

Minutes

HEALTH AND SOCIAL CARE SELECT COMMITTEE

10 October 2023



Meeting held at Committee Room 5 - Civic Centre

	<p>Committee Members Present: Councillors Nick Denys (Chairman), Philip Corthorne (Vice-Chairman), Adam Bennett, Tony Burles, Reeta Chamdal and June Nelson</p> <p>LBH Officers Present: Suzi Gladish (Head of Safeguarding Arrangements), Bukky Junaid (Assistant Director, Access to Support Services), Sandra Taylor (Corporate Director of Adult Services and Health) and Nikki O'Halloran (Democratic, Civic and Ceremonial Manager)</p>
22.	<p>APOLOGIES FOR ABSENCE (<i>Agenda Item 1</i>)</p> <p>Apologies for absence had been received from Councillor Sital Punja (Councillor Robin Sansarpuri was present as her substitute).</p>
23.	<p>DECLARATIONS OF INTEREST IN MATTERS COMING BEFORE THIS MEETING (<i>Agenda Item 2</i>)</p> <p>There were no declarations of interest in matters coming before this meeting.</p>
24.	<p>MINUTES OF THE MEETING HELD ON 13 SEPTEMBER 2023 (<i>Agenda Item 3</i>)</p> <p>It was agreed that the reference to "42 GPs" should be amended to "42 GP practices".</p> <p>RESOLVED: That the minutes, as amended, be agreed as a correct record.</p>
25.	<p>EXCLUSION OF PRESS AND PUBLIC (<i>Agenda Item 4</i>)</p> <p>RESOLVED: That all items of business be considered in public.</p>
26.	<p>HILLINGDON SAFEGUARDING PARTNERSHIP ANNUAL REPORT 2022-2023 (<i>Agenda Item 5</i>)</p> <p>The Chairman welcomed those present to the meeting.</p> <p>Ms Suzy Gladish, Head of Safeguarding Arrangements, advised that the report covered the work of the Safeguarding Partnership during 2022/2023 and detailed a vision of all rights being protected. Although the focus at this meeting would be on safeguarding adults, it was noted that there were mirrored arrangements for safeguarding children. Partners such as the local authority, Metropolitan Police Service (MPS) and NHS bodies had equal responsibility for safeguarding in the Borough and, as such, made up a shared Executive Leadership Board.</p> <p>It was recognised that there was a crossover between safeguarding children and safeguarding adults as children existed in families with adults and vice versa. A</p>

summary of both areas of work had been included in the report.

Ms Gladish advised that an external review had been undertaken which had focussed on the adult MASH (Multi Agency Safeguarding Hub) function which intended to identify whether or not the needs of specific individuals had been met. The review found that Hillingdon had a strong partnership which was open to being scrutinised and strove to improve practice. The partnership had strong leadership with all partners having equal responsibility and provided an environment of high support / high challenge, where difficult conversations were encouraged.

Concern was expressed in relation to the possibility that information could get lost in the system. Ms Sandra Taylor, the Council's Director of Adult Social Care and Health, advised that all contact came through the Council's Contact Centre and was screened and reviewed by the team. All cases were dealt with within 48 hours but those that were urgent would be dealt with immediately. The MASH was a safety net and records were maintained, should further enquiries arise in relation to the cases of specific individuals. This was particularly useful with regard to cases of neglect and self neglect. Ms Taylor was confident that issues were addressed and dealt with as quickly as possible to ensure that the individuals were safe from potential harm. Whether or not a case was subsequently closed would depend on the nature of the situation as, for example, there might be an ongoing police investigation. The families also needed to be involved and informed.

Ms Bukky Junaid, the Council's Assistant Director Access to Support Services, advised that the MASH was made up of social workers who had daily meetings to discuss high risk cases with Housing, MPS, CNWL, THH, Children's Services, NWL Integrated Care Board, etc. Calls about issues that had not been on partners' mental health radar could come into the Contact Centre and a referral made direct to the relevant team who would identify the risk level and put an action plan in place. Checks would be made to see if the individual had been previously known to partners and, if they were, the allocated social worker would be notified. However, the team would still go through the screening and triage process even if the individual was not already known to partners.

Members queried why there had been significant improvements in relation to the total number of referrals that progressed to a Section 42 Adult Safeguarding enquiry (a 50% reduction). Ms Junaid noted that protection plans were being put in place which had reduced this figure. Ms Taylor advised that the team had been able to reduce the time taken to close cases through a restructure and a review of how cases were dealt with. This had been a positive process for staff and gave professionals space and time to gather enough information to identify the support needed to be able to close cases. Immediate triage at the front door had also really helped to close cases much quicker and manage the demand more effectively.

