr Graeme Caul was present as her substitute), Mr Mark Easton (Ms Caroline Morison was present as his substitute) and Mr Bob Bell.</p> <p>It was noted that neither Ms Sarah Tedford nor her named substitute, Professor Elisabeth Paice, were in attendance. In their absence, the Chairman asked Mr Tahir Ahmed to provide the verbal update on the recovery planning for The Hillingdon Hospitals NHS Foundation Trust (THH) at Agenda Item 16.</p>
19.	<p>TO APPROVE THE MINUTES OF THE MEETING ON 25 JUNE 2019 (<i>Agenda Item 3</i>)</p> <p>It was agreed that the fifth word of the second sentence in the first paragraph be changed from "CGG" to "CCG".</p> <p>RESOLVED: That, subject to the above amendment, the minutes of the meeting held on 25 June 2019 be agreed as a correct record.</p>

20.	<p>TO CONFIRM THAT THE ITEMS OF BUSINESS MARKED PART I WILL BE CONSIDERED IN PUBLIC AND THAT THE ITEMS MARKED PART II WILL BE CONSIDERED IN PRIVATE (<i>Agenda Item 4</i>)</p> <p>It was confirmed that Agenda Items 1 to 19 would be considered in public and Agenda Items 20 and 21 would be considered in private.</p>
21.	<p>BOARD MEMBERSHIP UPDATE (<i>Agenda Item 5</i>)</p> <p>RESOLVED: That Ms Sandra Taylor be noted as the replacement for Ms Ana Popovici as the Statutory Director of Children’s Services Substitute member on the Board.</p>
22.	<p>HILLINGDON'S JOINT HEALTH & WELLBEING STRATEGY 2018-2021 (<i>Agenda Item 6</i>)</p> <p>Since the Board’s last meeting on 25 June 2019, a meeting had been held with Mr Mark Easton on 17 July 2019 to look at the Case for Change and what this meant with regard to local approaches to services. It was noted that nothing of significance had arisen from the meeting and that questions went largely unanswered. Consideration still needed to be given to the implications for local autonomy and for the Health and Wellbeing Board. Concern was expressed that Hillingdon’s Integrated Care Partnership (ICP) was currently in a good position and that the proposals could result in the local standards, aspirations and achievements of the ICP being levelled down.</p> <p>With regard to the financial perspective and the historic deficit, concern was expressed about what this would mean for Hillingdon. Mr Easton had advised that an additional £61m in savings was needed across North West London (NWL) but had not indicated what the impact of this would be locally. As the main pressure being faced in NWL was in relation to finance, the transition to a single CCG had been deferred from 2020 to enable these challenges to be addressed. Whilst the reasons for the delay had merit, concern was expressed that this could have ramifications for the NWL ability to draw down transformation funding and it was suggested that all implications would need to be looked at closely going forward. The Board noted that there were also tensions between the way that things were done by Hillingdon CCG the way they might be done by NWL. This would need to be managed carefully.</p> <p>It was noted that the report did not include any information about Brexit preparedness. The Board was advised that assurance had already been provided with regard to continuity of vaccine supplies for flu, etc. However, it was questioned whether sufficient consideration had been given locally to managing the additional demand that could be created by the number of UK citizens not currently domiciled in the UK that might need to return to the UK to seek medical treatment post Brexit. Ms Caroline Morison, Managing Director at Hillingdon CCG, advised that Brexit preparedness was being led for the NHS at a sub-regional level (i.e. NWL). She knew that this was up for discussion at the next Borough Resilience Forum and would seek feedback.</p> <p>RESOLVED: That the Health and Wellbeing Board:</p> <ol style="list-style-type: none"> 1. considered the issues raised at 3.1 in the report in relation to live and urgent issues in the Hillingdon health and care economy. 2. noted the performance issues contained at Appendix 1 of the report.
23.	<p>2019/20 BETTER CARE FUND PLAN (<i>Agenda Item 7</i>)</p> <p>The Chairman noted that a significant volume of paper had been included on this agenda despite taking off superfluous appendices to some reports. Although it had</p>

been important to include the BCF appendices on the agenda, this had contributed towards the unusually large amount of paper.

As was fairly commonplace these days, Government guidance had not arrived on time which meant that officers had had to develop the plan in its absence. The guidance had subsequently arrived.

It was noted that the report provided a breakdown of the mandated financial requirements for 2019/20 and that there had been a sizeable uplift in financial contributions for 2019/20. As the Delayed Transfers of Care (DTC) target for the previous year had been overly stretching, it was good that the target for this year had been left largely the same. The issue of DTCs remained important and a full report on DTCs would be included in the performance update at the Board in December 2019.

It was recognised that front line staff did a great job in what was sometimes difficult circumstances.

RESOLVED: That the Health and Wellbeing Board:

- 1) approved the 2019/20 Better Care Fund plan for submission to the London Regional Assurance Team by 27 September 2019 as described in the report;**
- 2) noted the delayed transfers of care (DTC) target for 2019/20; and**
- 3) noted the content of the updated Health and Equality Impact Assessments.**

24. **CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH AND EMOTIONAL WELLBEING** (*Agenda Item 8*)

As the annual refresh of the Children and Young People's Mental Health Services Local Transformation Plan (CYPMH LTP) needed to be submitted to NHS England by 31 October 2019, it was agreed that its approval would be delegated to the Chairman of the Health and Wellbeing Board in consultation with the Chairman of Hillingdon CCG and Chair of Healthwatch Hillingdon.

The report highlighted the continued progress and performance of the new online counselling service, Kooth, and the Thrive model. These interventions had helped to reduce the number of referrals which had reduced the pressure on waiting lists. The Board noted that Kooth had delivered cashable benefits in successfully addressing the escalation of need and early intervention with only 3 referrals or signposting to external services (specialist CAMHS) from 182 new registrations by Q1. Consideration was being given to extending the Kooth service to include supporting issues regarding knife crime.

Children and young people's mental health and emotional wellbeing had been a standing item on the Board's agenda for some time and the service provision appeared to have benefited from this. However, caution would need to be exercised as performance was not yet where it needed to be.

CAMHS was going through a significant transformation to enable it to meet the demands of a growing population which needed to access CAMHS services (currently only 65% of children were treated within 18 weeks of referral against a contract target of 85%). Whilst this target had been met for some months recently, the current approach did not seem to be able to deliver against this target consistently. A record system update had been undertaken which had also affected data quality. New staffing models and new service types were also being investigated. It was anticipated

that early intervention models would prevent referrals and therefore free up resources to deal with more acute cases.

It was noted that the GPs and Hillingdon Hospital would be seeing those patients where the interventions had not worked. As such, it would be useful to hear from them about the impact that this work had had on them. Dr Goodman advised that GPs had noticed an impact on the waiting lists and the routes of access. Kooth had provided a portal of entry and had reduced waiting lists as it provided instant attention which was needed by this generation so that they did not lose momentum. It was also thought that the waiting lists obscured the time to treatment which had shortened. There was no one in attendance that was able to provide a Hillingdon Hospital perspective.

RESOLVED: That the Health and Wellbeing Board:

- 1. approved the request to delegate authority to approve the annual refresh of the (CYPMH LTP) for submission to NHSE on 31 October 2019, to the Chairman of the Health and Wellbeing Board in consultation with the Chairman of Hillingdon CCG and Chair of Healthwatch Hillingdon.**
- 2. noted the progress made in developing the local offer available for CYP and families in 'Getting Advice' and 'Getting Help' (building resilience and early intervention and prevention), particularly the continued progress and performance in Q1/2 2019, by the new on-line counselling service KOOTH which had increased access to emotional wellbeing and mental health services for children in Hillingdon in 2019/20.**
- 3. noted the progress made in the development of a new integrated early intervention and prevention model.**
- 4. noted that the CCG had been successful in securing DOH funding over the next 3 years to support this work.**

25. UPDATE: STRATEGIC ESTATE DEVELOPMENT (*Agenda Item 9*)

It was noted that revisions to the proposed scheme for the North Hillingdon hub had delayed the business case process which, it was anticipated, would be submitted in January 2020, creating a further three month delay. A business case had been received by the two incumbent GP practices and Hillingdon CCG had been working with them to refine this case for change.

The Uxbridge and West Drayton hub had been delayed as, although a single expression of interest from Uxbridge Surgery had been received, no formal business case had yet been completed. Although the report stated that the target date for the outline business case was January 2020, it was hoped that this would be completed by the end of November 2019 so that the formal planning process could be started in early 2020.

Hillingdon CCG had approved the final one off costs to the business case regarding new premises for Shakespeare Medical Centre and Yeading Court Surgery. Agreements for the lease had been signed and the process with NHS England had been started.

A site in Holloway Lane on the edge of Harmondsworth had been identified for a possible new health facility in Heathrow Villages. The main challenge now was in relation to identifying a GP that would act as leaseholder. It was noted that the Council had completed an evaluation of this site and, as such, it would be worth Hillingdon CCG liaising with the Planning Department as it might be possible to share this information.

It was noted that some of these updates had not progressed since the Board's last meeting on 25 June 2019. However, in the last report there had been mention made of 11 improvement grant schemes that needed to be completed by March 2020. Although these had not been included in the report this time, it was noted that they were on track. If internal arrangements were not working, this would need to be discussed.

RESOLVED: That the Health and Wellbeing Board noted the progress being made towards the delivery of the CCGs strategic estates plans.

26. **HILLINGDON CCG UPDATE** (*Agenda Item 10*)

It was noted that some of the information in this report overlapped with the Joint Health and Wellbeing Strategy performance report. The Case for Change had been delayed so that the creation of a single CCG would not be effective until April 2021. In the meantime, work would have to be undertaken to align to the strategies. Consideration would also need to be given to the determining the responsibilities of the local authorities and local authorities would need to be forwarding their concerns alongside possible solutions.

The establishment of primary care networks (PCN) had been embedded in the Five Year Plan for general practice. Each PCN covered a population of between 30k and 50k patients. Although there had been some challenges in the south of the Borough, all but two Hillingdon practices were now included in a PCN. It was anticipated that levers would be provided in the next week or so to encourage those two remaining practices to join a PCN so that their patients were afforded the same opportunities.

The Board was advised that PCNs had funding for support workers such as: social prescribing link workers, clinical pharmacists, physician associates, physiotherapists and community paramedics. It was anticipated that the introduction of these roles would reduce the demand on GPs services and play a key role in the Out of Hospital Strategy. Although there had been some confusion between PCNs and neighbourhoods, both aimed to support the Integrated Care Partnership (ICP) to transform patient care.

London North West (formerly known as Northwick Park) posed the biggest concern financially within North West London (NWL). NWL CCGs were working with CNWL to reduce spend but further work was needed to control elective spending. It was also noted that there had been some slippage with regard to QIPP savings that had been impacted by workforce issues. Plans were already being put in place regarding workforce to mitigate the impact of Brexit but a more detailed review of manpower was needed.

It was noted that Harlington Hospice had been commissioned to provide inpatient care at Michael Sobell Hospice on the Mount Vernon site. Refurbishment of the site was currently underway and was expected to be completed by the end of November 2019. It was anticipated that, in future, a more modern end of life care service would be provided. For example, the recent introduction of a 24/7 telephone advice line had resulted in reducing the number of patients dying in hospital. Those involved in getting Michael Sobell Hospice reopened, including Members of the External Services Select Committee, were commended for their efforts.

The review of Mount Vernon Cancer Centre continued. A number of recommendations had arisen from the first stage of the review which looked at possible options on a way forward, such as, a hub and spoke system, links to another cancer hospital and a full replacement. It was suggested that any hub would need to have an intensive care

provision. Although it was thought likely that cancer services would be maintained at Mount Vernon Hospital, there needed to be a focus on the needs of patients as well as the advantages of the Mount Vernon Hospital location.

RESOLVED: That the update be noted.

27. **HILLINGDON CLINICAL COMMISSIONING GROUP'S STRATEGIC INTENTIONS 2020-2022** (*Agenda Item 11*)

It was noted that effort had been made to change the tone when the Commissioning Intentions document moved to Strategic Intentions (SI). The SI provided a more coherent plan that was jointly owned and aimed to improve care, services and the use of resources in Hillingdon. Work had been undertaken in North West London (NWL) in relation to system intentions across the eight NWL CCGs and the resultant document would be considered by the Board at its meeting on 3 December 2019.

The Board was advised that the SI themes had been aligned to the Health and Wellbeing Strategy and to the Better Care Fund. The report provided a two year plan which looked at the work of the Integrated Care Partnership and Primary Care Networks to identify how this would move Hillingdon forward.

It was noted that Hillingdon was below target with regard to measles vaccinations and work was also needed to increase tuberculosis (TB) vaccinations. Concern was expressed about whether progress was being made to vaccinate the cohort of unvaccinated residents in the Borough. Barriers tended to be in relation to patient choice rather than supply / delivery. As such action was being taken by Hillingdon CCG (HCCG) to focus on prevention and self care.

Although TB vaccinations were not provided by HCCG, it did have a scheme in place to identify patients at risk of TB and refer them on. Fifteen years ago, Hillingdon had had one of the highest rates of TB vaccination in London. The PCT had commissioned GPs and the Health Visiting Service to target specific communities. When NHS England (NHSE) took over responsibility, Health Visitors were no longer involved in vaccinations. Responsibility had since passed back to councils via Public Health with the Council funding Health Visitors and NHSE funding the vaccinations. It was suggested that consideration be given to reinstating Health Visitor involvement in vaccinations in the short term or appeal to NHSE for increased action whilst the uptake was low. It was noted that there was no reason why the role of Health Visitors could not be re-profiled to include vaccinations and refresher training put in place to deliver this. The Board was assured that, whilst measles posed a significant risk, TB did not pose a huge risk to residents in Hillingdon.

As MMR immunisation rates had reduced, London no longer benefited from herd immunity. A team within the Department of Health had identified the barriers to immunisation as:

- Chaotic lives preventing engagement (Health Visitors had been great at catching these individuals);
- Affluent individuals who had believed the media hype about the risks of MMR; and
- Minority ethnic individuals who might query the appropriateness / content of the vaccinations (misinformation needed to be corrected).

The Board was advised that the model contract for hospitals included neonatal so a catch up TB service was provided by CNWL. However, it was queried whether the neonatal service would be retained in Hillingdon.

Concern was expressed that, despite Hillingdon Hospital having a contractual obligation to provide TB vaccinations, this did not appear to be happening. It was suggested that this inaction could be as a result of anything from staff workload or midwife/patient ratios, to discipline or leadership. The Council's External Services Select Committee would be asked to seek further information from NHSE and The Hillingdon Hospital NHS Foundation Trust (THH) at a future meeting. Mr Tahir Ahmed, THH's Executive Director of Estates and Facilities, advised that he would raise this issue with the THH management team.

It was acknowledged that the Strategic Intentions document read better than the Commissioning Intentions iteration had. It provided a narrative and placed prevention at the forefront of work. Although reference to work around health based places of safety was encouraging, it was noted that further information as still needed with regard to shaping services.

RESOLVED: That Hillingdon CCG's Strategic Intentions for 2020-2022 be noted.

28. **HEALTHWATCH HILLINGDON UPDATE** (*Agenda Item 12*)

It was noted that Healthwatch Hillingdon (HH) had been supporting the work to reopen Michael Sobell House and had been involved in work around the primary care networks. Focus groups had also been established to engage members of the public on the NHS Long Term Plan.

The Board was advised that Hillingdon Hospital had asked HH to revisit a previous review that it had undertaken and contribute to the Trust's current discharge planning work. It would be interesting to see what progress had been made following the implementation of recommendations that had arisen from the previous review.

It was noted that HH had been shortlisted for a national award in relation to the work that it had undertaken on lower back pain. Representatives from HH would be attending the awards presentation in Birmingham the following week.

Young Healthwatch Hillingdon had featured prominently in the report and had made a significant contribution to the work that had been undertaken on CAMHS.

RESOLVED: That the report be noted.

29. **HOMELESSNESS** (*Agenda Item 13*)

It was noted that the Council was about to start a consultation on its Homeless and Rough Sleeper Strategy. Rough sleepers were disproportionate users of emergency care and it was hoped that the development of services such as the night shelter and other accommodation options would help to reduce the need for emergency care. The CNWL ARCH service was available to rough sleepers as there was a direct link between rough sleeping and alcohol abuse. It was agreed that a further report on this issue be added to the Health and Wellbeing Board agenda for the meeting on 3 March 2020.

It was queried what the level of ambition was for dealing with rough sleeping and how successful action had been to date. Consideration needed to be given to what 'good' looked like. It was noted that significant pressure was being levied by Government to deal with rough sleeping and that funding was available. However, it was recognised that the presence of Heathrow Airport in the Borough skewed Hillingdon's performance.

Hillingdon aimed to halve the number of rough sleepers by 2022 and eliminate the need to sleep rough by 2027.

RESOLVED: That the report be noted.

30. **HILLINGDON'S KNIFE CRIME REDUCTION PLAN** (*Agenda Item 14*)

Knife crime was a significant issue and the links to the Kooth project commissioned by Hillingdon CCG was noted. Operation Honey Badger and Operation Catalyst had been used by the Metropolitan Police Service to tackle knife crime. A controlled drugs operation had also been undertaken to establish and prioritise areas of concern. It was agreed that a further report would be included on the agenda for the Health and Wellbeing Board meeting on 3 March 2020 to identify what outcomes had been delivered from the autumn projects.

RESOLVED: That the multi-agency work being taken in relation to knife crime be acknowledged and endorsed.

31. **CHILD HEALTHY WEIGHT ACTION PLAN** (*Agenda Item 15*)

At the Health and Wellbeing Board meeting on 25 June 2019, officers had been charged with progressing the Child Healthy Weight Action Plan through a task and finish group of partners. The report contained updates on progress against the 7 priorities in the plan. In addition, the Board agreed that officers should develop proposals for further effort in: developing the roles of schools, promoting healthy eating and nutrition and in developing the evidence base behind the plan, so that it remained current and focussed. Any proposals would need to be proportionate and demonstrate value for money and officers were asked to identify 2-3 actions that would make a specific and tangible difference, progress on which should be reported back to the Board's next meeting. It was agreed that this item be added to future Health and Wellbeing Board agendas as a standing item.

Concern was expressed that the work identified in the Action Plan seemed to be process heavy and outcome light. To address this, it was suggested that officers concentrate on implementing 2-3 specific deliverables and then just get on with delivering them.

For example, the plan referenced a range of physical activity programmes such as The Daily Mile. It was suggested that, to further support physical activity, consideration could potentially be given to programmes such as Park Run in Hillingdon and that residents should be encouraged to take advantage of the high quality sport and leisure facilities in the Borough.

In addition, it was also noted that work to encourage and promote the importance of breast feeding formed a key part of the plan. There was some concern, however, that milk formula companies were implying that breast milk did not provide as much nutritional value as formula which could counteract local efforts. Consideration needed to be given to how this myth could be dispelled and to identifying which interventions could increase breastfeeding levels in Hillingdon.

Young Healthwatch Hillingdon had been working with Public Health on tackling child obesity issues. It was noted that, generally, physical interventions would have a marginal impact on obesity and that nutritional interventions could have a significant impact. A project had been undertaken in Manchester where firefighters had led sessions where they showed young men how to cook a healthy meal for a family. This

had been free to deliver and had been impactful.

RESOLVED: That the Health and Wellbeing Board:

- 1) agreed to the updated delivery plan at Appendix 1 of the report.
- 2) agreed that officers develop proposals and business cases for further activity in relation to:
 - a. strengthening our evidence base;
 - b. increasing our work with schools; and
 - c. developing support for healthy eating.

32. **THH UPDATE - RECOVERY PLAN** (*Agenda Item 16*)

The Chairman noted that it was disappointing that The Hillingdon Hospitals NHS Foundation Trust (THH) had not provided the Board with a written report as had been requested. This had been compounded by the fact that neither Ms Sarah Tedford, nor her named substitute had attended the meeting. As such, the Board had been given no idea of any progress that had been made with regard to recovery plans.

However, it was noted that Mr Tahir Ahmed, THH's Executive Director of Estates and Facilities, was in attendance and was asked to provide the Board with an update. Mr Ahmed confirmed that a written report would be provided in future.

THH had a new management team and plans were in place to address the issues of concern raised in the CQC report. The Trust's improvement plan had been aligned with its strategic objectives and, over the next two years, THH would be looking to deliver the best services for local people, within budget. This work included the establishment of a ward accreditation programme.

The Board was advised that recruitment, retention and training continued to be a challenge for the Trust. In addition, THH faced issues in relation to financial pressures and was undertaking a review of internal governance. The Trust Board met on a monthly basis to monitor the delivery of its strategies.

It was noted that, with regard to the strategy for hospital redevelopment, NHS England (NHSE) had completed the OGC Gateway Review 0: strategic assessment. The resultant report had made nine recommendations which would need to be used to prepare the Strategic Outline Case (SOC) for the redevelopment – this would need to be a collaborative response. As Hillingdon Hospital was in dire need of investment, a funding request had been submitted to NHSE/NHS Improvement (NHSI) to develop a SOC. During this process, consideration would be given to all options as well as what this would mean for the NHS. The work would be led by the Clinical Services Strategy which was currently in development and which would dovetail with the Estates Strategy in the New Year.

It was noted that Ms Tedford had been asked for further information about the Working Group that had been established to look at the Trust's recovery planning. However no information had yet been received. As such, the Board had no sense of where THH was on its journey. Mr Ahmed advised that the Trust was making progress but that, as the desired outcomes would not be achieved overnight, THH was looking for measured improvements.

All health partners had been working together to try to support the Trust and address the problems faced by Hillingdon Hospital. However, concern was expressed that Hillingdon Hospital had been letting residents down for a long time and that the programme for a new hospital might not be prioritised by NHSE, resulting in Hillingdon

	<p>losing the opportunity for a new hospital. It was suggested that there needed to be a greater sense of urgency from THH and a proper timescale for action needed to be developed. The Board was advised that THH did not want to lose any traction and had been having regular meetings with its regulators. It was noted that THH had received £16.5m in funding to spend on its failing infrastructure and that conversations had been taking place which showed support from the centre for a new hospital in Hillingdon.</p> <p>RESOLVED: That the verbal update be noted.</p>
33.	<p>HILLINGDON LOCAL SAFEGUARDING CHILDREN BOARD (LSCB): ANNUAL REPORT 2018/2019 (<i>Agenda Item 17</i>)</p> <p>It was noted that this was the last time that the Board would receive a report from the Local Safeguarding Children Board in its current form as new arrangements were in place. Concern was expressed in relation to Child Death Overview Panels (CDOP) as they appeared to be a bureaucratic mess and NHS colleagues needed to be aware of this if they weren't already. The Council's Corporate Director of Social Care would be keeping abreast of any developments in relation to CDOP.</p> <p>RESOLVED: That the content of the annual report and work of the Local Safeguarding Children Board during 2018/19 be noted.</p>
34.	<p>HILLINGDON SAFEGUARDING ADULTS BOARD (SAB): ANNUAL REPORT 2018/2019 (<i>Agenda Item 18</i>)</p> <p>The Annual Report covered a range of issues which included trafficking and modern slavery. It was anticipated that the new arrangements being brought in for the Hillingdon Safeguarding Adults Board would be an improvement.</p> <p>RESOLVED: That the Hillingdon Safeguarding Adults Board (HSAB) Annual Report 2018/19 be noted.</p>
35.	<p>BOARD PLANNER & FUTURE AGENDA ITEMS (<i>Agenda Item 19</i>)</p> <p>It was noted that the following report be added to the Board's planner:</p> <ul style="list-style-type: none"> • Better Care Fund/Delayed Transfers of Care – 3 December 2019 • Knife crime – 3 March 2020 • Rough sleepers – 3 March 2020 • Child Healthy Weight Action Plan - standing item <p>RESOLVED: That the 2019/2020 Board Planner, as amended, be agreed.</p>
36.	<p>TO APPROVE PART II MINUTES OF THE MEETING ON 25 JUNE 2019 (<i>Agenda Item 20</i>)</p> <p>RESOLVED: That the confidential minutes of the meeting held on 25 June 2019 be agreed as a correct record.</p>
37.	<p>UPDATE ON CURRENT AND EMERGING ISSUES AND ANY OTHER BUSINESS THE CHAIRMAN CONSIDERS TO BE URGENT (<i>Agenda Item 21</i>)</p> <p>There were no items for consideration.</p>
	<p>The meeting, which commenced at 2.30 pm, closed at 4.12 pm.</p>

These are the minutes of the above meeting. For more information on any of the resolutions please contact Nikki O'Halloran on 01895 250472. Circulation of these minutes is to Councillors, Officers, the Press and Members of the Public.

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BOARD MEMBERSHIP UPDATE

Relevant Board Member(s)	Councillor Jane Palmer
Organisation	London Borough of Hillingdon
Report author	Nikki O'Halloran, Corporate Resources and Services
Papers with report	Appendix 1 – Board Membership

1. HEADLINE INFORMATION

Summary	The Health and Wellbeing Board has been established since 1 April 2013. Board members are now asked to consider any proposed changes to its membership.
Contribution to plans and strategies	Joint Health and Wellbeing Strategy
Financial Cost	None
Relevant Policy Overview & Scrutiny Committee	N/A
Ward(s) affected	N/A

2. RECOMMENDATIONS

That the Health and Wellbeing Board:

1. notes that the Council's Cabinet Member for Social Care, Health and Wellbeing has been appointed as its Chairman and the Council's Deputy Leader has been appointed as its Vice Chairman; and
2. agrees that Mr Jason Seez replace Ms Sarah Tedford as The Hillingdon Hospitals NHS Foundation Trust Non-Voting Co-opted member on the Board.

3. INFORMATION

Supporting Information

The Local Trusts and NHS representatives are invited to attend Board meetings as Co-opted Members. Statutory Members and Co-opted Members are allowed a single nominated/named substitute.

Following his election as MP in December 2019 for the Ruislip, Northwood and Pinner constituency, Councillor David Simmonds has resigned from his position as Deputy Leader of

the Council and a member of the Cabinet. As a result, at the Council meeting on 16 January 2020, the following amendments to the appointment by the Leader of the Council of the Deputy Leader and Cabinet for 2019/2020 onwards (along with associated amendments to Cabinet portfolios) were noted:

Position/Portfolio	Councillor
Deputy Leader of the Council	Councillor Jonathan Bianco
Cabinet Member for Finance, Property and Business Services	Councillor Jonathan Bianco
Cabinet Member for Education, Children and Youth Services	Councillor Susan O'Brien
Cabinet Member for Social Care, Health and Wellbeing	Councillor Jane Palmer
Cabinet Member for Community, Commerce and Regeneration	Councillor Douglas Mills
Cabinet Member for Planning and Transportation	Councillor Keith Burrows
Cabinet Member for Housing and the Environment	Councillor Philip Corthorne
Cabinet Member for Central Services, Culture and Heritage	Councillor Richard Lewis

The alterations to Cabinet portfolios and titles requires minor consequential changes to the following part of the Council's Constitution: Council Committees and Bodies (Article 8) in relation to the Chairman and Vice-Chairman of the Health and Wellbeing Board. As it does not form part of the Cabinet Scheme of Delegations (which is under the purview of the Leader of the Council), Council approved these changes on 16 January 2020. Accordingly, the Cabinet Member for Social Care, Health and Wellbeing will be the Chairman of the Health and Wellbeing Board and the Deputy Leader will be the Vice Chairman. All Cabinet Members will remain statutory voting members of the Health and Wellbeing Board.

In addition, Mr Jason Seez has been nominated to replace Ms Sarah Tedford as The Hillingdon Hospitals NHS Foundation Trust's Non-Voting Co-opted member. The Board is asked to agree this nomination.

Voting Rights

In addition to Councillors, the statutory representatives from the local Clinical Commissioning Group and Healthwatch Hillingdon (and their substitutes if required) will be entitled to vote at meetings but Co-opted Members and Council officers will not.

The national regulations surrounding the Board require that all 'voting' members sign up to the Council's Code of Conduct. The Code of Conduct is a set of golden rules by which Elected Councillors must follow to ensure high standards in public office. It includes a public declaration of any interests. It should be noted that the term "Co-opted Member", so far as the Code of Conduct is concerned, is different to that of a Co-opted Member on the Board.

The Board requires that the confidential nature of reports containing exempt information within the meaning of section 100I of the Local Government Act 1972 (commonly known as Part II reports) is observed at all times and by all members of the Board. As Co-opted non-voting members of Hillingdon's Health and Wellbeing Board are not bound by the Council's Code of Conduct, these members are asked to complete a confidentiality agreement. This agreement notes the confidentiality requirement and the need to refrain from discussing or disclosing any aspect of confidential reports to any individual or body outside of the meeting.

Financial Implications

There are no financial implications arising from the recommendations in this report.

4. EFFECT ON RESIDENTS, SERVICE USERS & COMMUNITIES

What will be the effect of the recommendation?

N/A.

Consultation Carried Out or Required

Consultation with the Chairman of the Board and relevant officers.

5. CORPORATE IMPLICATIONS

Hillingdon Council Corporate Finance comments

There are no financial implications arising from the recommendations in this report.

Hillingdon Council Legal comments

Section 194 of the Health and Social Care Act 2012 requires the Council to establish a Health and Wellbeing Board to comprise a number of Statutory Members and such other persons, or representatives of such other persons, as the local authority thinks appropriate.

Sections 195 and 196 of the Health and Social Care Act 2012 specify the functions of the Board. These duties are to encourage persons engaged in the provision of any health or social care services "to work in an integrated manner" and to "provide advice, assistance or other support" to encourage joint working between local authorities and NHS bodies. Section 196 also specifies that the Board is to exercise the Council's functions under sections 116 and 116A of the Local Government and Public Involvement in Health Act 2007 - assessment of health and social care needs in the Borough and the preparation of the Joint Health and Wellbeing Strategy.

In addition, The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 set out how the Board should operate as a Committee of the Council. Regulation 6 provides that the existing legislation on voting rights need not apply unless the Council so directs. However, before making such a direction on voting rights, the Council is required to consult the Board. Regulation 7 makes there no requirement to have all political groups within the Council represented on the Board.

Section 49(7) of the Local Government Act 2000 requires any external members of a Council committee to adhere to the Members Code of Conduct if they have an entitlement to vote at meeting of the committee.

6. BACKGROUND PAPERS

NIL.

HEALTH AND WELLBEING BOARD MEMBERSHIP 2019/2020

subject to the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.

Organisation	Name of Member	Substitute
STATUTORY MEMBERS (VOTING)		
Chairman	Councillor Palmer	Any Elected Member
Vice-Chairman	Councillor Bianco	Any Elected Member
Members	Councillor Burrows	Any Elected Member
	Councillor Corthorne	Any Elected Member
	Councillor Lewis	Any Elected Member
	Councillor D Mills	Any Elected Member
	Councillor O'Brien	Any Elected Member
	Councillor Puddifoot	Any Elected Member
Healthwatch Hillingdon	Ms Lynn Hill	Mr Turkay Mahmoud
Clinical Commissioning Group	Dr Ian Goodman	Dr Kuldhir Johal
For information Membership also includes:		
STATUTORY MEMBERS (NON-VOTING)		
Statutory Director of Adult Social Services	Mr Tony Zaman	Ms Sandra Taylor
Statutory Director of Children's Services	Mr Tony Zaman	Ms Sandra Taylor
Statutory Director of Public Health	Dr Steve Hajioff	Ms Sharon Daye
CO-OPTED MEMBERS (NON-VOTING)		
The Hillingdon Hospitals NHS Foundation Trust	VACANCY	Professor Elisabeth Paice
Central and North West London NHS Foundation Trust	Ms Robyn Doran	Mr Graeme Caul
Royal Brompton and Harefield NHS Foundation Trust	Mr Robert J Bell	Mr Nick Hunt
LBH	Mr Dan Kennedy	N/A
Clinical Commissioning Group	VACANCY	Ms Caroline Morison
Clinical Commissioning Group	Ms Sarah Crowther	Dr Kuldhir Johal

COVID-19 - LOCAL OUTBREAK CONTROL PLAN UPDATE

Relevant Board Member(s)	Councillor Jane Palmer, Chairman, Health and Wellbeing Board
Organisation	London Borough of Hillingdon
Report author	Dan Kennedy, London Borough of Hillingdon
Papers with report	<ol style="list-style-type: none"> 1. Local Outbreak Control Plan 2. North West London Summary out of hospital recovery plan with Hillingdon local plan 3. Terms of Reference – COVID-19 Health Protection Board

1. HEADLINE INFORMATION

Summary	This report updates the Health and Wellbeing Board on Hillingdon's Local Outbreak Control Plan. This plan sets out how the Council and partners are working with residents, businesses, schools and a wide range of other organisations to prevent and control the spread of the COVID-19 virus.
Contribution to plans and strategies	The COVID-19 Local Outbreak Control Plan contributes to Hillingdon's Health and Wellbeing Strategy by helping to protect the health of residents.
Financial Cost	There are no direct financial costs arising from the recommendations set out within this report.
Ward(s) affected	All

2. RECOMMENDATION

That the Health and Wellbeing Board:

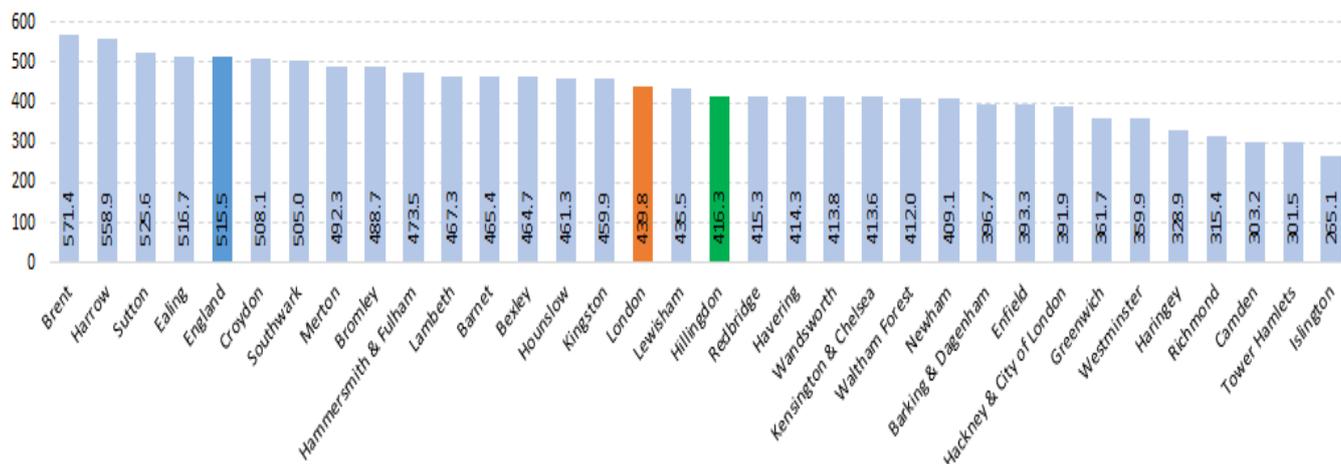
- 1) notes the work to date and underway by the Council and Board Members to prevent and control the spread of the COVID-19 virus; and
- 2) agree to receive regular reports on the action Board Members are taking to prevent and control the spread of the COVID-19 virus.

