



HILLINGDON
LONDON



Health and Social Care Select Committee

Councillors on the Committee

Councillor Nick Denys (Chairman)
Councillor Philip Corthorne (Vice-Chairman)
Councillor Adam Bennett
Councillor Tony Burles
Councillor Reeta Chamdal
Councillor June Nelson
Councillor Sital Punja (Opposition Lead)

Date: TUESDAY, 10 OCTOBER
2023

Time: 6.30 PM

Venue: COMMITTEE ROOM 5 -
CIVIC CENTRE

**Meeting
Details:** Members of the Public and
Press are welcome to attend
this meeting

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Contact: Nikki O'Halloran
Email: nohalloran@hillingdon.gov.uk

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

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Health & Social Care Select Committee

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 Health & Social Care
Relevant service areas	<ol style="list-style-type: none">1. Adult Social Work2. Adult Safeguarding3. Provider & Commissioned Care4. Public Health5. Health integration / Voluntary Sector

Statutory Healthy Scrutiny

This Committee will also undertake the powers of health scrutiny conferred by the Local Authority

(Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013. It will:

- Work closely with the Health & Wellbeing Board & Local Healthwatch in respect of reviewing and scrutinising local health priorities and inequalities.
- Respond to any relevant NHS consultations.

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The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013, imposes duties on 'responsible persons' to provide a local authority with such information about the planning, provision and operation of health services in the area of the authority as it may reasonably require to discharge its health scrutiny functions through the Health & Social Care Select Committee. All relevant NHS bodies and health service providers (including GP practices and other primary care providers and any private, independent or third sector providers delivering services under arrangements made by clinical commissioning groups, NHS England or the local authority) have a duty to provide such information. Additionally, Members and employees of a relevant NHS body or relevant health service provider have a duty to attend before a local authority when required by it (provided reasonable notice has been given) to answer questions the local authority believes are necessary to carry out its health scrutiny functions. Further guidance is available from the Department of Health on information requests and attendance of individuals at meetings considering health scrutiny.

Cross-cutting topics

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

- Domestic Abuse services and support

Agenda

CHAIRMAN'S ANNOUNCEMENTS

- 1 Apologies for absence
- 2 Declarations of Interest in matters coming before this meeting
- 3 Minutes of the meeting held on 13 September 2023 1 - 14
- 4 Exclusion of press and public
- 5 Hillingdon Safeguarding Partnership Annual Report 2022-2023 15 - 84
- 6 Update on the Implementation of Recommendations from Past Reviews - GP Pressures 85 - 94
- 7 CAMHS Referral Pathway - Draft Review Recommendations 95 - 96
- 8 Cabinet Forward Plan Monthly Monitoring 97 - 106
- 9 Work Programme 107 - 110

Minutes

HEALTH AND SOCIAL CARE SELECT COMMITTEE

13 September 2023



Meeting held at Committee Room 5 - Civic Centre

	<p>Committee Members Present: Councillors Nick Denys (Chairman), Philip Corthorne (Vice-Chairman), Kaushik Banerjee (In place of Adam Bennett), Tony Burles, Reeta Chamdal, June Nelson and Sital Punja (Opposition Lead)</p> <p>Also Present: Steve Curry, Chief Executive, Harlington Hospice & Michael Sobell Hospice / H4All Sue Jeffers, Joint Lead Borough Director, North West London Integrated Care Board (NHS NWL ICB) Vanessa Odlin, Managing Director for Hillingdon and Mental Health Services, Goodall Division, Central and North West London NHS Foundation Trust (CNWL) Dr Ritu Prasad, Chair, Hillingdon GP Confederation Chris Reed, Hillingdon Group Manager, London Ambulance Service NHS Trust Derval Russell, Harefield Hospital Site Director, Royal Brompton and Harefield Hospitals - Guy's and St Thomas' NHS Foundation Trust Keith Spencer, Managing Director, Hillingdon Health and Care Partners (HHCP) Lisa Taylor, Managing Director, Healthwatch Hillingdon Patricia Wright, Chief Executive, The Hillingdon Hospitals NHS Foundation Trust</p> <p>LBH Officers Present: Nikki O'Halloran (Democratic, Civic and Ceremonial Manager), Andy Goodwin (Head of Strategic Finance) and Chris Mayo (Assistant Director Financial Management)</p>
14.	<p>APOLOGIES FOR ABSENCE (<i>Agenda Item 1</i>)</p> <p>Apologies for absence had been received from Councillor Adam Bennett (Councillor Kaushik Banerjee was present as his substitute).</p>
15.	<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>
16.	<p>MINUTES OF THE MEETING HELD ON 20 JUNE 2023 (<i>Agenda Item 3</i>)</p> <p>RESOLVED: That the minutes of the meeting held on 20 June 2023 be agreed as a correct record.</p>
17.	<p>EXCLUSION OF PRESS AND PUBLIC (<i>Agenda Item 4</i>)</p> <p>RESOLVED: That all items of business be considered in public.</p>
18.	<p>HEALTH UPDATES (<i>Agenda Item 5</i>)</p> <p>The Chairman welcomed those present to the meeting.</p>

Central and North West London NHS Foundation Trust (CNWL)

Ms Vanessa Odlin, Managing Director – Goodall Division at CNWL, apologised that the update included in the report on the agenda had not been the current version. The correct document had been tabled for Members and would be updated on the Council website.

With regard to children's mental health, Ms Odlin noted that CAMHS had been meeting its response time targets in Hillingdon and no patients were going outside of the area for admission. However, the number of patients at Hillingdon Hospital that were waiting for a bed for more than 12 hours had become a concern. This was currently between one and nine patients each week and needed to be reduced to zero. Access to Improving Access to Psychological Therapies (IAPT) also needed more work.

Members were advised that the community mental health hubs had been set up, combining primary and secondary adult mental health services. This supported the "no wrong front door" approach which had also been included in training. Ms Odlin advised that there had been an increase of over 600 in the caseload at the community hubs between April and September 2023 which demonstrated that they were being accessed. Members asked that further information be provided in relation to the "no wrong front door" approach in relation to those in crisis and how this had been working.

The Lighthouse had been opened at Hillingdon Hospital in August 2023 to provide people with mental health issues with a range of therapeutic interventions in an appropriate space near to Hillingdon's Emergency Department (ED), seven days a week from 8am to 8pm with third sector support. Although CNWL had had the capital, it had not had the revenue to bolster this team to enable them to extend the service to 24/7. However, CNWL had submitted a bid to North West London Integrated Care Board (NWL ICB) to extend the service to 24/7 with the hope that it would be up and running by Christmas 2023.

Members questioned the impact that services such as The Lighthouse and Crisis House had had with regard to improved outcomes for individuals and easing the pressure on other services. Ms Odlin advised that The Lighthouse model would need to be reviewed to get it open 24/7 and take on more patients that were in crisis. Since its move, the Crisis House had seen a significant increase in access - 75%-80% now with only one patient admitted to hospital.

As well as renovating the existing Health Based Place of Safety (HBPOS), an additional HBPOS had been opened at the Hillingdon Hospital site. The Crisis Café had also been moved to a more accessible location at the back of the Crisis House.

Ms Odlin advised that she had been liaising with Mrs Armelle Thomas who had laid down a challenge to get a wellbeing bus in place in the Heathrow Villages. This idea had been worked up and it was anticipated that it would be available by the end of September 2023. The bus could be whatever it needed to be. It was anticipated that an IAPT specialist would be available on the bus along with a practice nurse (who would be able to do things like blood pressure checks, basic health checks and possibly flu and Covid vaccinations). The focus would initially be providing the service once a week in the Heathrow Villages as it was recognised that there was a need there, but it would not be permanent as other areas would also need the services that the bus could provide. Once the service was up and running, consideration would need to be given to what other services were needed and could be provided on the bus

so that this could be developed further (the inclusion of a pharmacy could be investigated along with a GP). CNWL had sourced the bus from the Council as it met the service's resource needs. The Chairman asked that further information on the development, experience and coverage of the wellbeing bus be provided at the meeting on 23 January 2024. It was agreed that the Chairman and Labour Lead undertake a site visit once the wellbeing bus was in place.

It was noted that residents had seen another NHS bus located in the area which had been doing some ad hoc work. Ms Odlin had been made aware of this bus and had been looking into it as it had not been organised by her team. Ms Sue Jeffers, Joint Borough Lead Director at NWL ICB, advised that this bus had been commissioned to attend the Primary Care Network (PCN) roadshows.

There were three key areas of work which CNWL had been focusing on in its physical health services which aligned to Hillingdon Health and Care Partners (HHCP) key priorities: integrated community nursing at neighbourhood level; end of life services; and integrated musculoskeletal (MSK) services.

With regard to police attendance at non-life threatening mental health related calls, Ms Odlin advised that the start date for *Right Care, Right Place* had been deferred to 1 November 2023. Meetings between the NHS and police had been set up to establish what this would mean in practice so it was thought that Hillingdon would be in a good place once it started.

In January 2022, there had been 200 children waiting for their first appointment with a further 325 children having had their first appointment but waiting for their treatment to start. Significant work had been undertaken to reduce these figures to 41 children waiting for their first appointment (80% reduction), with 191 children waiting for treatment to start (41% reduction). Quality improvement work had been undertaken which had included offering evening and weekend appointments and providing group sessions. Ms Oldin would establish how long the 325 children were having to wait for their treatment to start and forward this on to the Committee.

It was noted that there continued to be a significant number of inappropriate referrals made to CAMHS which created additional pressure on the service and skewed the performance. A mental health summit had been held in September where there had been some discussion about how to get signposting out to those that needed it so that they could self-refer. It was anticipated that the presence of an IAPT officer on the wellbeing bus could help to generate more appropriate referrals. It was suggested that there might be a correlation between the number of inappropriate referrals and the availability / awareness of services offered and that perhaps this should be investigated further.

Hillingdon Health and Care Partners (HHCP)

Mr Keith Spencer, Managing Director of HHCP, advised that many of the HHCP partners were present at the meeting. The Integrated Neighbourhood Team Development had been tackling health inequalities from a population health approach and looked to move care closer to residents. Work had also been undertaken to provide a more integrated care for people that were at the end of their life. Progress had been made in implementing a new targeted operating model which had been introduced to change the models of care in relation to things such as early discharge and new hospital activity. It was anticipated that, by December 2023, the PCNs would have been built upon and six neighbourhood teams should be in place. This work

would see the integration of physical and mental health and would give it a common management structure. This was thought to be the first of this type of model in the country and would break down the silos that currently existed which forced residents to have to keep repeating their story. Members asked that further detail in relation to the effectiveness of the common management structure be brought back to the Committee at its meeting on 23 January 2024.

Adult social care teams would be aligning with the Integrated Neighbourhoods by December 2023 which would help with things like the coordination of services for Heathrow Villages. Effort would also be made to try to collocate teams so that they had the opportunity to have corridor conversations and build relationships with colleagues.

Members noted that social care had been included in the working arrangement and queried how this was being managed. Mr Spencer advised that breaking down barriers had been a challenge but that there had been significant proactive engagement from the local authority over the last six months which had been a game changer. Adult Social Care had been the first body to port staff onto the neighbourhood organisations and the management of social workers still sat with the local authority. Hillingdon had been the only local authority that had agreed to organise services around the neighbourhoods.

Mr Spencer noted that two same day urgent care hubs had been planned with a third likely in Uxbridge: Mead House had been opened in July 2023; and it was hoped that one would be opened in Hayes in October 2023. It was anticipated that these hubs would divert some patients away from using A&E and the London Ambulance Service. These hubs were being funded through NWL ICB as a trailblazer project. Dr Prasad advised that it was hoped that the final destination for the Hayes Hub would be on the Nestles site. The space would need to be multifunctional and all partners would need to be visible. The plan was to have three large hubs with diagnostic capabilities and three smaller sites. The Council's Chief Executive had been involved in collaborative working to look at the availability of estate in Hillingdon and affect a sea change in approach.

Mead House had two GPs working 10.30am to 6.30pm, providing 22 face-to-face appointments and 30 video appointments each day. There were also four 111 appointments and capacity for fourteen redirections from the Urgent Care Centre available each day. Currently, GPs would need to book appointments for patients in the hubs but consideration was being given to the possibility of residents booking appointments directly.

Action had been taken to providing services closer to home through primary care that had previously only been undertaken in hospitals. This included ECGs and phlebotomy. Services were being looked at across the piste and being brought together where possible to afford economies of scale on management so that savings could be reinvested in front line services.

The Hillingdon Joint Strategic Needs Assessment had identified that hypertension was a major source of ill health in the Borough. As such, action was being taken to increase the uptake of blood pressure screening – this would be a service that would be available on the wellbeing bus. Members congratulated partners on the work that had been undertaken to address hypertension and noted that a review was underway to establish why investment per head in outer London was less than in inner London.

Dr Prasad advised that action was being taken to actively find cases of hypertension through community roadshows and various projects had been undertaken in primary care to identify individuals with high blood pressure (BP). Collaborative work was also underway with the Council to do BP checks in libraries and a loan system had been set up for BP monitors. Social prescribers had been talking to patients about improving their diet and had been giving out leaflets. It was suggested that awareness raising and BP checks could be done in barber shops.

Insofar as reactive care was concerned, it was noted that there were a number of services that operated in silos. These services were being brought together in single teams with a view to preventing 999 calls and ED attendances. Progress was being made but it had been challenging as there was a restricted care home market in Hillingdon. This was possibly the most joined up piece of work that was being undertaken and a key focus but it was very hard to do.

On 15 May 2023, a new model had been introduced for end of life care. Mr Steve Curry, Joint Chief Executive at Harlington Hospice and the Michael Sobell Hospice Charity, noted that this model had been based around what the patients and their families needed and provided for families that were dealing with anxiety and wanted answers and guidance. Often people would not know what to do when they were discharged from a hospice. Healthwatch had undertaken a survey and action had been taken to ensure the early identification of people who would benefit from palliative care (this was around 3.3k people in the Borough at any one time). It seemed that those individuals that could easily be given a prognosis found that they received a smooth service but this was not necessarily the case when the prognosis was not straightforward.

Work had been undertaken to speak to family members before a crisis arose. These crises arose as a result of things like medical treatment, finances and anxiety so there had been some integration with third sector partners to support this. The aim was to keep people at home for as long as possible, which was what the majority of patients wanted. A 24/7 helpline was available for families to call if they were anxious about a patient that was at home.

It was noted that there had been an increase in the number of patients with a universal care plan. Mr Curry advised that the Hospices had been working with the hospital team to adopt a simple approach as there was only one chance to get end of life care right.

The Chairman noted that there had been an item on the recent NWL Joint Health Overview and Scrutiny Committee (JHOSC) about the Palliative Care Strategy and about standardising care. Mr Curry stated that the Strategy had been based on national guidance and had been similar to the approach that was already taken in Hillingdon. In fact, Hillingdon went that little bit further than the rest of NWL so had acted as a test area in ensuring that residents had as good a death as possible and that it was a positive experience for those that were left behind.

With regard to an individual's preference on where they wanted to die, Mr Curry noted that this would often change over time so it was important to deal with the psychological issues. The subject would need to be revisited time and again but he was fairly sure that most people did not want to die in hospital, even though that was where most people did die.

Members recognised that there was often a difference between what was planned and what actually happened and that parts of the vision were likely to change over time after contact with reality. Mr Spencer advised that the model had been put together as a design template by clinicians and other professionals and that it had been important to not overdesign things so that there was space to pragmatically implement the model. Dr Ritu Prasad, Chair of the GP Confederation, advised that they had kept the model simple and that district nurses and social care would therefore be able to get initiatives off the ground whilst also working on other elements of the model and addressing any issues at the same time.

With regard to staffing, Ms Jeffers advised that real shortages of a number of clinical specialists had been identified such as pharmacists and podiatrists. These areas were now being focussed on to identify vacancy rates and to undertake recruitment campaigns to address the shortages. There were also opportunities in schools to increase the number of students training in these areas.

It had been recognised that a small proportion of the population accounted for the majority of the health and social care spend. To counter this, an ongoing training programme had been put together for carers and staff in care homes to help them to determine when it was appropriate to call an ambulance for an elderly resident that had fallen. The care home service saw matrons, doctors, occupational therapists, tissue viability nurses, etc, working together to prevent hospital admissions.

The Hillingdon Hospitals NHS Foundation Trust (THH)

Ms Patricia Wright, Chief Executive at THH, advised that the situation two years ago had not been very positive but that the Trust had since been on a long journey. THH had developed a 2023/24 Business Plan which had outlined its approach to delivering the national planning priorities and the NWL Acute Provider Collaborative priorities alongside delivering Year 1 of the Trust Strategy 2022-27. The Trust Strategy had been revisited during September 2022 and a six month update had been provided on the six strategic objectives with the big ticket items for 2023/24 being:

1. Cerner implementation Go live November 2023 – huge change programme;
2. Delivery of financial plan and reduction in financial deficit;
3. Increased efficiency and productivity within the Trust and working closely with partners (Mr Spencer had already highlighted some of this work);
4. Delivery of elective recovery targets and reduction in elective backlog;
5. Next phase of 'Decant and Enable' work towards to the new hospital; and
6. Focus on improving staff health and wellbeing.

The aim of the Trust's quality objective in 2023/24 was to provide high quality care that strove to achieve a 'Good' overall rating with no criteria being assessed as inadequate against the CQC criteria. The Trust was committed to delivering "consistent high quality, safe and compassionate care" but it was noted that the CQC rating would not change unless there was a full inspection undertaken. It was anticipated that the CQC would be visiting the maternity units in all Trusts by the end of October 2023. This inspection had already taken place at Hillingdon Hospital with a verbal update provided and the formal report expected in the next few weeks.

The new Patient Safety Incident Reporting Framework (PSIRF) was being introduced in tranches with a focus on all incidents, not just the worst ones. This phased approach would allow the Trust to review developments as they arose and put responses in place.

Ms Wright noted that the Trust had not had a positive staff survey response and that it had been deteriorating since 2016. This had been affected by a previous lack of stability in the senior management team, the advent of Covid and the introduction of ULEZ in outer London (which had had a particular impact on paediatrics). Staff turnover at THH was currently at about 11%, which was about the same as other Trusts, and the vacancy rate had been dropping.

Over the last six months, THH had continued to prioritise staff engagement and health and wellbeing by recognising staff and putting wellbeing packages in place. The staff awards had been reactivated and online "shout outs" had been initiated. Cultural change was needed so that staff would start recommending the Trust as a good place to work and a good place to get treatment (currently THH was rated as the worst in London in relation to these metrics).

It was suggested that the achievement of savings was likely to increase individual staff workloads and that this would impact on staff satisfaction levels. Furthermore, consideration would need to be given to the measures that were put in place to address this as each of the teams would be facing different issues (for example, there were fewer staff available at night on the paediatric ward to reassure parents). Ms Wright advised that the savings plan had been based on improving productivity and reducing wastage. There were some services which had been run with a lot of agency and locum support so the right things were now being put in place and things that had been ad hoc and higher cost were being substantiated. In addition, the National Safer Staffing Tool had been used and it had been recognised that there was a higher acuity in children so therefore there needed to be more investment in paediatric night staff.

Concern had been expressed by some residents about the reputation of Hillingdon Hospital in relation to some services and Members queried how the Trust would improve its performance in relation to being a good place to work or get treatment. Ms Wright advised that reducing the waiting time for appointments and diverting patients to their GPs would improve this situation. There had been examples of where the performance had improved that needed to be communicated more widely to demonstrate how the Trust had moved forward.

It was noted that the media had recently been highlighting allegations of sexual harassment in hospitals and Members queried how this was dealt with at THH. Ms Wright advised that no issues had been raised by female surgeons at the Trust but that it was important to continually monitor the situation. THH had a "Freedom to speak up" policy which encouraged staff to report any form of harassment and all related policies were being checked. There was also a "Freedom to speak up" guardian who was accessible to all staff and a lead from the senior executive team and one from the non-executives. With regard to anonymity, Ms Wright noted that it was often easier to deal with the issues if the person reporting was known. Consideration was given to whether to deal with concerns about patient care or staff treatment internally or externally on a case-by-case basis.

The Trust had reduced its overall waiting list (even with industrial action) in support of its 2023/24 performance objective to improve waiting time performance. The reduction in long waiters was ahead of plan with an expectation that no patient would wait more than 65 weeks by the end of November 2023. The number of 52+ week waits had increased in the previous year and there had been a focus on reducing this. Progress had been made but, as with other Trusts, ENT tended to be the area with the longest

waits. By 31 July 2023, the Trust had provided first definite treatment to all but two patients that had been on elective care waiting lists for 78+ weeks. THH had managed to achieve 80% theatre utilisation and improvements had also been made in the Did Not Attend (DNA) rate. The average waiting time at month 4 was 20 weeks. However, emergency performance had been below expected rates which were currently around 70% but were expected to increase to 76% by March 2024 as a result of the introduction of improvements in triage, flow and discharge.

The Trust had delivered its financial plan for 2022/23 of a £5.6m deficit and the external audit of the Trust's annual accounts had been completed. The Trust had submitted a compliant break-even financial plan for 2023/24 and was on track to deliver planned savings of £18.5m. The Trust had received notification this month that NHS England had approved a move from National Oversight Framework (NOF) category 4 to NOF 3 and that all existing enforcement undertakings had been lifted. It was now being recognised that the deficit was a system deficit and not a Trust deficit.

With regard to strategic programmes, Ms Wright advised that the electronic patient record system (CERNER) would be going live on 6 November 2023. The system would provide a single electronic patient record for the Trust, incorporating a number of standalone systems and paper records that currently prevented the delivery of coordinated care. Once implemented at the Trust, there would be a single patient record across all four acute trusts in NWL which would then streamline patient pathways and reduce variability in care. Ms Wright would provide Members with an update at their meeting on 23 April 2024.

Although Members were really pleased that a more joined up approach had been taken to accessing patient records, it was disappointing that this system did not link up with all other systems across the country. However, it was possible to transfer data between the different systems. It was noted that some staff might find this system more difficult to navigate.

Members were advised that the new hospital development was on track to be built by 2030. The enabling and decant programme would be continuing at pace.

The Trust had committed to working in partnership with colleagues across NWL to provide the best care for residents. As part of a national agreement, the NWL Acute Provider Collaborative had been established and had an approved business plan that focussed on five Chief Executive led programmes of work: quality, infrastructure, digital, finance and people. In July 2023, a closer working relationship had also been developed between the senior leadership teams at THH and Chelsea and Westminster NHS Foundation Trust to share learning and deliver high quality care to the local population. This had created a much more positive message.

