



HILLINGDON
LONDON



Families, Health & Wellbeing Select Committee

Date: WEDNESDAY 20 APRIL 2022

Time: 7.00 PM

Venue: COMMITTEE ROOM 5 - CIVIC CENTRE, HIGH STREET, UXBRIDGE

Meeting Details: Members of the Public and Media are welcome to attend. This meeting may also be broadcast live.

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Councillors on the Committee

Philip Corthorne, Chairman
Heena Makwana (Vice-Chairman)
Judith Cooper
Becky Haggar
Kerri Prince (Opposition Lead)
Paula Rodrigues
Jan Sweeting

Co-Opted Member

Tony Little, Roman Catholic Representative

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Putting our residents first

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Terms of Reference

To undertake the overview and scrutiny role in relation to the following Cabinet Member portfolio(s) and service areas:

Cabinet Member Portfolios	<ul style="list-style-type: none">• Cabinet Member for Families, Education & Wellbeing• Cabinet Member for Health & Social Care
Relevant service areas	<ol style="list-style-type: none">1. Children's Services (including corporate parenting)2. Adult Social Work3. Safeguarding4. Provider & Commissioned Care5. SEND6. Public Health7. Health integration / Voluntary Sector8. Education9. Children and Families Development (including Early Years and Children's Centres)10. Green Spaces, Sport & Culture (only young people universal services, adult education, music hub, sport, libraries, culture and heritage)

This Committee will also act as lead select committee on the monitoring and review of the following cross-cutting topic:

- Domestic Abuse services and support

This Select Committee may establish a Panel to support strong oversight of the Council's corporate parenting responsibilities. The Committee may appoint 3 Members to this Panel based on political balance. Membership may include non-Cabinet Members not on the Committee. The Committee may also appoint relevant Council officers and other external stakeholders to the Panel and agree its chairmanship and operation. In agreeing its operation, the Committee will provide for the Panel not to be able to establish any other sub-group or body to carry out its responsibilities.

Specific portfolio responsibilities of the Cabinet Member for Families, Education, & Wellbeing – Cllr Susan O’Brien

1. To oversee and report to the Cabinet on the Council’s responsibilities and initiatives in respect of:-

- School attendance,
- Grants and awards schemes,
- Home and hospital tuition,
- Transport and travel concessions for school pupils,
- School places,
- Raising standards of education.
- All other education services to children.
- Youth services and youth centres
- Early years centres and children’s centres
- Wellbeing of residents and Wellbeing strategies
- Careers service,
- Adult and Community Learning and skills development (including the Hillingdon Music Service)
- Libraries
- Sports Strategy
- Leisure services
- Cultural Services & activities
- Development of the Arts
- Theatres, Museums, Heritage Education Centres
- Maintenance of Heritage Assets

Specific portfolio responsibilities of the Cabinet Member for Health & Social Care – Cllr Jane Palmer

1. To oversee and report to the Cabinet on the Council’s responsibilities and initiatives in respect of:-

- Care services for children and adults
- Services for children and adult clients in need with disabilities
- Safeguarding of children and adults
- Mental health services
- Juvenile Justice
- The Council’s Domestic Abuse services and support
- Services to asylum seekers
- Corporate parenting
- Public Health services
- Partnerships with the Health and Voluntary sector to deliver better social care and health outcomes for residents
- Health Control Unit, Heathrow

Useful information for petitioners attending

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Agenda

- 1 Apologies for Absence and to report the presence of any substitute Members
- 2 Declarations of Interest in matters coming before this meeting
- 3 To receive the minutes of the previous meeting 1 - 8
- 4 To confirm that the items of business marked as Part I will be considered in Public and that the items marked as Part II will be considered in Private
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Agenda Item 3

Minutes

FAMILIES, HEALTH AND WELLBEING SELECT COMMITTEE

31 March 2022

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



	<p>Committee Members Present: Councillors Philip Corthorne (Chairman), Heena Makwana (Vice-Chairman) Judith Cooper, Kerri Prince (Opposition Lead), Jan Sweeting, Colleen Sullivan and Steve Tuckwell</p> <p>Co - Opted Member: Tony Little, Roman Catholic Representative</p> <p>LBH Officers Present: Anisha Teji (Democratic Services Officer), Dan Kennedy (Central Services), Kelly O'Neill (Director of Public Health), Rani Dady (Education Manager), Tia Sohi (SEND Team Manager), Jayne Mumford (Head of SEND), Kathryn Angelini (Virtual School Head) and Sarah Phillips (School Place and Planning Project Manager)</p>
80.	<p>APOLOGIES FOR ABSENCE AND TO REPORT THE PRESENCE OF ANY SUBSTITUTE MEMBERS (<i>Agenda Item 1</i>)</p> <p>Apologies for absence were received from Councillor Becky Haggar with Councillor Colleen Sullivan substituting.</p> <p>Apologies for absence were also received from Councillor Paula Rodrigues with Councillor Steve Tuckwell substituting.</p>
81.	<p>DECLARATIONS OF INTEREST IN MATTERS COMING BEFORE THIS MEETING (<i>Agenda Item 2</i>)</p> <p>None.</p>
82.	<p>TO RECEIVE THE MINUTES OF THE PREVIOUS MEETING (<i>Agenda Item 3</i>)</p> <p>RESOLVED: That the minutes from the meeting on 2 February 2022 be approved as an accurate record.</p>
83.	<p>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 (<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>

84. **COVID UPDATE - VERBAL** (*Agenda Item 5*)

The Director of Public Health provided a verbal update on Covid in the Borough covering areas such as the current position, analysis of the impact of Covid on different communities, legacy work undertaken and how learning was used to inform future ways of working with residents.

It was reported that the Borough's Health Protection Board (HPB) was an effective partnership forum that led a multi-agency response to the pandemic. The Council and partners had supported residents in isolation, undertaken contact and trace, supported and managed outbreaks in care and school settings and rolled out the vaccination programme.

It was noted that the London Borough of Hillingdon was a national leader in supporting arrivals to the UK.

The Committee was informed that the current rate of infection was 598 per 100,000 population and in Hillingdon there had been 1047 new confirmed cases of Covid in the last seven days. Hillingdon ranked 25/32 out of London Boroughs with the highest rates of Covid cases. The rates had been impacted by the lifting of restrictions and it was noted that the rates remained high amongst communities where testing was consistent. The Committee also heard about the rates of Covid in care settings and hospitals.

It was highlighted that Covid remained prevalent and transmission rates were still high. The Committee heard about the ways Hillingdon had learnt from the pandemic and how data captured informed future planning. The vaccination programme had delivered its intention of protecting vulnerable people albeit boosters and additional vaccinations were required to maintain antibodies and protection levels. Further information was provided regarding targeting risk groups and deceased rates. Vaccination was the seventh highest in the London Borough of Hillingdon with 75% of residents receiving their first vaccination. There were 74,000 people who were yet to have a first vaccination however work was still ongoing through community engagement.

The HPB had now reset its terms of reference to focus on moving forward and tackling wider health protection areas.

In response to Member questions around vaccination take ups, it was explained that this was an ongoing offer. Motivation was different for different people and this was also dependent on government policies. Tourism and the ability to be able to travel was a key factor for some people receiving vaccinations. Community engagement with faith leaders and practitioners took place to encourage the uptake of vaccinations.

It was acknowledged that schools had experienced a considerable loss of learning. The Department for Education had published competency frameworks with schools and had detailed measures that needed to be put in place to manage outbreaks. Schools contacted Public Health when help was required and increasing the vaccination of adults in schools was a highly effective way in managing outbreaks.

In terms of life post Covid, the national direction of travel was living safely with the virus. There were challenges with testing levels and economic implications. However, there were measures in place through the vaccination programme, regular testing and robust infection control measures and this level of response had to be maintained in specific health care settings. It was suggested that there would be seasonal variations with Covid number varying and new variants that emerged. The HPB was now

beginning to focus on prioritising other health services such as cancer screening, other vaccinations and blood pressure checks that all contributed to long term conditions and created healthier communities. Working together effectively through joint partnership was emphasised.

The Committee was informed that additional information would be circulated to Members containing accurate up to date data. Members were encouraged by the work undertaken so far and thanked the Director of Public Health for the update.

RESOLVED: That the Committee noted the verbal update on Covid.

85. **STANDARDS AND QUALITY OF EDUCATION IN HILLINGDON 2020/2021** (*Agenda Item 6*)

The Corporate Director of Central Services, Virtual School Head, Education Manager, Head of SEND and SEND Team Manager presented the annual report on Standards and Quality of Education in Hillingdon 2020/21. The report provided an overview on the standards and quality of education across Hillingdon schools and settings for Hillingdon's children, young people and adults.

It was noted that the report usually focused primarily on attainment, progress and achievement for the preceding academic year along with references to wider measures of educational success. However, due to the changes of statutory school tests and examinations during Covid-19, there was limited new data available in this report. Officers had therefore used the last published data from 2018/19 and provided updated contextual information. The report would be considered by Cabinet at its meeting on 21 April 2022.

The Committee was informed that the local education partnership would provide the platform to further improve education outcomes.

Key points across education services were highlighted to the Committee.

It was reported that schools had been using internal data to measure education outcomes. The Committee heard that the Covid recovery had been supported with closing the gap, 14 schools had been placed on the schools at risk register and Ofsted inspections had remained stable and in line with England. The education improvement four tier support and challenge model had a great impact on maintained schools and schools that were under performing had termly challenged task meetings and visits from Education Advisors, resulting in impact reports and support plans. There was a strong focus on collaboration and regular termly meetings took place to ensure a 'One Council' approach. Members also heard about the mental health support programmes and Post-16 digital brochure. There was a focus on the Black Caribbean and White British underachieving cohorts for the next few years, along with cross working with the Youth Justice Service.

In terms of virtual school achievements, it was highlighted that children at KS4 attained average levels of 28, which was five grades higher than the national average. KS2 pupils also met expected levels of progress. There had been a reduction in NEET figures, attendance was higher than national averages for Looked After Children, and there was a higher level of KS3 pupils moving onto university. Fixed term exclusion rate had continued a four year downward trend. Children Missing Education figures had decreased, exclusions were down 7% and attendance of all children was in line with statistics.

The SEND updates were outlined, and it was highlighted that the statutory compliance of 20 week plans had increased from 22% in late 2022 to 87%, 99% in phase transfer in pre 16 had been met, Published Admission Numbers had been adjusted across schools to avoid pressured or SEND magnet schools. It was noted that 592 EHC needs assessments had been received and annual reviews had increased. A free training programme had been developed for all stakeholders and integrated half termly meetings took place where data sharing was used in early years to adopt a One Council approach. The draft SEND strategy and SEND sufficiency strategies were due to be launched for consultation and the team were preparing for an impending Ofsted inspection.

In response to Member questions around data, it was noted that the London Exclusion Network group was working well and the number of exclusions compared to neighbours was high. It was accepted figures were high and as a result, the PAN London group was initiated by Hillingdon to explore and investigate why figures differed. Investigations were ongoing into managed move processes to identify if insight could be provided. Additional funding was in the process of being sought to target intervention.

Although the report made reference to National, London and Statistical Neighbours' data, it was confirmed that some data is only available for National. Where London or Statistical Neighbours' data is unavailable, the Data team have referenced this. Soft intelligent and local data had been used to receive data about the 14 schools that were on the risk register. The four-tier model, was used to make improvements and take action for maintained schools. Where there was continued underperformance, the Council used its local powers of intervention to issue warning notices.

During Member discussions it was noted that a recent Ofsted inspection about a special school had not been included in the report as the report only contained information from the academic year of 2020 – 21. The Committee was assured that officers were working closely with the school in question and this would feature in the 2021/22 report.

Questions were asked around partnership arrangements and it was explained that the new partnership arrangements involved a working party consisting of Headteachers, Council Officers, and an independent provider commissioned jointly by schools and the Council. This has enabled equal voices and collaboration from all partners.

A working model has been developed for the Primary phase. The Secondary model stage is currently being designed with Secondary Headteachers from the Hillingdon Association of Secondary Heads(HASH).

It was emphasised that there was a real commitment from schools to improve education outcomes for children in the Borough allowing school to school led support to share resources as and when required.

Although there had been good achievements, there had been many challenges as a result of the pandemic, such as an increase in electively home educated pupils.

In term so monitoring mental health in schools, it was noted that the mental health initiative started in 2020 with national training, feedback was sought from schools and there had been a second year of national funding used to provide accredited mental health first aid training. The funding was also used to recruit a mental health lead

expert for this academic year to provide individual schools / Trusts with customised support.

In terms of school exclusions, it was explained that 65% of pupils that had special education needs had predominantly been excluded due to social, mental and health reasons. To manage this, schools were asked to look at behaviour management plans and local strategies to assess pupils that seemed withdrawn. Schools were also asked to provide reasonable adjustments and there had been a lot of engagement from schools for outreach and help.

During Member questions, it was noted that an offensive weapons protocol was being developed and was due to be launched in Summer 2022. A task and finish group was being established to manage the protocol. It was also confirmed that the partnership modal and internal data was used to support more able individuals.

Further information would be provided on the number of children that went to early years settings and the number of children referred to the fair access panel.

Although a form of words was suggested for Cabinet, it was agreed that this would be finalised in consultation with the Labour Lead.

Officers were thanked for the preparing the report and having regard to previous feedback provided.

RESOLVED:

- 1. That the report be noted.**
- 2. That the final wording of the Committee's comments be delegated to the clerk, in consultation with the Chairman and Opposition lead.**

86. **QUARTERLY SCHOOL PLACES PLANNING UPDATE** (*Agenda Item 7*)

The Corporate Director for Central Services and the School Place Planning Project Manager introduced the report and provided an overview of the latest quarterly update on school places.

It was reported that primary rolls were still experiencing some movement. The January 2022 census analysis had not been not yet completed. All resident pupils including 105 with Education Health Care Plans had been offered a place. Around half of primary schools continued to be full and many of the others had empty places in classes, but a few faced a greater decline in rolls and in the September 2022 intake.

Demand was still rising for specialist places for pupils with Education Health Care Plans. It was reported that plans and delivery were underway to expand special schools and now a further programme of new places had been prepared as a key part of the Council's DSG Recovery Programme, and a bid for further capital had been submitted to the Department for Education.

During Member discussions, it was noted the number of unprecedented in year applications occurred during August 2021 until October 2021, and then slowed down. Although the Council received the highest number yet of Year 7 secondary schools applications for September 2022, all pupils were made an offer on National Offer Day. The 120 pupils that applied after the October 2021 deadline were sent offers more recently.

In terms of the DSG safety valve process, it was clarified that the LA had made a capital bid for around 22 million pounds and a new special free school, this was in addition to the revenue element of the safety valve agreement.

It was noted that the Department for Education was involved in the process of identifying suitable locations for free schools and these needed to be delivered by academy trusts. The costs in the rise of construction delivery were also noted. It was clarified that 'alignment' was related to new staff posts being created and a dedicated board to deliver the programme and govern the process. Support was also being offered around early intervention in school place planning.

Concerns were raised regarding pressures of school places in the south of the Borough with many pupils choosing to travel to the north of the Borough. Concerns were also noted in relation to 230 pupils not receiving one of their preferences, noting often this was to schools in other LAs. It was questioned why the new school was being developed in the north of the Borough and it was explained that many factors needed to be taken into account such as parental preference. When it was bid for, the greatest demand was in the north of the Borough but there had been difficulties in identifying a suitable location in the north and so also the south had been searched for a site large enough, with no success.

Officers agreed to provide the January 2022 census data by school when it was ready and a breakdown of where the pupils lived who did not receive an offer of one of their preferences.

The Committee commended officers for their work in this challenging area.

The Schools Place Planning Project Manager was thanked for their work and wished well for the future.

RESOLVED: That the Committee noted the update and actions underway to support parents and schools and questioned officers about the update.

87. **CABINET FORWARD PLAN** (*Agenda Item 8*)

RESOLVED: That the forward plan be noted.

88. **WORK PROGRAMME** (*Agenda Item 9*)

The Committee was keen to receive further updates on youth services and early years and children's centres. Members requested that an update on youth services was provided at the meeting on 20 April 2022. It was confirmed that Democratic Services were liaising with officers to arrange a suitable time for updates to the Committee.

RESOLVED: That the update and work programme be noted.

The meeting, which commenced at 7.00 pm, closed at 8.54 pm.

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

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Public Health Integrated Service Contracts

Committee name	Families, Health and Wellbeing Select Committee
Officer reporting	Kelly O'Neill, Interim Director of Public Health
Papers with report	None
Ward	All

HEADLINES

This report provides an update on the current Public Health Grant (PHG) funded contracts:

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

The scope includes information on current public health funding, what each service is commissioned to deliver, headline performance 2021/22, and commissioning intentions to maintain continual improvement for each service in 2022/23.

RECOMMENDATIONS

That the Committee notes the report.

SUPPORTING INFORMATION

2. PH Grant Funding: Investment into borough residents health:

Each year the Department for Health and Social Care (DHSC) allocates a public health grant (PHG) to each local authority on a principal-agent basis that is invested into truly needed services/programmes that prevent ill health, promote healthier lives and address health disparities.

There are stated conditions on how the grant can be spent, this is referred to as prescribed and non-prescribed functions and the allocation of spend is monitored annually by the Office for Inequalities and Disparities (OHID). A responsibility of the Director of Public Health is to provide assurance that the conditions through which the borough public health grant is applied is being met and to demonstrate how investment has achieved health improvements for borough residents. These improvements are measured through data and evaluation, for example, the Public Health Outcome Framework (PHOF).

The PHG investment supports the achieving of two main longitudinal health outcomes for Hillingdon resident population, including those people who are temporarily in our borough. These

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outcomes are:

- **Increasing the healthy life expectancy of residents:** taking account of health quality and the length of life – achieved through children starting well, having a healthy birth and development, staying healthy as adults and as life progresses maintaining a healthy, autonomous, and independent life where health and care needs are met when they are needed.
- **Tackling health inequalities in our borough:** Proactively taking action to reduce unfair and avoidable differences in health and life outcomes experienced by one individual and community when compared to another.

To achieve these overarching outcomes and the wider public health measures set out in PHOF, LB Hillingdon determines based on data of need how the grant is spent wider than the key contracts this report focuses on.

Table 1: An outline of the current grant financial position (April 2022) for Hillingdon

Annual Public Health Grant 2022/23	£18.539M – this is an increase of £506,563 from 2021/22
PH Reserve Status	£2.54M
LBH Investment to support PH outcomes	£5.1M
Total current PH contracts value	£11.923M <ul style="list-style-type: none"> • Integrated sexual health - £3.566M (LNW provider) • NHS Health Checks - £280K (GP Confed provider) • Substance Misuse services - £3.027M (CNWL provider) • 0-19 Health Child Programme - £4.917M (managed through resident services – CNWL provider) • Stop Smoking services £133K (CNWL provider)
PH team staffing allocation	£413,959

3. Process for oversight of PH Grant investment into LBH

As part of the PHG oversight and assurance, a process for review of allocation of public health grant against aligned PH outcomes is carried out and now at year end this process will restart. This process brings together the components of where funding has been allocated to give an overall understanding of the outcomes from the investment and the impact this is having in improving residents' health and wellbeing.