3. INFORMATION

Supporting Information

1. 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 30 June 2020, on time.

Settings

- Particular attention is being given to higher risk settings such as care homes, schools and accommodation for homeless individuals 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. In most cases, deep cleaning of the premises, rapid testing for the presence of the virus and self-isolation are effective measures to control the spread of the virus.
- 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.

6. 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

7. 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.
8. Officers from the Environmental Health Team have proactively visited premises across the Borough to provide advice and support, including:
 - visiting 1,008 shops to offer support and guidance on COVID-19 secure arrangements in advance of opening on 15 June;
 - making contact with approximately 500 pubs, clubs, bars and restaurants to prepare them for opening on the weekend of 4-5 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; and
 - delivering a programme of visits to 70 large employers in the Borough to review COVID-19 protective arrangements.
9. 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.
10. 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.
11. 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

12. 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; and
- local testing sites (walk through).

Contact Tracing

13. 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

14. 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; and
 - Comparative information from geographic neighbours (West London and Home Counties).
15. 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.
16. The Hillingdon Health and Care Partners Delivery Board has also overseen local input to the NWL out of hospital recovery plan, which sets out the issues for recovery of health and care services post COVID-19. Appendix 2 sets out the summary plan and includes the Hillingdon position at page 9.

Supporting Vulnerable Residents

17. 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.
18. 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; and
 - 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.

19. 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

20. 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.
21. 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 (Appendix 3). Membership of the Board includes representation from the Council, the Clinical Commissioning Group, health providers, the voluntary sector, the police and Hillingdon Healthwatch. The Board meets monthly and exchanges updates and agrees shared actions.

Communications and Engagement

22. The Council, together with partners, has and continues to be proactive in delivering health protection messages to residents using a range of communication channels. For the Council 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.
23. 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

24. Whilst there is a degree of confidence 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 partner communications, 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 assure the infection protection arrangements in place in retail establishments and the hospitality sector through unannounced visits to premises; and
- 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.

4. EFFECT ON RESIDENTS, SERVICE USERS & COMMUNITIES

What will be the effect of the recommendation?

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.

Policy Overview Committee comments

None at this stage.

5. CORPORATE IMPLICATIONS

Hillingdon Council Corporate Finance comments

Corporate Finance has reviewed the report and concurs with the financial implications set out above, noting that there are no direct financial implications arising from the report recommendations.

Hillingdon Council Legal comments

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.

Relevant Service Groups

The development of the COVID-19 Local Outbreak Control Plan has involved all Council Directorates.

6. BACKGROUND PAPERS

Nil.



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 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>

NW London Summary OOH Recovery Plan: concepts, principles and high-level plans - final draft

As we implement this plan in practice we will be guided consistently by a set of five principles



Within the detail of our work, key themes have emerged that we will focus on as we prepare for a second wave of Covid-19.

- Patient, resident and staff safety is the driver of our OOH plan and commitments. With >140 care homes for older people, resilient and safe care homes are a priority - learning from how we have responded to date, and developing systematic NHS support for the long term. We will deliver an ICS staff & resident testing regime, and develop clear pathways of care. We must give confidence to those afraid to bring health concerns to our attention, that we are here for them.
- Our actions focus on responding to the inequalities' that Covid19 has exacerbated; recognising the impact that this disease has had for individuals, families who are grieving, and particularly our BAME communities across NWL. Covid19 has also had a particular impact on our older population, resulting in this plan committing to greater partnership work across health and care as we seek to support those who are isolated, shielding, and in need of residential support.
- We will build on and strengthen the resilience developed within local communities, and we will work in partnership with them to improve wellbeing, to enable whole person care, and to foster continued partnership with the NHS and local authorities.
- We will use population health intelligence systems (WSIC) and signposting to wider services , to ensure we are diagnosing long term conditions In a timely way and supporting people to manage them well, with a particular focus on a small number of agreed conditions that have the greatest impact on health outcomes (e.g. diabetes). We must build and invest in the digital response to Covid-19, and over time, step back up services in line with 'Talk before you Walk'. User engagement and consultations may be needed to support this, as some services may change. We will enable rapid access to Primary Care through digital triage.
- Further work is needed to focus on the specific needs of Children and Young People, which will follow this draft submission.
- We hold to our strategic plan for integrating care around a patient, building strong community teams around PCN's. Whilst this is a NWL Plan, our ambitions will be locally delivered through user engagement and borough focused plans. A one page summary from each Borough demonstrates how the plan will be delivered.

Inequalities has always been an important issue, but amplified through the COVID-19 infection it is an urgent issue and we will act to improve health outcomes for those with greatest need

Diversity and inequalities in NWL

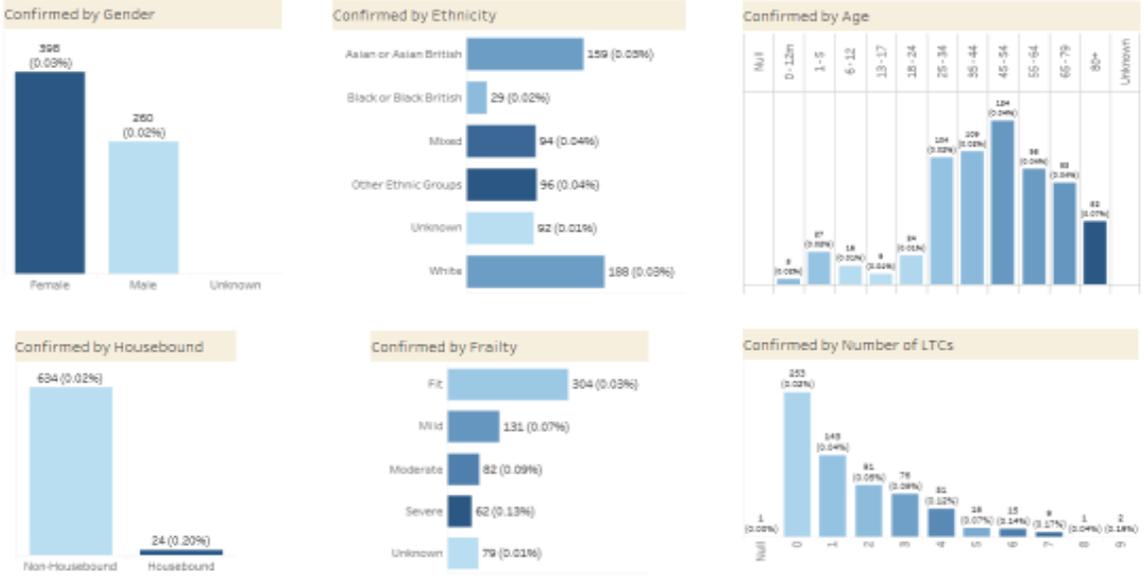
- NW London is home to one of the most ethnically and economically diverse populations in the country, with 2 of our boroughs having more than 12 years difference in life expectancy across their communities.
- In half of our boroughs unemployment rates are higher than the national average and in all but 2 average weekly earnings are lower than national average.
- All of these significant, existing inequalities have been exaggerated through the impact of COVID-19 and without coordinated focus could further be exemplified in the coming months.
- The expected reduction in economic output for NW London in 2020/21 - 2022 is 18%. We know that for every 1% decrease in employment there is a 3% increase in mental health issues, as well as impact on long term conditions and an individual's ability to proactively manage their health.
- Domestic violence has also increased dramatically eg Hounslow has witnessed an 83% increase in reported cases.
- Our out of hospital recovery will therefore be rigorously focussed on enabling access, targeting health and care provision to our residents with long-term conditions, our BAME community and others within these disadvantaged groups and where the impact of COVID-19 has been disproportionate.
- Local authorities, health and the voluntary sector will work together on the wider determinants of health, wealth & wellbeing thus enabling people to live healthier lives
- Some Children and young people will need system support

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COVID-19 All NWL COVID-19 Patient Demographics

Confirmed: 658

Graphs show demographics of population confirmed covid positive across NWL as at snapshot date 10/06/2020.



Data taken from the WSIC COVID-19 Dashboard, All NWL COVID-19 Patients. Data source: Patient Pathology, GP SystemOne & EMIS



Inequality is an issue of distribution – of both resources and health burdens. To tackle inequality is to say that we will allocate resources in ways that are not uniform: more resource will be channelled to areas of greatest need. This unavoidably prioritises some activities and de-prioritises others.

Source: Data from WSIC, NWL Five Year Strategic Plan, and LA sources

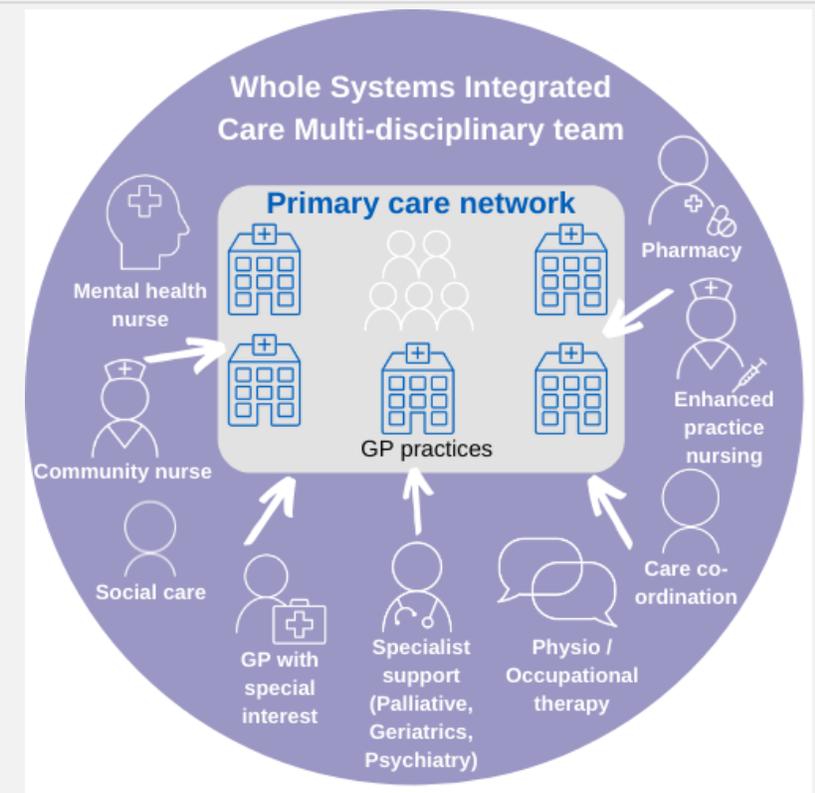
To deal with COVID-19, and tackle the health consequences of structural inequalities, we will adopt an integrated approach to deliver OOH services

For NWL

40 PCNs of populations between 30k and 50k

8 Boroughs of between 156K-342K populations

NWL population of 2.9M



- Through the COVID-19 crisis NWL boroughs have consistently demonstrated the benefit of working in partnership focussed around the common issue of best supporting residents through the crisis. There is now real commitment to build on this joint approach – bringing our skills and expertise together with, and for, our patients and residents.
- This plans marks a start of that process, we lay out our plans for the immediate period to ensure preparation for a 2nd wave and to restore focus and our committed to working together to develop a joint approach to the more strategic development of out of hospital services.

Our plan focuses on Rebalancing and Restoring services, as we prepare for future waves of COVID-19 and future work will be required to consider wider Renewal of health and care in NWL

This OOH Plan is produced jointly by the eight NWL local authorities and NHS partners, in response to Covid-19; and it complements the NWL ICS Draft Plan, and NWL MHLDA Plan. These are all consistent with the sector's long term plan; but we recognise step-changes in the speed of delivery in some areas, as we respond to and learn from pandemic, and prepare for a second wave of infection.

What we will focus on

How we will work



Reactive care: discrete / episodic



Proactive care: proactive, preventative and integrated population health management



Caring about the whole Person: 'more than medicine'



'One Team' through service integration at a local level

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When we will do things

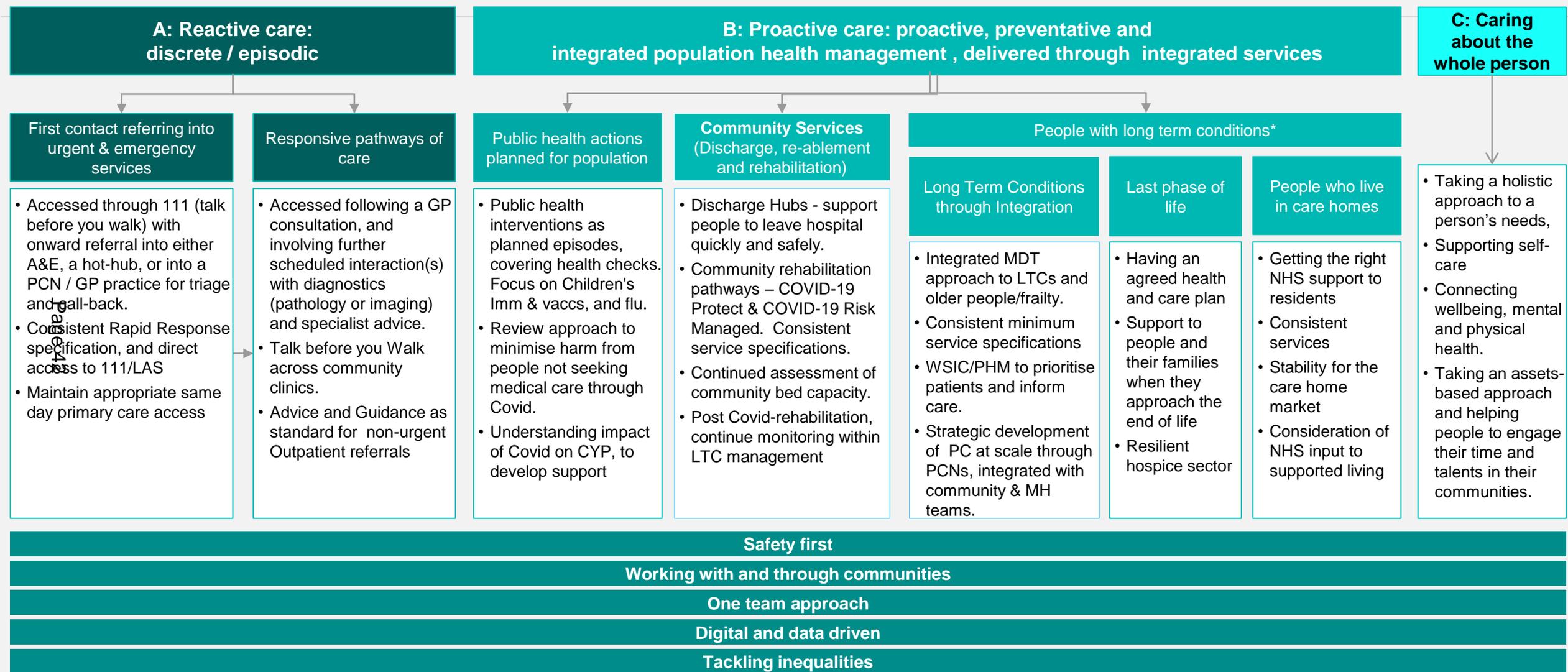
Focus of this document

Respond to the first wave of the crisis: *Feb 2020 – July 2020*

Rebalance to restart wider services and prepare for a potential second wave: *August 2020 – April 2021*

Renew - Developing Plans in Health which take us to renew services from April 21,

Priorities for the OOH Recovery Plan, delivered through an ICS framework and a focus on Integrated care



Our current focus is rebalancing and restoring services as we prepare for future waves of COVID-19; and future work will be required to consider wider renewal of health and care in NWL

Response: what we did for the first wave and what we learnt

- Primary care established a total triage approach with online and telephone-based management as default and Escalated Care Clinics for face to face management of Covid suspected and positive patients
- Used ITU and G&A demand data to inform tactical decisions about community service provision.
- Added 31 surge community beds to a core stock of 155
- Implemented a daily community health sit rep
- Redeployed community health, CHC, and social care staff to complement Discharge to Assess at all acutes
- CYP teams deployed across prioritised service areas, eg community beds
- Agreed a standard Domiciliary Care SOP for IPC and use of PPE in the community by social care and health staff.
- Agreed common principles for the restoration of community health to underpin a ICS-wide approach including clinically-led decisions with the safety of patients and staff paramount; within the financial envelope.

Rebalance: what we need to sustain and/or do differently for second wave and other services

- Embed Talk before you Walk as philosophy
- We will create a single view of demand and capacity for health and social care, including capacity to cohort patients in line with IPC guidance, and for transitional beds to reduce infection risk to care homes.
- We will use the demand and capacity model and community sitrep to prepare for future COVID-19 wave/s delivering an alert for the potential for increased demand, triggering surge and super surge capacity.
- We will make primary care premises IPC safe, including providing diagnostics in hubs, and establishing recall systems for immunisations and vaccinations.
- Community providers will flexibly balance managing the restoration of services informed by national guidance, alongside maintaining COVID-19 related services including discharge hubs and increased support to care homes.
- Restore relevant community services to new models increasing the use of virtual models and maximising capacity by reducing non-clinical contact time.
- Specific children's rebalance decisions with PH/LA's.

Renew: What we need to think about for the future

- We will ensure that care homes and domiciliary care provision are represented in system-wide modelling.
- We will work together across social care, community health, and primary care to expedite the development of community MDTs so that resources are targeted at people in most need, and that people at risk are managed proactively.
- We will use the community sitrep sector to enable capacity management at a system level, supporting the further integration of services.
- We will review and seek to maintain those new models which deliver improved access and equity of care. Review of community clinic model of care is central to this
- We will develop a plan to deliver new services and alongside existing ones based on sustainable staffing and funding solutions.
- Consider longer term reshaping of some emergency care responses in the community,

APPENDIX

local plans for NWL

Response: what we did for the first wave and what we learnt

- **COVID-19 co-ordination hub** – system wide function co-ordinated daily operational issues/surge throughout the crisis and ensured a collective system response
- **Virtual by default approach ensured** a reduction in the number of face to face patient contacts as well as enabled staff to work remotely.
- Undertook a systematic **review of all Out of Hospital Services** to prioritise and redeploy resources to support essential services.
- Rapidly mobilised **Total Triage way of working**, with all urgent and Routine Primary Care Appts triaged either through e-consult or via telephone triage as appropriate.
- **Zoned COVID-19 Risk Managed (Hot) and COVID-19 Protected (Cold) facilities** for managing patients face to face, supported by our HHCP Co-ordination hub.
- Developed integrated Shielded & Vulnerable Person management function with all partners – so that patients have **one personalised care plan and one key worker** across health, social care and volunteers.
- Established **discharge hubs to help with improved patient flow** from acute trusts - further integration of our community and discharge teams.
- **Integrated management of care homes** – including system response to quality assurance and support input for individual homes – day-to-day basis.
- Supported families and carers to cope with an **increasing numbers of deaths in the community**, key learning is EoL now seen systemwide rather than a stand alone specialist area.
- Development of a **Mental Health Emergency Crisis Hub** to help support both adult and children's not having to attend A&E.
- Provided additional support to **Care Homes** joining up NHS and LA management of care homes – including system response to quality assurance and support input for individual homes – day-to-day basis, Expanding Acute GP visiting service to a 7 day service

Rebalance: what we need to sustain and/or do differently for second wave and other services

- **Total Triage:** Access to General Practice will be triaged either through e-consult or via telephone triage as appropriate
- **Virtual by Default:** Following triage, Primary Care appointments will be either by an e-consult response; video appts, telephone appointment or F2F (non-COVID+ only) .
- **Zoned COVID-19 Risk Managed (Hot)** primary care referrals will continue to be made to the Integrated Urgent Response Hot Hub.
- A **digital front-door for primary and urgent care** (working with PCNs, UTC and A&E Front-Door to stream same-day demand will be implemented and provide for a 'hard stop' to ED at the front door of the UTC).
- **PCN (Neighbourhood) teams deliver proactive personalised care** and support offer, utilising a single Shielded Patients list integrated with the LBH to support Primary Care to proactively monitor the holistic needs of individuals.
- **Test, Track, Trace & Monitor** - Joined up Public Health, Social Care and NHS approach locally – to ensure all health and care staff have access to nationally available or local testing.
- We will provide a fully **integrated Urgent Response Hub** to respond within 2 hours to step up care and enable patients to remain within a community setting (home or bed based).
- **Reinstate elective care services** on a phased basis for Pre-COVID and urgent referrals addressing current backlog – and implementing Advice & Guidance and **integrated MDT triage** for all major specialty
- We will embed integrated way of working to proactively **support care homes** and ensure extension of this model to all care homes for adults in line with PCN DES requirements for enhanced support to care homes.
- We will develop a system wide **End of Life training programme** to support all care delivery settings.
- We will sustain **7 day Mental Health community services**

Renew: What we need to think about for the future

- Formalise integrated governance ICS/ICP
- Contracts/pooled resources between partners – moving towards dynamic allocation across organisations
- Resources and activity shifts with greater **Out of Hospital capacity** (e.g. integrated nursing and therapies across primary, community and acute)
- Develop **integrated community workforce**, with roles that cross organisational boundaries, job rotation, flexible roles.
- Developed **Pathway based clinical leadership** that operates across organisational boundaries
- **System QI approach:** In order to support the HHCP workforce we will develop a system wide approach to improving quality
- **Population Health & tackling Inequalities** – tackling vulnerable groups (through personalised care and support planning, self management) and unwarranted variation
- **Digital** – further developing digital front-door and triage for primary and urgent care (e.g. triage and eConsult), digital personalised care and support planning, integrated elective pathways between primary and secondary care (e.g. Vantage), addressing digital access for population who need additional support (e.g. Older People, MH, LD & Autism, Lower Income Families)
- **Review estates** – to deliver segregated care and virtual MDT working.

...safety first	All care will be virtual by default unless there are good reasons, and where we must see patients face to face we will maintain high standards of Infection Prevention and Control throughout all delivery models.
...with and through communities	We will develop new community-based approaches to managing long term conditions which incorporates shielded citizens, and which has a strong emphasis on prevention, self-management and choice.
...one team approach	Through HHCP we have system wide integrated models of care in place for Urgent and Emergency Care, Proactive Care and an emerging model for Elective Care. In these 3 areas, cross organisational teams are working in a flexible and integrated way through common pathways.
...Digital and data driven	Using Whole Systems Integrated Care (WSIC) data to optimise service delivery in order to reduce inequalities, unwanted variation and deliver improved outcomes for the our residents.
...tackling inequalities	We will deliver high quality population health driven by the data with a needs-led approach that balances personalisation with delivery of population health outcomes

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Appendix 3 - Hillingdon Covid-19 Health Protection Board Terms of Reference

1. Purpose of the Board

The purpose of Hillingdon's Covid-19 Health Protection Board is to provide oversight and coordination of the Local Outbreak Control Plan (LOCP), bringing together key partners to put residents first. The Plan, published on the Council website (www.hillingdon.gov.uk/3745), outlines how the Council will seek to prevent and manage incidents of Covid-19 infection in the Borough, working closely with local partners. Working with the NHS, this will involve the deployment of testing / contact tracing capacity to identify, understand and manage outbreaks. It will also involve community engagement, outreach to vulnerable communities and data analysis and monitoring to predict/understand outbreaks of Covid-19.

2. Aims of the Board

The Board aims to:

1. Work together to prevent and reduce Covid-19 infections in the London Borough of Hillingdon.
2. Support the test, track and trace programme across the Borough.
3. Support the development and delivery of the key themes in Hillingdon's Local Outbreak Control Plan, focusing on providing oversight of;
 - a. Settings - prevent and manage outbreaks in settings (schools, care homes, hostels, transport hubs, work places etc.);
 - b. High risk places, locations and communities - prevent and manage outbreaks;
 - c. Local testing capacity - support the rapid and proactive deployment of testing;
 - d. Support NHS local track and tracing;
 - e. Data and intelligence - timely and meaningful data and analysis to support evidence based action to prevent the spread of the virus;
 - f. Keep under review the support arrangements for vulnerable residents, arising from the effects of the pandemic;
4. Develop engagement approaches across the NHS, Local Authority, Police and other organisations to promote national NHS health protection messages; and promote confidence and public trust;
5. Have oversight for the implementation of the Plan. Review actions to keep residents safe and make recommendations to relevant partners. The Board does not have decision making authority.

3. Frequency of meetings

Meetings will be held by teleconference and initially (for the first three months) will be held monthly. The frequency of meetings will be kept under review. Additional meetings will be held, as required. The Council will provide the administrative support for the Board.

4. Reporting Requirements

The Board may provide updates to relevant bodies and boards, as required, including Hillingdon's Health and Wellbeing Board. Confidentiality requirements will need to be followed strictly by Board members.

5. Membership

The Hillingdon Covid-19 Health Protection Board will have a core and balanced membership from across the Local Authority, a range of NHS organisations and the Police to help coordinate the delivery of the local plan. Other staff may be co-opted or invited to part or all of the meetings, as required, at the discretion of the Chairman.

Name	Title	Organisation
Dan Kennedy (Chairman)	Director, Housing, Environment, Education, Performance, Health & Wellbeing	Hillingdon Council
Tony Zaman	Corporate Director Adult, Children & Young People Services	Hillingdon Council
Steve Hajioff	Director of Public Health	Hillingdon Council
Sharon Daye	Deputy Director of Public Health/Consultant in Public Health	Hillingdon Council
Sandra Taylor	Director Provider Services & Commissioned Care	Hillingdon Council
Dr Ian Goodman	Clinical Chair	Hillingdon Clinical Commissioning Group
Dr Ritu Prasad	Clinical Chair	The Confederation, Hillingdon
Joe Nguyen	Deputy Managing Director	Hillingdon Clinical Commissioning Group
Melissa Mellett	Director of Operations	The Hillingdon Hospital NHS Foundation Trust
Edmund Jahn	CEO	The Confederation, Hillingdon
Steve Curry	Chief Officer	Hillingdon 4 All
Claire Eves	Associate Director of Outer London Services.	Central & North West London NHS Foundation Trust

Graeme Caul	Managing Director	Central & North West London NHS Foundation Trust
Dr Ros Taylor	Medical Director	Michael Sobell Hospice & Harlington Hospice
Jason Wright	Police Sergeant	Metropolitan Police Service, West Area (WA)
Lynn Hill	Chairperson	Hillingdon Healthwatch
Dan West	Managing Director	Hillingdon Healthwatch

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HEALTH AND CARE GOVERNANCE IN HILLINGDON

Relevant Board Member(s)	All Hillingdon health and care partners
Organisation	Hillingdon Clinical Commissioning Group Central and North West London NHS Foundation Trust The Hillingdon Hospitals NHS Foundation Trust Hillingdon Primary Care Confederation H4ALL
Report author	Caroline Morison; Keith Spencer; Joe Nguyen
Papers with report	Health and care governance in Hillingdon

1. HEADLINE INFORMATION

Summary	This paper provides an update to the Health and Wellbeing Board on the development of governance and partnership arrangements in Hillingdon in the context of the NHS Long Term Plan.
Contribution to plans and strategies	The arrangements in this paper contribute to the following plans and strategies: <ul style="list-style-type: none"> • The NHS Long Term Plan • The NHS COVID-19 Recovery Plan • The Hillingdon Hospitals Clinical Services Strategy and OBC for hospital redevelopment • Hillingdon Joint Health and Wellbeing Strategy • Better Care Fund
Financial Cost	Not applicable to this paper
Relevant Policy Overview & Scrutiny Committee	External Services Select Committee
Ward(s) affected	All

2. RECOMMENDATION

That the Health and Wellbeing Board supports the governance structure set out with the HHCP Health and Care Delivery Board working to ensure that care is integrated at an operational level across the Borough, reporting to the Health and Wellbeing Board (and to sovereign governing bodies).

3. INFORMATION

The publication of the NHS Long Term Plan set out a future model of integrated governance and accountability at three population levels:

1. Integrated Care System (e.g., NW London)
2. Integrated Care Partnership or “place” (e.g., Hillingdon)
3. Neighbourhood (e.g., Hayes and Harlington)

The NW London single Integrated Care System (ICS) encompasses health and local authority health related services. Whilst there is no legislation directing these changes, as an ICS we are establishing a Partnership Board with senior NHS representation alongside LA CEO, DASS and Director of Public Health membership. The ICS will set strategic context, share best practice and undertake assurance with a focus on reducing inequalities experienced by our residents. Wherever possible, decisions about care delivery will be taken at Borough-level.

In order to support the move towards a NW London Integrated Care System, the 8 CCGs are voting on a proposal to merge into a single NW London CCG. This will enable a consistent strategic commissioner function within the ICS and support the development of integrated borough-based working (the ICPs). There will continue to be a CCG ‘borough team’ for Hillingdon and terms of reference for a Borough Committee, a sub-committee of the NW London CCG, are under development as part of the new governance proposals, this will retain elements of decision-making to ensure local accountability is retained. If the membership vote is successful, an application will be made to NHS England to establish the new NW London CCG from April 2021.

Hillingdon Health and Care Partnership (HHCP) is the Borough-based partnership for Hillingdon. It is well established, with integrated (Place Based) governance arrangements built from 6 coterminous PCN’s/Neighbourhoods that ensure that there is clear collective local accountability. The Provider Alliance Partners are the Hillingdon Hospital NHS FT, CNWL NHSFT (Community and MH), the Confederation Hillingdon (CiC) and H4ALL (Third Sector CIO including Age UK, MIND, Harlington Hospice, Hillingdon Carers). An up-to-date, legally binding Alliance Agreement is operational across all providers. There is delegated authority in place for the Primary Care Confederation to act on behalf of the 6 Primary Care Networks. The London Borough of Hillingdon are not signatories to the Alliance but work closely with HHCP through the HHCP Health and Care Delivery Board to ensure that care is integrated at an operational level across the Borough.

The 6 Neighbourhood teams are multi-disciplinary primary and community care teams anchored in and around the PCNs. They are the foundation of our community-based care provision and are able to allocate resources across the practice populations in order to deliver effective care to their residents as well as developing relationships with local stakeholders to support proactive health management.

4. FINANCIAL IMPLICATIONS

None in relation to this update paper.

5. LEGAL IMPLICATIONS

Consultation on the proposed changes to CCGs has taken place with local authorities.

6. BACKGROUND PAPERS

Health and Care Governance in Hillingdon.

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1. Purpose

This paper provides an update to the Health and Wellbeing Board on the development of governance and partnership arrangements in Hillingdon in the context of the NHS Long Term Plan

2. Background

The publication of the NHS Long Term Plan set out a future model of integrated governance and accountability at three population levels:

- Integrated Care System (eg. NW London)
- Integrated Care Partnership (ICP) or “place” (e.g. Hillingdon)
- Neighbourhood (eg. Hayes and Harlington)

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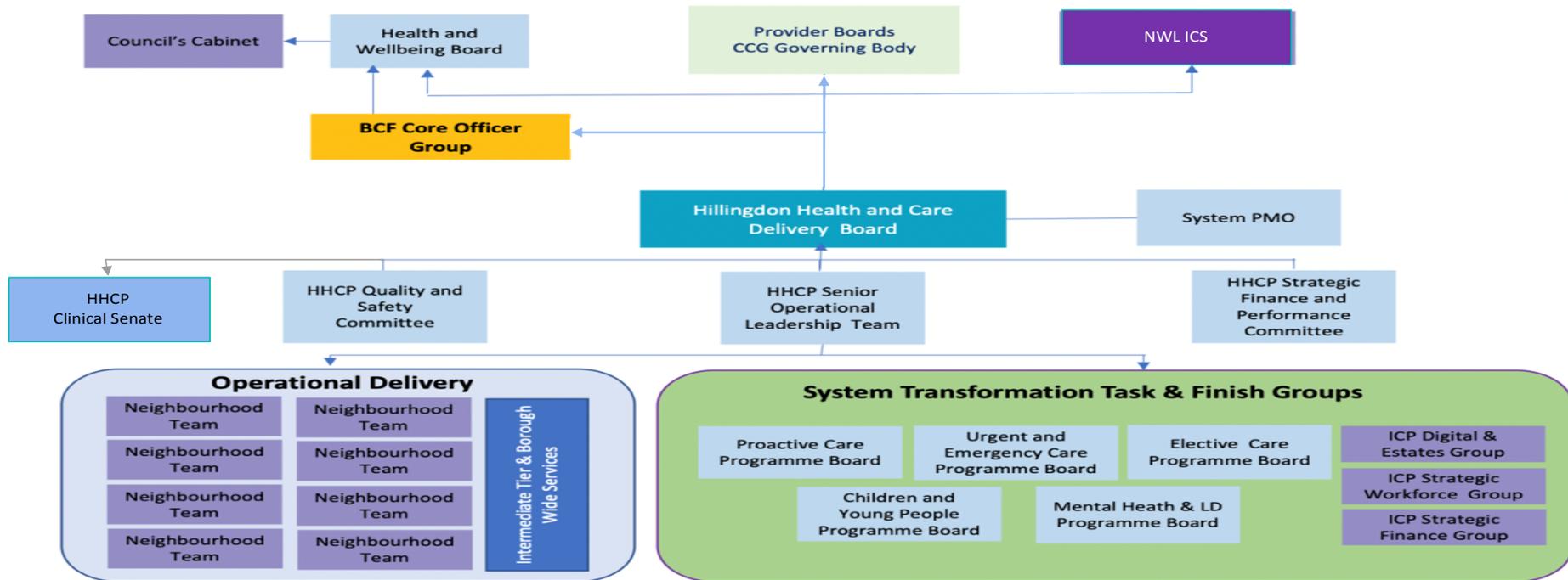
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3. Current ICP/Place Based Governance Arrangements in Hillingdon

- **The principal decision making and strategy setting body of the Borough Partnership (ICP) is the HHCP Health and Care Delivery Board.** It meets monthly and is composed of Executive **Leads** from all members of the Provider Alliance together with the Managing Director and Clinical Chair of HCCG, the Corporate Director, Adult, Children’s and Young Peoples Services from the London Borough of Hillingdon and Hillingdon Healthwatch
- **The Health and Care Delivery Board fulfils the role of the Borough Leadership Team envisaged by the NWL ICS.** The Board has delegated responsibility from sovereign Provider boards for the development and delivery of the Hillingdon ICP Programme and to function as a single executive leadership team operating under an aligned set of incentives derived from the Provider Alliance agreement. The Board is accountable to Provider Boards, Governing Bodies, specified Council Committees and the NWL ICS. They hold to account a number of important subgroups of the HHCP Delivery Board:
- These formal governance arrangements are set out in the diagram below:

Place Based Governance: 2020/21



4. Further strengthening of ICP/Placed Based Partnership Governance

In the light of national guidance, the **HHCP Partners** have agreed to further strengthen HHCP governance arrangement as follows:

- **Designate CNWL NHSFT as Lead Organisation for the HHCP Borough Partnership, hosting the system integrator function**, which will be accountable to the HHCP Health and Care Delivery Board for **convening, coordinating and supporting existing** Hillingdon borough-based networks and organisations to transform and deliver population health goals through integrated care, and to oversee implementation of COVID system recovery plans.
- **The Lead Organisation as system integrator will explicitly provide ICS accountability on behalf of the HHCP Borough Partnership**
- **The specific system integrator functions set out below will be provided by the ‘best placed’ HHCP Provider Alliance partner:**
 - Providing Leadership and co-ordination to the Borough Partnership
 - Co-ordinating the Borough Recovery Plan and development of the Borough transformation plan aligned to ICS priorities
 - Providing a Borough Partnership PMO function to the Borough Transformation programme
 - Providing a Borough BI and Analytics function to support management of Borough performance and tracking of benefits.
 - Providing a Borough Strategic Finance function including acting as the ‘Borough Banker’ ‘hosting’ income on behalf of the Partnership
 - Providing a tactical commissioning and contracting function where required and agreed by all partners: acting as “Host” for particular Contracts on behalf of the Borough Partners and making payments on behalf of HHCP
- Jointly appoint a **Borough Partnership Managing Director** and a **Borough Partnership Clinical Director** as soon as practicable to co-ordinate and further drive the development of integrated care and transformation within the Borough and account to the NWL ICS for Borough Performance. Both posts would be accountable to the HHCP Delivery Board. The MD role will be employed by CNWL. The role of Clinical Director would be reserved for a GP to reflect the importance of Primary Care and would be nominated by the Hillingdon Confederation after consultation with PCN CD’s. **The roles will have delegated operational responsibility for all in scope out of hospital services in order to ensure that the roles have the necessary ‘power to act’.** Working together, they will fulfil the role of **‘Out of Hospital Director’ proposed by NWL ICS.**
- The **HHCP Health and Care Delivery Board** will provide the vehicle for **Executive Leads** from Acute, Primary, Community, Third Sector and Mental Health working with the CCG and LA to fulfil the role of **Borough Leadership Team** as envisaged by NWL ICS.
- Partners re-affirmed their commitment **to implementing as soon as practicable Integrated management of functions commencing with those set out below:**
 - Multi-disciplinary Neighbourhood Teams with aligned community services anchored in and around Primary Care Networks.
 - Intermediate Tier including Integrated Urgent Response Hub and Discharge/Step Down arrangements
 - End of Life Care

- **Existing HHCP Partnership Governance will not change. Strategic Direction will continue to be set by, and accountability remain with, the HHCP Delivery Board.** Governance will however, be further augmented with:
 - A Borough Clinical Senate; (to be hosted by the Hillingdon Confederation)
 - A Borough Quality and Safety Committee; (hosting arrangements to be confirmed following Partner workshop)
 - A Borough Finance and Performance Committee (to be hosted by CNWL)
- The **Right of Veto** of sovereign organisations still remains as set out under the existing Provider Alliance Agreement
- Provider Partners will **realign resources from Acute to Primary/Community Care and within out of hospital care between the statutory and non-statutory sector in order to deliver real and effective transformation.** Going forward, resources will be deployed to the **best placed organisation to deliver those services based on an objective assessment of quality, experience and value for money.** This will be determined through a transparent partnership process co-ordinated by the Finance and Performance Committee working with the Quality and Safety Committee and subsequently approved by the HHCP Delivery Board. Partners have proposed a time limited review of existing services to take this forward.
- It is proposed that the **System PMO function** is a discrete HHCP branded function, reports to the proposed MD, is accountable to the HHCP Delivery Board and hosted by CNWL
- The Lead Organisation would **NOT** fulfil the role of **Lead Provider** and hold a single contract. The role is purely a co-ordinating and hosting function. Contractual arrangements would remain unchanged.
- **Create a new special ‘associate member’ class of membership to the Provider Alliance** to enable other place-based health and care organisations such as London Ambulance Service and LBH to be party to the Provider Alliance agreement should they so desire without formal decision-making rights or associated obligations.