Ms Wright advised that THH worked closely with The London Ambulance Service NHS Trust (LAS) and that there were no massively high ambulance delays in Hillingdon. The Trust and LAS had worked closely to improve procedures and get patients into bays to release LAS staff as quickly as possible. As a result, the 15 and 30 minute handover performance had been pretty good.

Harefield Hospital

Mrs Derval Russell, Harefield Hospital Site Director, advised that a new electronic patient record system (EPIC) would be introduced on 5 October 2023 across all of the Guy's and St Thomas' (GST) and King's hospital sites to transform the way in which the

hospitals worked by replacing historic IT and paper records. The Apollo programme team had been working with the clinical and administration teams to configure the system, make sure that all staff were trained on the new system prior to 'go live' and ensure the safety of patients during the transition. The EPIC system would be great for research projects as it would provide a huge database of patients to help find solutions.

Mrs Russell noted that there had been a reduction in the number of patients on the cardiology waiting list (this was back to pre-pandemic levels) and that there were more than 150 waiting for cardiac surgery. However, although Harefield Hospital was now part of a much bigger group and was able to work across Trusts, the elective / emergency split had improved but was not yet back to previous levels. It was still unclear as to why this had flipped and was proving to be a challenge. There were also a lot of ablation cases so additional lists were being compiled.

It was noted that Royal Brompton Hospital and Harefield Hospital now reported into GST which could skew the figures and performance. Although Harefield Hospital was located in NWL, it was part of the South East London Integrated Care System (SEL ICS) which had proved to be a challenge. Around 25% of patients were from NWL with the remainder from elsewhere across the country.

Patients had been hesitant since the pandemic which had meant that transplant activity had dropped. With regard to lung transplants, it was suggested that this might have been partly due to the improvements in the drugs that were available which had reduced the need of patients to have transplants. This meant that there were lungs that were becoming available for transplant that were not needed by these patients so consideration was being given to who else would benefit from a lung transplant (for example, Chronic Obstructive Pulmonary Disease (COPD) patients). Support for the transplant unit had continued with events such as the fun run.

Mrs Russell noted that there had been about eight months of industrial action and that the different staff groups were now looking to coordinate and coincide their strike action. Although strike action by the consultants could be absorbed, strike action by the junior doctors had a significant impact on Harefield Hospital so it was hoped that there would be a resolution soon.

Members were advised that Harefield Hospital had been collaborating with Brunel University in relation to recruitment and education days. Mrs Russell suggested that cardiology be included on CNWL's wellbeing bus.

With regard to the issue of sexual harassment recently highlighted in the media, Mrs Russell advised that Royal Brompton and Harefield Hospitals had always been a flagship for human factors, promoting the fact that all members of staff had the same rights as those who were more senior. "More Civility in the Workplace" had been developed in collaboration with the aviation industry and a train the trainer initiative had been introduced. Although harassment and bullying had not been eliminated, areas where improvements could be made had been highlighted in the staff survey.

Although some facilities at Harefield Hospital needed a rolling programme of replacement and refurbishment, capital was tight in NWL and SEL. As such, the daily upkeep of the buildings was a little more challenging and innovative ways to maintain the facilities needed to be identified.

The London Ambulance Service NHS Trust (LAS)

Mr Chris Reed, Hillingdon Group Manager at LAS, advised that the Hillingdon group of

ambulance stations had implemented a Trust-wide initiative called Teams Based Working on 21 August 2023 and should be in place across the whole of London by the end of September 2023. This initiative changed the way that clinicians worked so that it was similar to the watch systems used by the police and fire service. Briefings were being held every week to facilitate discussions about issues such as welfare.

A new Hospital Withdrawal Procedure had gone live in June 2023. This procedure meant that, after 45 minutes of waiting to handover, ambulance crews had to leave their patient in the ED or within an ambulance-led cohort. This had led to reduced waiting times for ambulances.

Members were advised that Hillingdon LAS had continued to work with military paramedics. This was a mutually beneficial arrangement as colleagues from the RAF received on-the-job training, and the Trust received an increased resource. A new contract to continue this arrangement had recently been agreed.

New fully electric Mustangs had been rolled out as Fast Response Units across the Trust to respond to the sickest patients. This had been a big step towards having a zero emissions fleet by 2030.

A new app, London Care Record, had gone live on clinicians' tablets to enable them to access patients' care plans (for example, end of life or mental health care plans). This was in addition to the National Care Record which helped clinicians to have all of the relevant information that they would need to give the best possible care to patients.

Mr Reed advised that ambulance response times were always challenging when it was hot but Category 1 calls in Hillingdon had still achieved less than seven minutes. Data analysis and review had been undertaken to ensure that vehicles were positioned in the most effective places to ensure a speedy response.

41% of cardiac arrest patients attended by a Hillingdon crew had sustained a return of spontaneous circulation on arrival at hospital. This was the highest in NWL and compared favourably to the London average of 26% in June 2023.

Members were advised that there had been a slight increase in staff sickness rates. As it was thought that this might be as a result of Covid, staff had been reminded of the need to use PPE. In addition to sickness levels, recruitment and retention continued to be a challenge as the same people could work for organisations such as the police, prisons and GPs as well as the ambulance service. However, the LAS did provide opportunities to join as a driver and then train to become a paramedic (a three year degree could put some people off) and recruitment in Australia was quite successful. In terms of retention, challenges included staff wanting to progress in their careers and the job being very physical.

Dr Anna Jones had visited the ambulance station to give LAS staff a briefing about using alternative care pathways for frail patients where appropriate and possible. This would reduce the number of patients that did not need to be conveyed to hospital.

Members asked that an update on the implementation of these new initiatives be brought back to the Committee at its meeting on 23 April 2023.

North West London Integrated Care Board (NWL ICB)

Ms Sue Jeffers, Joint Borough Lead Director at NWL ICB, advised that, although some

work still happened across the whole of London, the budget and the responsibility for commissioning pharmacists, dentists and opticians had moved to the relevant ICBs. Liaison meetings had taken place with the Local Dental Committee, Local Pharmaceutical Committee and Local Optical Committee, representatives from which had now become members of the NWL Primary Care Board.

Members were advised that there were 42 GPs in Hillingdon, 37 dental practices (six acute dental and community dental practices), 28 ophthalmic practices and 62 pharmacies. Ms Jeffers advised that dental practices were still recovering from the pandemic so were behind in getting annual reviews. There were around 349k Units of Dental Activity commissioned from the 37 dental practices but these national contracts offered very little flexibility. Ms Jeffers had met with the Director of Public Health to discuss Hillingdon's priorities, especially children with oral health issues. Consideration was being given to shifting funding to underserved communities and providing a little more flexibility. Although it was a shame that the national contracts could not be delegated to a local level, Ms Jeffers believed that the local voice would help to shape the national conversations.

The Health and Social Care Select Committee had undertaken a review of children's dental health. Ms Jeffers advised that very little had happened to implement change since this review had taken place but that conversations had been had with the Director of Public Health. During 2022/23 and 2023/24, population health funding had been received in NWL and children oral health had been considered to be one of the future priorities. Members requested an update on the implementation of the recommendations from the Select Committee review.

It was noted that consideration needed to be given to pharmacies taking on additional responsibilities for issues such as hypertension, minor ailments and contraception. Some pharmacies were already providing emergency cover for when patients ran out of prescribed medication over the weekend (through NHS 111). A new medication service was also being provided by pharmacies where the pharmacist would follow up with a patient after they had been prescribed new medication to make sure that they were OK and link back to the patient's GP if there were any issues. It was still early days but these initiatives were proving to be very positive. The suggested expansion of community pharmacy services would require financial and management resources from NWL ICB.

Healthwatch Hillingdon (HH)

Ms Lisa Taylor, Managing Director at HH, advised that she had been reassured by the work that had been undertaken by partners. Over the last six months, in addition to those individuals who had engaged with the organisation during outreach work, around 400 residents had contacted Healthwatch Hillingdon. Face-to-face GP appointments and dental appointments were the most prevalent issues raised by residents and concerns about communication had been raised by residents and families.

Ms Taylor advised that Healthwatch Hillingdon was just about to publish its 10th annual report which would be forwarded to the Committee once ready. Work had been undertaken on falls and frailty and place inspections had been undertaken at Hillingdon Hospital by children and young people. Although a lot of work had been undertaken on Thrive, this had faltered and now needed to be restarted.

Healthwatch Hillingdon had undertaken a five-year strategy consultation on behalf of the LAS. Around 400 responses had been received with 81% of respondents stating

that the service was good or excellent. However, there had been some concerns about the public misuse of the service and hospital handover times. Consideration was being given to service integration and looking at alternative pathways as well as ongoing patient engagement.

It was noted that there had been a focus on winter wellness with the Warm Welcome Centres and the flu vaccination uptake. Effort had been made to target the seldom heard communities.

Members were advised that the number of volunteers had increased and that there were now ten adult and ten young volunteers. However, new Board members were still needed so a recruitment campaign was underway. In the meantime, Ms Taylor continued to represent residents' views in discussions.

Changes were being made to Healthwatch's reporting system to bring it in line with Healthwatch England. All engagement feedback was being reported back into the services.

Members were advised that Healthwatch still had a presence in the Pavilions on Wednesday and Thursday each week. As resources to keep the shop open any longer than this were a challenge, consideration might be given to having drop in sessions. However, the digital offer had been embraced which had helped gain feedback in relation to the LAS consultation. Platforms such as Facebook, Instagram and social media channels were all being utilised. Podcasts had been introduced for young people and adults with a focus on local services.

RESOLVED: That:

- 1. Ms Odlin provide further information in relation to the effectiveness of the "no wrong front door" approach for those in crisis;**
- 2. Ms Odlin provide further information on the development, experience and coverage of the wellbeing bus at the meeting on 23 January 2024;**
- 3. the Chairman and Labour Lead undertake a site visit once the wellbeing bus was in place;**
- 4. Ms Oldin establish how long the 325 children were having to wait for their treatment to start and forward this on to the Committee;**
- 5. Mr Spencer report back on the effectiveness of the common management structure in PCNs to the Committee at its meeting on 23 January 2024;**
- 6. Ms Wright provide Members with an update on the implementation of the new patient record system (CERNER) at their meeting on 23 April 2024;**
- 7. Mr Reed provide an update on the implementation of new initiatives introduced by the LAS at the meeting on 23 April 2023;**
- 8. Ms Jeffers provide an update on the implementation of the recommendations from the Select Committee review of children's dental services at a future meeting;**
- 9. Ms Taylor forward the Healthwatch Hillingdon annual report to the Committee once ready; and**
- 10. the report and discussion be noted.**

19. 2024/25 BUDGET PLANNING REPORT FOR SERVICES WITHIN THE REMIT OF THE HEALTH AND SOCIAL CARE SELECT COMMITTEE (Agenda Item 6)

Mr Chris Mayo, the Council's Assistant Director Financial Management, advised that this was the first of two opportunities for Members of the Select Committee to consider

issues relating to budget planning for 2024/25 and beyond. At its meeting on 23 January 2024, the Committee would receive a further report presenting specific budget proposals for the relevant services within its remit (which would have already been to Cabinet on 14 December 2023). Feedback from the Committee would then be included in the final budget report that would be considered by Cabinet at its meeting on 15 February 2024.

A marginal underspend of £23k had been reported against General Fund revenue budget normal activities as of May 2023. Almost £2.4m of savings had been identified within the Health and Social Care portfolio in 2023/24 with none identified as being amber status. However, inflation had added almost £60m to the budget gap and assumptions were being made about the pay awards.

Demographic growth was at more than 2%, putting additional pressure on services, and an additional £0.7m had been identified in Public Health as service pressure. However, this was funded within the Public Health Grant ringfence. Budgeted capital investment in the current programme was the key driver of a £6.5m growth in debt financing and repayment costs over the medium term. The remaining balance of Corporate Items related to movements in the TfL Concessionary Fare Levy (£4.1m) and use of capital receipts to finance transformation activity (£1,029k), alongside moving the Council Tax Older People's Discount to being funded from base budget rather than Earmarked Reserves, with funding coming in from Hillingdon First Limited from 2023/24 and 2024/25.

Five ways of identifying savings had been mentioned in the report to achieve best value for money. As preventative interventions were often best placed to deliver savings later on, Members asked officers to provide the Committee with more detail on how these five initiatives had saved the Council money. Members also queried how assistive technology would help the Council to make savings.

Concern was expressed that the inflation levels that officers were working with in forecasting might not be a true reflection and Members asked what would happen if inflation costs were even higher than anticipated. Mr Andy Goodwin, the Council's Head of Strategic Finance, advised that inflation was being reviewed across a range of sources and that finance officers worked with procurement officers to see what negotiations were coming through. Between now and Cabinet on 14 December 2023, action would be honed for any shocks in the market. The approach had been to assume that inflation was running high so that the reserves were the back up.

Insofar as earmarked reserves were concerned, Mr Goodwin advised that, at the start of the pandemic, the Council's underspend had been allocated to Covid but there had been flexibility for this to be spent on whatever the Council wanted. The Council had used the Government Covid grants it had received first before using its own funds. There had been around £1.5m of reserves in 2022/23 and £50k left in Covid reserves which was not a material figure.

Officers would continue to work on assessing the budget gap and exploring ways in which expenditure could be reduced.

RESOLVED: That the financial context in which the 2024/25 budget setting process will take place in advance of detailed savings proposals being developed and approved at Cabinet in December 2023 be noted.

20.	<p>CABINET FORWARD PLAN MONTHLY MONITORING (<i>Agenda Item 7</i>)</p> <p>RESOLVED: That the Cabinet Forward Plan be noted.</p>
21.	<p>WORK PROGRAMME (<i>Agenda Item 8</i>)</p> <p>The Committee discussed the draft recommendations for its review of the CAMHS referral pathway and it was agreed that they be circulated to Members of the Committee after the meeting for comment.</p> <p>It was agreed that the Cabinet Member for Health and Social Care be invited to attend the meeting on 19 March 2024 to provide the Committee with an update on issues within her portfolio.</p> <p>It was agreed that further information in relation to the Drug and Alcohol Partnership Board be included as part of the health updates at the meeting on 23 January 2024.</p> <p>Members discussed possible topics for a single meeting review on 21 February 2024 and were asked to contact the Democratic, Civic and Ceremonial Manager with further topics to be included in the list for consideration. Broad information on the topics identified would be brought to the meeting on 21 November 2023 to enable Members to choose a topic and would include:</p> <ol style="list-style-type: none"> 1. How the Council provides services to communities; 2. Care home services; and 3. Palliative care. <p>RESOLVED: That:</p> <ol style="list-style-type: none"> 1. the draft review recommendations be circulated to Members of the Committee for comment after the meeting; 2. the Cabinet Member for Health and Social Care be invited to attend the meeting on 19 March 2024 to provide an update on her portfolio; 3. information on the Drug and Alcohol Partnership Board be included in the health updates being provided at the meeting on 23 January 2024; 4. Members provide the Democratic, Civic and Ceremonial Manager with possible single meeting review topics for consideration at the meeting on 21 November 2023; and 5. the Work Programme be noted.
	<p>The meeting, which commenced at 6.30 pm, closed at 9.52 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.

HILLINGDON SAFEGUARDING PARTNERSHIP ANNUAL REPORT 2022-2023

Committee name	Health and Social Care Select Committee
Officer reporting	Bukky Junaid – Assistant Director, Access to Support Services Suzi Gladish
Papers with report	Hillingdon Safeguarding Partnership Annual Report Children and Young People’s Annual Report Easy Read Annual Report
Ward	All

RECOMMENDATIONS

That the Committee:

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

HEADLINES

- The Safeguarding Partnership Annual Report summarises the work undertaken by Hillingdon Safeguarding Partnership to support and safeguard Hillingdon's residents: adults with support and care needs and vulnerable children and their families in the year 2022-2023.
- The report provides an overview of the actions taken across the local partnership to prevent and respond to abuse, neglect, and self-neglect in the year 2022-2023. It sets out how we have discharged our duties to ensure that we learn from serious safeguarding incidents and provide strategic leadership that strives to continuously develop safeguarding practice.
- There is shared and equal responsibility for safeguarding between the three statutory partners, the Local Authority, Metropolitan Police Service and NHS North West London Integrated Care Board. This approach is reinforced by the rotation of chairing responsibility across the three senior strategic Boards, the Executive Leadership Group, Safeguarding Adults Board and Safeguarding Children Partnership Board.
- Safeguarding practice does not take place in a vacuum, it is helpful to understand the wider context for this report. In 2022-2023 services locally, and nationally, continued to face additional pressures with a sustained increase in demand across all agencies to meet the safeguarding needs of residents. This is not a Hillingdon specific issue and is replicated nationally. The health, social and economic ramifications of the pandemic have been further exacerbated by the cost-of-living crisis, with widespread strain on public, voluntary and safeguarding services.
- The Report sets out how the multiagency strategic partnership contributes to safeguarding practice in the Borough, outlining the progress made against the agreed priorities of the Safeguarding Partnership. Each priority has a dedicated subgroup, with an agreed plan of work that, broadly, seeks to develop practice using a framework of prevention, identification, and response.

- Our approach to learning from practice through quality assurance, reflective and statutory review ensures that we focus on practice and system development to reduce the risks of serious harm to adults or children. This includes direct engagement with frontline practitioners across the Partnership.
- Identified learning informs our training provision with a diverse offer of newsletters, practice briefings, webinars, learning events and commissioned training available. In the reporting period the number of sessions of continuous professional development attended increased by over 40%. This is largely due to improved accessibility through focussed and targeted webinars.
- In the last year the Partnership further highlighted the importance of directly consulting with adults and children with lived experience of safeguarding services, ensuring that their voices are sought and amplified. The main Report is supported by the publication of an Easy Read version, and the coproduction of our first Children and Young People's Annual Report.

SUPPORTING INFORMATION

1. In September 2019 the Hillingdon Safeguarding Partnership arrangements were launched in line with the statutory requirements set out in the Children and Social Work Act 2017 and Working Together to Safeguard Children 2018. The Local Authority now shares equal responsibility with our statutory partners, the NHS Hillingdon Clinical Commissioning Group and Metropolitan Police, to safeguard children and young people.
2. The Care Act 2014 placed a statutory duty on each Safeguarding Adults Board to produce an Annual Report, outlining the work undertaken to achieve its strategic objectives, the work of each member to implement the Safeguarding Adults Boards' strategy and detailing the findings of any Safeguarding Adult Reviews and subsequent required actions.
3. In promoting this join approach, both boards are now scrutinised and held to account through the multiagency Executive Leadership Group. The group is chaired by the Local Authority's Chief Executive and attended by the senior representatives of the safeguarding partners (Police and Clinical Commissioning Group).

PERFORMANCE DATA

The Safeguarding Adults Board monitors several KPIs provided by the participating agencies. Some examples of the items monitored and analysed are: number of contacts received by Social Care, Section 42 enquiries and their outcomes, source of contact, MERLINS received from Police and the types of abuse referred, advocacy activity, etc. this data set provides the board on regular basis with a picture of safeguarding activity in the borough and highlights any trends and areas of focus.

RESIDENT BENEFIT

Hillingdon adults with care and support needs, children and their families and carers remain safe and the safeguarding partnership continues to respond effectively and efficiently to the needs of residents.

FINANCIAL IMPLICATIONS

None at this stage.

LEGAL IMPLICATIONS

None at this stage.

BACKGROUND PAPERS

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

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

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

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

APPENDICES

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**Hillingdon Safeguarding
Partnership**



Annual Report

2022-2023



The vision of the Safeguarding Children Partnership is for every child and young person to be and feel safe, enjoy good physical, emotional and mental health, have pride in their unique identities, feel that they belong and have opportunities to thrive.

The Safeguarding Adults Board's vision is for Hillingdon citizens, irrespective of age, race, gender, culture, religion, disability, or sexual orientation to be able to live with their rights protected, in safety, free from abuse and the fear of abuse.

Table of Contents

1	Impact Statement	3
2	Hillingdon Safeguarding Partnership: Safeguarding Arrangements	5
3	The Voice of the Person	6
4	Safeguarding Priorities	9
4.1	Children’s Priorities	9
4.2	Shared Priorities	11
4.3	Adult Priorities	13
5	Learning from Practice	14
5.1	Safeguarding Learning Events	16
6	Quality Assurance	18
7	Training Programme	20
8	London Borough of Hillingdon – Children and Young People Services	22
9	London Borough of Hillingdon Adult’s Services	28
10	NHS North West London Integrated Care Board	31
11	Metropolitan Police Service (MPS)	33
12	Agency Contributions	37
12.1	Central and North West London NHS Foundation Trust (CNWL)	37
12.2	Local Authority's Designated Officer (LADO) and Education Safeguarding	41
12.3	Children’s Rights and Participation Service	43
12.4	The Hillingdon Hospital	44
12.5	Stronger Communities and Prevent – London Borough of Hillingdon	46
12.6	Harlington Hospice – Psychological and Emotional Support Service	47
13	Priorities for 2023-2024	47
14	Appendices	49

1 Impact Statement

Hillingdon Safeguarding Partnership has continued to strive towards achieving our vision for residents to be and feel safe and to meet their full potential. This year we have focussed on understanding the impact of our strategic safeguarding arrangements on front line practice. Alan Caton OBE, our Independent Scrutineer, analysed the effectiveness of safeguarding practice in respect of extrafamilial harm for children and of the Adult Multi Agency Safeguarding Hub and concluded that:

'...there are, in my view, many strengths to the safeguarding arrangements for children and adults across Hillingdon. I have found a strong partnership that is open to scrutiny and challenge and one that strives to continually learn and improve practice. I have not come across any areas of poor practice or weaknesses in the adult MASH, or service provision for adolescents at risk of harm.

There is strong leadership from the Executive Leadership Group and a clear sense of joint and equal responsibility from the three safeguarding partners. The partnership is one that is built on high support, high challenge and where difficult conversations are encouraged.'

Safeguarding practice does not take place in a vacuum, it is helpful to understand the wider context for this report. In 2022-2023 services locally, and nationally, continued to face additional pressures with a sustained increase in demand across all agencies to meet the safeguarding needs of residents. This is not a Hillingdon specific issue and is replicated nationally. The health, social and economic ramifications of the pandemic have been further exacerbated by the cost-of-living crisis, with widespread strain on public, voluntary and safeguarding services.