As part of this process the Public Health team will agree with funded services, any changes that could be made to achieve even better improvements for financial year 2022/23. Each funding investment allocation will be agreed with progress against planned activity, profiled budget spend, and outcomes will be reviewed on a quarterly basis.

4. Procurement plans for PHG funded external contracts:

The three main PHG funded service contracts have been extended for 18 months to ensure the council meets its duty to provide statutory services – and a future commissioning and procurement options paper presented for each contract. The three contracts included in this options paper are:

1. Integrated sexual health
2. Substance misuse contracts
3. Integrated services – 0-19 (led by Social Care)

Regardless of the procurement option all three contracts will need to be extended to ensure the council meets its duty to provide statutory services, and a need assessment should be completed to ensure services are addressing access to, and benefit from all communities. Given what we have learnt from the pandemic this is a timely opportunity to ensure services address our need and address the differences in health and wellbeing experienced by our residents and communities.

5. Integrated Public Health Grant Funded Contracts:

The scope, performance and commissioning intentions for each contract is presented separately.

5.1 Integrated Sexual and Relationship Health Contract

Contract Name	Provider	Contract Value
Integrated Sexual and Relationship Health (IRSH)	LNWH provider	£3.566M

The service is commissioned as a block contract 'Prime Provider' model with the contract lead provider London North West Healthcare Trust (LNWH) with sub-contracted providers to support service elements:

- Integrated sexual health and contraception service for residents of all ages from 13 to 90 years of age [North West London Sexual Health \(nwlondonsexualhealth.nhs.uk\)](http://nwlondonsexualhealth.nhs.uk)
- Online Sexual Transmitted Infection (STI) testing service - delivered by SH24 [Order a STI test kit | SH:24 \(sh24.org.uk\)](http://sh24.org.uk)
- Online Contraception & Emergency Hormonal Contraception [Contraception information, tools and advice | SH:24 \(sh24.org.uk\)](http://sh24.org.uk)

The service offers face to face appointments and drop-in services through three clinics, the main clinic being the Wakely Centre, Hayes with two satellite clinics. Supporting the clinics are outreach services into educational settings:

- Secondary school aged student service - delivered by Brook via, assemblies, 1:1 course, Healthy Relationship courses. This service is also delivered at the Pupil Referral Unit, and in special schools.
- Outreach HIV education, information, signposting, point of care testing, peer mentoring and support is delivered by the Terrence Higgins Trust in partnership with Spectra.

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Local need for this service is comparable to that experienced in other areas of London and neighbouring local authority areas. Most service users are women seeking information and treatment for contraception or EHC (emergency hormonal contraception), men who have sex with men for STI & HIV testing, and this is available as a face-to-face HIV clinic at Northwick Park Hospital that offers PREP. The priority focus for the service is to support the sexual health need, including prevention services for:

- **High Risk and Vulnerable groups:** Increasing uptake of early intervention and prevention services amongst high-risk and vulnerable groups which include:
 - Under 18s
 - Adults at risk of STIs and HIV infection including people not born in the UK arriving from countries where there are higher prevalence of HIV and Hepatitis
 - Women attending for pregnancy terminations and repeated attendance for the same need
 - Users of sexual health services who experience repeat STI infections.
 - Individuals who may be vulnerable because of other life circumstances, where they live, relationships they have and risks related to behaviour, which may be without choice.
- **Hardly reached individuals, groups and communities** - Some groups find accessing services more difficult because of concerns regarding stigma or perceived service limitations (e.g., LGBT+ groups), or may be at additional risk of exploitation because of life circumstances, for example residents with:
 - mental health need,
 - learning disabilities,
 - victims of sexual assault, domestic violence and/or trafficking)
- **Male service users:** The current community sexual health service is predominantly used by women, and so is perceived to be a service 'for women'. Evidence suggests that young men are unlikely to actively seek out information or advice on sex – the service is taking action to challenge this perception and make the service understood by men as relevant to their needs.

Throughout the pandemic many of these services were delivered mainly through SH24 the Hillingdon online Sexual Health with limited service available in person.

5.1.1 Contract performance data shows the strength of the IRSH to be:

- Led by SH24, providing a comprehensive and unique online offer that predates many other virtual offers
- Weekly Young People drop in at the main clinic site that allows immediate access without booking
- Provision of a service that meets quality standards, including access to and experience by service users, within budget

To demonstrate service activity Table 2 shows the online SH 24 service has between the period Q1—3 2021/22 for Hillingdon residents.

Table 2: Online activity provided by SH 24 (April – December 2021)

Intervention Measure	Performance
Number of orders for sexual health kits	7,911
% Of sexual health kits returned	68.2%
Of the kits returned % that were within 24 hours	83.4%
Total reactive/ positive results for an STI	414
Chlamydia Tests	311
Gonorrhoea Tests	49
Chlamydia treatments delivered	269
Chlamydia Diagnosis rate	5.5%
Gonorrhoea Diagnosis rate	0.9%
Syphilis reactive rate	1%
HIV reactive rate	0.5%

5.1.2. Changes to the service post-Covid:

There has been efficient working and improved service provision during Covid despite face-to-face activity being significantly reduced. This includes:

- All residents telephone triaged prior to a face-to-face appointment being offered. Commissioners are working with the provider to maintain this as a hybrid service model combined with a digital technology-based offer. This takes account of the digital poverty that creates exclusion to service access that was highlighted by the YP Healthwatch feedback to the IRSH
- There have been changes to some providers service offer for varied reasons, these changes are being reviewed to determine whether there are any access gaps that need to be addressed through commissioning intentions
- The use of Telemedicine – for some residents this has been a benefit, but for others, telemedicine is not suitable, particularly for some young people and people with low literacy skills. This service approach will not be offered in isolation of other access as this risks increasing inequalities amongst some residents who are identified as priority service users
- Commissioners are working with the IRSH providers to increase the number of Pharmacies to at least 7 who can offer the Chlamydia Screening programme

5.1.3 Service Improvements for 2022/23:

The following actions are being developed to improve the service offer for borough residents:

- Improving the offer of LARC in PCN's based on a similar model to cervical smear tests.

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- Prevention of unplanned pregnancy – the borough is an outlier for abortion rates in the older age group 25-35 years of age, and for repeat abortions (PHOF 2020)
- Supporting more residents with learning disabilities to be aware of and use sexual health services
- Increase outreach to target sex workers in the borough – this would have greater effectiveness working across other NWL boroughs
- Improve referral pathway from Abortion services into IRSH, the pathway is too complex, and as NWL CCG commission abortion services, there is a risk of fragmentation or low referrals numbers to local services
- To relocate the IRSH service hub site

5.2 Substance Misuse (Drug and Alcohol) Service Contract

Contract Name	Provider	Contract Value
Substance Misuse Services	CNWL	£3.027M

This service provides an essential support and treatment offer to vulnerable residents experiencing drug and alcohol addictions, many of whom have complex health, wellbeing and social needs. There has been an increase in the number of people who are accessing this service post the pandemic lockdowns. This is likely to continue due to a reported increase in harmful alcohol use which may result in more people seeking treatment in the future.

Recognising the continuous rise in drug related deaths since 2012, the Government commissioned Dame Carol Black to carry out a 'Review of Drugs'. This two-part report examined both the drug markets and criminal networks involved in drug dealing, as well as treatment and recovery provision. Published in July 2021, part two of the report laid out 32 recommendations for Government and local authorities, which included investing more into treatment services and strengthening partnerships. The three priorities set out are:

- Delivering a world-class **treatment** and recovery system
- Achieving a generational **shift in the demand** for recreational drugs
- Breaking **drug supply** chains

National targets have been set out for the first three years including increasing the numbers accessing treatment services by 20%. Local authorities will be expected to contribute towards these aims and will be receiving enhanced funding during 2022/23 to 2024/25 to enable them to do so.

There is a need to work closely with CNWL, the service provider, alongside key partners to ensure a comprehensive response is agreed and outcomes for both residents and their families are maximised. Through a joint needs assessment and partnership liaison, Hillingdon will target those groups and areas where people are most at risk or are not accessing services. A treatment plan will be required and will be signed off and monitored by OHID, ensuring improved governance as well as investment for this agenda.

Based on National Drug Treatment Monitoring System (NDTMS) data Hillingdon has the 12th highest prevalence of opiate user and 17th highest rate of cocaine (crack) use in London. Men

aged between 19 and 59 years of age account for 92.1% of the service users accessing the service. Table 3 below is used to illustrate the range of drugs used by those attending the service (data 19/20).

Table 3: Drugs used by service users accessing the service

Substances	Male	Female
Opiate and/or Crack Users	410	125
Opiate without Crack Users	201	72
Crack without Opiate Users	10	*
Cocaine Users	81	34
Amphetamine Users	13	*
Cannabis Users	105	39
Benzodiazepine Users	43	24
Alcohol Users	280	112
Other drugs Users	7	6

*Data has been suppressed due to low numbers

The Substance Misuse Service offer is broad and includes:

- Comprehensive assessment and care planning with one-to-one tailored psychosocial support
- Clinical interventions including opiate substitute prescribing
- A range of psychology informed and peer support groups
- Drug, alcohol and dual diagnosis support and treatment services delivered by a specialist multi-disciplinary team that includes Psychiatrists, Nurses, Psychologists, Social Workers, Key Workers, Outreach Workers, and Smoking Cessation staff.
- In-patient drug rehabilitation service which is funded by CNWL – residential funding is supported by the LA
- Homeless and Rough Sleeper programme delivered as a partnership with Homelessness and Housing teams
- Criminal Justice Service in-reach to Prisons to co-ordinate discharge of an offender into local services and supporting access to Naloxone (drug used to reverse the effects of opioids, and prevent overdose)
- Partnership work with the Probation Service to get those people in recovery services back into employment and help with housing
- Tier 4 Young Persons Drug and Alcohol support workers – tier 4 services are aimed at individuals with a very high level of need of services to stabilise them – this can include abstinence and detoxification programmes
- Addiction’s worker located in hospital A&E service to support the care of people presenting with specialist drug and alcohol emergency needs
- Emerald Pathway – this is an outreach worker supporting service users aged 55 years plus, that supports service users who have fallen due to alcohol use
- Peer, carers and extended friends and family support group
- Substance Misuse Supervised Consumption / Needle exchange, accessed through six pharmacies across the borough

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- Fibro scan service to detect liver disease/cirrhosis early and refer to hospital services for assessment and treatment
- Stop smoking support

5.2.1 Contract Performance Data: Q1-3 2021/22

Outcomes for all groups had improved and are within, or near to the top quartile for Hillingdon’s comparator group, apart from opiate users. However, this is currently the priority area for focus and clinical pathways are being reviewed aiming to achieve improved outcomes. Reporting of successful completions of structured treatment, in Quarter 3 2021/22 covers the period 01.01.21 to 31.12.21.

Table 4: Successful Completions in Treatment: Q1-3 2021/22

Quarter 1- 3 (period 01.01.21-31.12.21)	Hillingdon Successful Completions	Top Quartile Comparator Range
Opiate Users	4.8%	6.41-10.70%
Non-Opiate Users	41.4%	40.36-60.58%
Alcohol Users	43.1%	44.93-57.23%
Alcohol and Non-Opiate Users	38.5%	37.01-51.52%

Of the 1184 people in treatment during this period, 301 successfully completed treatment. However, it should be noted that as successful completion measures show those completing treatment in a planned way, out of all of those still in treatment, they do not illustrate the many ‘in treatment’ benefits gained from those engaged and does not mean that people are dropping out of the service.

For example, Treatment Outcome Profiles (TOPs) measures look at ‘softer’ measures, comparing at the start, in treatment (at six months as a minimum standard) and exiting treatment. The six months TOPs reviews in Hillingdon in Quarter 3, shows that abstinence rates for all categories were well within, or above the expected range.

Table 5: Abstinence Rates at 6 Months in Treatment

Quarter 3 2021/22	Abstinence Rates at 6 Month Review Hillingdon	Expected Range
Opiate Users	41.4%	27.8-64.1%
Crack Users	37.5%	20.3-59.5%
Cocaine Users	56.3%	20.9-69.6%
Alcohol Users	35.3%	10.2-29%

Evidence suggests that people will gain meaningful benefits from engaging in treatment for 12 weeks or more, even before they have completed treatment, hence OHID measure the proportion in treatment who are retained for this period (or successfully complete within this period).

Hillingdon performs in line with, or above the national average for this measure.

Table 6: Retention Rates in Treatment for 12 Weeks or More

Quarter 3 2021/22	Retained in Treatment in Hillingdon for 12 Weeks or More	National Average
Opiate Users	95%	95.8%
Non Opiate Users	96.8%	85.8%
Alcohol and Non-Opiate Users	96.6%	87.2%

A further indicator that a treatment service is delivering meaningful, quality treatment is showing low unplanned early exits. Relapse and reengagement is a normal part of addiction, however, maximising opportunities to engage people when they first enter treatment is important.

Hillingdon performs better than average in all groups, except the opiate cohort. As described above, that is the current focus for commissioner and provider.

Table 7: Early Exit Rates From Treatment

Quarter 2 2021/22	Proportion Exiting in an Unplanned Way Before 12 Weeks in Hillingdon	National Average
Opiate Users	21.1%	15.8%
Non Opiate Users	4.7%	17.8%
Alcohol Users	11.8%	13%
Alcohol and Non Opiate Users	3.9%	16.7%

5.2.2 Improvements planned for 2022/23

The priority commissioning intention is to more effectively work with the service provider to implement the From Harm to Hope national strategy. This will include aiming for a 20% increase in drug and alcohol treatment and review the recommendations from the 2020 for outstanding actions that were not implemented due to the pandemic focus.

To achieve these improvements, we will:

- Establish a forum where the action plan for the national strategy will be overseen
- Implement a universal offer to schools potentially free or chargeable depending on the model chosen that is quality assured
- Increase prevention and early intervention work with Sorted the young people's universal and Tier 2/3 drug services
- Improve the training to build capacity and capability amongst referral organisations
- Increase the uptake of services by women.
- To establish a pilot programme for Dual Diagnosis Mental Health Teams in 2 PCNs based on the programme in Ealing
- Timely and planned referrals from the Prison service in partnership with ARCH

5.3 0-19 Healthy Child Universal Programme Contract

Contract Name	Provider	Contract Value
0-19 Health Child Programme	CNWL	£4.917M

The 0-19 Healthy Child Programme is a universal offer to all families with children who live in the borough. Through health surveillance pre-birth and at developmental stages especially up to the age of 5 years a child and family are supported so that they are ready, able and willing to learn by the time they start schools. The service also provides a school and home-based nurse support for school aged children attending schools and schooled at home.

There has been a programme of ongoing transformation between LBH as the commissioner and CNWL as the service provider which has allowed greater alignment of services that support families. The transformation objectives aim to develop a 0-19 contracted service based on local family need, that can flex to changes in the population, their needs, including emerging priorities at scale, develop a robust prevention and early intervention offer that reduces means we tackle local needs at the earliest opportunity and to be able to respond effectively. This includes the development of Family Hubs and aligned outreach spokes where system-wide borough professionals work together in a neighbourhood, and together focus on better outcomes for families.

5.3.1 Current Performance of the service

As a universal service it is important that all children are seen by a professional regularly. Service performance is based on national measures. Performance for Q1 – 3 2021/22 where outputs are consistent have been averaged for paper brevity and are set out in the Table 8 below.

Table 8: Headline contract performance measures

Target Met	Target not met	Improvement Focus
% Of new births that receive a face-to-face new birth visit by a HV within 14 days (target 85%) – 93%	No of mothers who receive a face-to-face antenatal contact with a HV at 28 weeks (target 85%) – 75%	Breastfeeding uptake – 65% (no target is set)
% Of children that receive a face to face 6–8-week review by a HV (target 95%) – 94%	NCMP consented Reception (target 95%) – 51%	Recording breastfeeding status at 6–8-week review (target for publishing 95%) – 92%
% Of children who receive a 12-month review by the time they are 15 months (target 75%) – 85%	NCMP consented Year 6 (target 95%) – 64%	Follow up and intervention for all children identified through NCMP as overweight/ obese
% Of children who received a 2-2.5-year check (target 70%) – 72%		LAC assessments completed – improvements seen
All schools have a designated named school nurse		

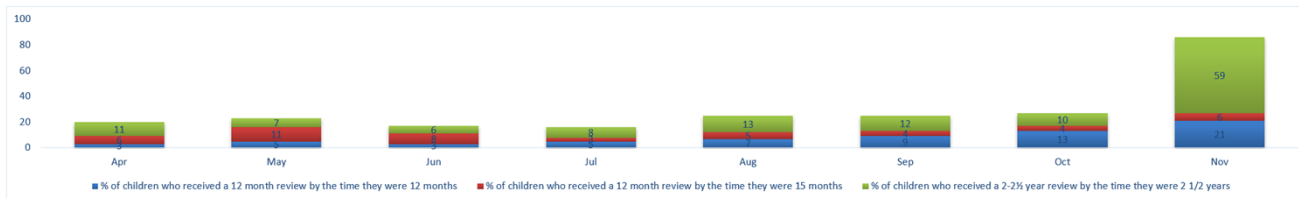
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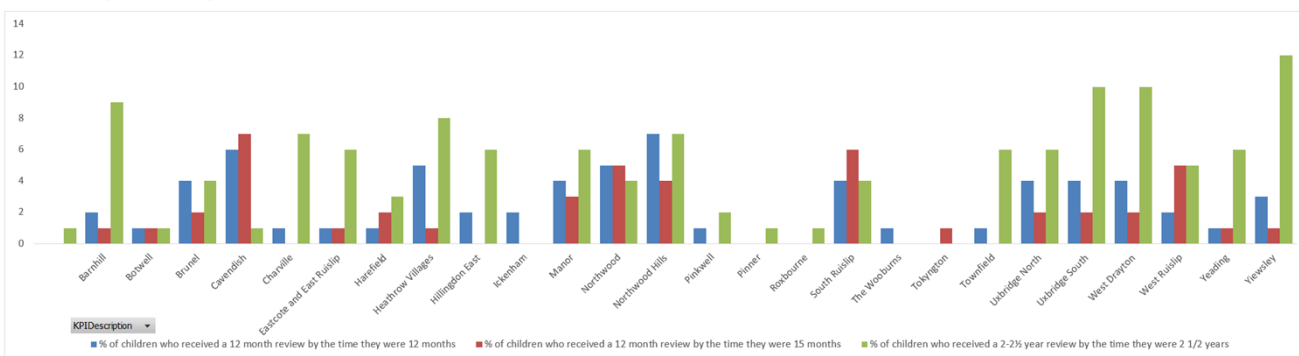
CNWL has reviewed the number of children who have not attended for one of three milestone checks. Figure 1 is the number of DNA by month for each of the checks and the total DNA by ward – we are progressing through the transformation board how we can reach out to these families and support improved access.

Figure 1: DNA service activity against three mandated child surveillance checks: April – November 2021

DNA the development check - by month of planned review - April to Nov 2021



DNA the development check by ward



The 0-19 HCP contract has effectively been managed through Social Care Services.