5. **Action**

The Health and Wellbeing Board are asked to comment upon and note the report

HILLINGDON'S HEALTH AND WELLBEING STRATEGY, JOINT STRATEGIC NEEDS ASSESSMENT AND PUBLIC HEALTH PRIORITIES

Relevant Board Member(s)	Councillor Jane Palmer, Cabinet Member for Social Care, Health and Wellbeing
Organisation	London Borough of Hillingdon
Report author	Kevin Byrne, London Borough of Hillingdon
Papers with report	Appendix 1 - Hillingdon's Health Profile 2019

1. HEADLINE INFORMATION

Summary	<p>This report covers three key areas:</p> <ul style="list-style-type: none"> • Action on Hillingdon's Joint Health and Wellbeing Strategy and proposals for developing the next iteration from 2021; • The Joint Strategic Needs Assessment providing an overview of the key health and wellbeing needs in Hillingdon; and • Setting out Public Health priorities for Hillingdon to guide future activity.
Contribution to plans and strategies	<p>The Joint Health and Wellbeing Strategy is the key overarching strategy for health and care in Hillingdon. The Joint Strategic Needs Assessment (JSNA) provides insight into the prevailing needs within Hillingdon and guides commissioning decisions across a broad range of areas to ensure services meet the needs of local residents. Our public health priorities reflect the areas for additional attention through commissioning plans and strategies and across partners.</p>
Financial Cost	<p>There are no direct financial implications arising from the recommendations set out within this report. The findings from the JSNA are considered in developing commissioning plans which will be presented to the Health and Wellbeing Board for consideration.</p>
Ward(s) affected	All

2. RECOMMENDATIONS

That the Health and Wellbeing Board:

- 1. agrees that officers come back to the next Board meeting with proposals for developing the next iteration of Hillingdon's Joint Health and Wellbeing Strategy from 2021, in light of current pandemic and period of substantial change in health and care in Hillingdon.**

2. agrees the headlines from Hillingdon's Joint Strategic Needs Assessment (JSNA) for 2020; and
3. agrees the Hillingdon Public Health priorities for 2020/21.

3. INFORMATION

Background

1. Prior to the COVID-19 pandemic, the Board had received regular performance progress updates based on its Joint Health and Wellbeing Strategy (2018-21). This Strategy was based on the Hillingdon Chapter of, what was then, the Sustainability and Transformation Plan for North West London.

2. Given the pandemic, emergency measures have been put in place at national level, regionally and locally to respond to the crisis. The Board has received in separate papers, detail on the Local Outbreak Control Plan and from Hillingdon Health and Care Partners (HHCP) the local health and care recovery plan.

3. These papers also set out the proposals for new a streamlined governance structure whereby the HHCP Delivery Board will replace the former Transformation Board and provide the key place for discussion amongst partners on improvement and performance issues. Performance data, therefore, has not been commissioned, during the pandemic against the tasks in the 2018 Strategy as focus has been on the response and recovery plans. This work has superseded previous reporting and it is suggested that we now move towards developing the next iteration of the Joint Health and Wellbeing Strategy rather that revert to reporting on the 2018 version. There are key papers to this Board and developments underway, especially:

- Local outbreak control plan (Agenda Item 6);
- The HHCP recovery plan and governance (Agenda Item 6);
- The Integrated Care System plans for NWL and single CCG (Agenda Item 7);
- The plans for The Hillingdon Hospitals NHS Foundation Trust (THH) and out of hospital services (Agenda Item 9);
- The Better Care Fund plan (Agenda Item 10);
- Joint Strategic Needs Assessment (see below); and
- Our public health priorities (see below).

4. It is proposed that all of these should be considered as part of the mix and a more detailed plan as to how we should draw together the next strategy from 2021 be brought to the next Board meeting.

Joint Strategic Needs Assessment (JSNA)

5. The Joint Strategic Needs Assessment is an assessment of the current and future health needs of the local community. The JSNA represents a key source of local intelligence which exists to underpin the work of Hillingdon's Health and Wellbeing Board to develop local evidence-based priorities for commissioning to improve health and reduce inequalities. The JSNA is a requirement set out in legislation. Local authorities and clinical commissioning groups (CCGs) have equal and joint duties to prepare Joint Strategic Needs Assessments to be discharged through the local Health and Wellbeing Board.

6. The JSNA in Hillingdon is informed by a range of data. This includes the demographics of

the area, and needs of people of all ages including how needs vary for people at different ages; the needs of people with complex and multiple needs; and wider social, environmental and economic factors that impact on health and wellbeing. Datasets are published periodically and much of what is currently available pre-dates the COVID-19 pandemic. Other evidence and commentary is pointing to underlying conditions, particularly obesity and diabetes as increasing risk should people become exposed to COVID.

Summary of Hillingdon's Joint Strategic Needs Assessment

7. When comparing Hillingdon to the England and London averages, key headlines from the JSNA (see also Appendix 1) shows that:

- Life expectancy for men is higher.
- The mortality rate from all causes is lower.
- Numbers of those killed and seriously injured on Hillingdon's roads is lower.
- Emergency hospital admissions rate for hip fractures is lower.
- Estimated diabetes diagnosis rate is higher.
- Teenage conception rate is lower.
- Percentage of children in low income families is lower.
- Statutory homelessness rate (eligible homeless people not in priority need) is lower.
- Violent crime (including sexual violence) hospital admissions for violence is lower.
- Infant mortality is lower.

8. However, as with all boroughs, local analysis indicates some challenges to improve health and wellbeing when compared to London and England. These include:

- The mortality rate from all cardiovascular diseases is higher.
- Percentage of cancer diagnosed at early stage is lower.
- Percentage of physically active adults is lower.
- Smoking prevalence in adults is higher.
- Smoking prevalence in adults in routine and manual occupations is higher.
- TB incidence rate is higher.
- Childhood obesity continues to be a challenge particularly in the proportional increase in overweight and obese children between reception and Year 6 – where Hillingdon ranks higher than national and regional averages.

9. The biggest cause of death in Hillingdon continues to be cardio-vascular disease (heart disease and stroke), cancer and respiratory diseases. Diabetes is a significant cause of illness (morbidity) and predisposes to other diseases, e.g. heart disease and stroke, kidney disease and blindness and to COVID-19. Cancer screening rates (breast, cervical and bowel) tends to be lower in Hillingdon relative to the national average.

10. Certain lifestyle factors will increase the risk of ill-health, including smoking, poor diet, lack of regular exercise and higher levels of alcohol consumption and/or binge drinking. The estimated 2017 prevalence of smoking in Hillingdon was 11.6%; this has now increased to 17.16% (2018), which is higher than both London and England averages (13.9% and 14.4%). The increase in smoking prevalence in the adult population is likely to be an artefact due to a change in survey methodology undertaken by the ONS. The ONS has advised caution in comparing results from different survey years, due to the changes in survey methodologies.

11. Age and other related conditions also affect health and wellbeing. Many people aged 65

and over are diagnosed with one or more long term conditions, of whom over half are typically diagnosed with multiple long term conditions which increases dependency on care and support. Other conditions include learning disability and child and adult mental health, including dementia.

12. To improve health and wellbeing, commissioning plans should continue to focus on how to prevent ill-health, early identification of any long-term condition, early intervention to prevent harm from long term conditions and tackling risk factors.

13. The purpose of the JSNA is to not only provide an evidence base against key issues, but also to prompt further action to address any gaps that are identified. To this end, it is important to draw reference to schemes of work that are ongoing to improve how Hillingdon performs against those issues listed earlier in the report. This includes priorities under the Borough's Joint Health and Wellbeing Strategy focussing on early intervention, prevention and self-care, work of the Safer Hillingdon Partnership to continue to keep crime levels low and extensive work undertaken by the Safeguarding Children's Board. These (and other streams of work) will ensure that, for those areas that Hillingdon is an outlier, progress will be made to improve and monitor performance.

Hillingdon's JSNA work plan

14. There are a number of routinely available demographic, health and social care data sets which are used to update Hillingdon's JSNA. This includes data available from the NHS and the Office for National Statistics: mortality, birth rates and the prevalence of disease. Updates to the JSNA are shared with commissioners as they are produced.

15. During 2019, updates to the JSNA have included the demographic profile of the Borough, mortality and the National Child Measurement Programme.

16. In terms of the work plan for 2020/21, this covers a broad range of topics from the impact of Heathrow expansion, updating prevalence profiles at Ward level through to updated analysis of mortality rates, women's health and maternity and long-term conditions. A revised chapter on autism has also been developed.

The JSNA and Hillingdon's Public Health Priorities

17. The JSNA is the evidence behind decisions on commissioning of services. It also supports our work on public health and the wider determinants of health. Based on the JSNA and the Public Health Outcome Framework data, we have identified the following areas for priority attention for 2020/2021. These also include the mandatory functions required under the Act:

1	<p>Deliver against mandatory Public Health functions, in the most efficient and effective manner</p> <p>The mandatory PH functions cover NHS Health Checks, Health Protection, National Child Measurement Programme, Sexual Health and the provision of a public health advice service to the CCG and the 0-19 health service.</p>
2	<p>Reduce Childhood Obesity</p> <p>Working collaboratively, across partners to support families to provide healthy food choices and increase physical activity. Using data from the National Child Measurement Programme to develop interventions that support children identified as overweight or obese.</p>

3	Improve Sexual Health Ensure provision of open access sexual health services within the Borough including genitourinary medicine teenage pregnancy prevention, school nursing services, community and post-pregnancy contraception services and cervical screening (for women who do not access GP services for sexual health).
4	Reduce alcohol and substance misuse, including smoking To continue to support residents, especially those from key target groups (pregnant women, young people, people with mental health conditions, manual worker), to quit smoking. Also support residents to recover from substance misuse.
5	Improve mental health and wellbeing amongst vulnerable groups <ul style="list-style-type: none"> • Early intervention and prevention of mental health conditions. • Reduce suicide. • Reduce isolation and loneliness and increase independence in older people. • Provide support for those with dementia or autism. • Provide support for those with long-term conditions and learning disabilities to ensure that they lead fulfilling lives. • Provide support for carers.
6	Increase adult physical activity Improve health and reduce obesity levels within the Borough's adult population.
7	Tackle violent crime, through the: <ul style="list-style-type: none"> • Reduction and prevention of domestic abuse • Support of victims • Reduction and prevention of knife crime
8	Reduce homelessness and rough sleeping Reducing homelessness in the Borough, assisting families to find permanent accommodation and addressing the challenge of rough sleeping.
9	Ensure children have the best start in life by: <ul style="list-style-type: none"> • Encouraging breastfeeding • Reducing tooth decay in 5 year olds • Family immunisations <p>Ensure effective commissioning and delivery of health visiting and school nursing service.</p>
10	Reduce the risks to residents from poor air quality Address impact of poor air quality due to Heathrow and road network especially around schools and other high risk areas.

Financial Implications

There are no financial implications arising from this report. Commissioning proposals stemming from any JSNA recommendations will be subject to further reports.

4. EFFECT ON RESIDENTS, SERVICE USERS & COMMUNITIES

What will be the effect of the recommendation?

The JSNA is a key source of local intelligence that informs and underpins effective commissioning to improve health and wellbeing for Hillingdon's residents.

Consultation Carried Out or Required

The ongoing development of Hillingdon's JSNA will involve close working across the Council and with key partners and other stakeholders.

Policy Overview Committee comments

None at this stage.

5. CORPORATE IMPLICATIONS

Hillingdon Council Corporate Finance comments

Corporate Finance has reviewed the report and concurs with the financial implications set out above, noting that there are no financial implications arising from the report recommendations.

Hillingdon Council Legal comments

The Borough Solicitor confirms that there are no specific legal implications arising from this report.

6. BACKGROUND PAPERS

Health and Wellbeing Board report - Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies, Department of Health, 26 March 2013

Appendix 1 - Hillingdon Health Profile 2019, published 22/10/19

Health summary for Hillingdon

Key

Significance compared to goal / England average:

Significantly worse	Significantly lower	↑ Increasing / Getting worse	↑ Increasing / Getting better
Not significantly different	Significantly higher	↓ Decreasing / Getting worse	↓ Decreasing / Getting better
Significantly better	Significance not tested	↑ Increasing	↓ Decreasing
		↑ Increasing (not significant)	↓ Decreasing (not significant)
		— Could not be calculated	→ No significant change

Life expectancy and causes of death

Indicator	Age	Period	Count	Value (Local)	Value (Region)	Value (England)	Change from previous
1 Life expectancy at birth (male)	All ages	2015 - 17	n/a	80.8	80.5	79.6	↑
2 Life expectancy at birth (female)	All ages	2015 - 17	n/a	83.8	84.3	83.1	↑
3 Mortality rate from all causes	<75 yrs	2015 - 17	1,913	307.0	309.5	331.9	↑
4 Mortality rate from all cardiovascular diseases	<75 yrs	2015 - 17	441	73.8	73.2	72.5	↑
5 Mortality rate from cancer	<75 yrs	2015 - 17	751	124.1	123.6	134.6	↓
6 Suicide rate	10+ yrs	2016 - 18	74	9.7	8.1	9.6	↓

Injuries and ill health

Indicator	Age	Period	Count	Value (Local)	Value (Region)	Value (England)	Change from previous
7 Killed and seriously injured (KSI) rate on England's roads	All ages	2015 - 17	234	26.0	32.2	40.8	↑
8 Emergency hospital admission rate for intentional self-harm	All ages	2017/18	279	91.3	83.6	185.5	↑
9 Emergency hospital admission rate for hip fractures	65+ yrs	2017/18	195	462.7	515.0	577.8	↓
10 Percentage of cancer diagnosed at early stage	All ages	2017	423	50.9	52.7	52.2	↑
11 Estimated diabetes diagnosis rate	17+ yrs	2018	n/a	82.6	71.4	78.0	↑
12 Estimated dementia diagnosis rate	65+ yrs	2019	1,899	68.8 *	72.6 *	68.7 *	↑

Behavioural risk factors

Indicator	Age	Period	Count	Value (Local)	Value (Region)	Value (England)	Change from previous
13 Hospital admission rate for alcohol-specific conditions	<18 yrs	2015/16 - 17/18	46	21.4	18.0	32.9	↓
14 Hospital admission rate for alcohol-related conditions	All ages	2017/18	1,537	592.7	532.6	632.3	↑
15 Smoking prevalence in adults	18+ yrs	2018	39,682	17.1	13.9	14.4	↑
16 Percentage of physically active adults	16+ yrs	2017/18	n/a	60.6	66.4	66.3	↓
17 Percentage of adults classified as overweight or obese	18+ yrs	2017/18	n/a	62.4	55.9	62.0	↑

Child health

Indicator	Age	Period	Count	Value (Local)	Value (Region)	Value (England)	Change from previous
18 Teenage conception rate	<18 yrs	2017	75	14.8	16.4	17.8	↓
19 Percentage of smoking during pregnancy	All ages	2017/18	241	6.5	5.0	10.8	↑
20 Percentage of breastfeeding initiation	All ages	2016/17	3,334	85.2	-	74.5	↓
21 Infant mortality rate	<1 yr	2015 - 17	38	2.9	3.3	3.9	↑
22 Year 6: Prevalence of obesity (including severe obesity)	10-11 yrs	2017/18	771	22.0	23.1	20.1	↓

Inequalities

Indicator	Age	Period	Count	Value (Local)	Value (Region)	Value (England)	Change from previous
23 Deprivation score (IMD 2015)	All ages	2015	n/a	18.1	-	21.8	=
24 Smoking prevalence in adults in routine and manual occupations	18-64 yrs	2018	n/a	33.6	23.6	25.4	↑
25 Inequality in life expectancy at birth (male)	All ages	2015 - 17	n/a	7.6	7.2	9.4	↑
26 Inequality in life expectancy at birth (female)	All ages	2015 - 17	n/a	5.6	4.9	7.4	↑

Wider determinants of health

Indicator	Age	Period	Count	Value (Local)	Value (Region)	Value (England)	Change from previous
27 Percentage of children in low income families	<16 yrs	2016	9,830	16.0	18.8	17.0	↑
28 GCSE attainment (average attainment 8 score)	15-16 yrs	2017/18	n/a	49.7	49.7	46.7	↑
29 Percentage of people in employment	16-64 yrs	2017/18	149,700	74.1	74.2	75.2	↓
30 Statutory homelessness rate - eligible homeless people not in priority need	Not applicable	2017/18	48	0.4	1.0	0.8	↑
31 Violent crime (including sexual violence) - hospital admissions for violence	All ages	2015/16 - 17/18	368	38.5	44.4	43.4	↑

Health protection

Indicator	Age	Period	Count	Value (Local)	Value (Region)	Value (England)	Change from previous
32 Excess winter deaths index (single year)	All ages	Aug 2016 - Jul 2017	127	21.8	22.9	21.6	↑
33 New STI diagnoses rate (exc chlamydia aged <25)	15-64 yrs	2018	1,778	888.3	1713	850.6	↓
34 TB incidence rate	All ages	2016 - 18	227	25.0	21.9	9.2	↓

For full details on each indicator, see the [definitions tab of the Local Authority Health Profiles online tool](#).

For a full list of profiles produced by Public Health England, see the fingertips website: <https://fingertips.phe.org.uk/>

Available online:

<https://fingertips.phe.org.uk/static-reports/health-profiles/2019/e09000017.html?area-name=hillingdon>

THE HILLINGDON HOSPITALS NHS FOUNDATION TRUST UPDATE

Relevant Board Member(s)	Councillor Jane Palmer
Organisation	London Borough of Hillingdon
Report author	Jason Seez, Acting CEO, THH
Papers with report	None

HEADLINE INFORMATION

Summary	To update the Board on developments at The Hillingdon Hospitals NHS Foundation Trust.
Contribution to plans and strategies	The items above relate to the Trust's 2020/21 Plan and supporting strategies.
Financial Cost	None
Ward(s) affected	N/A

RECOMMENDATION

That the Health and Wellbeing Board notes the update.

INFORMATION

Supporting Information

The Hillingdon Hospitals NHS Foundation Trust Recovery Plan Context

Board Level Changes

Sarah Tedford has stepped down as CEO having decided to centre her life nearer to her family in the Midlands. Sarah's achievements were significant as CEO, we wish her every success in her future career, thank her for her great commitment to the Trust and for all she did for Hillingdon and Mount Vernon Hospitals.

Figure 1: Trust Purpose



Of note is that the centre of the organisation's existence, and therefore the centre of the circles, is the patient. The Trust has a vision and mission, which sets out what we want to be and do. There is a set of behaviours which we seek to embody, and a number of strategies which set out the road map for our future development.

The purpose of the Trust is underpinned by the CARES+ improvement practice, which seeks to develop a culture of continuous improvement. Our improvement practice builds on our core values of Communication, Attitude, Responsibility, Equity and Safety.

For 2020/21, we will continue to have six objectives for the Trust

- Quality
 - We will deliver consistent high quality care
- Workforce
 - A great place to work!
- Performance
 - We will deliver the right care at the right time for our patients
- Money
 - We will live within our means
- Well led
 - We will empower our people to deliver
- Partnership working
 - We will develop sustainable models of care centred around our patients

Quality

Care Quality Commission Inspection 2020

In August 2020, the Care Quality Commission (CQC) conducted an unannounced inspection at Hillingdon Hospital of our COVID-19 pandemic planning and our infection, prevention and control practices. As a result, the CQC served a Section 31 notice on the Trust, with the requirement for us to improve across five key areas:

1. Health and safety
2. Fit mask testing
3. Environmental risk assessments
4. Infection Prevention and Control (IPC) action plan
5. The management of our education centre

To address the issues raised by the regulator, considerable energy and effort has been put into making immediate improvements, clearly demonstrating that the Trust takes safety with the utmost seriousness; this work will continue at pace. The Trust fully understands that the safety and wellbeing of its patients and of its staff must be at the heart of everything it does.

COVID-19

The Trust has worked with colleagues in the North West London Integrated Care System (NWL ICS) to plan for and work through the national requirements to manage patients during the COVID-19 pandemic. Services were rapidly changed in March and April to create physical and workforce capacity to safely manage these patients. Plans were made in line with national and regional guidance, with the welfare of our staff and patients at their heart. The number of patients being admitted with COVID-19 peaked in April and has slowly reduced and plateaued from May 2020.

The Trust continues to deliver the requirement of providing face coverings to all staff and patients attending the Trust. The Trust's staff who are required to be 'fit mask tested', have been, and the Trust has introduced a system so staff can easily identify which of the several different types of masks they have been fit tested for, thus allowing for variations in supply. New national guidance on IPC and personal protective equipment (PPE) was received on Friday 21 August 2020, and Trust procedures have been updated to reflect changes. Additional signage has been provided across our sites and particularly in clinical areas to ensure staff are clear of the PPE requirement in each zone.

The Trust continues to take required actions to ensure that our response to the COVID-19 pandemic ensures the ongoing provision of safe patient care, whilst supporting the safety and wellbeing of our staff.

Workforce

The Trust recognises that our staff are our most important asset. Development of a committed and supported workforce is a key objective for the organisation. The NHS People Plan was published in July 2020; the Plan reinforces the importance of ensuring the NHS focuses on the experience and wellbeing of our people.

Money

At present, the Trust is showing a breakeven position as required by the interim financial regime (introduced across the NHS as part of the national NHS approach to pandemic planning) for the period April to July 2020. The Trust continues to develop transformation and efficiency plans, ensuring we continue to improve the quality of care we provide to our local population, in tandem with becoming more efficient in how we provide services.

Partnership working

The Trust continues to build upon its clinical services strategy which was clinically led and developed in partnership with all of its local stakeholders. As part of the Hillingdon Health and Care Partnership and the wider North West London Integrated Care System, we continue to develop new models of care and ways of working to improve the services we provide to the population of Hillingdon.

Significant progress continues with the new Hillingdon Hospital, and the Trust Board approved the submission of the draft Strategic Outline Case for the redevelopment of Hillingdon Hospital to NHS England/Improvement on 28 July 2020. A full rebuild on the Hillingdon Hospital site has been identified as the preferred way forward. The Strategic Outline Case will be finalised for Board sign off in October 2020 following receipt of comments from NHS England/Improvement. More detailed planning is starting now to develop the Outline Business Case, alongside widespread engagement with our communities to inform the development of plans.

In July 2020, the Trust installed one of its two modular buildings and is ready to move patients in from 1 September 2020. The completion of this development allows us to provide much-needed decant and temporary space at Hillingdon Hospital. Patients from Hayes ward are due to be moved into 'Seacole' (the new name for the modular building) from 1 September 2020 and this will be home to the ward for the foreseeable future as part of the Trust's decant strategy, allowing for refurbishment of those parts of the hospital which require it most.

BACKGROUND PAPERS

NIL.

2020/21 BETTER CARE FUND PLAN

Relevant Board Member(s)	Councillor Jane Palmer Dr Ian Goodman
Organisation	London Borough of Hillingdon Hillingdon Clinical Commissioning Group
Report author	Kevin Byrne, Resident Services, LBH Tony Zaman, Social Care Directorate, LBH Caroline Morison, Managing Director, HCCG
Papers with report	Appendix 1 – 2020/21 Delivery Priorities

HEADLINE INFORMATION

Summary	The Better Care Fund (BCF) is a Government initiative intended to improve efficiency and effectiveness in the provision of health and care through increasing integration between health and social care. This report sets out the proposals for the 2020/21 BCF plan and delivery priorities, the focus of which is managing recovery from the COVID-19 pandemic, preparations for a subsequent wave and improving resilience to address any demand surge during the winter months.
Contribution to plans and strategies	The Better Care Fund is a key part of Hillingdon's Joint Health and Wellbeing Strategy and meets certain requirements of the Health and Social Care Act 2012.
Financial Cost	The recommended total amount for the BCF for 2020/21 is £91,534k, made up of a Council contribution of £53,072k and a CCG contribution of £38,462k.
Ward(s) affected	All

RECOMMENDATIONS

That the Health and Wellbeing Board:

- 1) approves the outline Better Care Fund plan and delivery priorities for 2020/21; and
- 2) subject to national BCF requirements being as described in this report, delegates authority to:
 - a) the Council's Corporate Director of Adult and Children and Young People's Services and the Managing Director of Hillingdon CCG; and
 - b) the Chairman of the Health and Wellbeing Board, the Chairman of Hillingdon CCG's Governing Body and the Chairman of Healthwatch Hillingdon's Board to sign-off of the final plan prior to submission.

INFORMATION

Strategic Context

1. The NHS Operational and Contracting Guidance 2020/21, published in January 2020, confirmed that there would be a need for a Better Care Fund plan for 2020/21 and this has been subsequently reiterated by the Department of Health and Social Care (DHSC), Ministry of Housing, Communities and Local Government (MHCLG) and NHS England. At time of drafting, the statutory planning requirements had not been published, although it is possible that they may be released by the time of the Board's meeting. It is understood, however, that the intention is that the requirements for the 2019/20 plan will roll forward. Partners have therefore drafted a plan that both reflects what is needed to support the health and wellbeing of Hillingdon's residents within the context of managing the effects of the COVID-19 pandemic and also satisfies known national requirements.
2. The purpose of this report is to seek Health and Wellbeing Board approval for the draft plan as outlined in this report and to seek approval for delegated authority to approve the final version of the plan prior to submission. This is intended as a pragmatic approach taking into consideration where we are within the financial year and is predicated on national requirements being as described in this report. If the published planning requirements contain significant additional conditions then officers will advise the Chairman accordingly.
3. The contents of this report was considered by the Hillingdon's Clinical Commissioning Group's (HCCG) Management Team on 16 September 2020.
4. For the 2019/20 plan, it was necessary for each Health and Wellbeing Board area to submit a completed NHSE devised template. Information from the Better Care Support Team suggests that this approach will apply in 2020/21. The draft content of the strategic narrative, national metrics and High Impact Change Model (HICM) template tabs are on the Council's website and can be viewed via the following link <https://www.hillingdon.gov.uk/socialcare>. As with the 2019/20 submission, the integration vision and scheme summaries will be provided as supporting documents and these are also available to the Board via the above link. The proposed BCF delivery priorities for 2020/21 are attached to this report as Appendix 1.

2019/20 BCF Plan and COVID-19

5. The last quarter of 2019/20 was dominated by the onset of the COVID-19 pandemic. Partnership working that predated the pandemic meant that Hillingdon was well placed to respond to the Government guidance issued on 19 March 2020, which gave direction on how health providers and local authorities should respond to the emergency. There are several key successes that arose out of the emergency and provide a firm foundation for accelerated integration. These include:

- **Executive governance:** Involving chief officers from the Council, the CCG, other health partners and H4All, this was established to ensure that the right people were making key decisions at the right time about system arrangements for managing discharge to facilitate an effective local response to the COVID pandemic, which assisted in sustaining the local health and care system during the height of the emergency period.
- **COVID-19 community hub partnership:** H4All and the Council have worked in very close

partnership throughout the pandemic to support residents who were shielding or self-isolating. This included coordinating local volunteers to ensure access to food provision, as well as providing telephone support to people at particular risk of loneliness due, for example, to them living alone.

- **Designated homecare commissioning lead:** The Council led on homecare commissioning, including the mobilisation of an additional 200 hours a week specialist homecare to support discharge from hospital. This was also integrated into weekend discharge conference calls to facilitate seven-day discharge.
- **Designated nursing care home commissioning lead:** The CCG has led on the procurement of nursing care home beds. Additional support to the CCG was provided by the Council's brokerage team to source bed-based services where identifying homes with available beds proved challenging.
- **Repurposing of Council assets:** The Council made available a 9-bed respite facility and up to 18 extra care flats to facilitate step-down from hospital and step-up for people living in the community to avoid unnecessary admissions, including of COVID-positive people. As part of the COVID recovery programme, the respite facility has been restored back to its original purpose and the number of extra care flats has reduced to 6.

6. The NHS provided the funding for the above services and, in accordance with Government guidance, these arrangements will be reflected in the BCF section 75 (NHS Act, 2006) agreement, which will give legal effect to the financial and partnership arrangements within the plan. This is subject to the Board's approval of the recommendations in this report and the 2020/21 plan being assured by NHSE.

Health and Care System Challenges

7. There are some challenges for Hillingdon's health and care system arising from COVID that impact on the BCF plan for 2020/21 and these include:
- Meeting the rehabilitation needs of Hillingdon who have contracted COVID-19 and had a more severe reaction to it.
 - The increased financial burdens on an already fragile care market, thus further emphasising the importance of an integrated approach to supporting providers.
 - The availability of a suitably skilled workforce to meet the care and support needs of Hillingdon's residents.

2020/21 BCF Plan Proposals

8. As with previous iterations, the primary purpose of the 2020/21 plan is to deliver those aspects of the STP that require integration between health and social care and/or closer working between the NHS and the Council with a particular focus on managing recovery from the COVID-19 pandemic, preparations for a subsequent wave and improving resilience to address any demand surge during the winter months. Much of the 2020/21 plan represents a roll over from the 2019/20 plan and as such it is the view of officers that a further update of the health and equality impact assessments undertaken for the 2019/20 plan is not required.

9. Eight schemes from the 2019/20 plan roll forward into 2020/21 and Table 1 below shows the scheme titles. A ninth scheme, shown as scheme 4 in Table 1, reflects requirements set out in

COVID-19 Hospital Discharge Service Requirements guidance published on 19 March 2020. The aims of these schemes are accessible via the link shown in paragraph 4. Appendix 1 summarises the delivery priorities for 2020/21.

Table 1: BCF Schemes	
Scheme	Scheme Title
1	Early intervention and prevention.
2	An integrated approach to supporting carers.
3	Better care at the end of life.
4	COVID-19 hospital discharge.
4A	Integrating hospital discharge and the intermediate tier.
5	Improving care market management and development.
6	Living well with dementia.
7	Integrated therapies for children and young people (CYP).
8	Integrated care and support for people with learning disabilities and/or autism.

10. It is proposed that the following items are brought into the 2020/21 BCF plan with the intention of regularising funding and delegation arrangements:

- **Continuing Healthcare (CHC) Social Work post:** This post is funded by the CCG in order to expedite CHC assessments in the community. The annual value is £45k.
- **Speech and Language Therapist (SaLT) in the Youth Justice Service:** This service is jointly funded (50:50) by the Council and the CCG and delivered by CNWL. The purpose is to ensure that children and young people with physical, occupational and speech and language difficulties in the criminal justice system are offered an assessment in accordance with national guidance and good practice. The annual value of this post is £70k and the cost is split equally between the Council and the CCG.
- **Designated Clinical Officer in Special Educational Need and Disability (SEND):** This post leads coordination between CCG, providers within Hillingdon Health and Care Partners (HHCP), education and social care in relation to the Education, Health and Care Plans pathway (EHCP) and manages operational issues in relation to these plans for children and young people with highly complex needs. The annual value of this post is £40k and the cost is split equally between the Council and the CCG.

