

## Minutes

### FAMILIES, HEALTH AND WELLBEING SELECT COMMITTEE

20 April 2022

Meeting held at Committee Room 5 - Civic Centre,  
High Street, Uxbridge



	<p><b>Committee Members Present:</b> Councillors Philip Corthorne (Chairman), Heena Makwana (Vice-Chairman) Judith Cooper, Kerri Prince (Opposition Lead), Jan Sweeting and Becky Hagger Steve Tuckwell</p> <p><b>Co - Opted Member:</b> Tony Little, Roman Catholic Representative</p> <p><b>LBH Officers Present:</b> Anisha Teji (Democratic Services Officer), Kelly O'Neill (Director of Public Health), Alex Coman (Director of Safeguarding, Partnerships &amp; Quality Assurance), Graham Puckering (Head of Mental Health &amp; Learning Disabilities Services) and Carole Lewis (SEND Advisory Service Manager)</p>
89.	<p><b>APOLOGIES FOR ABSENCE AND TO REPORT THE PRESENCE OF ANY SUBSTITUTE MEMBERS</b> (<i>Agenda Item 1</i>)</p> <p>Apologies for absence were also received from Councillor Paula Rodrigues.</p>
90.	<p><b>DECLARATIONS OF INTEREST IN MATTERS COMING BEFORE THIS MEETING</b> (<i>Agenda Item 2</i>)</p> <p>None.</p>
91.	<p><b>TO RECEIVE THE MINUTES OF THE PREVIOUS MEETING</b> (<i>Agenda Item 3</i>)</p> <p><b>RESOLVED:</b> That the minutes from the meeting on 31 March 2022 be approved as an accurate record.</p>
92.	<p><b>TO CONFIRM THAT THE ITEMS OF BUSINESS MARKED AS PART I WILL BE CONSIDERED IN PUBLIC AND THAT THE ITEMS MARKED AS PART II WILL BE CONSIDERED IN PRIVATE</b> (<i>Agenda Item 4</i>)</p> <p>It was confirmed that there were no Part II items and that all business would therefore be conducted in public.</p>
93.	<p><b>UPDATE ON PUBLIC HEALTH INTEGRATED SERVICE CONTRACTS</b> (<i>Agenda Item 5</i>)</p> <p>The Director of Public Health introduced the report on the current Public Health Integrated Services Contracts.</p>

An update was provided on the following commissioned Public Health contracts:

- Universal 0-19 Healthy Child Programme
- Integrated Sexual and Reproductive Health
- Integrated Community Substance Misuse (Drugs and Alcohol)
- Stop Smoking

In respect of the four contracts, the Committee heard about current public health funding, what each service was commissioned to deliver, contract performance, improvements, future plans for 2022/23 and post covid changes.

Although attendance data for substance misuse services and support groups was unavailable to hand, it was explained that attendance level varied due to a number of individual circumstances and challenges. There was often differences in service attendance monthly as some individuals who used these services may choose to attend on an irregular bases.

In terms of integrated sexual health, questions were raised regarding the low return rate of 68.2% for sexual health kits that were ordered through the online service and whether improvements were being considered. It was explained that this was not a poor return rate generally when compared with other online testing services such as bowel cancer screening however improvements could always be made. Context on why the integrated sexual health and contraception service for residents of all ages from 13 – 90 years of ages and was not offered beyond 90 would be investigated and reported to the Committee. Repeat abortion rates was another area that needed to be explored further to identify any underlying issues and consequently how to reduce the rate.

During Member questions around prediction rates in each of the services when looking at commissioning activity. It was explained that trends and patterns needed to be explored to identify activity baseline needs and project this forward to anticipate a change in service use. As part of that process use in other areas can be used as a measure to help inform, and better use of data from statistical neighbours (areas with similar populations to the borough) needed to be identified, data needed to be analysed and collaborative working needed to be explored. Wider examples of how this is used to measure performance was discussed, for example, cancer screening and health checks, priority areas for the Health Protection Board, and targeting communities where uptake of services is lower – this approach was important in the context of the pandemic to support action in tackling areas that had been marginalised and at greater risk as a result of the pandemic.