This year there have been several high-profile safeguarding reviews published, including those in respect of Child Q, and the national reviews in respect of the tragic deaths of Arthur Labinjo-Hughes and Star Hobson, and regarding safeguarding children with disabilities in residential settings. We have also seen the publication of independent reviews that set out systemic challenges within partner agencies. As a local partnership we continue to monitor closely the legislative response from central government and to identify address any local ramifications, ensuring that whilst any necessary difficult conversations are held that we do not overlook building on the strengths that can bolster our resilience.

To further our understanding of local practice a robust quality assurance schedule was implemented, with the support and expertise of safeguarding leads across the partnership. The schedule was designed to be broad, with topics ranging from self-assessment of agency compliance with the Children and Family Act, to targeted reviews of the Stronger Families approach, and the role of community multi-agency risk assessment conferences (MARAC) in safeguarding adults who self-

neglect through hoarding. The purpose of multiagency audit is to provide us with important information about our areas for development, in addition to recognising our strengths in practice.

The views and experience of frontline practitioners have been sought, with their knowledge contributing directly to the development of the Safeguarding Partnership Contextual Safeguarding Strategy. As a partnership we have engaged directly with residents who have lived experience of safeguarding services, co-producing a review tool that enabled us to explore practice from the perspective of those most impacted.

We also supported our children and young people to produce their own Annual Report, a summary of which is incorporated into this report.

2 Hillingdon Safeguarding Partnership: Safeguarding Arrangements

This report provides an overview of the activity of Hillingdon's Safeguarding Partnership. The report seeks to provide assurance around the effectiveness of our local safeguarding arrangements, and to evidence the impact of these arrangements in ensuring the safety of Hillingdon residents irrespective of age.

The Safeguarding Partnership Implementation Unit provides support and drive to both the Adult's and Children's Partnerships. A key focus of the team is to facilitate, develop and maintain links between the Safeguarding Children Partnership and The Safeguarding Adults Board. The team also seeks to develop links and coordinate activity and delivery with the other relevant strategic boards across Hillingdon and Pan-London.

The main engine of the safeguarding arrangements for children is the Safeguarding Children Partnership Board and, for adults, the Safeguarding Adults Board. The Boards have oversight of safeguarding practice and performance, resolving issues as they arise. Where this is not possible, the issue will be escalated to the relevant organisation(s) via the Implementation Unit and if the individual organisation(s) still cannot resolve the matter, it is escalated to the Executive Leadership Group.

To ensure the success, coordination, and impact of the shared arrangements we have a joint Executive Leadership Group (ELG) that provides governance, leadership, oversight and challenge to both Boards. The ELG consists of the Local Authority's Chief Executive, the Chief Nurse of Hillingdon NHS Integrated Care Partnership, and the Metropolitan Police Service Borough Commander. This group has joint and equal responsibility for safeguarding in Hillingdon. Each partner is subject to internal scrutiny in accordance with their internal governance structures. In addition to this, the ELG has commissioned regular independent scrutiny of our safeguarding arrangements for both children and adults to provide reassurance of the effectiveness of the arrangements and independent critical challenge and appraisal that supports learning and future development.

To reflect the vision of joint and equal responsibility the Boards are chaired on a yearly rotating basis by a representative of the three statutory partners. From September 2022 responsibility for chairing the Executive Leadership Group passed to the Integrated Care Partnership, for the Children's Partnership Board to the Metropolitan Police Service, and for the Safeguarding Adults Board to the Local Authority. The Boards steer learning and development for the safeguarding environment across the London Borough of Hillingdon, and are informed by independent scrutiny, quality assurance activities, and subgroups.

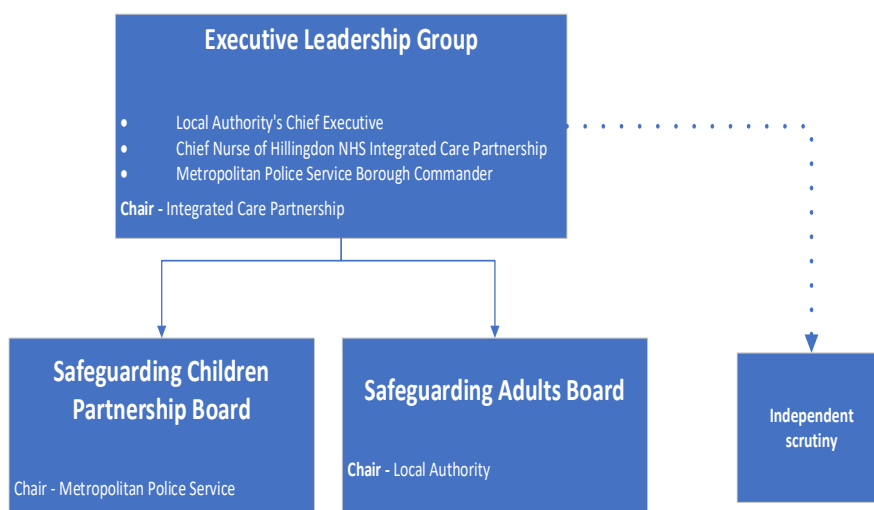


Fig 1 – Safeguarding arrangements governance structure

3 The Voice of the Person

In 2022 our Communication and Engagement Strategy was agreed. This document sets out how the Safeguarding Partnership interacts with individuals in receipt of services, the wider community, and professionals. One of the cornerstones of our local arrangements is an emphasis on understanding the lived experience of children, adults, their families, and carers. This ensures that we understand the impact of our work and provides a steer for future areas of priority and focus. To achieve this, we have proactively sought to recruit to the pan London Safeguarding Voices initiative, working with Healthwatch and attending the Older People’s Assembly to raise awareness of the role of the Safeguarding Partnership. We have also worked with the Local Authority Project Search team to quality assure our easy read products.



Adults and children with lived experience of safeguarding support were supported to co-produce the audit tool used for our ‘Voice of the Person Review’. Adults and children were consulted using a short, structured interview format. Overall, the findings paint a positive picture that most of the adults and children felt listened to by professionals. Most also felt they had received the support they needed to facilitate their communication with professionals. The positive accounts relate to encounters across the professional network: social care, health professionals, and police officers as well as direct providers of care and support.

Areas for further development include ensuring that the nuance of a person’s situation is reflected in written reports, and that reports are in plain language and are shared with the subject adult/child. There were some accounts of people struggling to contact professionals, and feeling unsure of which

professional should be helping with their specific situation. Some carers and adult's representatives felt that their knowledge and experience was not given sufficient weight, and they struggled to navigate the safeguarding network.

We asked children and adults what good listening means, with their responses condensed into four key aspects of practice:

- Making dedicated time and space
- Tailoring communication to individuals and families
- Relationship and rapport building
- Acting on what people say and communicating what is being done.

There is an overarching theme of care and compassion, when people felt that professionals genuinely cared about their situation, often at times of crisis in their lives, they felt more listened to. How effectively professionals conveyed this was impacted by whether they had made dedicated time and space to listen, whether they made efforts to find ways to communicate meaningfully, and whether they acted on what was said.

A member of the Safeguarding Partnership team separately met with the various children's consultation and engagement groups coordinated by the Local Authority. Thirty-six children with lived experience of safeguarding were consulted. These children are from a range of ethnicities, gender identities, cultures, religions, countries, and some had disabilities and neurodiversity needs. Their views were sought about their interactions with the wide range of professionals that have supported them, and their families and peers. With support Hillingdon's children and young people have produced an annual report, this is available as a standalone document with a summary of key points below:



Hillingdon Safeguarding Partnership



The Safeguarding Partnership is all the people that help and support us. Our social workers, doctors, carers, mental health workers, nurses, police officers, GPs, housing officers, mentors, support workers and many more.


Children's Voice



4 Safeguarding Priorities

This section outlines the highlights of multiagency working in the last year. To reflect our ethos of shared and equal responsibility for safeguarding we have continued to encourage partner agencies to chair subgroups. This has been less successful in the last year due to increasing pressures on operational services, in consequence most subgroups are chaired by the Local Authority, or a member of the Implementation Unit. Subgroups are generally well attended across all aspects of partnership work, statutory partners are represented in all, with relevant agencies attending according to the focus of the subgroup. There have been some challenges in securing the engagement of education representatives.

Children's
Priorities



4.1 Children's Priorities

The **Strategic High-Risk Panel** is usually co-chaired by the Metropolitan Police and Children and Young People's Services. Due to changes in local senior policing in practice this subgroup has largely been chaired by the Local Authority representative. The focus of the subgroup is to develop a collaborative strategic response to children at risk of extrafamilial harm. The overarching objective is to prevent, intervene and disrupt child exploitation. The panel collates and scrutinises information from a variety of sources and partners to identify trends and themes. This facilitates multiagency solution-focussed discussions to determine the best way to strategically address the identified needs and priorities.

In the last year the Panel completed a review that considered the early identification of children at risk of extrafamilial harm. This highlighted the need for the Education Inclusion Toolkit for Schools to be finalised, with agreement and publication in September 2022. The review further identified a need for increased awareness of the concept of 'adultification', which recognises that children who are from a global majority ethnic group are more likely to be treated as older than they are, and therefore less in need of protection. Most recently the Panel identified a need for year 6 children to have access to age-appropriate information about exploitation, resulting in workshops being offered to all Hillingdon primary schools by the Local Authority Adolescent Development Service.

In March 2023 the subgroup agreed the **Hillingdon Contextual Safeguarding Strategy**, with a plan to undertake a pilot of the approach in the Hayes area of the Borough.

The Contextual Safeguarding Approach recognises that children can experience harm outside of their families and provides a framework for

professionals to intervene in the contexts in which harm takes place – for example in schools, neighbourhoods and parks. The Safeguarding Partnership has made a successful bid for funding to support the pilot and developed a framework for locality assessments.

The **Child Sexual Abuse** subgroup formed in December 2021. The remit is to raise awareness of all forms of child sexual abuse in the community and across the partnership, to develop strategies that improve practitioner capacity to identify sexual abuse, increasing knowledge and confidence and to develop the partnership response where a child sexual abuse concern is identified. The subgroup considers issues of equality and diversity, including the additional risks and vulnerabilities faced by children with disabilities. Over the last year the subgroup has continued to work closely with the Centre of Expertise for Child Sexual Abuse, developing a bespoke resource for schools to improve the response to child-on-child sexual abuse. Training needs have been identified, and met, through the creation of subject specific briefings, and piloting a new course in respect of children with disabilities. A range of useful resources for practitioners have been collated and made available on the Safeguarding Partnership Website.

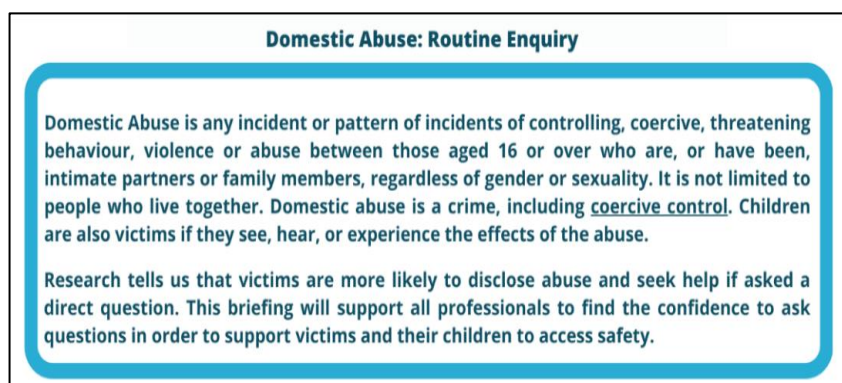
In August 2021 the Local Authority launched the **Stronger Families** approach to early help services in Hillingdon. This is a locality-based approach with three hubs, each developing networks to support children and families in the local community. In 2022-23 the subgroup has continued to provide scrutiny and strategic vision for the approach, enabling direct feedback from partners to identify and address any implementation issues, and to share information and updates about the progression of services. The subgroup concluded a multiagency review of the service highlighting strengths and opportunities for further development. The review found that the Stronger Families approach was



well embedded across the partnership, with positive feedback from families. As with any system change there were some early challenges, however these have largely been resolved within the subgroup and the focus is now on widening multiagency participation and ownership of plans for children, ensuring that support is provided by the right person, at the right time.

4.2 Shared Priorities

The **Domestic Abuse** Subgroup reported to the Domestic Abuse Steering Executive in addition to the Safeguarding Adults Board and Safeguarding Children Partnership. In 2022 the subgroup concluded, with almost all identified areas of work progressed, excluding the development of a domestic abuse dataset as this is now being progressed by the Domestic Abuse Steering Executive. The impact of the subgroup was evident in disseminating the learning from the Domestic Homicide Review O, the development of, easy read guides to accessing support and practice briefings around routine enquiry in domestic abuse. The subgroup also achieved assurance around multiagency practice in respect of domestic abuse where there is a safeguarding element. Whilst the subgroup has ceased meeting there continues to be an ongoing link directly into the Domestic Abuse Steering Executive to ensure that safeguarding needs of victims, their children, and adults with care and support needs remain a priority.



The **Joint Strategic Safeguarding and Trafficking** Subgroup is a multi-agency subgroup of the Hillingdon Safeguarding Partnership. To date the group has been co-chaired by Border Force and the Safeguarding Partnership Team. The subgroup works to improve practice around the identification, prevention and response of all trafficking and safeguarding issues concerning children and adults arriving at or travelling through Heathrow Airport.

Over time significant achievements have been made in increasing and embedding awareness, understanding and partnership working around safeguarding adults and children at the airport. Ongoing police and Border Force operations are embedding and sustaining awareness of how to recognise and respond effectively to safeguarding issues, amongst all the people who work in the airport – including staff in all capacities. Modern Slavery Practice Guidance, currently in draft, will help solidify best practice across the entire professional network, including all stakeholders at Heathrow Airport. The membership and scope of the group is under review by key members, considering the extensive achievements so far, and ongoing areas of complexity.

The focus of the **Practice Development Forum (PDF)** is to ensure that learning from any statutory or non-statutory review, local or national, is disseminated across the safeguarding partnership as required. The Practice Development Forum also considers learning from audits and other statutory reviews. The group has a core membership across both partnerships, in recognition that learning from practice usually has applicability across both sectors. This year there have been four affiliated Task & Finish groups: Child Learning from Practice; Adult Learning from Practice; Female Genital Mutilation, Safeguarding and the Cost of Living.

During the year, to help disseminate and share information in different ways, we continued to publish and disseminate our Partnership Newsletter which continues to provide professionals with an accessible and practical overview of key practice developments, resources and learning from practice.

We believe that in addition to good information sharing, learning activities and good communication, quality assurance plays an important role in assessing and evaluating the impact of various activities and the effectiveness of the safeguarding arrangements. A coherent structure to the quality assurance activities of the partnership and an analytical approach is now being provided through the annual 2022-23 multiagency quality assurance schedule that is further explored later in this report.

The Safeguarding Partnership proactively raises awareness of **safeguarding themes and issues** throughout the year to continuously reinforce knowledge and increase alertness to issues of abuse and neglect. Through doing so it contributes to a community of residents and professionals who are well informed to prevent harm before it occurs and know how to seek help when needed.

This year the Partnership has promoted:

- Anti-Slavery Day
- Safeguarding Adults Week
- Mental Health Awareness Week
- International Men's Day
- Safer Internet Day
- Child Exploitation Awareness Day
- World Suicide Prevention Day

Safeguarding Adults Is Everyone's Business

Hillingdon safeguarding adults board

Frank depends on his daughter. He has to wait all day for personal care whilst she is at work. She won't allow anyone to help. She says it will cost too much.

Neglect is a Safeguarding Concern

Do you know a vulnerable person who may be suffering abuse, neglect or self neglect?

Report to Social Care Direct
Call: 01895 556633
Email: socialcaredirect@hillington.gov.uk
Complete: [online form](#)

Scan this QR Code to complete the form



Tools and resources are developed in advance and shared across the professional network in addition to being available on our websites. Input from expert leads across the partnership is sought where required, both in the development of resources, and in ensuring that

the target audience is reached. There is evidence to support direct impact on safeguarding practice, and positive feedback from safeguarding partners about the usefulness of the resources.

4.3 Adult Priorities

The **Making Safeguarding Personal (MSP)** subgroup has been operational since March 2020, concluding in December 2022. The subgroup led on the strategic development of the MSP agenda in Hillingdon, ensuring that adult safeguarding services are person-led, and outcome focused through quality assuring existing practice and procedures and raising the profile of MSP throughout safeguarding agencies. Over the course of operation, the subgroup undertook a multiagency audit of practice, with learning shared widely via webinar. In response to identified need the subgroup also produced a range of practice briefings including guidance around use of interpreters, access to justice and the promotion of best practice in safeguarding enquiries. There has been positive feedback regarding the impact of briefings on practice, with the Hillingdon Hospital reporting routine use of the access to justice briefing to support health professionals to better know when to contact the police and thereby safeguard adults with care and support needs.

Key Messages For Practice

Timely and appropriate reporting to police promotes access to justice

People with care and support needs can face particular challenges in accessing protection from crime, exercising their rights and accessing justice when they have been a victim of crime.

Only the police can investigate crimes, NOT any other professionals or employers

Employers and other practitioners often start investigating alleged crimes before reporting to the police. This makes successful prosecution much less likely. It is not appropriate for safeguarding enquiries or complaint responses to amount to an investigation of crimes.

You do NOT need proof that a crime has taken place before you report it

A reasonable suspicion is all you need. You do not need to be certain.

Early involvement of police can increase access to justice

This optimises the ability of the police to gather evidence and increase safety of the adult at risk

Sometimes reports to police should be made without a victim's consent

Reporting crimes to the police can protect other people, can protect life, and can prevent future crimes. There are some circumstances where you should report alleged crimes regardless of the victim's consent.

The **Mental Health and Safeguarding** subgroup formed in August 2021, with work concluding in February 2023. It has fulfilled its stated purpose:

- to identify and share local and national learning from serious cases and expert practice knowledge from subgroup members and embed that in systems and practice across the partnership to reduce the risks of abuse and neglect and self-neglect for adults with mental health problems, and

- to improve outcomes and quality of life in cases of abuse, neglect and self-neglect for adults with mental health problems.

The subgroup established links with health led strategic fora to avoid duplication and to ensure that areas of work were progressed in the most appropriate forum. The subgroup established the need for focussed practice development, delivering a multiagency webinar that continues to be available to the Partnership and producing practice briefings. The subgroup scrutinised local quality assurance processes, highlighting a need for clinical focussed auditing to incorporate the identification of and response to social care needs or safeguarding concerns. The Local Authority also introduced an AMHP (Approved Mental Health Professional) focussed quality assurance programme to address the same need. There continues to be a direct link between the Safeguarding Partnership and Suicide Prevention Steering Group and Learning from Suspected Suicides Panel.

The **self-neglect** subgroup is led by the Head of Service for Safeguarding in Adult Social Care. In the last year the subgroup has progressed through the strategic objectives to raise awareness of self-neglect, to improve practitioner knowledge, capacity and confidence and to develop the multiagency safeguarding response. One key area of work has been the quality assurance of processes where an adult is self-neglecting and there are concerns about hoarding behaviour that may also pose a risk to others, for example through clutter posing a fire hazard. This area of practice has crossover with those more focussed on community, rather than individual, safety. In consequence the audit considered the intersection between adult safeguarding and community multi-agency risk assessment conferences.

The audit considered barriers to best practice, interagency working and information sharing and identifying good practice. Actions taken in response to the audit have included raising awareness of referral pathways, increasing practitioner knowledge of the Clutter Image Rating Scale, and practice development around the implementation of the Mental Capacity Act.

5 Learning from Practice



It is acknowledged that learning can be gained from recognising good practice but also from those circumstances where we, as a partnership, could have responded differently to a child or adult's circumstances. Systemic learning and practice improvement is not only based on local experience but includes that which stems from regional and national research, policy, and practice. This approach seeks to ensure that safeguarding practice in Hillingdon is research informed and evidence

based and that our residents receive services that are of a high standard delivered by a partnership that strives to continuously improve.

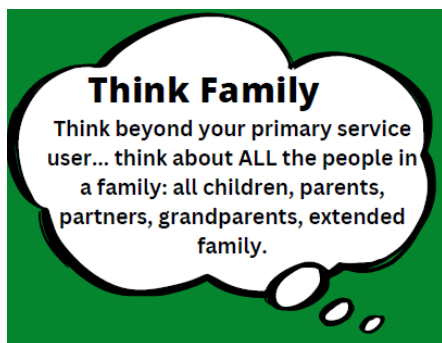
A fundamental duty of both the Safeguarding Children Partnership and Safeguarding Adults Board is to review those cases that may meet the criteria for a statutory review of practice. This review process is undertaken in line with the statutory guidance set out in Working Together to Safeguard Children 2018 and the Care and Support Statutory Guidance 2014.

A notification to the Child Safeguarding Practice Review Panel (the National Panel) is made when a child has suffered serious harm, and that abuse and/or neglect is known or suspected. For each serious incident notification, a multiagency Rapid Review is convened to bring together and consider information known about the child by all agencies involved and to identify any areas of learning. The Rapid Review is held within 15 working days of the notification, with a report detailing the circumstances of the child, the actions of involved agencies, any learning identified and a decision around Local or National Child Safeguarding Practice Review. In the last year two Rapid Reviews have been convened, both concluding with recommendation for a Child Safeguarding Practice Review.

The Hillingdon Safeguarding Adult Review Panel is chaired by a Metropolitan Police Detective Superintendent with responsibility for safeguarding. It has a core membership of senior representatives from key agencies, with others mandated to attend according to the specific requirement of the case. The purpose of the Panel is to review circumstances that may meet the criteria for a Safeguarding Adult Review (SAR) as specified in the Care Act 2014. In 2022-23 the Panel considered 7 referrals, concluded two Safeguarding Adults Reviews, with a third currently in progress.

Learning from Practice Frameworks have been implemented to promote the continuous improvement of safeguarding practice in both adult and child services. The Task and Finish Groups have a broad remit that includes undertaking non-statutory learning reviews, progressing actions, and identifying any thematic barriers to good practice.

In the last year 4 learning reviews have been completed, these provide an opportunity to proactively analyse and reflect on practice. Each learning review considers the implications of the circumstances for wider safeguarding practice with children and adults. Learning is addressed and disseminated using a variety of methods according to need. This includes direct engagement with frontline practitioners and managers, through changes to policies and procedures, and through the development of practice briefings or inclusion in the Safeguarding Partnership Newsletter that is widely circulated. Overarching themes identified in the last year include:



- The importance of a Think Family approach, ensuring that practitioners consider the needs of all family members.
- Recognising and responding to neglect of children and adults, and support for carers.
- Understanding the lived experience of children and adults and ensuring that this is central to practice.