5.3.2 Improvements planned for 2022/23

There are greater opportunities for the PH team to be more engaged in this programme and wider public health support of children and young people in the borough – particularly to help support the prevention and early intervention areas of focus where outcomes are poorer for our children and their families.

In this commissioning year we will work with Social Care contract lead and CNWL as part of the transformation programme and align investment in:

- Whole System approach to obesity – supported through the London Community of Interest in partnership with LB Hounslow
- Invest in evidence-based interventions that support healthy weight, oral health, and increased physical activity.

5.4 NHS Health Checks Programme:

Contract Name	Provider	Contract Value
NHS Health Checks	GP Confederation	£280K

The NHS Health Check is one of the 5 mandated PH functions for a local authority. The national programme offers a risk assessment, awareness and management programme for people aged 40 to 74 who do not have an existing diagnosed cardiovascular illness. The programme is aimed at preventing heart disease, stroke, type 2 diabetes, kidney disease and vascular dementia. All eligible individuals are entitled to receive an NHS Health Check once every five years. The NHS Health Check is one of the five mandated Public Health functions for local authorities.

In Hillingdon, NHS Health Checks are provided by the 45 GP practices. Eligible patients are contacted by their GP practice (by letter, telephone, text message or face-to-face) and invited to book an appointment. Appointments usually take 15-20 minutes.

At an NHS Health Check appointment, an assessor will measure a person's height, weight and waist circumference, pulse rhythm is checked, and blood pressure measured. If the person has not had a venous blood test for cholesterol and blood glucose (or HbA1c) prior to their appointment, they will also receive a point of care finger stick blood test for these. The individual will be asked to confirm any family history of vascular disease, smoking status, alcohol consumption and physical activity levels. People aged 65-74 will be given information about the signs and symptoms of dementia, and local memory services. The assessor will then calculate the person's risk of developing a vascular disease over the next 10 years, will explain this to the person and then given healthy lifestyle advice to help them reduce their risk level, and signposted to local services such as leisure centres and health walks.

If a person has results that are outside normal parameters or if there are any other concerns, they will be referred to a GP for further investigations and / or treatment. Patients are also referred to local healthy lifestyle services such as smoking cessation, exercise-on-referral, weight management and the NWL Diabetes Prevention Programme where appropriate.

Table 9: Uptake of Health Checks at borough level

Year	Total eligible population	Number of first offers of an NHS Health Check (in a five-year period)	Number of NHS Health Checks received	Uptake (%)
2018/19	77,949	10,423 (13.4%)	6,645 (8.5%)	63.8
2019/20	78,665	13,214 (16.8%)	6,029 (7.7%)	45.6
2020/21	79,859	1,825 (2.3%)	967 (1.2%)	53.0
Q1-Q3, 2021/22	81,561	5,530 (6.8%)	2,723 (3.3%)	49.2

Data is collated on uptake by gender, age and ethnicity. We know that there are under-screened groups which data confirms for the borough:

- Men in all age groups.
- Those eligible from Black, Mixed race and other ethnic groups are less likely to attend for screening.
- Patients registered to practices where uptake is lower.

The national analysis indicates that deprivation is the most significant factor for under-screening in NHS Health Checks with the most deprived being the least screened. More analysis for this programme is required using a population health management approach to analyse and address gaps in service provision.

The priority for this contract as part of the population health management approach will be to:

1. Increase NHS Health Check uptake by:
 - Improving our understanding of whom those most at risk are and will benefit most, and target the service to those people and groups identified
 - Reducing variation amongst GP providers through increased training; greater support for the lower performing GP practices and greater collaboration at PCN level between practices
 - More effective publicity and marketing of NHS Health Checks as an important health intervention
2. Improve access to an NHS Health Check by:
 - Increasing access through locations and times when appointments can be made – including workplace health offer
3. Effective referral to a health improvement intervention is increased by:
 - Ensuring that part of the immediate post HC discussion care plans about how risk can be reduced, and directs the individual to the most appropriate service that can support this
 - Increase referrals which commute to attendances in preventative services such as smoking cessation, weight management and exercise services that maximises the support offer to individuals
 - Follow up those people identified as at risk to determine what worked, and how services can be more responsive
4. Improve digital technology by:
 - Looking at the NHS Health Check offer in other areas and where there has been successful digitalisation of the service that increases uptake and improve individuals' NHS Health Check experience in line with the new digital NHS Health Check offer that is currently being developed by NHSX
5. Greater evaluation and alignment to wider HHCP focused workstreams where NHS Health Checks could contribute to improving health outcomes for residents by:

- Having clear measures for evaluation such as access to, experience of, benefit from the service
- Share what works to improve system ownership of the programme and recognition of the value the service offers for preventing long term conditions as part of a process of investment into prevention.

5.4.1 Local Public Health action for this contract 2022/23:

- Cost of NHS Health Check programme:

The current budget is based on completion of circa 7,500 – 8,000 checks each year, which accounts for approximately 9.5% of the current eligible population. Increasing uptake is an effective return on investment for increased funding as a prevent to save and the expansion of the programme to people aged 30-39 and activity to an annual target of 10,875 (13.3%) of the eligible population in 2022/23 and 12,234 (15.0%) in 2023/24 would make a significant step towards increasing our ambitions to reduce chronic LTC through earlier detection of risk amongst younger people

- Data:

This service generates significant amounts of data that would be able to better inform system prevention and early intervention planning – the action is to embed this work within HHCP as part of the LTC prevention programme.

5.5 Stop Smoking Services Contract:

Contract Name	Provider	Contract Value
Stop Smoking services	Addictions Recovery Community Hillingdon (ARCH) – CNWL NHS Trust	£133K

The adult smoking prevalence in Hillingdon is 10.1% of the total population, lower than London (11.1%) and England (12.1%). Smoking disproportionately affects the most disadvantaged in the community and is a significant contributor to health inequalities in the borough, for example 2019 data shows that in LBH people who are in routine and manual occupations have a smoking prevalence of 15.9% (London 20.7%/ England 23.2%).

The borough service is provided by ARCH with clinics available in locations around the borough. The service model is working to the NICE: Tobacco: preventing uptake, promoting quitting and treating dependence guidelines (November 2021) with local performance indicators that demonstrate improved outcomes for service users. Data is presented for 2021/2022 quarter 1-3. Q4 data will be available in May.

The service has focused on:

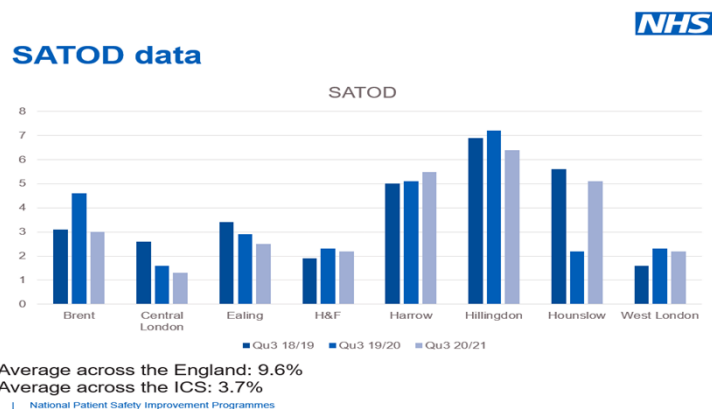
- 1: Improving campaigns strategies to increase referrals to smoking cessation services
 - Promoting and supporting stop smoking in a range of settings in line with the priority indicators.
 - Joint work with LBH Communications Team so that the stop smoking website is relevant with advertisements for services in 'Hillingdon People'.
- 2: Support for targeted stop smoking interventions at Hillingdon Hospital: Regular weekly clinics running within Hillingdon Hospital advertised through hospital departments, especially cardiology and respiratory services.

5.5.1 Targeted Priority Activity:

1. **'Stop before the Op':** This is linked to the Pre-Assessment Department at HHFT with promotion of screening for tobacco use and referral to the service. There are effective referral pathways with access to stop smoking level 1 training for hospital staff. The benefits of this intervention are significant: less anaesthetic is required, less risk of peri and post operative oxygen support, quicker recovery period, faster wound healing with less risk of infection, reduced risk of heart attack and operation complications.
2. **Primary Care /GPs:** Review carried out of stop smoking services in General Practice and wider primary care settings. New virtual models for stop smoking service delivery are being trialled at a small number of GP surgeries for a 3-month period started in April 2022 have been initiated including virtual groups.
3. **Mental Health:** 2019 PHE data shows that residents with a long-term mental health condition in Hillingdon have a higher smoking prevalence 29.2% (London 26.6%/ England 25.8%), for those with a serious mental illness in Hillingdon this is higher still - 37.2% compared to London (38.9%) and England (40.5%). Targeted support delivered through satellite clinics held at hostels for people who experience mental ill health. The target group focuses on residents with complex mental health needs including harm reduction approach to smoking cessation using psychosocial and behavioural interventions.
4. **Maternity services and pregnant women:** This are an important intervention for women who are smoking at the time of maternity booking using CO testing validation. This programme is in the early stage of service development to support NW London Local Neonatal and Maternity System (LMNS) aim to offer smoke free services to 100% of birthing people and any smokers in their household by March 2024. The current target is to achieve at least 40% with services offered face to face with a specialist midwife/ support worker by the end of the 21/22 financial year.
Targeted interventions for pregnant woman and their partners are essential for the best in-utero infant development and many women are continuing to regularly smoke throughout their pregnancy. SATOD (Smoking at Time of Delivery) data indicates that whilst rates for the Borough are lower than the England average (9.6%) there are higher % of women who report they are smoking when they give birth. Figure 2 below compares Hillingdon with

other NWL boroughs by comparing the percentage of women at one Quarter (Q3) data point across 3 years – 18/19 – 20/21 who are smoking at the time they give birth:

Figure 2: Smoking at the time of delivery – SATOD 18/19 – 20/21



Overall stop smoking data for Q1-3 shows that there is more scope for improved engagement with smokers and improve the quit rate as well as understand how effective stop smoking services in different settings are. Between April 2021 – Dec 2021 326 people set a stop smoking quit date of whom 144 (44%) quit smoking. This means they were not smoking 4 weeks after their quit date.

Table 10 shows the quitter outcomes for different settings where smoking cessation services are offered and the variable quitter numbers. There are clearly opportunities to increase uptake in some services.

Table 10: Outcomes from stop smoking service by setting Q1-3 2021/22:

Service Setting (Total 144)	No. set a quit date	No. of quitters	% Quitters in period
Community	55	34	61%
Pharmacy	263	104	39.5%
Hospital	8	6	75%
Pregnant women	12	9	75%

There is current 13 pharmacies in the borough offering stop smoking services of whom 4 are providing most of the activity (Nuchem in Hayes, Mango in Cowley, Grosvenor in Hayes and Carters in Eastcote).

A review of these settings and how we increase uptake and quitter numbers especially in the target groups set out in Table 11 will be carried out with the service in 2022/23.

Table 11: Outcome by Target Group from stop smoking service by setting Q1-3 2021/22

Priority Group (Total 326)	No. set a quit date	No. of quitters	% Quitters in period
Pregnant Women (37 referrals)	12	9	75%
People with MH need*	8	3	37%
Young People	10	5	50%
People in Routine/ Manual Occupations	43	18	41%
Non-priority group smokers	253	145	57%

62 clients with a mental health need had a brief intervention for a harm reduction approach and received support to motivate them towards quitting smoking as part of overall health and wellbeing assessment.

Additional Stop Smoking resource is funded by LBH as part of a Pan-London approach to increase the number of people accessing services. There have been too few referrals between the London Service and the local provider which will also be part of the scope of a local Stop Smoking review.

The prevalence of smoking in the borough has reduced, and Figure 3 below shows that there has been a year-on-year decline in the number of people in the borough who are quitting – this is contributed to by the development of vaping technology which is considered as a ‘harm reduction intervention’.

Figure 3: Smoking Quitters in Hillingdon 2011/12 – 2020/21:



Source: OHID - Local Tobacco Control Profiles

6. Public Health Planning for 2022/23

There are areas of each contract that need improvement, more focus on prevention and early intervention, service delivery, and especially how we weight service delivery to target individuals and groups we know to be at higher risk and more vulnerable.

We recognise that as we develop options behind our procurement plans, it is important that we more effectively build in robust evaluation methods that do not focus solely on activity and outputs but measure outcomes and impact of the services for our residents. This links with the new health and wellbeing strategic outcome that our residents get better access, experience of and benefit from our services, and we are clear that those people we hardly reach are focused on, and we can evidence this.

These contracts all make a significant contribution to health inequalities, tackling unfair and avoidable differences in health and wellbeing. Procurement plans, new contracts and variations on existing contracts need to be more understanding of weighted need, become outcome focused and are driven through working in partnership with wider services; improving the health of our most vulnerable residents, those with the greatest needs requires combined and joined up efforts. This programme of work is included as part of the public health service plan for 2022/23.

PERFORMANCE DATA

A broad range of relevant performance data and benchmarking is set out in this report.

RESIDENT BENEFIT

The report provides residents with information Public Health contracts within the borough.

FINANCIAL IMPLICATIONS

There are no financial implications arising from this report.

LEGAL IMPLICATIONS

There are no specific legal implications arising from this report. Whenever necessary legal advice is given in relation to specific issues as they arise to ensure that the Council always meets its legal obligations.

BACKGROUND PAPERS

NIL

APPENDICES

None.

Making the Council More Autism-Friendly (1 year on)

Committee name	Families, Health and Wellbeing Select Committee
Officers reporting	Carole Lewis, Graham Puckering, Poppy Reddy, Social Care and Health
Papers with report	Making the Council more autism-friendly report 2020/21
Ward	All

HEADLINES

This report provides an update to the recommendations made in the Making the Council more autism-friendly report 2020/21, which were approved by the Cabinet on 22 April 2021.

RECOMMENDATIONS

That the Committee:

- 1. Notes 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.**
- 2. Question officers and partners on the content of the report.**

SUPPORTING INFORMATION

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. Updates on each of the recommendations made in April 2021 are included below.

Recommendations

- 1. The Council's public facing service environments adopt a practical corporate standard (checklist) to ensure a consistent approach to making these areas more autism friendly.**

Updates since April 2021

The Council have used several checklists across a range of council service areas in the past year. These checklists are all broadly similar, and all are based on NICE guidelines.

- Education-based settings use a checklist on a frequent basis, specifically within schools.
- The two-day Understanding Autism training available across the Council and to partner agencies, also includes completion of an environmental checklist. Participants complete a

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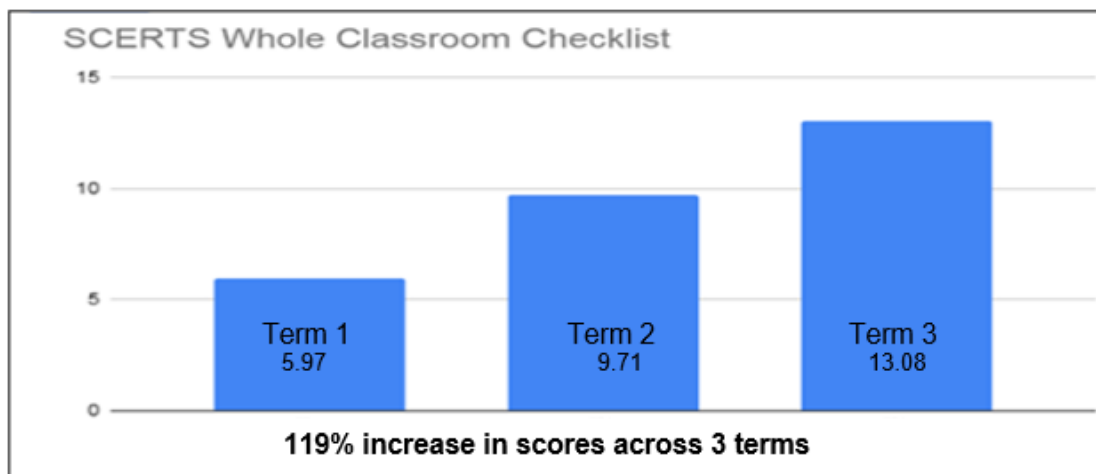
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checklist for their work environment areas and take these back to their base to action.

- An extended version of the sample checklist contained in the Select Committee report has recently been trialled in the Civic Centre (main reception and housing reception). These were undertaken jointly with social care, facilities and experts-by-experience. Feedback evaluations have been sought.
- Checklist completion is also planned across libraries, museums and theatres.

A recent Department for Education (DfE) project was 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. The SCERTS approach provides a framework for supporting children and young people with social communication and emotional regulation difficulties. One of the key assumptions is that an autism friendly environment and the quality of transactional support provided by supporting adults, significantly contributes to positive outcomes. Following school training and follow up support, data showed a significant increase in environmental factors identified as having a positive impact on active engagement in the classroom

Table 1: An audit of how many positive environmental factors were present in the classroom (max 18). Measured across three terms



An example of the environmental audit section from the learning walk document can be found in Appendix 1

This audit (and Ordinarily Available Provision expectations) has now been embedded into the learning walk documentation which is used when the SEND Advisory Service support schools through the Inclusion Commitment process.

Future Plans

In the coming months, officers from across the Council will use data from the checklist pilot and

other sources to agree a single corporate version to adopt across the Council. Additionally, a policy will be developed, which will include the checklist, areas for review and the frequency of when these should be completed, using a Microsoft form for data collection.

SCERTS training was recently offered to Early Years settings. SCERTS documentation will be embedded into the operational delivery of support through the SEND Advisory Service in the Early Years settings.

2. That Cabinet notes the rollout of training for front-line staff thus far and recommend that this becomes embedded in the new starter induction and ongoing learning and development targets for key front-line staff in reception areas.

Updates since April 21

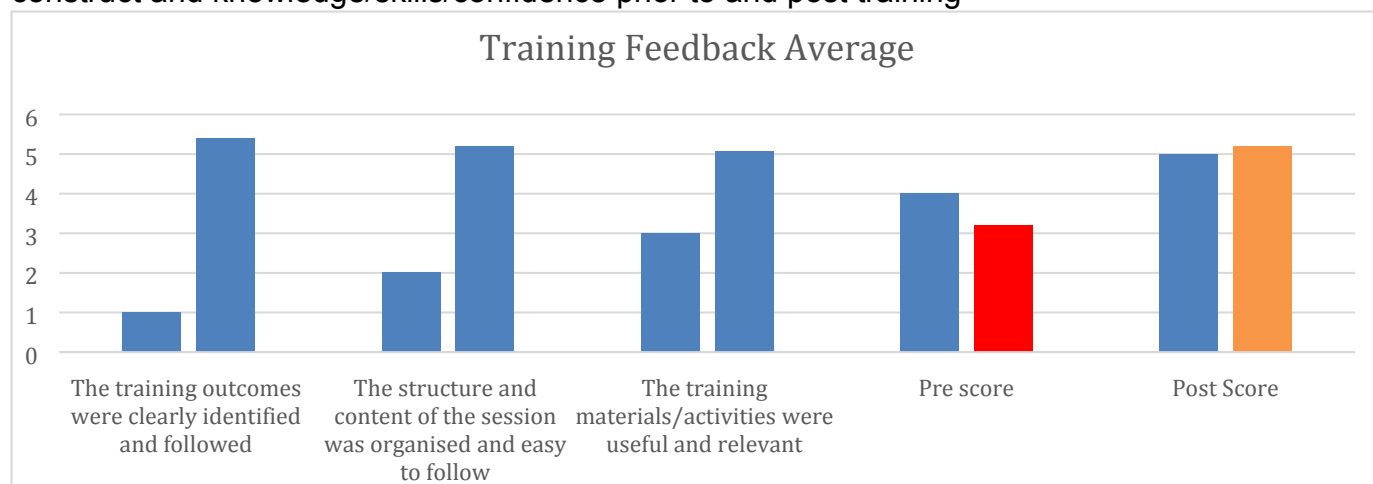
The Autism Awareness eLearning training was reviewed by the experts-by-experience. Autism Awareness eLearning training continues to be promoted and has been undertaken by a range of officers from across the Council (211 to date). From April 2022, it will be included in mandatory induction for all new starters.