In response to Member questions around areas of ward deprivation and improvements being considered, it was reported that overall, some indicators were improving however there needed to a refocus on the areas where improvement progress had plateaued. It was explained that comprehensive planning based on informed information was needed to target intervention and to tackle health inequality and there was a focus on this through all our work and will be the basis of improvement plans for commissioned services. In addition to commissioning and providing services, improving the publics health was also about the infrastructure in which people live, and these 'wider health determinants' such as access to good employment, education and housing, services provided by the Council as a whole play a more significant role in improving public health than health service provision.

Discussion on the stop smoking service - it was noted questioned about the role of

vaping as a harm reduction alternative to smoking. Services in the borough do not actively encourage the take up of vaping, rather to cease smoking without using vaping as a 'step down'. It was also noted that pharmacies were being used to encourage services such as the Chlamydia Screening programme and that use of pharmacies for public health services allowed for increased accessibility.

In terms of targeting the more vulnerable and those we used to define as 'hard to reach', were in reality 'hardly reached' residents, and that our objective is to try harder to do this. It was explained that the Health and Wellbeing Strategy aimed to increase access to services, improve people's experience of services and the health benefit and outcomes they achieve from them – to do this we must create more options for those residents who are 'hardly reached'.

The Committee thanked the Director of Public Health for the good report and positive presentation. Members were pleased to see inclusive language throughout the report and comparative data particularly around health checks.

**RESOLVED: That the Committee noted the report.**

94. **UKRAINE REFUGEE UPDATE (VERBAL)** (*Agenda Item 6*)

The Director of Safeguarding, Partnerships & Quality Assurance provided a verbal update on the Ukraine Refugee situation.

The systems in place were outlined to the Committee. It was reported that a resident could apply to be a sponsor through the national website, they would then have to undergo Home Office checks and, if they were approved, they would then need to undergo further local authority checks. The London Borough of Hillingdon carried out anti-fraud, housing, DBS. Welfare checks are completed on both the sponsor and arriving families.

It was reported that 97 families had been approved through the national system. 24 families had either changed their minds or been rejected after local checks. The main reasons for rejection were due to overcrowding of the property, lack of space in homes and lack of landlord agreement in the case of the families who put themselves forward and were tenants.

There were initiatives in place to support Ukraine families from the point of arrival. The charity, Trinity, had been commissioned to help arrivals settle and support them in registering for GPs, applying for welfare and schools. There were challenges around people arriving to Hillingdon using other means of arrival and not the official sponsorship route. At this time, there were 11 families in Hillingdon that had used this route and support was being provided to apply for the right visa.

In terms of Member questions around safeguarding of children and young people, it was confirmed that a plan had been created and pre allocations were in place to allow for the necessary assessments to take place.

Although schools had pressures in terms of school places, all partners were aware of the refugee situation and a multi-agency partner approach had been implemented. Weekly multi agency meetings took place between the local authority, London Heathrow, and health partners.

During Member discussions, it was noted that leave to remain was for a period of three

years and residents would have access to welfare, housing, and employment. There were well established processes in place to support new arrivals.

The Committee thanked the Director of Safeguarding, Partnerships & Quality Assurance for the update and welcomed the systems in place to support refugees from Ukraine.

**RESOLVED: That the Committee noted the update.**

95. **MAKING THE COUNCIL MORE AUTISM-FRIENDLY (1 YEAR ON)** (*Agenda Item 7*)

The Head of Mental Health & Learning Disabilities Services and the SEND Advisory Service Manager introduced the report on Making the Council More Autism Friendly (1 year on).

It was reported that the Social Care, Housing and Public Health Select Committee completed a report on “Making the Council more autism-friendly” in April 2021. The outcome of the report included 8 recommendations to Cabinet that were made by the Committee. The recommendations were around adopting a practical cooperate standard checklist, training for frontline staff, improving online accessibility, seeking Autism Accreditation, development of e learning training, reviewing processes in place, and creating strong partnership relationships. The progress on each of the recommendations and future plans were highlighted.