*HHCP comprises of the GP Confederation, Central and North West London NHS Foundation Trust (CNWL), The Hillingdon Hospitals NHS Foundation Trust and the H4All third sector consortium. H4All includes Age UK, Carers Trust Hillingdon, Disablement Association Hillingdon (DASH), Harlington Hospice and Hillingdon Mind.

11. In addition to the new items shown in paragraph 10 above, it is also proposed to include the new post of Head of Integrated Discharge that will be jointly funded by partners. The intention of this post, the creation of which is one of the delivery priorities for 2020/21 as shown in Appendix 1, is to create a single, integrated management structure with the necessary authority to deploy resources as required to expedite the discharge of people admitted to Hillingdon Hospital who no longer require treatment in a hospital setting.

National Conditions

12. Officers have been informed by NHSE's Better Care Support Team that the national conditions from the 2019/20 plan will be rolled forward. Table 2 below summarises the national conditions and the local response.

Table 2: National Conditions and Local Response	
Condition	Local Response
1. A jointly agreed plan - A plan that has been agreed by the Health and Wellbeing Board.	This is dependent on the Board's decision.
2. NHS contribution to adult social care is maintained in line with the uplift to CCG Minimum Contribution (ringfenced) - The Protecting Social Care funding is passported to Social Care with the inflationary uplift.	This is included within HCCG's minimum contribution.
3. Agreement to invest in NHS-commissioned out of hospital services - Investing a ring-fenced sum (£5,513k in 2020/21).	This is already addressed through the funding committed to the CCG's community contract with CNWL and the Neighbourhood Teams.
4. Plan for improved management of transfers of care – This encompasses demonstrating how the nine broad changes within the High Impact Change Model for Managing Transfers of Care and the revised Hospital Discharge Service Policy and Operating Model published on 21/08/20 will be delivered.	The actions required to deliver the model in Hillingdon are reflected in the delivery priorities shown in Appendix 1.

Measuring Success

13. Three of the four reportable national metrics from the 2019/20 plan have rolled forward into 2020/21. It is expected that the targets will be set locally, although the target for emergency admissions will be linked to national requirements. It is proposed that Hillingdon's approach to any nationally set target is that it should be deliverable and that representations be made where partners do not believe this to be the case. Data for the Delayed Transfers of Care (DToC) metric stopped being collected nationally at the outbreak of the COVID-19 pandemic and will not be resumed.

- **Reduction in emergency admissions** – The focus of Hillingdon's target in 2019/20 was the 65 and over population with ambulatory care sensitive conditions, i.e., people where effective community care and case management can help prevent the need for hospital admission, such as: chronic hepatitis B; asthmas; congestive heart failure; diabetes; chronic obstructive pulmonary disease; hypertension; epilepsy; and dementia. The 2020/21 target is under discussion with HHCP partners.
- **Permanent admissions to care homes** - This applies to permanent admissions to care homes by the Council of people aged 65 and over. The provisional target (or ceiling) for

2020/21 is 170 permanent admissions. The outturn for 2019/20 was 174 admissions against a target of 170.

- **Effectiveness of reablement** - This is seeking to identify the proportion of people aged 65 and over who have been discharged home from hospital into reablement who are still at home 91 days after the discharge. The review period for the national metric is people discharged in Q3 who are still at home by the end of Q4. The target in 2019/20 was 90% and the outturn was 89.4%. The provisional target for 2020/21 is 90%.

14. As in previous years, there will be a small number of local metrics progress against which will be reported to the Board as part of the regular performance update process.

Future Performance Reporting Arrangements

15. It is proposed that future updates on the delivery of the BCF priorities and metrics will be reflected in the progress report on the Hillingdon Health and Care Partners' recovery plan, therefore providing the Board with a single integration performance progress report. This will be reflected in the report to the Board's December meeting.

Risk Share Arrangements

16. The arrangement for previous iterations of the plan has been that each organisation manage its own risks and it is proposed that this will continue for 2020/21. The detail of risk share arrangements will be reflected in the section 75 (NHS Act, 2006) agreement that Cabinet and HCCG's Governing Body will be asked to consider in due course, subject to the successful conclusion of the assurance process.

Governance

17. A Core Officer Group comprising of the Council's Corporate Director of Finance, the CCG's Deputy Chief Finance Officer, the Corporate Director of Adults and Children and Young People's Services (a statutory member of the Health and Wellbeing Board), the CCG's Managing Director, the Council's Director of Provider Services and Commissioned Care and the Council's Head of Health Integration and Voluntary Sector Partnerships has oversight over the delivery of the plan. Another key function of this group is to identify collaborative commissioning opportunities for recommendation to the Board in order to secure improved care and wellbeing and value for money outcomes for residents.

18. The Corporate Director of Adults and Children and Young People's Services and Director of Provider Services and Commissioned Care the Council provide the link from the Core Officer Group into the Hillingdon Health and Care Delivery Board, which is the executive governance body for Hillingdon's Integrated Care Partnership (ICP). Closer alignment of these governance structures across partners supports the development of local solutions, where possible, to the challenges faced by Hillingdon's health and care system referred to in paragraph 7.

19. The Board may wish to note that any decisions about the use of resources will be referred to the Council's Cabinet and the CCG's Governing Body in accordance with constitutional arrangements and agreed delegations.

BCF Plan Submission and Assurance Timescales

20. Submission of Hillingdon's plan is expected to be required towards the end of October. Once submitted the plan will go through a two-pronged assurance that will entail review at a Sustainability and Transformation Partnership level and also at London region BCF level. The following partners will be involved in the process:

- NHSE- CCG lens
- NHS I – Acute lens
- London ADASS – Social Care
- London Councils – Local Authority
- Regional BCF – (Department of Health and Social Care, Ministry of Housing, Communities and Local Government, Local Government Association, NHS)

21. The outcome of the assurance process will either be '*assured*' or '*not assured*'. If the plan is assured then it will be possible for Cabinet and the CCG's Governing Body to consider the section 75 agreement referred to in paragraph 6.

Post April 2021 Arrangements

22. Feedback from NHSE's Better Care Support Team suggests that there will be a three-year plan from April 2021 and more detail about this is expected following the Comprehensive Spending Review (CSR) in the autumn. In the meantime, partners are developing options for further integration that will be presented to the Board for its consideration in due course. It is suggested that these then be reflected within the new three-year BCF framework once the Government's requirements are known.

23. Health and equality impact assessments would be updated as part of the three-year plan development process.

Financial Implications

Financial Uplift

24. The following tables show the provisional split of the proposed 2020/21 BCF allocations. As the current COVID transitional period is underway for a 6-week period from the 1st September, these figures are subject to review and final allocations will be determined following this period.

25. Table 3 below provides a breakdown of the mandated financial requirements for 2020/21. This table reflects information published in February and May 2020.

Item	2019/20 Income	2020/21 Income	% Difference
DFG (<i>LBH</i>)	4,504,510	4,504,510	0
Minimum CCG contribution	18,361,811	19,401,312	5.4
iBCF (<i>LBH</i>)	6,207,140	7,248,248	0
Winter Pressures (<i>LBH</i>)	1,041,108		
Minimum Total	30,114,569	31,154,070	3.4

Item	2019/20 Income	2020/21 Income	% Difference
To Adult Social Care from minimum CCG contribution	6,695,773	7,057,345	5.4
NHS commissioned out of hospital services	5,217,906	5,513,302	5.4

Key: DFG - Disabled Facilities Grant; iBCF - see below

26. Table 4 below summarises the proposed contributions by the Council and HCCG in 2020/21 compared with 2019/20.

Organisation	2019/20 (£,000s)	2020/21 (£,000s)
HCCG	39,418	38,462
LBH	53,534	53,072
TOTAL	92,952	91,534

27. Table 5 below summarises the Council and HCCG provisional contributions for 2020/21 by scheme and compares these with the 2019/20 position. Scheme 4 in the table below is the COVID-specific scheme that Health and Wellbeing Board areas were required to establish under the guidance referred to in paragraph 9. As is explained more fully in paragraphs 29 to 31, the financial contribution of partners to this scheme is currently under discussion.

Scheme		Financial Contribution			
		2019/20		2020/21	
		HCCG (£,000s)	LBH (£,000s)	HCCG (£,000s)	LBH (£,000s)
1	Early intervention and prevention	2,566	3,373	2,566	3,315
2	An integrated approach to supporting Carers.	19	983	19	939
3	Better care at the end of life.	819	0	819	0
4	COVID-19 hospital discharge	0	0	0	0
4A	Integrated hospital discharge and the intermediate tier.	15,039	6,094	15,039	6,270
5	Improving care market management and development.	12,549	11,949	12,549	12,099
6	Living well with dementia.	0	372	0	379
7	Integrated therapies for children and young people.	2,231	441	2,246	542
8	Integrated care and support for people with learning disabilities.	6,195	30,322	5,224	29,530
TOTAL		39,418	53,534	38,462	53,072
GRAND TOTAL		92,952		91,534	

28. It should be noted that with regards to Scheme 7: *Integrated therapies for children and young people*, the CCG funded contribution shown in table 5 will be paid directly to CNWL through existing block contract arrangements for 2020/21. The Council, which holds the service contract with CNWL, will therefore not be invoiced for this amount.

COVID-19 and Hospital Discharge

29. During the COVID emergency period, i.e., the period between 19 March and 31 August 2020, funding of costs incurred as a result of hospital discharges is from payments into a pooled budget arrangement with the CCG, with any additional requirements met through the NHS COVID grant. The Council has approached this based on a cost neutral position for the authority, contributing the budgeted allocation for homecare and residential packages during this time, i.e., on a pro rata basis. CHC and financial assessments were not conducted during this emergency period, so NHS COVID grant funding covered the impact of the absence of Client Contributions during this period for new or substantially revised packages. Some of the rates for placements brokered during this emergency period were significantly above the standard rates usually paid. These placements will be reviewed with the intention of achieving alignment with the standard rates. Where this is not possible the option of moving service users will be explored.

30. In accordance with the *Hospital Discharge Service: Policy and Operating Model* guidance published on 21 August, CHC and financial assessments will resume from 1 September 2020. The guidance requires that hospitals and community health and social care partners should fully embed discharge to assess (D2A) processes. New or extended health and social care support from 1 September will be funded by the NHS for a period of up to six weeks following discharge from hospital up to 31 March 2021. During this six-week period a comprehensive health and care assessment will need to be undertaken to determine ongoing care needs. Responsibility for funding any on-going care provision will also need to be determined during this period. The Council will continue to approach this arrangement on a cost neutral basis in line with previously budgeted allocations.

31. The Board should be aware that discussions are in progress between CCGs and local authorities within the North West London sector regarding the apportionment of costs during the emergency period and both HCCG and the Council will adhere to any collective decision reached. Once these discussions have concluded appropriate adjustments will be made to organisational contributions to the schemes shown in Table 5.

Improved Better Care Fund Grant (iBCF)

32. The iBCF in 2020/21 includes the winter pressures funding that was identified as a separate grant in 2019/20 and required separate reporting. The £7,248k iBCF funding is paid directly to the Council under Section 31 of the Local Government Act 2003, with specific grant conditions, including a requirement that the funding is pooled in the BCF.

33. *iBCF* - The grant conditions for 2020/21 are the same as for the last two years, namely that the funding is used for:

- Meeting adult social care needs;
- Reducing pressures on the NHS, including supporting more people to be discharged from hospital when they are ready; and/or
- Ensuring that the local social care provider market is supported.

34. As for the last two years, the Council is intending to use all the funding to support the local care market. In 2020/21, this will fund the annualised effect of the fee uplifts to maintain and secure residential and nursing care home placements and homecare provision. As in 2019/20, the winter pressures aspect of the iBCF funding will be used to cover the cost of new placements and packages of care for people aged 65 and over.

EFFECT ON RESIDENTS, SERVICE USERS & COMMUNITIES

What will be the effect of the recommendation?

35. The recommendation will enable Hillingdon's BCF plan to be submitted in accordance with national requirements. The BCF plan will contribute to the development of a sustainable health and care system in Hillingdon that will support residents to regain or maintain their independence.

Consultation Carried Out or Required

36. Hillingdon Health and Care Partners will be consulted about the proposals for the 2020/21 BCF plan; however, the timescale for submitting the plan will not permit wider consultation to be undertaken. However, the development of the proposals for the 2020/21 BCF Plan is consistent with feedback from consultation previously undertaken in respect of earlier iterations of the plan and the broader integration programme in Hillingdon.

37. Consultation with a broader range of stakeholders may be undertaken as part of the development of the three-year BCF plan (please see paragraph 22), but this will be subject to the detail of the Government's proposals and the timetable for submission.

Policy Overview Committee comments

38. None at this stage.

CORPORATE IMPLICATIONS

Hillingdon Council Corporate Finance Comments

39. Corporate Finance has reviewed this report and notes that the Better Care Fund Plan for 2020/21 as described in this report is broadly consistent with budget assumptions included in the 2020/21 General Fund Budget, which was agreed by Council in February 2020. It is also noted that the financial uplift figures are provisional due to the COVID transitional period and final allocations are yet to be determined. The recommended Council's contribution to the BCF of £53,072k in 2020/21, includes funding provided through the iBCF Section 31 Grant and the Disabled Facilities Grant.

Hillingdon Council Legal Comments

40. Section 223GA of the NHS Act, 2006, provides the legal basis for the BCF and gives NHSE power to make any conditions it considers reasonable in respect of the release of NHS funding to the BCF. Where it considers that an area has not met these conditions it also has the power, in consultation with the DHSC and MHCLG, to make directions in respect of the use of the

funds and/or impose a spending plan and impose the content of any imposed plan.

BACKGROUND PAPERS

COVID-19 Hospital Discharge Service Requirements (DHSC 19/03/20)

Hospital Discharge Service: Policy and Operating Model (DHSC 21/08/20)

2020/21 BCF Delivery Plan Priorities Summary

Scheme 1: Early intervention and prevention.

- 1.1 Establish a single online information system as the directory of services across Health and Care Partners in Hillingdon.
- 1.2 Explore the increased application of assistive technology to support the independence of residents in the community.
- 1.4 Review the model of voluntary sector support for adults to improve options for social prescribing, including through provision of Personal Health Budgets.
- 1.5 Align the eight Neighbourhood Teams to the six Primary Care Networks (PCNs) across the Borough.
- 1.6 Embed the integrated shielded and vulnerable person management function with all partners to ensure that applicable residents have one personalised care plan and one key worker across health, social care and the voluntary sector.
- 1.7 Develop an integrated response hub with a range of primary and community-based health and social care services that can respond within 2 hours to a person experiencing deterioration and at risk of an emergency hospital admission.

Scheme 2: An integrated approach to supporting Carers.

- 2.1 Ensure that the identity of the carers' lead in each GP Practice is clearly displayed.
- 2.2 Develop a guide for people who suddenly become carers.
- 2.3 Develop and implement a strategy for addressing identified barriers to screening uptake amongst carers and the people they are caring for.
- 2.4 Support access to primary care by piloting a darsi/farsi speaking interpreter in the south of the borough where there is greatest need.
- 2.5 Co-design information for children with learning difficulties and/or autism and their families, including Easy to Read guidance on accessing the health service appropriately.

Scheme 3: Better care at end of life.

- 3.1 Improve access and co-ordination for end of life services, managed under an integrated management function.
- 3.2 Improve access to medication that can help patients coming towards the end of life if their condition deteriorates or symptoms suddenly occur.

- 3.3 Deliver family support, education and workforce development to enhance palliative care expertise across the Hillingdon health and care workforce and improve end of life support to carers.

Scheme 4A: Integrated hospital discharge and the intermediate tier.

- 4.1 Complete the roll out of criteria-led discharge to all wards within Hillingdon Hospital.
- 4.2 Establish a single point of coordination within Hillingdon Hospital for hospital discharges, managed under a single, integrated management function.
- 4.3 Establish a point of coordination for access to community resources to build up suitable packages of care and support.
- 4.4 Develop and implement pathways with inclusion criteria that support the discharge of patients on pathway 2.
- 4.5 Develop and implement the standards for the triaging process, including the automation of data reporting.
- 4.6 Agree a simplified joint assessment for patients on all discharge pathways.
- 4.7 Review all specialist pathways to include Frailty, End of Life and Palliative Care to ensure these are aligned to the integrated discharge model.
- 4.8 Seek organisational sign-up to the CHC, shared care and section 117 memorandum of understanding.
- 4.9 Ensure availability of sufficient step-down/step-up provision (bedded and non-bedded) to meet winter demand surge requirements.

Scheme 5: Improving care market management and development.

- 5.1 Develop and deliver a provider engagement plan.
- 5.2 Secure agreement on long-term integrated brokerage arrangements.
- 5.3 Implement the Direct Enhanced Service (DES) contract for care homes.
- 5.4 Explore scope for extending the local Care Home and Extra Care Support Service to all supported living schemes.
- 5.5 Coordinate access to COVID-19 testing for care providers.
- 5.6 Coordinate response to COVID-19 outbreaks within care homes and supported living services.
- 5.7 Establish and implement lead commissioning arrangements to address care home placement requirements of local statutory agencies.

- 5.8 Embed training programme for care home staff on a range of issues, including falls management, tissue viability, nutrition, medication and leadership for managers and/or aspiring managers.

Scheme 6: Living well with dementia.

- 6.1 Develop training and support for care homes in how to manage people with challenging behaviours.
- 6.2 Enable people living with dementia to continue to live independently in our community and feel supported and knowledgeable about where to access advice and help when required.
- 6.3 Restore dementia diagnosis rates to the national target of 67%.

Scheme 7: Integrated therapies for children and young people

- 7.1 Implement the integrated therapies pathway model.
- 7.2 Develop Children and Adolescent Mental Health Services (CAMHS) early intervention model within all neighbourhood teams.
- 7.3 Develop provision to deliver more services in the community (Step-up/down) via new PATCH (Providing Assessment & Treatment for Children at Home) model of care.

Scheme 8: Integrated care and support for people with learning disabilities and/or autism.

- 8.1 Develop an agreed integrated model for a community team for people with learning disabilities.
- 8.2 Implement the model of care and support for people with learning disabilities and/or autism who are in a supported living setting that maximises their independence and supports their health and wellbeing.
- 8.3 Implement the action plan from reviews completed between health and social care under the Learning Disabilities Mortality Review Programme.

UPDATE: STRATEGIC ESTATE DEVELOPMENT

Relevant Board Member(s)	Dr Ian Goodman, Chair, Hillingdon CCG Councillor Jane Palmer, Chairman, Health and Wellbeing Board
Organisation	Hillingdon Clinical Commissioning Group London Borough of Hillingdon
Report author	Amanda Gregory, Strategic Estates, Hillingdon CCG Nicola Wyatt, London Borough of Hillingdon
Papers with report	Section 106 Healthcare Facilities Contributions (June 2020)

1. HEADLINE INFORMATION

Summary	This paper updates the Board on the CCG strategic estate initiatives and the proposed spend of S106 health facilities contributions in the Borough.
Contribution to plans and strategies	Joint Health & Wellbeing Strategy, Out of Hospital Strategy, Strategic Service Delivery Plan
Financial Cost	To be identified as part of the business case for each individual project
Relevant Policy Overview & Scrutiny Committee	External Services Select Committee Residents, Education and Environmental Services
Ward(s) affected	All

2. RECOMMENDATION

That the Health and Wellbeing Board notes the progress being made towards the delivery of the CCGs strategic estates plans.

3. HILLINGDON ESTATE STRATEGY - OVERVIEW

Below is an outline of the Hillingdon vision of how the key priorities outlined within the Five Year Forward view and the STP guidance will be addressed:

Health and Wellbeing

- Working collaboratively across health, social care and public health we will improve outcomes and reduce inequalities for our population with a focus on those with both traditional long term conditions ((LTC) including both physical and mental health LTCs) and emergent categories of LTCs such as pain, frailty and social isolation.
- Our coordinated programme of work will bring together our existing plans for the BCF

and our Health and Wellbeing Strategy (HWBB) and engage our whole community to create a resilient population and assist people to remain independent with better quality of life for longer.

Care and Quality

- We will provide care that is safe, effective and delivered by experienced practitioners through collaborative working across health and social care services.
- We will be able to share information that improves the quality of health and social care services and that enables our population to make informed choices.
- We will deliver the best and highest quality care possible within the constraints of our local economy and the growth in demand that we are predicting.

Finance and Efficiency

- It is simply not viable to continue trying to respond to increasing demand for services, particularly at the expense of preventative action. We are committed to finding financial savings and ways to achieve better outcomes for individuals and their families through the better integration of services and by reducing demand through an increased focus on prevention and patient activation.

Key Drivers and Challenges

- To meet an estimated increase in demand and complexity of care delivered in the community for out of hospital care across the area of 30%-35%.
- Enable a major shift in care from within a hospital setting to an out-of-hospital setting so more people are treated closer to their homes.
- A need to improve utilisation of the existing estate and effectively target strategic investment in new estate in locations appropriate for a Hub health care delivery model.
- Forecast population and demographic growth in Hillingdon suggests an increasingly diverse population.

Key points emerging from the Strategic Estates Plan

- The need to progress the aims of the new 10 year NHS plan. Focussing investment in locations which support the implementation of the strategy at Uxbridge/West Drayton, North Hillingdon and Hayes & Harlington.
- The need to address poor primary care infrastructure by making sure GP practices are in the right location and in fit for purpose accommodation.
- To build primary care estate capacity in Hayes Town to respond to the growth derived from the Housing Zone including consideration of any potential impact from the Southall Gas Works site development in Ealing on Hillingdon practices.
- Address short term concerns relating to Yiewsley Health Centre and secure long term site with the view to secure additional capacity to respond to local residential development.
- The need to improve access to health care for people living in the Heathrow Villages.
- To develop a plan for the future of the Northwood and Pinner Community Hospital that respects the heritage of the site and realises the potential of its location.
- Consider any opportunity created by the future plans of Brunel University.
- Support Hillingdon Hospital Trust with the future re-provision of the hospital.

Current status of strategic estate priorities

New healthcare facility in North Hillingdon

As members will be aware, the existing Northwood and Pinner health centre and community hospital is owned by NHS Property Services.

Following positive discussions with the Council's planning team and NHS Property Services, the site feasibility work is now completed and detailed pre-application discussion have been held. The planned solution, subject to planning consent, will be to create the new healthcare facility within the existing community hospital that is fully refurbished and adapted for modern 21st century healthcare needs with the existing health centre demolished and development of new housing in line with Council planning policy. This preserves the heritage of the community hospital to continue to serve the local population. The CCG has agreed that the full 1,460sqm for the scheme will be required for both existing and new services.

In addition to above, the business case for the GP selection process has been approved by the Transformation Group and the Primary Care Board on 28 November 2019. Positive progress has been made on the 3 workstreams as follows:

1. Design of the new health facility is nearing completion with clinical and non-clinical stakeholders,
2. Formal pre-application meetings have been held with Hillingdon Council; and
3. Development of the business case required to be approved under NHS governance.

Timeline for the completion of the new health facility is during 2023.

New healthcare facility in Uxbridge / West Drayton

As members will be aware, the plan for a new healthcare facility was to demolish the existing Uxbridge Health Centre and build a new state of the art health facility. The site is owned by Central North West London NHS Foundation Trust (CNWL) who have been actively working with Hillingdon CCG and the Council to develop this. One of the major constraints surrounding the project was locating and refurbishing a suitable facility to decant existing services in order to demolish the existing health centre which would add significant cost to the scheme.

CNWL has been in discussion with the CCG around a potential new option which significantly de-risks the redevelopment option and removes the requirement to decant services. The CCG is engaged with CNWL in developing this plan with a paper being presented to the Primary Care Committee on 23 September 2020. The overall timeline remains unchanged for delivery from March 2022. However, short term timelines will alter to facilitate completion of the option. It is expected that the delivery of the new healthcare facility will be implemented in stages.

Building capacity for Hayes and Harlington

There are two healthcare opportunities being pursued in the local area as follows:

Old Vinyl Factory

As previously reported, Heads of Terms have been provisionally agreed subject to District Valuer sign off on the rental figure and NHS approval. The CCG has identified a practice to occupy the new health centre but further meetings and practice visits have been delayed due to

COVID-19. Revised Heads of Terms are awaited from the developer. The CCG is committed to deliver additional primary care capacity within this space with the increased demand in population and services.

Nestle Site

No further feedback has been received on the Nestle Factory Canteen building since the CCG proposed various options for health and social care services. The current understanding is that the Council is reviewing options for the future provision of services.

Yiewsley Health Centre

The works to convert vacant space at the site into additional clinical accommodation, creating additional capacity for primary care provision completed in March 2020. In view of a site for the long-term, a potential solution has been identified. However, we are awaiting a further update from the developer following meetings with the Council's planning team. Expectation for delivery is still within the next 5 years.

Heathrow Villages provision

Members will be aware from the previous meeting that a site has been secured in Harmondsworth for a potential new health facility. The CCG has obtained details of portacabin provision that could be utilised on the site to deliver healthcare in the short term until a more permanent solution can be sought.

The CCG is still in a planning phase to determine provision and size requirements for the short term and define the costs. Following this, terms can be sought and likely target dates for delivery can be provided to members.

Improving Access to Primary Care

Of the 11 Improvement Grant schemes supported by the CCG, five schemes have now completed, one scheme is in progress, one has been approved for delivery in 2020/21 and one deferred to 2021/22. Three schemes were withdrawn from the process.

The practices that have completed their schemes are:

- Mountwood Surgery
- Glendale Medical Centre
- Oakland Medical Centre
- Church Road Surgery
- Ladygate Lane Surgery

The total value of the improvement grant schemes that have completed and/are progressing across the three financial years (2019/20, 2020/21 and 2021/22) is approximately £1,400,000 with the NHS funding £930,000 and GPs funding the remaining £480,000. The delivery of schemes was impacted by COVID-19. However, all schemes are now either complete or progressing.

There is a mix of CQC compliant, DDA compliant and Equality Act compliant works and larger premises improvements, i.e., internal reconfigurations and extensions.

FINANCIAL IMPLICATIONS

On 26 March 2019, the Minister for Health confirmed to Parliament that the Shaping Healthier Future programme has been formally brought to an end and the new NHS plan is the driving force for change over the next 10 years. Capital bids for access to Wave 4 funding to invest in facilities for GP Practices, Hubs and acute hospitals in NWL were unsuccessful. Therefore, alternative investment models are being pursued to raise capital for new facilities. In Hillingdon this includes:

- additional investment in a number of GP practice premises to improve access, clinical capacity and quality; and
- the capital investment required to deliver the North Hillingdon and the Uxbridge and West Drayton Hubs

Hillingdon Council, in consultation with the NHS in Hillingdon, has been collecting S106 contributions for health from residential developers where the size and scale of the housing scheme has been identified as having an impact on the delivery of local health services. Funding has been secured by the Council for investment in health premises and services in the Borough in order to help meet increased demand for health services as a result of new development. This additional non-recurrent funding has been used to build capacity within the primary care estate and, subject to the Council's formal S106 allocation process; it is proposed that any further contributions received are used to help to offset the cost of the Hubs.

The CCG will identify the financial implications of all estate investment as part of the business case development process for each project.

S106 HEALTH CONTRIBUTIONS HELD BY HILLINGDON COUNCIL

Appendix 1 attached to this report details all of the S106 health facilities contributions held by the Council as at 30 June 2020. The Council has not received any further contributions since the last report to the Board in September 2019. As at 30 June 2020, the Council holds a total of £1,246,291.69 towards the provision of health care facilities in the Borough.

The CCG has "earmarked" the S106 health contributions currently held by the Council towards the provision of the health hubs as outlined in Appendix 1. To note is the contribution held at case reference H/39/304C (£6k) which had a spend deadline of August 2020. These funds had been earmarked towards the Uxbridge/West Drayton Health Hub. However, given the short timescales for spending this contribution, the funds have now been allocated and transferred to NHSPS towards a scheme to improve and expand clinical space at Harefield Medical Centre (Cabinet Member Decision 14/08/2020).

HILLINGDON COUNCIL FINANCIAL IMPLICATIONS

As at 30 June 2020, there is £1,246,292 of Social Services, Health and Wellbeing S106 contributions available to be utilised towards the provision of facilities for health, and £562,891 of these contributions have no time limits attached to them.

Officers, in conjunction with the CCG and NHSPS, continue to work actively towards allocating all outstanding health contributions to eligible schemes. To date, funds totalling £1,059,808 are provisionally earmarked towards proposed health hub schemes as detailed below:

Proposed Health Hub Scheme	Amount
North Hub	125,452
Uxbridge / West Drayton Hub	520,593
New Yiewsley Health Centre	409,861
Pine Medical Centre	3,902
Total Earmarked	1,059,808
To be determined	186,484
Total	1,246,292

The remaining balance of £186,484, comprising four separate contributions, is yet to be earmarked to any schemes, although it is anticipated that they will be expedited by their respective deadlines. The contributions are £35,621 (ref H/30/276G), £60,542 (ref H/69/404F), £81,329 (ref H/70/40M) and £8,992 (H/73/420E) respectively.

The S106 contribution held at H/39/304C for £6,448 has a time limit to spend by August 2020, which has been earmarked to the Uxbridge/West Drayton Hub Health Scheme. Hillingdon CCG has requested that this contribution is allocated towards Harefield Health Centre in order to ensure the funds are used towards an eligible scheme before the spend deadline. This contribution has now been transferred to NHS Property Services in August 2020, together with the S106 contribution held at H/54/343D for £17,600.54 which was also requested by Hillingdon CCG and was originally earmarked towards the North Hub Health Scheme

HILLINGDON COUNCIL LEGAL IMPLICATIONS

Regulation 122 (2) of the Community Infrastructure Levy Regulations 2010 states that a planning obligation may only constitute a reason for granting planning permission for the development if the obligation is:

1. necessary to make the development acceptable in planning terms;
2. directly related to the development; and
3. fairly and reasonably related in scale and kind to the development.

Any planning obligation must be relevant to planning and reasonable in all other respects. The monies must not be used for any other purpose other than the purposes provided in the relevant Section 106 agreement. Where monies are not spent within the time limits prescribed in those agreements, such monies should be returned to the payee.

When the Council receives formal bids to release funds, each proposed scheme will need to be assessed and reported to the Leader and Cabinet Member for Finance, Property and Business Services in order for the monies to be released. As part of that process, the Council's Legal Services will review the proposal and the Section 106 agreement that secures the funding, to ensure that the Council is permitted to spend the Section 106 monies on each proposed scheme.

The use of Section 106 monies for future schemes mentioned in the report will need to be assessed against their respective agreements when these are finalised on a case by case basis.

CASE REF.	WARD	DEVELOPMENT / PLANNING REFERENCE	TOTAL INCOME	BALANCE OF FUNDS	SPEND BY	PROPOSED PROJECT	DETAILS OF OBLIGATION (as at mid August 2020)
			<u>AS AT 30/06/20</u>	<u>AS AT 30/06/20</u>			
H/11/195B *57	Ruislip	Highgrove House, Eastcote Road, Ruislip. 10622/APP/2006/2494	3,156.00	3,156.00	No time limits	North Hub	Funds to be used to support the provision of local healthcare facilities arising from the needs of the development. No time limits.
H/22/239E *74	Eastcote	Highgrove House, Eastcote Road, Ruislip. 10622/APP/2006/2494 & 10622/APP/2009/2504	7,363.00	7,363.00	No time limits	North Hub	Funds received towards the cost of providing health facilities in the Authority's Area including (but not limited to); expansion of health premises to provide additional facilities and services to meet increased patient numbers or, any new facility required to compensate for the loss of a health facility caused by the development. No time limits.
H/28/263D *81	South Ruislip	Former South Ruislip Library, Victoria Road, Ruislip (plot A). 67080/APP/2010/1419	3,353.86	3,353.86	No time limits	North Hub	Funds received towards the cost of providing health facilities in the Authority's area including (but not limited to); the expansion of health premises to provide additional facilities and services to meet increased patient or user numbers or, new health premises or services at the local level or, any new facility required to compensate for the loss of a health facility caused by the development. No time limit for spend
H/36/299D *94	Cavendish	161 Elliot Ave (fmr Southbourne Day Centre), Ruislip. 66033/APP/2009/1060	9,001.79	9,001.79	No time limits	North Hub	Funds received towards the cost of providing health facilities in the Authority's area including expansion of health premises to meet increased patient numbers, new health services at local level, any new facilities required to compensate for the loss of a health facility caused by the development.
H/44/319D *44	Northwood Hills	117 Pinner Road, Northwood 12055/APP/2006/2510	24,312.54	24,312.54	No time limits	North Hub	Funds received towards the cost of providing health facilities in the Authority's area including expansion of health premises to meet increased patient numbers, new health services at local level, any new facilities required to compensate for the loss of a health facility caused by the development.
H/46/323G *104	Eastcote	150 Field End Road, (Initial House), Eastcote 25760/APP/2013/323A	14,126.88	14,126.88	No time limits	North Hub	Funds received towards the cost of providing health facilities in the Authority's area including expansion of health premises to meet increased patient numbers, new health services at local level, any new facilities required to compensate for the loss of a health facility caused by the development.
H/48/331E *107	Eastcote	216 Field End Road, Eastcote 6331/APP/2010/2411	4,320.40	4,320.40	No time limits	North Hub	Funds received towards the cost of providing health facilities in the Authority's area including expansion of health premises to meet increased patient numbers, new health services at local level, any new facilities required to compensate for the loss of a health facility caused by the development.
H/51/205H *110	Eastcote	Former RAF Eastcote (Pembroke Park), Lime Grove, Ruislip 10189/APP/2014/3354 & 3359/3358 & 3360	17,374.27	17,374.27	No time limits	North Hub	Funds received towards the cost of providing health facilities in the Authority's area including expansion of health premises to meet increased patient numbers, new health services at local level, any new facilities required to compensate for the loss of a health facility caused by the development.
H/54/343D *112	Harefield	Royal Quay, Coppermill Lock, Harefield. 43159?APP/2013/1094	17,600.54	17,600.54	No time limits	North Hub	Funds received towards the cost of providing health facilities in the Authority's area including expansion of health premises to meet increased patient numbers, new health services at local level, any new facilities required to compensate for the loss of a health facility caused by the development. This contribution has now been allocated towards expansion of clinical space at Harefield Medical Centre (Cabinet Member Decision 14/08/2020). Funds to be transferred to NHS Property Services to be used towards Phase 1 of the scheme.