A two-day Understanding Autism course, which is accredited by the National Autistic Society, has run additional courses in the past year. 140 people have completed the two-day course with a mix of attendees from the Council and partner agencies. The frequency of this in-house training has been increased from three to four times per annum.

During the World Autism Acceptance Week an article was shared to the All-Staff Email with a link to the online video about neurodiversity its impact, and how to work with autistic people.

For education settings, borough wide Autism training is available through the SEND Advisory Service, to any professionals. Settings identify specific staff who require training and register for the centralised training sessions (available to reception staff also). There is also an offer of a single, targeted training, or the one-year support of the Inclusion Commitment, which is delivered to whole school cohorts, where ALL staff are encouraged to attend. Centralised training is evaluated through a feedback form; targeted training also incorporates a learning walk and the Inclusion commitment is evaluated through a workforce pre/post audit of competencies. Training delegates are asked to rate themselves on 10 questions relating to knowledge/skills/confidence, prior to and after training.

Table 2: Centralised and targeted training scores (averages), measuring effectiveness of training construct and knowledge/skills/confidence prior to and post training



Future Plans

There is ongoing work to ensure that staff continue to access autism training, appropriate to role, and to develop mechanisms to capture learning.

3. That Cabinet explore the feasibility of improving online accessibility for residents with Autism by providing further access to, and information about, Council Autism Services on the Council's website

Updates since April 21

Webpages have been reviewed. To date activity has:

- Raised the prominence of the Autism page within the SEND local offer...

[What are special educational needs? - Hillingdon Council](#)

Home > Children, young people and families > SEND local offer > I think my child has special needs

I think my child has special educational needs

Information about special educational needs (SEN) and what to do if you think your child has SEN and/or a disability.

In this section:

- What are special educational needs?
- Autism and Asperger's Syndrome**
- Where do I go if I think my child has SEN or a disability?
- What is the SEND local offer?
- Further support for parents and carers

What are special educational needs?


Many children and young people have special educational needs (SEN) at some point during their education. A child or young person has SEN if they have a learning difficulty or disability that calls for special educational support or equipment to be provided for him or her.

Learning disabilities

Learning disability is a general term that refers to individuals who find it harder to learn, understand and communicate than most other children their own age. Other terms used to describe an individual's situation include complex needs, high support needs and Intellectual disability.

Although autism is not a learning disability, around half of autistic people may also have a learning disability.

[Read more about autism](#) →



Physical disabilities

- Added keywords to the search for this page, so it comes up when users search within our website
- Added a link to the Autism page from [Social care and wellbeing - Hillingdon Council](#)

Update my financial information | I need help staying independent at home | Visit the care and support directory

Social care and wellbeing topics

Social care, eligibility and assessments →	Autism and Asperger's Syndrome →
Carers →	Visual impairment, deaf or hard of hearing information →
Disability and mental health →	Blue Badges →
Getting older →	Advocacy services →
Staying healthy and well →	Disabled Facilities Grant and other housing assistance grants →
Information for professionals →	Activities for people with disabilities →
	Assembly for people with disabilities →
	Queens Walk Resource Centre →
	Your mental health →

The autism page is also reachable from [Health advice and support - Hillingdon Council](#)

The SEND local offer for children and young people aged 0-25 has undergone a review and

accessibility has been improved, however this is still a work in progress. In order to improve accessibility for people with autism, the Widget 'Point' package is being reviewed. This product converts printed keywords to symbol.

There is a local offer steering group in place, which is chaired by the Family Information Service (FIS). The pages have been reviewed by some of Hillingdon's Project Search interns who are experts through experience.

A new post in FIS has been created, which primarily focuses on the development and upkeep of information. The new officer joined in early March and has commenced work on the accessibility of the care directory and enhancing navigation.

The SEND local offer children, young people and families page includes information directly relating to autism. Information includes the following:

- SEND Advisory Service training – Cygnets and Early Bird
- HACS monthly support Group, activities for children,
- CAAS Support
- HPCF
- Community Connex – Harrow Mencap run this for Hillingdon
- Supporting Autism, parent sessions – Children's centres
- Autism and Asperger's Syndrome - Hillingdon Council
- Find out more about getting diagnosed and what happens during an assessment
- Search our directory for activities for children and young people with autism

Future Plans

The FIS will continue to improve the functionality and search and filter options on the Local offer website and add the following information:

- Referral process for CDC assessment
- ASD Pathway – broken down into age groups
- More information about local groups
- Arts for life project
- Links to CITS website
- Stepping Stones workshops

Further updates to the websites are planned in May 2022 when the remainder of the recommended changes will be implemented.

Work on the links for professionals is to take place, with a more concise list of key websites/resources being drawn up.

Going forward the development of a statement is to be completed about neurodiversity, including autism, where the focus on individual approaches to adjustments will be made clear. This will be

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promoted through the council websites. This will also be shared through the all-staff newsletter to raise awareness further.

4. That Cabinet consider the merits of seeking Autism Accreditation for eligible Council Services through the National Autistic Society

Updates since April 21

The National Autistic Society are not currently accepting applications for accreditation and the Autism Friendly Award has also been closed to applications. It has therefore not been possible to pursue the accreditation at this time.

It is of note that various schools and education establishments have a recognised accreditation in Autism for various elements of their service.

Hedgewood School, a maintained special primary school do provide AET (Autism Education Trust) training to other education settings. The AET programme is an accredited programme developed by autism education experts and is supported by the DfE. The programme is the largest national training programme for education-based staff to support them in providing an education that enables children and young people with autism to experience a meaningful education and reach their potential. The SEND Advisory service are working in collaboration with Hedgewood School and will incorporate AET training into their service delivery.

The AET programme for Schools (5 to 16 years) is delivered through a themed approach of:

- The individual pupil
- Building relationships
- Curriculum and learning development
- Enabling environments

The school provide training through twilight or daytime sessions and offer peer support and networking for practitioners working children with Autism.

Future Plans

Services will continue to review the accessibility of the national accreditation and will apply when this is available. There is an awareness of the criteria needed to be evidenced to achieve accreditation and these are being looked at to enable a swifter application when they reopen to applications. Work is being completed to develop evidence around a range of areas including:

- Consider all LBH (London Borough of Hillingdon) sites having a record of environmental suitability
- Record the percentage of staff trained in autism
- Service pathways need to be clear and accessible for departments with front line responsibilities to consider autism.

- Develop formats of correspondence and ensure they are accessible
- Be active in obtaining autism specific feedback
- Demonstrate effective networking with relevant partner organisations

5. The Cabinet welcome the culture of continuing improvements and such improvements as the appointment of Advanced Social Work Practitioners with a focus on Autism. The development of e-learning training and clear Council-wide guidance on reasonable adjustments under the Equality Act 2010

Updates since April 21

The Reasonable Adjustment Guidance is the overarching guidance across all areas of the council. This reflects the need for all areas to take reasonable steps in the way that we work with disabled people to ensure they are not disadvantaged in comparison to people who are not disabled. The guidance is in place to cover all disabilities including autism. The council has taken an individual approach to the adjustments needed for any autistic person as they do with all disabilities.

The learning disability service in adult social work has developed a Social Work champion for autism in addition the lead Advanced Social Work Practitioner role. This Social Work champion has a wide understanding and knowledge of Autism and leads on the two-day training events.

The Hillingdon Ordinarily Available Provision document, for educational settings, advocates an ethos that all children should have an equal opportunity to succeed in education. This is regardless of their background, academic ability, and cognitive level. Inclusive settings value and embrace diversity and individual differences, promoting inclusive practice in both their teaching methods and educational activity. There is a specific section in this documentation which relates to autism and social communication. Guidance on specific strategies, tools, and resources available to make reasonable adjustments are outlined in this document.

Borough wide Autism training is also available through the SEND Advisory Service, to any professionals working in educational settings. Expectations about reasonable adjustments are embedded into relevant trainings and examples of specific adjustments are offered.

New achievements in 2021/22 include an update to the Housing Strategy of '*Adopting and autism friendly approach across housing services*'. The Joint Strategic Needs Assessments covering autism has been completed/agreed and of particular significance, the Expert Reference Group (ERG) was launched (see Section 8).

Future Plans

To update the Ordinarily Available Provision Documentation to be more explicit that the provision outlined is the expectation of 'reasonable adjustments which should be implemented in line with the Equality Act 2010.

6. Note the impending publication of the National Autism Strategy review and forthcoming changes to legislation with a report back to the POC at the appropriate juncture covering progress on the recommendations and Hillingdon's approach to meeting these requirements

Updates since April 21

In July 2021, the Department of Health and Social Care published *The National Strategy for Autistic Children, Young People and Adults: 2021 to 2026*. The extended scope of the new strategy includes support for autistic people of all ages and is a significant change from previous national strategies, which were focused primarily on adults.

The new national strategy identifies six priority areas which are:

- Improving understanding and acceptance of autism within society.
- Improving autistic children and young people's access to education and supporting positive transitions into adulthood.
- Supporting more autistic people into employment.
- Tackling health and care inequalities for autistic people.
- Building the right support in the community and supporting people in inpatient care.
- Improving support within the criminal and youth justice systems.

Officers and partners are currently developing an all-aged autism strategy for Hillingdon that is aligned to the priority areas within the national strategy. The aim is to consult on its content in the autumn.

Key strands of work have already been initiated for the children's element of the national autism strategy. There is a multi-agency workstream which is developing the efficacy of support for families with children and young people on the pathway for an autism diagnostic assessment. Three new initiatives: Workshops led by HACS, Stepping Stones parent courses and the Arts for Life café have been launched to support families, and a directory of pre-diagnostic support is being developed.

A survey of key developments towards meeting the outcomes of the national strategy has been undertaken in children's services. Areas for development have been identified and this will form a gap analysis which will feed into Hillingdon's all age autism strategy.

Future Plans

It is proposed that the draft strategy be brought to a future meeting of the Committee for its consideration as part of the consultation process.

- 7. That appropriate front-line managers review their service's procedures whereby in formal contact environments, should a resident with Autism unexpectedly remove themselves from a meeting or a proceeding, it should not be taken as a withdrawal from the process in question and that steps are taken to continue such formalities in a more appropriate or suitable matter.**

Updates since April 21

The Reasonable Adjustment Guidance specifies that the Council must make changes to the way that we usually do things to ensure that we treat people fairly. This is overarching guidance that effectively applies to all service procedures. The Council's Equality, Diversity and Inclusion Manager continues to offer training to managers in regard to Reasonable Adjustments, which is also covered in the Autism Awareness eLearning training.

Future Plans

The Reasonable Adjustment Guidance is due to be reviewed by Council's Equality, Diversity and Inclusion Manager in the next three months. The focus of adjustment will continue to be based on the need to meet the needs of people on an individual basis, rather than around a generic condition of disability.

- 8. That Cabinet recognises all the council's strong partnership relationships with organisations and providers supporting people with Autism in Hillingdon.**

Updates since April 21

Since April 2021, strong partnerships have continued to grow and develop through a range of forums including the Adult Autism Partnership Board (AAPB). The AAPB Board has consistent attendance from a range of organisations with increasing participation from the experts by experience.

One significant development is the formation of the Expert Reference Group (ERG). The ERG ensures that autistic adults and their supporters in Hillingdon can have their voice heard at the AAPB and other forums and contribute to future projects and developments. The ERG is jointly supported by HACS and CAAS.

The board and partners have supported a change in terminology identified by the experts by experience from the ERG. The agreed term 'Autistic People' is now used, and documentation has been amended to reflect this change.

The SEND & Inclusion Service have developed a clear governance structure for the local area, which includes key stakeholders at every level, including Health, Social-Care, Education, Hillingdon PCF, HACS and CAAS. Representatives from Nurseries, Mainstream and Special Schools and colleges are also central to relevant groups. Governance arrangements for the

SEND & Inclusions service include the following Board and Groups:

- SEND Strategic Partnership Board (oversight of work supporting autism in children's services)
- SEND Operational Group
- Priority Group 1 - Early Intervention and Inclusion
- Priority Group 2 - Co-production
- Priority Group 3 - Transition
- Priority Group 4 - Health and Social Care engagement
- Priority Group 5 - SEND sufficiency

A dynamic risk register, specifically for autism has been developed by the CCG. Key partners meet regularly to discuss holistic support for children and young people identified as at risk of crisis or in-patient care. A dynamic risk register is also in place and well-established in adults.

Future Plans

Partners at the AAPB have agreed to a rotational chairing arrangement amongst statutory agencies. The CCG will chair the board through 2022/23. The AAPB will continue to contribute to the all-age strategy.

PERFORMANCE DATA

There is no specific performance data associated with this report

RESIDENT BENEFIT

Autistic people and carers will benefit from changes underway/undertaken. Some of these benefits include learning across the council which will equip those with front facing roles to better engage and respond to autistic people they have contact with. The improvement in the environment and developments of the checklists will also improve the experience and the outcomes for autistic people accessing services.

FINANCIAL IMPLICATIONS

There are no direct financial implications arising of this report.

LEGAL IMPLICATIONS

There are no legal implications arising from this report.

BACKGROUND PAPERS

Making the Council more autism-friendly report 2020/21

APPENDICES

Appendix 1 An example of the environmental audit section from the SCERTS learning walk document for educational settings

Fostering Inclusive Environments Section of Learning walk document for educational settings Example

Creating a welcoming environment

T1 T2 T3

Ensure a visual of the class name, teacher and other adults are on the classroom door
Display a visual of 'safe circle' i.e. sources of support e.g. SENCO, First Aider, Safeguarding officer

Each table to have core visuals i.e. symbols, pictures or written available e.g. help

Create a structured environment

Visual timetable - where applicable

Daily use of 'Help Box' for all lessons

Ensure whiteboard is clear from visual distractions e.g. pictures and visuals displayed around the whiteboard

Visuals and/or pictures on display boards should be organised in curriculum areas

Display board backing paper, borders and mounts for work should use harmonious colours not contrasting colours

Teacher desks, storage areas and free spaces to be tidy and clutter free

Where applicable, label areas within the classroom to promote independence e.g. Whiteboards, pens etc

Staff to have portable visuals i.e. lanyards with key symbols and pictures

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Low arousal learning station in each classroom

Calm area or 'safe place' within the school

Create a person-centred environment

Promote emotional regulation by using visuals such as:

- 5-point scale,
- zones of regulation (as whole class and individual level)

Where applicable, provide visuals to define steps within an activity for e.g. first and then board, task management boards

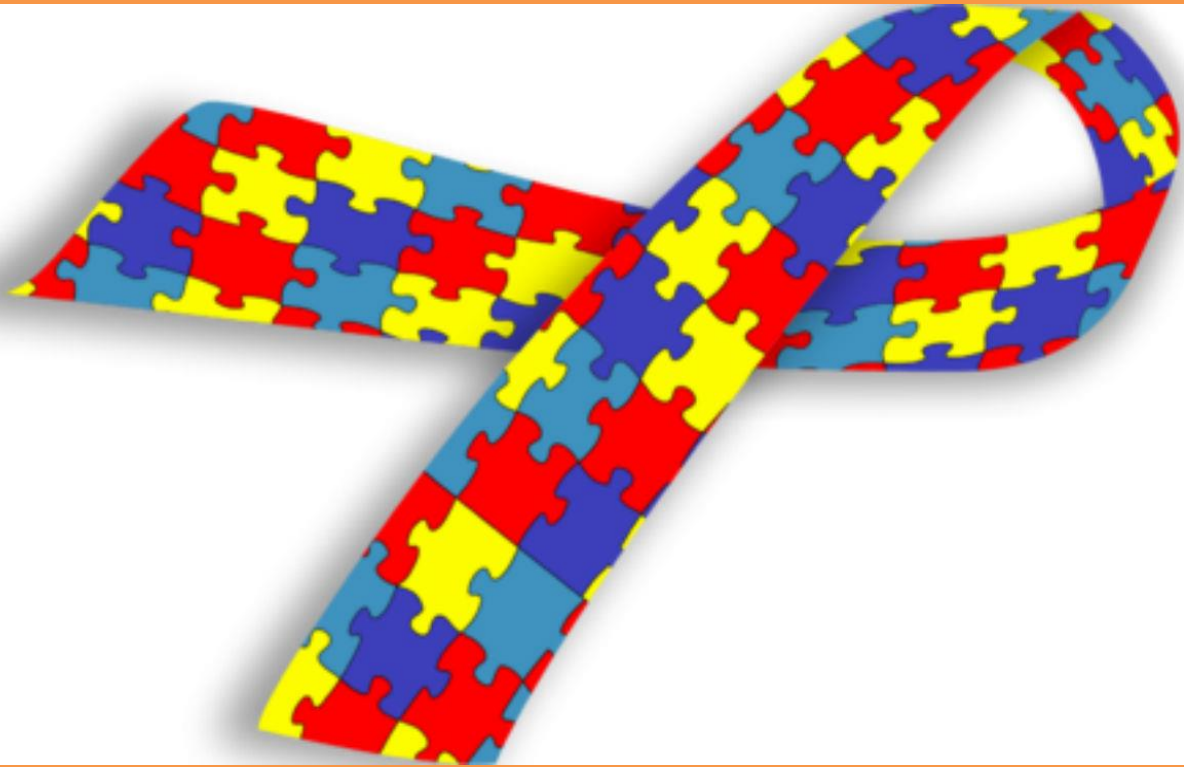
Where applicable, provide visuals i.e. symbols, pictures of written words to support CYP's expressive needs e.g. toilet, time out

Sensory regulation activities are accessible at all times

Use of 'Volume Meter' during all teaching opportunities or lessons

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Making the Council more autism-friendly



A review by the Social Care, Housing and Public Health Policy Overview Committee

Councillors on the Committee:

Philip Corthorne (Chairman), Heena Makwana (Vice - Chairman), Judith Cooper, Alan Deville, Tony Eginton, Janet Gardner, Becky Haggan, Paula Rodrigues and Steve Tuckwell

2020/21



HILLINGDON
LONDON

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Chairman's Foreword

Making the Council more autism-friendly



On behalf of the Social Care, Housing and Public Health Policy Overview Committee, I am delighted to present the outputs and recommendations of this review, which has sought to examine Hillingdon's front-line services and what opportunities may exist to create a more "autism friendly" service experience for our residents.