It was noted that a recent Department for Education (DfE) project had been implemented across 28 schools in Hillingdon. One of the aspects of the project was to use a Social Communication, Emotional Regulation, and Transactional Support (SCERTS) approach to review the school environments and their impact on children and young people with autism. Further to Member questions, it was clarified that the schools were decided based on meeting a specific criteria and through a funding bid that had to be applied for. The schools were selected through data however some schools were approached and offered the project. The project ran over two years and analysed how to support children within a classroom setting making it more suitable and inclusive to meet the needs of the children.

Further information in relation to the number of autistic people in hospital settings would be provided.

It was recognised that this was an important major review and the Committee commended work on the eight recommendations. At the next update timescales, feedback and performance data for implementation was welcomed. It was highlighted that the Autism Partnership Board was a valuable meeting allowing for feedback to be shared from different partners and agencies.

During Member questions it was noted that schools were more conscious of autism and targeted training was being offered to all schools. The SEND Advisory Service was offering a programme to schools that would entail looking at the provisions in place, identifying training needs, providing training sessions and following up implementation.

Members welcomed the report and thanked officers for their work.

**RESOLVED: That the Committee noted the work being undertaken by the Council and partners to address the recommendations made in the Making the Council**

more autism friendly report 2020/21.

96. **SEMI-INDEPENDENT LIVING FOR YOUNG PEOPLE** (*Agenda Item 8*)

The Director of Safeguarding, Partnerships & Quality Assurance introduced the report on Semi Independent Living for young People and provided an overview on arrangements for young people aged 16-25 years commissioned by the London Borough of Hillingdon, Children and Young People's Social Care.

Key points highlighted that Semi-Independent Living were services that provided accommodation and support to young people aged 16-18. The support offered was targeted to promote preparation for adulthood, including attendance and engagement with education and employment, teaching of life skills such as budgeting, tenancy management, keeping safe, managing health and relationships and often support with English as a second language.

During the last financial year, extra support was provided to young people in semi-independent accommodation to mitigate the impact of COVID and self-isolation. It was reported that there were 198 young people who lived in fully accredited and checked semi-independent accommodation.

In respect of unaccompanied asylum-seeking children, it was explained that children and young people were only placed in semi-independent accommodation if they had the required skills to live independently. Children were allocated social workers and had access to the same provision as any other Looked After Child. Other services such as English for Speakers of Other Language and translation and advocacy services were also offered.

During Member questions around complaints and views of young people, it was noted that young people were encouraged to speak to their social workers at meetings to raise and concerns. Their plans are reviewed in meetings chaired by Independent Reviewing Officers. Every provider needed to have safeguarding procedures in place to ensure that risks for children were managed.

**RESOLVED: That the Committee noted the update and agreed that the next update on Semi Independent Living could be provided at Corporate Parenting Panel meetings.**

97. **CORPORATE PARENTING PANEL MINUTES** (*Agenda Item 9*)

Members were encouraged to share work experience opportunities for children and young people. The minutes from the Corporate Parenting Panel meeting on 25 January 2022 were noted.

**RESOLVED: That the Families, Health & Wellbeing Select Committee noted the Corporate Parenting Panel minutes.**

98. **CABINET FORWARD PLAN** (*Agenda Item 10*)

**RESOLVED: That the forward plan be noted.**

99. **WORK PROGRAMME** (*Agenda Item 11*)

**RESOLVED: That the work programme be noted.**

	The meeting, which commenced at 7.00 pm, closed at 9.17 pm.

These are the minutes of the above meeting. For more information on any of the resolutions please contact Anisha Teji on [ateji@hilligndon.gov.uk](mailto:ateji@hilligndon.gov.uk). Circulation of these minutes is to Councillors, Officers, the Press and Members of the Public.