CASE REF.	WARD	DEVELOPMENT / PLANNING REFERENCE	TOTAL INCOME	BALANCE OF FUNDS	SPEND BY	PROPOSED PROJECT	DETAILS OF OBLIGATION (as at mid August 2020)
			<u>AS AT 30/06/20</u>	<u>AS AT 30/06/20</u>			
H/53/346D *113	Northwood	42-46 Ducks Hill Road, Northwood 49987/APP/2013/1451	8,434.88	8,434.88	No time limits	North Hub	Funds received towards the cost of providing health facilities in the Authority's area including expansion of health premises to meet increased patient numbers, new health services at local level, any new facilities required to compensate for the loss of a health facility caused by the development. No time limits.
H/63/385D *129	Northwood Hills	Frank Welch Court, High Meadow Close, Pinner. 186/APP/2013/2958	10,195.29	10,195.29	No time limits	North Hub	Funds received towards the cost of providing health facilities in the Authority's area including expansion of health premises to meet increased patient numbers, new health services at local level, any new facilities required to compensate for the loss of a health facility caused by the development. No time limits for spend.
H/57/351D *	Northwood	103,105 & 107 Ducks Hill Road, Northwood 64345/APP/2014/1044	6,212.88	6,212.88	No time limits	North Hub	Funds received towards the cost of providing health facilities in the Authority's area including expansion of health premises to meet increased patient numbers, new health services at local level, any new facilities required to compensate for the loss of a health facility caused by the development. No time limits.
Total "earmarked " towards North Hub			125,452.33	125,452.33			
H13/194E *59	Uxbridge	Frays Adult Education Centre, Harefield Road, Uxbridge. 18732/APP/2006/1217	12,426.75	12,426.75	No time limits	Ux/WD Hub	Funds received towards the provision of healthcare facilities in the Borough. No time limits.
H/27/262D *80	Charville	Former Hayes End Library, Uxbridge Road, Hayes. 9301/APP/2010/2231	5,233.36	5,233.36	No time limits	Ux/WD Hub	Funds received towards the cost of providing health facilities in the Authority's area including (but not limited to); the expansion of health premises to provide additional facilities and services to meet increased patient or user numbers or, new health premises or services at the local level or, any new facility required to compensate for the loss of a health facility caused by the development. No time limit for spend.
H/39/304C *97	Yeading	Fmr Tasman House, 111 Maple Road, Hayes 38097/APP/2012/3168	6,448.10	6,448.10	2020 (Aug)	Ux/WD Hub	Funds received towards the cost of providing health facilities in the Authority's area including expansion of health premises to meet increased patient numbers, new health services at local level, any new facilities required to compensate for the loss of a health facility caused by the development. Due to time limit for spend, this contribution has now been allocated towards expansion of clinical space at Harefield Medical Centre (Cabinet Member Decision 14/08/2020). Funds to be transferred to NHS Property Services.
H/55/347D *114	North Uxbridge	Honeycroft Day Centre, Honeycroft Hill, Uxbridge 6046/APP/2013/1834	12,162.78	12,162.78	2022 (May)	Ux/WD Hub	Funds received towards the cost of providing health facilities in the Authority's area including expansion of health premises to meet increased patient numbers, new health services at local level, any new facilities required to compensate for the loss of a health facility caused by the development. Funds to spent/committed within 7 years of receipt (May 2022).
H/47/329E *106	Townfield	Land at Pronto Industrial Estate, 585-591 Uxbridge Road, Hayes 4404/APP/2013/1650	14,066.23	14,066.23	2024 (July)	Ux/WD Hub	Funds received the cost of providing healthcare facilities within the London Borough of Hillingdon. Contribution to be spent within 10 years of receipt.

CASE REF.	WARD	DEVELOPMENT / PLANNING REFERENCE	TOTAL INCOME	BALANCE OF FUNDS	SPEND BY	PROPOSED PROJECT	DETAILS OF OBLIGATION (as at mid August 2020)
			AS AT 30/06/20	AS AT 30/06/20			
H/49/283B *108	Uxbridge North	Former RAF Uxbridge, Hillingdon Road, Uxbridge 585/APP/2009/2752	624,507.94	447,149.63	2024 (Aug)	Ux/WD Hub	Funds to be used towards the provision of healthcare facilities serving the development in line with the Council's S106 Planning Obligations SPD 2008. Funds to be spent within 10 years of receipt. £177,358 from this contribution is allocated towards capacity improvements at Uxbridge Health Centre (Cabinet Member Decision 12/06/2015). £177,358 transferred to HCCG July 2015.
H/58/348B	North Uxbridge	Lancaster & Hermitage centre, Lancaster Road, Uxbridge 68164/APP/2011/2711	7,587.72	7,587.72	No time limits	Ux/WD Hub	Funds received towards the cost of providing health facilities in the Authority's area including expansion of health premises to meet increased patient numbers, new health services at local level, any new facilities required to compensate for the loss of a health facility caused by the development. No time limits
H/64/387E *136	Uxbridge North	Norwich Union House, 1-2 Bakers Road, Uxbridge. 8218/APP/2011/1853	15,518.40	15,518.40	2023 (Sept)	Ux/WD Hub	Funds received towards the cost of providing health facilities in the Authority's area including expansion of health premises to meet increased patient numbers, new health services at local level, any new facilities required to compensate for the loss of a health facility caused by the development. Funds to be spent within 7 years of receipt.
Total "earmarked" towards Uxbridge/West Drayton Hub			697,951.28	520,592.97			
H/42/242G *100	West Drayton	West Drayton Garden Village off Porters Way West Drayton. 5107/APP/2009/2348	337,574.00	337,574.00	No time limits	New Yiewsley HC	contribution received towards providing additional primary healthcare facilities in the West Drayton area (see agreement for details) . Earmarked towards the provision of a new health centre facility in the Yiewsley/West Drayton area, subject to request for formal allocation.
H/50/333F *109	Yiewsley	39,High Street, Yiewsley 24485/APP/2013/138	12,444.41	12,444.41	No time limits	New Yiewsley HC	Funds received towards the cost of providing health facilities in the Authority's area including expansion of health premises to meet increased patient numbers, new health services at local level, any new facilities required to compensate for the loss of a health facility caused by the development. Earmarked towards the provision of a new health centre facility in the Yiewsley area, subject to formal allocation.
H/59/356E *120	Yiewsley	Packet Boat House, Packet Boat Lane, Cowley 20545/APP/2012/2848	14,997.03	14,997.03	No time limits	New Yiewsley HC	Funds received towards the cost of providing health facilities in the Authority's area including expansion of health premises to meet increased patient numbers, new health services at local level, any new facilities required to compensate for the loss of a health facility caused by the development. No time limits
H/60/359E *121	Yiewsley	26-36 Horton Rd, Yiewsley 3507/APP/2013/2327	25,291.09	1,691.16	2023 (Jan)	New Yiewsley HC	Funds received towards the cost of providing health facilities in the Authority's area including expansion of health premises to meet increased patient numbers, new health services at local level, any new facilities required to compensate for the loss of a health facility caused by the development. Spend within 7 years of receipt (Jan 2023). The location of the new health centre is still to be determined. £23,500.93 from this contribution has therefore been allocated towards an interim scheme to refurbish and improve the existing health Centre (Cabinet Member Decision 17/01/2018). Funds transferred to NHS PS 05/02/2018. Remaining balance £1,691.16 earmarked towards development of a new health centre site in the Yiewsley area.

CASE REF.	WARD	DEVELOPMENT / PLANNING REFERENCE	TOTAL INCOME	BALANCE OF FUNDS	SPEND BY	PROPOSED PROJECT	DETAILS OF OBLIGATION (as at mid August 2020)
			AS AT 30/06/20	AS AT 30/06/20			
H/61/382F *128	West Drayton	Kitchener House, Warwick Rd, West Drayton. 18218/APP/2013/2183	8,872.64	8,872.64	2026 (April)	New Yiewsley HC	Funds received towards the cost of providing health facilities in the Authority's area including expansion of health premises to meet increased patient numbers, new health services at local level, any new facilities required to compensate for the loss of a health facility caused by the development. Spend within 10 years of receipt (April 2026).
H/62/384F *128	Yiewsley	Caxton House, Trout Road, Yiewsley. 3678/APP/2013/3637	15,482.07	15,482.07	No time limits	New Yiewsley HC	Funds received towards the cost of providing health facilities in the Authority's area including expansion of health premises to meet increased patient numbers, new health services at local level, any new facilities required to compensate for the loss of a health facility caused by the development. No time limits for spend.
H/67/402E	Yiewsley	21 High Street, Yiewsley 26628/APP2014/675	18,799.72	18,799.72	No time limits	New Yiewsley HC	Funds received towards the cost of providing health facilities in the Authority's area including expansion of health premises to meet increased patient numbers, new health services at local level, any new facilities required to compensate for the loss of a health facility caused by the development. No time limit for spend
Total "earmarked" towards existing/new Yiewsley Health Centre			433,460.96	409,861.03			
H/18/219C *70	Yeading	Land rear of Sydney Court, Perth Avenue, Hayes. 65936/APP/2009/2629	3,902.00	3,902.00	No time limits	Pine Medical Centre	Funds received towards the cost of providing health facilities in the Authorities Area. No time limits. £1,800 earmarked towards improvements to Pine Medical Centre, subject to formal approval. Confirmation received from NHS PS to confirm that the scheme is still valid. £1,800 allocated towards Pine Medical Centre improvements (Cabinet Member Decision 29/05/2015).
Total "earmarked" towards Pine Medical Centre			3,902.00	3,902.00			
H/30/276G * 85	Townfield	Fmr Hayes FC, Church Road, Hayes. 4327/APP/2009/2737	104,319.06	35,620.80	2022 (Feb)	To be determined	Funds received as the first and second instalment towards the cost of providing health facilities in the Authority's area including the expansion of health premises to provide additional facilities, new health premises or services (see legal agreement for details). Funds to be spent within 7 years of receipt (July 2019). £68,698.86 allocated towards HESA extension (Cabinet Member Decision 4/12/2014). Formal request from NHS PS received to transfer funds. £68,698.86 transferred to NHS PS 24/02/2015. Final instalment (£35,620.80) received. Remaining balance to be spent by February 2022
H/69/404F	Botwell	The Gatefold Building, land east of the former EMI site, Blyth Road, Hayes 51588/APP/2011/2253	60,541.81	60,541.81	2024 (Apr)	To be determined	Funds received towards the cost of providing health facilities in the Authority's area including (but not limited to); the expansion of health premises to provide additional facilities and services to meet increased patient or user numbers or, new health services at the local level; any new facilities required to compensate for the loss of a health facility caused by the development. Funds received in 3 instalments. Third and final instalment (£20,852) received this quarter. Funds to be spent within 7 years of receipt (April 2024 for first instalment)

CASE REF.	WARD	DEVELOPMENT / PLANNING REFERENCE	TOTAL INCOME	BALANCE OF FUNDS	SPEND BY	PROPOSED PROJECT	DETAILS OF OBLIGATION (as at mid August 2020)
			AS AT 30/06/20	AS AT 30/06/20			
H/70/40M	Botwell	Old Vinyl Factory (Boiler House & Materials Store), Blyth Rd, Hayes. 59872/APP/2012/1838 & 59872/APP/2013/3775	81,329.25	81,329.25	2024 (Jul)	To be determined	Funds received towards the cost of providing health facilities in the Authority's area including expansion of health premises to meet increased patient numbers, new health services at local level, any new facilities required to compensate for the loss of a health facility caused by the development. Fund to be spent within 7 years of receipt (July 2024).
H/73/420E	Townfield	The Kings Arms PH, Coldharbour Lane, Hayes 10954/APP/2011/1997	8,991.50	8,991.50	No time limits	To be determined	Funds received towards the cost of providing health facilities in the Authority's area including expansion of health premises to meet increased patient numbers, new health services at local level, any new facilities required to compensate for the loss of a health facility caused by the development. No time limits.
To be determined			255,181.62	186,483.36			
		TOTAL CONTRIBUTIONS TOWARDS HEALTH FACILITIES	1,515,948.19	1,246,291.69			

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HEALTHWATCH HILLINGDON UPDATE

Relevant Board Member(s)	Lynn Hill, Chair of Healthwatch Hillingdon
Organisation	Healthwatch Hillingdon
Report author	Daniel West, Managing Director, Healthwatch Hillingdon
Papers with report	N/A

HEADLINE INFORMATION

Summary	To receive a report from Healthwatch Hillingdon on the delivery of its statutory functions for this period.
Contribution to plans and strategies	Joint Health and Wellbeing Strategy
Financial Cost	None
Relevant Policy Overview & Scrutiny Committee	External Services Select Committee
Ward(s) affected	N/A

RECOMMENDATION

That the Health and Wellbeing Board notes the report received.

1. INFORMATION

- 1.1 Healthwatch Hillingdon is contracted by the London Borough of Hillingdon, under the terms of the grant in aid funding agreement, to deliver the functions of a local Healthwatch, as defined in the Health and Social Care Act 2012.
- 1.2 Healthwatch Hillingdon is required under the terms of the grant aid funding agreement to report to the London Borough of Hillingdon on its activities, achievements and finances on a quarterly basis throughout the duration of the agreement.

2. SUMMARY

- 2.1. The body of this report to the London Borough of Hillingdon's Health and Wellbeing Board summarises the outcomes, impacts and progress made by Healthwatch Hillingdon in the delivery of its functions and activities for this period. It should be noted that a comprehensive report is presented by the Chief Executive Officer to the Directors/Trustees at the Healthwatch Hillingdon Board meetings and is available to view on the website:

(<http://healthwatchhillington.org.uk/index.php/publications>).

3. **GOVERNANCE**

3.1. **Signposting and Insight Coordinator**

From January 2020, Healthwatch Hillingdon (HwH) appointed a second temporary Signposting and Insight Coordinator, Vinaya Kulkarni. As of Q1, the position has been extended until September 2020.

4. **OUTCOMES**

Healthwatch Hillingdon wishes to draw the Health and Wellbeing Board's attention to some of the outcomes highlighted by its work during Q1 of 2020-21.

4.1. **Review of Integrated Sexual & Reproductive Health Services in Hillingdon**

NB: Research for this report was completed prior to the COVID-19 outbreak.

Following Young Healthwatch Hillingdon's (YHwH) sexual health services report earlier in the year, Healthwatch Hillingdon was approached by Public Health Hillingdon to carry out a review of these services in the London Borough of Hillingdon for adults (over the age of 25). Using a mystery shopping approach to obtain a snapshot of the current provision, the aim was to establish whether Hillingdon residents were being offered a service that was accessible and met their sexual and reproductive health needs.

Using a mystery shopper method, HwH made phone calls to the central booking service, visits to the sexual and contraception clinics at the HESA Centre (Hayes) and Oakland Medical Centre (Hillingdon) and reviewed the London North West Healthcare Trust (LNWH) website. This was followed by a focus group hosted by HwH with the mystery shoppers to explore their findings and agree recommendations.

The review found that online services differed widely by provider, with London North West Healthcare Trust website shown to be difficult to navigate, and inconsistent information regarding services. The SH24 (<https://sh24.org.uk/>) website proved more user friendly, with ease of use and assurance of confidentiality being noted as positives. Telephone services were deemed 'off putting' due to the number of attempts to book or cancel appointments, with one mystery shopper attempting to cancel an appointment unsuccessfully after over 80 calls. When able to speak to an operator, they were found to be helpful however.

In the site visits, similar issues from the YHwH report were observed such as: signage being unclear or lacking key information; concerns about privacy and confidentiality; and a lack of age appropriate material, or material aimed at black, Asian, minority and ethnic communities. The follow up focus group identified and expanded on these key themes for Healthwatch Hillingdon to distill the feedback into recommendations, with the following key points emerging:

- An initial lack of awareness of services available to the target age group of the report; wider promotion through advertising of these services are needed.
- Telephone services are lacking; improvements to the booking systems in particular

- are needed, with queue times and a callback function suggested.
- Confidentiality, privacy and preservation of dignity were found to be compromised in certain physical settings; gender specific waiting areas, separate receptions, and pre-screening would help this.
- Due to the stigma associated with these services that is prevalent among certain age groups and communities, the lack of inclusive material was obvious; a better range of information to cater for all demographics, as well as appropriate training for all staff in order to ensure cultural and social needs are observed.

The report can be accessed here:

<https://healthwatchhillington.org.uk/AdultSexualHealthMysteryShop>

4.2. Healthwatch Hillingdon Coronavirus (COVID-19) Response (Q4)

With the outbreak of COVID-19 and the national lockdown on 23 March 2020, below is a summary of the actions taken by HwH in the lead up to and during Quarter 1 of 2020-21:

- **2 March:** HwH begins actively promoting guidance surrounding COVID-19, utilising materials from the Public Health England resource centre, and reporting relevant news, including a suspected case at Mount Vernon Hospital (<https://healthwatchhillington.org.uk/news/2020-03-02/updated-coronavirus-case-cleared-mount-vernon-cancer-centre>). Signage at the HwH shop in the Pavilions is updated, including the digital signage in the shopfront - digital signage is continually updated remotely over the coming weeks.
- **13 to 16 March:** Due to the increasing number of cases of COVID-19, and an incident with a member of the public at the HwH shop on 13 March (involving a suspected case of COVID-19), on 16 March the decision is made to close the shop to the public, and begin preparations for remote working. A weekly review is held going forward to assess these working arrangements.
- **17 March:** Remote working begins, with email, website communications and phone system being monitored from individual settings. A Coronavirus guidance article is published on the HwH website, drawing over 550 visitors over 2 days. This article is reviewed daily and updated with relevant guidance. (<https://healthwatchhillington.org.uk/advice-and-information/2020-03-17/current-coronavirus-guidance-updated>)
- **20 March:** for the next week, articles are published covering mental health and social distancing. In order to make the information more accessible to the public, a 'Coronavirus Hub' is created to consolidate HwH articles, and external sources of guidance and advice. This is placed at the top of the HwH homepage. (<https://healthwatchhillington.org.uk/COVID-19-Hub>)
- **26 March:** our first blog post is published to give the perspective of our volunteers, starting with YHwH's take on school closures. (<https://healthwatchhillington.org.uk/blog/2020-03-26/young-healthwatch-onschool-closures-and-exam-cancellations>)
- **26 March:** HwH joins the Hillingdon Health and Care Partners' (HHCP) daily COVID-19 briefing calls to stay up to date with developments and offer 3rd sector support and advice where possible. **This continues throughout lockdown and beyond.**
- **April:** throughout April, articles are published covering topics such as the Government WhatsApp service (later used as the basis for 'Mythbusting' posts created by YHwH for their Instagram audience), the NHS COVID-19 Status Checker, and 4 blog posts are created by adult volunteers, members of YHwH and staff covering the topics of

isolation, lockdown, life during the pandemic and faith. Further advice and information articles cover guidance around shielding and domestic abuse. All articles can be found on the Coronavirus Hub.

- **6 April:** From this date, the survey 'How has Coronavirus (COVID-19) affected you?' is first promoted, in order to understand the key issues facing residents – the initial run garners 37 responses. The results are collated on 21 April and a mini report presented soon after to the HHCP (attached as Appendix A). The report highlights issues connected to mental health and GP services. The social media campaign reaches over 21,000 people and has over 2,600 engagements.
- **24 April:** Following feedback from our younger volunteers, YHwH launches the 'Coronavirus Hub for young people', including links to reputable sources of information regarding COVID-19, as a key concern raised by young people was the increase in misinformation, especially on social media. Mental health and wellbeing are also a strong focus of the Hub, with links to online services such as Kooth.
(<https://healthwatchhillington.org.uk/COVID-19-Hub>)
- **May:** Healthwatch hosts the HHCP surveys for residents and workforce feedback, later used to inform commissioners and providers of the impact of service changes to assist in systems recovery. Healthwatch is granted access to the feedback to assist in its own insight into issues facing residents. The two surveys gain nearly 200 responses combined.
- **June:** Healthwatch continues to share updated information and guidance around COVID-19, and publishes articles on how to be removed from the extremely vulnerable list, access dentistry services during COVID-19 and updated guidance on shielding.

4.3. Young Healthwatch Hillingdon (YHwH)

The start of Q1 coincided with the start of digital engagement with YHwH due to the COVID-19 lockdown. All engagement outlined was conducted via Zoom. In Q1, YHwH members completed 71 volunteering hours across the following activities:

- 16 Zoom meetings to keep in touch and discuss and plan work.
- Reviewing the digital mental health and wellbeing support services listed on the YHwH COVID-19 Hub (HwH website).
- Participating in and reviewing the new wellbeing webinars for young people offered by Community Barnet as part of Hillingdon THRIVE.
- Writing articles to include on the YHwH COVID-19 Hub.
- Planning, filming and editing two videos for social media: one to promote the YHwH COVID-19 Hub and one to promote the YHwH High Knees Challenge to encourage young people to participate in physical activity.
- Providing feedback about social media for Hillingdon CCG.
- Providing feedback about wellbeing videos created by the wellbeing social enterprise Centre Myself.
- Participating in a consultation sessions with Hillingdon Hospital representatives about THH redevelopment and with Brook about COVID-19, Sex and Reproductive Health Education and digital engagement.
- Participating in Facilitation Skills Training.
- Planning and facilitating Healthfest2020 sessions.
- Designing and updating posts for YHwH social media.

Other engagement activity conducted by CYP Community Engagement Officer

During Q1, our YHwH representative was in regular contact with many of our partners to discuss and coordinate engagement with YHwH. This contact included phone call check-ins, attending one THRIVE meeting and two meetings with THH representatives.

5. ENQUIRIES FROM THE PUBLIC

Healthwatch Hillingdon recorded 147 enquiries from the public this quarter. This saw 60 people's experiences being logged on our Customer Relationship Management database and 87 residents being the recipients of our information, advice and signposting service.

5.1. Experiences

Overview

Most of the feedback received this quarter concerned GP practices, which we would expect due to hospital services being effectively 'suspended' to deal with coronavirus. Nine experiences of GP practices were captured this quarter, eight being negative. The reasons cited for these were: staff attitudes, communication and information providing, booking appointments and access to services. This directly relates to the changes in operation by GP practices in response to COVID-19.

In terms of hospital services, several members of the public contacted us with concerns about not being given information on the situation regarding relatives who had been admitted to hospital with suspected COVID-19. Championed by Healthwatch Hillingdon's chair in both the HHCP briefings and directly with Hillingdon Hospital trust, Healthwatch was able to underline the importance of communication with the loved ones of patients during the pandemic, and was subsequently included in the production of the Loved Ones initiative, and it's scrutiny thereafter.

5.2 Healthwatch Support

This quarter presented Healthwatch Hillingdon with completely different challenges to our usual way of operating. By the start of the quarter, HwH staff had already begun remote working. Due to the HwH premises closing, we did not have the usual face to face feedback. Also, a severe drop in regular primary and secondary care access by residents resulted in fewer instances of feedback. As such, contact from the public during this time was much less than is usual, as was also experienced by other Healthwatch.

We used our website and social media as a means of getting information across to the public, posting regular updates and guidance. During one of our daily team meetings, it was noted that there was a disparity in the information patients were receiving from their GP practices regarding a change in the way services were being delivered during the pandemic. While some GPs were very quick and efficient in contacting patients either by text, or via information on their website to let people know that, in the first instance, telephone consultations would be held, other members of the public had not received any communication at all, with several complaining that they were unable to get through on the phone to their GP. We did some research around this and were pleased to be able to report that most practices responded very quickly to the crisis, either by texting patients or

displaying information on their surgery websites.

However, we acknowledge that for those people who are not equipped to use digital technology, this presents a problem. We are currently working on an engagement strategy to overcome this and see how such people can be reached out to.

For people living alone, there were concerns about being able to get out to get shopping and prescriptions. Loneliness and isolation were a recurring theme, with residents either worried about themselves or their friends and relatives, particularly the elderly and vulnerable. Healthwatch Hillingdon worked with H4All to inform residents of the assistance they could get with these issues.

Another issue we received phone calls from residents about was being unsure as to whether they should be included on the list of shielded patients. It became apparent that some people felt they had been ‘missed off the list’. When the NHS volunteer responder scheme was initiated, Healthwatch was consequently added to the list of officially recognised referrers.

5.3 Signposting Service

During this quarter, we recorded a total of 87 enquiries from residents which resulted in us providing information, advice, signposting or referral. 78 of these we would categorise as universal and 9 as a result of advising individuals following a complaint, or concern.

We signpost individuals to a wide range of statutory and voluntary organisations across health and social care. The following table illustrates the reasons for people contacting our service and the ways in which we can help them through signposting to appropriate organisations.

How did we assist?	Qty	% of total
Signpost to a health or care service	31	36%
Signpost to voluntary sector service	44	50%
To other (CAB, Social services, LBH other)	12	14%
Total	87	

6. REFERRING TO ADVOCACY

We continue to provide people with the information they need to make complaints about the services they have received, including signposting them to POhWER and AVMA for advocacy support (see table below). Safeguarding concerns are referred to the London Borough of Hillingdon’s safeguarding team.

Advocacy Referrals	Qty
POhWER	10
AVMA	0
Total	10

7. **ENGAGEMENT**

7.1. **Overview of engagement activity**

Due to the current coronavirus pandemic and the suspension of face-to-face engagement, we have had to change the way in which we interact and reach out to the general public. Like many other local Healthwatch across the network we have had to increase our presence on social media in order to grow our online audiences to capture those now reliant on digital communication. We have also introduced video conferencing tools such as Zoom and Microsoft Teams to stay connected with our volunteers, colleagues, and partner organisations.

7.2. **Highlights**

Mystery Shopping Report - adult sexual and reproductive health services

Our report on adult sexual and reproductive health services in Hillingdon has now been finalised. We'd like to give credit to our volunteer mystery shoppers for their contribution to this report.

Engaging with BAME communities in Hillingdon during COVID-19 and lockdown

At the height of the pandemic, it was reported that people from Black, Asian and Minority Ethnic (BAME) backgrounds were disproportionately impacted by COVID-19 and were more likely to suffer serious illness or die from the disease. As a result, we felt it was important for us to understand how COVID-19 has affected these communities locally. To do this, we have begun engaging with residents from BAME groups and, where possible, key representatives of local community groups so that we can gather their feedback and experiences of the coronavirus and lockdown and feed this back to the NHS and commissioners.

We have already conducted our first interview with a representative of Hillingdon's Somali community and we will be reaching out to the Nepalese and Sikh communities over the coming weeks. Depending on the level of engagement and feedback we receive, the information will be published in either a standalone format, or as part of the larger COVID-19 response from Healthwatch Hillingdon.

Healthwatch Hillingdon Newsletter

We produced the Spring 2020 issues of our quarterly newsletter, which was emailed to our 250 subscribers. This was a COVID-19 special and included current Government information and guidance on COVID-19, NHS service changes during the pandemic and links to support services in Hillingdon including mental health, bereavement and domestic abuse.

7.3. **Social Media**

The suspension of face-to-face engagement and the shift towards digital engagement has meant that we have had to rely much more on our social networks including Facebook, Twitter and Instagram to connect with the general public. As a result, we have seen

increased engagement on all our social media platforms. We have used our social media channels to share surveys, create short polls, share accurate information about COVID-19 and to keep our audiences up-to date on the changes to NHS services. As such, we have seen increases in followers, likes and reach – this quarter having a reach in excess of 110,000.

		Q2 2019/20	Q3 2019/20	Q4 2019/20	Jan	Feb	Mar	Q1 2020/21	Q4-Q1 Var
Twitter	Followers	1266	1266	1277	1283	1288	1294	1294	1%
	Impressions	10832	10260	13927	8,642	6,409	3,134	18185	31%
	Profile Visits	1636	478	381	245	103	74	422	11%
Facebook	Page likes	494	498	537	585	598	599	599	12%
	Post Reach	18833	12393	16845	75483	16942	542	92967	452%
	Post Engagement	924	529	1766	4924	612	36	5572	216%
Instagram	Followers	450	535	587	610	630	660	660	12%

8. VOLUNTEERING

Zoom volunteer meetings

To retain our volunteers during lockdown, we have been hosting bi-weekly meetings over Zoom. These meetings have served to keep our volunteers connected with Healthwatch Hillingdon as well as provide a platform for them to meet and chat socially.

Despite lockdown, our volunteers have continued to contribute their time to us. They have written blog posts for the Healthwatch Hillingdon Blog in which they shared their experiences of life during lockdown. As part of mental health awareness week, they made a short video about kindness which was viewed over 1,500 times. They also took part in a focus group with representatives from The Hillingdon Hospital to discuss plans for the hospital's redevelopment.

This quarter our volunteers contributed 60 hours of their time.

9. FINANCIAL STATEMENT

To end of Quarter 1 (2020-2021)

		Quarter			
		1	2	3	4
Income	Funding from Council	39,500			
	Additional Income	25,000			
	Brought forward from 2019/20	80,071			
	Total	64,500			
Expenses	Office	-1,141			
	Operational	-29,942			
	Staffing	-33,343			
	Total	-64,426			
	Contingency Funds <i>Redundancy and premises contingency</i>	-15,000			
	In-period Deficit/Surplus	-14,926			
	Total Deficit/Surplus <i>Includes contingency provision</i>	65,144			

NB: The above figures are provisional, awaiting audited figure. Due to the management accounts undergoing a review and update, finance figures are now reported as per the transactional data. As such, funding from Council is reported in the calendar quarter it is received. Contingency funds (to cover potential redundancy and change of premises) has been displayed by quarter as well – this is a fixed rolling amount, and is not cumulative, to be reviewed each tax year.

Please note that the £25,000 in the Additional Income line was paid in error to HwH, which was corrected within the quarter.

10. KEY PERFORMANCE INDICATORS

To enable Healthwatch Hillingdon to measure organisational performance, 8 quantifiable Key Performance Indicators (KPIs), aligned to Healthwatch Hillingdon's strategic priorities and objectives, have been set for 2017-2021. The following table provides a summary of our performance against these targets up to Q1 2020-21.

During Q1, we saw missed targets for KPI's 2, 3 and 6. This has been due to the imposed lockdown measures, limiting our usual avenues for contact with the public and all events cancelled. However, these limitations have seen a sizeable increase in our online audience – for example, April alone showed a post engagement of 5,000. From Q2 onwards, the KPI's listed below will take this increased reach and engagement into account, and KPI's 2 and 6 will be recalculated accordingly.

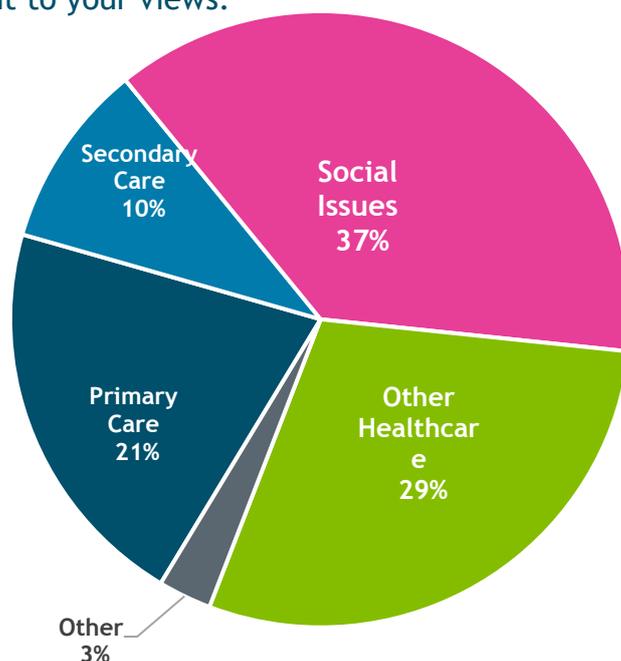
KPI no.	Description	Relevant Strategic Priority	Quarterly Target 2019-20	Q1			Q2			Q3			Q4			2019-2020 Total	
				2018-2019	2019-2020	2020-2021	2018-2019	2019-2020	2020-2021	2018-2019	2019-2020	2020-2021	2018-2019	2019-2020	2020-2021	Target	YTD Actual
1	Hours contributed by volunteers	SP4	525	629	644	533	689	731		729	508		669	546.5		2100	533
2	People directly engaged	SP1 SP4	330	444	720	N/A	713	345		427	322		317	94		1320	-
3	New enquiries from the public	SP1 SP5	200	243	254	147	267	271		215	206		194	186		800	147
4	Referrals to complaints or advocacy services	SP5	N/A*	21	21	10	13	14		18	15		18	24		-	10
5	Commissioner / provider meetings	SP3 SP4 SP5 SP7	50	62	50	50	52	51		52	52		50	47		200	50
6	Consumer group meetings / events	SP1 SP7	15	19	27	N/A	18	16		14	16		17	3		60	-
7	Statutory reviews of service providers	SP4 SP5	N/A*	-	0	-	-	0		-	0		1	0			0
8	Non-statutory reviews of service providers	SP4 SP5	N/A*	3	1	1	2	3		2	1		1	1			1

*Targets are not set for these KPIs, as measure is determined by reactive factors

How has Coronavirus (COVID-19) affected you?

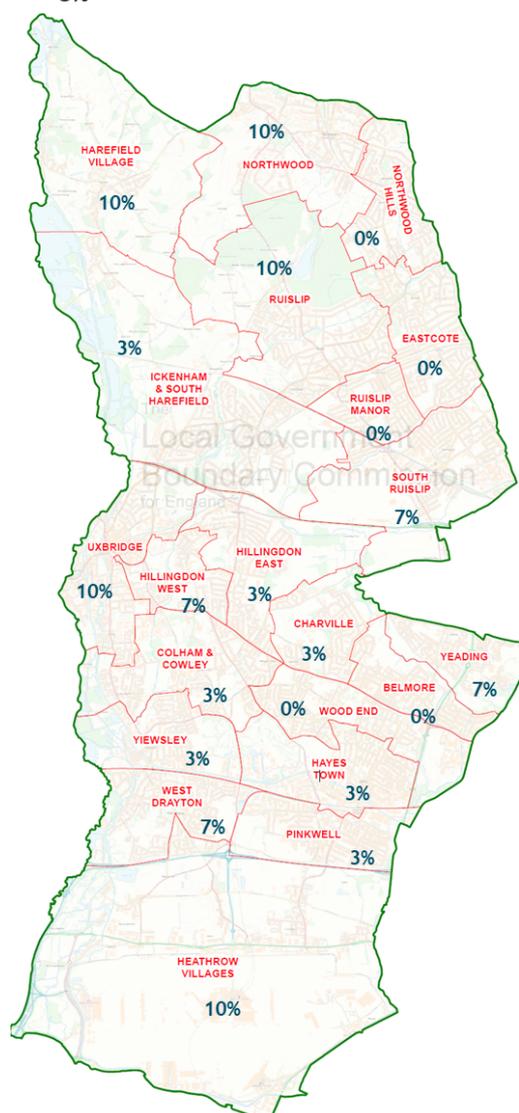
1. Please tag any services or topics that are relevant to your views:

Theme	Count	%
GP Services	15	21%
Supply of Essential (food, drink etc.)	8	11%
Isolation and loneliness	8	11%
Hospital services	7	10%
Pharmacies	6	8%
Medication	6	8%
Mental Health	6	8%
COVID-19 Symptoms	5	7%
Community Health Services	4	6%
Finances/Employment	3	4%
Other concerns/feedback	2	3%
Social Care	2	3%
Information and Guidance	0	0%



2. Where in Hillingdon do you live?

Hillingdon Ward	Count	%
Eastcote	0	0%
Harefield Village	3	10%
Ickenham & South Harefield	1	3%
Northwood	3	10%
Northwood Hills	0	0%
Ruislip	3	10%
Ruislip Manor	0	0%
South Ruislip	2	7%
Colham & Cowley	1	3%
Hillingdon East	1	3%
Hillingdon West	2	7%
Uxbridge	3	10%
Yiewsley	1	3%
Belmore	0	0%
Charville	1	3%
Hayes Town	1	3%
Pinkwell	1	3%
Wood End	0	0%
Yeading	2	7%
West Drayton	2	7%
Heathrow Villages	3	10%



I do not live in Hillingdon	6
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Area	Count	%
North	12	40%
South	18	60%

- I have quite a lot of friends and my daughters live nearby. They get any shopping I want which they drop on my doorstep. But I've been alone for over two weeks I feel like a leper. They keep in touch by text and don't stop to talk outside. I'm feeling lethargic even though I have a garden I can't motivate myself to work in it.
I have a dog which I walk twice a day (I feel it is OK as I don't go out otherwise) . I do meet other Dogwalkers and we stay 9' apart, the only people I get to have a conversation with.