5.1 Safeguarding Learning Events

Hillingdon Safeguarding Partnership delivered a webinar on the 27th of September 2022 to disseminate learning from two **Safeguarding Adults Reviews (SARs)**. The webinar was open to all practitioners across the safeguarding network: police, NHS staff, social care, private and voluntary sector care and support providers, housing staff and anyone else with contact with adults with care and support needs. Invitations to register for attendance were circulated via the Safeguarding Partnership Newsletter, and through distribution to members of the Safeguarding Adults Board and Safeguarding Children Partnership.



The Learning Event sought to highlight key aspects of learning from the Safeguarding Adults Reviews with a direct contribution from the family of one of the adults concerned. The event focussed on four key elements of practice:

- Understanding the lived experience of adults
- The impact of coercive and controlling behaviour
- The role of diagnostic overshadowing for adults with mental health difficulties and physical health needs
- The application of the Mental Capacity Act in safeguarding practice

In total 88 practitioners attended, with representatives from a range of services including the voluntary sector, care providers, acute and community health services, children's social care, adult social care and the Integrated Care Board.

Each attendee was asked to complete a feedback form focussed upon the impact of the Learning Event, with all rating the webinar as being good or excellent, and all finding the resources shared to be useful. Examples of impact on practice are outlined below:

'The critical importance of using professional curiosity and critical thinking - e.g., by focusing on needs & experiences of the person rather than relying on carers views/ abusers perspectives, building

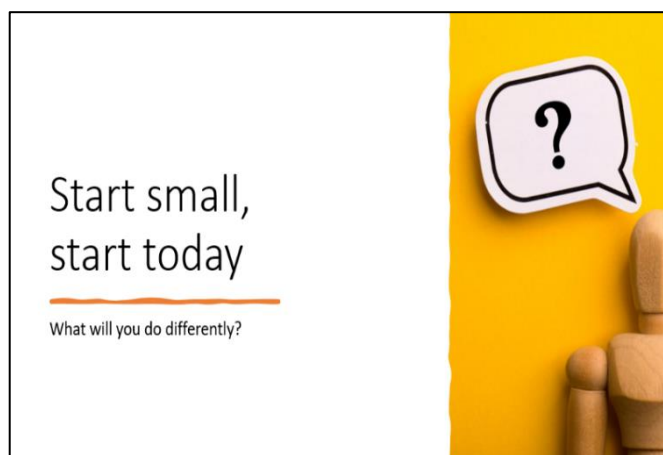
relationships, remaining committed to ethical, legal & evidence-based practices, and being aware of disguised compliance and diagnostic overshadowing, demonstrating the sensitive and competent management of evolving risks/complexities and challenge obstructive notions/attitudes from families, LPAs or other professionals.'

*'Even if support has been refused, this does not stop you from sharing information in order to continue to safeguard' * A person with an LPA does not always have the last say regarding safeguarding in the best interest of the service user'.*

'I am from Children's Services, but thinking about the adults' own needs, rather than just the needs of the child - reading and using the resources in team meetings and reflective supervision'.

In March 2023 a Learning Event and Workshop was held to share the findings of our **Serious Youth Violence Reflective Review**, and to launch the Contextual Safeguarding Strategy. The event was aimed at practitioners, managers and strategic leads across the Safeguarding Children Partnership, with invitations extended to key individuals in the Metropolitan Police Service, Central and North West London NHS Foundation Trust, The Hillingdon Hospital, Children and Young People Services, Voluntary and Community Organisations, and the Integrated Care Partnership. The event was held in person, over two sessions, with 52 professionals attending.

At each session the key findings of the review were shared, with practice themes for the Safeguarding Partnership identified and attendees supported to think critically in the application of these to their roles as individual professionals, and the contribution of their agency to reducing the risk of extrafamilial harm using the contextual safeguarding approach.



Relationship Based Practice:

- *'Promote a relationship-based approach across my schools and colleges'.*
- *'Listen and ensure the child's voice is heard to understand more about their life... and how I can support them from a health point of view'.*
- *'...taking a child first approach, listen to children's views and understand that their behaviour or actions may be triggered by a past event in their lives'*

Early Help and Support:

- *'Being more alert to risk factors and supporting practitioners to think about younger siblings – not waiting for an incident to happen'.*
- *'Identify SEN issues as early as possible'.*

- *'To take note early on when a child is struggling in terms of any undiagnosed or unmet health needs – follow up thoroughly.'*

Professional Curiosity:

- *'Be more curious and question, if in doubt, more than once! Share information'*
- *'Continue to challenge perceptions and be curious.'*
- *'Follow up regularly and in an appropriate timeframe – question!'*

Practice Development:

- *'Share knowledge from today... talk about it and how we can disseminate across the organisation'*
- *'Promote understanding of the contextual safeguarding approach and strategy across services'*
- *'Consider location more 'think context!'*

Partnership Working:

- *'Think about how therapy services are working with children's social care in collaboration to identify, assess and support harder to reach children and families'*
- *'Look at how our communities/third sector and faith groups can support the review implementation'*
- *'Have the wider conversation... think about how we can widen the links and connections... conversations!'*

6 Quality Assurance

One of the core functions of the Safeguarding Partnership is to seek assurance about practice in Hillingdon. To this aim we have undertaken a wide range of auditing activity in the last year:

- Compliance with s11 of the Children and Families Act, 2004
- Education Safeguarding (s175/157 The Education Act)
- Safeguarding Adults Partnership Audit Tool (SAPAT)
- Community Multi Agency Risk Assessment Conference (Self-Neglect and Hoarding)
- Children's Multi Agency Safeguarding Hub
- Stronger Families Review
- Children's Strategy Discussions
- Thematic Review of risk of extrafamilial harm for 11–14-year-olds
- The impact of the Graded Care Profile Tool in safeguarding children from neglect
- The Voice of the Person



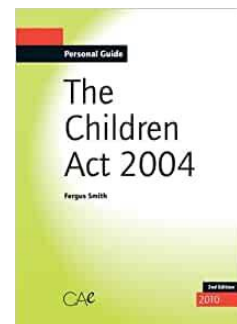
Each audit has been completed with the support and expertise of representatives across the multiagency group, with methodology adjusted according to the nature and matter under review. Methods used include self-assessment, file audits, roundtable discussions and the development of bespoke review tools.

Where reviews considered the quality of safeguarding practice the outcomes were largely positive, providing assurance about the impact of multiagency safeguarding

arrangements on practice in Hillingdon. Where a summary of the audit/review has not been provided elsewhere in this report a brief overview is provided in this section.

The findings, analysis and recommendations of each review have been communicated to the relevant subgroup and Safeguarding Board, with a standalone report produced for each area of focus. The engagement of safeguarding partners with the review process has been generally positive, however it was not possible to conclude the generic adult safeguarding audit (SAPAT) due to a low response rate. The review seeking to establish the impact of the Graded Care Profile 2 on practice with children suffering neglect found that it is the exception for the tool to be used, therefore the focus shifted to understanding the barriers to implementation, and highlighted the need for Safeguarding Partners to ensure that there is adherence to strategic approaches that have been agreed.

Section 11 of the Children Act 2004 places duties on a range of organisations and individuals to ensure their functions, and those of any services that they contract out to others or license, are discharged having regard to the need to safeguard and promote the welfare of children. The application of this duty varies according to the nature of each agency and its functions. The audit findings provided assurance that the organisations that completed the self-assessment are, in the vast majority, discharging their duties with regards to the welfare of children. The areas of strength for the partnership are leadership and accountability, safer recruitment, information sharing, complaints and whistleblowing. There are opportunities for development around listening to the voice of the child, management of allegations against people in positions of trust relating to their conduct outside of their work, ongoing monitoring of Disclosure and Barring Service checks, and ongoing monitoring of training compliance. There is also an opportunity to enhance the child safeguarding components of local licensing processes.



The purpose of the **section 157/175 Education Audit** is to enable the Local Authority to assure themselves that providers across Hillingdon are discharging their statutory responsibilities and following guidance relating to the safeguarding of children and young people. The audit also contained questions in respect of good practice and the priorities of the Safeguarding Children's Partnership. Key findings were that, of those settings that responded, statutory safeguarding requirements appear to be met, with some evidence of excellent practice. Due to variations in application of the review tool between settings the reviewers assessed that the audit did not provide the level of assurance desired. In consequence an Education Safeguarding Subgroup will be created, and tasked with coproducing an audit tool with schools, and revisiting the findings of this audit.



The **Stronger Families: MASH Review** found that all the children's files reviewed had a clearly recorded analysis that considered the child and family history, factors that may affect parenting capacity, the child's lived experience with a clear risk assessment and rationale for the recommended outcome. The Review highlighted the need for clarity around arrangements for consent when making MASH checks, and to standardise a core group of agencies to contribute to MASH assessments, with a need to revisit the MASH Standard Operating Procedure to ensure that there is a shared and accurate understanding of processes and protocols. The Review also highlighted that, in the sample group, there was no evidence of contact with key men in the children's lives, with this issue being highlighted to frontline practitioners.

The Strategy Discussion Review found that thresholds for strategy discussions were consistent, with consideration of individual needs when there were varying complexities within the family. There was evidence of information sharing by the multiagency partners with positive engagement and attendance identified specifically from education services. Areas for development included that strategy discussions had been held in the absence of police representation, and the need to ensure that there is appropriate representation from Health professionals.

7 Training Programme

The purpose of the Safeguarding Partnership training programme is to ensure that practitioners have the most relevant and up to date opportunities for ongoing professional development. To promote accessibility training is delivered through a range of methods, including online, face to face and via webinar. Training by our children and young people is delivered in person. Over the last year we have continued to diversify the training offer, to include a greater range of subject areas with focus upon the areas of priority identified by the Safeguarding Partnership.

The Safeguarding Partnership also benefitted considerably from a comprehensive training programme undertaken as part of the **Female Genital Mutilation Project**, with 175 professionals attending sessions on Female Genital Mutilation, Breast Flattening and Child Abuse linked to Faith or Belief. The impact of this project on professional development is significant, with a programme of awareness raising workshops arranged monthly throughout the year to ensure the sustainability of the project, and a bespoke eLearning module developed.

Our informal partnership with the **Centre for Expertise in Child Sexual Abuse** enabled the following professional development opportunities across the Borough:

- 104 Education professionals attended workshops to design and pilot a guide for professionals supporting children following incidents of harmful sexual behaviour. This included an overview of the signs and indicators of Child Sexual Abuse.
- 19 practitioners attended pilot training focussed on CSA and Safeguarding for Youth Justice professionals.
- 34 practitioners attended pilot training 'Making it matter, changing our practice in response to sexual abuse of disabled children'. Attendees included LADO, GP, Education, Social Workers, and Support Workers.
- 36 practitioners attended the Pan London training: Multiagency intra-familial child sexual abuse.

In recognition of the pressures faced by frontline practitioners the Safeguarding Partnership has also implemented a programme of **webinars**. These are sharply focussed, last around 90 minutes and address a specific topic or area of practice. All webinars are made available on the Safeguarding Partnership websites and can be accessed using a password that is shared with Hillingdon Practitioners.

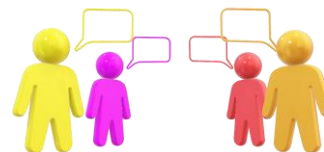
Webinar	Attendees
AXIS, Mobile and Detached Youth Services - early identification of vulnerability to exploitation	74
Safeguarding Adults with Mental Health Needs	56
Modern Slavery and Human Trafficking Awareness	48
Making Safeguarding Personal	96
Safeguarding Learning Event: Learning from Safeguarding Adults Reviews	65
Total:	339

Following attendance delegates are asked to complete a feedback form, this enables the Partnership to monitor the **effectiveness and impact** of sessions.

Core Training Offer Feedback:

- 98% of delegates rated their understanding of the topic after training as very good to excellent.
- 96% rated the quality of the training as very good to excellent.
- 96% of delegates agreed or strongly agreed that they could apply learning from the training to their practice area.
- 98% of delegates reported that their confidence in the subject area was improved.

Housing Officer: Learning from SARs 'I feel I have a good understanding of safeguarding, having worked in social care for over 20 years and having personal experience with a disabled relative. I have just moved into a role in housing, so the webinar reminded it me it is not just people with social care needs that can be subject to/have safeguarding needs.'



Adult Social Care: Self-Neglect 'I work in a locality team and often receive allocation of people who self-neglect. This was a refresher and help me to consider my practice with this service users.'

Early Years' Service: Contextual Safeguarding Workshop 'I work with under 5's but some of my families have siblings that may require support, I would be able to sign post them.'

Education: LADO, Managing Allegations 'To be more observant of colleagues with whom I work so I can identify issues that relate to safeguarding and knowing how to proceed'.

Education: Adultification Bias 'made me personally aware of how students may feel, and to make me question how I respond and react to incidents and ensure I am not judgemental'

Children and Young People's Services: Domestic Abuse 'In my role as a social worker I have worked with families that domestic abuse has deeply affected the relationship of the parents and has had a tremendous impact on the children. As a child's social worker, this... has enhanced my knowledge and makes me feel more confident in my approach'.

1713 sessions of professional development have been facilitated by the Safeguarding Partnership in 2022-23, this is a 43% increase on 2021-22 (1191) and speaks to the impact of the webinar programme, Safeguarding Learning Events, and the positive effect of building relationships with key sector leads. This total does not include training delivered through the Local Authority's FGM Project.

8 London Borough of Hillingdon – Children and Young People Services

Children and Young People Services provides support to children, families, and carers where there are welfare or safeguarding concerns. There is evidence to support the effectiveness of our **Stronger Families** approach with the Hub responding to over 26,000 contacts. Out of these contacts over 11000 were received via the Early Help Assessment which can be accessed and completed anywhere and at any time by all professionals. Almost 1,500 children



have been referred to our Stronger Families Localities Teams, ensuring that their needs are assessed, and proportionate support is provided to all who need it at the earliest possible stage. This empowers our families to address their needs and utilise the resources available to them in their communities and extended networks and it also reduces the need for statutory social work intervention in the life of the family.

Where statutory assessment is required, it is provided promptly and during the year, 4000 child and family assessments were completed, with over 5000 individual children being supported and protected through statutory plans, either child in need or child protection.



During this financial year the government has mandated the National Transfer Scheme for **unaccompanied asylum-seeking children**. We welcomed this as we believe that children who seek asylum in the country will have their needs best met by a fairer distribution across the country. We work

with national and regional forums to facilitate swift moves to the other identified areas to minimise the inevitable impact further disruption would have to these children's lives through breaking links built in Hillingdon.

In Hillingdon, this new initiative had a significant impact on the numbers of children in our care with the total number at the end of the year being 364 as opposed to 463 at the end of the last financial year. The percentage of asylum-seeking children has also decreased from 34% to 27% but it remains significantly above the England average of 7%. Children and Young People's Services continue to work closely with partners in Border Force, Home Office, National Transfer Scheme and the wider professional network to safeguard children who seek asylum.

During the year another notable transformation has seen strengthened governance arrangements around education and SEND provision by reintegrating SEND and Education services within Children's Services, under the leadership of the Executive Director of Children's Services. A new Director of Education & SEND is starting in May 2023, and a Head of Virtual Schools and Vulnerable Cohorts already in place providing strong leadership, drive and vision to the service moving forward.

Our strengths-based model of practice and focus on **contextual safeguarding** has led to a reduction of need for child protection plans with sustainable change achieved through greater collaboration with children, parents and professionals. Where possible children are supported to choose their own

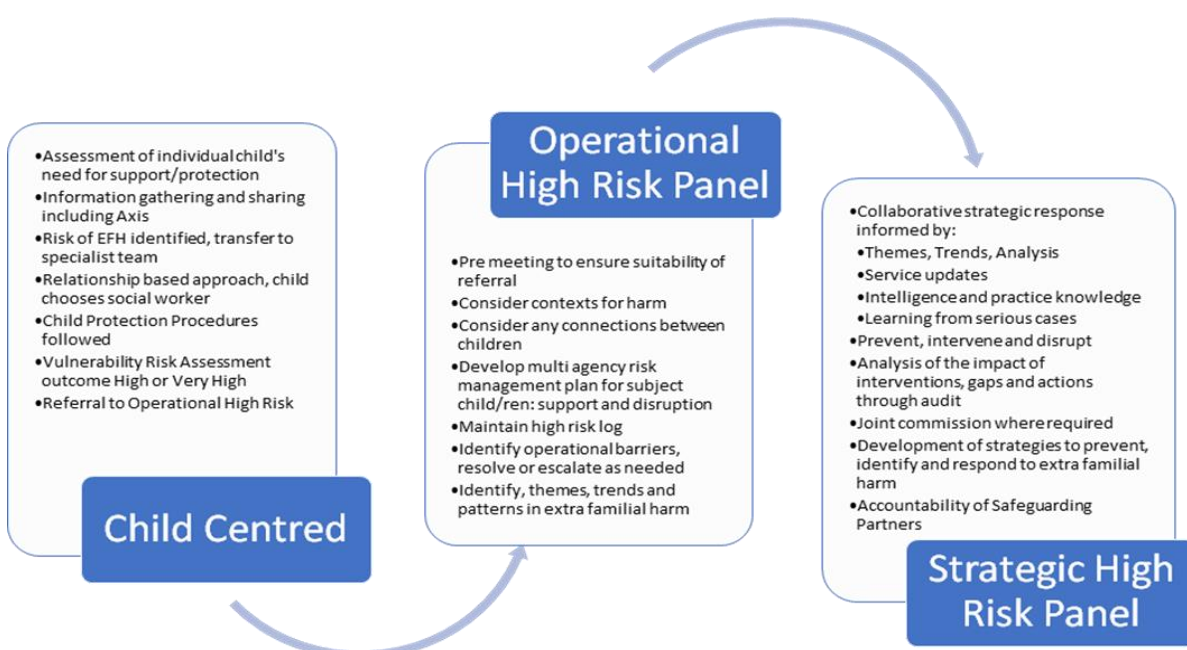
social worker, with devolved budgets enabling frontline staff to make decisions and implement support identified with families with reduction in delay and bureaucracy. There has been a positive outcome to our pilot Your Choice Programme and the progress made in Hillingdon by the program is recognised across London. This approach utilises Cognitive Behavioural Therapy (CBT) principles in engaging young people and their families, achieving measurable and sustainable change.

This year our practice in respect of extrafamilial harm was the subject of independent scrutiny. The independent scrutineer met with frontline practitioners from our social work team, youth justice service and AXIS and made positive findings in respect of safeguarding practice with vulnerable adolescents, with areas of consideration that will further develop our approach to this complex area of practice.



Whilst we know that we are meeting the needs of individual children, we recognise that where there is a risk of extrafamilial harm, there is a need for a broader approach that considers the risks faced by children in the wider social environment. To this

end we welcome the development of the Safeguarding Partnership Contextual Safeguarding Strategy. As co-chairs of the Strategic High Risk Panel we aim to develop a collaborative strategic response to children at risk of contextual risk factors outside of the family home. The overarching objectives are to prevent, intervene and disrupt child exploitation. The panel collates and scrutinises information from a variety of sources and partners to identify trends and themes. This facilitates multiagency solution-focussed discussions to determine the best way to strategically address the identified needs and priorities.



In August 2021 we launched our **stronger families** programme to promote early identification of need and to develop wrap around support in the communities before the needs of the families reach a level where statutory intervention is required. We monitor the progress of the Stronger Families implementation jointly with our safeguarding partners through the Stronger Families Partnership Group which is a sub-group of the Safeguarding Partnership Board. The group is co-chaired by a Local Authority Head of Service and by an Assistant Director in ICB. The group is well attended by police, schools (primary and secondary), Health, Social Care, CAMHS and safer communities and domestic abuse leads providing constructive scrutiny and multifaceted challenges and solutions.

The vision of Stronger Families is that “Hillingdon families are empowered to be and feel strong, safe and healthy through the provision of early and targeted support to reach their full potential”. This approach is underpinned by several components which work well together to support our children, families and communities. The services are accessed through the 24/7 Stronger Families Hub that includes an online interface, one email address, one telephone number and one online form. Locality services are provided through three locality teams which are in key areas of the borough and through our multi-agency Family Hub (Uxbridge Family Centre).

The Stronger families Hub operates 24 hours, 7 days a week to promote a timely, dynamic, and responsive service at the point of need. The 24/7 model allows practitioners to have the required time to make informed, evidenced based decisions in real time rather than being confined to office hours and ‘traditional’ working practices. Out of Hours Service continues to provide seamless cover from 17:00 – 09:00 and during these hours two



triage officers, a Senior Practitioner and a Social Worker are available to assist in addition to a senior manager on call. Additionally, there 24 hours Approved Mental Health Professional (AMHP) Service works alongside the Stronger Families Hub for out of hours adult related matters. These include statutory mental health act assessments and support for people with learning disabilities, older people, and vulnerable adults. Through this approach we are ambitious in seeking to maximise access to support out of traditional office hours and we aim to be flexible and responsive to families’ needs, including parents and carers who are working as well as families who experience difficulties out of office hours.

The Stronger Families Hub and the electronic portal are accessed via the council’s website by all professionals. The referral is directly linked to the child’s electronic record and facilitates access to a wide range of support services including key working locality teams, SEND, SENDIASS, Portage, Participation Team, Adolescent Development Services as well as statutory support and protection

services. These services are accessed through the completion of an Early Help Assessment which serves the dual purpose of assessment of children with additional needs as well as referral to statutory support services for children who may require this.

Joint, locality work is at the centre of the way in which we work with then partnership to identify needs early and to support our families to identify their support networks and to build resilience without the need for statutory intervention. To make this aspiration a reality, our three locality-based key working teams cover three defined areas and provide holistic partnership working with statutory (health, education, police, children’s centres) and voluntary sector partners. In addition to working with individual families, the offer to our families in the localities also includes regular multiagency surgeries for families and professionals where they can explore, discuss, and review emerging issues and the services and support available or needed to address any emerging pressures. To address identified and emerging needs, we continue to provide a comprehensive training offer to our colleagues and all staff across the whole of the Stronger Families workforce received training in evidence-based approaches such as the Parenting Apart intervention.

To respond to the families’ needs and to support them in accessing the right universal support we are pleased to work closely with our Supporting Families Employment Advisor who is an experienced practitioner with a good understanding of the Universal services and who can bridge the gap in enabling families to have access to holistic support such as in housing, unemployment, mental health, benefits, and neglect. In addition to providing information and consultation, the Supporting Families Employment Advisor is invited, with the consent of families, to attend CIN and Core Group meetings thus enabling professionals and families to access to expert advice and to navigate the benefits system and debt management support services.