The Committee heard from Children's Services, Transitions and Preparation for Adulthood, and about wider Council service provision, including SEND and Inclusion Services, as well as from Hillingdon Autistic Care and Support. The Committee's discussions were also informed by the results of the internal Making the Council More Autism Friendly questionnaire. We were impressed by the candour of the officer team and the evident commitment to build on and apply existing good practice consistently across the range of relevant services.

The Committee noted opportunities to improve in terms of ease of access to services generally and creating a more autism friendly experience, but were pleased to note progress including the appointment of an Approved Social Work Practitioner with a focus on Autism, and on officer training and development. We also welcome the commitment of officers to a culture of continuous improvement. However, it is clear that impending changes to legislation and the publication of the National Autism Strategy, mean this by no means the end of the story, rather a staging post on the road to the evolving improvement of services in Hillingdon for people with autism. As such the Committee will need to revisit progress in these areas at an appropriate juncture.

The review has taken place against the backdrop of the most extraordinary set of circumstances, with the pandemic impacting on meeting schedules, not to mention changes of personnel on the Committee. For me, becoming involved at the tail end of the review fresh from Cabinet, has helped reinforce my own long held view of the value of the POCs, and the potential to contribute meaningfully to the scrutiny of service performance and standards, and the development of supporting recommendations to Cabinet. My thanks to my colleagues on the Committee for their contributions, not least to my two immediate predecessors, Councillors Jane Palmer and Ian Edwards.

I would also like to take this opportunity to thank those officers and witnesses who have given up their time to assist the Committee, and commend them for their continued hard work in providing support, advice and delivering services to the residents of the Borough in our name.

Councillor Philip Corthorne

Chairman of the Social Care, Housing and Public Health Policy Overview Committee

Summary of recommendations to Cabinet

Through the witness sessions and evidence received during the detailed review by the Committee, Members have agreed the following recommendations to Cabinet:

1	That the Council's public facing service environments adopt a practical corporate standard (checklist) to ensure a consistent approach to making these areas more autism friendly;
2	That Cabinet notes the rollout of training for front-line staff thus far and recommend that this becomes embedded in the new starter induction and ongoing learning and development targets for key front-line staff in reception-based areas;
3	That Cabinet explore the feasibility of improving online accessibility for residents with autism by providing further access to, and information about, Council autism services on the Council's website;
4	That Cabinet consider the merits of seeking Autism Accreditation for eligible Council services through the National Autistic Society;
5	That Cabinet welcome the culture of continuing improvement and such improvements as the appointment of Advanced Social Work Practitioners with a focus on autism, the development of e-learning training, and clear Council-wide guidance on reasonable adjustments under the Equality Act 2010;
6	Note the impending publication of the National Autism Strategy review and forthcoming changes to legislation with a report back to the POC at an appropriate juncture covering progress on the recommendations and Hillingdon's approach to meeting these requirements;
7	That appropriate front-line managers review their service's procedures whereby in formal contact environments, should a resident with autism unexpectedly remove themselves from a meeting or proceeding, it should not be taken as a withdrawal from the process in question, and

	that steps are taken to continue such formalities in a more appropriate or suitable matter; and
8	That Cabinet recognises all the Council's strong partnership relationships with organisations and providers supporting people with autism in Hillingdon.

Background to the review

Aim of the review

In scoping and agreeing the review's Terms of Reference, which are set out in section six of the report, the Committee sought to gain an understanding of how residents with autism accessed day to day Council services and to establish ways in which to make the Council more autism-friendly. The aim of the review was to consider how the Council could improve its customer service and key services to support its residents with autism. The Committee has subsequently formed practical, feasible and supportive recommendations to promote inclusion for residents with autism when accessing our universal services.

Setting the scene

"All adults with autism will be able to live their lives within a society that understands and accepts them, they can get a diagnosis and access support if they need it, and they can depend on mainstream public services to treat them fairly as individuals, helping them make the most of their talents." (Department of Health and Social Care 2010: 'Fulfilling and Rewarding Lives: the strategy for adults with autism in England')

At the Social Care, Housing and Public Health Policy Overview Committee's meeting on 23 October 2019, it was unanimously agreed that a review into the way in which autistic residents interact with Council services be undertaken with the view that, it is the Council's responsibility to be autism-friendly.

Autism Spectrum Disorder (ASD) is being increasingly recognised within our society, with many organisations now being obliged to have proper awareness and support in place. A steady cultural shift has been taking place to help transform people's attitudes, understanding and perceptions of autism; this shift has been facilitated by the introduction of the Autism Act 2009 and the subsequent National Autism Strategy 2010. By increasing understanding and acceptance of autism, progress can be made to reduce health, education and socio-economic inequalities and improve positive life outcomes for autistic people.

Autism is a lifelong developmental disability which affects how people communicate and interact with the world. One in 100 people are on the autism spectrum and there are around 700,000 autistic adults and children in the UK. Autism is a spectrum condition and affects people in different ways. Like all people, autistic people have their own strengths and weaknesses. Barriers to inclusion can include:

- Social communication and social interaction challenges
- Repetitive and restrictive behaviour

- Over, or under, sensitivity to light, sound, taste or touch
- Highly focused interests or hobbies
- Extreme anxiety
- Meltdowns or shutdowns

ASD awareness has grown year on year, with the public and private sector steadily adapting to accommodating the needs of those with autism. The number of trials and initiatives designed specifically for those with ASD represents positive societal change; think autism-friendly cinema screenings, shopping hours and libraries, all environments which can cause problems for people with ASD who struggles with sensory overload, queues, crowds, displays, lighting and music.

To highlight the pertinence of this review, a 2019 report from the Local Government and Social Care Ombudsman found the Council to be at fault for not providing the reasonable adjustments required for a resident with autism when accessing a Council service. This specific case was heard by the Cabinet and steps were taken to address the incident and avoid recurrence of similar issues. Fortunately, incidents such as this are rare, but it represents the significance of taking positive actions to enable straightforward access to Council services for residents with hidden disabilities, such as ASD.

It is of the utmost importance that the Council remains accessible and approachable for all residents. By adopting a variety of scrutiny techniques, the Social Care, Housing and Public Health Policy Overview Committee have considered whether the Council facilitates a supportive culture for autistic residents and to that end, have offered a set of supportive recommendations to Cabinet.

Evidence & Witness Testimony

It should be noted that progress of the review was hindered by the onset of the Coronavirus Pandemic and nationwide lockdown in March 2020. When the Social Care, Housing and Public Health Policy Overview Committee resumed meetings in September 2020, Members embraced new methods of investigation through virtual means. As a result of the review's hiatus, the timeframe for completion of the review was pushed to Spring 2021.

Through a range of information gathering sessions, the Committee sought to understand the views of expert witnesses by exploring the current work being done with regard to autism in the Borough and how further initiatives could enhance the way the Council works to become autism friendly.

The following sections outline the evidence received and the witness testimony.

The Current National Autism Strategy

The Autism Act 2009 committed the Government to having a strategy for meeting the needs of adults in England with autistic spectrum conditions by ensuring that the local authority and NHS services they need are accessible for them.

Following on from the Autism Act, the government published the first National Autism Strategy for England, 'Fulfilling and Rewarding Lives' (2010), which was then updated with 'Think Autism' (2014).

The strategy for adults with autism in England sets out a vision that:

"All adults with autism will be able to live their lives within a society that understands and accepts them, they can get a diagnosis and access support if they need it, and they can depend on mainstream public services to treat them fairly as individuals, helping them make the most of their talents."

In December 2018, the Government announced plans to introduce an updated National Autism Strategy which is set to cover people of all ages in England for the first time. Publication of the updated autism strategy is anticipated in 2021. The National Autism Strategy underpins the Committee's review and lay the foundation for exploring avenues to make the Council more autism-friendly in its service delivery.

'Fulfilling and rewarding lives' 2010 set out the need for better:

- Autism awareness training
- Access to a diagnosis
- Assessments of people with autism

- Service and support
- Local leadership and planning.

'Think autism' 2014 retained these commitments and built on them, with key aims to:

- Increase awareness and understanding of autism
- Develop clear, consistent pathways for the diagnosis of autism
- Improve access for adults with autism to services and support
- Help adults with autism into work
- Enable local partners to develop relevant services.

The 15 Priority Challenges

'Think autism' outlined 15 'priority challenges' established through a consultation with autistic people, families, carers and professionals. These are laid out from the perspective of an individual with autism.

1)	I want to be accepted as who I am within my local community. I want people and organisations in my community to have opportunities to raise their awareness and acceptance of autism.
2)	I want my views and aspirations to be taken into account when decisions are made in my local area. I want to know whether my local area is doing as well as others.
3)	I want to know how to connect with other people. I want to be able to find local autism peer groups, family groups and low-level support.
4)	I want the everyday services that I come into contact with to know how to make reasonable adjustments to include me and accept me as I am. I want the staff who work in them to be aware and accepting of autism.
5)	I want to be safe in my community and free from the risk of discrimination, hate crime and abuse.
6)	I want to be seen as me and for my gender, sexual orientation and race to be taken into account.
7)	I want a timely diagnosis from a trained professional. I want relevant information and support throughout the diagnostic process.
8)	I want autism to be included in local strategic needs assessments so that person-centred local health, care and support services, based on good information about local needs, are available for people with autism.
9)	I want staff in health and social care services to understand that I have autism and how this affects me.
10)	I want to know that my family can get help and support when they need it.

- | | |
|------------|--|
| 11) | I want services and commissioners to understand how my autism affects me differently through my life. I want to be supported through big life changes such as transition from school, getting older or when a person close to me dies. |
| 12) | I want people to recognise my autism and adapt the support they give me if I have additional needs such as a mental health problem, a learning disability or if I sometimes communicate through behaviours which others may find challenging. |
| 13) | If I break the law, I want the criminal justice system to think about autism and to know how to work well with other services. |
| 14) | I want the same opportunities as everyone else to enhance my skills, to be empowered by services and to be as independent as possible. |
| 15) | I want support to get a job and support from my employer to help me keep it. |

The 15 priority challenges were used to frame statutory guidance issued in 2015 for practitioners in England and Wales. The guidance clearly stated what local authorities and NHS bodies should and/or must do in relation to:

- Training of staff who provide services to adults with autism.
- Identification and diagnosis of autism in adults, leading to assessment of needs for relevant services.
- Planning in relation to the provision of services for people with autism as they move from being children to adults.
- Local planning and leadership in relation to the provision of services for adults with autism.
- Preventative support and safeguarding in line with the Care Act 2014 from April 2015.
- Reasonable Adjustments and Equality.
- Supporting people with complex needs, whose behaviour may challenge or who may lack capacity.
- Employment for adults with autism.
- Working with the criminal justice system.
- The guidance allows for local discretion in how the strategy is implemented, however health and wellbeing boards, formed through the Health and Social Care Act 2012, are expected to play a part in planning local services.

Hillingdon Adult Autism Partnership Board

The Committee heard how Hillingdon had an established Autism Partnership Board (APB), whose function was to improve outcomes for people with autism and their families. In 2019, the APB was reviewed and it was agreed by all stakeholders that the format would change to better support

participation of adults with autism. The revised Adult APB was launched in September 2019.

The following groups were regularly invited to attend the Adult APB: Adults with autism; CAAS (Centre for ADHD and Autism Support); the CCG Clinical Lead for Learning Disabilities (LD) and Autism; CCG Commissioners (Adults); CNWL Clinical Services; CNWL LD Health Team Lead; CNWL Lead for LD and Autism; DASH (Disablement Association Hillingdon); HACS (Hillingdon Autistic Care and Support); Hillingdon Healthwatch; Hillingdon Parent Carers Forum; LBH Adult Social Care; LBH Positive Behaviour Support; LBH Principal Educational Psychologist; Police representatives; Probation and the Hillingdon Hospital Learning Disability Liaison Nurse.

The Committee heard that the Adult Autism Partnership Board met quarterly and was now well attended by adults with autism and had a co-chairing arrangement. One co-chair being a person with autism or a parent/carer of someone with autism. The other being a representative from a statutory or third sector organisation. Members had sight of the Adult APB's Local Action Plan 2019/20 which demonstrated various workstreams and initiatives undertaken by the Council.

Members Site Visit to Uxbridge and Eastcote Libraries



Before the arrival of the nationwide lockdown and strict social distancing measures, Members conducted a site visit to Uxbridge and Eastcote Libraries to review the types of services available to residents with autism. Members met with the library managers and the following points were noted:

Uxbridge library engaged with a diverse range of people as it was located in the centre of the Borough, including people with

autism and carers. Good practice was usually shared amongst different organisations. Uxbridge was the flagship library and its interaction with residents often identified areas where service improvements might be made.

Members were introduced to the Tovertafel Magic Table, an interactive projector and table set up designed for people with dementia. Although the Tovertafel had been introduced for dementia friendly purposes, it was found to be a good resource and worked really well for people with autism. Advertising for the service had increased and schools came in regularly to use the Tovertafel. It was noted that the service was not available without staff supervising and that its location in the library did not lend itself to informal supervision. Members heard how the library

service was exploring the employment of autistic staff to run dementia sessions on Tovertafel with Hillingdon Autistic Care and Support (HACS).

Lego therapy was another good service in place which was thoroughly enjoyed by children with autism. It currently ran well in Harefield as the only specialist trained member of staff was located at that library. An example case study was provided of a mother being pleased with her child's progress, as her child who did not talk often was really enthusiastic about the service. The ambition was to cascade the training to allow Lego therapy sessions at Uxbridge, Botwell and Ruislip Manor libraries.

Access to work for people with autism was being explored collaboratively with HACS. Members were encouraged to hear that there were already work experiences in place and there was work in the pipeline to make a more structured programme. It was noted that work experience, including for autistic children, was largely reactive to requests of schools and was considered on a case by case basis. An example case study was provided of a person who did work experience at the library, a significant difference could be seen in the development of their communication skills. This work was paid and made a significant contribution to the running of the library.

Staff recruitment procedures were explained to Members and what reasonable adjustments were made at interviews for people with autism. This included removing clocks and rephrasing questions, elements which had been known to cause anxiety for people with autism.

It was highlighted that support groups would regularly approach the library to run specific groups/sessions to meet needs e.g. craft, Tovertafel, IT. Library staff were always willing to support new groups but this was dependent on interest and the level of skills required as some activities required professional input. If there was a demand for services they usually started small and then became more established with time.

The library was also keen to develop partnership working with third sector organisations such as HACS, MIND and other different groups to consider how further support could be provided to service users. It was noted that there was not an equivalent group to the Dementia Action Alliance for people with autism.

Members Site Visit to the Centre for ADHD and Autism Support

Members met with the Director of Autism Services at the Centre for ADHD and Autism Support and were encouraged to hear that the centre's experience of working with both Hillingdon and Harrow Councils was positive. It was noted that the Centre helped people from diverse backgrounds and social demographics did not impact on the provision of autism services. It was highlighted that the Centre received funding from the London of Borough of Hillingdon to support residents but was commissioned by, and delivered the majority of its services to, the London Borough of Harrow to deliver health and social care services.

In 2019, the Centre supported 2000 people and delivered over 37 services. Some of the services provided by the Centre included drop-in sessions for support groups and three different parenting courses. Members heard how many parents were not aware of the support that schools and the centre could offer to support children with autism, this often led to miscommunications and complaints. It was, however, acknowledged that some peoples' expectations were unmanageable. Interestingly, it was noted that 70% of autism groups were male dominated and it was usually easier to recognise the signs in men. It was easier to mask symptoms with women.

Suggestions from the Centre on how publicly accessible service environments could be improved for individuals with autism included:

- Staff training that recognised triggers and general awareness.
- Communication and making it easier for people with autism to access services such as the Civic Centre. An example was given from Harrow Council where they had adopted a separate waiting area for residents who may experience distress in public places.

Hillingdon Parent Carer Forum (HPCF)

Expert witnesses representing Hillingdon Parent Carer Forum (HPCF) were invited to address the Committee and outline their experiences as carers for children with a diagnosis of ASD for the purposes of the review. The HPCF is a small statutory steering group in Hillingdon which aims to be the voice of parents of children with special educational needs and disabilities, and to offer information and advice for local residents.

The Committee heard that some of the statutory services for children and young people with autism, such as the Educational Psychology Service, Schools' Advisory Service and support in special schools for children with ASD was very good in the Borough. However, the Committee was advised that, when children first received a diagnosis of ASD, many parents struggled to cope and needed more guidance and help which was difficult to access. It was felt that more support should be made available to those children who did not meet the criteria for some of the statutory autism services, to ensure that they did not miss out.

Young People with ASD and Transitioning to Adulthood

The Committee also heard how the LBH SEND & Inclusion service had been active partners in local supported Internships since 2015. These internships have been provided to young people aged 17 -24 with an Education, Health and Care Plan who have a diagnosis of ASD or learning disability. The Supported Internship model was a pathway supported within the context of the Preparing for Adulthood agenda which promotes; employment, independent living, good health and community inclusion for young people with SEND.

Based on the information held for five cohorts of interns, approximately 50% of participants had

a diagnosis of ASD.

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

These supported internships facilitated a smooth and gradual transition from education into work, which would otherwise not be possible for many young adults with ASD. An indicative study by the National Autistic Society indicated that only 16% of adults with ASD are in full time employment. This figure can be compared to the approximately 80% in full time employment who had graduated from the supported internships that the SEND & Inclusion service in Hillingdon were partners to.

As part of its further commitment to providing employment opportunities for young people with ASD, the Committee heard how the Council had become the host business to a Project Search transition to work programme, partnering with local organisation Hillingdon Autistic Care and Support (HACS) who provide the job coaching element of the programme.

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

Hillingdon Autistic Care and Support (HACS)

HACS is a charity founded in 1997 by a group of parents and carers in Hillingdon with an autistic family member. HACS have a Resource Centre in Hayes and facilities there include an administration suite, secure outdoor space, sensory room, conference/training room and two classrooms. The charity currently supports more than 1100 people and have developed a highly respected and professional reputation. They are committed to raising awareness, knowledge and understanding of autism and their mission is to improve quality of life by minimising disability and maximising ability.

Having been the Mayor's charity in 2019, services offered include advice and guidance, family support, educational workshops, an employability project started in 2015 and an adult support group. The age range of those supported by HACS ranges from 2 years 8 months to 59 years and grant funding from Hillingdon had been received over a number of years for the charity. HACS is one of the only autism specific short breaks providers in the Borough providing weekend

respite services for those aged 5 – 25 years. The Committee found the work of HACS to be of incredible value to residents of the Borough and that the charity had played a significant role in the progress made with regard to awareness of ASD in Hillingdon.

The representatives from HACS confirmed that greater clarity was needed regarding the services provided by the Council and how to access said services. It was reported that the information was currently not in a central location and was therefore not easy to locate. HACS received calls from GPs on a weekly basis asking how patients could get an autism diagnosis in Hillingdon.