I'm really lucky compared to other people but nothing can replace a hug from my two grandchildren.

I have lung cancer, (Ablation was cancelled) but I'm fretting about what might happen to them and everyone else I know and love.

I don't feel I can't tell anyone how I am feeling for fear of worrying them.

- Unable to see a GP for non Coronavirus related needs.
Having to make multiple trips for food due to lack of supply
- I haven't been able to work, many of my customers are elderly (I'm a gardener).
So I have no income.
- I gave birth to my first child on the 16th March. We were kept in Hillingdon Hospital for five days. On our first day at home a wonderful midwife visited us and did the checks on me and my son, a few days later we had a call to say our next visit wouldn't happen and we should go to them at the health centre. We did that and were signed off by the midwives.
I then received a phone call from the health visitor, she said it was instead of a visit. We talked about my son a little and she gave me some phone numbers in case we had any issues. But other than that said there would be no visits and no clinics.
This has left us very alone while going through this first period with our first child. It's worrying that no one is going to be keeping an eye on the development of our son. We obviously are doing everything we think is right, but as it's our first child this is all very new to us and we feel very unsupported.
This is also because our GPs office is not allowing any appointments and the phone is incredibly difficult to get through on and you only get to speak to the receptionist.
I underwent a Caesarean section and needed painkillers after my release from hospital. It was very difficult to get hold of the surgery and when I did I did manage to get a prescription from them, only having dealt with the receptionist, and it took five phone calls over the course of the day as it was sent to a pharmacy. Two days later I needed a couple more days and they said they'd sort a prescription for later that day. They didn't and then shut, as it was the weekend I couldn't contact them as they were shut and so I spent over the course of the day over three hours trying to get NHS 111 to help me. They did eventually help me and the pharmacy we're incredibly helpful across both days of problems and difficulties by my GP surgery.
During my time in Hillingdon Hospital, I was kept on a ward, my son in Neonatal, the staff were incredibly supportive. My partner was able to stay with me on the ward, which was incredibly important for his support both mentally and physically. Dealing with the separation from our baby at first and then when we did have the baby on the ward with us physically looking after the baby as after my C Section I was physically limited. I think as we were discharged they were banning partners/husbands from the wards, I honestly don't think I could have coped very well, and would have needed a huge amount more of the midwives and nurses time if I didn't have my partner with me. I couldn't even pick my baby up out of the cot without his assistance. The banning of partners will have a huge impact on the experience and needs of the women on the maternity wards.

- although not classified as a 'vulnerable adult' as I don't have cancer or heart problems, I am nevertheless housebound with kidney & back problems so unable to go shopping for food. I live alone so this is a problem.
- i had symptoms in December, put it down to flu. I was left with a pain at the top of my left ribs. 13th February the dry hacking cough started again, five days later I rang Gp as the pain was so bad. GP sent with a letter to Aand E, high temperature, pneumonia, severe pain in chest when breathing. Hospital ran different tests, bloods Xray etc. Sent home with antibiotics, spent next 7 days barely able to move, couldn't eat, headaches, lost sense of taste and smell, sleeping constantly chesty cough rattling chest I don't remember most of the first 3 weeks. Still not right by today.
- We are all very stressed
- My friend had it
- My partner has had a cough since 11th February and we would like an anti body test to see if it is Covid 19.
- My Mother in law caught Covid 19 from either carers or health care workers visiting at home. They did not have PPE. She died at Hillingdon Hospital.
- Being inside all the time you can't take children out for a walk you can't take them shopping so what do you do
- Feel alone
- Nearly driven me mad with the restrictions; trying to find enough food and supplies; trying to follow the distancing rules. I am obsessed with any news about Covid19, how many people are ill and upset constantly about people's suffering and the numbers of deaths. Stressed at been separated from family members. I have lost track of time and day since been trapped at home.
- Anxiety is high, loss of family interaction is low and fear is rife. Not knowing who or what to believe is confusing and un-nerving with little positive news to give much hope...having anxiety and a daughter here a sufferer, times are hard.
- My daughter works on the front line at Hillingdon hospital this is worrying she is a single parent and this has caused concerns
- Because the Coronavirus we like other people stay at home, not working
- Had letter from the doctor that my husband is extremely vulnerable, cannot log into uk gov website as looks he doesn't qualify, he is 78 and has diabetes. Wants a home delivery of food from Iceland. I am 78.. our daughter comes over from Staines does our shopping when she has finished work. Once a week. But wanted to save her the journey x
- My husband and I have both had coronavirus and had the ambulance called twice, the paramedics were fantastic, thankfully we're both on the mend although I do worry about my daughter who works for the NHS
- Self isolation. Took a couple of weeks to get a shopping delivery slot.
- my husband is in a care home and I haven't seen him for over a month, we would cost every day

- As a tutor I have lost 1/3 of my pupils and I have had to learn to deliver lessons on line. This involves more work and I have reduced my fee so altogether I am losing income . I am also an artist . The open studio event where I usually sell about £1000 of work has been cancelled and I cannot organise any alternative exhibitions because of social distancing . I am unable to get any food deliveries from any of the supermarkets so I use local small supermarkets which I have to visit frequently as I have no car.
- difficulties getting supplies of food and meds. Also very reluctant to get regular blood test in Hillingdon hospital.
- Being alone
- I live with my parents who are 80 and 87 I'm finding it hard to get online shopping most supermarkets are booked 3-4 weeks in advanced I managed to get Iceland delivery but that is now booked up for next five days

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HILLINGDON SAFEGUARDING PARTNERSHIP ANNUAL REPORT 2019-2020

Relevant Board Member(s)	Councillor Jane Palmer Councillor Susan O'Brien
Organisation	London Borough of Hillingdon
Report author	Alex Coman, Claire Solley, Suzi Gladish, London Borough of Hillingdon
Papers with report	Hillingdon Safeguarding Partnership Annual Report 2019-2020

1. HEADLINE INFORMATION

Summary	<p>The Safeguarding Annual Report summarises the work undertaken by Hillingdon Safeguarding Partnership to support and safeguard Hillingdon's residents - adults with support and care needs and vulnerable children. The report focuses on work done by both the Safeguarding Children Partnership and the Safeguarding Adult Board. The purpose of the annual report is also to provide evidence about the standard to which the agencies responsible for safeguarding children and adults in the London Borough of Hillingdon have performed. The report provides evidence and reassurance that, through the partnership's activity, the services provided to Hillingdon residents continue to meet the support needs and during the year the residents, regardless of age, remained safe.</p> <p>Embedding the new Hillingdon Safeguarding Children arrangements in line with the legislative changes has been a key focus during 2019-20. CCG, Police and local authority have become equal partners with responsibility for safeguarding vulnerable children. The same approach has been adopted by the Safeguarding Adult Board during the year. This promotes consistency in safeguarding and supporting Hillingdon's residents, regardless of their age, in strategic coordination of priorities across the partnership, scrutiny of effectiveness and development of services.</p> <p>The report demonstrates the actions taken across the local partnership to prevent abuse, neglect and self neglect; and to ensure that, when it does occur, our multi-agency response is timely, proportionate, coordinated, effective and in accordance with the key principles of safeguarding children, young people and adults.</p> <p>The new partnership arrangements succeeded in implementing a joint and coherent vision across the services and that put us in a</p>
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	<p>good position to both respond to the needs of the residents and to effectively coordinate the response to COVID-19 at the beginning of this financial year when the partnership continued to support residents despite the significant challenges posed by the pandemic.</p> <p>The exceptional circumstances over the last months posed significant pressures for all agencies and, as a result of the changing priorities during the pandemic, the decision was made to timetable this Annual Report for later in the year than had been originally planned. For this reason, this Annual Report is presented in draft as it will only be scrutinised and ratified by the Safeguarding Adults board on the 16 September 2020 and the Children Safeguarding Partnership on 28 September 2020.</p>
<p>Contribution to plans and strategies</p>	<p>This report supports the following London Borough of Hillingdon objective: Our People. The report outlines the strategic safeguarding priorities for 2020-21.</p>
<p>Financial Cost</p>	<p>There are no financial costs arising as a consequence of this report.</p>
<p>Ward(s) affected</p>	<p>All</p>

2. RECOMMENDATION

That the Health and Wellbeing Board is updated with the achievements of Hillingdon Safeguarding Partnership in the year 2019-20 and is aware of the strategic priorities for 2020-21.

3. INFORMATION

Supporting Information

1. This is a draft of the final report pending agreement at the Safeguarding Adult Board and Safeguarding Children Partnership Board and is subject to change. The final version will be made accessible to the public once all consultation and final ratification has been completed.
2. The Safeguarding Partnership Annual Report 2019/20 summarises the activity undertaken across the local partnership to meet the strategic objectives set by the Safeguarding Adult Board, and Safeguarding Children Partnership.
3. In September 2019, the Hillingdon Safeguarding Partnership arrangements were launched in line with the statutory requirements set out in the Children and Social Work Act 2017 and Working Together to Safeguard Children 2018. The Local Authority now shares equal responsibility with its statutory partners (NHS Hillingdon Clinical Commissioning Group and Metropolitan Police) to safeguard children and young people.

4. The Care Act 2014 placed a statutory duty on each Safeguarding Adults Board to produce an Annual Report, outlining the work undertaken to achieve its strategic objectives, the work of each member to implement the Safeguarding Adults Board's strategy and detailing the findings of any Safeguarding Adult Reviews and subsequent required actions.
5. During 2019-20, Hillingdon Safeguarding Adult Board's structure was aligned with the Safeguarding Children's Arrangements. This provides for greater coordination and consistency in delivering services to residents. At the same time, the learning and development of the services are now coordinated across the two Boards, reducing duplication and promoting a more effective approach.
6. In promoting this joint approach, both Boards are now scrutinised and held to account through the multiagency Executive Leadership Group. The Group is chaired by the local authority's Chief Executive and attended by the senior representatives of the safeguarding partners (Police and Clinical Commissioning Group).
7. This report is in final draft stage and is subject to final ratification by the Safeguarding Adult Board and Safeguarding Children Partnership Board. The report will be published on the Safeguarding Partnership website.

Financial Implications

There are no financial implications arising as a consequence of publishing this report.

4. EFFECT ON RESIDENTS, SERVICE USERS & COMMUNITIES

What will be the effect of the recommendation?

The report summarises progress and highlights strategic priorities for safeguarding within the London Borough of Hillingdon. It will not directly affect residents; however, it demonstrates actions taken across the local partnership to prevent abuse and neglect; and outlines the key priority areas of service for the next year. These priorities are predicated on analysis of local need and serve to optimise the safety, wellbeing and quality of life for Hillingdon residents.

Consultation Carried Out or Required

The statutory members of the Safeguarding Partnership have contributed to this report, along with other relevant partners. Final consultation is required with the Safeguarding Adult Board and Safeguarding Children Partnership. This is scheduled to be completed by the 28 September 2020.

Policy Overview Committee comments

None at this stage.

5. BACKGROUND PAPERS

The Care and Support Statutory Guidance, Department of Health and Social Care, October 2018 - <https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and->

[support-statutory-guidance](#)

The Care Act 2014 - <http://www.legislation.gov.uk/ukpga/2014/23/section/43/enacted>

Working together to safeguard children, Department of Education, 2018 -
<https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>

The Children and Social Work Act 2017 -
<https://www.legislation.gov.uk/ukpga/2017/16/contents/enacted>

London multiagency adult safeguarding policies and procedures -
<https://londonadass.org.uk/safeguarding/review-of-the-pan-london-policy-and-procedures/>

Hillingdon Safeguarding Partnership Annual Report 2019-2020



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1. Foreword

1.1 Hillingdon Safeguarding Children Partnership



Welcome to the Safeguarding Children Partnership Board Annual Report for 2019/20. The Local Authority, the NHS Hillingdon Clinical Commissioning Group and Metropolitan Police, have joint and equal responsibility for safeguarding children and young people in Hillingdon. I would like to thank all those involved in the progress the Board has made over the past year.

This annual report provides residents with an account of the Board's work over the past year to safeguard and promote the wellbeing of children and young people across the London Borough of Hillingdon.

During this year all member organisations have continued to work in partnership across the safeguarding agenda and it is to the credit of the partners in Hillingdon that they have continued to fully support the work of the Board. We also strengthened the links with the Adults Safeguarding Board to ensure both consistency of approach in safeguarding the residents of Hillingdon and a consistent understanding of the priorities and demand in the borough. Furthermore, joint subgroups and joint learning and development approaches support consistent development of practice across the partnership for professionals who work with both vulnerable children and adults who need support.

The report reflects the activity of the Board and its sub-committees against the agreed priorities for 2019/20. It also reports on a Serious Case Review (SCR) published and identifies the priorities and safeguarding work we will take forward into 2020/21.

The responsibility of safeguarding children and young people does not rest with a single agency. The effectiveness of the partnership working in Hillingdon was recognised in February 2020 by an Ofsted letter following a focused visit in Hillingdon. This highlighted the strong commitment demonstrated by all the Hillingdon safeguarding agencies to working together to safeguard children.

This report highlights actions that have been completed together with recommendations for future improvements to keep children and young people safe.

I would like to sincerely thank partner agencies for their hard work and dedication during a difficult time during COVID-19 and whose commitment and motivation continued to safeguard and protect children and young people across Hillingdon.

Dr Pritti Vaghani

Named General Practitioner for Safeguarding

Hillingdon Clinical Commissioning Group

1.2 Hillingdon Safeguarding Adult Board



Welcome to our Safeguarding Adults section of our report. I was appointed as interim chair of our Safeguarding Adult Board in June 2019 and am pleased to present this joint report between Children and Adult Safeguarding – The Hillingdon Safeguarding Partnership Annual Report 2019- 20.

Firstly, I would like to thank all partners for their continued hard work and commitment to the Safeguarding Adults Board and for every single action undertaken to minimise the risk of abuse, neglect and self neglect – we make a bigger difference when we all work together.

In 2019-20 we had a sharp focus on reviewing our Safeguarding Adult arrangements to strengthen collaborative working with our local Children’s Safeguarding Board and other strategic forums, as well as setting ambitious strategic objectives to optimise the safety and wellbeing of all Hillingdon’s residents. The development of our Safeguarding Partnership over the past year has enabled this vision to become a reality and this joint report highlights our achievements.

Everyone has the right to live free from abuse or neglect and while we strive to minimise the occurrence and impact of all types of risk of abuse, neglect and self neglect, we have used local data to inform our key priorities for 2019-20 - namely Financial Abuse, Modern Slavery

and Domestic Abuse. Moreover, we recognise that the views of the individuals at risk or experiencing abuse, neglect or self neglect must be central at all times and, as a result, we have commenced an ambitious action plan related to Making Safeguarding Personal. The Board adopts a high support / high challenge approach to ensure that good practice is celebrated, however, where we need to ask difficult questions and challenge current arrangements, this can take place quickly and effectively.

This report presents the Board's revised local arrangements, the work undertaken related to our key priorities, a range of data related to the types of safeguarding concerns raised, demonstrates how we have raised awareness of safeguarding adults and strived for continuous improvement. The report outlines our achievements to date, but it is also important to recognise that we all still have work to do and we have highlighted next year's key priorities at the end of the report.

Once again, thank you to everybody who has contributed to the making people feel safe and supporting them to achieve what is important to them. I look forward to continuing this work over the next year.

With very best wishes

Claire Solley

Chair, Hillingdon Safeguarding Adult Board

Principal Social Worker and Head of Service for Safeguarding Adults

London Borough of Hillingdon

2. Hillingdon Safeguarding Partnership: Safeguarding Arrangements

This joint report of the activity of the Children's Safeguarding Partnership and the Adults Safeguarding board provides evidence and reassurance that through the partnership's activity, the services provided to Hillingdon residents continue to meet the support needs and during the year the residents, regardless of age, remained safe. The changes of arrangements embedded during this year, as described in this report, created an even better coordination between the two boards and all partners are engaged in continuing to support and safeguard all residents going forward.

In September 2019 the Hillingdon Safeguarding Children Partnership was launched in line with the statutory requirements set out in the Children and Social Work Act 2017 and Working Together to Safeguard Children 2018. Under these arrangements The Local Authority shares responsibility with our statutory partners, the NHS Hillingdon Clinical Commissioning Group and Metropolitan Police, to safeguard children and young people.

The vision of the Safeguarding Children Partnership is for every child and young person to be and feel safe, enjoy good physical, emotional and mental health, have pride in their unique identities, feel that they belong and have opportunities to thrive. The three statutory partners work alongside other relevant agencies in achieving this goal.

The Safeguarding Adult arrangements set out how the Safeguarding Adult Board will discharge the council's duty to work collaboratively to optimise the safety, wellbeing and quality of life of adults with care and support needs, their carers and families. In order to achieve this the Board must raise awareness, minimise the risk of abuse, neglect or self-neglect occurring, and ensure our response is timely, proportionate, effective and underpinned by the key principles of safeguarding adults when it does occur. The Safeguarding Adult Board's vision is for Hillingdon citizens, irrespective of age, race, gender, culture, religion, disability or sexual orientation to be able to live with their rights protected, in safety, free from abuse and the fear of abuse.

Following the successful implementation of the new statutory arrangements for children, the same approach has been expanded to incorporate the Safeguarding Adult Board. This has enabled Hillingdon to provide a safeguarding service that is consistent, irrespective of age, and provides opportunities for innovative and responsive services in the Borough.

To ensure the success of the shared arrangements we have created a joint Executive Leadership Group (ELG) that provides governance, leadership, oversight and challenge to both Boards. The ELG consists of the Local Authority's Chief Executive, the Managing Director of Hillingdon NHS Clinical Commissioning Group and the Metropolitan Police Service Borough Commander. This group has joint and equal responsibility for safeguarding in Hillingdon. Each partner is subject to internal scrutiny in accordance with their internal governance structures. In addition to this, the ELG will commission independent reviews of the Hillingdon Safeguarding Partnership arrangements to provide critical challenge and appraisal and support future developments. The independent reviewer and the ELG will agree the requirements and terms of reference prior to a commissioned review.

The main engine of the safeguarding arrangements for children is the Safeguarding Children Partnership Board and, for adults, the Safeguarding Adults Board. The Boards have oversight of safeguarding practice and performance, resolving issues as they arise. Where this is not possible, the issue will be escalated to the relevant organisation(s) via the Implementation Unit and if the individual organisation(s) still cannot resolve the matter, it is escalated to the Executive Leadership Group to resolve. To reflect the vision of joint and equal responsibility the Boards are chaired on a yearly rotating basis by a representative of the three statutory partners. In the inaugural year of the new arrangements the Children's Partnership Board has been chaired by a representative of the Clinical Commissioning Group, and the Safeguarding Adult Board has been chaired by a representative of the Local Authority. The Boards steer learning and development for the safeguarding environment across the London Borough of Hillingdon, and are informed by subgroups, as well as task and finish groups, as required.

The Safeguarding Partnership Implementation Unit provides support and drive to both the Adult and Children's Partnerships. The unit consists of a Quality and Implementation Manager, a Project Support Officer and two Practice Review and Learning Managers who joined the team in March 2020. There is currently one Practice Review and Learning Manager vacant post that is being recruited to. A key focus of the team is to facilitate, develop and reinforce links between the Safeguarding Children Partnership and The Safeguarding Adult Board. The team also seeks to develop links and coordinate activity and delivery with the other strategic boards across the council

Over the last year the focus of work within the Implementation Unit has been on reintroducing, embedding and developing the various subgroups that progress the strategic priorities of The Safeguarding Adult Board and Safeguarding Children Partnership. This has enabled the creation of subgroups aligned to each board's priorities but also groups that are joined to address those priorities which cut across children and adults in Hillingdon. The current arrangements are strongly focussing on learning and development across the two areas and across the partnership. Learning obtain from various local, regional and national sources is disseminated jointly across the two partnerships to ensure a consistent, coordinated and coherent approach across services that support adults and child residents.

2. Local Demographics

The health and wellbeing of children in Hillingdon is mixed compared with the England average.

The level of child poverty is similar to the England average with 19.9% of children aged under 16 years living in poverty.

In Hillingdon, 43.1% of the 0 to 19 population are White British, 33.1% are from Asian or Asian British groups, 16.0% are from Black or Black British groups and 7.8% in mixed ethnic groups.

21.7% of the borough's population is under 16 years old.

The largest single group of children (23,073) in Hillingdon are aged between 0 and 4yrs. In 2016, this group of children made up a projected 7.6% of Hillingdon's total population and approximately 28% of all children in the borough.

Hillingdon is situated in North West London and is the second largest borough of London's 33 boroughs.

Hillingdon sits on the outskirts of Greater London and is made up of 3 localities and 22 wards.

There are over 80,000 children and young people aged 0-19 living in Hillingdon which represents 26.5% of the total population, compared with 24.5% in London as a whole. There are slightly more boys than girls at all ages, similar to the national picture. (Source: Joint Strategic Needs Assessment (JSNA) Children and Hillingdon Council website, Young People Demographics).

Hillingdon is the second largest of London's 32 boroughs covering an area of 32sq miles

Hillingdon is ranked 23 out of 32 for deprivation in London and 153 out of 326 Local Authorities in England

Life expectancy in Hillingdon for both men and women is higher than the England average.

However, life expectancy between wards varies by 8 years for men and 8.5 years for women.

According to the Greater London Authority in 2019, in Hillingdon, 40.7% of the population are White British, 10.3% are White Other and 49% are from Black & Minority Ethnic (BME) groups (source: GLA 2016 Ethnic Group Population Projections). 43.3% of the population are from BME groups in London

The population of Hillingdon has a different age structure when compared with London. Hillingdon has a higher proportion of 0-4, 5-19 year olds, and those aged 50+, but a smaller proportion of 25-39 year olds. People aged 65+ account for 13% of the population

Hillingdon's male life expectancy from birth is 80.8 years, and female is 83.8 (2015-17 data)

The GLA 2016 projections for 2024 estimate that Hillingdon will become more diverse with BAME groups accounting for 52.2% of our usual resident population

4. Progress on Safeguarding Priorities

Over the year 2019-2020 the Hillingdon Safeguarding Partnership has focussed work on key safeguarding priorities agreed by the Safeguarding Children Partnership Board and Safeguarding Adult Board. In respect of safeguarding children these are:

- working with young people at high risk of exploitation,
- neglect,
- early help.

In respect of safeguarding adults these are:

- financial abuse and exploitation,
- domestic abuse,
- making safeguarding personal.

There is also a newly agreed shared priority across children and adults:

- Modern Slavery.

The Strategic High-Risk Panel identifies risks and solutions around matters of contextual safeguarding for young people. The focus of the subgroup is to coordinate action across the partnership in reducing the risks that children and young people could suffer harm due to criminal and/or sexual exploitation or involvement in serious youth violence. To reflect the complexity of these issues discussed and addressed. the subgroup is co-chaired by the Metropolitan Police and Children's Social Care.

The Neglect subgroup has worked to increase awareness of neglect across the safeguarding partnership and is currently undertaking an audit to explore the use of the NSPCC neglect assessment tool, Graded Care Profile 2 (GCP2). The subgroup has been instrumental in identifying the need for GCP2 training to be made available to practitioners across the partnership and will be co-ordinating this training in the near future.

The priority area of Early Help was set in recognition of the need to ensure that children, young people and their families benefit from help and support that is provided early and effectively to prevent the need for intervention at crisis point. This principle is embedded

across all areas of the partnership work, and the subgroup will be focussed on implementing a new borough-wide early help programme in the coming financial year.

The council has an effective and comprehensive strategic network in response to the harm caused by domestic abuse in the Domestic Abuse Steering Executive (DASE). Instead of creating additional subgroups we have agreed to work collaboratively with the DASE to meet the strategic objectives of our DA SA strategic objectives.

Making Safeguarding Personal (MSP) is a fundamental precept of adult safeguarding work and essential to ethical and effective practice. This subgroup is chaired by Adult Social Care as the lead agency with responsibility for adult safeguarding, and has developed an ambitious action plan to review local operational procedures and policies to ensure MSP is fully embedded into practice from when a concern is raised to the final protection plan/ action being taken. The MSP subgroup has formulated a multi-agency audit that will be undertaken in October 2020. This audit will be seeking assurance that the principles of MSP are embedded across the Adult Safeguarding Partnership.

Financial Abuse is one of the most frequently reported types of abuse. A subgroup to coordinate the multiagency response to Financial Abuse and Exploitation is in the development stages. This subgroup will raise awareness of the signs and indicators of financial abuse across the London Borough of Hillingdon.

The shared Modern Slavery Subgroup is chaired by the Safeguarding Partnership Unit and working to raise awareness of the risks of modern slavery for adults and children and to develop a referral pathway for those who may be affected within the London Borough of Hillingdon. The subgroup will also produce a resource guide for practitioners.

The Joint Strategic Safeguarding and Trafficking Subgroup is unique to Hillingdon and reflects the specific needs of our Borough as a 'port' authority due to Heathrow Airport. The subgroup coordinates the multiagency response to the risk of children and adults arriving in the borough and being victims of trafficking and exploitation. The group spans across the two partnership boards, it is chaired by a senior officer of Border Force and works closely with the wider partnership to provide proactive and reactive responses to any issues identified.

4.1 Learning from Practice

Learning and embedding change is one of the key principles of the two partnerships. We acknowledge that learning can be gained from recognising good practice but also by learning from those circumstances where we, as a partnership, could have done more. At the same time, the learning and development is not only based on Hillingdon experience but includes regional and national developments to ensure that the safeguarding practice in Hillingdon is always up to date and our residents receive good and outstanding service.

The Hillingdon Serious Case Panel is chaired by a Metropolitan Police Detective Superintendent with responsibility for Safeguarding. It has a core membership of senior representatives from key agencies, with others mandated to attend according to the specific requirement of the case. In respect of Safeguarding Adults, the purpose of the Panel is to review those serious cases that may meet the criteria for a statutory or non-statutory review of practice. It is of note that there is a legacy of cases that require consideration review and progression.

For serious cases involving children there is a separate statutory process that incorporates ratification of local decision making by a National Panel for Safeguarding. It is positive that, to date, the National Panel for Safeguarding has ratified all of the decisions made by the Safeguarding Children Partnership and provided positive feedback recognising the quality of decision making and the evidence provided. This positive outcome was achieved after the initial challenge of embedding quickly the new statutory legislation in September 2019 when the partnership dealt with a backlog of 6 Rapid Reviews dating between April 2019 and September 2019. This oversight was swiftly rectified, and the National Panel for Safeguarding ratified all recommendations.

In recognition of the imperative to ensure both clarity and scrutiny of those cases that might meet the criteria for notification to the National Panel local processes have been reviewed and a clear framework developed and strongly embedded. This meets the requirement for thorough and timely consideration of any learning stemming from serious cases. Due to the success of this system, we are in the process of implementing an aligned framework for those cases involving adults.

Where the criteria is met for a statutory review, either a Safeguarding Adult Review or Child Safeguarding Practice Review, the Serious Case Panel will set the terms of reference, monitor the progress of the review and quality assure the final report. The decision to undertake a Safeguarding Adult Review is agreed by the Executive Leadership Group. Where it is identified that a learning review would be of benefit this task is passed to the Practice Development Forum. Depending on the specific circumstances of the case learning reviews can be undertaken locally, or with the appointment of an independent chair. To ensure effective oversight, scrutiny and challenge, the decisions of the Serious Case Panel are endorsed by the Executive Leadership Group.

In January 2020 Hillingdon Safeguarding Partnership published a Serious Case Review (SCR) in respect of Child X who tragically died in 2016. A Safeguarding Learning Event was planned to take place in March 2020 to address the recommendations made in the SCR however this was not held due to the lockdown restrictions that were imposed at the same time, at the end of March 2020 to respond to the COVID-19 pandemic. A series of briefings have been developed to disseminate the learning from this review to the partnership.

No Safeguarding Adult Reviews were commissioned in 2019-20.

4.2 Practice Development Forum

The focus of the Practice Development Forum is to ensure that learning from any statutory or non-statutory review, local or national, is disseminated across the safeguarding partnerships as required. The Practice Development Forum also considers learning from audits and other statutory reviews.

The forum has a core membership across both adult and children's services in recognition that learning from serious cases usually has applicability across both sectors. The Practice Development Forum has met on three occasions and formed three task and finish groups. The first task and finish group focussed on the dissemination of learning from the Child X Serious Case Review, culminating in two Safeguarding Learning Events that were planned for March 2020. Unfortunately, these had to be cancelled due to the impact of Covid-19. In recognition of the need to ensure that learning is disseminated, and the recommendations of the Review implemented, the Safeguarding Partnership team has led on the development of

a written briefing that has been widely circulated and published on the new Hillingdon Safeguarding Partnership Website.

In an aligned task the Safeguarding Partnership Team has led on the coordination and review of evidence of practice improvements recommended by the AA BB Safeguarding Adult Review published in 2018. In order to reassure the Safeguarding Adult Board that the learning had been embedded and to evidence practice improvement, a comprehensive Action Plan was developed and agencies were requested to provide evidence to demonstrate this. This work is now complete.

Latterly, two task and finish groups have been convened to drive the remaining legacy learning reviews across both adult and children's services. This approach will support increased understanding of local areas of thematic learning across both adult and child services and inform training requirements, and the focus of future Safeguarding Learning Events.

4.3 Safeguarding Training Programme

The purpose of the Safeguarding Partnership training programme is to ensure that practitioners have the most relevant and up to date opportunities for ongoing professional development. The Safeguarding Partnership provides training in the following areas:

Initial Working Together to Safeguard Children (Level 3)	Trauma Informed Practice
Refresher Working Together to Safeguard Children (Level 3)	True Honour: Female Genital Mutilation
Child Sexual Exploitation: A Trauma-Focused Approach	True Honour: Modern Slavery
Core Groups & Child Protection plans	True Honour: Forced Marriage
Domestic Abuse Awareness & Impact on Children & Young People	Adult Safeguarding (Level3)
Recognising and Working with Child Neglect	Domestic Abuse: Intimate Partner

Walking in Our Shoes Training	
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The Safeguarding Partnership is working to provide an expanded multi-agency training programme providing opportunities for practitioners to access professional development around a wider range of subject areas. For example a Sepsis Masterclass was held in partnership with the Child Death Overview Panel in October 2019. The Partnership is also seeking to embed the 7 Minutes Briefing as a tool for disseminating key learning in an accessible and efficient way.

In 2019-20 face to face training was provided to 1212 multi-agency professionals and foster carers by the Safeguarding Partnership, an increase of 15% on the year 2018-19. In light of the specific challenges posed by the global pandemic all face to face training has been adapted and is being delivered remotely.

Our multi-agency training programme is self-sustaining. Non partner agencies make a yearly financial contribution. This enables us to commission specialist training in emerging areas of safeguarding needs, for example the bespoke Trauma Informed Practice, Recognising and working with Child Neglect, the Impact of Domestic Abuse and training around Harmful Practices, in addition to the established safeguarding courses.

The Safeguarding Partnership offers a varied training programme alongside the Council's Learning and Development Service, The West London Alliance, the West London Teaching Partnership and agency-specific training. An ongoing review of different training offers is being undertaken by the Safeguarding Partnership to ensure that training is cost-effective, avoids duplication and shares resources with other Local Authorities with the aim to widen skill base of our practitioners and ensure that the residents receive good and outstanding services.

5. London Borough of Hillingdon – Children's Services

“Vulnerable adolescents in Hillingdon receive a highly effective service. An established whole-system approach ensures that, from the first point of contact, risks are quickly identified. This leads to decisive actions, plans and interventions to reduce risks and improve the circumstances of children and young people. Leaders give due priority to resources and offer high-quality support to workers who are skilled and committed. This enables them to adopt an innovative approach to their work, based on developing trusting relationships and increasingly protects and supports young people with very complex needs who may present as high risk. (Ofsted, February 2020)

“Effective multi agency communication, cooperation and collaboration ensure that vulnerable young people and their wider associations are identified early and preventive services are offered quickly”. (Ofsted, February 2020)

During 2019-20, Children's Services continued to progress towards the target of delivering a consistently outstanding service to every child and their family in need of support or protection.

The structure of the service was reshaped to ensure the resources are effectively aligned with the demand and the needs of our children.

Hillingdon Children's Services continues to recruit high calibre experienced Social Workers and newly qualified social workers to support succession planning. During the year, 14 new social workers completed their first year in the profession of Social Work and became part of our Assisted and Supported Year in Employment (ASYE). 13 of them were retained at the end of their first year, showing high quality of their practice and support received.

Three experienced social workers were supported in becoming trainers for the Graded Care Profile 2 methodology which supports their career development and their aspirations whilst increasing the service's resilience in utilising a nationally recognised way of measuring and working with children who suffer neglect in their families.

During the financial year we focussed on the reshaping of the service leadership team to align it with the service priorities, we improved the retention of staff and implemented a new way of working and supporting young people who are victims of exploitation and contextual

safeguarding. These approaches combined provide increased consistency and continuity for our children along their pathway. As a result, our local and regional practice leadership has been strengthened as recognised by and OFSTED focused visit in January 2020 and peer challenge session with North West London colleagues. As a result of the peer challenge event Hillingdon has offered to share our practice and expertise in addressing the needs of teenagers at risk of contextual safeguarding. The operational functions of the service are now joined under one Assistant Director which provide consistency and resilience in the service. This supports our ambition to have a single pathway for the journey of the child that ensures proportionate wraparound service for children and families.