Here in Hillingdon, we opened our first multi-agency Family Hub: Uxbridge Family Centre. The modern and easily accessible hub created a unique opportunity for the co-location and coordinated delivery of a variety of services for children and families such as children’s contact, the Youth Justice Service, the Multi Agency Psychology Service and Children’s Centre services and a range of health services from antenatal care for mothers to sexual health for adolescents.



To support evaluation and development of the **Stronger Families** model following 12 months of operation three separate strands of review have been completed. The multiagency MASH review was led by the Safeguarding Partnership and considered the learning from the Solihull Joint Targeted Area Inspection, a review within the Stronger Families Subgroup, and an Internal Audit that considered the quality of information received, recording and decision making. Positively all three found that the approach is effective, and increasingly well embedded. We will triangulate areas of good practice and areas for further development in the coming year. We also routinely seek feedback from the children and families that are supported, with a sample highlighted below:

"I really benefited from going on the Domestic Abuse and Parenting programmes and feel more empowered and confident in parenting, which has also reduced stress."

"She made us feel very comfortable, was non-judgemental and accepting of us and understanding/sensitive to our circumstances. Never once intrusive! So very respectful! She just knew how to strike the perfect balance. I could go on and on singing her praises. The service has now come to an end and we will miss her dearly. We would like to let you know she had such a significant and positive impact on our lives and helping us get back to normality after so much adversity. This will never be forgotten."

"I felt like I could say anything. I felt quite comfortable. She gave us ideas on how to bring ourselves closer in the family. I have started having a closer relationship with my Mum and I am attempting to build one with my dad. My Key Worker was very understanding, and we connected fast."



The MASH continues to function well alongside our partners, and they screen and progress those contacts and referrals where there is a need for statutory intervention on the families. Both the SF Hub and MASH will use a BRAG (Blue/Red/Amber/Green) rating mechanism to determine the level of risk and need each contact will have. From the information and advice being provided for those contacts assessed as Blue to the immediate action and request for a strategy discussion for those who are assessed as Red, the Hub and MASH work effectively together and with all the other partners to provide the right response to the contacts received, at the right time, focussing on the families' strengths but also providing a comprehensive and accurate assessment of risk.

All **domestic abuse** referrals received are risk rated every day by a Police Sergeant in the MASH and the MASH work closely with our in-house Hillingdon Independent Domestic Abuse Advocacy Service (HIDVA). The service has direct access and communication with colleagues from various areas of the council and other agencies including children's social care, adult's social care, housing, community safety team, etc. this approach supports multiagency working and relationship-based practice which is at the centre of our wider approach.

As a service we are committed to tackling the lasting harms caused by **child sexual abuse** in all forms. Our targeted youth services have engaged with schools to raise awareness of online risks with a view to reducing the risk of children being exposed to harmful content/abuse online. Our frontline practitioners accessed specialist training delivered by the Centre of Expertise for Child Sexual Abuse. This was particularly beneficial for those practitioners working with our most vulnerable children with disabilities. The youth justice service and AXIS team assisted in the pilot of specialist training, providing feedback to the Centre of Expertise.

We know that children can also engage in sexually harmful behaviour towards their peers, this is a complex and sensitive area of safeguarding practice and necessitates the ability to balance the needs of the child, with the imperative to protect other children. The AIM2 assessment tool provides an evidence-based framework for understanding sexually harmful behaviours and assessing and managing risk. In the last year we have trained 6 social workers and youth justice service practitioners and managers in the use of the tool.

The AXIS team has continued to proactively raise awareness of the signs and symptoms of child sexual exploitation, with routine inclusion in the monthly newsletters, and a leading contribution to Child Exploitation Awareness Day, undertaking direct work with young people to increase awareness and reduce risk.

9 London Borough of Hillingdon Adult's Services

The significant increase in the number of Safeguarding Adult referrals reported in 2021/22 has been maintained during 2022/23 with a further increase in the overall number of referrals being made. Up to April 2023 there were a total of 14789 safeguarding adults' referrals received over the year, in contrast to 12938 in the previous year. This equates to a further 13% increase in referrals to the service. This increase has seen a significant pressure across the service in managing this volume of activity.

During the same timeframe, the total number of referrals that progressed to a Section 42 Adult Safeguarding enquiry reduced by 50% to 1793 enquiries up to April 2023. This change has occurred due to the intervention of Adult Social Care MASH in undertaking activity on a number of referrals by understanding and mitigating risk resulting in not progressing to the formal enquiry stage.

Safeguarding concerns have continued from a broad range of referrers. It is of note that referrals from Primary Health and GP's have increased over the year. There is a significant increase in the last quarter of the year of referrals from Secondary Health settings which will be monitored into next year. Police Merlin's have remained the highest source of referrals with the number remaining steady in each quarter of the year. Other referrers have remained fairly static over the year with a similar number of referrals being made each quarter.

The type of abuse identified has been recorded for all the completed section 42 enquiries. It is of note that previously the outcome of type of abuse could have been recorded multiply times if more than one issue was identified, this has now been modified to include just one. This change in recording may have affected some of the current data and trends. Neglect has been identified as the most common type of abuse recorded and significantly higher than all other categories. Self-neglect, emotional and financial abuse are also regularly identified as a confirmed type of abuse. Domestic Violence has appeared to have decreased in completed section 42 enquiries, but this may be due to the recording of a single category only. The sub-group around Domestic Violence has now concluded its work in this area.

Adult MASH activity continues with partners to focus on risks, to minimise the risk of abuse occurring and ensure our responses to concerns were timely, robust and effective. This approach has seen a reduction in the number of referrals resulting in section 42 enquiries and improved timeliness on outcomes and mitigation of risks following referral.

Once referrals have progressed to a section 42 safeguarding enquiry, the process for completion is led by Adult Social Care to the point of closure of the enquiry. This year has seen a focus on the improvement of the timeliness of completion of section 42 enquiries. This is monitored through identification of those enquiries which have taken more than 50 days to complete. There has been significant improvement in performance across adult social care in this area. In March 2022, 77 section 42 enquiries were ongoing beyond 50 days and the longest being open for 479 days. At the end of March 23 there were 52 enquiries ongoing with the longest open for 304 days. This is a 32% reduction in the number of enquiries taking longer than 50 days to complete.

The length of time to close a section 42 has reduced due to the MASH team undertaking some of the enquiry work. There are times where it takes longer for the s42 enquiries to be concluded once its allocated to other service areas, such as when there is ongoing police investigation, awaiting information from partners i.e., conduction of Serious Incident Investigations, provider concern process, allocation of advocates or where family members are out of the country and would like to be part of the process



The LBH safeguarding referral form has been developed for compliance purposes and is in line with Care Act 2014. It has been rolled out to all ASC and partners, this will ensure that risks are mitigated more swiftly by ensuring the welfare of vulnerable adults and family as a whole.

Adult Social Care continue to be dedicated to working collaboratively with partners around the issues in safeguarding against **self-neglect**. The self-neglect subgroup led by Adult Social Care has concluded with a range of effective actions and outcomes being completed as described earlier in this report. The learning from the SAR's on self-neglect has been shared and disseminated through the teams with the intention of imbedding the learning across the service as a whole.

The identification of **neglect** as a lead category for completed section 42 enquiries is noted from the data of completed section 42 enquiries. Following this neglect will become a key priority within the SAB and across the service in this next year. Neglect concerns are often linked to providers of services/care to individuals and groups (Table 7). The Provider Risk Panel and Care Governance processes are robust in identifying, supporting and taking action with providers when concerns are raised. The Quality Assurance service monitor and assess the safety around provisions and this monitoring is often linked to the Section 42 Enquiry for a particular individual.

This year has seen the complete end of Covid 19 restrictions which have had a significant impact on care and support at home and in the community over the previous two years. The increase in safeguarding activity across Adult Social Care attributed in part to the Covid 19 situation has been maintained across all areas of Adult Social Care in the past year. The return to normal life has not resulted in pre pandemic numbers of activity across Adult Social Care.

Independent scrutiny of the safeguarding arrangements in Hillingdon takes place annually. The report this year overall was very positive and outlines a range of activities and developments made across Adult Social Care to improve safeguarding and outcomes.

Going forward into the next year a further transformation of Adult Safeguarding services is likely to occur, currently there is active planning and preparation being undertaken to ensure that any changes are effective and enhance the current offer and activity into the next year.



Planning of work on themes and practice will continue this year with a continued focus on **domestic abuse** and understanding data on this. Work is ongoing to promote a greater alignment with police colleagues and reduce/end calls to 101. Training will remain a key feature within the service promoting and providing training both for internal staff and internal staff of partners. Finally, there will be a review of incoming concerns and information to the public on how to safeguard themselves and others with greater information being made available and shared.

10 NHS North West London Integrated Care Board

Child Safeguarding: The North West London Integrated Care Board (ICB) has worked to progress the safeguarding priorities as agreed by the Hillingdon Safeguarding Children Partnership; contextual Safeguarding, child sexual abuse, stronger families.



The ICB safeguarding team has contributed and supported the development of the **contextual safeguarding** strategy. This approach has been used to better understand the incidents of serious youth violence in the borough. The ICB safeguarding team and commissioners have been fully engaged with the work of the child sexual abuse subgroup. **CSA** services for children and young people in northwest London are in the process of a service development programme with the aim to provide a local Child Sexual Abuse Hub. Children and young people will benefit from a local service providing a multi-agency holistic approach to care.

The TigerLight (Barnardo's) services will continue to provide psychological support to children and young people who have experienced sexual abuse.

The Stronger Families model of care and access to services has been fully supported by the ICB and shared with primary care at GP Forums.

We have implemented '**learning from practice**' through a comprehensive training offer to ICB staff and the wider health workforce and bespoke training for primary care via the GP Forums. GP forums have included the learning from both local reviews and national reports. In addition, speakers from Hillingdon Local Authority have attended to outline models of care and referral pathways. The ICB

training offer has included the learning from the LCSPR Child Q and the complexities of identifying and meeting the health needs of asylum seekers – training delivered by the Helen Bamber Foundation.

The ICB has worked to deliver a consistent approach designed to consolidate and share learning from **domestic abuse** related reviews and investigations across the health network. It has disseminated key information to partners across different settings, including primary and secondary care, to ensure the issue remains on the agenda of key forums.

A challenge for the ICB has been that of vacancies which have been covered with interim staff, however both the Hillingdon designated nurse safeguarding children and the designated nurse looked after children posts have now been successfully recruited to.

The ICB has in place a comprehensive training programme for designated professionals (level 4/5) and supervision offer so meeting professional standards as outlined in both statutory and intercollegiate guidance. The ICB has extended this training offer to the wider workforce.

The ICB has worked to engage primary care with the HSCP training offer by circulating the training programme and encouraging attendance. In January 2023 two GPs took advantage of specialist training hosted by HSCP from the Centre of Expertise on Child Sexual Abuse.

Primary care services (GP Practices) took part in the HSCP Section 11 Audit. The response rate was extremely good with 29 practices submitted and the majority self-assessing as over 80% compliant with safeguarding standards.

There are several Home Office commissioned Interim Accommodation Sites, managed by an accommodation provider, housing asylum seeking individuals and families. The ICB has worked closely with primary care and health providers to understand and meet the health needs of asylum seekers placed the accommodation sites in Hillingdon which has led to the development of a model of onsite health services and co-ordination on-site rapid responses to health needs by teams such as the roving immunisation teams.

Adult Safeguarding: The North West London Integrated Care Board (ICB) has been making progress towards the four priority areas: making Safeguarding Personal, addressing financial and material abuse, promoting mental health, and safeguarding, and tackling self-neglect.

The ICB continues to promote a systemwide person-led approach to how partners respond to safeguarding concerns which includes a consistent approach toward the Mental Capacity Act and other relevant policy areas. The ICB has also provided joint training and learning opportunities to

promote awareness of safeguarding best practices and has also worked with partners to address financial and material abuse and improve mental health outcomes.

The ICB remains committed to driving a pilot project with the local authority learning disability service to improve annual health checks for people with learning disabilities as part of the wider **mental health** transformation workstream.

The ICB continues to participate in the multi-agency suicide prevention panel and self-neglect subgroup and ensures all relevant learning is shared across channels including informal briefings and key forums so that partners remain up-to-date on all safeguarding matters.

The ICB continues to take part in the **JSSAT** Subgroup and has ensured that vital information and learning has been disseminated across North West London. It has also increased awareness among health partners of interconnected issues like human trafficking and sexual slavery, and enhanced knowledge and awareness of partners responsibilities and options for further support.

11 Metropolitan Police Service (MPS)

The Public Protection service manage investigations into allegations of domestic abuse and stalking, sexual abuse and child abuse. The portfolio also has a team of Police Conference Liaison Officers, who work with children who are being supported through Child Protection plans. The strand also manages referrals into the BCU and external referrals to partners through the Multi Agency Safeguarding Hub (MASH) and Child Abuse Investigation Team referrals desk. In addition, the Public Protection Teams have strand ownership of mental health and missing people as well as Child Sexual Exploitation (CSE) and online images of children. Public Protection will also contribute to statutory reviews of safeguarding practice.



In March 2022 the MPS went through His Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS) Peel Inspection, a further review was conducted that placed the MPS into an Engage Monitoring Phase with a comprehensive action plan. This occurred in March 2023, there has also recently been a Baroness Casey report in reflection of various challenges around Public Protection. These challenges are being addressed corporately.

Further to this Operation Aegis, our central public protection inspection and improvement team, visited the BCU to complete regular checks which have varying results. The learning from this has being addressed at a local level throughout the Public Protection portfolio, the larger challenges are being picked up in Organisational Learning Governance Board.

West Area Borough Command Unit continue to support the application of **making safeguarding personal (MSP)** principles in day-to-day activity, with the core elements included in training, supervision, and continuous professional development. In almost every interaction police officers have with the public, there is a focus on engagement, inclusion, choice, and control, with the individual's views sought as to what they would like the outcome to be. Whilst this cannot always be achieved, the individual is asked, and their voice heard. Police have a variety of mechanisms to ensure MSP is at the forefront of our work, our training includes the Mental Capacity Act with officers encouraged to understand how to support people's understanding of their choices and whether they can understand these and weigh them up. There are a range of practical measures in place including provision for video recorded interviews for those in the community who may be eligible to give their accounts in this way, rather than by written statement; provision of wider special measures within the court arena; use of intermediaries for vulnerable and intimidated witnesses, use of advocates, including IDVA's, ISVA's and appropriate adults. We follow the Victim's Code of Practice, which aims to empower victims, by providing support and information they need, setting out services and information that victims are entitled to. It also sets out the level of contact they can expect from police, their entitlements and choices and gives entitlements to specialist support.

Referrals to Multi Agency Risk Assessment Conference (MARAC) for high-risk victims of domestic abuse also play an important role in MSP. Across West Area, MARAC referrals average around 1500 - 1800 per year. MARAC is another mechanism to ensure the safety of vulnerable victims of abuse and importantly, their voice can be represented by an IDVA, who represents the victim's views and wishes and ensures the victim's safety remains the focus of the meeting. The MASH plays a key role in MSP, identifying people's views and outcomes from an early stage, achieving a clear understanding of risk and promoting a joined-up approach.

West Area are regarded as one of leading mental health teams in London, in terms of assessing and managing risks relating to vulnerability. 2021 saw the introduction of the 'Risk Management and Demand Reduction' (RMDR) protocol. This protocol allows the team to capture all risk/demand information that comes into the team; assess the risks and collaborate with internal and external partners to ensure there is an approved and proportionate joint response. In Hillingdon alone, over 522 individuals have entered the RMDR assessment process, 36 of which were considered at highest risk of causing harm to themselves or others.

In 2022, data held by the MH team shows that in Hillingdon there were 14 suicides, 169 near suicides and over 250 people were detained under s136 Mental Health Act, compared to around 300+ in 2021. In addition, 329 people were voluntarily taken to the Emergency Department by police for care, this

is up 100 since the previous year. Police used the Mental Capacity Act in over 13 cases down from 45 in 2021.

Our CAIT team continue to be one of the busiest teams in the Met, with the fourth highest volume across London. In April 2022 to May 2023, the team dealt with over 1284 offences, all of which would have been initially reviewed by our Referrals Team. Of this number, around 683 were then allocated to the Investigation team. Just over a third of all investigations concern allegations of neglect and child cruelty and around 56% concerns allegations of assault, with the remainder largely comprising of allegations of sexual abuse. This breakdown is consistent with other BCU's across the Met. Victims of child abuse are more concentrated in older children with those aged 12-17 accounting for 44% of cases, followed by those aged 6-11, who accounted for 36% of all cases. Those children aged 0-5 year accounted for 18% of cases, and the remaining cases concerned adults who had reported non-recent abuse.

CAIT officers undertake the Specialist Child Abuse Investigation Development Programme, which is an accredited course focussing on child development in the context of abuse, understanding sexual offending behaviour, investigating child abuse, multi-agency working, attachment and development, trauma and offences. In addition to this mandated training, there continues to be an investment in CPD, with training masterclasses offered for CAIT and CAIT referrals to undertake. This features topics such as NAI.

In 2022, the MPS jointly launched the revised **London Child Exploitation Protocol**. This followed on from the London Child Sexual Exploitation (CSE) protocol but expanded the focus from just sexual exploitation to all forms of child exploitation. In doing so it opened the door for local authorities and partners to refer in concerns about children at risk of and being exploited in a range of ways. In West Area, the Child Exploitation Team work alongside other policing teams, including our Gangs Unit and Missing Persons, as well as working closely with external partners. The team engage with partners at the Operational High-Risk Panel which provides tactical oversight of child exploitation across the borough and all key stakeholders. Support for victims and families is an intrinsic part of every investigation strategy. In 2022 the team investigated 200 reports of exploitation up from 130 in 2021.

Of the 200 reports reviewed, 82 were referrals from Hillingdon. Of the Hillingdon reports there has been 2 Child Abduction Warning Notices served, and several interventions and visits to local hotels of concern under Operation Makesafe. The 82 referrals are broken down into 28 for CSE, 40 for where Child Criminal Exploitation (CCE) is present and 4 showed an overlap of both CSE & CCE. 7 of these reports were transferred to other forces. Referral pathways for reporting child exploitation are varied and include from Children's Services, calls made to police or through police directly coming across

cases of exploitation, with the remaining referrals coming from colleagues in education and online reporting or third party reports.

2022 has continued to be a busy year from our OCSAE team (Online Child Sexual Abuse and Exploitation), which saw nearly 250 crimes being referred to West Area, with 73 relating to Hillingdon, this was a decrease from the year before when 105 were recorded. (Crimes which involve online indecent images of children). The demands placed on the investigation team are significant, both in terms of volume, but also in terms of the impact such crime types can have on their own welfare. Despite the challenges, they face, the team have secured some excellent results.

Hillingdon, like many other London boroughs, has seen increases in recorded domestic abuse crime – a crime we know disproportionately affects women. WA BCU has continued to see the highest volume of both domestic abuse incidents and domestic abuse offences across the Met, with over 17,573 incidents /offences over the past year – which equates to 12% respectively of the Met’s total overall volume. In Hillingdon alone there has been 5235 Offences/Incidents of Domestic Abuse. Calls to domestic abuse incidents and offences accounts for 20% of total I grade (immediate response), and S grade (response within 60 minutes) calls responded to by Emergency Response Policing Team (ERPT) colleagues.

The volume of crime coming into our Community Safety Units (CSU) has brought some real challenges in recent months and we have bolstered team strengths with colleagues from other Units to ensure our operating levels remain satisfactory. The Met has recently undertaken a complete review of Public Protection and it has been recognised that additional permanent resource is required longer term to ensure our teams remain able to deliver high standards of victim care and importantly, bring offenders to justice. Supporting the work of our Emergency Response colleagues and Community Safety investigators, West Area also has a strong risk management approach, with an experienced MARAC team and Stalking Protection Order officer.

In 2022, WA BCU secured the most Stalking Protection Orders (SPO) of any other BCU thanks to the efforts of our dedicated SPO officer (31 SPO’s). We absolutely recognise the importance of these orders to keep victims safe, some of whom will have been subjected to unwanted, fixated and obsessive conduct for many months.

We also participated in the 16 Days of Activism which took place from 25th November to 10th December 2022. This was a great opportunity to amplify what goes on in WA throughout the year; to arrest perpetrators and protect victims of domestic abuse. Surge activity over the 16 days saw collaboration with the Prison Intelligence Unit, Digital Operations, Met Intelligence, and Economic

Crime Team to locate and arrest offenders. Within WA BCU, the Met's 'Engagement Bus' was also deployed, allowing officers to speak with women around under-reporting and raise awareness of domestic abuse in the community. The results of this Operation led to over 74 arrests, 20 charges, several separate Domestic Violence Protection Notices to ensure women experiencing abuse were safer within the community.

12 Agency Contributions

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

CNWL provides NHS services throughout a person's life, in physical and mental health and everything in between, at GPs and hospitals to the community and in their own home. CNWL provide a wide range of adult and children services in Hillingdon, which include the 0-19 Service, Child Integrated Therapy Services, Child Development Service, Community Adult and Children Nursing, Community Physical Health Services, Addiction Support Services and Mental Health Services for Adults and Children.

CNWL has maintained its position as a core member of both the SAB and SCP, including contributions to the Independent Scrutiny Process. CNWL is a fully engaged member of the Safeguarding Partnership. Our regulator, the CQC, have not inspected any children's services this year. The CQC undertook Mental Health Act visits to all acute wards, with a positive outcome and no regulation actions identified.

CNWL responded to the Section 11 Safeguarding Partnership audit which ensures that we are discharging our functions to safeguard and promote the welfare of children. No concerns were raised for CNWL, but an area for strengthening will be capturing and recording the Voice of the Child / Lived experience of children at all contacts. Our next steps will be to discuss this with children's managers with a view to updating our recording systems.



Our **Child and Adolescent Mental Health Services (CAMHS)** have embedded safeguarding champions within services; these champions provide support and advice to mental health professionals. We have extended our Early Help offer to include Mental Health Support Teams who work with children and

families in 5 Hillingdon schools. Our services for children under the age of 5 are in development, as part of our wider commitment to early help. CAMHS seek children's views through a patient feedback group. CAMHS is represented on strategic subgroups where required, in recognition of the increased need for support for those children impacted by exploitation we have introduced a prioritisation pathway.