In terms of physically navigating the Borough, the Committee was advised that this was extremely challenging for people with autism. Difficulties were encountered when accessing transport services and publicly accessible facilities, including venues such as the Civic Centre, high streets, libraries and parks.

Autism Training for Council Staff

The Committee sought to understand the methods and levels of training that Council staff received with regard to interacting with autistic residents. Through investigations, Members were informed that, within the Council, two levels of training were available to staff – a General Autism Awareness module and a 2-day specialist training course offered to those carrying out assessments; the latter had been undertaken by approximately 120 Adult Social Care staff members to date. It was also confirmed that all staff in the Learning Disabilities and Autism Service had completed the 2-day training course.

During the review, Members were invited to complete a basic autism awareness training module. The Committee felt that a number of front-line staff could benefit from the autism awareness training; e-learning Autism Awareness training had been developed and had been launched in February 2020. This training was available to all Council staff, but further work was planned to promote uptake.

LBH Manager's Autism Survey

Part of the Committee's review was to establish the level to which the Council's public facing service environments, e.g. receptions, facilities, venues etc., are made accessible for residents with autism. A questionnaire was distributed to the managers responsible for the Council's service areas with a public facing environment. Managers were asked to respond in a manner that reflected the delivery of their service area before the onset of the coronavirus pandemic i.e. before March 2020, unless they deemed the response specifically relevant. 13 responses were received.

Summary of responses

Respondents managed a variety of the Council's public facing service environments and engaged

with residents on a regular basis.

Pre coronavirus pandemic, face to face interaction with residents took place in a variety of settings; including publicly accessible areas such as reception areas and leisure centres as well as private settings such as schools, young people's centres and interview rooms. Telephone and email contact with residents were also a primary means of communication. It was noted that there was no uniform guidance or checklist from the Council ensuring that public facing environments were autism-friendly; however, there were instances of public spaces being reviewed by a Speech and Language Therapist.

Respondents were asked about the considerations taken to ensure their public facing service environments were accessible for residents with autism spectrum disorder (ASD), specifically in relation to potential levels of sensory stimulation i.e. noise levels, harsh lighting, strong smells and colour schemes. Although responses varied, it was noted that where there was an element of control over the aesthetics of the space, surroundings were tailored to facilitate muted colours and natural light where possible; this was found to foster a calming environment. There were several environments where responsibility for aesthetics lay with other departments, namely Facilities Management.

There was promising engagement with regard to considering the extent to which public information boards, notices, signage etc. were supported by the use of easily understood symbols, pictures, photos or objects. There were examples of managers and specialists reviewing correspondence templates, literature and signage with a wide range of service user needs in mind, including autism; however, this was an area where some managers requested further support and advice. Furthermore, there were few instances where a formal procedure was in place should a person with autism need to leave an environment unexpectedly.

There was a willingness to engage staff with the Council's latest Autism Awareness Training, some service areas had already taken the training and even expressed an interest in refresher training in future. Some respondents noted that simply by taking the survey, their attention had been drawn to areas where they could improve an autistic person's experience with their service. It was also noted that where reception areas were open to all residents, consideration should be given to ensure the safety of officers and offer a professional and welcoming area for visitors.

Multiple respondents expressed a readiness to receive ideas and recommendations for improving public facing service areas in an effort to become more autism friendly, particularly as many avenues of physical interaction were closed off currently due to the coronavirus pandemic.

Findings & Conclusions

Having considered a range of evidence from a variety of appropriate sources, the Committee has offered the following practical, feasible and supportive recommendations to promote inclusion for residents with autism when accessing Council services.

The Committee were mindful that a primary recommendation from the review would need to focus on the environment within which residents with autism may access services. Members concluded that there was a need for the Council's public facing service environments to adopt a practical corporate standard, or checklist, to ensure a consistent approach in making those areas more autism friendly. Having autism friendly signage in publicly accessible areas was highlighted as an important measure to take. Members were in agreement that this would give uniformity to the places in which residents with autism access day to day Council services. A practical standard forms Appendix A to this report. Many people with Autism can experience severe difficulties with 'unfriendly' environments and an autistic person may have problems with sensory input from the world around them.

Therefore, the Committee is pleased to present the following recommendation:

1

That the Council's public facing service environments adopt a practical corporate standard (checklist) to ensure a consistent approach to making these areas more autism friendly.

Further to this, the Committee expressed particular interest in ensuring front-line staff were well equipped to provide Council services with a healthy understanding of the unique needs of residents with autism. Throughout the review, Members heard how autism training had started being delivered to some key public facing service areas; this led Members to recommend expanding the training offer to a wider range of staff. To this end, the Committee recommend the following:

2

That Cabinet notes the rollout of training for front-line staff thus far and recommend that this becomes embedded in the new starter induction and ongoing learning and development targets for key front-line staff in reception-based areas.

The Committee highlighted the importance of having one centrally located point for residents with

autism to learn about what kind of support is available to them. Further to this, Members were minded to improve the ease of access to services online by including information on referral pathways, not only to services provided by the Council, but for support offered by other bodies such as the NHS and local charities. On that basis, the Committee recommends the following:

3

That Cabinet explore the feasibility of improving online accessibility for residents with autism by providing further access to, and information about, Council autism services on the Council's website.

As a way of assuring quality in the way the Council delivers its services, and to bolster confidence in accessing Council services for residents living with autism, as well as the family and friends of those with autism, the Committee sought to explore the advantages of obtaining autism accreditation through the National Autistic Society. The Committee were minded to make the following recommendation to Cabinet:

4

That Cabinet consider the merits of seeking Autism Accreditation for eligible Council services through the National Autistic Society.

From the outset of the review, the Committee were ardent about helping to facilitate a culture of continuous improvement. Hearing from officers about different initiatives and workstreams such as the Local Autism Action Plan 2019/20 and the Autism Partnership Board have been particularly welcomed by the Committee. Through the review's findings, the Committee encourage Cabinet to acknowledge the progress made in universally making the Council more autism-friendly:

5

That Cabinet welcome the culture of continuing improvement and such improvements as the appointment of Advanced Social Work Practitioners with a focus on autism, the development of e-learning training, and clear Council-wide guidance on reasonable adjustments under the Equality Act 2010.

The Autism Act (2009) committed the Government to having a strategy for meeting the needs of adults in England with autistic spectrum conditions. Following on from the Autism Act, the government published the first national autism strategy for England, 'Fulfilling and Rewarding Lives' (2010), which was then updated with 'Think Autism' (2014). In December 2018, the Government announced plans to review and introduce an updated national autism strategy which covered people of all ages in England for the first time. Publication of the updated autism strategy was delayed but is due in 2021. The Committee are therefore making the following

recommendation to Cabinet:

6

Note the impending publication of the National Autism Strategy review and forthcoming changes to legislation with a report back to the POC at an appropriate juncture covering progress on the recommendations and Hillingdon's approach to meeting these requirements.

It is important to facilitate an environment whereby residents with autism can engage with day to day Council services. In unfamiliar and often formal environments, individuals with autism may be more sensitive to encountering difficulties. This may affect them in a variety of different ways, from being distracted, unable to concentrate and having mild discomfort, to symptoms of acute pain and deterioration in functioning. If the environment is distressing for the person, this may stop them from accessing it. The result could be that an individual may abruptly remove themselves from a formal situation, thereby limiting their opportunity to effectively take part in formal proceedings as well as Social, Health, Education and Leisure services. As a way of addressing this, the Committee propose the following recommendation:

7

That appropriate front-line managers review their service's procedures whereby in formal contact environments, should a resident with autism unexpectedly remove themselves from a meeting or proceeding, it should not be taken as a withdrawal from the process in question, and that steps are taken to continue such formalities in a more appropriate or suitable matter.

During the review, the Committee heard from representatives of Hillingdon Autistic Care and Support, a charity raising awareness, knowledge and an understanding of autism in the local community. HACS have been improving the quality of life for residents with autism for over two decades; the Committee felt it absolutely necessary to recognise this work and to also recognise the role that all organisations and providers play in supporting residents with autism:

8

That Cabinet recognises all the Council's strong partnership relationships with organisations and providers supporting people with autism in Hillingdon.

Although it is noted that the scope of the review's recommendations are targeted primarily towards the way in which residents with autism access the Council's day to day services and not necessarily the statutory care services and packages offered to residents with autism, Members

felt strongly that reliable support needed to be offered to parents and carers of children with autism, specifically those who may fall short of the criteria for having an Education, Health and Care Plan (EHCP). During the review, Members heard from the SEND Advisory Service which offers training and workshops to parents and carers through their 'Early Bird' and 'Signet' programmes; the Signet programme was not only accessible to families with children with a diagnosis of autism but also children who presented social communication needs without a formal autism diagnosis. Further to this, the Committee noted that delivery of these programmes was scheduled to increase over the coming months and wished to highlight the importance of this work.

Terms of Reference of the review

The following Terms of Reference were agreed by the Committee from the outset of the review:

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

Witnesses and Committee activity

It should be noted that this review was initiated in late 2019 under the chairmanship of Cllr Jane Palmer and then in 2020 continued under the chairmanship of Cllr Ian Edwards until Cllr Philip Corthorne's appointment as Chairman of the Committee in January 2021.

The Committee received evidence from the following sources and witnesses:

<p>Witness Session 1</p>	<p>Kate Kelly-Talbot LBH Assistant Director of Adult Social Work</p> <p>Hazel Ashworth LBH Head of Service – Learning Disability and Mental Health</p>
<p>Member Site Visits</p>	<p>25 February 2020 The Committee conducted a site visit to Uxbridge Library and Eastcote Library to review the types of services available for people with autism.</p> <p>09 March 2020 The Committee visited the Centre for ADHD and Autism Support and met with the centre's Director of Autism Services.</p>
<p>Online Training</p>	<p>Members were invited to complete an online Basic Autism Awareness training module.</p>
<p>Witness Session 2</p>	<p>Poppy Reddy LBH Head of Service – Court and Children with Disabilities</p> <p>Georgie Bhad Leanne Williams Aisha Richardson-Long Hillingdon Parent Carer Forum</p>
<p>Witness Session 3</p>	<p>Toni Mullally Stephanie Mullally Hillingdon Autistic Care and Support</p>

	<p>Kate Kelly-Talbot LBH Assistant Director of Adult Social Work</p>
<p>LBH Manager Survey</p>	<p>To establish the level to which the Council’s public facing service environments, e.g. receptions, facilities, venues etc., were made accessible for residents with autism. A questionnaire was distributed to the managers of relevant service areas.</p>

References

The following information is provided in order to signpost readers to useful contextual information to this review:

[Autism Act 2009](#)

['Fulfilling and Rewarding Lives: the strategy for adults with autism in England' – Department of Health and Social Care 2010](#)

['Think Autism: Fulfilling and Rewarding Lives, the strategy for adults with autism in England: and update' – Department of Health and Social Care 2014](#)

[Statutory guidance for Local Authorities and NHS organisations to support implementation of the Adult Autism Strategy](#)

['The Autism Employment Gap: Too Much Information in the Workplace' – National Autistic Society 2016](#)

[Autism Spectrum Disorder in Adults: diagnosis and management – NICE Guidance 2016](#)

[Local Government and Social Care Ombudsman Investigation Report April 2019 – The London Borough of Hillingdon](#)

Appendix A - LBH Checklist for Autism-Friendly Public Facing Service Environments

Many people with Autism can experience severe difficulties with ‘unfriendly’ environments. This can mean that a person may have problems with sensory input from the world around them. This can be simplistically hyper, hypo or perception sensitivity.

This may affect them in a variety of different ways, from being distracted, unable to concentrate and having mild discomfort, to symptoms of acute ‘pain’ and deterioration in functioning.’ If the environment is distressing for the person this may stop them from accessing it. The result could be that Social, Health, Education and Leisure opportunities become limited.

Other difficulties in the environment include unclear communication and a lack of awareness or understanding of autism. If environments become too stressful it is also important to have the option to escape from any situation. This corporate standard seeks to raise this as a factor to be considered within Council departments.

Everyone with autism is, of course, unique and they have their own specific ways and needs to be considered.

This document was developed for services (or individuals) to review whether they could make environments friendlier and raise awareness of how they might be able to make changes.

	Awareness questions-Core	ANSWER
	It is important that everyone in an organisation has some basic knowledge of autism and is up to date with their training needs. To be aware of the barriers to change can also be a catalyst for effective problem solving and solutions.	Yes No N/A
1	Are you able to make changes to the Core sensory environment? (E.g. are there practical or financial restraints – changes can include simple or free changes such as changing a room layout).	
2	Have you considered to what extent is the environment primarily ‘safe’ for people with Autism?	

3	Are you up to date with Autism Awareness training to support this checklist?	
<p>Communication questions</p> <p>In all walks of life effective communication is vital. For people on the autism spectrum this is perhaps essential. Clear unambiguous indicators in all forms can prevent stress. Like much of the general population there is a definite preference for sameness, for appropriate language and for an absence of sudden change.</p>		<p>ANSWER</p> <p>Yes No N/A</p>
1	<p>Does the environment have clear signs to indicate the use of each room? Many with ASC may require pictures as well as written words. Are direction arrows pointing in the correct direction? (Does the layout off the room and present equipment also give some suggestion as to what is expected such as where to sit etc.)</p>	
2	<p>Are there photographs used to aid recognition of people (Staff/unfamiliar) if needed? (These need to be kept up to date)</p>	
3	<p>Have you considered to what extent are communication systems supported by the use of symbols, pictures, photos or objects? (This should include any guides about how to externally access services or what to expect for e.g. when waiting in reception for housing – roughly how long it will take? What paperwork they might need? Who will they see? What questions might they be asked? Are there easy read versions of documents available? Have literal descriptions been used?)</p>	
<p>Sight / Visual questions</p> <p>Some people who have autism can struggle with visual stimulus that can be offensive. This could be at best distracting causing a lack of focus and concentration. At worse this could cause a person to avoid environments completely. One case example was where a young lady on the spectrum could not speak</p>		<p>ANSWER</p> <p>Yes No N/A</p>

	at a conference because the carpet leading to the stage was too patterned and she could not walk on it. (The definition of High Arousal relates to a high level of stimulus to the senses such as the above-mentioned carpet. Low Arousal would be the opposite, so some pattern but limited. No Arousal would involve no stimulus, i.e. bland in colour and no pattern)	
1	Have you considered the sensory needs when accessing the service e.g. it is a high/low arousal environment including decor? (Consider walls, carpets, notice boards, paintings, soft and hard furniture patterns etc)	
2	How well are the facilities of the service organised/signposted to make the purpose of each part obvious e.g. toilets, waiting area etc? Does the service have a break out area that can be used if needed?	
3	Have you considered if the environment has fluorescent or harsh lighting? (Is it possible to vary this easily? Does it change at different times of day? Are any surfaces in the area reflective?)	
Smell / Olfactory questions If you have ever walked through a perfume department in a store, then you may have experienced the effect on your senses. It can be offensive if you are hypersensitive to smell and can have significant physical responses such as headache and nausea. It is therefore important to minimize this distress.		ANSWER Yes No N/A
1	Have you considered the smells of cleaning materials used? (E.g. polish, air fresheners, bleach). Or are facilities near rooms that generate smells (e.g kitchen)	
2	Have you considered the smells of individuals (including pets) using the environment? (E.g. Deodorants, perfumes and aftershaves)	
3	Do 'offensive' smells drift around the building from room to room and have you considered how you might isolate them?	

	Hearing / Auditory questions Many people with autism seem to be hypersensitive to acute or high-pitched noise that they cannot control. This can feel like sharp pain and people either cover their ears with fingers or earphones/defenders. The other alternative is to hide the offensive sound by masking it with 'white noise'. Sometimes the slightest inconspicuous sound can be irritating and distracting such as a 'hum' or a 'ticking'	ANSWER Yes No N/A
1	Have you considered the general noise level in the environment? (Think about clocks, Squeaky doors and floorboards; squeaky chairs; printers; phones; lights etc.)	
2	Have you considered hypersensitive hearing and looked at specific noises that may irritate such as clocks ticking, water coolers; humming from lights, road noises or building/gardening work in the distance?	
3	Have you any specific quiet and louder areas that people can choose from? Have you considered the pitch of noises? Have you checked when any building alarm tests are due?	

London Borough of Hillingdon Corporate Checklist for Autism-Friendly Environments shortened version from NICE guidelines on Autism spectrum disorder in adults and Autism spectrum disorder.

Semi-Independent Living for Young People

Committee name	Families Health and Wellbeing Select Committee
Officer reporting	Alex Coman, Social Care and Health Directorate
Papers with report	Appendix 1 – Semi Independent Living for Young People Appendix 2 – Indicators for supported accommodation
Ward	All

HEADLINES

This report provides an overview and update of Semi-Independent Living arrangements for young people aged 16-25 years, commissioned by The London Borough of Hillingdon, Children and Young People's Social Care.

RECOMMENDATIONS

That the Committee notes the report on Semi Independent Living set out in Appendix 1.

SUPPORTING INFORMATION

- Semi Independent Living [SIL] are services that provide accommodation and support to young people aged 16-18 or up to the age of 21, or 25 for care leavers who remain in education or training.
- All our children reside in fully accredited semi independent accommodation that meets their needs and support their transition into adulthood.
- The support offered is 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.
- Most other provisions are in large residential properties averaging between 5 and 7 beds.
- 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.
- Currently there are 198 young people who live in fully accredited and checked semi independent accommodation.
- Hillingdon are provided more resilient and flexible brokerage support and market engagement through the new Brokerage Service supporting Children and Adults.
- Hillingdon are part of the West London alliance and utilise both their expertise and the Dynamic Purchasing Vehicle to source fully accredited and best value semi independent accommodation for our young people.
- Appendix 1 provides an update for Members of the Committee, including performance data.

PERFORMANCE DATA

A broad range of relevant performance data and benchmarking is set out in Appendix 1.

RESIDENT BENEFIT

Looked after children in our Borough can be assured that they will receive appropriate accommodation and support to meet their needs and support their transition to independence.

FINANCIAL IMPLICATIONS

Utilisation of CarePlace enables us to obtain the best value placements for our young people, combining lower cost per unit with robust quality assurance and accreditation.

LEGAL IMPLICATIONS

None

BACKGROUND PAPERS

[Care Standards Act 2000](#)

APPENDICES

Appendix 1 – Semi Independent Living for Young People

Appendix 2 – Indicators for supported accommodation

Appendix 1 :Semi-Independent Living for Young People

1. Introduction

Semi Independent Living [SIL] are services that provide accommodation and support to young people aged 16-18 or up to the age of 21, or 25 for care leavers who remain in education or training

The support offered is 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. All young people in semi-independent accommodation also receive additional support of a social worker and/or a personal advisor.

The size and quality of the provision is varied, SIL provision is not yet regulated under the Care Standards Act 2000, and subsequently not inspected by Ofsted. The issue of unregulated accommodation for young people, particularly those aged 18 and under has been subject to debate across central government for the last couple of years. In September 2021, new legislation came into force making clear that no young person under 16 years of age can be placed in unregulated accommodation. Hillingdon as a local authority have never placed under 16-year-olds in unregulated provision, as such the change in legislation has had no impact on practice.