In addition to a careful and proportionate management of resources used operationally in meeting the needs of our children, the Council remained committed through the year to ensuring that Children's Services has sufficient resources to deliver services and address areas of high pressure like for instance Unaccompanied Asylum Seeking Children (UASC) and vulnerable adolescents.

Children's Services' audit programme has continued with an evolving methodology and a new Quality Assurance Framework was developed and introduced. The framework allows flexibility to address specific areas of development and improvement and also to capture feedback from a multitude of sources and translate it into learning both in children's services but also at a safeguarding partnership level. This allows us to learn from our experience, from what children and families are telling us and from our local and national partners. Quality assurance now includes monthly audits completed by the management team, thematic audits, reviews of compliments and complaints, learning from serious case reviews (SCRs) both local and national, etc. The audit programs shows that, overall, the quality of social work practice has remained consistently good with very little identification of inadequate work.

A new Principal Social Worker (PSW) was appointed in October 2019. She restarted a monthly newsletter for the service that addresses national and local developments, learning from audits and serious case reviews, services available to children and their families and support for social workers to promote emotional resilience. Parts of the newsletter are jointly developed with the colleagues in Adults Social Care where there are social work related issues or developments that are relevant for both services. The newsletter promotes learning and development opportunities and acknowledges good practice and achievements of the service

or individual colleagues. This enables the Principal Social Worker to communicate directly with the service, promoting both the role of the PSW position and the development of the profession. 72% of respondents to a recent survey in the service told us that they know who the PSW is and feel confident in contacting them for information or advice. This is a positive development in the service as the role of the PSW is crucial in supporting a highly skilled and motivated workforce.

Training and development of staff continued to be promoted and targeted skills are being developed to address specific areas of need like neglect and specialist assessment of parenting skills of those parents who have learning difficulties. To address these areas we have provided training to Social Workers in Graded Care Profile 2 (GCP) to assess the impact of neglect and in the Parenting Assessment Manual System (PAMS) to support work with parents with learning difficulties. In addition to the training of the Social Work staff, two of our colleagues who are now trained as trainers in GCP2 will be offering to provide training to colleagues from health, mainly Midwives, Health Visitors and School Nurses. 16 practitioners have been trained in completing "Assessment, Intervention, Moving on" (AIM) assessment which supports them in assessing harmful sexual behaviour in children and young people.

Our brilliant Children in Care Council (CiCC) delivered the "Walking in our shoes" training to 85 multi-agency professionals. This training is designed and delivered by young people and it teaches the professionals about the children in care lived experiences and invites professionals to put themselves in the young people's shoes and understand the impact and implications of the events in a child's life. Feedback received at the end of the training included: "Recommended as one of the best trainings to enable you to understand what the lived experiences are for the young person", "Getting to hear young people's experiences was invaluable.", " The training was incredible."

The positive contribution of our CiCC was acknowledged in October '19 at national level when they were the well-deserved winners of the 'Inspire the House' Best Community Group Award, which was presented to them by James Brokenshire MP at the House of Commons for their activity in raising the profile of the rights of children in care and care leavers.

The participation of our young people continues to be promoted in children's services and they continue to be part of training, interviews and act as consultancy groups for various

policies, procedures and surveys. They meet with senior management on a regular basis to discuss what is important to them and to provide real challenge and constructive feedback regarding service development and practice issues.

During 2019-20, Children's services received 15421 Contacts regarding children who are potentially in need of support or protection. This is a decrease from 15707 the year before. The number of Early Help assessments has increased to 388 from 336 the year before. During the year, 4596 Child and Family Assessments were completed and 1133 Section 47 investigations were initiated. This led to 655 Child in Need of support plans at the end of the year

Children and families continue to have access to universal and targeted early help. The safeguarding partnership acknowledged the crucial role played by the Early Help provision for children and their families in Hillingdon and this is one of the partnership priorities for 2020/21. The current provision has been reviewed and a redesigned Early Help offer will be introduced in the next financial year to meet the needs of the residents of Hillingdon at an early stage in a proportionate way.

Hillingdon Council's Children's Services, has also achieved excellent results working with disadvantaged families in the borough. The Ministry of Housing, Communities and Local Government published a report on Wednesday 3 June 2020, showing that Hillingdon's Children's Services delivered successful outcomes for 1,990 troubled families from 2015 to 2020, which is 14% higher than the national average. The government report praised Hillingdon's "hard work with families" with outcomes that were "higher than the national average". It also commended the service for its "continued commitment to the programme to achieve significant and sustained outcomes with the families." The services adopt a holistic approach to disadvantaged families who may be facing a series of complex issues, including domestic abuse, poor mental health, unemployment, neglect, truancy and anti-social behaviour by appointing one key worker to the family. They are supporting the whole family with a range of problems together. Each dedicated key worker then works in partnership with other agencies to deliver necessary, relevant support to all family members. This whole family approach provides continuity for the family, and allows the key worker to make informed decisions based on joined-up partnership working.

Ofsted recommended in 2018 a better participation of partner agencies in multi-agency meetings like Strategy Meetings. In February 2019, the Police's Child Abuse Investigation Team (CAIT) has co-located with the Multi-Agency Safeguarding Hub (MASH) and, a year on, Police attendance in strategy meetings and Child protection conferences has increased significantly. In addition to the Police attendance, joint work was completed with the Schools Nurses and Health Visitors and there is now a streamlined process in place to ensure they are notified in a timely way if the strategy meetings taking place and they have effective internal mechanisms in place to ensure meaningful contribution to the meetings either in person or via phone/video call.

MASH performance continues to evidence swift multiagency decision making at the front door. The planned Domestic Abuse Hub will include screening, Safer Lives and Perpetrator assessments prior to decision making. One of the Think Family Employment Advisers will be linked to provide early support to 'lower-level' abuse victims or perpetrators, where financial exclusion may be a motivating factor for escalating violence. Children's Services secured a DfE training budget to provide key workers, children's centre staff, school staff and targeted support services with the knowledge and skill to manage cases of high parental conflict and prevent an escalation to domestic abuse.

The innovative Adolescents Team has introduced alternative models of engagement and intervention supported by the What Works Centre (WWC). This includes, but it is not limited to, young people choosing their social worker from prepared profiles that outline workers' experience and interests, the use of personal budgets, co-production of care plans, and young people being encouraged and supported to chair their own meetings. The team adopted forward-thinking and unique intervention techniques to support and empower young people to stay safe, reduce conflict and remain safely in their homes. The team's ability to deliver effective services to adolescents at risk of exploitation and contextual harm has been recognised in various national awards and also in the OFSTED's focussed visit in January 2020. Ofsted concluded that *"vulnerable adolescents in Hillingdon receive a highly effective service. An established whole-system approach ensures that, from the first point of contact, risks are quickly identified. This leads to decisive actions, plans and interventions to reduce risks and improve the circumstances of children and young people"*.

The team also won silver award at the Social Worker of the Year Awards in the Team of the Year Category and won the first place at the Guardian's Public Service Awards. Both awards recognised the team's outstanding social work, which is having a positive impact on vulnerable young people and their families in Hillingdon.

The Adolescents Team and other parts of the services and the Safeguarding Partnership are working successfully with Hillingdon's AXIS team. AXIS are utilising sophisticated Information Technology software to map risk, networks and connection that support the care planning and safeguarding intervention in the borough. The team also offer targeted intervention and support to young people. The innovative and effective way in which AXIS contributes to safeguarding of vulnerable children in Hillingdon was recognised at the MJ Local Government Achievement Awards 2019 when the team won the category of Innovation in Children's Services for delivering forward-thinking services and demonstrable positive impact for local children, young people and families.

An Operational High Risk Panel and the Strategic High Risk Panel strengthens multi-agency activity to safeguard this group of young people. Operationally, most children known to this panel sit with the Adolescent team who alongside AXIS provide comprehensive oversight of the links the young people make with each other including risks and strengths and therefore provides greater opportunity to disrupt dangerous and harmful exploitation of children.

The Strategic Panel, based on the work of the Operational Panel gathers senior leadership from across the partnership and looks at identifying risks and solutions around matters of contextual safeguarding. To reflect the complexity of these issues the subgroup is co-chaired by police and children's social care. The panel looks at joint coordination of work and resources across the safeguarding partnership to address emerging themes and risks and to target issues that cannot be addressed at individual case-work level and require a more holistic approach. A joint operation between Social Care, Youth Justice, Community Safety, Police and other partners was planned for the end of March 2020 to focus on disruption of crime and criminal exploitation of young people in one area of the borough. This area was identified as an area of concern by agencies represented in the Panel and intelligence provided by both the Police and AXIS system. The COVID 19 outbreak in March has postponed the operation which is now being planned for later in the year.

Although, when children went missing Return Home Interviews were offered, the uptake of these was low and the capture, collation and recording of information was identified as an area where work was needed. This area was also identified as needing strengthening by OFSTED during the focus visit in January 2020. In response to this swift action was taken to change the local arrangements for ensuring that effective and proportionate Return Home interviews are offered and completed with our children and young people. Our children now have the option to choose who they wish to have the interview with, they may decide to talk to their allocated worker, Social Worker or Personal Advisor, or they can choose to talk to an independent person. This change in approach was accompanied by a redesign of the questionnaire used, of the recording system and also the way in which information is recorded and analysed. The, new process was tested and it went live on 1st April 2020

A highly experienced Child Protection Advisor attends MARAC (Multi Agency Risk Assessment Conference) and supports Social Care's contribution to decisions to safeguard children and victims of abuse. During the year 132 referrals were made from MARAC to Hillingdon's Independent Domestic Abuse Advisors (IDVA) who provide support to victims who are at risk of Domestic Abuse (DA). In the year, IDVA has supported 714 victims at high risk of DA. 95% of the victims were women and the highest percentage of perpetrators was ex-partners at 25% and husbands at 21%. The victims are engaging with the service and this year effective engagement is reported in 66% of the cases referred. IDVA team are working with the victims in developing effective plans and supporting the implementation of these plans without delay. 99% of the referrals received are dealt with on the same day. This swift response recognises the important for immediate support to be provided to avoid escalation and secure engagement as failure to assist timely can negatively impact. Starting this year we deployed an IDVA at Hillingdon Hospital to promote the role of the service and to implement effective referral pathways in Hospital. This resulted in a significant increase of referrals received from various departments and wards in the hospital to 129 this year comparative to 51 the year before

5.1 Children in need of Protection

327 Child Protection Plans (CPP) were initiated during the year. This is a decrease from the 353 CPP in the year before, mainly attributed to the new way of engaging with young people

at risk promoted by the Adolescents' Team and a strong and effective front door. The main Child Protection category remains, like the year before, Emotional abuse and Neglect. The work completed at the point of assessment and the coordination of plans with other agencies led to a significant decrease in emotional abuse to 153 children this year compared to 265 the year before. Neglect was identified as an area of priority by the Safeguarding Partnership. In response, a Neglect Subgroup was tasked by the Board to review the Neglect Strategy in Hillingdon during 2020-21 and to review the use of Graded Care Profile 2 (GCP2) tool. A joint training schedule was agreed to ensure that the staff who are trained as trainers for the GCP2 deliver the course across the partnership to promote and expand the use of the tool and therefore the benefits this will bring to parenting and meeting the needs of the children.

In promoting our commitment to relationship based practice, children and young people are encouraged to attend their meetings and to input into their plans. They are offered a number of options for engaging. They can attend in person, via phone or video, by advocate or in writing. For the Child Protection Conferences, 54 children choose to attend out of 302 who were invited. This is a high number but we are committed to improve participation even further. To that end in the new financial year the child and family will be enabled to choose their own Child Protection Advisor (Chair of the conference) based on profiles that are shared with them by their social workers. This is envisaged to promote engagement and ensure that families have even more control in working in partnership with the service. Alternative ways of conducting conferences by facilitating more virtual and video attendance will also be piloted during the year as it is acknowledged that some young are not comfortable being in a room with many professionals and may choose to participate virtually.

Our Family Group Conference (FGC) Service remains contracted to DayBreak and it is aimed at supporting and empowering the families to find their own solutions and support mechanisms to deal with challenges and difficulties. 70.8% of 144 referrals lead to a successful FGC during the year. To support families at an earlier stage, Referral and Assessment social workers are considering FGC at the point of completing their initial assessments of the children and families. FGCs are also being used for young people at the point of leaving care to ensure they have a community safety net around them as they develop their independence skills. FGCs are offered as part of a support plan for kinship placements to promote placement stability and we are exploring a fostering FGC to support respite and placement stability.

5.2 Looked After Children

Hillingdon was the corporate parent to 337 children at the end of 2019/20, a slight increase from 326 at the end of last year. 89 of the children looked after at the end of the year were Unaccompanied Asylum Seeking Children (UASC).

Each looked after child has an allocated Independent Reviewing Officer (IRO) at the point of becoming looked after. The IRO will independently chair the Looked After reviews to scrutinise the plans to ensure they are child centred, aspirational and of high quality. The IROs are highly experienced practitioners, many with background in both front line practice as well as management roles. They use their knowledge and expertise in promoting good quality of practice and ensuring that the service discharge its statutory duties as Corporate Parent.

The IRO team are a stable and well established group who develop long term relationships with the young people and understand their needs, aspirations and challenges.

During the year, 97% of LAC reviews took place on time and 301 children over the age of 4 attended their review in person. Those who choose not to attend their reviews have been given the option to have their views heard at the review via their allocated worker, directly by talking to their IRO or an independent advocate.

Young people's awareness of their right to independent advocacy was one of the recommendations made by Ofsted during Hillingdon's inspection (ILACS) in 2018. Hillingdon commissioned Coram to deliver independent advocacy service for our young people. There has been a positive increase in the number of young people accessing the service. The majority of the referrals received by the service were directly from young people themselves which indicates they are aware of their rights and how to access this service. During the year, 107 young people accessed independent advocacy service and over half of referrals (51%) were made by children and young people themselves 17% of referrals came from Children's Services, 20% came from various other professionals. The main issues young people want independent support with are regarding education employment and training and complaints.

Hillingdon's specialist Multi-Agency Psychological Support (MAPS) team developed alongside CAMHS provides direct and indirect support to children, their key workers at our children's

homes, foster carers and social workers to help manage the emotional and behavioural needs of children aged 0-17 years old that are looked after and to support care planning.

Continuing high-quality relationships are important for children in care because they help children build security through developing secure attachments, support their ability to form relationships in the future as adults and help them develop a strong sense of belonging and identity. (The Care Inquiry, 2013). The focus on maintaining placement stability and promoting permanency for our children led to an increase on long term stability (2.5 years in the same placement) from 61% to 65% and a reduction of short term stability indicator (3 or more placement moves in the year) from 11% to 10%.

The Permanence Planning Meeting (PPM) process is now well understood by staff, PPMs are timely, purposeful and consistent. The PPM strategy includes 14-16 year old young people and are chaired by a Head of Service. A positive impact has been evidenced in Agency Decision Maker meetings and feedback from Fostering Panel.

Placement stability, formalising permanency and the intervention of MAPS led to a positive decrease in our Children's Strengths and Difficulties Questionnaire (SDQ) score. The SDQ is an emotional and behavioural screening questionnaire for children and young people. A lower score in this questionnaire indicates that their emotional and behavioural needs are well met. The average score for Hillingdon looked after children at the end of the year stood at 12.5. This is a reduction from 13.2 the previous year and lower than our statutory neighbours at 14. However the rate of completion of SDQs has decreased during the year from 81% to 75%. This will remain an area of focus to ensure all our children's needs are met and the outcome of the plans is evidenced.

[5.3 Care Leavers and Unaccompanied Asylum Seeking Children \(UASC\)](#)

As a 'port' Authority, Hillingdon's Children's Services remain committed to safeguarding children and their families at their point of entry into the UK. The National Transfer Scheme for Children who are seeking asylum unaccompanied, remains a challenge for Hillingdon, with a lack of dispersal to other Local Authorities. This means that Hillingdon continues to be corporate parent to a high number of unaccompanied asylum seeking children). Hillingdon's population of looked after asylum seeking children at the end of the financial year was 89.

This constitutes over 26% of our total Looked After population. As comparison, the national data available at the time of writing, indicates that for our Statutory Neighbours (SN) this percentage was 10% and nationally in England it was 6%. A large number of this cohort are on the list for the National Transfer Scheme. However, since December 2018, no UASC was transferred from Hillingdon to another Local Authority under the Scheme. This adds pressure in terms of finance, social work, placements, education and multi-agency support. In addition to this, increased pressure is caused when there is any delay in the Home Office's decision making regarding the applications for asylum. Delays in decision translate in uncertainty for our young people and inability to claim benefits, housing support, etc. Whilst this is ongoing the Local Authority continues to support the young people with accommodation, subsistence, etc. We are, however, proud of the achievements of our UASC cohort with a majority being in education, being aspirational and engaging well with the services.

In ensuring a strong and consistent response to vulnerable people arriving through Heathrow, our Joint Strategic Safeguarding Children and Vulnerable Adults and Trafficking Committee (JSSAT), is a joint Children's Services and Adults Social Care subgroup of the Safeguarding Partnership that is chaired by Border Force colleagues. The committee scrutinises multi-agency safeguarding arrangements for children and vulnerable adults arriving at Heathrow ensuring issues like safeguarding, modern slavery and trafficking are addressed in a consistent way.

The care leaver population at the end of the financial year stands at 454. All of our care leavers have a Pathway Plan and many of the plans are produced in partnership with our young people. The timeliness and quality of the plans is a key focus for the leaving care service. The allocated Personal Advisors (Pas) actively try to engage our care leavers to co-produce their pathway plans but this is not always possible and is dependent on the level of engagement by the young person. Our aspiration remains that all pathway plans are co-produced and owned by young people.

[5.4 Hillingdon Clinical Commissioning Group \(CCG\)](#)

NHS Hillingdon Clinical Commissioning Group (CCG) is a statutory NHS body with a range of statutory responsibilities, including safeguarding children and adults. Like all CCGs, it is a membership organisation that brings together general practices to commission local health services for Hillingdon's registered and unregistered population. One of the advantages of

being a clinically-led organisation is that the CCG is in the unique position of being able to take account of the experience of patients who are best placed as service users, to know the right services for the area and can comment objectively when new services are commissioned.

The CCG ensures that safeguarding is included in all contracts of the services from which it commissions NHS services and requires and obtains assurance from all provider organisations that they are meeting safeguarding requirements. This is interrogated through its contracting arrangements and is monitored at monthly contract, quality and risk meetings. The CCG regularly reviews and monitors Safeguarding Children activities of its Provider organisations through the Safeguarding Health Outcome Framework (SHOF) and will interrogate and review any gaps. It is expected that where there are gaps/concerns that a robust and SMART action plan is monitored at the monthly Contract Quality Group meeting.

Safeguarding training for all CCG staff is monitored as part of the North West London Collaboration of CCGs Mandatory training arrangements. The CCG's Safeguarding Leads are compliant at the required Safeguarding Children training level (Named GP at 4; Designated Nurse and Doctor at Levels 4 and 5). The Designated Nurse attends all sub-groups and supports the fulfilment of health priorities outlined within the current HSCP business plan. The move to HSCP new arrangements has offered an opportunity to further solidify collaborative working practices, which is demonstrated through current sincere representation, including Primary Care. The success of productive Sub-groups and Task and Finish groups will enable innovative and sustainable multi-agency practice change as well as a platform for safeguarding process assurance.

During 2020, a CCG business case for development of a health 'Transition Team' was supported, which has resulted in recruitment of a part-time LAC Transition Nurse to assist in the planned movement of looked after child into adulthood and transitioning the services provided to them from child-centred to adult orientated health and social care systems.

Hillingdon CCG continues to lead, on behalf of North West London, on the implementation of Child Sexual Abuse services based on an adaptation of the Child House Model. The Emotional Wellbeing service (TIGER Light), delivered by Barnardos, is already fully embedded across NWL following mobilisation in October 2018. The second phase of the project, transformation

of Paediatric Services, is in the finalisation stages following a partial delay in Q1 due to the Covid-19 pandemic.

The recent establishment of a quarterly CCG led 'Safeguarding Children/LAC Health Economy Group' enables the review of health safeguarding practices across the Borough, ensuring robust processes are in place in accordance with Government guidance and in line with HSCP recommendation. This group also provides a forum for sharing good practice and innovative proposals.

5.5 Metropolitan Police Service

The Met has risen to significant challenges over the past year, not least Covid 19, which has meant that we have had to use our resources creatively and effectively to meet the safeguarding needs of Hillingdon's children and work with our partners. The use of technology has ensured that the essential services and meetings can continue in a positive way with no detriment to the vulnerable young people we work with. Specialist units continue to support social workers, the youth offending service, the anti-social behaviour team, education and health in the wider contextual safeguarding agenda.

The police are key to the safeguarding partnership and make an active contribution to all the subgroups. Due to an escalation in young people being criminally exploited, the Police co-chairs both the Strategic and Operational Risk and Vulnerability Panels.

The West Area has made in excess of 50 visits to Hotels and B&Bs to train them in identifying and reporting suspicious behaviour relating to child sexual and other criminal exploitation. The Basic Command Unit (BCU) has completed a number of 'under cover' operations alongside the police cadets, where hotels and B&Bs have been tested against their safeguarding duties to ensure that those who allow exploitation are sanctioned. These facilities are brought to the attention of the Strategic Risk and Vulnerability Panel, to ensure that they are not used for vulnerable families or adults. This continues to be a real success and good working relationships with the Hotels across the West Area have been developed. After due diligence testing, a debrief with the member of staff/ manager and a follow up education package is given.

Another example of good practice took place between, 18th November and 22nd November 2019. Officers from the West Area executed a number of Search Warrants under the Misuse of Drugs Act 1971 within Hillingdon Borough. This targeted action disrupted organised criminal Gang who were criminally exploiting young children and meant that the children were able to be safeguarded through the work of partners.

The safer schools Police promoted awareness in and around Criminal Exploitation within schools at Hillingdon and in partnership with trading standards, tested the due diligence of knives being sold to children from commercial premises. In excess of 24 businesses were visited and education given within the Hillingdon area.

The Met have significantly improved around response to child sexual exploitation leading to an increase in Child Sexual Exploitation reporting to Children Services. The team continues to proactively target Child Sexual Exploitation and provide safeguarding. Alongside the strong contribution from the Youth Offending Service and AXIS, the police has been enabled to disrupt various Hot Spots. The Online Child Sexual Abuse and Exploitation Team (OCSAE) team started in October 2019 and have taken on over 150 investigations since then. The challenge is to resource sufficiently to manage the workload but the Detective Sergeant and the team of 8 officers work closely with CSC to manage the online risk to our vulnerable people.

The Complex Crime Unit has been instrumental in ongoing investigations and into historical sexual abuse and lessons to prevent further abuse. The work links a number of local authority areas and tracks the movement of perpetrators and adult victims to ensure that children are safeguarded.

The Community Safety Unit and Missing Unit works closely with Children Services Children's Homes to act swiftly when children go missing from children's homes. Relationships with the Units are strong and the police provide daily updates to Children Services around children who were missing/ continue to be missing. Officers are trained to conduct return interviews, which are shared with social workers. The Missing Unit actively participates in work streams to safeguard children going missing from care.

The move of Safeguarding Investigations Teams back in to the Basic Command Unit (BCU) of West Area has worked well and the alignment of the Child Abuse Investigation Teams (CAIT)

and Sapphire (Serious Sexual Abuse) teams alongside the specialist investigators with the existing 'Community Safety Unit' has developed good working practice and shared knowledge. The co location of CAIT referrals desk and Police Conference Liaison Officer (PCLO) in the MASH has really improved the effectiveness and timeliness of joint working although in recent months this has had to take place remotely due to Covid 19. Every MERLIN notification is assessed by police MASH staff to identify whether it is part of a criminal investigation and requires an immediate referral to CSC. Hillingdon MASH deal with 1000 MERLINS per month

We acknowledge there is always improvements and are keen to develop staff understanding of when strategy discussion / meeting is required and ensure this is recorded correctly. There has also been good local working between the CAIT DI and the Local Authority and other partners re safeguarding escalations, Rapid Reviews and considerations for SCRs, and the CDOP/CDR procedures.

In the coming year we will go live with a Perpetrator Offender Unit (POU) who will focus on the early arrest of all suspects within Safeguarding. Their task is to review all people who are wanted for offences within the Safeguarding sphere prioritising the High Harm offenders. We have been granted an uplift of staff for this important work and are looking forward to positive results.

The Met has experienced a delay to training due to Covid 19. The Safeguarding courses have been updated and are now being rolled out again. The challenge now is to ensure all staff are trained to required standards on an initial safeguarding course (part 1 SCAIDP) which provides inputs around strategy discussions and meetings.

Child Safeguarding Partnership remains strong and the police is developing a clear internal pathway for officers and staff to understand the role of policing in the partnership. Officers and staff have a distinct position in the community; their understanding should continue to be used to improve the multi-agency response to children.

We must ensure appropriate focus on the issues currently impacting on the service including the complex, contextualised and transitional risks which adolescents face from their peers, partners and adults outside the family home, including serious violence, knife carriage, gang involvement, drug crime, criminal and sexual exploitation.

5.6 Central and North West London NHS Foundation Trust (CNWL)

CNWL provides a range of physical health, mental health, substance misuse, learning disability, offender care (prison and immigration removal centre) healthcare services across approximately 100 sites. It is one of the largest community facing trusts in England, with approximately 6,500 staff. CNWL provides services to a third of London's population and across wider geographical areas including Milton Keynes, Kent, Surrey, Buckinghamshire and Hampshire. Approximately 40% of services are community health and 60% are mental health and allied health specialties.

The Hillingdon Safeguarding Children Team attend all relevant subgroups and make a full contribution to the work of the Safeguarding Children Partnership, including chairing the Neglect Subgroup. The Safeguarding Children Team have responded to areas of learning identified and have provided safeguarding workshops to the 0-19 service on areas including Domestic Abuse, risk assessment and information sharing. The Safeguarding Children Team completed 2 audits assessing and improving practice where indicated. The Safeguarding Children Team have attended safeguarding supervision refresher training in the last year and provide a safe space for staff to discuss cases. All 0-19 staff continue to be offered 1:1 safeguarding supervision.

The Domestic Abuse routine enquiry process is now embedded across all services. Domestic Abuse champions have been trained and identified and are in place across CNWL. The 0-19 service are now using the with DASH Risk Assessment and referring to MARAC when required.

5.7 The Hillingdon Hospital

The Hillingdon Hospital is a key safeguarding partner, with a vital role in safeguarding both adults and children. The hospital safeguarding team is well represented across all Safeguarding Partnership activity. There has been no regulatory inspection in the year 2019-20 however the safeguarding team have continued to address and embed the recommendations from the CQC inspection in 2018.

The Hillingdon Hospital is committed to continuous learning and development of safeguarding practice. Any specific themes or issues identified are incorporated into mandatory safeguarding children training, and, where appropriate, practice guidance and protocols are developed for clinicians. The Safeguarding Team also communicates any key messages to frontline staff through feedback, emails and bulletins. The Hospital is currently

working on the implementation of recommendations from the Intercollegiate Document: Safeguarding Children and Young People: Roles and Competencies (2019).

In 2019-20 Hillingdon Hospital has implemented robust systems to safeguard 16 and 17-years olds being assessed and treated within adult services in the Emergency Department. In addition, there has also been significant progress in other aspects of safeguarding work. Changes have been made to interagency referrals and notifications to external agencies. The referrals are now being completed in a much clearer concise way, outlining clearly the concerns, in which the team can action on review and Social Care can triage accordingly. The hospital electronic systems have been updated to allow our safeguarding progress to be documented in a timely way which has aided our ability to see what we have completed from a safeguarding perspective. This leads to a clear chronology of events that have occurred with our cases. We have formalised our data from this also, which has improved the quality of the data we collect.

5.8 London Borough of Hillingdon: Youth Justice Service

The Hillingdon Youth Justice Service (YJS) is exceptional in innovative practice and preventing young people from entering the Criminal Justice System. The numbers of first time entrants for Hillingdon continues to drop evidencing a robust early intervention model for those on the periphery of the criminal justice system. Reporting evidences a drop of 5% in the re offending rate of young people subject to a Triage disposal in 19/20 compared to 18/19.

The Youth Justice Service is in on a journey of continuous improvement. Regular case file and themed audits are undertaken. Individual feedback is provided to staff but outcomes are also aggregated to identify shared training and development needs.

As awareness of what constitutes vulnerability, particularly for adolescents, continues to develop, the role of staff as Champions taking on lead roles in practice themes and issues, such as criminal and sexual exploitation, assumes a greater importance. The Service is an active contributor to the Operational and Strategic High Risk and Vulnerability Panels. Safeguarding remains at the forefront of delivery. The YJS have strengthened partnership working to embed improved timely collaboration in response to safeguarding and are key contributors at operational and strategic levels.

The award winning AXIS Project continues to be at the vanguard of early identification of vulnerable young people at risk of Child Sexual Exploitation, criminal exploitation and serious youth violence. AXIS relies on the engagement of safeguarding partners to share information and concerns relating to these areas. As a result of the patterns, trends and information shared through the AXIS monthly bulletin, professionals are better informed about the risks young people are having to navigate which enables them to develop more realistic and effective interventions.

The project continues to grow and provide robust analysis of information that has enabled the swift identification of young people at risk of CCE. The numbers of young people identified has doubled in the last 9 months with a 72% success rate of young people engaged not coming back to notice or concern.

5.9 Prevent

We continue to progress and deliver against the aims of the Prevent duty, with strong engagement of schools and local partners.

The multi-agency Channel safeguarding panel is well established and meets monthly. Members of the panel have participated in training provided by the Home Office.

We offer and deliver training to LBH staff and partner organisations including updates and refresher sessions. In order to ensure local agencies are up to date, we have rolled out and are encouraging schools and partners to complete the newly launched Home office e-learning packages.

As a port authority, we work closely with Heathrow airport in managing safeguarding concerns related to extremism/ radicalisation.

We continue to deliver our MOPAC (Mayor's Office for Policing and Crime) funded programme in collaboration with schools, the college, University and community, aimed at tackling hate crime and extremism. Enabling young people to have their say on these issues and develop materials to raise awareness and encourage further dialogue.

5.10 Local Authority's Designated Officer (LADO) and Education Safeguarding

Having a consistent and strong LADO team ensures that Hillingdon remains vigilant in ensuring that any allegations against people who work with children are managed efficiently, proactively and with due diligence. Hillingdon's LADO has worked hard with multi-agency partners to ensure that partners are aware of referral criteria. Professionals are encouraged to seek advice and support when they are not sure about making referrals. The LADO team provides regular training to professionals including, schools, teachers, general practitioners, foster carers, voluntary setting, churches and other establishments that work with children.

The LADO and Education Safeguarding service continue to provide training to school staff, and other services, around issues of domestic abuse, LADO processes and level 1 safeguarding training. Training is updated in line with changes to guidance and procedure, and best practice. The Level 1 Safeguarding Training slides are circulated to all Designated Safeguarding Leads to enable them to deliver to staff within schools. In recognition of the specific challenges posed by coronavirus the team is currently in the process of developing e-learning alternatives to class room training.

The Child Protection for Schools advisor continues to coordinate termly cluster groups with Hillingdon schools. These are well attended by Designated Safeguarding Leads and provide a valuable opportunity for networking and the delivery of key safeguarding information. The Safeguarding clusters are routinely bringing together a range of agencies and professionals including MASH, Axis, school's police, community safety, educational psychologists and child protection advisers.

The Domestic Abuse Lead for Education has led on the roll out of Project Encompass with access made available to all schools. Project Encompass is an information sharing system that enables police to notify schools securely and directly that a child has been present in the home when there has been a domestic abuse incident. Positively this system is now in place for 53 Hillingdon Schools and work will continue in the next year to roll it out to the other schools in the borough. To support the effectiveness of the Project there is accompanying training for school staff around the impact of exposure to domestic abuse on children. also, bespoke training and awareness sessions are provided to pupils as well where appropriate. The feedback received from children and school staff was very positive throughout the year

LADO, DV lead and CP lead attend regular multi-agency network meetings to promote the team/our roles across services including health, police, and SEND. The team also participates in London wide LADO/CP Lead network meetings. This supports the team to establish working relationships share learning and expertise and promote information sharing.

5.11 North West London Child Death Overview Panel (CDOP)

The change in primary legislation has moved the statutory responsibility for undertaking child death reviews moved from Local Safeguarding Children Boards to Child Death Review Partners from 29th September 2019. In line with the new statutory requirements set out in the Child Death Review: Statutory and Operational Guidance (2018) the North West London Clinical Commissioning Group has developed a centralised team to coordinate the learning from Child Death Review Meetings, in respect of all child deaths, and from the Joint Area Response meetings that occur where a child's death is unexpected.

The Guidance states that each Child Death Review Overview Panel must review a minimum of 60 deaths per year in order to be effective in identifying areas of thematic learning. In North West London there are two Local Child Death Overview Panels, referred to as 'Flute' and 'Triangle' that incorporate 8 local authorities. The London Borough of Hillingdon is part of the 'Triangle' grouping, along with Hounslow and Ealing, and has a shared local Child Death Overview Panel (CDOP). Learning from this Local CDOP is then fed into a Strategic CDOP alongside the learning from the 'Flute' grouping.

The North West London Child Death Review Team became operational from the 1st April 2020. In the transitional period between September 2019 and April 2020 the existing Child Death Overview Panel continued to function to ensure service continuity, all responsibilities for CDOP have now transferred to the central team. The Safeguarding Partnership Team Manager continues to attend any Joint Area Response Meetings for Hillingdon children and young people, and to participate in the 'Triangle' Child Death Overview Panel therefore retaining local input and learning for Hillingdon whilst contributing to the strategic understanding of the issues in the region.

6. London Borough of Hillingdon Adult's Services

6.1 Safeguarding data and activity

The total number of Safeguarding Adult Concerns received into the Local Authority during 2019/20 increased by 20% compared to 2018/19 – from 2429 to 2922. This is believed to be as a result of increased awareness raising of Safeguarding Adults across Hillingdon.

25% of the total number of Safeguarding Adult Concerns progressed to Safeguarding Adult Enquiries, this is an increase of 7% from the previous year showing increased scrutiny, professional curiosity, application of the key principles of Making Safeguarding Personal and public interest.

We have worked hard to ensure that the key principles of Making Safeguarding Personal (MSP) are always central to any activity undertaken. In 84% of Safeguarding Enquiries the individual was asked what they wanted to achieve. When the individual's view was established, 94% of the individual's outcomes were either fully or partially achieved. To further embed MSP, Adult Social Care have appointed an experienced staff member to the chair the Making Safeguarding Personal Sub Group, we have redesigned our local recording procedures and are developing a questionnaire for adults who have experienced safeguarding, so we can use their voice to underpin practice development.

Here are some recent quotes:

- "I am safe now...Hillingdon did a good job."
- "We are feeling safer now and our family are helping to look after us. I am happy that LBH staff were checking on us and we now feel safer - everything seems much better now."