The Multi Agency Psychological Support Service (MAPS) works with children in care, and the professionals that support them. MAPS provides consultation for professionals, and trauma focused interventions for care experienced children. We also have a dedicated clinical nurse specialist embedded in the Youth Justice Service, offering professional consultation and assessing those children who meet the CAMHS threshold for emotional wellbeing needs.

We have launched **Year of the Child**; a programme that will celebrate and promote CNWL's large portfolio of children's services. We want to showcase our expertise in this area, working with families, carers and young people to gain insight into their experiences. This campaign will run a monthly calendar of wellbeing sessions and educational workshops, spotlighting our service lines, sharing the work and achievements in the children and young people space. Available for CNWL teams and staff, as well as parents, families, carers, schools and others, the sessions will promote a variety of specialist health topics. The programme will culminate in a conference that brings together teams from across the organisation to explore neurodiversity pathways.

CNWL recognises the importance of the multi-agency response needed to prevent children suffering **extra-familial harm**. CNWLs Safeguarding Children Team have been a core contributor to the Education Toolkit, which is now in place across Hillingdon, to assist schools in supporting children to access health services for unmet health needs that may present early on and, if left unassessed, may lead to persistent disruptive behaviour and in the long term lost education. Children out of education are at greater risk of contextual safeguarding.

CNWLs Safeguarding Children Team are core members who work in Partnership with the Local Authority and other agencies who attend the High-Risk Panel for children at risk of contextual safeguarding. CNWL are committed to supporting the **Contextual Safeguarding** strategy that has recently been launched by the Partnership, in line with the Serious Violence Duty.

The CNWL Safeguarding Children Team have provided the 0-19 service with workshops on **Child Sexual Abuse** to increase awareness and knowledge of this priority area. These staff are seeing children regularly and may observe behaviours that indicate a risk of Child Sexual Abuse. The Safeguarding Children Team attended Child Sexual Abuse Partnership subgroup meetings and shared

good practice within CNWL through training delivered to children's teams and acknowledged areas of improvement such as the voice of the child in every contact with particular relevance to Child Sexual Abuse. CNWL offer Trust wide Level 3 safeguarding children training on Child Sexual Abuse and online harm. CNWL have made Child Sexual Abuse a priority for the Trust in the coming year and will be enhancing resources for staff for identifying children at risk of Child Sexual Abuse.

CNWL attend the Safeguarding Partnership **Stronger Families** subgroup and support the Early Help model in place for families to access the right help at the right time. CNWL refer families in for Early Help assessments and the Multi Agency Safeguarding Hub (MASH) Health Practitioner sits within Stronger Families, and works alongside a range of professionals who respond to referrals made into Stronger Families. The increasing demand from MASH is noted by the Trust.

In response to the **Making Safeguarding Personal** agenda CNWL expects that, where a safeguarding concern arises for an adult, patients are asked what they would like to happen. Gaining the patient's consent is a key aspect of Making Safeguarding Personal and therefore it is vital that this is asked on each occasion. If the patient does not give consent, a SA referral will not be made to LBH, unless there are reasons to override this consent e.g., public, or vital interest. For any patients lacking the capacity to consent to the referral, a best interest decision will be made on their behalf. Family members will be involved in the decision if the patient is happy with this. The referral form asks staff to document that the person has the mental capacity to understand and has given consent for the concern to be raised, which ensures staff have asked the question.

A representative of CNWL participated in the SAB **self-neglect** sub-group. This is the most common type of abuse raised by physical health services in 2022-23, indicating that practitioners can recognise and respond to this form of harm. We disseminated widely the self-neglect practice tool developed within the subgroup. Our Safeguarding Adults and Mental Capacity Act Specialist is available to provide advice and support as needed.

We recognise that adults with **mental health** needs are particularly vulnerable to abuse and neglect, with data highlighting domestic abuse as the most common cause of concern raised by mental health services. Where there is a safeguarding referral made by mental health services, this is copied to the Safeguarding Adults and MCA specialist to liaise with the Local Authority MASH and ensure that outcomes are understood.

CNWL held our 5th Annual **Domestic Abuse** (DA) conference in the year with the theme; "The Domestic Abuse Act – has it gone far enough?" Over 600 attended the conference, comprising of staff and a growing network of people with lived experience, who are aiding CNWLs development of service

provision. Our DA Prevention Co-ordinator supports the development of the DA Network, MARAC representatives' meetings, facilitates extensive training and supports the drive to forward our DA agenda. Advanced DA training to become an ambassador takes place every 2 months as do DA Ambassador Forums. CNWL continue to facilitate quarterly round table DA webinars, which in 2022/23 included: parent to child DA, intersectionality and sibling abuse. A DA audit has been completed over a 3-month period to assess the quality and quantity of recording around DA and the learning will be disseminated in 2023/24. Over the past 18 months we have implemented Routine Enquiry of all women entering CNWL services to record this information systemically. The CNWL DA policy has been refreshed this year and is available to all staff to support the identification and support of DA and supports recognition, response and support needed for families impacted by DA.

Learning from practice is shared in a variety of ways across CNWL. There is a dedicated section within the Trust's intranet site which is regularly updated with any new developments and guidance pertinent to safeguarding. Learning is also shared within supervision and training sessions. 7 minute briefings are also utilised to give professionals focussed learning from a case or incident. These are used in team meetings and supervision to embed learning and change practice. We have also introduced a Safeguarding Calendar of events for staff which provides further learning opportunities throughout the year.

The Trust also publishes a weekly 'Clinical Message of the Week', which is regularly used to disseminate information pertinent to safeguarding. Safeguarding themes in 2022/23 have covered the following: "Sexual abuse and sexual violence awareness week", "Cost of living Crisis", "Clearly documenting Safeguarding issues is essential for safe care", "Safeguarding node" (our database alert system for safeguarding concerns), "How do you determine if an injury to a child is non-accidental or neglectful" and "Child & Adult safeguarding escalation procedure". The Clinical Message of the Week is circulated to all CNWL staff.

CNWL have introduced SCARF (Safe, Compassionate, Accountable, Reflective and Fair) principles to create a workplace where we feel enabled, supported and empowered to see situations as opportunities to learn and opportunities to grow. These principles are used to underpin a responsive and respectful learning culture.

The Heads of Children and Adult Safeguarding continue to facilitate a Safeguarding Children and Adults Forum enabling both safeguarding teams to have a reflective learning space on joint safeguarding issues. Topics discussed in 2022/23 have included: Perinatal and Substance Use interface, Adult Mental Health and Children and Families interface, FGM, Domestic Homicide Reviews and Human Factors Training.

Case reviews often reflect that escalation has not been used effectively within safeguarding. We have therefore refreshed our CNWL Safeguarding Escalation procedure, and this is now an integrated document for escalating adult and child safeguarding cases.

CNWLs Safeguarding Children Team were proactive in the Hillingdon **FGM Project**. This is aligned to a CNWL annual priority to improve awareness and the identification of FGM. We have now launched and promoted the use of an FGM Screening Template and guidance. This project supported making resources available and provided training opportunities for CNWL staff. CNWL also contributed to the FGM Harmful Practices conference. CNWL staff attended the FGM Train the Trainer training for delivering multi-agency FGM training that will be co-facilitated and rolled out in 2023. Prevention of FGM remains a priority within CWNL.

CNWL recognise the importance of safeguarding supervision and training to ensure staff are equipped and supported to do their jobs. Our Safeguarding Children Supervision guidelines have been refreshed and circulated to staff. CNWL staff can access the Partnership for training as well as a range of CNWL training opportunities. Safeguarding Adult and Safeguarding Children training compliance is monitored and reported on regularly for assurance purposes.

CNWL recognise that preparing court reports and police statements can cause anxiety in the professional workforce so, in conjunction with CNWL's legal department, the team developed guidelines and a flowchart to equip practitioners with the skills they require to complete reports and potentially act as witnesses in court.

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

Our team consists of four positions, the LADO, who manages all allegations against professionals who work with children, the Lead Child Protection Advisor to Schools, the Domestic Abuse Lead for Schools, and the Child Employment, Performance and Licensing Officer. The team provides an Annual Report to the Children's Safeguarding Partnership Board that details performance across the financial year.

In 2022-2023 the LADO received 218 referrals, a 10% increase on 2021-2022. Of the 202 referrals received against individuals, 12.87% (26 referrals) were substantiated. This is a decrease from last year, where 19.8% (39 referrals) were substantiated. Most referrals (93) resulted in no further action after initial consideration. In most of these cases, following a threshold discussion or meeting, there was further action required by the referrer to address a conduct matter or learning need despite the threshold of harm not being met. In these cases, the LADO would provide advice and guidance to employers on suitable action.

Since January 2023, as per London Child Protection Procedures 2022, the LADO has been recording all consultations held which have not met threshold for a formal referral but where advice and guidance have been provided around individuals conduct or concerns raised. Over the last quarter of the year (Jan- March 2023) there have been 63 recorded consultations. As this is newly captured data, it cannot be benchmarked against previous years, but it does highlight the advisory and supporting role of LADO who, in addition to the referrals processes provides ongoing advice and support to other professionals.

During the reporting year, education staff remained the largest source of referrals accounting for over 50% of the total. Almost half of these referrals relate to agency or locum staff within education settings, many having been in the setting for a short period (ranging from a few days to a few weeks). In most of these settings there has been identified learning for the education setting and employing agency about how these staff are inducted and supported within their role. This seems to be an increasing trend which will be monitored in the next year and discussed with the schools through Designated Safeguarding Leads network meetings led by the Child Protection Lead for schools. The LADO and Child Protection Lead for Schools will produce LBH guidance on working with agency staff relevant for all settings.

Referrals were relatively evenly split between other sectors with health professionals, foster carers, early years workers and children's residential home workers being the next most referred cohorts. The 'other' section (accounting for 17 referrals) mainly related to carers working with children and young people with additional needs. The least referred, with no referrals in the year 2022-23 were faith group leaders followed by members of the police force, childminders, and voluntary sector workers for which the LADO received 2 referrals per sector. Whilst this may indicate a positive trend, it could also show a reduced awareness relating to the role of LADO in these sectors, particularly within faith groups. Plans will be developed in the next year for reaching out to these settings and ensuring access to information and awareness of the LADO process.

A trend that became apparent this year was that a large percentage of the alleged victims of harm were children with a range of disabilities, including children who are non-verbal. This trend was captured through the review of individual referrals, however learning from this, we adapted the recording system to capture disability of the victims, thus allowing us better analysis and monitoring of this trend going forward.

Nationally, concerns have been raised regarding LADO oversight of concerns about settings and therefore, the LADO will continue to review LBH processes in this area, alongside national guidance as it is established. Following on from the Hesley review the DfE has requested that the LADO national

network devise a LADO handbook. We are engaging with the pan London LADO group to support this work and we will incorporate the national recommendations into our local practice and procedures.

12.3 Children's Rights and Participation Service

The Children's Rights & Participation team are part of the Safeguarding, Partnership and Quality Assurance Service. The remit of our team is to undertake engagement activity with children and young people who have contact with Children and Young People's Services, and to ensure that the voices of children are respected and heard. In the last year our achievements include:



- Engaging with 253 individual children through Children in Care Councils (CiCCs) and other activities.
- Supporting young people to volunteer 455 hours of their time in addition to attendance at CiCC's.
- The launch of the out of Borough virtual children in care council group 'Stepping In'.
- Developing the successful Tuesday football sessions with coaching support from Brentford football club.
- Celebrating 525 individual young people who were nominated for KICA awards.
- Delivery of a high successful KICA event with 117 winners attending the event
- Identified and supported young people to be involved in the recruitment to 21 roles within Children's Social Care, including social work apprentices, newly qualified social workers, Personal Advisors, AXIS officers, school safeguarding lead and team managers.
- Facilitated Walking in Our Shoes training to 253 professionals.



Individually, young people tell us that they benefit from a sense of community, additional professional support and from opportunities to have their voices heard. Young people have told us that *"You don't know how much I have enjoyed working with you guys, I don't even know what to say at this point saying thank you to you wouldn't be enough for helping me and trying to support every one of us. Making us think or feel you're like mother or an older sister for us. Every-time we needed help or needed*

something you are already trying your best all I got to say is thank u for making last year on of the best years of my life” and “I really feel like you are my family.”

12.4 The Hillingdon Hospital

The Hillingdon Hospital NHS Foundation Trust provides services from both Hillingdon Hospital and Mount Vernon Hospital. The trust has a turnover of around £222 million and employs over 3,300 staff. We deliver healthcare to the residents of the London Borough of Hillingdon, and increasingly to those living in the surrounding areas of Ealing, Harrow, Buckinghamshire and Hertfordshire, giving them a total catchment population of over 350,000 people.

Hillingdon Hospital is an acute and specialist services provider in North West London, close to Heathrow Airport for which it is the nearest hospital for those receiving emergency treatment. Providing most services from the trust, Hillingdon Hospital is the only acute hospital in Hillingdon with a busy Accident and Emergency, inpatients, day surgery, and outpatient clinics. The trust also provides some services at Mount Vernon Hospital, in cooperation with a neighbouring NHS Trust.

The Safeguarding Families Team is now fully established although some staff are still new in post, including the head of service who started In Q2 of 2022-23. The focus of this team remains for safeguarding to be at the forefront of our clinical care. This includes engagement of frontline staff, provision of training, engagement, and representation across local, national, and strategic partnerships. Generally, we have been facilitating training, building resilience, and providing supervision for various groups of staff across the organisation as well as within the team. We have had a focus on building the team, leadership and developing the safety net meetings to build relationships within the team and external to the hospital.

The Trust is a fully engaged member of the Hillingdon Safeguarding Partnership, attending subgroups, Boards and contributing to learning and practice improvement locally. The Trust continued to observe a notable increase in presentation of young people with mental health needs during the 2022-23 year. This is a continued trend since the pandemic commenced. There are an increased number of adults with mental health presentations where clinicians have completed a safeguarding referral. The mental health agenda led by the Mental Health lead has been progressed by implementation of various new policies and governance processes including the ligature and environmental risk assessment policy.

We have increased the frequency of Trust led multiagency meetings. These are to ensure that we have a broad spectrum of professional expertise available to consider individual cases, and we access the Partnership escalation procedures as required.

Safeguarding Children: We are also active members of the **stronger families** subgroup. Weekly multi-agency meetings occur with CAMHS, social care, Sorted, ARCH, psych liaison, HIDVA and Axis. The meetings discuss Hillingdon Hospital safeguarding children's cases of the previous 7 days. These meetings have improved collaboration and identify areas for improved partnerships. Our policy for safeguarding children is in place. Our adults at risk policy is currently being reviewed and will go to Safeguarding Committee in Q4. The Domestic Abuse policy was ratified in Q3.

We have given training and communicated around **self-neglect** and again seen an increase in referrals plus an increase in Mental Capacity assessments. Our weekly safety net meeting has helped us develop a pathway and we have escalated patients to the high-risk daily meeting to ensure multi-disciplinary discussions.

Contextual safeguarding is a key component of our level 3 training and has been highlighted in trust communications. We have Axis attendance at training and at the weekly safety net meeting. The safety net has helped us build relationships with the stronger families hub and helped improve communication and collaboration, as well as participating in our level 3 training.

Domestic Abuse and safeguarding remains a priority, we work closely with the hospital IDVA to identify and support patients who are victims. The safeguarding team train weekly in A&E and raise the profile of our service at the front door with the aim of helping practitioners identify who might be victims of trafficking or modern slavery.

There has been significant learning via section 42 enquiries. Training, communications, MDT working has all enabled learning from incidents. Significant progress has been made with self –neglect and mental capacity assessments. We have successfully addressed a backlog in s42 enquiries and have worked to build relationships with social care. The main themes of alleged unsafe discharge and pressure ulcers remain but are both Quality initiatives for the trust and remain a priority for 2023-2024.

From a children's perspective, raising the profile of 16- and 17-year-olds has been a significant piece of work that has had several strands. The focus has been on A&E and the wards predominantly, challenging staff and empowering them to take responsibility for raising concerns and following procedures.

In the last year the Learning Disability Clinical Nurse Specialist has raised awareness of the needs of people with learning disabilities, producing best practice guidance and maternity specific guidance for people with learning disabilities. We continue to monitor implementation of the Mental Capacity Act, with an increase in the number of assessments overall, and especially in relation to discharge

destination and self-neglect. Our mental health lead has continued to raise the profile of the mental health agenda, with progress made in policies and governance. We have worked to build Dementia Quality initiatives including purchase of the magic table with support from the charity, recruiting dementia companion volunteers and provide dementia activity bags. The safeguarding children clinical nurse specialist role is established and developing to support the named nurse and provide a presence on the paediatric ward and in paediatric A&E.

12.5 Stronger Communities and Prevent – London Borough of Hillingdon

The work of the Stronger Communities team supports the council's aim, "along with its partners, to create a strong and resilient community in Hillingdon, to counter extremism and hate in all its forms, while bringing communities together to promote cohesion and integration. To build a strong sense of belonging and pride where all people feel valued and included, whether living, working within, or visiting the borough."

The team is represented in the Stronger Families and Female Genital Mutilation groups, providing a link to voluntary and community section organisations. We ensure that any emerging safeguarding issues, learning, and training opportunities are disseminated throughout our networks.

This year we developed bespoke training, in conjunction with counter terrorism police, to raise awareness of the influence of extreme far-right ideologies. We continue to work closely with schools, focussing on building resilience and staying safe online. In respect of adult safeguarding, it is recognised that neurodiversity and mental health difficulties can increase vulnerability to radicalisation, therefore we maintain close links with voluntary and statutory services.

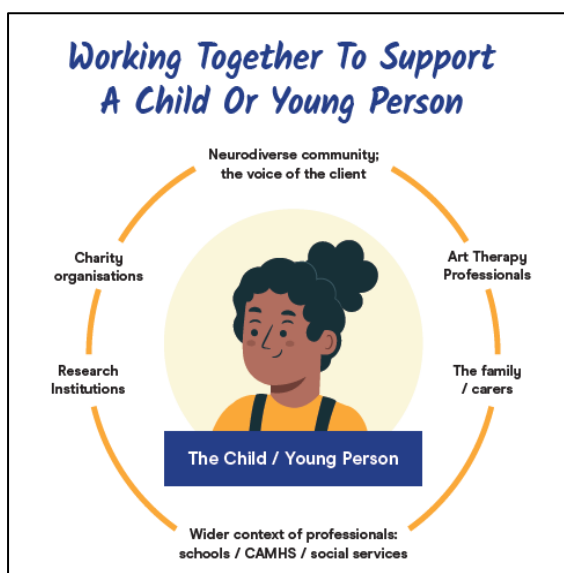
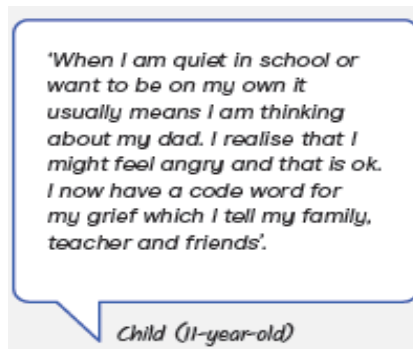
We continue to deliver our MOPAC (Mayor's Office for Policing and Crime) funded programme in collaboration with police, schools, the college, the University, and community, aimed at tackling hate crime and extremism. Workshops have been delivered in schools. With pupils discussing topics relating to promoting equality and diversity, challenging discrimination, and tackling hate. Pupils through their discussions have been able to demonstrate awareness of diversity in Britain, and understanding of core values including unity, respect, democracy, how to report concerns and more, leading to increased resilience and cohesion.

In working with our local communities, the programme has also included the recruitment and training of 124 Hate Crime Upstanders. The Hate Crime Upstanders have been recruited from across local voluntary and community organisations and council services and other partner agencies, to enable them to better understand all forms of hate crime, how to report incidents and support those from within the community who may be victims.

12.6 Harlington Hospice – Psychological and Emotional Support Service

Our team provides support to children, adults and their families who are affected by bereavement and loss. This year the child and adolescent service joined with adult services at Harlington Hospice transforming into the Psychological and Emotional Support Service.

We participate in multiagency safeguarding forums for individuals we are working with as required. More widely we engage with the Borough-wide transformation group, and internally with the Harlington Hospice Safeguarding Steering Group, contributing to the review and update of safeguarding policies. Where there is learning from an individual circumstance, this is disseminated throughout the team and wider organisation. The team is represented on the Safeguarding Boards, and within relevant subgroups



A key focus in the last year has been to adapt our practice approach to better reflect the needs of children and young people who are living with neurodiversity. We were successful with our research in Neurodiversity and Grief, attending the hospice UK conference in November 22 and were awarded first place in the research poster. This featured the work we do to assess risk, providing pre and post bereavement support to neurodivergent children/young people. The project now features in the Hospice UK Innovation hub.

13 Priorities for 2023-2024

Hillingdon Safeguarding Partnership continues to strive for excellence in practice, our commitment to continuous development of local services for children, adults, their families, and carers is fundamental to all aspects of our work. This necessitates a reflective and dynamic approach to strategic safeguarding; willingness to recognise our opportunities for development, and to build on what we do well. In the coming year the Partnership will focus on embedding the learning from quality assurance processes, and core practice challenges. Our underpinning principle of amplifying the voices of children and adults provides us with an impetus to understand and respond to the lived experiences of those individuals, and families, in need of support or protection.

The **Safeguarding Adults Board** will focus on:

- Neglect
- Learning from Practice

The **Safeguarding Children Partnership Board** will focus on:

- Contextual Safeguarding
- Child Sexual Abuse
- Stronger Families
- Education Safeguarding

The shared priorities of Practice Development, Female Genital Mutilation, and safeguarding in relation to Heathrow Airport (JSSAT) will remain. As strategic subgroups conclude an agreed workplan further areas of focused work will be identified.