There had been an increase in the number of Safeguarding Adult referrals reported during 2022/23 (a 13% increase). Ms Taylor noted that the police had been making lots of reports every day so officers had been working with the MPS / Safer Neighbourhood Team to reduce unnecessary contacts. Should the number of reports made by the police continue to increase, additional resources would be needed to strengthen the team, consideration would need to be given to why the police were making so many reports and partners would need to be asked to provide some help. Efficiencies had been developed recently so that the service was safer, quicker and more responsive. Intensive support and early intervention had helped to manage demand.

Ms Gladish advised that the Mental Health and Safeguarding Sub Group had identified and shared local and national practice and sought to reduce neglect. The Sub Group had developed links with health-led strategic forum and had attempted to have shared priorities and pull things together so that it was less confusing. Local quality assurance practices were being scrutinised.

The Voice of the Person used lived experience to develop a questionnaire and the findings had been presented to the Safeguarding Adults and Children's Boards. The information gathered had provided insights to help inform how improvements were made.

Members were advised that the Safeguarding Adults Board had set up Sub Groups to work on a range of task and finish priority areas such as self-neglect, domestic abuse and neglect. Each Sub Group had used a framework of prevention, identification and response to gain an insight to then be able to make improvements. The Domestic Abuse Sub Group had focussed on the Domestic Homicide Review and how to disseminate learning from the review and put appropriate training in place. The breadth of topics was huge. A Sub Group would set its own terms of reference. The Domestic Abuse Sub Group had completed its action plan and had therefore been shut down. The Practice Development Sub Group covered adults and children and pulled together the work of all of the Sub Groups as well as other issues, so domestic abuse remained high on the agenda even if the specific Sub Group for that issue had ended.

Although the partners had equal responsibility when it came to safeguarding duties, concern was expressed that this did not always appear to be true and Members queried whether there were any gaps that needed to be filled. Ms Gladish advised that the Sub Groups were chaired by partners wherever possible and that attendance at these meetings had been good across the Partnership but that action was being taken to get partners more involved. An escalation process had been put in place regarding non-attendance by partners. The Safeguarding Partnership team was small, largely independent of the Council and chaired some of the Sub Groups.

A key area of work had been in relation to hoarding behaviours that might pose a risk and awareness raising activities had been undertaken in relation to suicide prevention, mental health awareness and safe internet usage. Support had also been given by wearing red to show racism the red card.

Learning from Practice Frameworks had been put in place to promote continuous improvement of safeguarding practice by learning from serious incidents. A safeguarding learning event had also taken place to disseminate learning with themes about lived experience and challenges in identifying and responding to coercive and controlling behaviour and the role of diagnostic overshadowing for adults with mental health difficulties and physical health needs.

The Quality Assurance Framework had been introduced in the previous year and had included the Voice of the Person view and the function of the Community MARAC (multi-agency risk assessment conferences) in safeguarding adults who self neglect through hoarding. The Safeguarding Adults IT audit tool had been released and feedback provided as it had not been fit for purpose.

A broad range of training had been offered across the formal and informal partnerships, particularly in relation to female genital mutilation. A webinar programme had been

introduced with each session lasting approximately 90-120 minutes (available online). A late cancellation policy had also been introduced for training sessions and the impact of this was currently being assessed. A webinar and practice briefings had been produced in relation to safeguarding adults with mental health concerns.

Insofar as training was concerned, each partner had its own safeguarding lead who was responsible for disseminating information to colleagues about what training was available and what was compulsory each year. The training offer was done through strategic leads in each agency who drove demand and supervision to identify training needs. When issues were identified within reviews, consideration was given to what training was available and the offer was adapted accordingly by providing webinars, etc.

Ms Gladish advised that a new newsletter was being produced approximately every six weeks to provide practitioners with an overview of key practice developments as well as information about any changes to legislation.

The local authority had seen a substantial increase in the number of Safeguarding Adult referrals (up by 13% on the previous year). Measures had been put in place to stop some escalations and ensure Care Act compliance - neglect was one of the biggest issues that needed to be addressed.

The MPS had been challenged by the increase in reports of domestic abuse, with the West Area having the highest rates in London and the Child Abuse Investigation Team having the fourth highest volume in London.

The North West London Integrated Care Partnership (NWL ICP) had been driving the uptake of health checks for adults with learning disabilities and safeguarding forms had been supplied to GP practice managers.

Central and North West London NHS Foundation Trust (CNWL) had reviewed its referral forms to include mental capacity. Over 600 people had attended CNWL's annual domestic abuse conference including a growing network of people with lived experience.

The Hillingdon Hospitals NHS Foundation Trust had focussed on training and making adult safeguarding training a mandatory course. It had also been possible to collocate the HIDVA (Hillingdon Independent Domestic Violence Adviser) at Hillingdon Hospital and work had been undertaken in relation to ensuring safe discharge.