Our duties related to Advocacy are well embedded and where an individual was assessed as lacking mental capacity related to the Safeguarding Adult concern, in 95% of cases an Advocate, family or friend supported the adult to express their view. There are also examples of our strong partnership with The Metropolitan Police to ensure that when an individual has

experienced abuse or neglect, they are supported to report their concerns to the Police and access justice.

It can be complex and challenging to coordinate activity and communication when a Safeguarding Adult Enquiry needs to run concurrently with other investigatory frameworks. This year we have strengthened this area of practice with key agencies to ensure that different investigatory frameworks are more coordinated and information is shared timely, as required, to optimise the outcomes for the adult and relevant others.

6.2 Chair of the Safeguarding Adults Board

Our Head of Service for Safeguarding Adults/ Principal Social Worker for Adults assumed the role of interim Chair of the Safeguarding Adults Board, identifying and driving forward our key strategic objectives, and leading on the drafting, development and implementation of the revised arrangements for the Safeguarding Adults Board and Safeguarding Partnership - a joint partnership across Children and Adult Safeguarding.

6.3 Quality Assurance, Training and Practice improvement

Adult Social Care continue to work in accordance with relevant legislation, statutory guidance, key principles, policies and procedures related to Safeguarding Adults. We are committed to continuous development through our quality assurance process, critical reflection and an overall learning culture. We reviewed our local policies and procedures to continuously support the development of best practice/evidence-based practice. We reviewed our safeguarding adult quality assurance framework to strengthen the audit process and our use of learning from audits to drive continuous improvement.

Adult Social Care have carried out a number of awareness raising sessions with key partners and organisations across the Borough related to Dols, The Mental Capacity Act 2005 and Safeguarding Adults.

Adult Social Care have supported a number staff to train as LeDeR (Learning Disability Learning Review Panel) reviewers and staff regularly undertake LeDeR reviews. These are critical reviews undertaken to improve the standard and quality of care for people with Learning Disabilities.

6.4 Adult MASH

Adult Social Care began work, leading on the development of an Adult MASH – a single point of contact for all Safeguarding Adult Concerns in Hillingdon to strengthen our multi agency response. As the lead agency for Safeguarding Adults we recognise the critical role each partner has in minimising the risk of abuse, neglect or self neglect occurring, and in ensuring our multi agency response is coordinated, proportionate, effective and timely when concerns do occur.

In response to the rising number of concerns related to Domestic Abuse, we worked collaboratively with our partners in The Metropolitan Police, The Children’s MASH and The Safer Hillingdon Partnership to explore the creation of a Domestic Abuse One Front Door - the vision is for the creation of a single point of contact for all concerns related to Domestic Abuse in Hillingdon which would sit alongside our Adult MASH. Adult Social Care have a dedicated staff member who attends The Domestic Abuse MARAC to ensure robust plans are in place where there are high risk Domestic Abuse concerns and Senior Managers are core members of the Domestic Abuse steering Group.

Adult Social Care are core members of the Community MARAC - to support with assessment and management of risks associated with anti-social behaviour or hoarding, the Channel Panel – to assess and manage risks related to terrorism, and Multi Agency Public Protection Arrangements (MAPPA) – to assess and manage risks related to sexual and violent offenders.

Another key area of our MASH will be a single point of contact for an Adult Local Authority Designated Officer “LADO”. We recognise this is a specialist area of work that requires a dedicated and unique framework when the concerns relate to an adult who is in a position of trust but the allegations of abuse or neglect do not directly relate to their role, in which they support adults with care and support needs. As a result, we are progressing arrangements for our MASH Team to work in accordance with our local developed policies and procedures, with the support of The London Borough of Hillingdon’s Local Authority Designated Officer “LADO”.

6.5 Modern Slavery

We have a designated lead for Modern Slavery and Human Trafficking and ensure appropriate action is taken to safeguard individuals and meet our statutory duties when concerns related to Modern Slavery and Human Trafficking are received. We recognise that work is required

to raise awareness of Modern Slavery and Human Trafficking among professionals and the public and that currently concerns are under reported. To support the work of the SAB/ Children's partnership joint sub group, we have appointed a member of staff to be a core member of the sub group and are committed to supporting its agreed key objectives.

6.6 Financial Abuse

Establishing how an adult manages their finances is a central part of our assessment framework and wherever possible we support adults to manage their finances independently. Where this is not possible due to risk of abuse and/or due to physical and/or mental health issues, we ensure the adult's view are central to any action taken to ensure finances are safeguarded/managed appropriately. We have led on the development of the Financial Abuse action plan and will appoint a dedicated staff member to be a core member of the SAB subgroup so we can continue to strengthen the support we provide to adults in this area.

6.7 Provider Concerns and The Care Governance Board

Adult Social Care continued to work closely with key agencies including The London Borough of Hillingdon Quality Assurance Team, Hillingdon Clinical Commissioning Group and the Care Quality Commission; in order to optimise the quality of the care and support delivered by Domiciliary Care Providers and Care Homes. This is achieved through our Provider Risk Panel and our Care Governance Procedures.

The multi-agency Provider Risk Panel meets monthly to review information related to the quality of care and support provided by Care Homes, Care Providers and Organisations across the Borough and to agree remedial action to support sustained improvement. Where there are risks that require further consideration/remedial action, concerns are escalated to our monthly Care Governance Board where a decision on further action(s) required is validated and this can include a decision to initiate our Provider Concern Process.

The following information outlines provides a summary of the work carried out by our Care Governance Board for the financial year 2019-20 and demonstrates the impact of the remedial actions plans put in place.

In April 2019 we reviewed 19 providers that we had rated as follows: 4 (Do not use again), 7 (Do Not Place) and 8 (Place with caution).

By December 2019 the number of providers being monitored had dropped to 17 (4 of which were out of borough).

This rose to 22 providers in February 2020 (5 of which were out of borough)

This decreased to 18 providers in March 2020

Throughout 2019-20, a total of 4 Providers were subject to our Provider Concern Process.

6.8 Deprivation of Liberty Safeguards

Our dedicated Deprivation of Liberty Safeguard Team continues to be well respected and high performing. 1482 Dols applications were received in 2019/2020 and while this is a reduction of 8% on the previous year, overall active authorisations remained consistent across both years (0.1% difference), suggesting similar numbers of people were experiencing less authorisations per person. The Dols Team's robust policies and procedures, highly skilled staff and effective relationships with Managing Authorities enables statutory timelines for assessments and authorisations to be met. When an annual Care Home review is scheduled, the Best Interest Assessor undertakes the review simultaneously with the Best Interest Assessment, to minimise the need for residents and their carers and or families to participate in multiple meetings.

The Dols Team comprises of skilled Best Interest Assessors who are permanent employees of London Borough of Hillingdon demonstrating our commitment and investment to ensuring high quality assessments are undertaken to ensure our residents' Human Rights and overall safety, wellbeing and quality of life are optimised. Our staff receive regular updates on case law, practice and policy developments, in addition to annual Best Interest Assessor refresher training. A number of Senior Managers have undergone the Dols Authoriser training to enable appropriate and timely scrutiny of assessments – the annual Dols Authoriser course was also completed.

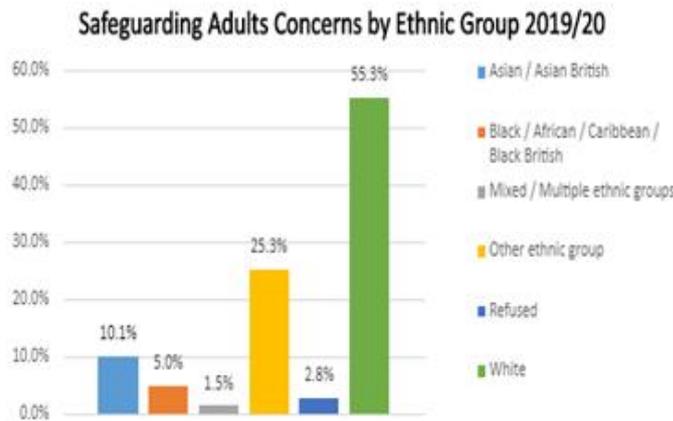
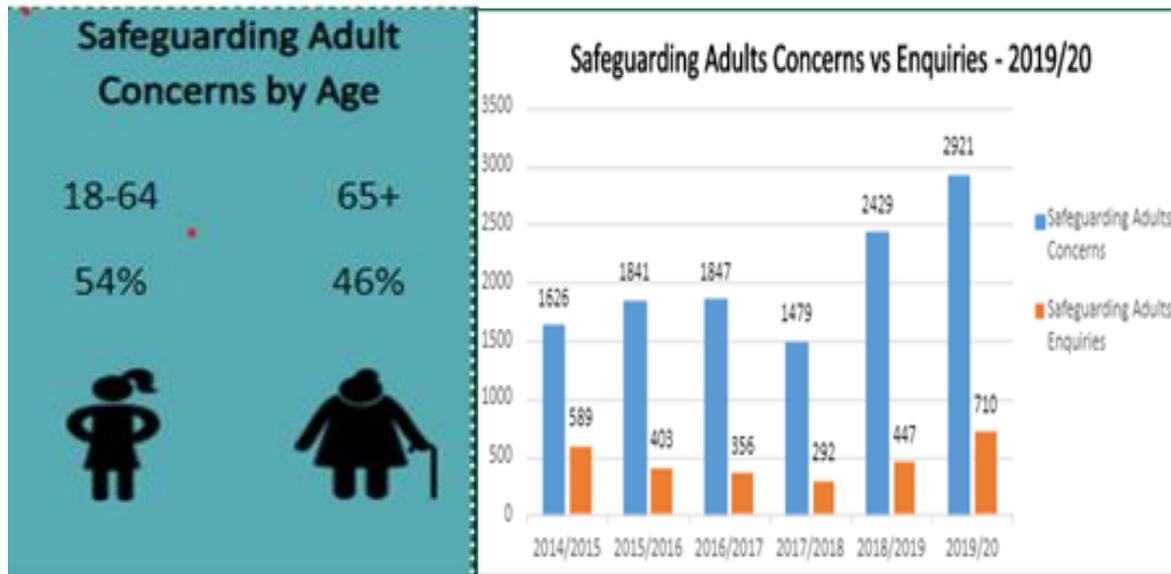
Adult Social Care maintains a sharp focus on the requirement to identify residents living in the community who may be being deprivation of liberty, ensuring the necessary assessments are complete and timely applications are made to The Court of Protection as required.

Adult Social Care established and continue to lead a multi-agency group exploring the required actions to successfully implement Liberty Protection Safeguards for the launch in April 2022. This activity of this group is underpinned by a dynamic multi agency action plan that is updated as the LPS implementation timeline and associated frameworks develop. Governance of the LPS sub group is undertaken by the Safeguarding Adults Board with the LPS group providing regular update reports to the Board.

6.9 Coronavirus

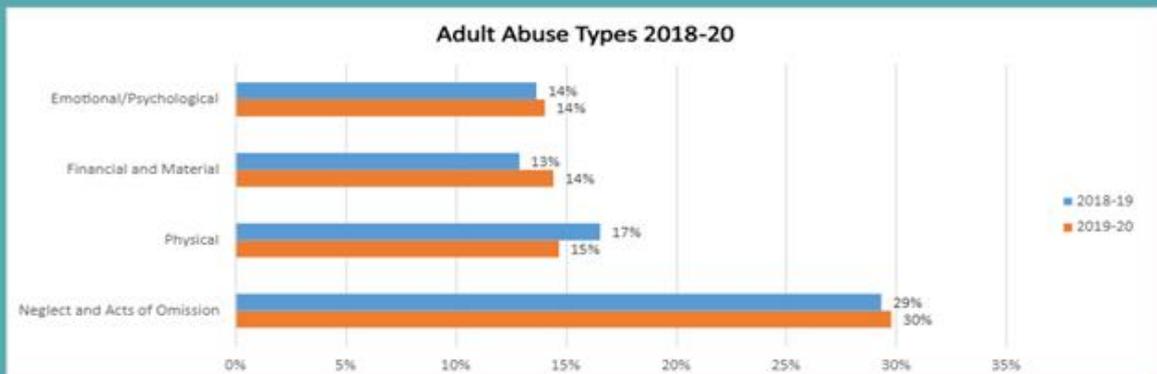
We had to adapt our practice frameworks quickly in the middle of March 2019 due to Covid 19. During this time we worked collaboratively and flexibly with other London Borough of Hillingdon Departments and key partners and agencies during lockdown to ensure the safety and wellbeing of residents was optimised. We continue to adapt our approach in accordance with updated Covid 19 guidance and policies.

6.10 Adult Social Care Safeguarding Performance



Reported Safeguarding Adult Concerns

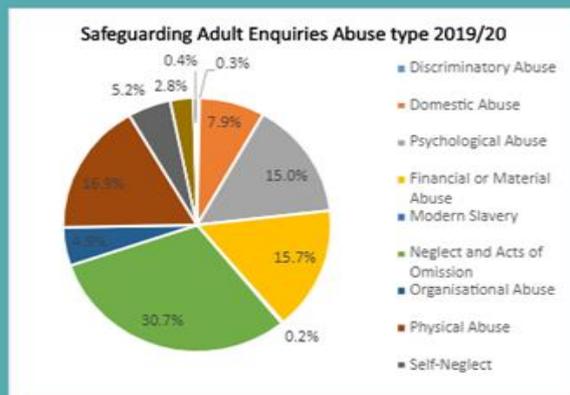
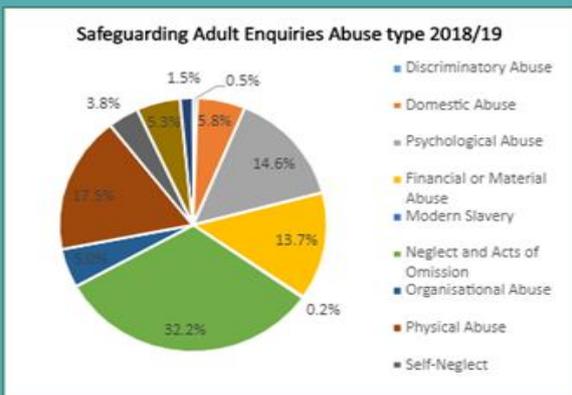
The graph below outlines the four most common types of abuse reported to Adult Services in both 2018-19 and 2019-20. Of these three of the abuse types have seen a slight increase in 2019/20. Safeguarding concerns with a recorded abuse type of physical abuse has fallen to 15% in 2019/20.



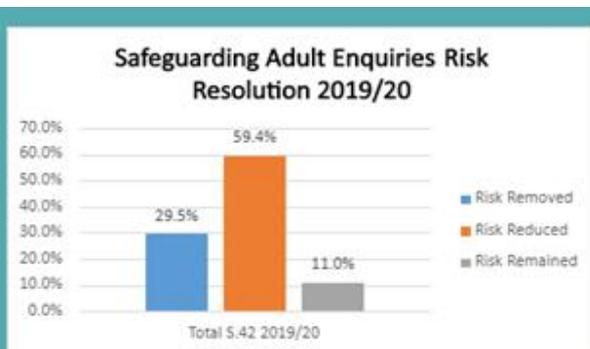
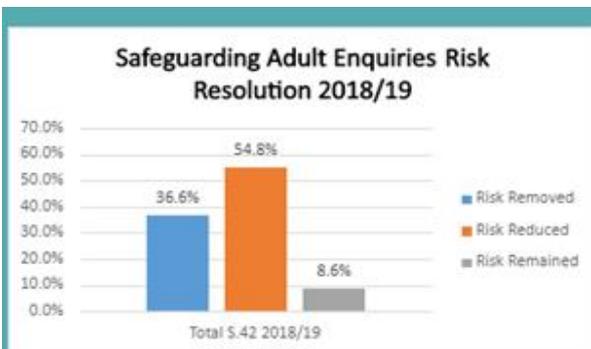
Safeguarding Adult Enquiries

Section 42 of the Care Act 2014 places a duty on Local Authorities to carry out a Safeguarding Adult Enquiry when it has reasonable cause to suspect that an adult in its area (whether or not ordinarily resident there)

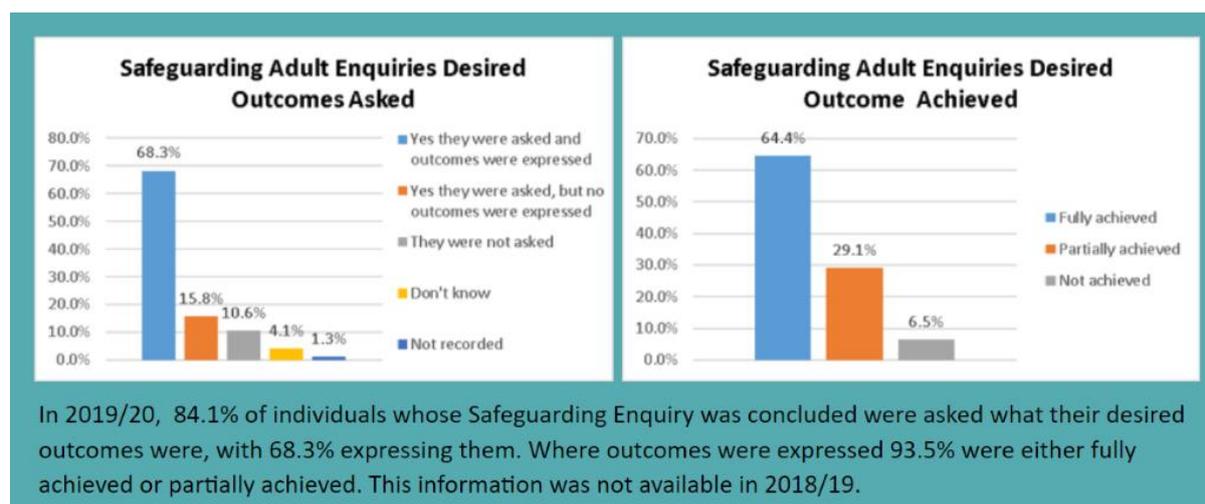
- has needs for care and support (whether or not the Local Authority is meeting those needs)
- is experiencing, or is at risk of, abuse or neglect;
- as a result of those care and support needs the adult is unable to protect themselves from either the risk of, or the experience of abuse or neglect.



The largest proportion has remained as neglect or acts of omission. This has decreased slightly by 1.5% from 32.2% to 30.7% in 2019/20. Conversely there has been a 2% increase in the percentage of cases where the abuse type is recorded as financial or material abuse, 13.7% to 15.7%. A 2.1% increase can be seen in cases where the abuse type is recorded as domestic abuse.



Safeguarding Adult Enquiries concluded in Hillingdon have consistently led to the reduction and removal of risk to vulnerable adults. In 2019/20 there has been a decrease in the percentage of cases where the risk was removed but an increase in cases where risk was reduced. There has also been a small increase in cases where the risk has remained.



6.11 Hillingdon Clinical Commissioning Group (CCG) – Safeguarding Adults

NHS Hillingdon Clinical Commissioning Group (CCG) is a statutory NHS body with a range of statutory responsibilities, including safeguarding children and adults. Like all CCGs, it is a membership organisation that brings together general practices to commission local health services for Hillingdon's registered and unregistered population. One of the advantages of being a clinically-led organisation is that the CCG is in the unique position of being able to take account of the experience of patients who are best placed as service users, to know the right services for the area and can comment objectively when new services are commissioned.

Human Trafficking & Modern Slavery: Hillingdon CCG retains its role as a core member of the Joint Strategic Safeguarding and Trafficking (JSST) group. It continues to promote awareness of trafficking and slavery issues through engagement with Primary and Secondary Care and in particular The Hillingdon Hospital due to its Accident and Emergency facility and proximity to the Heathrow Airport site. Over the past year, the CCG has sought to raise awareness of changes to UK Border operations (this year saw a move to e-gates) and the potential effect the lack of human challenge for arrivals might pose for local services. The designated lead for safeguarding adults also conducted an in-house training session for CCG colleagues with a specific focus on the risk isolated hotels (such as those located across the airport site) pose vulnerable persons, i.e. prostitution and other forms of abuse. This learning and further evidence have been cascaded to GP practices through the CCGs Primary Care Managers.

Making Safeguarding Personal: Significant work has taken place during this period in the form of direct training for both CCG colleagues and through the monthly GP safeguarding lead

meeting. In addition - evidence of MSP (person-led rather than process-led concerns) is continually monitored through attendance and liaison with a number of key quality and commissioning meetings. Further assurance is achieved through quarterly data, ongoing engagement with key agencies and routine monthly meetings with adult safeguarding leads from commissioned services provided to the borough.

Domestic Abuse: This issue remains a high priority for Hillingdon CCG due to its role in seeking assurance from providers around key issues such as training data, Independent Domestic Violence Advocate (IDVA) engagement through Accident and Emergency at The Hillingdon Hospital and the Clinical Commissioning Group's unique position in supporting Primary Care colleagues in raising awareness to promote professional curiosity when seeing patients who could be subject to abuse of this nature. This year's White Ribbon Event, which focused on Coercive Control and Stalking, was heavily promoted across the health sector which ensured each of our providers was represented on the day. It was also attended by a number of Hillingdon Commissioning Group colleagues. As a key priority for the year, the issue of domestic abuse remained a standing item on the GP safeguarding leads meeting with additional resources shared over the recent peak of Covid-19 where domestic abuse was highlighted as a particular concern. Finally, the designated lead for safeguarding adults remains a core member of the MARAC steering group.

Adult Exploitation and Grooming: The issues of exploitation and grooming remain a significant concern across the borough due to the mix of urban and rural geography. Alongside the named GP for safeguarding, the safeguarding leads for adults and children carried out a specific training session for CCG colleagues where a number of issues such as gang violence, ideological grooming and a wide-ranging look at other forms of exploitation were addressed. Due to the diverse nature of Hillingdon residents, this was contextualised for attendees and further developed with the aid of local intelligence provided through partner agencies. This included information relating to violent crime, terrorism concerns relating to transnational and religious issues and a general update relating to wide-ranging concerns due to the Heathrow Airport site. Alongside Police/SO15 the CCG remains a core member of the Borough's Channel Panel.

6.12 Central and North West London NHS Foundation Trust

The SA & MCA Specialist has a very good relationship with the LBH SA Triage Team, which enhances effective communication and inter-agency working

Modern Slavery: There is a Modern Slavery Statement on the Trust website, which is updated every year. CNWL has a Trust-wide Modern Slavery Lead as a central point of contact and Modern Slavery is included in generic Safeguarding Adults training, which is mandatory for all staff to complete every 3 years. A 'Clinical Message of the Week' in relation to Human Trafficking and Modern Slavery was sent out to all staff in May 2019, which contained links to guidance and resources. In addition, an in-house training session has been developed for CNWL corporate services, which will be piloted in Quarter 2. Once piloted it will be rolled out to HR teams and procurement, to ensure the supply chain and recruitment processes are safe and staff are aware what to look for

Domestic abuse: CNWL has a Trust-wide Domestic Abuse Lead and a Domestic Abuse co-ordinator is due to start in August 2020. Domestic Abuse is included in generic SA training, which is mandatory for all staff to complete every 3 years. The Trust has planned our third Domestic Abuse Annual Conference which is due to be held in November 2020, during the White Ribbon period.

In 2019 a new CNWL DA Ambassador role was launched at the Annual Conference and 2 Ambassador training sessions have since taken place. The focus of our 2019 conference was 'better practice and innovation around how to identify and work with Domestic Abuse'. Nicole Jacobs, the newly appointed Domestic Abuse Commissioner for England and Wales was the keynote speaker. Two CNWL employees who have lived experience also shared their own stories. Other presenters spoke of how to identify and work with perpetrators, children/domestic abuse and holding the perpetrator to account, trauma focused responses and innovative practice.

CNWL were successful in recruiting a network of Domestic Abuse Ambassadors who will contribute to awareness raising and support around Domestic Abuse throughout all services across the Trust. Currently over 45 staff members have committed to the role – all of whom attended an initial training. The plan is then for the Ambassadors to attend 4 forums per year

for support/training and sharing of ideas. It is hoped that some of these ambassadors will also become involved in wider projects such as staff training via the Train the Trainer programme.

The first CNWL DA train the trainer session was due to be held in March 2020 but had to be cancelled due to the pandemic. The intention is to train staff so that they can then provide DA training for either their own services or future ambassadors. The first CNWL Recovery College DA course ran in February 2020 for patients, carers and staff. These are co-produced with people with lived experience and another session is scheduled later in the year. A CNWL DA staff survey was due to be sent out in March 2020, but due to the coronavirus was postponed. It is hoped to roll this out over the next couple of months. CNWL are in the process of putting together guidance for staff impacted personally by DA.

Making Safeguarding Personal: MSP is mentioned in SA training which is mandatory for all staff. The SA & MCA Specialist visits each of the CNWL services in Hillingdon annually to refresh staff regarding SA, and MSP is discussed. Whenever staff contact the SA & MCA Specialist for SA advice, they are asked to confirm if they have gained consent from the service user to raise a SA concern with LBH. Even though MSP is always considered before making a SA referral, there are certain circumstances that staff will need to raise a SA concern even without a patient's consent e.g. public interest and vital interest

Financial abuse: Financial abuse and exploitation is addressed in SA training, which is mandatory for all staff. CNWL have raised a number of SA concerns with LBH regarding financial abuse, which demonstrates staff awareness

6.13 The Domestic Abuse Steering Executive

The Domestic Abuse Steering Executive (DASE) is providing the governance, strategic direction and leadership to preventing and tackling domestic abuse and the many other crimes and abuses associated with Violence Against Women & Girls (VAWG) including Honour Based Abuse, Forced Marriage, Female Genital Mutilation. This strategic group is supported by 5 operational delivery groups made up of a diverse range of local professionals who are importantly supported by local community members and victims / survivors; who check and challenge and provide advice.

The Safer Hillingdon Partnership (SHP) Domestic Abuse Strategy 2018 – 2021 is accompanied by a delivery plan to ensure its main aims, objectives and commitments are achieved. Hillingdon Council, as a member of the SHP takes a leading role in delivering the commitments and actions of the Domestic Abuse Strategy

The Council remains resolute in its commitment to engaging with, listening to and hearing victims and survivors of domestic abuse and other forms of harmful practices and local statutory and voluntary sector professionals.

6.14 The London Community Rehabilitation Company

The Community Rehabilitation Company supervises men and women on Licence and provides post sentence supervision for those assessed as posing a low or medium risk. The Last HMIP inspection of London CRC saw significant improvements on previous inspections with us being only 1 point from good. Safeguarding is always an area for continuous improvement

Covid 19 has had a dramatic impact on how we work with service users and in particular areas in which safeguarding concerns come to our attention. Every LCRC team has dedicated Safeguarding Subject Matter Experts (SMEs). These are qualified Probation Officers who specialise in matters around safeguarding, for adults and children alike. Part of their role is to advise and assist their colleagues with safeguarding concerns.

LCRC Offender Managers also have a digital learning Platform at their disposal. This is a virtual space where material around safeguarding referrals, protocols and processes are stored, as well as recorded lectures and other visual material around the matter. There is also a dedicated Safeguarding page on our Intranet, where all Government, Local Authority and partner/supply chain updates are being stored for Offender Managers to access.

We are working on developing and implementing our recovery plans.

Whilst we are responsible for the statutory supervision of those over 18, our case management system ensures that family information is embedded into assessment of the adult service user. This ensures that impact on family and children is taken into account when assessing risk posed by the service user's behaviour, but also that support measures offered produce positive outcomes for the wider family and community. As part of our supervision of

adult service users, we ask our service users to provide a self- assessment of their needs and risks so that sentence plans can be co-created and represent both the worker and the service user's perspective. We also hold annual service user surveys to enable us to improve the service we deliver. Safeguarding of children and vulnerable adults, as well as community safety overall were and remain firmly in our priorities.

7. Priorities for 2020-21

The last year has seen considerable progress in the implementation of Hillingdon's Adult and Child Safeguarding Arrangements. This has been possible due to the genuine commitment, drive and energy of all involved and is most clearly embodied in the creation of a strategic network of subgroups to progress the work of the Hillingdon Safeguarding Partnership.

It is acknowledged that all safeguarding partners have faced a period of exceptionally high demand and pressure in consequence of the global coronavirus pandemic. The focus of all has now turned to recovery planning and both the Safeguarding Adult Board and Safeguarding Children Partnership have met to consider the multi-agency response needed and to identify safeguarding priorities for the coming year. The pandemic response has served to highlight the importance of effective multi agency work, at all levels and across all services.

1. The Safeguarding Children Partnership has identified the following priority areas for 2020-21:
 - a. Neglect,
 - b. Contextual Safeguarding,
 - c. Children with Complex Needs and Disabilities
 - d. Early Help Services.

2. The Safeguarding Adult Board has identified the following priority areas:
 - a. Making Safeguarding Personal,
 - b. Domestic Abuse,
 - c. Financial Abuse and Exploitation.

The partnership recognises that the voice of the adult is integral to absolutely everything we do, and we need to understand what works well in the way we are approach safeguarding concerns along with what we need to improve on. As a result, we are committed to developing ways to ensure that we capture the views of adults, their carers and families and others, to underpin our continuous development. We also recognise that the views of lay members provide important scrutiny and challenge to the activity we undertake and we are also committed to including lay members on our SAB.

3. To move towards shared strategic priorities across the adult and child safeguarding partnership where appropriate, The Safeguarding Children Partnership and Safeguarding Adult Board currently have four shared subgroups:
 - a. Serious Case Panel,
 - b. Practice Development Forum,
 - c. Joint Strategic Safeguarding
 - d. Trafficking and Modern Slavery.

4. To further embed consistency of approach across the two boards, the Safeguarding Adult Partnership Arrangements have been agreed by the Executive Leadership Group and will be embedded across the partnership in 2020-21.

5. To continue with the review and consolidation of the training offer of the Safeguarding Partnership, Community Safety, Learning and Development and West London Alliance with the view to identify savings and share cost with other local authorities.

BOARD PLANNER & FUTURE AGENDA ITEMS

Relevant Board Member(s)	Councillor Jane Palmer
Organisation	London Borough of Hillingdon
Report author	Nikki O'Halloran, Corporate Resources and Services
Papers with report	Appendix 1 - Board Planner 2020/2021

1. HEADLINE INFORMATION

Summary	To consider the Board's business for the forthcoming cycle of meetings.
Contribution to plans and strategies	Joint Health & Wellbeing Strategy
Financial Cost	None
Relevant Policy Overview & Scrutiny Committee	N/A
Ward(s) affected	N/A

2. RECOMMENDATION

That the Health and Wellbeing Board considers and provides input on the 2020/2021 Board Planner, attached at Appendix 1.

3. INFORMATION

Supporting Information

Reporting to the Board

The draft Board Planner for 2020/2021, attached at Appendix 1, is presented for consideration and development in order to schedule future reports to be considered by the Board. Members may also wish to consider any standing items (regular reports) and on what frequency they are presented.

The Board Planner is flexible so it can be updated at each meeting or between meetings, subject to the Chairman's approval.

Board agendas and reports will follow legal rules around their publication. As such, they can usually only be considered if they are received by the deadlines set. Any late report (issued

after the agenda has been published) can only be considered if a valid reason for its urgency is agreed by the Chairman.

Advance reminders for reports will be issued by Democratic Services but report authors should note the report deadlines detailed within the attached Board Planner. Reports should be presented in the name of the relevant Board member.

With the Chairman, Democratic Services will review the nature of reports presented to the Board in order to ensure consistency and adequate consideration of legal, financial and other implications. It is proposed that all reports follow the in-house “cabinet style” with clear recommendations as well as the inclusion of corporate finance and legal comments.

The agenda and minutes for the Board will be published on the Council's website, alongside other Council Committees.

Board meeting dates

The Board meeting dates for 2020/2021 were considered and ratified by Council at its meeting on 16 January 2020 as part of the authority's Programme of Meetings for the new municipal year. The dates and report deadlines for the 2020/2021 meetings have been attached to this report as Appendix 1.

Financial Implications

There are no financial implications arising from the recommendations in this report.

4. EFFECT ON RESIDENTS, SERVICE USERS & COMMUNITIES

Consultation Carried Out or Required

Consultation with the Chairman of the Board and relevant officers.

5. CORPORATE IMPLICATIONS

Hillingdon Council Corporate Finance comments

There are no financial implications arising from the recommendations in this report.

Hillingdon Council Legal comments

Consideration of business by the Board supports its responsibilities under the Health and Social Care Act 2012.

6. BACKGROUND PAPERS

NIL.

BOARD PLANNER 2020/2021

1 Dec 2020	Business / Reports	Lead	Timings
2.30pm TBA: Virtual? / Committee Room 6?	Reports referred from Cabinet / Policy Overview & Scrutiny (SI)	LBH	Report deadline: 3pm Friday 13 November 2020 Agenda Published 23 November 2020
	Hillingdon's Joint Health & Wellbeing Strategy 2018-2021 (SI)	LBH	
	Better Care Fund: Performance Report (SI)	LBH	
	Hillingdon CCG Update (SI) - <i>to include update on Financial Recovery Plan / QIPP Programme savings update</i>	HCCG	
	Healthwatch Hillingdon Update (SI)	Healthwatch Hillingdon	
	Update: Strategic Estate Development (SI)	HCCG / LBH	
	Hillingdon's Joint Strategic Needs Assessment	LBH	
	Children and Young People's Mental Health and Emotional Wellbeing (incl.CAMHS) (SI)	HCCG	
	Board Planner & Future Agenda Items (SI)	LBH	
	PART II - Update on current and emerging issues and any other business the Chairman considers to be urgent	All	
PART II - Update: Strategic Estate Development (SI)	HCCG		

2 Mar 2021	Business / Reports	Lead	Timings
2.30pm TBA: Virtual? / Committee Room 6?	Reports referred from Cabinet / Policy Overview & Scrutiny (SI)	LBH	Report deadline: 3pm Friday 12 February 2021 Agenda Published: 22 February 2021
	Hillingdon's Joint Health and Wellbeing Strategy: Performance Report (SI)	LBH	
	Better Care Fund: Performance Report (SI)	LBH	
	Hillingdon CCG Update (SI) - <i>to include update on Financial Recovery Plan / QIPP Programme savings update</i>	HCCG	
	Healthwatch Hillingdon Update (SI)	Healthwatch Hillingdon	
	Update: Strategic Estate Development (SI)	HCCG / LBH	
	Children and Young People's Mental Health and Emotional Wellbeing (incl.CAMHS) (SI)	HCCG	
	Board Planner & Future Agenda Items (SI)	LBH	
	PART II - Update on current and emerging issues and any other business the Chairman considers to be urgent	All	
	PART II: Update: Strategic Estate Development (SI)	HCCG / LBH	

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STRICTLY NOT FOR PUBLICATION

Exempt information by virtue of paragraph(s) 3 of Part 1 of Schedule 12A
of the Local Government Act 1972 (as amended).

Agenda Item 15

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