14 Appendices

Appendix 1: Training Programme

Training Programme	
<p>Core Offer:</p> <ul style="list-style-type: none"> - Working Together to Safeguard Children (and Refresher) - Adult Safeguarding - Core Groups and Child Protection Plans - Trauma Informed Practice - Recognising and Working with Child Neglect - Safeguarding Adults from Self-Neglect and Hoarding - Safeguarding Disabled Children - Safeguarding Adults from Neglect - Female Genital Mutilation - LADO: Managing Allegations <p>Domestic Abuse:</p> <ul style="list-style-type: none"> - Impact on Children and Young People - Intimate Partner Violence - Supporting Older Survivors Affected by Domestic Abuse 	<p>Safeguarding Adolescents:</p> <ul style="list-style-type: none"> - Contextual Safeguarding - Adulthood Bias and Safeguarding Children - Learning from Practice – Serious Youth Violence and Contextual Safeguarding Workshop <p>Child Sexual Abuse:</p> <ul style="list-style-type: none"> - Responding to Child Sexual Abuse Concerns - Pilot: CSA and Youth Justice - Pilot: Signs and Indicators for Schools - Pilot: CSA and Disabled Children - Sex Pressures and Social Media - Sexual Harassment and Responding to Incidents - Traffic Light Tool: Harmful Sexual Behaviour - CSE Boys and Young Men <p>Lived Experience:</p> <ul style="list-style-type: none"> - True Honour: Modern Slavery - True Honour: Forced Marriage - Walking in Our Shoes Training

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Children & Young People's Annual Report

2022-2023



**Hillingdon Safeguarding
Partnership**



The Safeguarding Partnership is all the people that help and support us. Our social workers, doctors, carers, mental health workers, nurses, police officers, GPs, housing officers, mentors, support workers and many more.

Children's Voice



Listening to us and doing the things you say that you will do.

Learning about the things that matter to us!

When adults show us that they care

What is going well?

Having groups where there are fun activities, and where we can speak to other kids and adults that understand us.

- What our 6-12year olds said about being in care:
- I feel loved
 - I feel cared for
 - I have fun
 - People are kind
 - I get the help I need



Being searched at school...

Travel costs

Being outside late at night

Worries

Changing workers

Social media

Schools aren't getting us ready for adult life

Help me understand what I'm thinking and feeling

Get to know us by listening to us and doing fun things.

Understand what it's like to be us

What Helps?



We should meet somewhere that feels homely

Make it easier to see my social worker

Introduction

Hillingdon Safeguarding Partnership is committed to listening and learning from the expertise and experience of our children and young people. This year we have amplified the voices of children and young people through working with them directly, explaining the role of the Safeguarding Partnership, and seeking their input into quality assurance. During discussions the children and young people were encouraged to share both their own experiences, and their wider knowledge of their siblings and peers, to ensure that the learning can be applied widely across the partnership. The young people reported that they felt valued that their contribution could lead to change and help other children feel safer.



Thirty-six, children and young people were consulted in small groups settings, with familiar peers and adults to support them. Contributions were made by our Children in Care Council, for Looked After Children from age 6 plus and care leavers up to age 25, and the Youth Voice participation group, for children aged 12- 17 years who have experience of safeguarding services or the Youth Justice Service. The young people were from a range of ethnicities, gender identities, cultures, religions, countries, and some had disabilities and/or neurodiversity needs. They thought about their interactions with the wide range of professionals that have supported them. This included social workers, doctors, carers, mental health workers, nurses, police officers, care providers, GPs, housing officers, mentors, support workers and many more. We hoped to understand their lived experiences and gain their expert knowledge of what it feels like to be in receipt of a safeguarding service. The following questions were asked:

- Have you felt listened to by the Safeguarding Partnership?
- What do you think we do well?
- How can we make things better for children and young people?
- What worries you or makes you feel unsafe living in Hillingdon?
- Is there anything you could suggest that could help change this?

1. How well were you listened to?

Reliability - Most young people said that the Safeguarding Partnership have listened to them, by explaining their roles, attending their meetings, listening to their views, and sharing them with senior leaders who can influence and make change.

The young people described the Safeguarding Partnership team as "nice" they "call people to account", "credible" and "on it all the time".

Validating – The young people felt appreciated and empowered when they saw how their information was used. Particularly when their quotes were used in the Voice of the Person review.

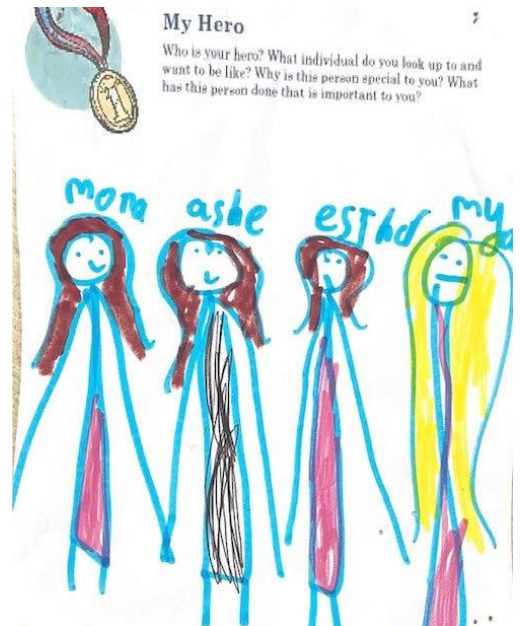
Consistency - Meeting a regular face from the safeguarding partnership team has helped the young people to build relationships and become more open and honest about their lives and experiences.

Empowerment - They felt that they were not judged and that their views were held as being as important as those of the adults.

Trustworthiness – They were updated on some of the decisions and changes that have been made by senior leaders that care about them.

Shared understanding – They understood that some of their recommendations were quicker to action than others, timescales and plans were communicated. Any recommendations that were not realistic were discussed openly and honestly in a respectful way.

Respected – The children and young people felt that creating an annual report from their perspective was a good idea, however they felt the Safeguarding Partnership should provide quarterly updates in person to children and young people.



2. What is working well?



Building Rapport - When workers go above and beyond and show children and young people that they care. Children find it helpful when practitioners travel to places to meet them where they feel comfortable.

Safe Spaces – Environments that are designed to be accommodating and welcoming for children and their families.

Awareness Raising Interventions - Learning about things that matter and impact their daily life such as Pride Month, Black History Month, National Child Exploitation Day, Mental Health Awareness week and drug and alcohol use prevention sessions.

Positive Activities - Discussion groups, activity days, food and sweets from Children’s Rights and Participation Team and Safeguarding Partnership.

Engagement - Attending groups where there are fun activities, and they can speak to other young people and adults that help and have similar experiences. *“It helps me realise that other people have experienced similar things”.*



Implementing Change - Professionals making an effort to speak to young people and make changes based on important information they have heard. Following consultations, returning to the young people, to explain how they have used the information and recommendations.

Care Experienced - Younger children said that were grateful to be in care because they live with people that show them *“love”*, are *“kind”*, *“feeling cared for”*, having *“fun”* and getting the *“help that they need”*.



3. What are we worried about?

Wider Community - Seeing and hearing about poor street lighting, people hanging around, grooming, stabbings, violence against women and girls, crime, gangs, thefts, acid/bleach attacks and fights.

Fear - Having to be 'street smart' *"I shiver when I walk past some people sometimes, I have to run away feeling scared because I can't fight"*. Being outside late at night *"...you learn to manage the fear because its normal"*.

Negative relationships with some professionals due to a lack of trust (police) and/or high turnover (mental health staff/ social workers)

Police presence *"Seeing police on the streets knowing they are there for safety still scares me, as they may suspect me of something although I am innocent"*.

Experiencing racism

Poverty – *"Children living in poverty not getting enough food and needing extra lessons so they can do well at school and in life"*.

Being searched at school (metal detectors/bag/ body) *"makes people think dangerous things are happening and I should be worried"*.

School exclusions – *"Schools should do their best to keep children there, it's hard to get into a new good school if you have a bad record... that can mess up your life!"*.

Life Skills - *"Core subjects are not core any more"*.

Expenses - Travel costs are expensive when surviving on subsistence.



Social media – Regular exposure to videos of people being hurt or publicly humiliated.

Media - The media sharing information about professionals hurting/ abusing people.

Support for Parents - *"Some people are having children younger; therefore, they might need more support about good routines and boundaries to keep their child safe"*.

4. How can we make things better for children and young people?

Training – Practitioners should be encouraged to think from a child/ young person’s perspective - *“They should attend walking in our shoes, then they can feel what it’s like to be us”. “Professionals should get to know us by listening, doing fun things and having an interest in the things that I enjoy.”*



Voice of the child – Consulting and co-producing with children and young people, then updating them about any progress or developments.

Speaking to a wide range of young people, in places that they enjoy spending time (youth clubs, classrooms, sports clubs) and with adults that they trust.

Mental health services – *“there should be help and support earlier, rather than leaving things to become bigger problems”.*

Developing relationships is important if adults want honesty. Frequent changes of workers are not helpful. Particularly with key workers, social workers, and mental health workers.

The duty process is unhelpful – contacting teams or managers for support if their practitioner is absent should be easier.

Appointments with health professionals, *“Especially doctors should be quicker, by the time they call back the problem is often gone.”*



Resources - Making the community safer by having more youth centres, mentors, sense of belonging, fun activities, building better relationships with the police, providing self-defence sessions to decrease violence.

Housing Support - Providing better housing options and support for care leavers *“you may feel alone, and people see you less because you are an adult”.*

Earlier Intervention - *“Teaching children about things when they are younger is important, they often get into trouble because they don’t know things are wrong. Sometimes they learn it’s wrong when it’s too late”.*

5. What changes would you like to see?

Increased education and awareness - Arrange for experts to speak to children and young people in classrooms at school about life skills.

"Small groups are less intimidating".

"Educate us on why drugs are bad and what happens if you take certain drugs, not just DONT TAKE DRUGS".

"Large assemblies don't work".

"See me in places I am comfortable, reach out to me, visit me regularly, come and watch the things I enjoy, put me to live in places that I am comfortable... I know I may not be able to get my own flat but try to understand my feelings.

Sometimes I am scared, and I have nightmares, but I may not always be able to tell you because I keep saying the same thing over and over again and still nothing changes. I will always say I am fine, find a different way to ask me about my feelings."

Youth Provision - Provide more activities for young people to get involved in such as football, tournaments, swimming, dance, fun days, more youth clubs, ESOL, more sessions from the Children's Rights and Participation team.

Shorter waiting lists for mental health services

Trauma Informed Environments – Ensuring the environment where children work with practitioners is welcoming and comfortable. Consider consulting with children to create safer spaces that *"feel more like home, especially if you have to attend a hospital or an office"* *"The contact rooms in the family hub are great"*.

Peer mentors - young people should be able to help provide preventative interventions to other children that they can relate to.



Training – Mandatory agreement for practitioners that work with children and families to attend walking in our shoes training delivered by care experienced young people.

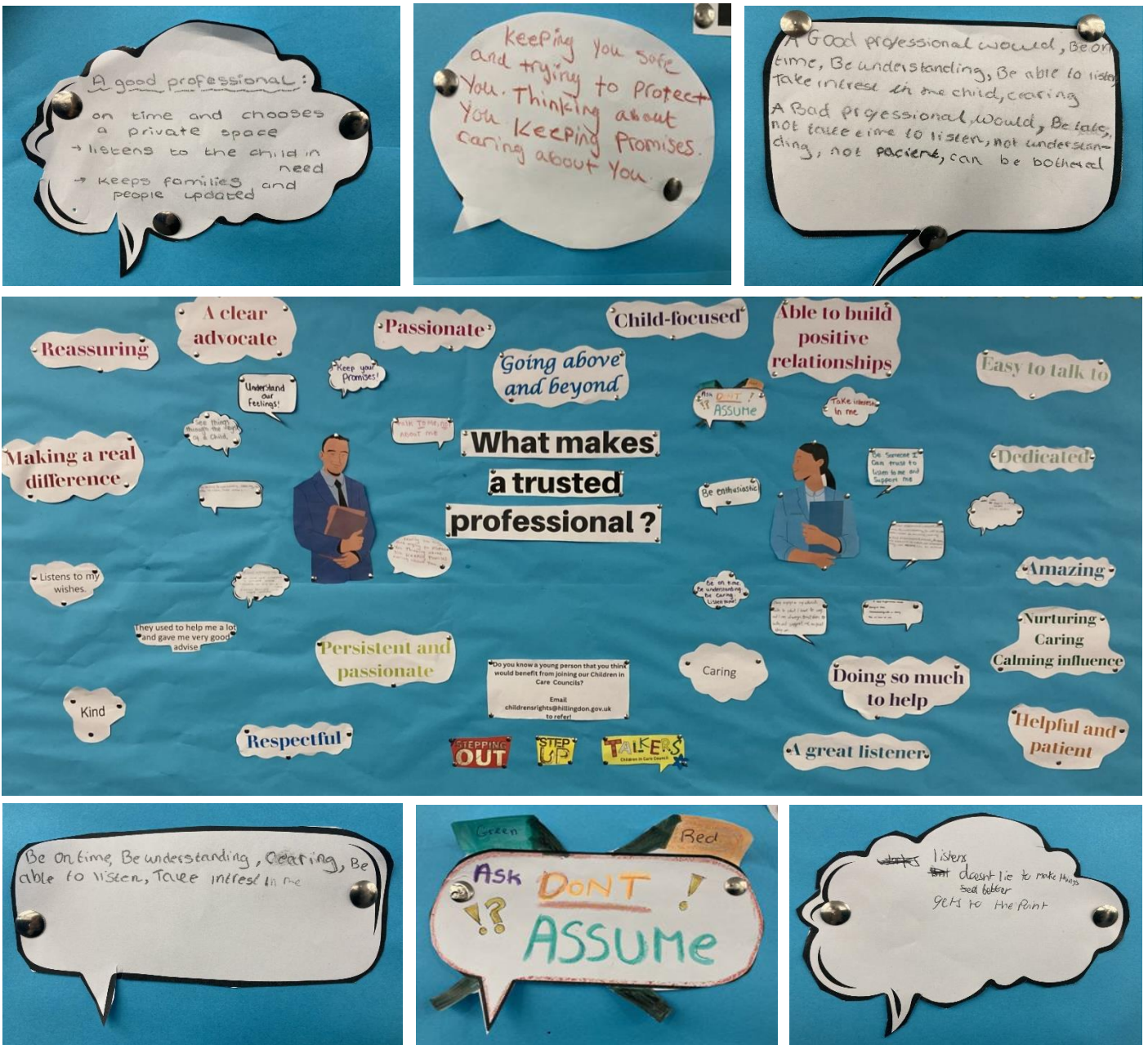
Communication - Using social media, discussion groups or activity days to communicate important changes that impact young people. Better understanding and advertising of services locally that can provide help and support.

Transitional Safeguarding – Better support for young people when they turn 18, particularly care leavers.

Roundtable discussions with managers and senior leaders from across the partnership. Managers could explain their roles, processes and how they can improve things for young people. *"If they can't come in person attend our events or join us on zoom"*.

6. Next Steps

The children and young people that were involved felt empowered and validated to be consulted and to have co-produced learning for dissemination across the partnership to safeguard children and adults across Hillingdon. They highlighted our good practice, particularly consulting with children, young people and adults and considering things from their perspective. There are aspects that they felt should be improved. These included having trauma informed spaces, making our community safer and building better relationships with children and the wider community. Their suggestions to help included: providing more activities, practitioners understanding young people's lived experiences, utilising social media to share information, increasing prevention and awareness sessions, and having children and young people understand what senior leaders that have influence 'actually do'.



With thanks to all the children and young people who wrote this report, and to the Hillingdon Children's Rights and Participation Team for their support.

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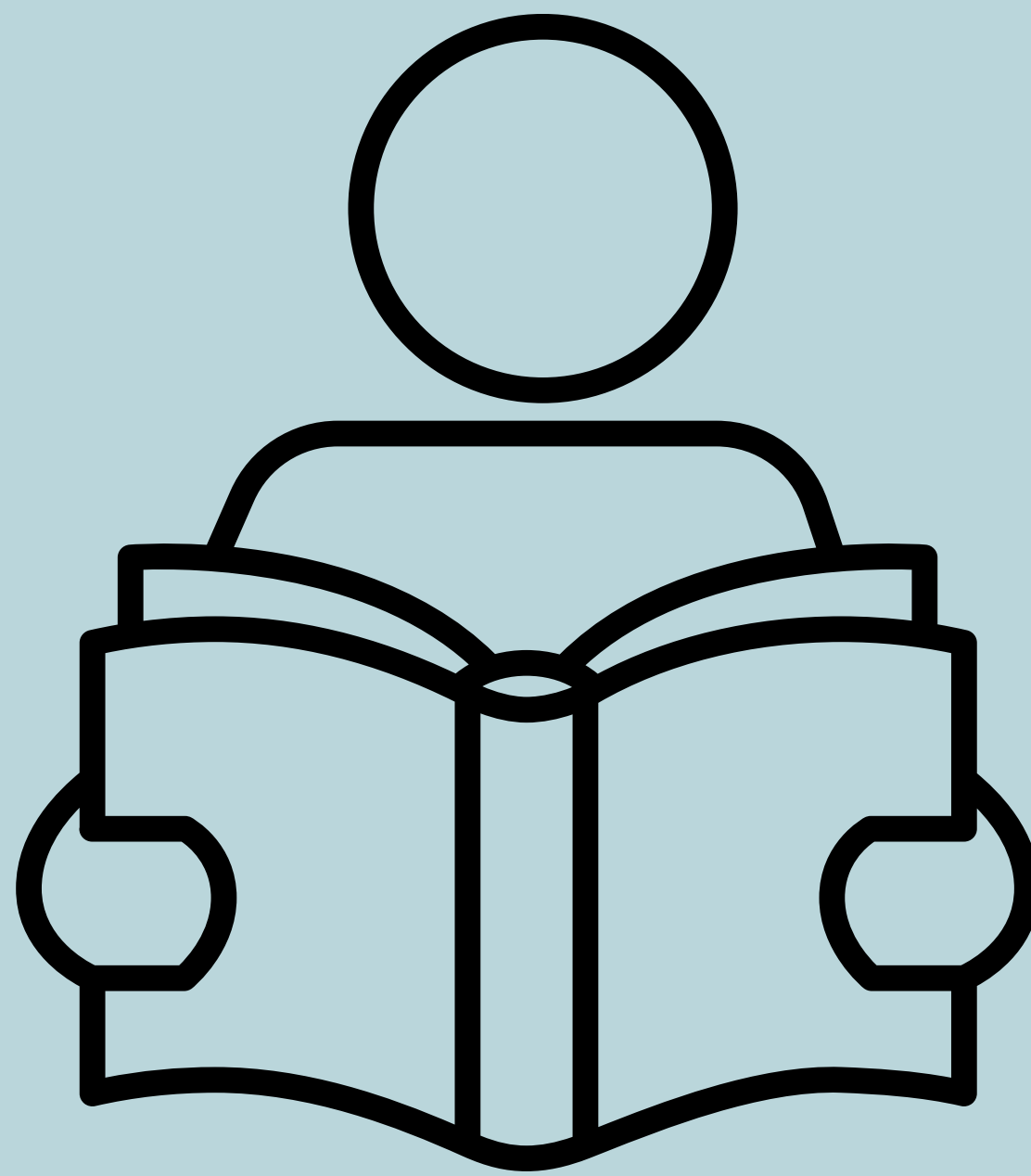


**Hillingdon Safeguarding
Partnership**



Annual Report

2022/2023



Easy Read Version

What is the Safeguarding Partnership?



The Safeguarding Partnership is a group of people from different organisations.

This includes the London Borough of Hillingdon, Police, NHS and Healthwatch.

We work to keep children and adults safe from abuse and neglect.



Our aim is for all people to live in safety with their rights protected.

People should not be abused, or feel scared.



Every year we must write a report to say what we have done, how well we have done it, and what we plan to do next.

This report is about our work to keep adults safer.



Every year we ask a man called Alan Caton to come and check our work, and help us to do things well.

Alan Caton is our Independent Scrutineer.



This year Alan came to look at the Adult Multi Agency Safeguarding Hub (MASH). This is the team that looks at all concerns about abuse and neglect.

Alan met with lots of people, and looked at how we work together. Alan found the MASH is working well, and he gave us some ideas for what we can do next.

What we have done.



We trained professionals about different types of abuse and how to help adults and children to be safe.

This year we have trained lots more professionals than ever before.

We write papers called briefings and have a newsletter to keep people informed.



We asked adults and children what professionals do well, and what could be better. We worked together to write a survey that we used to ask other children and adults what they thought

Social workers helped other children and adults to complete the survey.

We listened and wrote a report to help professionals know what works best.



Sometimes things can go wrong. It is important to learn from this.

We talk about what could have been done better and write it in a report called a Safeguarding Adults Review.

We learned from two Safeguarding Adults Reviews.



The Safeguarding Adults Reviews reminded us that:

Sometimes adults are not able to look after themselves.

It is important to know all about adults and to listen to their families and carers.



Professionals need to talk and listen to each other more carefully.

It is important to know about physical and mental health.



We work together in meetings called subgroups.

Subgroups have people with all different jobs so that we can learn and plan together. There is always police, social care and health professionals.

Subgroups work on one topic, and make a plan about what needs to happen.



Our Mental Health and Safeguarding subgroup finished all of the work on the plan.

We made plans to help us check that practice is good.

We trained professionals, and wrote guides to help them.



Our Domestic Abuse subgroup also finished all of the work on the plan. We looked carefully at how professionals from all different services help victims of domestic abuse.

We wrote an easy read guide to getting help for adults who need support.



The Self-Neglect subgroup worked to help professionals know how to help people who cannot help themselves.

Self-neglect is when someone is not able to keep themselves clean, safe and well. Sometimes people do not want help even though they need it.



We worked with Heathrow Airport and Border Force to make sure we are helping people that are trafficked.

This part of the report tells you some of the important things that have happened this year.



Adult social care have had a busy year, with lots more people needing help and protection.

Neglect is the most common reason for an adult to need support or protection.



The police service is trying to reduce crime and increase safety.

This includes stopping domestic abuse, and to help people with mental health problems.



The NHS has been working with GPs, making changes to mental health services and supporting people who are living in hotels.



Our local hospital has a specialist nurse to help people with learning disabilities and to train other staff.

The Safeguarding Team have been training doctors and nurses across the hospital to improve their work with patients.



Our community health teams have held training around domestic abuse, and how to make sure that people can make their own decisions, and to help them when this is not possible.

What will we do next?



All of the organisations will keep working together to keep people as safe as possible.

We will keep learning and improving.



Next year we are focussed on getting better at helping people who are being neglected.

Neglect is when a person does not get the care that they need



We want to make sure that the views of adults, and their carers and families are heard.

This is to help us to understand what it feels like to have a safeguarding service, so that we can get better.



If you have any ideas or questions please let us know.