The Safeguarding Adults Board priorities for 2023-24 would be in relation to neglect and learning from practice. The Voice of the Person would weave through all work undertaken.

Members queried how individuals knew who specific issues needed to be reported to and how they received feedback. Ms Gladish advised that awareness raising was important to ensure that people knew where to go with issues of concern. A Safeguarding Adults Week was held each year when posters were displayed about various forms of neglect that an adult might experience. Ms Junaid advised that safeguarding was everyone's business but that the Council screened and triaged the calls and emails that came in. What action was then taken would depend on the nature of the report. Action would be taken to ensure that the person was safe before then making enquiries as to what other action needed to be taken.

Ms Taylor advised that the Safeguarding Partnership shared information and would distribute awareness-raising posters. There had been a huge campaign a few years previously and this needed to be revisited and reinvigorated to prompt people to at least think about reporting issues of concern.

Concern was expressed that harder to reach communities might have more safeguarding issues than those communities that were easier to engage. Ms Gladish advised that the professional network had to reach out to these communities and had engaged with faith groups and others via webinars to deliver training and resources. Information was also shared with the Stronger Communities Team but it was difficult to measure how successful this action had been.

Members asked about the Strategic High Risk Panel (SHRP) which related to children's safeguarding and whether this helped to mitigate the issue of children from minority groups being treated as being older than they were. Ms Gladish advised that this Panel was led by colleagues in Children's Services but that Listen Up provided training on 'adultification' and that consideration needed to be given to the language that was used (for example, saying 'children' instead of 'youths'). Work had also been undertaken with community health in relation to the need to protect children as they were children first and foremost. The SHRP worked at a high level to unstick any blockages and deal with adultification and racism.

RESOLVED: That the Health and Social Care Select Committee:

- 1. be reassured that the partnership continues to provide leadership and scrutiny of the safeguarding arrangements for Hillingdon residents.**
- 2. be updated regarding the way in which the partnership has responded to the challenges posed by changing local, national and international contexts.**
- 3. be informed of the strategic priorities for safeguarding for 2022-23.**

27. UPDATE ON THE IMPLEMENTATION OF RECOMMENDATIONS FROM PAST REVIEWS - GP PRESSURES (*Agenda Item 6*)

Consideration was given to the report. Members were aware that the review had been undertaken before the pandemic and that, subsequently, some of the recommendations were slightly out of date. Notwithstanding this, the Committee acknowledged that there were still significant pressures on GPs and, whilst they were happy for any future updates to be included in general health update meetings, it would be useful for reference to be made to the review recommendations where appropriate.

With regard to GP appointments, Members asked that further information be provided on the number that were offered in person versus by telephone or virtual. They also requested that they receive an update on the new appointment system that had been introduced and information on who patients could complain to if they were not happy. Other GP-related issues raised at the meeting included:

1. how many complaints received had been in relation to appointments and how quickly these issues were resolved;
2. how many patients did not attend; and
3. how many patients were able to see the same doctor each time they attended the practice.

It was agreed that these GP related issues be picked up in a single meeting review on

	<p>21 February 2024.</p> <p>Members were aware that Section 106 (s106) money from planning applications was often used to improve local services. It was agreed that officers be asked to provide a report on the use of s106 money on health-related services in the Borough and accounted for tangibly.</p> <p>RESOLVED: That:</p> <ol style="list-style-type: none"> 1. reference be made to the recommendations from the GP Pressures when providing health updates, where appropriate; 2. a single meeting review be undertaken on 21 February 2024 in relation to GP-related issues; 3. Ms Nicola Wyatt be asked to provide a report on the use of s106 money on health-related services in the Borough; and 4. the report be noted.
28.	<p>CAMHS REFERRAL PATHWAY - DRAFT REVIEW RECOMMENDATIONS (<i>Agenda Item 7</i>)</p> <p>Consideration was given to the draft recommendations for the review of the CAMHS referral pathway. It was agreed that the draft recommendations be circulated to the witnesses that had attended the witness sessions to get their views.</p> <p>RESOLVED: That the draft recommendations be circulated to the witnesses for their views.</p>
29.	<p>CABINET FORWARD PLAN MONTHLY MONITORING (<i>Agenda Item 8</i>)</p> <p>RESOLVED: That the Cabinet Forward Plan be noted.</p>
30.	<p>WORK PROGRAMME (<i>Agenda Item 9</i>)</p> <p>Consideration was given to the Committee's Work Programme and the impact of assistive living technologies.</p> <p>RESOLVED: That the Work Programme be noted.</p>
	<p>The meeting, which commenced at 6.30 pm, closed at 7.50 pm.</p>

These are the minutes of the above meeting. For more information on any of the resolutions please contact Nikki O'Halloran on nohalloran@hillington.gov.uk. Circulation of these minutes is to Councillors, officers, the press and members of the public.