2. Current Position

The transition from Olympic House to smaller, better-quality provision concluded in 2020/21. The largest commissioned setting is YMCA accommodation for 23 young people. This setting provides direct support to young people with a pathway to move on to independence. Most other provisions are in large residential properties averaging between 5 and 7 beds.

Whilst the move to smaller self-contained accommodation was intended to improve the quality of life for our children and young people, an unintended consequence of the pandemic was that young people became more isolated.

As a result, we contracted P3 to provide floating support to young people, to ensure that they were offered an enhanced level of contact, in person and virtually. The service is currently using a blended approach to stay in contact with young people and allow more choice as to how they prefer to communicate. This provides bespoke support that is responsive to the needs of our young people.

The P3 Navigator Plus project has been designed to support young people across Hillingdon to thrive in their transition into adulthood. The project offers an early intervention and prevention approach to ensure young people can receive timely support and avoid the risks of long waiting times that could be experienced with more acute services. The model has been developed in response to the significant changes that all young people face on their transition through adolescence, as recognised by the Care Quality Commission (CQC).

Our Children's participation service continues to provide a fortnightly newsletter to keep our young people connected, engaged and informed.

Additional practical support in the form of increased financial support, care and food parcels have been provided throughout the pandemic.

A review of support vs care has been completed for all young people aged 16-17 in SIL, utilising the Ofsted framework 'indicators for supported accommodation', (Appendix A) to ensure that all young people who require regulated care receive it.

The pandemic did create some delay in young people transitioning to semi-independent accommodation from regulated accommodation, and from semi-independent accommodation to independent housing options. Children's social care and Housing have worked together to review housing and commissioning options for young people 18+ who are ready to move to independent accommodation.

3. Hillingdon's Quality Assurance Team

Following agreement in December 2019 for the integration of the brokerage and Direct Payments function across Adult Social Care, CWD, SEND and Health, a consultation with the existing team and the Access to Resources Placement Team commenced in August 2020. The proposal was agreed, and the process began to fully integrate the service in November 2020. . As part of this process the Quality Monitoring function and resource for children and adults were joined into the established Adult Quality Monitoring Team, thus extending the remit of this team to both Adults and Children and increasing resilience and capacity in ensuring that young people are living in a safe, clean environment and have appropriate support to meet their needs and prepare for adulthood.

Through this move, the aim was to refocus the monitoring role to one of improvement, working with providers in line with a set of Semi -Independent Living Standards to develop their service and stabilise placements. This will in turn, reduce the number of placement moves for our young people. To support extending the remit of this function, an additional post has been created and is funded through the BCF funding. This post is currently being recruited to. Children's Social Workers will continue to fulfil their statutory responsibility to monitor placements enabling the Quality Monitoring Team to focus on service improvement and reducing placement breakdown.

4. Provider Development

Services for 16+ young people remain statutory unregulated, though in Hillingdon we are committed to providing the best possible services to our young people. To achieve this, we are fully signed up to the West London Alliance (WLA) commissioning and accreditation arrangements. There is a small number of services still waiting to go through the accreditation process, due to COVID related delays. However, the vast majority of the placements used have been inspected and validated through the WLA and in the event that we need a placement that hasn't yet been accredited, we adopt the same criteria as WLA and carry out a quality assurance visit prior to a young person moving into that accommodation.

In February 2021 we integrated children's placements team and Adults Brokerage team into one Brokerage Service. The new service model has strengthened our market management through the centralised oversight and engagement of providers, this has also allowed a better understanding of gaps in the marketplace and in turn inform commissioning activity.

As we exit the pandemic during this year, we will resume our ambition to actively engage our 'Young Inspectors' in the QA process and accreditation of providers and we aim to achieve this by the end of this financial year

5. Semi Independent (SIL) Improvement Project

The Commissioning Alliance (CA) has an accreditation scheme for the Semi-Independent Care Leavers market. This accreditation looks at the people running the services (stage 1), the organisations policies and procedures (stage 2) and inspections at the property level (stage 3).

During the early part of 2022/23 the CA will be developing the Quality Assurance portal which will house an updated accreditation scheme.

This scheme builds on the strengths of the current WLA accreditation model and aims to incorporate an even more robust and consistent approach across the accreditation scheme. The revised scheme will be looking more in depth to areas such as: Health and Safety, Information Governance, Safeguarding and People e.g. safer recruitment, etc. The new scheme will have Accreditation Officers trained in all these areas, as well as the level 3 safeguarding qualification.

At property level inspection (stage 3) the Commissioning Alliance will be using Environmental Housing Officers to carry out the inspections which will be in line with the Temporary Accommodation inspection service being operated across London by the CA. This will align the accreditation scheme with the 2004 Housing Act. The stage 3 inspections will grade properties A-E, which in turn will allow us greater understanding of cost vs quality in the market.

6. Quality Assurance Portal Development

The Quality Assurance portal will not only house the accreditation scheme but will also be a central point for information to be collected and displayed to placing authorities. This will include recent contract management reviews and any appropriate information to help local authorities share intelligence between themselves on providers. Areas of concerns for example LADO (Local Authority Designated Officer) investigations are taking place will be highlighted and displayed in the CarePlace Dynamic Purchasing Vehicle System so Brokerage teams know if there are any concerns about providers before placing children or young people in that provision.

In the future it is intended that the Quality Assurance portal will also capture young people's feedback on services and will support out of borough notifications when a young person is placed in a different local authority.

7. Next Steps

Building on the work conducted with local providers, YMCA & P3 and the Commissioning Alliance with regard to 16+ service provision, providers will be targeted to develop further services including shared accommodation, shared lives/supported lodgings.

Local demand projections based on current usage and the analysis of local impact of Unaccompanied Asylum Seeking Children (UASC) demand, will support the continuing development of the commissioning strategy and market position statement and continue to engage the market in an effective and efficient way.

Regular review of quality of provision and outcomes for our young people are scrutinised regularly by the Corporate Parenting Panel.

Performance Data

Data used to monitor performance is provided by the Commissioning Alliance. The most recent being **Hillingdon's Performance Report (June 2021-Feb 2022)**.

Hillingdon have consistently used Care Place and sourced 100 Semi-independent placements through the system, all of them with accredited providers.

Service Type	Service Level	Awaiting Responses	Awaiting Decision	Expired	Unsuccessful	Not Assigned (offer rejected by LA)	Complete	Documents Issued	Documents In Progress	Documents Signed	Documents Complete	Total Packages	Pending	No Provider Found / Offer Rejected	Awarded
16+ Accommodation & Support	Level 2 - Accommodation with Support	1	35	2	1	34	34	8	1	1	56	173	36	37	100
Fostering Agency	Core: Ages 0-15	3	31	0	65	31	11	15	1	1	4	162	34	96	32
	Core: Ages 16-17	0	1	1	3	0	0	2	0	0	0	7	1	4	2
	Parent & Child	0	2	0	0	0	0	0	0	0	0	2	2	0	0
	Specialist	0	0	0	3	0	0	0	0	0	0	3	0	3	0
Registered Children's Home	Core (Organisation)	8	16	2	53	16	2	2	0	0	1	100	24	71	5
Local Authority Total / Average		12	85	5	125	81	47	27	2	2	61	447	97	211	139
/ Average		12	85	5	125	81	47	27	2	2	61	447	97	211	139

Alongside this data, the Children's Social Care database and financial systems are reviewed regularly to understand demand, need and future planning.

At the end of February 2022 Hillingdon was corporate parent for 463 children and 530 Care leavers. 198 of all these young people were living in SIL. The breakdown by age of the cohort of young people living in SILs is as follows:

Age	Number
16	39
17	120
18	23
19	10
20	4
21	1
22	1

This age distribution is in line with what we would expect to see, the highest age band being 17 in preparation for independence. Young people in the older age bands who are still living in a SIL have exceptional circumstances and identified additional needs.

Appendix 2

Indicators for supported accommodation

This table sets out whether your service falls into the category of a children's home or 'supported accommodation'. If your service is the latter, you do not need to register. If your service provides care, it will meet the definition of a children's home and you will usually need to register, as explained earlier in this guide. These questions are indicative and not exhaustive. If you are unclear, you should seek advice.

The table may be particularly useful if you provide accommodation to young people over the age of 16.

Indicators	Yes	No
Can young people go out of the establishment without staff's permission?	Supported accommodation	Care
Do young people have full control of their own finances?	Supported accommodation	Care
Do young people have control over what they wear and the resources to buy clothes?	Supported accommodation	Care
Are young people in charge of meeting all of their health needs, including such things as arranging GP or specialist health care appointments? Are young people in full control of their medication?	Supported accommodation (note that young people may ask for advice and help on their health, but if decisions rest with the young person, the establishment is not providing care)	Care
Do staff have any access to any medical records?	Care	Supported accommodation
Can young people choose to stay away overnight?	Supported accommodation (note that being expected to tell someone if they are going to be away overnight does not indicate providing care, but needing to ask someone's permission does)	Care

Is there a sanctions policy that goes beyond house rules and legal sanctions that would be imposed on any adult?	Care	Supported accommodation
If the establishment accommodates both adults and young people, do those under 18 have any different supervision, support, facilities or restrictions?	Care	Supported accommodation
Are there regularly significant periods of time when young people are on the premises with no direct staff supervision?	Supported accommodation	Care
Do staff have any responsibility for aftercare once a young person has left?	Care (note that some supported accommodation services will offer some support to help young people get established in their next accommodation – this is not care)	Supported accommodation
Does the establishment's literature promise the provision of care or relate to specific care support provided to all residents?	Care	Supported accommodation
Does the establishment provide or commission a specialist support service, which forms part of the main function of the establishment?	Care	Supported accommodation

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FAMILIES, HEALTH & WELLBEING SELECT COMMITTEE - CORPORATE PARENTING PANEL MINUTES

Committee name	Families, Health & Wellbeing Select Committee
Officer reporting	Anisha Teji, Central Services
Papers with report	Appendix A – Draft Corporate Parenting Panel Minutes
Ward	All

HEADLINES

The Corporate Parenting Panel met on 25 January 2022.

RECOMMENDATION

That the Families, Health & Wellbeing Select Committee notes the Corporate Parenting Panel minutes.

SUPPORTING INFORMATION

The draft minutes from the Corporate Parenting Panel from the meeting on 26 July 2021 are included as Appendix A. For the Select Committee's purposes, these minutes are for noting and will be approved by the panel at the next meeting.

Implications on related Council policies

The Panel provides an important voice for children in care and care leavers, ensuring their views are heard as part of the council's policy making and decision-making processes

How this report benefits Hillingdon residents

The Panel gives young people in Hillingdon a valued role within our democratic process and enables Councillors to work directly with them and hear their views.

Financial Implications

None at this stage.

Legal Implications

None at this stage.

BACKGROUND PAPERS

NIL.

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Minutes

CORPORATE PARENTING PANEL

25 January 2022



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

	<p>Voting Panel Members Present: Councillors Nick Denys (Chairman), Heena Makwana (Vice-Chairman), and Kerri Prince</p> <p>Kathryn Angelini (Head of Education for Vulnerable Children), Siobhan Appleton (Designated LAC Nurse), and Helen Smith (Corporate Parenting Manager)</p> <p>Non-Voting Members Present Representatives of the Children in Care Council, and Care Leavers</p> <p>LBH Officers Present: Tehseen Kauser (Head of Service for Looked After Children and Leaving Care), Georgia Watson-Polack (Senior Virtual School Practitioner), Neil Fraser (Democratic Services Officer), Beverley O'Dwyer (Senior Virtual School Practitioner), Mia Coombes (Children's LAC Participation Officer) and Kali Slade (Apprentice Social Worker)</p>
47.	<p>APOLOGIES FOR ABSENCE (<i>Agenda Item 1</i>)</p> <p>Apologies were received from Alex Coman - Director for Safeguarding, Partnership and Quality Assurance, Children and Young People Services.</p>
48.	<p>DECLARATIONS OF INTEREST IN MATTERS COMING BEFORE THIS MEETING (<i>Agenda Item 2</i>)</p> <p>None.</p>
49.	<p>MINUTES OF THE MEETING ON 24 NOVEMBER 2021 (<i>Agenda Item 3</i>)</p> <p>Regarding minute 43, and the reference to the review of Youth Services by representatives of Her Majesty's Inspectorate (HMIP), officers advised that the draft review report had not yet been published and therefore, further detail would follow at a later meeting.</p> <p>RESOLVED: That the minutes of the meeting held on 24 November 2021 be approved as a correct record.</p>
50.	<p>VIRTUAL SCHOOL ANNUAL REPORT (<i>Agenda Item 4</i>)</p> <p>Kathryn Angelini - Head of Education for Vulnerable Children, supported by Georgia Watson-Polack – Senior Virtual School Practitioner, and Bev O'Dwyer – Senior Virtual School Practitioner, introduced the annual report of Hillingdon's Virtual School.</p> <p>The report was summarised, with key points highlighted. The Panel was informed that the impact of the COVID-19 pandemic was broadly similar to that of the previous year,</p>

with disruption due to regular changes to 'at home' versus 'in school' education. However, despite these challenges, the Borough's young people (YP) continued to perform well. Attainment and attendance remained high, with reduced exclusion days.

The service had employed a careers guidance councillor who was supporting YP to understand their options for further academic study or employment. Training for schools and other education settings included the Designated Teacher Forum, and the new Advanced Designated Teacher Programme (ADT). Feedback to training had been overwhelmingly positive, with investment in place to fund a second year of the ADT programme in 2022, as well as providing for 2021's cohort to progress to ADT Level 2.

Blended tuition, incorporating in-person and online sessions, would continue through 2022, based on the needs of the learners. It was highlighted that the Letterbox programme had been omitted from the report, but remained in place.

Support for YP and their mental health was being addressed through various mechanisms, including mentoring, Mental Health Champions, and behavioural consultants.

Additionally, feedback from YP was being captured through PEP meetings, together with the various CiCC's and other YP groups. It had been noted that YP were more likely to provide honest feedback in a more relaxed, informal setting.

Reintegration of YP who had been excluded from school was noted to be more challenging for schools out of Borough. Processes to help reintegration varied by school, but could include Restorative Justice or engagement with specialised professionals.

The Committee heard testimony from several YP in attendance regarding their experiences with education as Looked After Children and Care Leavers. Feedback was positive, with common points including the support provided by Council staff, the learner's increased confidence and self-esteem, and the inclusivity and social impact of learning alongside other young people in similar situations.

Suggestions for further improvements to be considered included a wider advertisement and availability of the resources available to young people regarding careers advice, improvements to the Council's websites and online tools, and the potential for care leavers to work within the Council (e.g. within social media roles).

RESOLVED: That the report be noted.

51. **CHILDREN'S SERVICES PERFORMANCE DATA FOR Q3** (*Agenda Item 5*)

Tehseen Kauser – Head of Service, Looked After Children and Leaving Care, updated the Panel on the performance towards the 5 desired outcomes for children during Quarter 3 of 2021/22.

The report was summarised, and it was recognised that some data from Q3 had shown a decline in performance in comparison to previous quarters, such as the number of timely health assessments. This was attributed to the significant increase in Unaccompanied Asylum Seeker Children (UASC), together with the national shortage of health staff, itself compounded by the ongoing COVID-19 pandemic. However, performance had increased in other areas, such as dental checks, while the vast majority of Independent Reviewing Officer (IRO) assessments had been completed on

time.

The increased numbers of UASC was recognised to be a result of the Home Office hotels located within the Borough, to manage this influx the council were working with the Home Office to support with dispersal as the National Transfer Scheme had now been mandated. The team had reviewed internal processes, including increased weekend working with health to provide LAC surgeries on weekends in Feb 2022, in an effort to meet the increased demand and was continuing to monitor the influx of Young People. A slight decline in new cases had been noted during January 2022, though numbers overall remained high.

Case numbers per social worker had increased overall, though the average number of cases remained fewer than that of statistical neighbours.

RESOLVED: That the report be noted.

52. **SUPPORT AVAILABLE TO CARE LEAVERS (EDUCATION, TRAINING AND EMPLOYMENT)** (*Agenda Item 6*)

Helen Smith – Corporate Parenting Manager, introduced a report detailing the support available to Care Leavers, with specific reference to their education, training, and employment.

The report was summarised, with key points highlighted. The Panel was informed that Hillingdon Council was a Corporate Parent to 515 over 18s, all of whom had been allocated a Personal Advisor (PA) or a Social Worker to ensure their access to educational support and career planning. This included pathway plan meetings held every six months, as per the statutory guidance. The report detailed partnerships and programmes including Job Centre Plus, Catch 22, Drive Forward, the Brunel Partnership, Rise Futures, and Project Search, as well as the financial support available to Care Leavers (including direct financial aid from the Council, and scholarships).

Challenges were set out, including the inability for some Young People (YP) aged 18+ to access employment or student finance due to their immigration status. The impact on mental health as a result of trauma or stress, was noted a significant barrier to overcome, including stress resulting from waiting for a decision on Home Office status. It was confirmed that delays in Home Office decisions had been exacerbated by the current COVID-10 pandemic.

Suggested improvements and further action included potential increased work experience days or mentoring from Councillors and the wider Hillingdon staff. It was agreed that the Chairman would approach the Chairman of the Families, Education and Wellbeing Select Committee to obtain a list of Councillor professions to help aid identifying potential work experience opportunities.

Additionally, it was suggested that officers review the potential for closer working with schools regarding support to YP on careers, funding, and Universal Credit.

The Panel requested that officers provide additional information regarding feedback from Young People on the Catch 22 and Drive Forward programmes.

RESOLVED:

1. That the report be noted;
2. That the Chairman approach the Chairman of the Families, Education and Wellbeing Select Committee to obtain a list of Councillor professions to help aid identifying potential work experience opportunities;
3. That officers review the potential for closer working with schools regarding support to Young People on careers, funding, and Universal Credit; and
4. That officers provide additional information regarding feedback from Young People on the Catch 22 and Drive Forward programmes.

53. **DISCUSSION: ROLE OF COUNCILLORS AS CORPORATE PARENTS** (*Agenda Item 7*)

The Panel discussed the role of Councillors as Corporate Parents and suggested potential actions for improvements.

It was noted that a programme of Member Development was being planned, though officers required additional information on attendees, dates, and topics in order to plan the most effective training. It was suggested that Young People (YP) should be actively involved in the delivery of this training, including detail of their experience pre-care, and its resultant effect on them.

Regarding counselling for YP, it was noted that detail on the newly commissioned REES counselling service could be provided at a future meeting.

It was agreed that officers would discuss potential changes to the Corporate Parenting Panel meetings with the YP attending. Some suggested changes included attendance and the sharing of experience from a wider variety of Council staff.

Additionally, it was suggested that officers could attend the Conservative and Labour Group meetings to further engage with Councillors on the subject of Corporate Parenting. However, it was recognised that this would need to be reviewed internally and, if approved, should be implemented after the forthcoming elections.