Call: 01895 277855

Email: safeguardingpartnership@hillingdon.gov.uk



HEALTH AND SOCIAL CARE SELECT COMMITTEE - UPDATE ON THE IMPLEMENTATION OF RECOMMENDATIONS FROM PAST REVIEWS OF THE COMMITTEE

Committee name	Health and Social Care Select Committee
Officer reporting	Gary Collier
Papers with report	Appendix A - Updates on the 2018/19 GP Pressures review
Ward	All

HEADLINES

The attached paper provides a brief summary of progress with regard to the implementation of recommendations agreed by Cabinet on the following review:

- GP Pressures

RECOMMENDATIONS

That the Health and Social Care Select Committee:

- **Notes the updates provided in Appendix A and provides comment, as appropriate.**

SUPPORTING INFORMATION

1. Hillingdon's Select Committees have a vital responsibility in monitoring Council and other public services in the Borough, influencing policy and engaging residents and local organisations in this important work. Over the years, Committees have undertaken successful in-depth reviews of local services and issues. This has resulted in a number of positive changes locally, with some also affecting policy at a national level. Such committees engage Councillors in a wide range of Council activity and make recommendations to the decision-making Cabinet. This report provides Members with an update on the progress made in implementing scrutiny recommendations that have previously been accepted by the Executive.

2. The Committee is invited to review the action (detailed in Appendix A) taken to implement recommendations previously accepted by the Executive in relation to the following completed scrutiny activities:

- [GP Pressures](#) – this review was considered by Cabinet on [23 January 2020](#). Updates on the review were considered by the External Services Select Committee on 9 February 2021. The Health and Social Care Select Committee has asked for a further update.

Future Updates

3. The review that resulted in the recommendations shown in Appendix A was undertaken in 2018/19. Since that time the country has experienced the Covid-19 pandemic and new legislation has resulted in the reorganisation of the health service.

4. It is suggested that any further developments within Primary Care are reported as part of general updates to the Committee on progress with the implementation of new ways of working within Hillingdon's health and care system. This reflects the changes to the local health and care landscape that have occurred since the review took place, i.e., creation of Integrated Care Boards, and that it is also undergoing a further period of change whilst a new operating model is implemented.

5. This approach will enable the Committee to see developments in Primary Care within the broader context of how the future health and wellbeing needs of Hillingdon's needs will be addressed.

2018/19 GP Pressures Review Recommendations Update

GP Pressures	Recommendations	January 2022 Updates	September 2023 Update
	<p>RECOMMENDATION 1 That Hillingdon Health and Care partners (HHCP) explore the establishment of a single online directory of health, care and wellbeing services (delivered and maintained / updated by Hillingdon Health and Care Partners) to be utilised across the partnership, particularly by GPs, and to link into emerging NHS digital applications being promoted nationally for patients.</p>	<p>The H4All wellbeing service, on behalf of HHCP, still maintains its own directory of local service which is used in neighbourhood teams and shared with the Council to complement the directory of care and support services (see: Home Hillingdon Directory).</p> <p>More widely, we understand the North West London Clinical Commissioning Group (NWL CCG) is looking to procure a single system of directory of services for across North West London. It is not yet clear whether this will be linked to digital applications, which over the last 18 months or so have been developed to respond to the pandemic.</p>	<p>Roll out of the NWL ICB Digital First programmes to maximise the use of digital technology to support patients to understand their condition and access services and maximise operational efficiency.</p>
	<p>RECOMMENDATION 2 That Hillingdon Health and Care Partners work with the Citizens Advice Bureau (CAB) to explore the simplification of processes in relation to GP referrals to CAB services.</p>	<p>GP practices are still responding to the changing phases of the pandemic. Face to face consultations have resumed but digital consultations have enabled a greater volume of patients to have contact with their GPs. The H4All Wellbeing Service, through its key workers within neighbourhood teams,</p>	<p>H4All key workers within Neighbourhood Teams, continue to sign-post to partner organisations, including CAB. A third sector offer to support integrated neighbourhood working is in development and progress will be reported to the Committee as part of the update on the</p>

		continues to sign-post to partner organisations including CAB.	implementation of a new health and care system operating model
	RECOMMENDATION 3 That Hillingdon Health and Care Partners improve signposting for patients to CAB services and to emerging digital applications via information screens in GP surgeries.	As previously reported, whilst GP practices do have information screens in their surgeries, the reduction in face-to-face appointments, in favour of greater volume afforded by digital approaches, means that their importance is now less.	The Standard General Medical Services Contract continues to require general practices to have a practice website, or an online practice profile.
	RECOMMENDATION 4 That Cabinet requests Adult Social Care officers make available information sessions to the emerging Neighbourhood Teams on the scope of the Council's Adult Social Care duties.	<i>Completed.</i>	<i>Completed.</i>
	RECOMMENDATION 5 That Hillingdon Health and Care partners explore affordable options to enable homecare to be triaged and deployed more flexibly by the Neighbourhood Teams to support the independence of residents and prevent GP visits and hospital admissions that are avoidable.	Applying the facility within the new specialist homecare contract is going to require a combination of funding and a new way of working which is being considered as part of the Neighbourhood Team development programme. A process for identifying need and accessing care for people attending Hillingdon Hospital has been agreed to avoid unnecessary admissions.	This continues to be under consideration as part of the Neighbourhood Team development programme.

	<p>RECOMMENDATION 6 That Cabinet welcomes the pilot work by Council officers to streamline GP administrative procedures in relation to patient requests for medical information to support their housing assessments, and requests that this be rolled out across the Borough.</p>	<p>Officers from the Council met with Dr Suri & Dr Sira and provisionally agreed a process for requests for information that will significantly reduce the administration required by GP's and will enable the administrative staff within the surgeries to process the requests. Unfortunately, since the initial meeting progress has not been made in putting this into operation. The Housing Team have made contact with Dr Suri & Dr Sira to request a meeting to resolve any outstanding concerns with the process and to put this into practice as soon as possible.</p>	
	<p>RECOMMENDATION 7 That planning officers be asked to notify Hillingdon CCG when processing any planning applications relating to accommodation for the elderly that are subject to CIL.</p>	<p>Officers have confirmed that the CCG are being consulted on major planning applications relating to accommodation for elderly care. Updates are given below on the two planning applications mentioned in the last update.</p> <p>SEYMOUR HOUSE 30-38, CHESTER ROAD NORTHWOOD - This planning application was refused planning permission on 2nd February 2021 by Hillingdon planning department.</p> <p>The NHS were consulted on this planning application on 16th December 2020. No comments were received from the NHS</p>	<p><i>Completed.</i> The NHS Estates Team are on the planning database of consultees, and the planning application validation guidance identifies that the NHS should be consulted on C2 older persons' housing applications.</p>

		<p>on this application prior to its determination in February 2021.</p> <p>The applicant appealed against the Councils decision to the Planning Inspectorate. On 3rd September 2021, the Planning Inspectorate allowed this development proposal and it is therefore likely to be implemented over the next 3 years.</p> <p>LAND OFF HAREFIELD ROAD (Halfords/Wickes site adjacent to Uxbridge Police Station), UXBRIDGE -</p> <p>This planning application has been recommended for Approval by the Planning Department and the Major Applications planning committee in June 2021. The application is a strategic application which is referrable to the Mayor of London and is now with the Mayor for his consideration. Once a response is received from the Mayor of London and the legal agreement on the site is completed, a final Decision Notice can be released which will formally grant planning permission for the development on this site.</p> <p>During this planning application, the NHS were consulted and did engage with the Planning department. The NHS assisted</p>	
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		<p>the Council to secure £900,229 in S106 planning obligations towards the provision of health facilities within Hillingdon.</p>	
	<p>RECOMMENDATION 8 That Cabinet note that the External Services Select Committee will continue to closely monitor any implementation of the above recommendations, along with GP training programmes and the recruitment of new GPs, particularly in the South of the Borough.</p>	<p>The pandemic continued to have a significant impact on all planned training programmes during 2021.</p> <ul style="list-style-type: none"> • <i>Training Hub</i> - The Training Hub is now established and, in addition to activities previously reported, it is now leading on all Neighbourhood Team learning. • <i>Hillingdon Young Practitioner's Group</i> – Due to a lack of funding, this group closed on 31st July 2021. In order to continue a support package for trainee GPs, NWL CCG are utilising the SPIN Fellowship programme. The CCG now have two GP Fellows working within the Training Hub with a medical education portfolio. The fellows will take on and continue the support for GP trainees in Hillingdon • <i>Mentor and Buddy schemes</i> – Due to pandemic pressures, redeployment and staff capacity, uptake for the mentor and buddy schemes was not as high as had been hoped. At 	<p>A NWL Primary Care workforce plan is embedded within the wider ICB Workforce Strategy reflecting the specific needs of the Primary Care workforce. A Hillingdon Health and Care Partners Workforce Strategy is also in development that includes a '<i>Hillingdon Passport</i>' to support the integrated working of teams and individuals to enable cross organisational working.</p>

		<p>present, for the mentor scheme, 10 spaces were allocated of which 4 taken up. For the buddy scheme, 10 spaces were allocated of which 3 were taken up.</p> <ul style="list-style-type: none"> • <i>SPIN Fellowship Programmes</i> – At present, there are 4 SPIN Fellowships taking place (3 first year Fellows and 1 second year Fellow). Two of the SPIN Fellows are working with the Confederation Training Hub Team offering Medical Education portfolios, one is working with the Hillingdon Hospital doing a Frailty Portfolio and one is returning for a second year working with the Confederation as a Fellow offering a young people portfolio. There has been interest from 2 other GPs who are currently being liaised with to identify practices for them to work in. 	
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Key

Neighbourhood Teams Neighbourhood Teams (NTs) are multidisciplinary teams but with a core team of GPs, community staff, social care staff and health and wellbeing officers and wider third sector staff, mental health professionals, practice staff and acute consultants.

There are 6 NTs in Hillingdon aligned to the PCNs. Each team is supporting a population of between 30,000 and 50,000. The NTs identify and manage 15% of people within their population at greatest risk of future hospital admission or attendance.

At risk people are identified through:

- Use of risk stratification tools.
- Intelligence gathering from health and care providers.

Frequent user information from the ambulance service and acute hospital

**Primary Care Network
(PCN)**

PCNs are collaborations of GP practices serving a total population of between 30 and 50,000 people.

Each PCN has a clinical director and must agree a collective system of governance, including identification of the lead practice for accepting funding.

Practices within a PCN must collectively decide which one will lead on enhanced services, such as extended opening or support for care homes.

The PCN workforce will include a pharmacist and social prescribing link workers in addition to a clinical director.

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CAMHS REFERRAL PATHWAY - DRAFT REVIEW RECOMMENDATIONS

Committee name	Health and Social Care Select Committee
Officer reporting	Nikki O'Halloran, Democratic Services
Papers with report	None
Ward	All

HEADLINES

To enable the Committee to agree the recommendations that will be included in the final report on CAMHS referral pathways.

RECOMMENDATION

That the Health and Social Care Select Committee agrees the recommendations for inclusion in the final report for the review on CAMHS referral pathways.

SUPPORTING INFORMATION

The Committee started its review of the CAMHS referral pathway in January 2023 with formal witness sessions on 21 February 2023, 21 March 2023 and 20 June 2023. Having gathered evidence at these meetings (as well as at private meetings with parents), Members of the Committee met on 16 August 2023 to identify areas around which the recommendations for the review should be based. The following recommendations have subsequently been drafted and Members are asked to provide further feedback on these before they are finalised and used to form the basis of the final review report:

1. *That the North West London Integrated Care Board (NWL ICB) be asked to:*
 - a. *initiate a "No Wrong Front Door" policy for parents / children and young people who seek support;*
 - b. *consider how parents can be offered early support on how to navigate the system including the provision of information about where to get this support to schools and GPs (as they are often the first place parents go to);*
 - c. *provide a comprehensive action plan by 31 January 2024 detailing how and when the Thrive mapping strategy will be completed;*
 - d. *complete and implement the Thrive Mapping strategy by January 2025; and*
 - e. *provide Hillingdon's Health and Social Care Select Committee with 6-monthly updates on the progress being made on implementing this action plan;*
2. *That all commissioners of CYP mental health services be asked to include requirements in their service provider contracts that:*
 - a. *parents be given a realistic description of the assessment / treatment process, including estimated timelines and information on where to they can direct their feedback if the expectations set are not met; and*

b. all communications sent to parents be reviewed to make sure that the information and tone is sensitive to their predicament, not overly medicalised and contains accurate information on other places they can look for support.

3. That CAMHS be asked to form a parents/Young People Board so that they can hold the organisation to account for the communications and service they provide. Parents who feel that they are having a bad service can complain to the Board (either directly or through Hillingdon Healthwatch). The Board will not get involved in medical matters.

Following feedback already received from Members, consideration will be given to making reference in the final report to the support that is available to help children and young people deal with the lower level stresses of normal life so that they don't escalate into more serious issues. The Thrive mapping exercise had identified this type of support and would also provide primary care, parents and anyone wanting further information with details of possible appropriate and accessible support.

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.

CABINET FORWARD PLAN

Committee name	Health and Social Care Select Committee
Officer reporting	Nikki O'Halloran, 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 Health and Social Care 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; and
- 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 paragraph 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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Scheduled 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/regularly Council Directorates: AS = Adult Services & Health P = Place C = Central Services R = Resources CS= Children's Services

Cabinet Member Decisions expected - October 2023

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	TBC	C - Democratic Services	Various		Public
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Cabinet meeting - Thursday 9 November 2023 (report deadline 23 October)

SI	Carers Strategy Update	Cabinet will receive a progress report on the Carers Strategy and Delivery Plan and new draft strategy going forward.	All		Cllr Jane Palmer - Health & Social Care	Health & Social Care	AS - Sandra Taylor / Gary Collier			Public
135b	Award of contracts: short-term care home beds	Following a competitive tender to establish longer-term contractual arrangements to address the need for short-term care home beds for hospital discharge, Cabinet will consider awarding such contracts.	N/A		Cllr Jane Palmer - Health & Social Care	Health & Social Care	AS - Gary Collier			Private (3)
111	2023/25 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 Better Care Fund plan, including financial arrangements. The Better Care Fund supports local systems to successfully deliver the integration of health and social care in a way that supports person-centred care, sustainability and better outcomes for people and carers.	All		Cllr Jane Palmer - Health & Social Care	Health & Social Care	AS - Sandra Taylor / Gary Collier			Public
SI	Public Preview of matters to be considered in private	A report to Cabinet to provide maximum transparency to residents on the private and confidential matters to be considered later in Part 2 of the Cabinet meeting and agenda.	TBC		All Cabinet Members	All	C - Democratic Services			Public
SI	Reports from Select Committees	Reports, findings and recommendations for consideration by the Cabinet, when referred from the appropriate Committee.	All		All	TBC	C - Democratic Services	TBC		Public

Cabinet Member Decisions expected - November 2023

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	TBC	C - Democratic Services	Various		Public
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Cabinet meeting - Thursday 14 December 2023 (report deadline 27 November)

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	TBC	C - Democratic Services	Various		Public
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Cabinet meeting - Thursday 14 December 2023 (report deadline 27 November)

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	TBC	C - Democratic Services	Various		Public
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Scheduled 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/regularly Council Directorates: AS = Adult Services & Health P = Place C = Central Services R = Resources CS= Children's Services

110a	The Council's Budget Medium Term Financial Forecast 2024/25 - 2028/29 (BUDGET FRAMEWORK)	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 - 22 February 2024	Cllr Martin Goddard - Finance	All	R - Andy Evans	Public consultation through the Select Committee process and statutory consultation with businesses & ratepayers		Public
SI	Public Preview of matters to be considered in private	A report to Cabinet to provide maximum transparency to residents on the private and confidential matters to be considered later in Part 2 of the Cabinet meeting and agenda.	TBC		All Cabinet Members	All	C - Democratic Services			Public
SI	Reports from Select Committees	Reports, findings and recommendations for consideration by the Cabinet, when referred from the appropriate Committee.	All		All	TBC	C - Democratic Services	TBC		Public

Cabinet Member Decisions expected - December 2023

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	TBC	C - Democratic Services	Various		Public
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Cabinet meeting - Thursday 11 January 2024 (report deadline 11 December 2023)

SI	Public Preview of matters to be considered in private	A report to Cabinet to provide maximum transparency to residents on the private and confidential matters to be considered later in Part 2 of the Cabinet meeting and agenda.	TBC		All Cabinet Members	All	C - Democratic Services			Public
SI	Reports from Select Committees	Reports, findings and recommendations for consideration by the Cabinet, when referred from the appropriate Committee.	All		All	TBC	C - Democratic Services	TBC		Public

Cabinet Member Decisions expected - January 2024

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	TBC	C - Democratic Services	Various		Public
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Cabinet meeting - Thursday 15 February 2024 (report deadline 29 January)

SI	Public Preview of matters to be considered in private	A report to Cabinet to provide maximum transparency to residents on the private and confidential matters to be considered later in Part 2 of the Cabinet meeting and agenda.	TBC		All Cabinet Members	All	CS - Democratic Services			Public
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Scheduled 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/regularly Council Directorates: AS = Adult Services & Health P = Place C = Central Services R = Resources CS= Children's Services

SI	Reports from Select Committees	Reports, findings and recommendations for consideration by the Cabinet, when referred from the appropriate Committee.	All		All	TBC	CS - Democratic Services	TBC		Public
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Cabinet Member Decisions expected - February 2024

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	TBC	CS - Democratic Services	Various		Public
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Cabinet meeting - Thursday 21 March 2024 (report deadline 4 March)

SI	Public Preview of matters to be considered in private	A report to Cabinet to provide maximum transparency to residents on the private and confidential matters to be considered later in Part 2 of the Cabinet meeting and agenda.	TBC		All Cabinet Members	All	CS - Democratic Services			Public
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SI	Reports from Select Committees	Reports, findings and recommendations for consideration by the Cabinet, when referred from the appropriate Committee.	All		All	TBC	CS - Democratic Services	TBC		Public
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Cabinet Member Decisions expected - March 2024

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	TBC	CS - Democratic Services	Various		Public
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Cabinet meeting - Thursday 18 April 2024 (report deadline 1 April)

SI	Public Preview of matters to be considered in private	A report to Cabinet to provide maximum transparency to residents on the private and confidential matters to be considered later in Part 2 of the Cabinet meeting and agenda.	TBC		All Cabinet Members	All	C - Democratic Services			Public
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SI	Reports from Select Committees	Reports, findings and recommendations for consideration by the Cabinet, when referred from the appropriate Committee.	Various		All	TBC	C - Democratic Services	Various		Public
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Cabinet Member Decisions expected - April 2024

SI	Standard Items taken each month by the Cabinet Member	Cabinet Members make a number of decisions each month on standard items - details of these standard items are listed at the end of the Forward Plan.	Various		All	TBC	C - Democratic Services	Various		Public
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CABINET MEMBER DECISIONS: Standard Items (SI) that may be considered each month

Scheduled 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/regularly Council Directorates: AS = Adult Services & Health P = Place C = Central Services R = Resources CS= Children's Services

SI	Urgent Cabinet-level decisions & interim decision-making (including emergency decisions)	The Leader of the Council has the necessary authority to make decisions that would otherwise be reserved to the Cabinet, in the absence of a Cabinet meeting or in urgent circumstances. Any such decisions will be published in the usual way and reported to a subsequent Cabinet meeting for ratification. The Leader may also take emergency decisions without notice, in particular in relation to the COVID-19 pandemic, which will be ratified at a later Cabinet meeting.	Various		Cllr Ian Edwards - Leader of the Council	TBC	C - Democratic Services	TBC		Public / Private
SI	Release of Capital Funds	The release of all capital monies requires formal Member approval, unless otherwise determined either by the Cabinet or the Leader. Batches of monthly reports (as well as occasional individual reports) to determine the release of capital for any schemes already agreed in the capital budget and previously approved by Cabinet or Cabinet Members	TBC		Cllr Martin Goddard - Finance (in conjunction with relevant Cabinet Member)	All - TBC by decision made	various	Corporate Finance		Public but some Private (1,2,3)
SI	Petitions about matters under the control of the Cabinet	Cabinet Members will consider a number of petitions received by local residents and organisations and decide on future action. These will be arranged as Petition Hearings.	TBC		All	TBC	C - Democratic Services			Public
SI	To approve compensation payments	To approve compensation payments in relation to any complaint to the Council in excess of £1000.	n/a		All	TBC	various			Private (1,2,3)
SI	Acceptance of Tenders	To accept quotations, tenders, contract extensions and contract variations valued between £50k and £500k in their Portfolio Area where funding is previously included in Council budgets.	n/a		Cllr Ian Edwards - Leader of the Council OR Cllr Martin Goddard - Finance / in conjunction with relevant Cabinet Member	TBC	various			Private (3)
SI	All Delegated Decisions by Cabinet to Cabinet Members, including tender and property decisions	Where previously delegated by Cabinet, to make any necessary decisions, accept tenders, bids and authorise property decisions / transactions in accordance with the Procurement and Contract Standing Orders.	TBC		All	TBC	various			Public / Private (1,2,3)

Page 104

Scheduled 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)
	All	TBC	various			Public
	All	TBC	various			Public

SI = Standard Item each month/regularly Council Directorates: AS = Adult Services & Health P = Place C = Central Services R = Resources CS= Children's Services

SI	External funding bids	To authorise the making of bids for external funding where there is no requirement for a financial commitment from the Council.	n/a
SI	Response to key consultations that may impact upon the Borough	A standard item to capture any emerging consultations from Government, the GLA or other public bodies and institutions that will impact upon the Borough. Where the deadline to respond cannot be met by the date of the Cabinet meeting, the Constitution allows the Cabinet Member to sign-off the response.	TBC

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WORK PROGRAMME

Committee name	Health and Social Care Select Committee
Officer reporting	Nikki O'Halloran, 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.

RECOMMENDATION

That the Health and Social Care Select Committee considers the report and agrees any amendments.

SUPPORTING INFORMATION

The meeting dates for the 2023/2024 municipal year were agreed by Council on 23 February 2023 and are as follows:

Meetings	Room
Tuesday 20 June 2023, 6.30pm (rescheduled from 15/06/23)	CR5
Thursday 20 July 2023, 6.30pm CANCELLED	CR5
Wednesday 16 August 2023 (informal meeting)	-
Wednesday 13 September 2023, 6.30pm	CR5
Tuesday 10 October 2023, 6.30pm	CR5
Tuesday 21 November 2023, 6.30pm	CR5
Monday 18 December 2023, 6.30pm - PROVISIONAL	CR6
Tuesday 23 January 2024, 6.30pm	CR5
Wednesday 21 February 2024, 6.30pm	CR5
Tuesday 19 March 2024, 6.30pm	CR5
Tuesday 23 April 2024, 6.30pm	CR5

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.

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