RESOLVED:

1. That the Chairman discuss the forthcoming Member Development programme and potential officer attendance at Group meetings with the Chairman of the Families, Education and Wellbeing Select Committee;
2. That detail on the newly commissioned REES counselling service be provided at a future meeting;
3. That officers discuss potential changes to the Corporate Parenting Panel meetings with the YP.

54. **WORK PROGRAMME** (*Agenda Item 8*)

Consideration was given to the Panel's Work Programme.

It was agreed that the themed, quarterly meetings would continue for the next municipal year, and authority was delegated to the clerk to arrange suitable dates and draft the new Work Programme, in consultation with officers and the Chairman.

RESOLVED:

- | | |
|--|---|
| | <ol style="list-style-type: none">1. That the Work Programme be noted; and2. That the clerk arrange the future meeting dates and draft the new Work Programme, in consultation with officers and the Chairman. |
| | The meeting, which commenced at 5.30 pm, closed at 7.20 pm. |

These are the minutes of the above meeting. For more information on any of the resolutions please contact Neil Fraser on 01895 250692. Circulation of these minutes is to Councillors and officers.

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CABINET FORWARD PLAN

Committee name	Families, Health and Wellbeing Select Committee
Officer reporting	Anisha Teji, Democratic Services
Papers with report	Appendix A – Latest Forward Plan
Ward	As shown on the Forward Plan

HEADLINES

To monitor the Cabinet’s latest Forward Plan which sets out key decisions and other decisions to be taken by the Cabinet collectively and Cabinet Members individually over the coming year. The report sets out the actions available to the Committee.

RECOMMENDATION

That the Families, Health and Wellbeing Select Committee notes the Cabinet Forward Plan.

SUPPORTING INFORMATION

The Cabinet Forward Plan is published monthly, usually around the first or second week of each month. It is a rolling document giving the required public notice of future key decisions to be taken. Should a later edition of the Forward Plan be published after this agenda has been circulated, Democratic Services will update the Committee on any new items or changes at the meeting.

As part of its Terms of Reference, each Select Committee should consider the Forward Plan and, if it deems necessary, comment as appropriate to the decision-maker on the items listed which relate to services within its remit. For reference, the Forward Plan helpfully details which Select Committee’s remit covers the relevant future decision item listed.

The Select Committee’s monitoring role of the Forward Plan can be undertaken in a variety of ways, including both pre-decision and post-decision scrutiny of the items listed. The provision of advance information on future items listed (potentially also draft reports) to the Committee in advance will often depend upon a variety of factors including timing or feasibility, and ultimately any such request would rest with the relevant Cabinet Member to decide. However, the 2019 Protocol on Overview & Scrutiny and Cabinet Relations (part of the Hillingdon Constitution) does provide guidance to Cabinet Members to:

- Actively support the provision of relevant Council information and other requests from the Committee as part of their work programme;
- Where feasible, provide opportunities for committees to provide their input on forthcoming executive reports as set out in the Forward Plan to enable wider pre-decision scrutiny (in addition to those statutorily required to come before committees, *i.e. policy framework documents – see para. below*).

As mentioned above, there is both a constitutional and statutory requirement for Select Committees to provide comments on the Cabinet’s draft budget and policy framework proposals after publication. These are automatically scheduled in advance to multi-year work programmes.

Therefore, in general, the Committee may consider the following actions on specific items listed on the Forward Plan:

	Committee action	When	How
1	To provide specific comments to be included in a future Cabinet or Cabinet Member report on matters within its remit.	<p>As part of its pre-decision scrutiny role, this would be where the Committee wishes to provide its influence and views on a particular matter within the formal report to the Cabinet or Cabinet Member before the decision is made.</p> <p>This would usually be where the Committee has previously considered a draft report or the topic in detail, or where it considers it has sufficient information already to provide relevant comments to the decision-maker.</p>	<p>These would go within the standard section in every Cabinet or Cabinet Member report called "Select Committee comments".</p> <p>The Cabinet or Cabinet Member would then consider these as part of any decision they make.</p>
2	To request further information on future reports listed under its remit.	<p>As part of its pre-decision scrutiny role, this would be where the Committee wishes to discover more about a matter within its remit that is listed on the Forward Plan.</p> <p>Whilst such advance information can be requested from officers, the Committee should note that information may or may not be available in advance due to various factors, including timescales or the status of the drafting of the report itself and the formulation of final recommendation(s). Ultimately, the provision of any information in advance would be a matter for the Cabinet Member to decide.</p>	<p>This would be considered at a subsequent Select Committee meeting. Alternatively, information could be circulated outside the meeting if reporting timescales require this.</p> <p>Upon the provision of any information, the Select Committee may then decide to provide specific comments (as per 1 above).</p>
3	To request the Cabinet Member considers providing a draft of the report, if feasible, for the Select Committee to consider prior to it being considered formally for decision.	<p>As part of its pre-decision scrutiny role, this would be where the Committee wishes to provide an early steer or help shape a future report to Cabinet, e.g., on a policy matter.</p> <p>Whilst not the default position, Select Committees do occasionally receive draft versions of Cabinet reports prior to their formal consideration. The provision of such draft reports in advance may depend upon different factors, e.g., the timings required for that decision. Ultimately any request to see a draft report early would need the approval of the relevant Cabinet Member.</p>	<p>Democratic Services would contact the relevant Cabinet Member and Officer upon any such request.</p> <p>If agreed, the draft report would be considered at a subsequent Select Committee meeting to provide views and feedback to officers before they finalise it for the Cabinet or Cabinet Member. An opportunity to provide specific comments (as per 1 above) is also possible.</p>
4	To identify a forthcoming report that may merit a post-decision review at a later Select Committee meeting	<p>As part of its post-decision scrutiny and broader reviewing role, this would be where the Select Committee may wish to monitor the implementation of a certain Cabinet or Cabinet Member decision listed/taken at a later stage, i.e., to review its effectiveness after a period of 6 months.</p> <p>The Committee should note that this is different to the use of the post-decision scrutiny 'call-in' power which seeks to ask the Cabinet or Cabinet Member to formally re-consider a decision up to 5 working days after the decision notice has been issued. This is undertaken via the new Scrutiny Call-in App members of the relevant Select Committee.</p>	<p>The Committee would add the matter to its multi-year work programme after a suitable time has elapsed upon the decision expected to be made by the Cabinet or Cabinet Member.</p> <p>Relevant service areas may be best to advise on the most appropriate time to review the matter once the decision is made.</p>

BACKGROUND PAPERS

- [Protocol on Overview & Scrutiny and Cabinet relations adopted by Council 12 September 2019](#)
- [Scrutiny Call-in App](#)

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Upcoming Decisions Further details

Ref	Ward(s)	Final decision by Full Council	Cabinet Member(s) Responsible	Relevant Select Committee	Directorate / Lead Officer	Consultation related to the decision	NEW ITEM	Public or Private (with reason)
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SI = Standard Item each month Council Directorates: SC = Social Care & Health P = Place CS = Central Services FD = Finance

Cabinet meeting - Thursday 21 April 2022 (report deadline 4 April)

139		Award of Contract: Mental Health Crisis House Service	Cabinet will be asked to consider a single tender for the provision of a pilot service that will provide intensive, short-term support for people in a residential setting rather than in a hospital, with funding from Central & North West London Foundation NHS Trust.	N/A		Cllr Jane Palmer - Health & Social Care	Families, Health & Wellbeing	SC - Kate Kelly-Talbot / Gary Collier		NEW ITEM	Private (3)
58		Standards and quality of education in Hillingdon during 2020/21	The Annual Report to Cabinet regarding children and young people's educational performance across Hillingdon schools.	All		Cllr Susan O'Brien - Families, Education & Wellbeing	Families, Health & Wellbeing	PE - Daniel Kennedy / Rani Dady	Select Committee		Public
SI		Reports from Select Committees	Cabinet will receive review a report from the Families, Health & Wellbeing Select Committee into Assisted Living Technology.	All		Cllr Jane Palmer - Health & Social Care	Families, Health & Wellbeing	Democratic Services - Anisha Teji	Witness testimony and resident engagement is an integral part of reviews by Select Committees		Public

Cabinet meeting - Thursday 16 June 2022 (report deadline 30 May)

140		Award of multiple providers admitted to a new Framework for the provision of Home Care and Outreach Services	Cabinet will consider contract awards for multiple providers admitted to a new Framework for the provision of Home Care and Outreach Services for Adults, Children and Young People. A competitive tender process will admit suitable providers for the opportunity of packages of care awarded in Hillingdon via e-brokerage. This activity is for provision of services where the care is not provided by the lead providers.	N/A		Cllr Jane Palmer - Health & Social Care	Families, Health & Wellbeing	SC / FD - Darren Thorpe / Sally Offin		NEW ITEM	Private (3)
88		Older People's Plan update	Cabinet will receive its yearly progress update on the Older People's Plan and the work by the Council and partners to support older residents and their quality of life.	All		Cllr Ian Edwards - Leader of the Council / Cllr	Families, Health & Wellbeing	SH - Kevin Byrne	Older People, Leader's Initiative		Public

Cabinet Member Decisions expected - July 2022

SI		Standard Items taken each month by the Cabinet Member	Cabinet Members make a number of non-key decisions each month on standard items - details of these are listed at the end of the Forward Plan.	Various		All		CS - Democratic Services	Various		Public
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NO CABINET IN AUGUST 2022

Upcoming Decisions		Further details	Ward(s)	Final decision by Full Council	Cabinet Member(s) Responsible	Relevant Select Committee	Directorate / Lead Officer	Consultation related to the decision	NEW ITEM	Public or Private (with reason)
Ref										
				SI = Standard Item each month	Council Directorates: SC = Social Care & Health P = Place CS = Central Services FD = Finance					
SI	Interim or urgent executive decision-making by the Leader of the Council	As there is no Cabinet meeting in August, the Leader of the Council may take interim or urgent key decisions, and if so required, on behalf of the full Cabinet. These will be reported to Cabinet at a later date for ratification and public record.	Various		Cllr Ian Edwards - Leader of the Council	TBC	CS - Democratic Services	Various		Public / Private - TBD
Cabinet meeting - Thursday 1 September 2022 (report deadline 12 August 2022)										
134	2022/23 Better Care Fund Section 75 Agreement	A report to Cabinet regarding the agreement under section 75 of the National Health Service Act, 2006, that will give legal effect to the 2020/21 Better Care Fund plan, including financial arrangements.	All		Cllr Jane Palmer - Health & Social Care	Families, Health & Wellbeing	SH - Gary Collier		NEW ITEM	Public
Cabinet meeting - Thursday 13 October 2022 (report deadline 26 September)										
112	The Annual Report Of Adult and Child Safeguarding Arrangements	This report provides the Cabinet with a summary of the activity undertaken by the Safeguarding Children Partnership Board and the Safeguarding Adults Board to address the identified local priorities. The Cabinet will consider this report and approve the activity and the local priorities for the two boards.	All		Cllr Jane Palmer - Health & Social Care	Families, Health & Wellbeing	SH - Alex Coman	Families, Health & Wellbeing Select Committee		Public
Cabinet meeting - Thursday 10 November 2022 (report deadline 24 October)										
142	Approval to establish a new Dynamic Purchasing System (DPS) for Transportation Services for Social Care and Children	Subject to the short term extension of existing transport contracts by Cabinet in March 2022, this report will seek Cabinet approval to establish a new Dynamic Purchasing System for Transportation Services for Adults, Children, Looked After Children and Young People with Special Educational Needs and Adult Social Care Clients to the London Borough of Hillingdon. This framework will allow for suitable providers to take part in mini-competitions to enable the Council to award services to transport providers and seek value for money.	All		Cllr Jane Palmer - Health & Social Care	Families, Health & Wellbeing	SC / FD - Darren Thorpe / Sally Offin		NEW ITEM	Private (3)
Cabinet meeting - Thursday 15 December 2022 (report deadline 28 November)										
145	Social Care Catering Services	Following Cabinet's decision on 17 February 2022 to extend the current contract, following a review and procurement exercise, Cabinet will consider new contractual arrangements for Social Care Catering Services in Extra Care, Children's Residential settings and Early Years Centres.	N/A		Cllr Jane Palmer - Health & Social Care	Families, Health & Wellbeing	SC / FD - Claire Fry / Sally Offin / Darren Thorpe		NEW ITEM	Private (3)
135	The Council's Budget	This report will set out the Medium Term Financial Forecast	All	Proposed	Cllr Ian	All	FD - Paul	Public consultation		Public
Cabinet meeting - Thursday 5 January 2023 (report deadline 12 December)										

Ref	Upcoming Decisions	Further details	Ward(s)	Final decision by Full Council	Cabinet Member(s) Responsible	Relevant Select Committee	Directorate / Lead Officer	Consultation related to the decision	NEW ITEM	Public or Private (with reason)
143	Occupational Therapy Services for Adults, Children and Young People for Social Care and for Major Adaptations	Subject to Cabinet's decision in March 2022 for a short term extension of the current contract, Cabinet will consider a new contract for the provision of Occupational Therapy Services for Adults, Children and Young People for Social Care and for Major Adaptations from a competitive tender process.	N/A		Cllr Jane Palmer - Health & Social Care	Families, Health & Wellbeing	SC / FD - Darren Thorpe / Sally Offin		NEW ITEM	Private (3)
Cabinet meeting - Thursday 16 February 2023 (report deadline 30 January 2023)										
135 (b)	The Council's Budget - Medium Term Financial Forecast 2023/24 - 2027/28 (BUDGET FRAMEWORK)	Following consultation, this report will set out the Medium Term Financial Forecast (MTFF), which includes the draft General Fund reserve budget and capital programme for 2023/24 for consultation, along with indicative projections for the following four years. This will also include the HRA rents for consideration.	All	Proposed Full Council adoption - 23 February 2023	Cllr Ian Edwards - Leader of the Council / Cllr Martin Goddard - Finance	All	FD - Paul Whaymand	Public consultation through the Select Committee process and statutory consultation with businesses & ratepayers	NEW ITEM	Public
Cabinet meeting - Thursday 23 March 2023 (report deadline 6 March 2023)										
SI 103	Monthly Council Budget - monitoring report	The Cabinet receives a monthly report setting out in detail the Council's revenue and capital position and other key financial decisions required.	All		Cllr Martin Goddard - Finance	All - TBC on decisions made	FD - Paul Whaymand		NEW ITEM	Public
Cabinet Member Decisions: Standard Items (SI) that may be considered each month										
SI	School Governing Bodies and Governors / Authorising Academy Appointments	To approve appointments, nominate appointments and make reappointments of local authority governors and to approve any changes to school governing body constitutions. To also authorise any Member to be a Governor or Director of an Academy.	N/A		Cllr Susan O'Brien - Families, Education & Wellbeing	Families, Health & Wellbeing	CS - Democratic Services			Public
SI	School Redundancy Payments	To consider requests for School Redundancy Payments and decide whether to approve them on behalf of the Local Authority	TBC		Cllr Susan O'Brien - Families, Education & Wellbeing	Families, Health & Wellbeing	PE - Daniel Kennedy			Private (1,2,3)

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

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FAMILIES, HEALTH & WELLBEING SELECT COMMITTEE - WORK PROGRAMME

Committee name	Families, Health & Wellbeing Select Committee
Officer reporting	Anisha Teji, Democratic Services
Papers with report	Appendix A – Work Programme
Ward	All

HEADLINES

To enable the Committee to note future meeting dates and to forward plan its work for the current municipal year.

RECOMMENDATIONS

That the Families, Health & Wellbeing Select Committee considers the report and agrees any amendments.

SUPPORTING INFORMATION

- The Committee's meetings will start at 7pm and the witnesses attending each of the meetings are generally representatives from external organisations, some of whom travel from outside of the Borough. Forthcoming meeting dates are as follows:

202/23 Municipal Year Meetings	Room
28 June 2022, 7pm	TBC
20 July 2022, 7pm	TBC
21 September 2022, 7pm	TBC
25 October 2022, 7pm	TBC
29 November 2022, 7pm	TBC
4 January 2023, 7pm	TBC
2 February 2023, 7pm	TBC
14 March 2023, 7pm	TBC
18 April 2023, 7pm	TBC

Implications on related Council policies

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

How this report benefits Hillingdon residents

Select Committees directly engage residents in shaping policy and recommendations and the Committees seek to improve the way the Council provides services to residents.

Financial Implications

None at this stage.

Legal Implications

None at this stage.

BACKGROUND PAPERS

NIL.

Multi year work programme

May 2021- May 2022

2022

Families, Health & Wellbeing Select Committee	July 27	August No meeting	September 8	October 26	November 30	December No meeting	January 5	February 2	March 31	April 20	May CABINET
REVIEW : Assisted Living Technologies											
Topic selection / scoping stage											
Witness / evidence / consultation stage	Witness Session 1		Witness Session 2	Witness Session 3							
Findings, conclusions and recommendations					Findings		Recommendations				
Final review report agreement								Final report			
Target Cabinet reporting									CABINET		
Regular service & performance monitoring											
Mid year Budget Update	X										
Annual Complaints & service report update			X								
Cabinet's budget proposals for next financial year							X				
Children's Safeguarding Partnership (formerly the LSCB)	X										
Annual SAB (Adults Safeguarding Board report)	X										
Quarterly School Places Planning Update	X				X				X		
Education Results and Standards Report (incl. School Improvements & Outcomes of Discussions on Performance)									X		
Report / minutes from the Corporate Parenting Panel	X			X						X	
Cabinet Forward Plan Monthly Monitoring	X		X	X	X		X	X	X	X	
One-off service monitoring											
Update on Telecare Line											
Semi-Independent Living for Young People										X	
Quarterly School Places Planning Update							X				
Carers Strategy Delivery Update											
Update on the new SEN Strategy, and the new Additional Needs Strategy											
Better Care Fund - Learning Disabilities/Autism Workstream				X							
A review of Hilliingdon Adult and Community Learning Service on behalf of the previous Residents, Education & Environmental Services Policy Overview Committee				X							
Promoting Healthy Lifestyles (Sport and Physical Activity)								X			
Public Health Update on Initiatives brought in as a result of the Covid-19 pandemic				X							
Public Health Integrated Service Contracts					X						

Overview of Corporate Parenting Responsibilities						X			
Changes to our admissions criteria						X			
Access to EHCPs for Children with SEND		X							
Elective Home Education policy - update on new policy implementation							X		
Youth Services update							X		
Adult and Community Learning Self Assessment Report, 2020-21.					X				
Covid update								X	
Update on Public Health Integrated Service Contracts									X
Ukraine refugee update									X
Early Years Provision Update							X		
Past review delivery									
Making the Council more autism-friendly (1 year on)									X
Internal use only									
Report deadline	14 Jul 21	25-Aug-21	13-Oct-21	17-Nov-21		17-Dec-21	20-Jan-22	18-Mar-22	08-Apr-22
Agenda published	19 Jul 21	31-Aug-21	18-Oct-21	22-Nov-21		23-Dec-21	25-Jan-22	23-Mar-22	12-Apr-22

* Childrens dental review to be added to wp for March 2023
 * New SEN strategy to be added to the wp for Summer 2022
 *Service Update on Early Years & Children's Centres for June 2023